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# Grievable Lives during the COVID-19 Pandemic: US-American Television, Melodrama and the Work of Mourning

## ABSTRACT

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The present article applies Judith Butler's notion of "grievable life" to reflect on the manner in which selected US-American television series engaged in the work of mourning and memorializing the loss of life in the first two years of the COVID-19 pandemic, with the aim of noting which lives were deemed "lose-able or injurable" (Butler, *Frames* 1), and how precarity of life was reflected by fictional narratives that were conceived and produced during the first waves of the pandemic. The article focuses in particular on the way in which network scripted programming operating within the melodramatic convention, namely *This Is Us*, *Grey's Anatomy* and *Station 19*, incorporated pandemic storylines and which aspects of pandemic reality were highlighted or, conversely, avoided scrutiny.

**Keywords:** COVID-19 on television, Corona fictions, US-American television, grievable life, *This Is Us*, *Grey's Anatomy*, *Station 19*.

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## INTRODUCTION

By late 2022, the number of estimated fatalities of COVID-19 in the United States of America exceeded one million, surpassing the approximate national death toll of the Spanish influenza and even of the forty years of the HIV/AIDS pandemic.<sup>1</sup> Between February 2020, when the first cases of COVID-19 infections were confirmed in the US, and December 2020, when the first vaccines were authorized for Americans over 16, Americans went through a seismic shift that affected all areas of life: ways of working, socializing and spending leisure time either changed or, at the very least, were marked by new risk factors and requirements concerning, for example, distancing, testing and masking (cf. e.g., Johnson; Horton 14–18). The cultural, economic, educational and social impact of the pandemic is yet to be fully understood, even as backlash against mitigating measures has begun, and memory of the collective trauma it has occasioned<sup>2</sup> comes to be questioned and undermined.

The pandemic was a media(ted), televised event. From the very beginning, information about it circulated through news and social media, in the form of frequently animated “graphs and maps about infection rates” as well as “[i]nterviews with . . . health experts and programmed press conferences with politicians” (Melamed and Keidl 11). However, filmed materials have, in fact, long been an important way of informing the public about health policy, dating back to the beginning of the medium itself (Reagan, Tomes and Treichler 1). Film and television have drawn upon medicine as a source of “popular content and expertise” and the medical community has used audio-visual media for educational purposes (in particular in connection with infectious diseases such as tuberculosis or AIDS) (Reagan, Tomes and Treichler 2; 3–4; cf. Ostherr 2). This “symbiotic relationship” between medicine and film (Reagan, Tomes and Treichler 3) needs scrutiny to assess the ways in which mass media, and, for the purposes of this article, television in particular, functions at a time of health crisis, so as to determine the meanings and ideologies that it reinforces or even produces.

## GRIEF AND THE WORK OF MOURNING

A valuable framework for such a consideration is offered by Judith Butler’s works. In *Frames of War*, Butler seeks to draw attention to the ways in which some lives and not others are “recognized as lives” (4). Butler describes

<sup>1</sup> See Lovelace Jr. and CDC data.

<sup>2</sup> For some scholars, particularly when understood in psychoanalytic terms, the essence of trauma is its irrepresentability arising from the ways in which trauma prevents memory from forming or being accessed (see e.g., Caruth 10–24; Kaplan 20, 30, 74 and *passim*).

“the frames through which we apprehend or, indeed, fail to apprehend the lives of others as lost or injured (lose-able or injurable)” as “politically saturated” (1), writing in the context of violence against Muslims after 9/11, but also acknowledging reproductive rights debates and denials of the value of queer lives. They stress that it is in fact the shared condition of “precarity of life” that “imposes an obligation upon us” (*Frames* 2), and highlight the significance of “sociality” with which precariousness is associated. Butler seems rather prescient as they write:

[O]ne’s life is always in some sense in the hands of the other. It implies exposure both to those we know and to those we do not know; a dependency on people we know, or barely know, or know not at all. Reciprocally, it implies being impinged upon by the exposure and dependency of others, most of whom remain anonymous. These are not necessarily relations of love or even of care, but constitute obligations toward others, most of whom we cannot name and do not know, and who may or may not bear traits of familiarity to an established sense of who “we” are. (*Frames* 14)

These words apply to the pandemic particularly well. Mitigation measures (including masking, distancing, and vaccinations) rely on recognition of duty to our neighbours for effectiveness: in fact, “the very condition of our sociality becomes lethal under pandemic conditions” (Butler, *What World* 55) if such ethical obligations are disregarded. In addition, a refusal to not only regard other lives as valuable but also to believe in one’s own precariousness may lead to the choice to approach risk of infection with “market rationality” (97), or an “economic style of reasoning,” i.e. one that assigns supposedly objective values to contrary interests, and thus “deprioritizes concerns related to injustice or collective well-being” (Cartus and Feldman). In other words, this presents the personal inconvenience of the COVID-19-skeptical subject or the “‘health’ of the market” (Butler, *What World* 96) to be of equal or greater importance than others’ concern for their lives.

