

Article

Philosophy of Education in Times of Crises and Pandemics

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Abstract: In much of the philosophy of education today, diagnoses of socio-political pathologies underpin visions of a more desirable, democratic future. However, the very philosophical act of making an educational vision responsive to (and dependent on) crises of the times is rarely, if ever, critiqued. On the contrary, a pattern of standardised research steps is being consolidated, one that reflects medicalised politics of identifying a critically “ill” present, offering “cures” that promise a better future. In this article, it is argued that this pattern has major epistemic and political risks. It may jeopardise the quality of educational–philosophical research, and it may make philosophy of education overlook new, undemocratic politics. This article briefly discusses the pattern, and then the risks of the medical metaphors on which the pattern relies. One such risk concerns what counts as politically “ill” in “pandemic times”, and new polarisations, such as “the vaccinated versus the unvaccinated”, may thus be introduced. Finally, the article suggests that philosophy of education should consider some de-medicalisation of the notion of pandemics.

Keywords: pandemic; crisis; vaccine; totalitarianism; democracy; politics



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1. Introduction

Some of the most recent educational–philosophical writings and research projects on political education have characterised this age as the “pandemic times” or the “era of global crises”, suggesting “cures” for its pathologies (see, for instance, [1–5]; see also the numerous articles on pandemic/viral times that the journal *Educational Philosophy and Theory* has published). That is, in much philosophy of education today, diagnostics of the times (*Zeitdiagnosen*) underlie visions of a more desirable future, such as the democratic, the decolonial, the all-inclusive, the ecological, the post-digital, etc. Moreover, in various philosophical–educational writings and projects, a pattern of standardized research steps is consolidated—a pattern that reflects medicalised politics of identifying a critically “ill” present, offering “remedies” that promise a better future. “Our times”, which are “ours” in too homogenizing a manner, and medicalised as *pandemic* (literally in Greek: *of all people*), are then said to compel the specific educational–philosophical response (e.g., democratic education, inclusion, universal values, global justice, the post-digital, etc.) favoured by the project or publication that follows the pattern.

The pattern identifies global circumstances that predicate the era as “times of crises”, “precarious times”, “pandemic times”, “times of disaster”, “times of uncertainty”, etc. Ironically, exceptional temporality becomes a certainty in uncertain times; what predicates the era is the only thing that remains unchallenged. The basic metaphors of the pattern are treated as unproblematic and their intricacies escape the researcher’s critical attention. The very philosophical act of making an educational vision responsive to, and dependent on, crises of the times, global challenges, temporal qualifications, and adjectival specifications of the *Zeitgeist* (spirit of the times) is rarely, if ever, thematised, questioned, or complicated. Possibly, this philosophical act is a concession to non-philosophical research expectations, where something is thought to be of value when, or if, its direct, practical contribution to improvement and progress can easily be demonstrated. Indeed, the pattern conforms to modalities of spotting a problem, finding solutions, and asserting prospects for something sanguine. In so doing, it makes educational–philosophical endeavours attractive to other

fields, to policy makers, and to research funding decision makers, especially to those who value whatever is neat, measurable, (seemingly) unambiguous, and uncomplicated. Regardless of causal explanations of how or why this specific coupling of the descriptive (diagnostic) and the prescriptive became popular, the thing is that the pattern is taken for granted and remains non-theorised.

The pattern has its own merits; however, its diagnoses of a critical, pandemic present and its visions of a more desirable, democratic future operate ambiguously. On the one hand, discourses along this pattern importantly identify the present and its ills to offer ways out of social limitations. Thus, they commendably meet a fundamental condition for rethinking education philosophically and democratically: the discontent with reality that “we”, educational philosophers, and “we”, the people (the body politic in a democracy), experience. Yet, on the other hand, even when their emphasis on the “we” escapes blatant humanism and anthropocentrism, such discourses may become consumed by the very metaphors that they address. They may risk narrowing the discontent just to ills that affect *us* or are perceptible by *us* (notice how general and non-diversified the “we” is); and they may risk making democratic education answerable to the world of today and to what this world has already perceived and thematised as a crisis or as a pathology. Eventually, this prolongs the invisibility of those who do not count; whose “problems” have not been globally felt, let alone theorised, as a “crisis”; or even those who become targeted on the pretext that the “cure” of society depends on their “elimination”.

