

CONJURING THE CRISIS-IMAGINARY:
CRITICAL DISCOURSE ANALYSIS AND AUTO-ETHNOGRAPHIC
REFLECTIONS OF THE CANADIAN RED CROSS

CHLOE MEI YEE WONG-MERSEREAU¹

The term crisis is used variously to describe the current social, political, and economic climate. However, the temporal implications of the concept itself have not been explored. This project uses affective scholarship as a methodological approach to interrogate the conceptual gaps within crisis and temporality by exploring the crisis-imaginary as it is constructed through the language, affects, and images. The Canadian Red Cross and its various crisis-operations during the COVID-19 pandemic become a case study into the crisis-imaginary. Drawing on both an auto-ethnographic approach and a critical discourse analysis of the CRC's language, images, and the narratives used within promotional materials and training manuals. The crisis-imaginary can be thought of as an apparatus that engenders subjectivities that are occupied by a linear conception of time, whereas the sensorial and embodied experience of crisis signals a more complex temporal relationship. The crisis-imaginary creates certain subjectivities and temporalities that overshadow the lived experience and realities of crisis. The disjuncture between the narratives of the crisis-imaginary and the affective experience of it comes to have a haunting affect. Through language, images, and affects The crisis-imaginary both haunts and structures our relationship to temporality. The everyday becomes haunted by the crisis-imaginary when the supposed ends to crisis narratives never present or manifest themselves. Understanding the temporal complexities embedded in the crisis-imaginary invites us to *find* time and engage with the pantemporal dimensions that evade rational explanations and logic.

Keywords: crisis-imaginary; hauntology; temporality; affect critical discourse analysis

¹ Department of Anthropology, University of Toronto. ORCID: 0000-0001-6760-7956

Abbreviations

CRC: Canadian Red Cross

CDA: Critical discourse analysis

RC: Red Cross

ICRC: International Committee of the Red Cross

LTCH: Long-term care homes

CHSLD: Centre d'hébergement de soins de longue durée –French for LTCH

CIUSS : Centre intégré universitaire de santé et de service sociaux

CAF: Canadian Armed Forces

PPE: Personal Protective Equipment

Introduction

In mid-June 2020, an unassuming email from the Canadian Federal Student Work Experience Program came into my inbox recruiting students for the Canadian Red Cross (CRC). « *Aidez-nous améliorer les conditions de vie des plus vulnérables !* » I was finishing my undergraduate degree in anthropology and found myself in a period of uncertain transition in which the future is already ambiguous for graduating students without the added layer of an international health crisis marked by the COVID-19 coronavirus. A moment wherein the usual identity-crisis of a young person navigating the world becomes intertwined with major health-, climate-, housing-, financial- crises (Roitman 2014: 42; Petryna 2022). Crises seemed to surround and consume my perception of time.

I was hired as a crisis-intervention worker with the CRC in long-term care homes, testing clinics, homeless shelters, and in the housing-crisis call centre. I was not prepared for the affectively laden yet brief encounters and attachments I would make with people in crisis. Even now in 2023 I find myself revisiting and reconjuring the distressed looks, voices, and the hold that these encounters had on me. The memories and faces of the people I worked with on crisis mandates continue to return, affect, and inform my academic work and professional approaches to psychosocial intervention. Although, I no longer have contact with my CRC co-workers and the seniors I worked with in the long-term care home (LTC), they remain with me. They are the ghosts that remain with me *after* crisis as well as the haunting unfulfilled promises, temporal loops, and mistranslations that were present in the absence of crisis-resolution.

Crisis has become a ubiquitous term to qualify our current socio-political present however there is a limited understanding of how crisis affects and is affected by the social imaginaries that haunt patterns of space and time (Redfield 2013; Roitman 2014; Calhoun 2004; Derrida 1994; Rahimi 2021). How does crisis imagine temporality? How does the discourse of crisis reconfigure our social understandings space and time? I explore the narratives, images, as well as the affective experiences of crisis to understand the hold crisis has on people's sense of being, self, and time. Drawing on Craig Calhoun's (2004) work on the emergency-imaginary within the social landscape of humanitarianism as a short-term temporal response to suffering through neutral action, I discuss the crisis-imaginary as a broader iteration of the ways in which crisis shapes the public perception of the world through

sticky discourses, images, and effects of crisis. Using a critical discourse analysis (CDA) of the CRC's promotional campaigns, documents, and training materials, I engage with Derrida's (1994) and Rahimi's (2021) hauntology to understand how images, language, and affects form a crisis-imaginary that in turn structure the way crisis is experienced by emergency-relief workers. I layer auto-ethnographic reflections of my affective experience working on COVID-19 crisis-operations with the CRC to analyse the powerful hold the crisis-imaginary can have on people's subjectivities. The aim is not to discredit humanitarian organizations and the important work they do to provide aid to many people. Rather it is to consider what has been absent from the discussion of crisis and how the spectre of crisis and its narratives construct a particular relationality to the world through never-ending iterations.

Conceptualizing crisis

Growing up as a biracial Chinese Canadian, I often found my Western education at odds with my Chinese cultural upbringing. For example, ghost stories are common in East and South-East Asian culture. Spirits, ancestral prayers, and cyclical conceptions of life are considered a given but this was often misunderstood or contested by ideas from Western science. Hauntology has been a means of deconstructing fixed definitions and allowing for alternative conceptions of crisis. The word crisis originally derives from the Greek words *krisis* for 'decision' and *krinein* for 'decide' to signal a point of critical decision (Oxford Dictionary). In the early seventeenth-century the term was used in late Middle English and medical Latin to denote the turning point of a disease. Crisis continues to hold this sense of urgency by signifying a period of intense difficulty, trouble, or danger within which an important decision must be made. In Chinese, crisis, 危机 [wéijī], directly translates to 'danger machine,' connoting systemic trouble. Danger can be imagined as the presence of a shadow, or threat that overtakes the machine, the system, and the society.

The word emergency, on the other hand, originally derives from the mid-seventeenth century Medieval Latin word *emergentia*, which means to arise and bring to light (Oxford Dictionary). Although crisis and emergency are often used to connote similar feelings of urgency and immediacy, their denotations carry distinct meanings. During an emergency, something is brought to the surface or into view, whereas crisis designates the moment of making a critical decision. I focus on the crisis-imaginary because the outbreaks of COVID-19 during the first wave prompted an urgent need for critical decisions to be made. Does the emphasis on the critical decision-making process overshadow the emergency? This is perhaps the first hauntological reading of the COVID-19 crisis in that the focus on the decision to do something does not necessarily address the *something*, the emergent issue or cause. The ambiguity of asking 'how did we get here?' and the inability to pinpoint the precise moment where things went wrong is what keeps a hold over people's psyches and subjectivities.