For Butler, the acknowledgment of our precarity, of depending on others for our survival, is taken as a necessary step towards a more democratic, egalitarian, nonviolent future. However, Butler notes that there are still certain groups who need to demand to be recognized as lives, or as equally valuable lives. In the pandemic present, those “whose lives are most imperiled by the pandemic” include “the poor, the Black community, the recent migrants, the incarcerated, the immunocompromised, and the elderly”: groups that have been discursively constructed as “dispensable”

(Butler, *What World* 49; see also 28) by eugenicist logics<sup>3</sup> “revivif[ied]” within the current situation (103).

Butler devotes their latest book, *What World Is This?*, partly to applying the notion of “grievable” and “ungrievable” life to the circumstances of the pandemic. In this text, Butler draws attention to the paradox of COVID-19: although the pandemic could be used to address the universal condition of precariousness it highlights, as some have expressed the hope or expectation that it will (Horton 118–19), at the same time, those who “can afford [to]” may “recede behind boundaries . . . of selfhood and space, of shelter and household, of neighborhood paths, as the value of extra-domestic intimacy and sociality is lost” (Butler, *What World* 26). In other words, the pandemic creates and encourages separation. Moreover, the often-repeated notion that the pandemic unites us is itself a convenient illusion, because “a shared or common world” is not, in fact, shared “equitabl[y]” (3), “pandemic pain” being one example of suffering that is distributed unfairly, as “[i]n the United States, Black and brown people have been three times as likely to become infected with the virus as white people, and twice as likely to die” (Butler, *What World* 4; see also Horton 23; Berlant ix–x).

A connected subject central to Butler’s texts and to my reflections here is what they refer to as “the work of mourning” (e.g., *Gender Trouble* 79). In their earliest works, mourning was used to reflect on gender as inherently marked by loss and foreclosure of possible attachments and identities, as well as identification with the lost object. More relevantly to my discussion, in their recent texts, Butler explains, after Freud, that “mourning consists of acknowledgment of loss, of registering the reality of loss and undoing the ramparts of defense against knowing the event of loss itself” (*What World* 89). For mourning to be possible, loss must be understood as a loss (rather than declared insignificant because it concerns lives not recognized as lives), and for society to mourn, we must recognize ourselves to have been harmed “irreversibly,” which “may be difficult to fathom or accept” (90). That not every death occasions mourning is proof that not every life is considered grievable, or at least, equally worth of its share of grief.<sup>4</sup>

<sup>3</sup> As evidenced by the tendency to count separately (and treat as more significant) the deaths of COVID-19 patients without other conditions (including diabetes, dementia, hypertension) and disregard the deaths of those with co-morbidities; as Richard Horton describes it, “science and politics of COVID-19 became exercises in radical dehumanisation” (viii).

<sup>4</sup> Another potentially valuable perspective on mourning and COVID-19 trauma can be found in Dominick LaCapra, who writes about ways in which society engages with loss, and describes mourning as one way of “working through” a trauma (as opposed to reliving it or “acting out”) that can facilitate “survival or a reengagement in life” albeit it can also be seen as “betray[al]” through its connection to “a state of closure” (22). In particular, the notion of “empathic unsettlement” could be applied here to critique the ways in which contemporary narratives may attempt to conclude COVID-19 storylines with “uplifting

The goal of the present article consists in applying the notions of grievability and precarity to a close reading of selected US-American television series produced in the pandemic conditions and depicting these conditions, so as to note which lives are deemed “lose-able or injurable” (Butler, *Frames* 1), how precarity of life is reflected in these series, and which aspects of pandemic reality are highlighted or, conversely, avoid scrutiny.