In the present article, therefore, I argue that this pattern has its own ambiguities and risks. The risks are not only epistemic but also political: for, apart from affecting the quality of educational–philosophical research, they potentially make philosophy of education overlook new, undemocratic politics. First, I discuss the pattern and its medicalisation of politics. In the next step, I indicate some of the risks of the zeal to cure and of global circumstances metaphors on which the pattern relies. One such risk concerns what counts as politically “ill” and what new polarisations it may introduce. I illustrate this with the notion of “pandemic times” and “the vaccinated versus the unvaccinated” opposition. “Apathetics” [6], the study of callous apathy and extreme pathos, is a meta-critical tool supportive of my discussion. I conclude with suggestions concerning the need of educational philosophy to reconsider the medicalisation of politics.

2. The Pattern: Ills, Plagues, and the Time of the Viral

The pattern that involves predicates of our era, and responses to its challenges, is noticeable in much philosophy of education and in many corresponding writings and projects. To avoid using numerous references, I urge the reader to test this claim by making her own search in educational–philosophical sources and databases. Later in this section, I will refer to two cases in point, a collective writing [7] and a research project [8], both of which are very important contributions to educational philosophy.

The pattern is fraught with medical metaphors. It comprises of diagnoses of social ills; prognoses of how the critical condition of the world will develop; and remedial recommendations of appropriate cures that will restore the suffering body politic to health. “Pandemic times” and “times of crises” are typical examples of medically describing our contemporary world as “ill”, in need of remedial action and desperate for a quick recovery. The metaphor “times of crises” also has medical echoes because, in ancient Greek medicine, crisis referred to “the stage in the course of a serious illness where a decisive change occurs, one leading either to recovery or death, and where the body ‘decides’” [9] (p. 97). Following the pattern, after setting the medical stage and critically identifying the pathological, the related writings and projects single out a specific remedy for the ills of the times. This remedy is typically a “normativised” notion, for instance, democracy, the decolonial, cosmopolitanism, global justice, etc.; by “normativised” I mean that the privileged notion is assigned a positive, therapeutic role. It may even become *the* “cure” of all maladies. The effectiveness, potentialities, and risks of the prescribed remedy are then tested against the diagnosed symptoms. Thus, the registered symptoms demarcate

what qualifies as healthy and what passes for pathological. One risk is the pattern's facile diagnostics and reduction of all challenges to familiar social ills that the *Zeitgeist* has already thematised as constant threats. A concomitant risk is that this may allow the asymptomatic to remain imperceptible and to continue to cause further health damage.

This pattern has had a long philosophical history since Greek antiquity, with Plato's *Laws* and its medicalising politics being a paramount example [10], and often emphasised education as cure. However, the pattern's hegemony becomes most striking in our pandemic times. Indicatively, I mention two examples of otherwise valuable educational-philosophical endeavours, a collective writing and a research project, which echo this pattern to an important degree. The first is Michael Peter's et al. piece [7], an original and exciting intervention in the field, composed by the short contributions (500 words) of 25 educational philosophers and published by *Educational Philosophy and Theory*. As its editors explain, the collective piece was organised by arranging the order of the contributions as follows: first, those that "describe how higher education has been affected by the Coronavirus crisis" [7] (p. 41), followed by contributions that highlight "the challenges that the corporate systems of higher education had already faced, which now need to be re-examined in light of the inadequacies and contradictions laid bare by the crisis" (p. 41). Then come the diagnostics of "severe limitations" that plague the new educational options that the crisis has enabled (p. 42). The last group of contributions deploys the normativity of vision, "of reimagining the role that universities should play in the formations of a democratic and just society" (p. 42). It is stated that the philosophers of education in that collective writing are invited "to use the COVID-19 crisis to describe their experiences of working through the current conditions, reconsider some of the contradictions that have long existed in the modern systems of higher education, and imagine new pedagogic possibilities in which we have no other option but to experiment, under the conditions of distress, uncertainty and complexity" [7] (pp. 2–3). The pandemic times have become an era of exceptional temporality and exceptional opportunity, as if, before it, philosophy of education had had no such tasks of rethinking various realities. "The COVID-19 pandemic offers us the opportunity to rethink not only new digital, online, and pedagogical possibilities but also the basic purposes of education, and how renewed vision of education might be harnessed to develop more democratic and just societies" [7] (p. 2). My worry is that rethinking should not be entirely dependent on actual changes in the world. The condition and direction of the world should be one of many sources of food for thought. Another source should be philosophical thought's own dynamics. Philosophy of education should be responsible for suggesting, ahead of time and in a Nietzschean "untimely manner" (for a longer discussion of this see a related, forthcoming work of mine [11]), more critical-transformative changes based on visions independent from current conditions. Instead of trying to anticipate an imminent future, instead of lagging behind and trying to catch up with the world's course, philosophy should expand its imaginative reach in more radical directions.