Janet Roitman's *Anti-crisis* (2014) approaches crisis as a historical-philosophical object of knowledge by examining the financial crisis of 2007-08 to question this 'super concept' (10). Roitman uses anti-crisis to interject on the current system in which crisis is taken *a priori* as a self-explanatory term that is joined with other nouns to critique but does not itself require

being studied. This self-referential system overshadows our understanding of crisis as a concept within its own right. Crisis becomes an empty category that only takes on meaning as it is combined with other terms. By studying crisis only in relation to an event, Roitman argues we miss two important questions on the concept: how one can know crisis in history; and how one can know crisis itself? (2014: 10). Crisis is mobilized to construct narratives with a particular teleology in which these critical and decisive moments signal a break from the normative 'journey' and pathway towards a better future through some kind of salvation from the current failures. Building on Roitman's analysis, I use Derrida's framework of hauntology (1994) and Sadeq Rahimi's hauntology of everyday life (2021) to disrupt the teleology of crisis by bringing in haunted pasts, presents, and futures. Understanding crisis only within a linear temporal logic misses what is absent in crisis; what is present in this absence; and what/whose voices are silenced. The ghosts of crisis especially those of intergenerational crises cannot be understood through linear logics of causality.

Hauntology as the theoretical framework complicates conventional modes of understanding crisis as merely a condition and/or a historical event (Roitman 2014). Jacques Derrida first introduced hauntology in *Spectres of Marx: the state of debt, the work of mourning, and the new International* (1994) as a new mode of interpreting the opening lines of Marx and Engels' *Communist manifesto* (1848), 'A spectre is haunting Europe—the spectre of communism' (2012: 73). In Derrida's re-reading of this text, he was 'initially thinking of all the forms of a certain haunting obsession that seems to organize the *dominant* influence on discourse today' (Derrida 1994: 34). Current public discourse seems to have a certain haunted obsession with crisis as humans have reached increasingly dangerous/critical political, biological, economic, social thresholds and precarious livelihoods (Tsing 2015). Crisis organizes discussions from finance, politics, health, climate to theory on modernity, interpretation and representation as a systematic deconstruction and critique of society (Latour 2021: 139). The logic of haunting is larger and more powerful than an ontology or a thinking of Being because it is a performative interpretation that transforms what it interprets. It harbours within itself a liminal space or threshold that is no less public than private, neither living nor dead, and neither present nor absent (Derrida 1994: 63). Instead of focusing on the rationality and causality of a particular crisis, I am interested in a hauntological reading of crisis as it brings forward a particular social imaginary of danger and in its wake, promises certain visions of change that linger in the shadows of the crisis-imaginary when they remain unfulfilled.

Sadeq Rahimi's *The hauntology of everyday life* (2021) follows from the genealogy of ethnographic theorizing in psychological and medical anthropology to engage with how hauntology produces meaning, subjectivities, and structures of feelings through language, metaphors, and desire in everyday life. Drawing on the analysis of literature, film, cultural products, clinical settings, and ethnographic vignettes from his fieldwork in Turkey on schizophrenia and political subjectivity, Rahimi argues that all human experience is fundamentally haunted because semiotics is haunted. Language, meaning, and subjectivity is a 'hauntogenic event, as the process that creates meaning also creates spectral traces of the original events and entities that are made sense of' (2021: 10). This is useful for understanding

how narratives about crisis become apparatuses that orient subjectivity as people witness and experience crisis (Agamben 2009; Good 1993).

Hauntology seeks to evoke the endless spirits of crisis that are created through the encounters between apparatuses of language and discourse with human perception, cognition, and subjectivity (Rahimi 2021: 1). Hauntology is ‘a mode of understanding power and its working in ways fundamentally different from historical, archaeological, or even a Foucauldian genealogical modality’ (2021:1). Instead of attempting to re-establish, historicize, or unearth what was and is considered crisis, hauntology seeks to recognize, to allow to come forward, to speak—that which was to be, that which could have been but never was, the future that hailed the past but was forced to disappear from the horizon (2021: 7). Hauntology highlights the way crisis covertly structures people’s affective experiences and subjectivities through the construction of distinct pasts, presents and futures within dominant Western North American and European conceptions of temporality. Non-linear conceptions of time and causality reveal semiotic fixations on linear-progressive time within crisis narratives within the RC as having anticipated beginnings, middles, and endings. Hauntology allows us to notice the multiple temporal realities that creep into the empty spaces, gaps, and silences of never-ending temporal cycles of crises in the north American context.

Layering methodologies

This project layers a critical discourse analysis (CDA) of public facing materials from the CRC with an autoethnographic reflections of being immersed in the world of crisis. Combining CDA and autoethnography enables a deeper understanding how the crisis-imaginary can be considered a haunting apparatus that structures subjectivity and the affective experience of crisis through text and imagistic narratives. CDA is often used to study how language reproduces ideologies, abuses of power, dominance, and inequalities within social and political contexts (Dijk 2015: 466). In this context, CDA offers a means to understand how the CRC uses images and narratives to produce and reproduce affects within a particular social and political landscape.

Using the NVivo-12 qualitative research software I thematically coded the CRC’s recruitment and training documents, and public materials such as infographics, policy statements, donation campaigns found online. Using an iterative process, a codebook of themes and connections were created after multiple rounds of coding. The initial coding created a general list of themes including care, crisis, temporality, obligation, aid, humanity, philosophy, etc. The codes were then refined and reorganized to include analysis of the syntax and structure of these documents by coding instances where the font changes, audience, voice and tone. I ran word searches and queries across themes to identify the most frequently used words and phrases in relation to crisis (See figure 1). CDA is useful for understanding how the CRC deploys particular words and phrases to construct the crisis-imaginary to evoke certain affective responses and subjectivities. The CDA became the starting point for conceptualizing what I describe below as the crisis-imaginary and the apparatus that follows and territorializes people’s way in the world.

‘CANADIAN RED CROSS You may know who we are. But do you know what we do?’ The document proceeds to detail the 300 + branches with 20,000 volunteers servicing 2,000,000+ Canadians every year. The infographic is broken up into five sections:

- ‘**OUR STRENGTH**’ about the CRC then
- ‘**READY TO ACT** when disaster strikes,’;
- ‘**READY TO SUPPORT** those in our communities,’;
- ‘**READY TO PREVENT** injuries and abuse- and we help save lives,’; and
- ‘**READY TO RESPOND** out in the world.’