## PANDEMIC TV AND MELODRAMA

The pandemic has already left a mark on a variety of US media, in ways both apparent and indirect. From the mobilization of sentimentality in late night television (Poniewozik) to cancellations of series due to new budgetary constraints (Yang), and finally, to inspiring new programming, like *Love in the Time of Corona*, all aspects of television responses to COVID could not be addressed in a single article.<sup>5</sup> My selection of texts is limited out of necessity, focusing on *This Is Us*, *Grey’s Anatomy* and *Station 19*, three primetime series that introduced COVID-19 into existing and established stories, whose convention, tone and characters are familiar to the viewers, given that the latter may already be imbued with affective investment, and assuming that witnessing such characters experience the pandemic should be particularly meaningful for viewers. I also chose to narrow the scope to the portions of those texts that aired specifically in the autumn-to-spring 2020/2021 season.

In addition, I focus on texts operating within the melodramatic mode, described by Linda Williams as “a peculiarly democratic and American form that seeks dramatic revelation of moral and emotional truths through a dialectic of pathos and action” (42). This means that sitcoms like *Superstore* (which depicted the economic disparities in the context of the pandemic) or satirical legal drama *The Good Fight* (which delved into the horror and derealization of hospital settings from a patients’ perspective), are not included in the discussion, and could certainly occasion a separate study. The choice of melodrama is dictated by conceding that it has to some extent “dominated American television” (Reagan, Tones and Treichler 4). It is also driven by the fact that it readily concerns itself with trauma (Kaplan 66–86), operating through emotional excess. In addition, melodrama offers

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messages” that would allow audiences to conveniently view the pandemic as the past and obviate need for critical reflection.

<sup>5</sup> A valuable overview of aspects of the pandemic that call for further research is offered by Research Group *Pandemic Fictions* article “From Pandemic to Corona Fictions: Narratives in Times of Crises.”

space for pleasure in both identification and disengagement, critique of the status quo and acceptance of it (Fiske 194–96; Williams 42–51); therefore, it can domesticate trauma, serving to disarticulate its survivors, but also provide ways of coping and memorializing.

### “HANKS GOT THE CORONA”: CONNECTION AND DISTANCE IN *THIS IS US*

Created by Dan Fogelman and broadcast on NBC, family drama series *This Is Us* aired for six seasons between 2016 and 2022.<sup>6</sup> The series focuses on one family, the Pearsons; it commences in 1980, with a triplets birth that sees only two of the babies survive the delivery, and continues in the present of 2010s and 2020s, occasionally featuring flashforwards to the future. In the primary past storyline, the white parents, Jack and Rebecca Pearson, adopt a Black newborn, and raise the three children—Kevin, Kate and Randall (the adoptee)—together. In the contemporary storyline, the siblings are depicted from their mid-30s to early 40s. Kevin is a commercially successful actor whose storylines highlight addiction; Kate is an aspiring singer and later mother of two who struggles with disordered eating and prejudice due to her weight; finally, Randall, a businessman turned politician, is married to Beth and the two have three daughters—two biological and a third whom they adopt as a teenager. Randall’s storyline centres around his trauma due to separation from biological parents and resultant fear of abandonment, pain caused by being a trans-racial adoptee, and gradual learning about his family history after reconnecting with his biological father. The series operates within the generic conventions of melodrama—it has been described as “must-weep TV” (Garber)—marked by thematic and emotional excess, taking on contemporary problems, exploring individual and collective trauma (e.g., in a storyline about the Vietnam war), and focusing on characters from a variety of sociocultural backgrounds and with diverse ethnic identities, sexual orientations and disabilities, albeit often in a way that has been criticized as “too safe” (Chaney). It closely reflects melodrama’s overarching ideology, namely that of “priority and sacredness of the family” (Seiter et al. qtd. in Fiske 183), even if the definition of family is occasionally challenged, and no longer limited by biology and heterosexual marriage.

The series introduces COVID-19 into its storylines in the penultimate season’s premiere entitled “Forty.” The two-part episode centres around

<sup>6</sup> The article focuses on episodes from 2020–21 seasons: season 5 of *This Is Us*, season 17 of *Grey’s Anatomy* and season 4 of *Station 19*.

the siblings' eponymous birthday. The opening montage serves to convey the new COVID reality to the viewers in a way that is partly comedic: Kevin claims that as a "movie star" he would be the first to know if the "new virus" was a serious problem, only to receive a message that disabuses him of the notion; Randall and Beth find out about Tom Hanks's infection and experience surprise and concern; finally, Kate receives a visit from a masked Kevin, who comes over to share news that is not "Zoom-appropriate." When this prompts Kate's husband Toby to joke about Kevin "knocking [someone] up," Kevin shares the news about expecting twins—with the pregnancy being accidental ("Forty" 1:40–5:20<sup>7</sup>). While the pandemic is central to this sequence, it is also somewhat minimized.