The other example is the DEMOPOL project [8] (for its brief summary, see <https://www2.helsinki.fi/en/projects/democratic-education-and-political-polarisation-in-the-era-of-global-crises/about9>, accessed on 27 August 2021). The project's title is "Democratic Education and Political Polarisation in the Era of Global Crises", and the project's rationale unfolds toward the remedial as follows. The project will tackle its main research question (namely, how can education contribute to addressing global crises such as our pandemic times) by setting the scene for dialogue between Universalism philosophies of democratic global justice and Particularism philosophies of collective identity and action. This dialogue will explore how education will better fulfil its normative task; that is, its contribution to creating the "foundations for collective political action in a polarised political culture" [8]. Thus, democratic education will not only be used diagnostically for obtaining important insight into current pathologies, but will itself be (part of) the cure. It will not only have a critical-descriptive value; it will also exert a normative remedial power. The practical intent of the project and its topicality are indisputable; its promise to draw from the most relevant

and even opposing philosophies is apposite, precisely because its aim is commendably to go beyond polarisations. It is an important project from the findings of which the whole educational–philosophical community will greatly benefit. However, it is a project that, in my view, should remain vigilant for the asymptomatic, and one should be aware of the risks involved in the above-mentioned pattern. These risks haunt the medicalization of politics, namely, the consolidation and reproduction of medical logics that, exaggerated and all encompassing, suffuse the current political context.

To illustrate: DEMOPOL asks: “how can education contribute to addressing global crises—including the climate crisis and the prevailing pandemic—through collective political action in a political culture that is characterised by increasing identity-based political polarisation?” [8]. Though I agree that polarisations and divisions of public space into competing, non-communicating camps are harmful, I do not think that all harmful polarisations are identity-based and I disagree with the implicit reduction of polarisations to issues of belonging. Specifically, a most recent division of our pandemic times, of the vaccinated and the unvaccinated, cannot be reduced to identity-based politics without great loss in explanatory accuracy; severe risks of homogenizing distinct positions; and undesirable politics toward undemocratic, autoimmune directions, where democracy attacks itself in the effort to cure itself from the real or imagined undemocratic allergen. Derridean terms related to autoimmunity political operations (see, for instance, Ref. [12] for a brief account of them) can also be applied, I argue, to handlings of this new polarisation. Despite appearances, the “vaccinated vs. unvaccinated” polarisation does not reflect a straightforward connection to identity-based politics (e.g., secular/scientific versus religious identities). It rather reflects a more complex relation to multiple identities, choice, practice, and rights. It also relates to the anchoring of science in the lifeworld [13]; that is, to the intricate politics of how dispersed scientific discourses infiltrate society. Besides, the “secular vs religious identities” to which the polarisation is often reduced is easily deconstructed. For, many unvaccinated are secular sceptics concerning the effectiveness or safety of the vaccine on scientific or other non-religious grounds. Moreover, some vaccine-promoters display such a blind faith in science (notice that “faith” is a religious notion), adopt such a kerygmatic and preaching tone in their pleas to people to get vaccinated, ask too few questions and express such enthusiasm (notice the religious etymology of this term too) that they give the impression that what separates them from their religious opponents is only the object, the recipient of their uncritical devotion. Of course, what separates them is far more complex and non-reducible to familiar social “ills”, such as the uncritical celebrating of identity.

To sum up, diagnostics of the times register the challenges of the world of today in a temporal idiom of current exceptional circumstances of uncertainty and pandemic crisis. I do not dispute that medical emergencies, such as pandemic events and their swift cyberturning into new global discourses reproduce, alter, defer, or stop our routine practices, and demarcate a distinct and uncharacteristic period of time. Our time is viral both in suffering from the threat of a medical virus and in being interconnected through unprecedentedly quick disseminations of information. However, the philosophical–educational turning of the study of such givens into a pattern has its own risks. Underlying the pattern is a medicalisation of politics that, as I noted above, involves risks, such as the pathologisation of certain realities and the problematization only of glaring pathologies. Another risk, or another *side effect* (if I may purposely use here the only medicalised term that the pattern overlooks), is a polity becoming over-anxious to cure or to maintain “health”. I will illustrate this risk with: “pandemic times”, the medical metaphor and reality that underlies the EPAT collective writing, the DEMOPOL project, and more generally, much current philosophy of education; and the “vaccinated vs. unvaccinated” polarization that has, to my knowledge, not yet been discussed in philosophy of education.