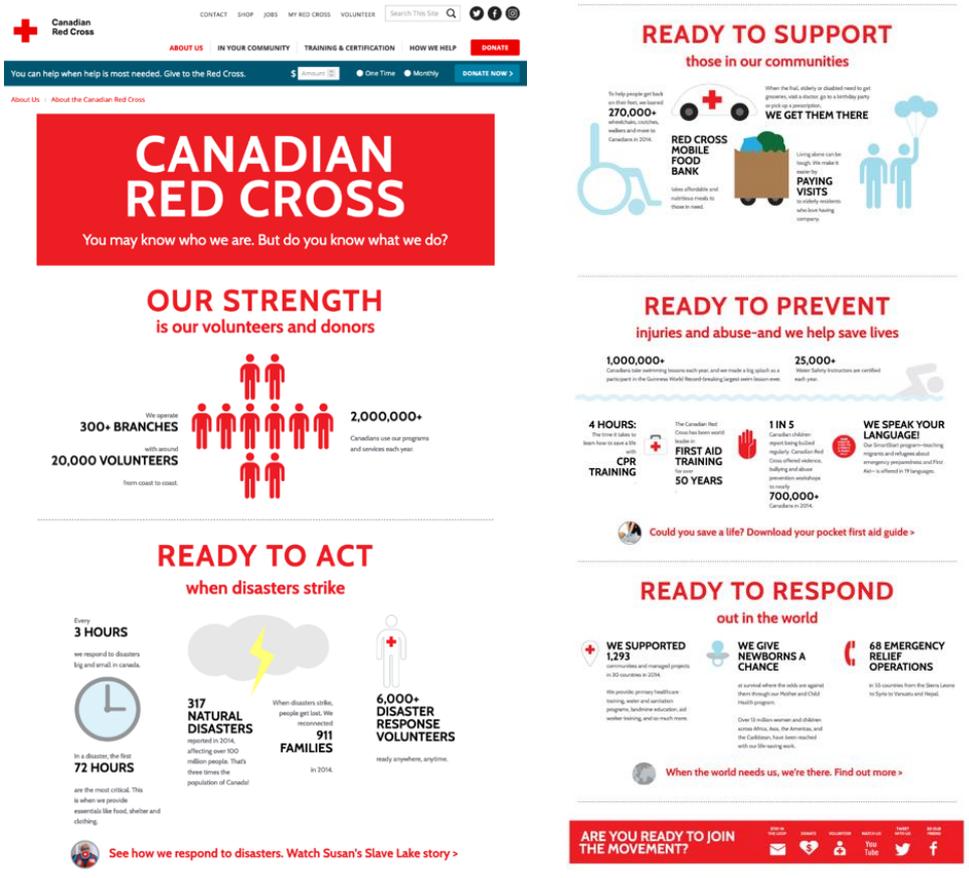


Figure 2 – CRC ‘What is the Canadian Red Cross’ On-line Infographic

When disaster ‘strikes,’ a series of emergencies arise requiring the CRC to respond with their established emergency relief programs and their staff and volunteers. One emergency does not necessarily signal a crisis however the conglomeration of emergencies can signal a dangerous systemic breakdown requiring critical intervention. The emphasis of the emergency in Calhoun’s emergency-imaginary is on the response, the action, and the timing. Under each section, impressive numbers and statistics are listed like ‘every **3 HOURS** we respond to disasters big and small in Canada. **317 NATURAL DISASTERS** reported in 2014 affecting over 100 million people. That’s three times the population of Canada!’ The all-capitalized lettering written in bold creates an intense affective sense of alarm and anxiety, signalling an urgent need and responsibility to respond. How does the self make sense of the fact that

disaster strikes every 3 hours? The pairing of the alarming text with simple yet poignant animations alters one's sense of urgency as being everywhere all the time. How does one live well knowing crisis is always around the corner? The sentiment that a crisis could strike *you* at any moment creeps, haunts, and forms one's psyche. The threat of looming disaster can territorialize and disrupts one's sense of time and space in the everyday experience of the world. What is left with except waiting for the next crisis to happen only to salvage the pieces until the cycle begins again? The unfathomably high frequency of these emergencies speaks to how crisis has become a qualifying condition of our current historic, socio-political, and economic events and how it creeps into our social imaginaries and takes hold of them (Roitman 2014). The crisis-imaginary is not about questioning whether these critical events are real or not. It gets at the underlying apparatus of crisis as it imagines and reproduces the world as continuously framed around emergency with a supposed beginning, middle, and end. The concept refers to the vision, representations, images, and impressions that orient one's understanding of crisis through these narratives. Crisis narratives carry strong affects of anxiety, and fear that stick onto these never-ending cycles of crisis (Redfield 2013; Calhoun 2004).

Coverage of the first outbreaks of COVID-19 in Canadian long-term care homes (LTCH) brought forward numerous scandals on the deaths, negligence, and abuses happening in LTCHs like the Herron in Quebec.³ As the pandemic's outbreak spread among the older and vulnerable populations, the LTCHs in Quebec and Ontario were severely understaffed and unequipped to deal with the high number of COVID-19 transmissions and deaths. This national coverage and attention prompted the federal and provincial governments to call on the Canadian Armed Forces (CAF) as emergency-relief to support and reinforce these facilities. A month later, the Canadian Broadcasting Corporation reported that up to 40 percent of the CAF had been carrying the virus asymptotically before entering the long-term care facilities (Brewster 2020). Fifty-five soldiers were confirmed positive for COVID-19 having contracted the virus from the long-term care facilities, but an additional forty percent might have caught the virus from staying at hotels in close proximity to positive individuals before setting foot in the facilities (Brewster 2020). Shortly after, in May 2020, Prime Minister Justin Trudeau announced that the CRC would gradually take over from the CAF with 150 personnel and an additional 750 newly trained workers in both Ontario and Quebec (Breen 2020).

These representations of crisis reproduced affects of fear, anxiety, guilt, and shame related to the spread and contagion of the COVID-19 virus. However, no stable or specific body, object, or figure can necessarily be considered the origin of the affectivity of crisis because of the way affect circulates, sticks, and compounds with other bodies and emotions. The elusiveness of affect is what allows crisis narratives to collect and adhere to emotions while simultaneously generating particular economies of labour, donations, and knowledge through affectivity.

Brian Massumi' and Eric Shouse's definition of affect and the distinctions they make between feelings, emotions and affect are important starting points to discuss how I along

³ The French equivalent for long-term care homes, CHSLD stands for Centre Hospitaliers de soins et de longue durée, see Cherry (2020).

with my colleagues were affected by the CRC's COVID-19 crisis-imaginary and simultaneously affecting these narratives as well. Affects are the 'felt reality of a relation' (Collu 2019; Massumi 2002: 16). Shouse defines affects as a *prepersonal* dynamic force that is felt by bodies as they encounter each other (2005: 1). By body or bodies, I mean the phenomenological understanding of the body-concept as that which has the ability to 'affect and be affected' (Shouse 2005: 1). An affected and affecting body therefore can be understood as a dispositive, a window or a screen through which one comes to know and perceive the world sensorially (Berardi 2013: 64). This relational quality of affects contributes to how they are thought to transfer and move through groups and collectives. Affects therefore gain a social force and momentum through their encounters with bodies. Samuele Collu (2019) conceptualizes affects as *late modern spirits* and treat psychotherapy as a ritual of 'affect dispossession' in those spirits and affects can occupy our present with a haunting presence that territorializes our psychic lives (Collu 2019). In the context of psychotherapy in Buenos Aires, Collu participated and observed over two hundred hours of live couples' psychotherapy to examine the atmosphere and affective intensities that travelled across visual mediums, bodies, and environments (Collu 2019: 293). I argue that affects stick onto crisis-narratives similarly come to haunt our social imaginaries.