Later, the pandemic is also shown as an inconvenience (siblings cannot hug during an emotional moment, Randall's children are unhappy about remote learning and lockdown) or an adjustment (Kevin offers to quarantine with his child's mother so he can help her during pregnancy even though their relationship is casual). Although brief mentions suggest that the situation is more grave outside of the space seen on camera (Randall complains about not having enough masks to hand out to people in the area he represents), thus far, the only serious direct consequence for the Pearsons concerns their mother, Rebecca—who was meant to undergo an experimental clinical trial for early onset dementia, but instead isolates with her husband in a remote cabin ("Forty" 5:00–6:30). However, the episode avoids acknowledging the seriousness of the risk COVID could pose to either her (a senior with cognitive impairment), or Toby and Kate (given his cardiovascular problems and Kate's disordered eating and associated chronic illnesses). Arguably, the most significant effect of the pandemic on the characters is economic: Beth's dance studio struggles during the pandemic, and eventually closes in "The Music & the Mirror."

Another way in which the pandemic is present in *This Is Us* consists in normalizing mitigation measures. Across the first few episodes, the series shows in detail or even has characters describe in dialogue their new COVID protocols: socially-distanced conversations, quarantining, testing and hand sanitizing ("Forty" 1:00–5:30), as well as increased reliance on phone calls, video chats and texting for communication, or simply choosing occasion-appropriate facial masks ("Changes" 8:30). In fact, it can be argued that it is not danger to physical health that *This Is Us* becomes invested in, but rather the way in which the pandemic impedes

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<sup>7</sup> Where appropriate, I provide parenthetical timestamps based on Disney+ streaming version of episodes for all discussed series in question; where discussed scenes and plotlines extend beyond short fragments, I identify their place in episode or series in text proper.

closeness. This offers thematic correspondence for one of the major conflicts of this season of the series, namely the aftermath of Randall and Kevin's argument over responsibility for their mother's care and long-held fraternal grudges at the end of season four. Thus, it is not COVID-19 that causes the three siblings to celebrate their birthdays separately, but, rather, a personal conflict that causes Randall to withdraw from previously almost-constant contact with his adoptive family: a conflict that is closely related to his being a trans-racial adoptee, and which the COVID-related separation mirrors and reinforces. *This Is Us* explores racial tensions further by focusing on the murder of George Floyd, and the different ways in which the Pearsons react to it, while the pandemic is relegated to the background.<sup>8</sup> It is only after Randall learns more about his birth mother and finds a Black therapist that this metaphorical wound can be bandaged.

Narrative attention is returned to the pandemic in the eighth episode, "In the Room," which is also when the Pearson siblings reconcile. The instalment follows three storylines: in the flashbacks throughout the episode, Jack and Rebecca reflect on the possibility of their family being separated, only to emerge certain that their children will remain connected; in the narrative present, both Kevin's partner, Madison, and the birthmother of Kate and Toby's second child go through labour; the third storyline constitutes a rare departure for the series, as it is focused on characters with no personal connection to the Pearsons: the scientist who designed a data compression method that makes video streaming possible, Nasir Ahmed, and his wife, Esther Pariente. This third story functions as a tribute to the inventor, his dedication and motivation for his work—when Esther criticizes him for missing a dinner with their son, Nasir explains that his work will one day make it possible for them, two immigrants from different parts of the world, to connect with their families instantaneously; for families like theirs to send photographs of their children to the grandparents, for far-flung relatives to be able to see each other ("In the Room" 37:00–38:00; 38:30–39:30). This evokes what Butler writes about "global interconnection and interdependency" (*What World* 8) and the commonality of the world (2–4): bringing the world closer, revealing an unrecognized connection (between the inventor, the characters and, perhaps, viewers themselves). In addition, this technology is shown to improve the life of immigrants in particular—but for the series, its primary significance lies in bridging the distance between family

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<sup>8</sup> It bears noting that all three series under discussion combine their portrayal of COVID-19 with storylines about characters reacting to George Floyd's murder (including in *Grey's Anatomy's* "Sign O' the Times" and *Station 19's* "Here It Comes Again" and "Get Up, Stand Up"), however, this theme cannot be fully explored in this article.