3. The Censored Chapter of Our Viral Time-Consciousness: Pandemics and the “Vaccinated vs. Unvaccinated” Polarisation

The pattern nowadays focuses on “our pandemic times”. The crisis in the “times of crises” formulation is the pandemic. In dealing with pandemic times, the pattern easily

slides from the medical condition into the political climate to view the latter through the former. In so doing, it echoes the current condition of the public space that has its own share of overlooking, silencing, and censoring of certain segments of reality (notice, for instance, how little is mentioned in systemic media about: whether vaccine side effects are indeed under-reported or not; how the increase in the number of vaccinated people hospitalised for COVID-19 or dying of it may be interpreted; and how many other issues, such as ongoing warfare in some countries, unrelated to the pandemic though of major ethico-political global importance, are treated as minor issues compared to news about the virus). The pattern over-medicalises not only the current world state, but also politics as such, and this often introduces an over-zeal to cure, related new polarisations, and blindness to the pattern's own omissions or risks.

The risks of over-medicalised political discourses become more evident if we consider the rhetorical power of the "body-politic" trope. In its modern use, this metaphor likens "a political disorder to an illness" and evokes, I argue, the organicist medical and political metaphor of normal function. Ultimately, "the diagnosis of disease in the body-politic" is a "legitimacy claim, since the elimination of a disease may be taken as something that is inherently 'right' and legal" [14] (p. 98). No dissenting voice should be heard and all difference of opinion should be eliminated as risk-prone when the issue is health, the only thing that liberalism is prepared to accept as a common good of humanity. By implication, the elimination of the illness in the sick and of the threatening possibility of relapse, and the elimination of the public harm that relapses entail, or even the "elimination" of the "sick" themselves, may become legitimised in the name of health as the highest good.

Extreme circumstances invite immediate action and urgent measures, some of which may be unprecedented and considered risky or even repugnant in normal circumstances. Yet they become legitimised by the very urgency of the emergency (echoes of old colonial measures "in a state of emergency" are no accident). The cure appears to be just a matter of implementing the measures. The "times of crises" pattern then advances a facile equation of clear diagnosis, management of the symptoms, full recovery, and quick discharge (in pandemics, this also comprises the psychic discharge that the moralist self-image of the dutiful saviour of the world secures for the compliant citizen). The measure of compulsory vaccination, which some states currently ponder, even concerning very young children, may illustrate precisely this socio-political function of the trope of the ailing demos for the health of which, literal or metaphorical, just anything is permissible. For, despite confident official assertions of vaccine long-term safety, the vaccines' possible long-term effects are a controversial issue, if one considers concerns voiced by "dissident" medical scientists whose h-index would secure for them the highest acclaim in normal circumstances, but who are now silenced by the very system that glorifies awards and impact factors. In a societal discourse that is already marked by heated and emotional polarisations, some arguments that come up as to the "why" such omissions, and the silencing of counter-positions, make things easier for the received view on the whole controversy by focusing on statistical data, concerning deaths by vaccination and deaths by the virus. However, statistics and quantified data are not beyond interpretation and consideration of variables that may have been cast aside; but, in any case, this is beside the point here because the issue that I am raising concerns the quality of public information and dialogue, not the quantity of accumulated data in favour of the one or the other position. In a democratic public space, arguments from both sides should be heard, and all the more so when they are about what everybody considers an exceptional, new, and unprecedented circumstance. Instead, most systemic media un-controversialise the vaccine issue either by totally silencing all reservations or by creating convenient caricatures of the sources of such reservations (e.g., when those invited to voice the counter-position are selected from unscientific discourses such as those of religious circles). Further, most vaccine-promoters widely publicise and lament the deaths from COVID-19 (especially of the unvaccinated) but are aloof to vaccine side-effect deaths. Their opponents accuse them that they act as if the lives of those who died thus were not lives worth living. In my view, such inconsistencies enhance both

callous apathy and misplaced pathos, well beyond any direct consideration of the issue in quantifiable, statistical terms. Diseases affect a body, and a democratic public space requires the right measure of affectivity of a specific body which is no other than the body politic, the body of demos: an apathetic, indifferent demos turns the normativity of the public space into an empty letter, whilst the unbridled pathos, the fanaticism of an extremely passionate demos, makes the public space an arena of sheer power constantly claimed by totalitarianism. I conceptualise the need for (educational) philosophy self-reflectively to study the selective apathy and the exaggerated pathos of both the body politic and philosophy's own discourses with the term "apathetics" that I have elsewhere [6] introduced as a meta-critical tool. As I show in later sections, this tool aims inter alia to provide a so far missing self-reflectivity concerning operations effected by the medicalised politics of diagnoses of the times and to increase the awareness of the new pathos and apathy that the pattern itself may unwittingly promote. By being meta-critical, the tool differs from what it criticises precisely because, unlike the critiqued pattern, and despite its sharing with it the desire to contribute to change and betterment, it reflects and advances a vigilance about the risks involved in the very effort (otherwise well-meant) to address difficult times. These risks have remained non-thematised, and the tool aims precisely to articulate and make them visible (in awareness that these risks threaten the tool too, e.g., when it may be deployed in over-polemical ways that may add fuel to the flames of current extreme pathos). Throughout the rest of the present article, some apathetic operations will be hinted at in their relevance to pandemic times and new polarisations.