The differences between feelings, affects, and emotions and their interaction with one another is necessary to understand how the CRC operationalizes affects to gather support. Feelings are personal experiences, as they depend upon one's subjective experience, whereas emotions are social, in that they can be displayed genuinely or feigned, and affects are *prepersonal* in that they are experienced bodily prior to language, the person, and/or outside of consciousness (Shouse 2005: 1). Affects become feelings once they are checked against previous sensations and experiences. When affects get articulated within a broader social context, they become displays and projections of emotions. Sara Ahmed's article 'Affective Economies' (2004) similarly challenges the assumption that affects, and emotions are private matters simply belonging to individuals that move outward from within before in turn being transmitted onto others (2004: 117). Rather, Ahmed argues that as emotions circulate between bodies and signs, individual and collective bodies 'surface' (2004: 117). This surfacing creates the effect that emotions and affects, in their *prepersonal* form, are not found within the specific boundaries of a single body, meaning-system, or world. This unbounded quality also reveals how affects and emotions have the powerful capacity to exist, and potentially transform our worlds and social, political, and economic meaning-systems.

Layered onto images and news stories about the COVID-19 situation are effects of fear, guilt, morality, and anxiety that construct a particular conceptualization of the world in relation to crisis. A strong emotional response came from the public following these stories since these effects of loss, guilt, and despair stuck onto people's minds as a social failure. How could a society we had imagined fail so many of our loved ones? The emotions stuck onto the sense of moral and ethical obligation to help vulnerable peoples. And yet, stories of neglect in LTCHs are not new, but COVID-19 pandemic brought to the surface an undeniable public confrontation with the system's breaking point. The horror stories of the deaths within LTCH affected me to do *something* about the situation. This strong sense of injustice was one of the main factors most of my recruited colleagues referred to as their motivation for responding

to the CRC's call. I was not the only *liminal personae* in fact, many of my colleagues expressed a similar sense of disorientation, disconnection, and desire to help in some way. A schoolteacher I worked closely with was deciding between retirement or a career change when the pandemic started. She responded to the provincial press conference by Premier François Legault who called for the need to recruit 10,000 personal support workers for the CHSLDs (Montreal Gazette 2020).

The COVID-19 apparatus and its haunted subjectivities

The CRC job description for support-workers in long-term care homes (LTCHs) represents how the desire to do good haunts the crisis-imaginary and shapes the employees' subjectivities. The document begins with the phrase '*Aidez-nous à améliorer les conditions de vie des plus vulnérables!*'⁴ followed by a general description of the COVID-19 context in LTCHs including a list of advantages for working with the CRC, the tasks, and the employee profile they are looking for. The CRC was looking for capable people with a passion for working with older people; great interpersonal abilities and volunteer experience; empathy for people's needs and wellbeing; general knowledge of dementia; autonomy and an ability to work efficiently in a group; and most importantly the ability to work effectively within a stressful environment. The document creates a strong sense of obligation by detailing the 'extremely difficult circumstances' in LTCHs and the 'essential role' you would play in the heart of the CRC's crisis management team (see figure 3). It reveals how powerful these crisis-narratives are in reaching *you* and affecting an immediate response and call to action among the reader. The section listing the five main advantages and benefits of working for the CRC points to the kind of subjectivity they are curating in their employees.

The CRC's crisis-imaginary depends on the transmission and circulation of certain affects and emotions across the boundaries of bodies of individuals and collectives as well as technologies. This elusive and unboundedness might be precisely what allows states to operationalize certain affective responses to crises without addressing broader structural changes. Affects stick onto preexisting ideologies, narratives, and discourses as they encounter them. In the case of the crisis-imaginary, affects collect and stick onto the narratives that surround crisis. However, they also have the creative power and potential to transform this crisis-imaginary.

⁴ '*Help-us improve the conditions of the most vulnerable!*'

Aide de service (centre de soins de longue durée)

Lieu : Canada
 Situation d'emploi : Emploi occasionnel
 Durée de l'emploi : Occasionnel
 Date limite : Posted until filled

* Les offres d'emploi prennent fin à minuit, heure normale de l'Est (HNE).

Description**Aidez-nous à améliorer les conditions de vie des plus vulnérables!**

La Croix-Rouge canadienne appuie des centres de soins de longue durée qui doivent composer avec des **conditions extrêmement difficiles dans le contexte de la pandémie de COVID-19**. Nous avons mis en œuvre une démarche collaborative qui nous permet d'offrir immédiatement de l'aide aux centres de soins de longue durée et à leurs résident(e)s ainsi que d'adapter et d'intensifier l'ampleur de ce soutien selon les besoins.

En votre qualité d'**aide de service**, vous relèverez du coordonnateur ou de la coordonnatrice du site et vous jouerez un **rôle essentiel au sein de l'équipe de gestion de crise de la Croix-Rouge**. Vous travaillerez directement auprès des résident(e)s en les aidant dans leurs activités quotidiennes. Dans ce contexte, vous devrez favoriser votre sécurité mutuelle tout en tissant des liens de confiance. À cette fin, vous devrez créer un climat de collaboration en misant sur la communication ainsi que la compréhension et le respect mutuels.

La Croix-Rouge canadienne propose les avantages suivants :

Culture : Vous travaillerez pour une organisation qui est guidée dans toutes ses actions par sept Principes : **fondamentaux, soit l'humanité, l'impartialité, l'indépendance, la neutralité, le volontariat, l'universalité et l'unité.**

Possibilités : Vous aurez l'occasion de travailler au sein d'un **des organismes à but non lucratif les plus réputés au monde, dans un environnement favorisant l'apprentissage continu, la créativité et la collaboration.**

Flexibilité : Vous jouirez de conditions de **travail flexibles et de congés payés**, pour les imprévus de la vie quotidienne.

Travail valorisant : Vous participerez à une opération de première ligne pour aider les personnes les plus vulnérables pendant la pandémie de COVID-19.