members separated because of COVID-19. Throughout the episode, Randall and Beth continue to talk to Madison on video, supporting her as she awaits Kevin's arrival in the hospital. The episode ends with a montage of video chats, as all the family members are shown calling each other to celebrate the arrival of three babies (the parallelism between their simultaneous birth and the three main characters being quasi-triplets<sup>9</sup> is emphasized by Kate). Video streaming technology allows Rebecca to see her grandchildren soon after their birth, and makes it possible for Kate to speak with Toby, forbidden from hospital by pandemic protocols. Cousins, in-laws and siblings are virtually re-united, and Kevin reconciles with Randall (39:30–42:05). The danger of the pandemic, namely that it may lead to “personal isolation” (Butler, *What World* 64), is overcome, and instead, “persistent” connection (28) is reaffirmed.

Remarkably, it is only in a tangential manner that the episode makes a gesture towards recognizing the actually lethal aspect of the pandemic: that part is not “in the room,” to which the title directs viewers' focus. While Toby awaits the birth of his daughter in the hospital parking lot, he is joined by Arlo, an elderly man whose COVID-positive wife Rose is on a ventilator in the same facility. Arlo shares details about Rose with Toby, who chooses to name his daughter partly after the old woman (“In the Room” 15:10–18:00; 33:00). Although this commemoration might be taken to suggest that Rose is about to die, the episode has her survive being taken off the ventilator, and shows her speaking to her husband on video (41:20), thus refusing to depict the ultimate consequences of the pandemic: the loss of many lives and the grief of surviving family members.

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### “I HATE THAT EVERYONE IS DYING, NO MATTER WHAT I DO”: MEMORIAL SPACES IN *GREY'S ANATOMY* AND *STATION 19*

The next two series thematizing COVID-19 in their 2020/2021 seasons offer a contrary point of view to the relatively sanitized outlook of *This Is Us*. The first of them, *Grey's Anatomy*, is a medical drama, and thus particularly well-suited to addressing the subject of illness and death. Created by Shonda Rhimes and currently helmed by Krista Vernoff, the series was in its seventeenth season in 2020/2021. Centred around a group of surgeons employed at a fictional Seattle hospital, *Grey's Anatomy* chronicles the professional development of its characters as well as their

<sup>9</sup> The fifth season acknowledges that, having been abandoned after his birth, Randall is actually a day older than his siblings (“Forty”).

romantic and family lives, with a particular attention focused on Meredith Grey, the eponymous heroine, who, in a typically melodramatic fashion, overcomes a variety of traumatic experiences over the course of the series, including the death of her mother, a near-drowning, a plane crash, a shooting and a miscarriage as well as the loss of one of her best friends, her sister and her husband (in three separate accidents):<sup>10</sup> as this list may suggest, this series is also marked by melodramatic excess. While early episodes of this series, known for its colour-blind casting (Miceli 106), were somewhat reluctant to engage with contemporary political or social problems, its approach gradually changed to become more didactic and explicit, with storylines dedicated to the #MeToo movement, the effects of the privatization of health care and, with particular frequency, racial inequality in the United States (Miceli 102; 107–10). In the seventeenth season, when the series takes on the pandemic, Meredith is a widow, mother of three and world-renowned surgeon, working as chief for a hospital she co-owns; however, in the new circumstances, her duties mostly comprise running codes, i.e. monitoring the vital signs of COVID patients in the intensive care ward and attempting to save them when they inevitably deteriorate (“All Tomorrow’s Parties”; “The Center Won’t Hold”).

*Station 19* must be discussed in conjunction with *Grey’s Anatomy*, as it is not only a spin-off that shares the same showrunner but the two series also feature a number of crossovers in the 2020/2021 season. An action drama about firefighters with a prominent melodramatic tendency, *Station 19* occurs in the same timeframe as *Grey’s Anatomy* and complements the hospital stories of the latter with plotlines centred around rescue services; in addition, personal storylines about doctors’ and firefighters’ lives intersect on a regular basis. The series is likewise deeply invested in addressing contemporary social ills such as racism, and in 2020/2021, it concentrated on ways in which the pandemic affected marginalized communities, and the work of first responders, in addition to a storyline about anti-Black violence in the police force.