Against the pattern, the occasional or constant ills and ailments of the body politic complicate the proclamation of our circumstances extreme and the blithe hopes for imminent cures. Consider the following complexities and ambiguities. Philosophical diagnoses of pathologies plaguing the body politic and therapeutic responses intersect with philosophical-anthropological concerns about whether the ills of human communal life are curable or at least treatable (and which of them). Such concerns relate to just any temporality and are not limited to extreme circumstances at a given time. Certainly, that some social/political maladies are transhistorical, namely, that they constantly manifest themselves across space and time, does not entail irrelevance to times of crisis. For, if the human being is a permanent citizen of the state of the politically sick rather than of the healthy, this affects how this being interprets, and responds to, the sudden appearance of new, acute or intensified symptoms. For instance, the transhistorical presence of violence does not prove any supposed *endemic* (en + demos, within the body politic) "naturalness" of ills [15]. However, some thinkers construe transhistorical violence as a bad omen for visions of human prospects for more desirable futures. Diverse philosophies have emerged from different demarcations of human possibility: Hobbes' politics of fear departs decisively from, say, ancient Greek accounts of humanity [16] that see in the gregariousness and plasticity of humanity much promise for a healthier body politic through concerted, aretaic effort toward an ideal polis.

Unlike ancient thought, a (neo-)liberalism of fear, as Judith Shklar had diagnosed as early as 1957, suffers from an incurable political despondency [16] to anti-utopian, apathetic effect. Indeed, some "fatalistic diagnoses of diseases in the body-politic" [14] (p. 97) generate political apathy by passionately attributing a chronic or *endemic* nature to the pathologies of *demos* and by proclaiming all optimist political effort futile. The incurability is now (supposedly) of the *demos*, and it blocks the imaginative reach of politics by misrepresenting the real as the best possible world (since no other is supposedly attainable). Ultimately, it de-normativises, even de-legitimises, democracy as chimeric and indirectly justifies undemocratic measures as unavoidable, given humanity's and democracy's inherent flaws. By implication, it may legitimise various persecutions as a necessary evil, a painful but inevitable therapy of an imperfect humanity that tries nevertheless to contain or eliminate some of its blemishes. An opposite risk, which comes from views equally uncritically celebrating our world as the best possible, is that of blind faith and self-congratulatory indulgence in already accomplished political tasks that are

taken to indicate effortless and unproblematic curability of ills. The assumption of easy and full curability may overemphasise, just as the opposite assumption does, the very need for a cure. In panic reaction and in moralist zeal, the body politic may seek to eliminate all diseases, all enemies, to attain an obligatory “herd immunity” by leaving nobody unaffected, by not allowing a “letting be” (a kind of *Gelassenheit*) to any alterity that conventional wisdom rightly or wrongly pathologises. Therefore, the following major, interconnected and daunting questions, one philosophical and one epochal, are self-reflective: what can philosophy (educational or other) offer to humanity by way of cure generally and at a given time? What is the era that invites a nuanced and cautious political-philosophical therapeutic response?

The era evoked by the pattern is medicalised as pandemic and comprises the new opposition of “the vaccinated and the unvaccinated”. At first sight, this is a purely descriptive medical distinction of those who had the jab and those who did not. It becomes transmuted, however, into a normatively loaded polarisation of “vaccine-promoters (occasionally to maniacal, obsessive level) vs. anti-vaxxers (occasionally to paranoid level)”. Now aligned with an unprecedented politicisation of medicine, the medicalisation of politics creates this polarisation, and along with it that of related, new (il)legitimate subjects of discourse: some may publicly talk and some may unproblematically be censored. A case of the latter with which I am familiar, and is no “fake news”, is that of a Greek academic pharmacologist, Professor Demetrios Kouvelas. Kouvelas is neither an anti-vaxxer nor a conspiracy theorist, and he has publicly asserted that he is vaccinated. However, at the same time, Kouvelas has publicly questioned, with scientific arguments, the uncritical official narrative about vaccines and many ensuing practices (many of which are political, not just medical). He has argued that vaccine side effects are underreported. He has defended a more nuanced, cautious, and individualised implementation of the vaccination and emphasised the right of people not to be coerced into vaccination. The authorities of his university gave him an ultimatum to stop questioning the official vaccine narrative and practices, if he were to avoid consequences. He is now dismissed from one of his posts for not complying (see, for instance, https://www.youtube.com/watch?v=UCq7f7NcAQo&ab_channel=NEWSGR, accessed on 10 September 2021). In many countries, similar cases of discriminations or censorship and dismissals are being reported.