Vos tâches

- **Socialisation et prise de contact** : briser l'isolement des résident(e)s et favoriser leur bien-être émotionnel en engageant des conversations joyeuses, en mettant de la musique, en leur faisant la lecture, en faisant des casse-têtes, en jouant aux cartes avec eux, etc.
- **Soutien à l'alimentation** : encourager les résident(e)s à bien s'hydrater et à s'alimenter. Pour ce faire, distribuer des repas et des collations, ouvrir les emballages, retirer les couvercles, mettre en place les cabarets, veiller à ce que les résident(e)s aient accès à de l'eau. Dans les cas où un(e) résident(e) a besoin d'aide pour s'alimenter, en aviser l'équipe de soins. Le titulaire de ce poste n'est pas autorisé à aider les résident(e)s à s'alimenter.
- **Organisation des lieux et nettoyage léger** : ranger l'espace du client ou de la cliente, essuyer ou désinfecter les surfaces fréquemment touchées comme les tables de chevet, les rampes, les poignées de portes et de tiroirs, les marchettes et fauteuils roulants, etc. Changer les draps et faire les lits et aider à la distribution du linge propre : draps, serviettes, couvertures, etc.
- **Sécurité et bien-être** : faire des vérifications de sécurité. Cerner d'éventuels risques et les signaler. Effectuer l'ensemble des tâches en favorisant la santé et la sécurité de chacun(e) et en réduisant les risques de blessure pour soi et pour les autres. Observer régulièrement les résident(e)s pour détecter des changements de comportements ou d'état général.
- **Rapports et documentation** : remplir les documents requis dans le contexte de la prestation de soins, des changements de quart et des séances de débriefage (en version papier ou sur support électronique). Signaler tout incident ou de toute situation compromettant la sécurité, la santé ou le bien-être des autres.

Profil recherché

- Passion et aptitudes pour le travail auprès des personnes âgées.
- Excellentes aptitudes interpersonnelles (une expérience de bénévolat et de service à la clientèle constitue un atout).
- Empathie à l'égard des besoins des résident(e)s et capacité de communiquer et de prendre contact de façon confiante avec autrui.
- Connaissance générale des effets de la démence.
- Capacité de travailler en toute autonomie avec un minimum de supervision; sens de l'initiative.
- Capacité de travailler efficacement au sein d'une équipe;
- Capacité d'effectuer efficacement ses tâches dans un milieu stressant.

La majorité du travail se déroulera dans un environnement changeant qui évolue très rapidement, en adoptant des pratiques rigoureuses de contrôle des infections qui prévoient notamment le port d'équipement de protection individuelle.

Figure 3 – The CRC Job Description for Support-Worker in Long-Term Care Homes

I was compelled by this call to join the CRC through an affective pull that the crisis-imaginary circulated and reproduced through images, words, and discourse. The call represented a constructive purpose with clear directives for the actions and protocols required to respond to such a crisis. The images and narratives of the crisis-imaginary can be thought of as an apparatus in the sense of Michel Foucault, Giorgio Agamben, and Bifo Berardi who describes it, as 'a disposing or structuring device' that, in turn, shapes, disciplines, and orients the gestures, behaviours, opinions, and discourses of living beings (Agamben 2009: 14). My experience working on the ground in crisis-intervention however, brought into view the disposing devices that the crisis-imaginary had constructed. Crisis was the dispositive that structured our subjectivities and relations even in the absence of an immediate emergency. The temporality crisis disposes us to is one in which there is a clear breaking point marking the critical moment that leads to a proposed change or decision.

Mrs. D was a Chinese mathematics professor in her 80s who had immigrated with her husband to Canada later on in life to be closer with her daughter. I learned from her daughter that Mrs. D had survived COVID-19 and covid-related pneumonia twice. Although she was out of the intensive care unit (ICU), her husband had not survived but Mrs. D did not know he was dead. She thought the LTCH staff were purposefully keeping him from being with her. I only learned these details much later during my time at the LTCH, but these details have come to haunt the way I think back on the interactions I had with Mrs. D. Before I knew the precise details of her story and resilience, I had only the affective interactions we had shared from which I had already sensed the force of her sharp wit, and strong will.

Mrs. D spoke barely any English and even less French so our interactions were limited to the broken Mandarin that I used to greet her and ask how she was. My limited language skills kept us in a loop of introductions, 'ni hao ma? ni jiao shen ma?' [[How are you? What is your name?] to which she would respond 'wǒ bù hǎo' [I'm not good]. I repeated the phrasing to my mother once I got home, and it turned out that Mrs. D had been saying 'wo bu hao' [I

am not good] all day long to me. It broke my heart to hear that all day long she had been telling me she was not good, but I was determined to learn a few more phrases to break some of the isolation she was feeling. I carried a notebook with translated phrases, *ni kou ke ma?* [are you thirsty?]; *ni è le ma?* [are you hungry?]; *ni lèi le ma?* [are you tired?] At first these phrases were useful, but words only took us so far, and when words failed us, we would sit listening to Chinese opera. Sometimes she would tap her finger against the wheelchair, sometimes she would hum and sing along. A few times, I left her with my notebook and a marker, and she began to write (see figure 4). She taught me how to write the Chinese characters for numbers and repeated them out loud slowly so I could pronounce them properly.

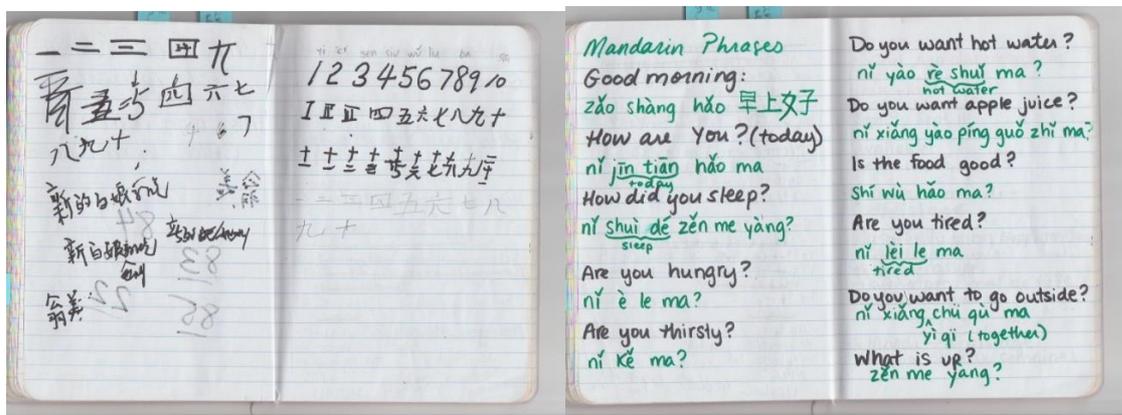


Figure 4 – Fieldnotes and Writings from Mrs. D.

Unearthing, or unpacking what she was feeling or thinking was not possible so we would often sit silently sharing these moments of intense uncertainty, confusion, and alienation peacefully in company. One hand over a rubber glove, a strange form of contact and relationality between the multiple barriers of both language and protective materials. Holding hands-arms-wheelchairs-walkers, became one of the only contact zones that connected me and Mrs. D and other seniors. As opposed to the game-over response, we sat together holding tightly onto our hands, connecting through gloves, wheelchairs, and masks through the trouble (Haraway 2016). Succumbing to the despair of the pandemic is not a generative response for the seniors, and neither was blind optimism. Instead, seniors-doctors-staff, PPE materials and support technologies were assembling into an oddkinship which expands traditional conceptions of relationality. I got to know intimate details about the seniors, the incredible lives they lived, the intimate details of their families, and relations who were unable to visit during the pandemic. But at the end of the day, when I would say *'zàijàn'*, a panicked look would come across Mrs. D's face, and she would hold on tightly to my hand refusing to let me go. Keeping a brave face while trying to reassure her that I would be back soon was the only response I could give without breaking down myself.