The two series commenced their 2020/2021 seasons with a three-part crossover, beginning with an episode of *Station 19*, “Nothing Seems the Same.” The episode is quick to announce its focus, as one of the first scenes is of the emergency workers and family members of doctors meeting in front of the hospital to clap and express gratitude as the medical staff enter the hospital. The camera lingers on signs with information about tests; the civilians are wearing simple medical masks, and responders and doctors—KN95s. The dialogue explains that, due to high risk of contracting the virus, the characters are separated from their families, and many of them

<sup>10</sup> I explore this subject in an earlier article (Strehlau).

are staying in hotels, away from their children and romantic partners (1:45–3:20). This theme is expanded in *Grey's Anatomy's* two-part premiere, in which Meredith Grey mentions that she has not been home with her children in two weeks (“The Center Won’t Hold” 20:20–20:30), while her sister Maggie Pierce (also a surgeon) only speaks with them through a locked door and conducts her romantic relationship exclusively over the phone (“All Tomorrow’s Parties” 4:00–4:30).

The pandemic informs the majority of the *Station 19* episode, whose primary storyline is a cautionary tale of teenagers breaking COVID rules to party, only to get into an accident. The didactic function is also evident in dialogue about the pandemic, with one of the characters explaining the reasons for using face masks to an elderly woman, Marsha Smith, who refuses to comply. The firefighters are also shown receiving tribute for their efforts in helping people cope with the pandemic, such as distributing groceries, as well as discussing their living arrangements and quarantining plans (“Nothing Seems the Same” 3:50–4:10; 3:20–3:40 and *passim*).

The first episodes of *Grey's Anatomy*, in turn, immediately focus on the lethality of the pandemic. The premiere establishes the time of the action as April 2020, and commences with one of the older surgeons, Richard Webber, returning to work from medical leave and serving as a convenient entry point for viewers as he gradually learns about the new COVID protocols and problems at his workplace (“All Tomorrow’s Parties” 2:30–3:00 and *passim*). It has long been a staple of the series to begin a season with either a personalized catastrophe (a character or their loved one being the patient, risking death or permanent injury) or a mass casualty event that forces doctors to work in emergency conditions, heightening the dramatic potential: in this season, COVID-19 provides both, except that the mass casualty and personal peril become the new normal rather than a temporary situation.

This heightened status quo is introduced fairly quickly. Richard is told to learn the safety precautions by heart (10:40–10:50), but in addition, he traverses the hospital, encountering his former prodigies, masked or in respirators, relegated to repetitive monitoring of patient deterioration or to conducting tests (2:40–2:50; “The Center Won’t Hold” 0:10–0:40). As a COVID centre, the hospital turns away all but the most serious emergencies and postpones surgeries except in imminently life-threatening cases (“All Tomorrow’s Parties” 8:30). The series focuses a great deal of attention on the way in which this erodes morale: doctors exchange information about dying patients (many of whom only exist for the viewer as a name mentioned in passing) or simply list numbers of the new casualties. Their helplessness and desperation in the face of personal protective equipment (PPE) shortages and lack of knowledge about successful

treatment is only intensified by the fact that trying to facilitate deathbed visits is part of their new duties, and even so, many patients cannot be seen by their loved ones before dying. The two-part premiere is also explicitly didactic on several levels: it features discussion about the disproportionate impact of COVID-19 on Black and immigrant communities, criticism of misinformation about the pandemic, and a prominent storyline about the abovementioned shortages. While this subject came up in *This Is Us* in a humorous manner, with Kate refusing to “buy diapers in bulk” for fear of others going without (“Changes” 19:20–19:40), it is given more weight in the hospital setting, with bleach being used to sterilize masks (which degrades them), limited supplies of tests even for medical personnel (“All Tomorrow’s Parties” 8:30), and a disappointing delivery of PPE turning out to consist only of “booties” (“The Center Won’t Hold” 28:40). By the end of the first episode, Richard has found a make-shift solution for the shortage—using UV light to sterilize masks (“All Tomorrow’s Parties” 37:30–37:50)—but it is too late for some doctors, as the next episode ends with Meredith collapsing in the parking lot (“The Center Won’t Hold” 40:50–41:00), fully symptomatic, and the third episode has another doctor, Tom Koracick, likewise testing positive (“My Happy Ending” 34:20).