By contrast, compliant medical virologists represent the new community of experts seemingly authorised, in Foucauldian terms, to “interpellate” citizens to act in “such and such” a way. Allied with them, many social and political “virologists”, political analysts and self-declared “public” “intellectuals” experience, by going viral, new sensations of epidemic morbid glamour. They remain unchallenged even when they disseminate fake news (e.g., as yet untested and unsubstantiated conjectures presented as scientific facts in support of vaccine immunity over post-recovery immunity), or when some of them still present the virus as a problem only of the unvaccinated (despite all of the recent increases in the numbers of vaccinated being hospitalised or dying) and, thus, misleading the vaccinated into thinking that they are totally safe. Moralists plead for vaccination while totally obfuscating sound reservations by critically thinking people who, knowing the turbulent history of science, express legitimate distrust of something controversial and with side effects (in some cases serious and even fatal). Concerning the turbulent history of medicine, consider, for instance, the course of lobotomy from “slavish, unquestioning acceptance” and the Nobel Prize in 1949 to gradual abandonment down to being banned in 1970s. <https://en.wikipedia.org/wiki/Lobotomy> (accessed on 27 August 2021).

To avoid spreading fear and doubt about the vaccine, official media and sources of information largely block any mention of vaccinated people who either died or suffered serious health damage from the vaccine. They also censor public airing of scientific concern about indications either of vaccine partial ineffectiveness or of vaccine risks. Many verbally attack all the unvaccinated and engage in a finger-pointing that is by scientists’ own standards unsubstantiated, since the unvaccinated do not endanger the lives of the vaccinated more than the vaccinated themselves endanger lives, if the vaccine indeed

protects the vaccinated almost completely from death hazards and if the vaccinated also contract and transmit the virus nevertheless. At least, this seems to be the case as I am writing this text, in August 2021, based on evidence that medical virologists publicly provide. This obviously deconstructs the very division of “vaccinated vs unvaccinated” (from the medical aspect of transmission) but there is no space here for unpacking the further medical and political implications of this deconstruction. Even if the vaccinated and the unvaccinated differ in the degree of transmitting, this may be offset by the fact that most vaccinated people have felt reassured by the system that they have their lives back and, hence, many of them are not as cautious as some unvaccinated people are.

In public and in academic discourses, no questions are asked about the fate of the families of young mothers who felt pressured to have the vaccine and whose death due to the vaccine has left their children unprotected in this world of today. This is something that, regardless of polemics and polarisations, should preoccupy theorists who deal with issues of gender, class and social inequality. The very phrase “walk-in vaccination” reflects at a medical level this carefree politics, this asking too few questions, even this treating of the body too uniformly, too pandemically (in a toxically universalist sense of sameness and non-individualisation), as if all bodies were equally well-responsive to the vaccine. No matter how rare, dying from a vaccine side effect belongs to a totally different register when vaccination is not the result of a person’s free choice but the outcome of a mandate. Whilst the former possibility (one’s being fully informed, freely choosing to be vaccinated and dying from a vaccine side-effect) belongs to the tragic, the latter (one’s being coerced into vaccination and then dying of a side-effect) is automatically transmuted into the political and legal matter of the murderous liability of those who coerced the person (being a worker threatened with suspension, a student bullied by a University Senate decision, etc.) into vaccination.

On the other side, some anti-vaxxers indeed show irresponsible behaviour, disseminate fake news and conspiracy theories that serve pseudo-scientific or ultra-right-wing regressive ideologies and reclaim their previous lifestyles with no concern for others’ health. As I am writing this article right now, a great number of anti-vaxxers get to the streets, protesting the institutional violence of compulsory vaccination in many cities of Europe. Some protest peacefully and commendably, but some others resort to violence or needless vandalism. Some have even compared themselves to Jews persecuted by Nazism; thus, causing the wrath of some Holocaust survivors who rightly emphasise that the horrors of the Nazi regime are, I would add “so far” (just to be fair to these anti-vaxxers too and avoid needless polemics here), incomparable to the current situation, and the very comparison is an act of verbal violence. Yet, admittedly, some recent persecutions of people who object to mandatory vaccination on scientific and political grounds (but even on religious grounds that are totally legitimate from a democratic point of view so long as they do not entail irresponsible spread of the virus by denying its existence and refusing to take any precautions for the safety of others); and the façade of unproblematic vaccination that these persecutions try to maintain certainly remind us of Milan Kundera’s *Unbearable Lightness of Being*: “In the realm of totalitarian kitsch, all answers are given in advance and preclude any questions. It follows, then, that the true opponent of totalitarian kitsch is the person who asks questions” [17] (p. 254).