I often find myself returning to the memories of quietly greeting Mrs. D in the morning with a warm face towel and wondering where she is now. The feeling that I had so quickly come and gone from her life with no conclusive sense that I had succeeded in providing her

with any enduring relief continues to follow and haunt my subjectivity. When I was confronted with the breakdown of what I had imagined and learned crisis to be, did the apparatus of crisis become visible. The crisis-imaginary reminds us that it is a structuring device that imagines the world through a particular lens with a particular temporality.

A pantemporal experience of crisis

The lived experience of crisis as it affected me was different from the linear narratives I had been exposed to during the CRC training. These narratives structured my understandings of crisis as having a before, during, and after. The long-term care home at the time of our arrival was not *in emergency* anymore. However, the risk of the COVID-19 virus was ongoing and the narratives of crisis-imaginary hauntingly present: the memories of what had occurred were real and they occupied the spaces and relations between people in the LTCH. Only slowly, over lunches with the permanent PSWs, did my CRC colleagues and I learn how bad the outbreaks had gotten. They had been down to one PSW for twenty residents, which meant twenty residents to help dress, bathe, feed, and monitor their activities. Many of the seniors were positive and symptomatic with the first COVID-19 variant, which seriously affected their breathing. Although there were no active COVID-19 cases, the staffing shortages were still so significant that the long-term care home functioned as though it was still in crisis mode since of the 10,000 newly recruited orderlies Premier Legault had hoped to hire, only 3,000 actually completed the training. Our contracts in the LTCHs were considered temporary, and the roles we played were limited, which caused tension between the permanent CHSLD staff and the temporary CRC workers. The fear of a potential outbreak is what kept haunting the present moment even as the day to day work was not always characterized by frantically running around with too much to do and not enough hands. It took time for me to learn and unlearn what my responsibilities as an emergency worker entailed on the ground as opposed to the formal training I had received in an isolated hotel conference room.

As I got to know the PSWs, and the residents, their likes, and dislikes and how I could support them, the anxieties and fear of the COVID-19 crisis calmed down and it became like any other job. Yet, at same time, the fear of exposing the residents to the next wave of the virus was ever present. Being in the LTCH revealed that the experience of crisis is not a straightforward one with a clear beginning, middle, and end. It has ebbs and flows, moments of extreme duress, and risk as well as the moments of calm, quiet, strength, and resilience.

During the time I spent with the seniors at the LTCH, I was confronted with a very different relationship to time than the one the crisis-imaginary had prepared me for. Many of the seniors had varying degrees of dementia and Alzheimer's and forgot that they were in a long-term care home all together, let alone that we were locked down amid a global pandemic. As CRC employees, we were fixated on stabilizing the risk of infection by supplying and providing PPE, and psychosocial support to seniors and PSWs. This was our entire *raison d'être*—reason for being there—but the seniors did not share the same crisis fixations. They did not care much why I wore a mask, gown, gloves, or a visor. They thought the PPE was a silly costume to protect myself from the cold even in the height of the July heat. What was

on the menu for lunch or dinner was more important than the end of the pandemic. It often felt like I was stopping them from doing what they wanted. They wanted to go home or be anywhere else than within the walls of their rooms, the dining room, or the hallway where they would wait for mealtime. They walked around searching for a way home: asking me for bus money, and when I said I had no money they would say, *'oh you shut up you.'* Some would ride the elevator up and down all day long with their lipstick on and handbag in arm with nowhere to go. When I would ask where they were going, they would reply, *'I don't know.'* Others would burst into inconsolable tears asking me where their mother was. Others spent the day flipping through family photo albums, remembering the details about each of their children and grandchildren only to reach the end and ask once again if they had shown me their beautiful grandkids. The space and time in the LTCH seemed stuck in simultaneously the past, present, and future. As though we were all waiting for something magical to clear the cloud hanging over us and propel us forward.

I could have easily succumbed to the frenetic discourse of the crisis imaginary while on the ground working, but how productive would that have been? Part of my job was to provide psychosocial support to seniors, and so I could not dwell on the doom and despair. Instead, I had to come up with creative ways to connect, engage, and repattern my social interactions with both the seniors and the support-workers. This is what I understand Haraway to mean when she says, *'in passion and action, detachment and attachment, this is what I call cultivating response-ability; that is also collective knowing and doing, an ecology of practices'* (2016: 34). I held on closely to my role and response-ability on the crisis-management team in a detached yet deeply attached way.

Thinking through my encounters with the residents and staff in LTCHs, and the PPE materials and the spaces of the clinic and the virus itself, there was a process of becoming-with the COVID-19 crisis that prevented me from succumbing to the despair and doom of the pandemic. The situation was and continues to be extremely difficult for burnout staff, sick and/or anxious senior-residences as they gown up in the PPE. The PPE have quite a dystopian-apocalyptic appearance and many of the residents could not recognize us when we were completely suited up. The residents found creative ways to connect with us despite the barriers posed by the PPE. They listened to our voices; looked for our eyes, or our hairstyles to recognize and identify us. The materials gave meaning to the work I was doing and became direct signs for the COVID-19 crisis in the way Haraway outlines material semiotics as a worlding process in which the materials give meaning (2016: 12). I drew comfort from these materials, sitting in them for hours only to change into new ones every four hours. Even after the CRC left the LTCH, and even as I navigated spaces within the CRC's crisis-imaginary and beyond it, these materials continued to shape, and orient my experience of the world. My subjectivity had become consumed with the PPE materials, and the COVID-19 technologies (weekly COVID tests, ventilators etc.).

Hauntology is my way of reading the narratives of the crisis-imaginary alongside my relational experiences of loss, grief, heartbreak, anxiety, strength, and resilience as I affectively encountered them with people, spaces, materials, memories, and time. Hauntology becomes the answer to Haraway's prescient question, *'how can we think in times of urgencies without the self-indulgent and self-fulfilling myths of apocalypse, when every fibre of our being is*

interlaced, even complicit, in the webs of processes that must somehow be engaged and repatterned?' (Haraway 2016: 35). Hauntology is not just about exorcising the ghosts and spirits that come to territorialize space and minds; rather, it is an ontology of absences and a disavowal with the ontologies of the present.

Instead of focusing on being as it is in the present, hauntology is about being with what is absent. Absent space, absent people, absent time, and absent meaning. It both recognizes the disorientation, the disjuncture of time and space as much as it animates meaning, being and time (Rahimi 2021). Loss and absences are not experienced chronologically and cannot be conceptualized within rigid linear logics. Rather, as Rahimi writes 'the logic of hauntology belies any established order of meaning, insofar as it recognizes as haunted (and hence always duplicitous) the very 'essence' of reality, and perhaps more importantly, insofar as it simultaneously defies the most foundational tenets of both Utopianism and Messianism' (2021: 5). The legacies of the utopian and messianic visions of the humanitarian world haunted the lived experiences of crisis especially since I never got to see these visions come to light. The moment the situation had seemed somewhat stable, we were sent into the whirlwind of another crisis-operation.