As signalled before, the entire season of *Grey’s* is bracketed by personal peril—namely, Meredith’s (the protagonist’s) illness, demonstrating the omnipresence of COVID-19. While Tom gets better relatively quickly (and some other characters are mentioned as suffering only minor symptoms), Meredith initially seems to be recovering, only to deteriorate, undergo experimental though seemingly futile procedures (“You’ll Never Walk Alone”), and later, go on a ventilator by episode six (“No Time for Despair”). She remains comatose and dependent on life support for another four episodes. In the course of her illness, she hallucinates about meeting many of her deceased loved ones, which both highlights the real life-or-death stakes of her illness and provides continuity between COVID-19 and other tragedies that already occurred in the series.<sup>11</sup> It is only after she awakens in episode 11 (“Sorry Doesn’t Always Make It Right”) that her survival seems assured, and only at the end of the season that she returns to her role as a doctor rather than patient (“I’m Still Standing”/“Someone Saved My Life Tonight”).

However, while Meredith ultimately makes a full if slow recovery, another character, her mentor Miranda Bailey, experiences a tragic loss in episode five, when her mother Elena, a Black woman with dementia living in a nursing home, is also diagnosed with COVID-19 and succumbs to it

<sup>11</sup> Naturally, this is an opportunity for ratings-grabbing cast returns, but also contributes to the mournful and reflective tone frequently present in the season.

almost instantaneously. The show explores a variety of issues by depicting this loss—Miranda feels guilty as she selected her mother’s facility, and in a dialogue with Maggie, the two discuss the impossibility of protecting loved ones from the pandemic; they also give voice to the significance of racial and economic privilege (as the infections are traced to a wealthy person admitted into the facility against the rules) as well as acknowledging the prevalence of COVID-19 deaths in elderly care (“Fight the Power” 25:00–32:30). Although her mother’s death is not unexpected—she is a terminal patient in the first place—Miranda explicitly demands for this death to be seen as tragic and grievable, as it robs her family of more time together, and occurs in austere conditions, with no one but Miranda being able to attend her deathbed. In a concluding voiceover, Miranda verbalizes the thesis of the episode—that patients like her mother “are more than statistics, more than ‘co-morbid conditions,’ or ‘nursing home patients’” (39:30–41:00)—before listing names of fictional patients named after real victims of the pandemic. The episode concludes with a twenty-second sequence of a rolling list of COVID-19 dead, a choice inspired by both pandemic memorials and the Black Lives Matter movement (Ramirez).

*Station 19* similarly makes a case for the grievability of those seen as “disposable” by “market rationality” (Butler, *What World* 97), or at least, blamed for their condition, in the aforementioned storyline of Marsha Smith, an elderly alcoholic. Marsha recurs in the third season: she is a lonely woman, estranged from her son due to addiction, requiring firefighters’ help because of accidents likely caused by her drinking. Despite this seemingly negative introduction, viewers are encouraged to empathize with her loneliness, and see her attempts at redemption: before the pandemic, she offers shelter to a battered woman named Inara and her Deaf son Marcus, with whom she develops a close relationship (“Dream a Little Dream of Me”; “Louder than a Bomb”). Marsha is reluctant to follow safety precautions like masking; she is not constructed as a blameless victim about whom only positive information is revealed, like Rose in *This Is Us*, but rather as a fallible character who, arguably, shares responsibility for her illness. Nevertheless, when she is hospitalized and placed on a ventilator (“Make No Mistake, He’s Mine” 35:40), the possibility of her death is shown as a monumental loss to her new “communit[y] of care” (Butler, *What World* 27). While her biological son ultimately leaves the video call during what is expected to be her dying moment, the firefighters, Inara and Marcus continue to care for her as she recovers (“Save Yourself” 23:30–25:00; 40:30).

In addition to showcasing the illness, death and grief of survivors, *Grey’s Anatomy* dedicates significant attention to the psychological effects of the pandemic on medical staff. Their suffering is shown to result

from various factors: empathy for the dying and the grieving survivors, helplessness and lack of agency in the face of a disease they do not yet know how to treat effectively, and finally, the burden of making life-or-death decisions. This last aspect becomes particularly significant in an episode entitled “Breathe,” occurring during a ventilator shortage, where the series puts doctors in the position of having to choose whom to ventilate: to make this situation all the more poignant, the final two patients vying for a single machine are mother and daughter. Ultimately, the show avoids taking this storyline to a particularly cruel conclusion, instead opting for the last-minute fix of using a ventilator splitter<sup>12</sup> to save both patients, but the ethical issues raised (following protocol means ventilating the person more likely to survive) reflect real problems.