In this hygienic dystopia of today, some prominent vaccine-maniacs and some prominent paranoid anti-vaxxers endorse and propagate the individualist narrative that the mask is a burden we should shake off to return to our previous, precious “normality”. Both display selective apathy to one another’s sensibilities and sensitivities and selectively extreme pathos for promoting their own standpoints at the expense of public, truly open dialogue. The power game is asymmetrical, since many vaccine-maniacs being in high political or medical positions construct the official narrative and have more control over what reaches broad strata through formal declarations and traditional media. However, despite lacking such access to standard institutional power, many anti-vaxxers exploit the communicative power of those non-traditional media, which have not yet imposed

restrictions to questioning vaccine safety or effectiveness or those who actively promote information (and occasionally misinformation) about vaccine risks. Both camps virally compete for an exclusive space in public life and in the mindsets of an astounded global public, which, nevertheless, also engages in operations of lumping all divergent views into one category or other.

Because the COVID-19 virus has not just been a new medical emergency, but much more, our living in pandemic times transcends the literal description of a global condition of infection, transmission, and perpetuation through transmutation, of a health hazard. It also concerns the transmission and transmutation of ideas and ideologies that sometimes take extreme forms or face risks of falling into extremes, even despite the good intentions of those who promote them. For, in our pandemic times, it is evident that, not only viruses, but also various “isms”, such as totalitarianism and fascism, are transmuted and transmitted, even if this happens unwittingly, in the well-meant effort to either save lives or to deal with an extreme situation and secure one’s rights:

Uninhibited fascisms of making vaccination compulsory for segments of the population (e.g., medical staff, teachers, etc.) or even for all citizens, a fascist measure that if it had been contemplated by a rogue totalitarian state, all the “free, western world” would have recoiled in horror;

Masked fascisms such as those that do not formally impose mandatory vaccination but make the vaccination practically compulsory to poor working strata (that is, to people who have no other choice but to get vaccinated in order to keep their jobs and avoid the extreme cost of regular tests);

Moreover, fascisms underpinning some conspiracy theories, which are not covered by any masks and are, therefore, easily detectible by “progressive” society as pathologies of the body politic and in need of urgent cure.

Apathetic by-standing and extreme political pathos are interlocked in a situation that nourishes political emotions such as hatred, unjustified, and exaggerated anger and blind fear, be it fear of the vaccine or fear of the unvaccinated.

In such (a)-pathetic, pandemic times, other divisions and polarisations become suspended, forgotten or glossed over, and the complex politics underlying the question about who has the power to compel medical acts on whose body are totally overlooked. Not many Foucauldians now seem alarmed by phenomena for the unmasking and critiquing of which Foucault (and post-Foucauldian thought) offers rich conceptual tools. This is unsurprising when it comes from neo-liberal circles, but, now, even the Left seems hardly to worry about the working conditions of the poor who, in countries where the vaccine is not (or not yet) obligatory, the Trojan horse for implementing vaccination is the pressure on those who, being poor, have no real choice and are forced to be vaccinated on grounds of a “jab for job” logic. Even this callous logic of “I can’t force you to get vaccinated, but I can fire you” seems sensible to some vaccine-maniac ethicists who are visibly unaware of how the ethical issue of causing one’s loyalties to conflict creates liabilities of moral blackmailing: in the above logic, a person’s loyalty to her principles is made to conflict with her loyalty to her family (and her need to work and provide for them). Her ethical dilemma of which loyalty to maintain does not stem from the situation itself but from: the unsubstantiated fixation of the system that the pandemic will be overcome only through vaccination; and the subtle totalitarian violence beneath such blackmailing logics. Regrettably, the Left’s indifference to this will push the demos even further into political apathy or, most likely and alarmingly, into the arms of right-wing populism.

A censored public space is not just a typical feature of totalitarian and colonial regimes in need of urgent cure and slow recovery. It is also a constant threat that confronts “democratic” nation-states. Jacques Derrida’s [18] famous politicization of the medical metaphor of autoimmunity applied to democracy reveals body politic tendencies to respond to (real or imagined) threats through autoimmune reaction. I would illustrate this, for instance, with reactive, systemic, anti-democratic responses to all that (rightly or wrongly) are lumped into the category of regressive or pernicious ideology or health-threatening, idiosyncratic

outlook. In Derrida's words, as James Mensch quotes them, "democracy protects itself and maintains itself precisely by limiting and threatening itself" [12] (p. 41).