My affective experience of crisis continues to haunt and transform my understanding of the crisis-imaginary. The affects tied to these relationships continue to haunt my sense of time as I long for returns to a stable *before* crisis or a progressive new futurity. However, it is not just the grief of having lost lives, lost time, or lost connection, rather it is a nullified possible future that was promised and never experienced that haunts us. Rahimi notes that 'what haunts is not that which is gone, it is that which was expected to come but whose condition of arrival has been foreclosed, and the ghost is an advocate of the promised future that was unrightfully cancelled when the past was destroyed' (2021: 6). I expected my work with the CRC to have a decisive point signalling the end of crisis, but the promised resolution never came. The contracts kept getting prolonged, but I could not work full-time with the start of the new semester, so I was deployed as a part-timer on another crisis-operation. In the process, I lost the connection and relationship I had formed with the seniors, but the memories and affects lingered and followed me.

Hauntology thus is a deeply political project that acknowledges the absences and hears the voices of the silent without proscribing to any formal political parties. It foregrounds the moments spent sitting in the presence of absence: listening to the silences of crisis as much as the cries and the screams; embracing the irresolute clouds of uncertainty; sensing what cannot be said as expansive possibilities.

My relationship to time is and will forever be haunted by this disjointed experience where the past and future were present, but the present was absent. A time during the pandemic when we were seemingly locked down in the present but wherein the residents of the LTCHs collapsed the past into the present and I collapsed the future into the present. This characterizes the pantemporal formulation of human thought and experience (Rahimi 2021: 19). One of the fundamental implications of hauntology on the experience of being and time is how 'hauntology indicates a disjointing of time where the past and future are present, and present is absent' which consequently necessitates a *pantemporal* formulation of human thought and experience (2021: 6). This frames the experiences I shared with Mrs. D and many

of the seniors whose understanding of the pandemic was absent, but their past ever present. As their support worker and caregiver, I performed and played out those pasts while simultaneously carrying the concerns for their futures. For instance, one senior thought we were staying at a ski resort and that her husband was off skiing, but she had decided to stay in for the day. The CRC support workers and the PSWs went along with her because it would have been more distressing and confusing for her to understand the strange condition of the COVID-19 lockdown.

The examples from my experience working in the long-term care homes find meaning within the pantemporal hauntological framework and so do the experiences in the testing clinics and the housing-crisis. The COVID-19 testing clinics presented a separate challenge of never-ending lineups of people worried, stressed, and frustrated about their test results. And yet there were periods in the clinic that were similar to my experience in the LTCH, when I spent the day doing sudokus by the front door, testing perhaps a few hundred people. Then come winter, or a time for seasonal travel, it would be nonstop all day performing over a thousand tests per clinic. We had to turn people away and implement a system for appointments because the clinics could not manage the huge number of tests. The days I spent at the CRC's head office as an interventionist on the housing crisis were often very quiet. There would be a short list of calls to make—one or two at most to make in any given day—but we had to keep our phone line open in case someone called.

The training had set up an expectation that the phone lines would be ringing nonstop once July 1st, 2021, rolled around, the typical moving day for Quebeckers. This mandate provided people who were being evicted because of rental spikes, financial insecurities, and/or personal issues with temporary housing, food, and psychosocial support while they searched for new homes. In the CRC's psychosocial support training, we were taught how to pay attention to the whole phone call and not only what was being communicated by the client because the beneficiary's safety and security became the CRC's responsibility the moment we responded to the call. Although the phone calls were few in a day, some of them could be quite intense. There was a call I vividly remember because the beneficiary mentioned splitting up with her partner and needing to leave as quietly as possible while her partner was at work for fear that it would stir her up too much. '*Ça brasse trop*,' she kept saying to me. Those words burned into my ear over the phone. I asked if she felt like her safety was threatened. '*Ça brasse trop*.' I paused the call to speak with my coordinator and we decided to book her a hotel room immediately so she would have a safe space to go to. The client was grateful for the option but felt there would be less conflict if she left while he was at work the next day. I had just enough time to give her the number for our evening psychosocial worker before the phone call was over. No resolution, and just the sound of hesitancy and fatigue in a stranger's voice over the phone was enough to haunt me.

The stories represent shared encounters that were haunted not necessarily by evil tormented spirits, but the ghosts both metaphoric and real that occupied and territorialized the gaps and spaces between those encounters. One of Rahimi's core ideas is that the interface between the physical and symbolic is where meaning and ghosts are born (2021: 6). As my physical, and embodied experience of working on the COVID-19 crisis operation intersected with the narratives implicated in the crisis-imaginary, particular meanings and

ghosts were born: the ghosts of the crisis-imaginary. Ghosts do not follow a linear order of before, during, and after crisis. They stick onto the words, narratives and affects that come to structure our experience of crisis and construct the crisis-imaginary. Even as I continued to work on various other mandates for the CRC, in the COVID-19 testing clinics across the city of Montreal; or the seasonal homeless shelters; and the housing crisis, the ghostly memories of being in LTCH animated the crisis-imaginary and continued to structure my subjectivity, and the meaning I make with the world around me.

Conclusion

The experience of crisis was overshadowed by the expected end to crisis; the promises for returns to a romanticized past; and a progression towards a brighter future. In the place of the expectations and promises of the crisis-imaginary, I found a haunted present. There were days that often felt slow as though I was stuck in time with no way out but the eventual phone call and the sudden spike in cases kept us there. There were stressfully bitter moments that left me disheartened and frustrated yet enough kind gestures that brought the compassion and tenderness to keep me going. The crisis-imaginary is full of these ebbs and flows. Full of contradictory moments of control over the situation and then intense insecurity; or moments of strength and resilience and then moments of intense vulnerability, and precarity.

In September 2021, I stopped working for the Canadian Red Cross, but the crisis had not ended by any means. I had decided not to be deployed on another crisis-mandate and start graduate school. Although my position with the CRC was always temporary—each contract lasting only about one to three months—I ended up working for the CRC for over a year. I bounced around from contract to contract and I could always count on my contract being prolonged for another three-months until the next crisis-intervention. What ultimately began as a way out of my liminality as an undergraduate student during the COVID-19 pandemic became a further entrenchment into the liminal space of the crisis-imaginary. The neat narratives of crisis I had learned in training no longer made sense, but the apparatus of these discourses continued to haunt and weigh on my subjectivity as I navigated the day-to-day tasks of managing crisis.