The pandemic is also used as an occasion to revisit past trauma that it evokes, not only for Meredith (visited by ghosts who attempt to convince her of life’s value) but for other characters as well. In Miranda’s case, this is her obsessive-compulsive disorder, connected to fear of contagion; another character, however, offers an intriguing connection to a different American trauma. Teddy Altman is a cardiothoracic surgeon and military veteran (having served in both Afghanistan and Iraq) whose storyline often revolves around her unstable relationship with another doctor/veteran character. In the pandemic season, the couple are estranged due to her infidelity, and the combination of COVID-19 burnout, death of another close friend, and her personal guilt leaves her in a catatonic state, returning to memories of 9/11, and in particular, ruminating about a woman with whom she had been having an affair—which ended when Allison died in the second tower (“In My Life”). This complex flashback serves to fill in gaps in the character’s backstory,<sup>13</sup> but it also establishes a connection between the pandemic and 9/11, and tells a story about unacknowledged and consequently destructive grief—the dimensions of Teddy’s relationship to the dead woman were secret as an affair and as evidence of undisclosed, closeted queerness, thus foreclosing the possibility of public mourning, leading to internalization of loss (Butler, *What World* 89; *Gender Trouble* 108) and self-destructive behaviour.

Whereas *Grey’s Anatomy* draws a connection between COVID-19 and 9/11, the AIDS pandemic<sup>14</sup> comes into focus in *Station 19* episode

<sup>12</sup> See “Using Ventilator Splitters During the COVID-19 Pandemic—Letter to Health Care Providers.”

<sup>13</sup> Allison’s existence (and, consequently, Teddy’s queerness and life in the closet, particularly significant since she later served in the military under Don’t Ask, Don’t Tell policy) is established in the previous season (“Love of My Life”).

<sup>14</sup> Television has long been at the forefront of informing Americans about AIDS (see Treichler 96).

“Learning to Fly,” in a storyline about an injured man who seeks help from firefighters rather than go to a hospital because he is HIV-positive and cannot risk being infected with the coronavirus (17:10–18:00). This provides an opportunity for the show to highlight parallels between the two pandemics, from the fear of an initially unknown disease to the pain connected to losing loved ones. Such a narrative choice offers context to the current pandemic, and may also at least partly counter the predominant approach that would see the pandemic as completely unprecedented (and thus, perhaps, singular, suggesting no need to learn from it) rather than unprecedented simply on the level of scale (Butler, *What World* 10; see also Horton 53).

## CONCLUSION

The present article has considered the representations of the pandemic attempted by the seasons of three selected American series airing in 2020/2021, focusing on the aspects of the pandemic that were highlighted, and in particular, the notion of grievable life. As I have demonstrated, even when analyzing series operating within the melodramatic convention, certain differences persist—while all three remain somewhat didactic with respect to mitigation measures, *This Is Us* depicts the pandemic primarily as a threat to (or metaphor for a lack of) familial cohesion and connection, a problem that can be solved through technology, and only briefly acknowledges the possibility of grief, avoiding showing any pandemic loss or acknowledgements of precariousness of life. In contrast, *Grey’s Anatomy* and *Station 19*, as medical and emergency services drama respectively, focus on mourning and loss, accompany characters (and in the case of the former, the eponymous character herself) during the course of illness, and recognize the possibility or even probability of dying. Notably, these two series explicitly articulate the racial and economic aspects of the pandemic dividing rather than uniting the world—or, more accurately, perhaps, the United States, as the global aspect of the pandemic remains largely unexplored. Through the storylines of Marsha Smith on *Station 19* and Elena Bailey on *Grey’s Anatomy*, the series acknowledge and argue against attaching unequal value to victims based on their co-morbidities or identities. *Grey’s Anatomy* in particular offers space for memorializing and grieving those lost to the pandemic by combining the fictional narrative with references to the real victims. Moreover, both series draw parallels and connections between other communal traumas in US-American history, namely the HIV/AIDS pandemic and the events of 9/11 and the so-called war on terror that followed.

However, while the direct impact of the pandemic continues even today, despite mitigation measures and the relative availability of vaccines in large parts of the world, it could be argued that the media have since begun to shy away from its depictions. While COVID-19 safety coordinators operate behind the scenes of television and films, on the screen the pandemic seems to be all but over, with productions eager to return to earlier status quo or, else, address new themes and topics. Notably, none of the storylines discussed here result in visual reminders or any permanent or even long-term disability, perhaps because such reminders could be disturbing to viewers, as we “sink back into our culture of complacent exceptionalism and await the next plague” (Horton 57). Indeed, this raises the question of whether the choice to give space to the pandemic in the first place has mostly served to accelerate the process of mourning, and obtain convenient closure.

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