The crisis-imaginary haunts-- not only in the psychological intensity of these interactions--but also through the language, images, affects that construct the apparatus of the crisis-imaginary. The apparatus forms temporally linear conceptions and expectations of resolved crises that we cling onto which territorialize people's subjectivities. It is the apparatus of the crisis-imaginary and the affects that stick to it that haunt and orient our subjectivities and relationships to the world as being in constant threat of disaster and stuck in a linear trajectory. However, crisis as it is experienced on the ground disrupts what the crisis is imagined to be. The unfulfilled promises of the crisis-imaginary and the ambiguity of unending crisis; and the collapse of linear direction come forward.

The goal is not to abandon the crisis-imaginary, but to reveal the apparatus that is haunting our subjectivities. Perhaps the act of noticing these multiple and alternative experiences of crisis alongside the bulldozing narratives, opens the transformative possibilities

of the crisis-imaginary to reimagine our present critical conditions. Paying attention to the pantemporality of crisis might relinquish the hold that these fixed ideas and singular expectations of managing crisis have over us. The crisis-imaginary holds a potential for representing the many affective experiences of crisis through time and space. As it stands, crisis-narratives produce and reproduce linear conceptions of time with distinct before, during, and after to crisis. This assumes and upholds a teleology that societies are continuously advancing towards a better, and more progressive future wherein crisis is finished, resolved, and gone. The affective experience of working during crisis, however, tells a different story. One that remains unresolved, oscillating between moments of intensity and calm with no clear beginnings and endings. Sitting down to write about my experience reopened these overwhelming affects of loss and grief that I had not allowed myself to process in the midst of moving from one crisis-imaginary to the next. This research represents the first reflections on what I call the crisis-imaginary and in the spirit of hauntology, I hope to continue revisiting these affective experiences to expand on what is absent in crisis through future projects and collaborations.

Bibliography

Agamben, Giorgio, David Kishik, Stefan Pedatella and Giorgio Agamben 2020. *What is an apparatus? And other essays*. Stanford: Stanford University Press.

Ahmed, Sara 2004. Affective economies. *Social Text* 22/2, 117–139.

Berardi, Franco 2013. The image dispositif, *Cultural Studies Review* 11/2, 64-68. doi: [10.5130/csr.v11i2.3657](https://doi.org/10.5130/csr.v11i2.3657)

Breen, Kerri 2020. Coronavirus: Red Cross to gradually take over from military in Quebec long-term care homes, *Global News*, <https://perma.cc/89VN-U7MV> (accessed 9 Dec 2023).

Brennan, Teresa 2004. Transmission in groups, in *The transmission of affect*. Ithaca: Cornell University Press. doi: 10.7591/9780801471377

Brewster, Murray 2020. Military confirms 40-percent of COVID-positive troops deployed to long-term care homes were asymptomatic, *CBC news* <https://perma.cc/HS7B-VA3V> (accessed 9 Dec 2023).

Bystrom, Kerry and Eleni Coundouriotis 2019. Humanitarianism's way in the world: on missionary and emergency imaginaries, in Crystal Parikh (ed.), *The Cambridge companion to human rights and literature*, 27–41. Cambridge: Cambridge University Press. doi: 10.1017/9781108698511.003

Calhoun, Craig 2004. A world of emergencies: fear, intervention, and the limits of cosmopolitan order, *The Canadian Review of Sociology* 41/4, 373–95. doi: [10.1111/j.1755-618X.2004.tb00783.x](https://doi.org/10.1111/j.1755-618X.2004.tb00783.x)

Chang, Heewon 2016. *Autoethnography as method*, London: Routledge. doi: 10.4324/9781315433370

Cherry, Paul 2020. Herron scandal prompts Quebec to consider background checks on CHSLD owners, *Montreal Gazette* <https://perma.cc/QV7X-2W6V> (accessed 9 Dec 2023).

Collu, Samuele 2019. Refracting affects: affect, psychotherapy, and spirit dispossession, *Culture, Medicine, and Psychiatry* 43, 290-314. doi: 10.1007/s11013-018-9616-5
——— 2020. A therapy of screens: psychotherapy and the visual apparatus, *Anthropological Quarterly* 93/4, 729–53. doi: 10.1353/anq.2020.0065

Derrida, Jacques 1994. Spectres of Marx, *New Left Review* 1/205, 31–58.

Derrida, Jacques 2006 [1994] *Specters of Marx: the state of the debt, the work of mourning and the new International*, edited by Bernd Magnus and Stephen Cullenberg. New York: Routledge.

Gasser, Hans-Peter 1999. Books and reviews: Dunant's dream—war, Switzerland and the history of the Red Cross, *International Review of the Red Cross* 834/81, 429-432.

Good, Byron J 1993. How medicine constructs its objects, in *Medicine, Rationality and Experience: An Anthropological Perspective*, 65–87. Cambridge: Cambridge University Press. doi:10.1017/CBO9780511811029.005

Haraway, Donna Jeanne 2016. *Staying with the trouble: making kin in the Chthulucene*, Durham: Duke University Press.

Montreal Gazette 2020. Quebec to launch a massive recruitment campaign for CHSLD staff, <https://www.youtube.com/watch?v=GkFoJiYiSHg>.

National Defence 2020. Update on Canadian Armed Forces' response to COVID-19 pandemic, *Government of Canada* <https://www.canada.ca/en/department-national-defence/news/2020/05/update-on-canadian-armed-forces-response-to-covid-19-pandemic.html>

Massumi, Brian 1995. The autonomy of affect, *Cultural Critique* 31, 83-109. doi: 10.2307/1354446.
——— 2002. *Parables for the virtual: movement, affect, sensation*, Durham: Duke University Press. doi: [10.1515/9781478021971](https://doi.org/10.1515/9781478021971)

Petryna, Adriana 2022. *Horizon work: at the edges of knowledge in an age of runaway climate change*, Princeton: Princeton University Press.

Rahimi, Sadeq 2021. *The hauntology of everyday life*, Cham: Springer International Publishing.

Redfield, Peter 2013. *Life in crisis: the ethical journey of Doctors Without Borders*. Berkeley: University of California Press.

Roitman, Janet Lee 2013. *Anti-crisis*, Durham: Duke University Press.

Sanduliak, Ashleigh 2016. Researching the self: the ethics of auto-ethnography and an Aboriginal research methodology. *Studies in Religion/Sciences Religieuses* 45/3, 360-76. doi: 10.1177/0008429816657990

Shouse, Eric 2005. Feeling, emotion, affect, *M/C Journal* 8/6. doi: [10.5204/mcj.2443](https://doi.org/10.5204/mcj.2443)

Wilkinson, Iain 2013. The provocation of the humanitarian social imaginary, *Visual Communication (London, England)* 12/3, 261-76. doi: [10.1177/1470357213483061](https://doi.org/10.1177/1470357213483061).

This work is copyright of the author.

It has been published by JASO under a Creative Commons Attribution-NonCommercial-ShareAlike License (CC BY NC 4.0) that allows others to share the work with an acknowledgement of the work's authorship and initial publication in this journal as long as it is non-commercial and that those using the work must agree to distribute it under the same license as the original. <http://creativecommons.org/licenses/by/4.0/>)