The cure that philosophy may offer is, according to Mensch, the pluralisation of voices in public life. However, in my view, this multiplication of perspectives, this very antidote to the austerity of the totalitarian space and to democracy's autoimmune reactions, is threatened by new and subtle forms of totalitarianism that often pass for appropriate responses to extreme circumstances. Hence, another cure that philosophy may offer is to use meta-critical tools that remind people of what makes a public space free and what totalitarian. Totalitarian states, as Mensch clarifies, suppress alternatives, "severely limit publicly expressed perspectives" and destroy "the excessive character of public space". What passes the filter of the fake public space of a totalitarian state is only whatever disclosure of the world is in line with whatever projects and outlooks the state approves. The state acknowledges that there is an alternative world. However, from the perspective of the state, "such a world cannot offer any evidence countering the claims of the state". If there is any freedom in this totalitarian mentality, it is that of choosing between "a limited set of options, each of which, when enacted, confirms the others in disclosing a single reality, one with no evident alternatives" [12] (p. 43). All are free to express their views publicly so long as their views agree with the official narrative. Open and free dialogue is practically absent from such a public sphere.

Perhaps even more useful than merely reminding people of how democratic and totalitarian spaces differ is to expose the lip service that seemingly democratic spaces pay to free speech. To this end, Karl-Otto Apel's notion of a performative self-contradiction [19] (p. 147) could be adapted, politicised, and applied to the relevant context. We have a case of political performative self-contradiction when democracy is only verbally affirmed to secure a positive self-image for the system that celebrates it, though, in actual political life, through its performances, the system employs practices that contradict or trample over democratic principles. This alarming symptom is glaring at this stage of the COVID-19 pandemic in some states where there is no public dialogue on the soundness of pondered state measures, such as vaccine mandates. That is the situation, for instance, when some governments, especially right-wing ones (e.g., in the European South) or purportedly social-democratic, and their officials verbally advertise their commitment to, and "advancement" of, democracy and open society, but practically not only discourage free speech on vaccination, but they sometimes bully unvaccinated professionals. In the name of eradicating fake news and of protecting public health, all different opinions are silenced, even those of medical experts who do not promote regressive ideologies or whose ideologies, even if regressive on other matters, do not make their medical views less valid. However, they are silenced through subtle modes of controlling traditional media (e.g., by the state's sponsoring of private TV channels that has secured the dependence of them on the governing élite and also by the fact that, regardless of sponsoring, in many cases, media are owned by right-wing élites anyway). Many people seem increasingly to feel that, clouds of totalitarianism are again gathered above European and other spaces concerning the issue of compulsory vaccination. To such regimes and their spokespersons, some self-testing for performative self-contradictions would then be highly recommended.

In contrast to such new realities, a truly democratic state (and its body politic) should be excessive "because the individuals inhabiting it" would be "excessive" [12] (p. 44). Individuals would be capable of complex and nuanced thought and "multiple interpretations". The democratic public space requires the *appropriate* demos, one capable of "negotiating the difference between such interpretations". How such *demos* is created, through what processes and over what abyss of risks lurking in the "appropriate" and "inappropriate", in the excessive or austere, is itself too daunting a question. Embracing the idiosyncratic, making room for its expression instead of combating it, does not mean tout court endorsement of it or lenience to any violence that may accompany it. It means consistent, faithful, and perseverant commitment to the freedom, democracy and epistemic justice that are often asserted at a declarative level yet not always honoured, especially when

philosophical polemics enforce drastic either/or, create binary oppositions and try to “cure” thought or society by scapegoating or “annihilating” opponents. A democratic space must be vigilant and self-critically aware of its own “apathetics”, its own over-zeal to preserve health (political or physical) or to construct the “appropriate” demos and of the totalitarianism looming over the excessive pathos for cures and for the healthy.

Michael Peters et al. asked, “In the race to make a vaccine we must ask the question—is vaccination the answer or a technofix if underlying conditions are not addressed?” [20] (p. 4). To indicate some political conditions that should be addressed if we are to avoid pernicious effects of the vaccine polarisation on the body politic, below I spell out an alternative philosophy to that of the pattern’s over-medicalised politics. I am not in favour of discarding all medical metaphorisation of the political, I do not seek to create yet another binarism and do not promote a new task of censorship or elimination. Nor do I imply that avoiding totalitarianism is a verbal matter of avoiding an over-medicalised political rhetoric. However, I believe that the obsessive medicalisation of pandemics and epidemics obscures the inherent political semantics of these Greek terms and their affirmative possibilities.

4. The Suggested Dose of De-Medicalisation of Politics and Its Semantic Ground

The previous section invites a narrowing of the question about what educational philosophy can offer by way of cure down to the question: what could the philosophical cure be to the violence of compulsory vaccination, to the violence of the reaction to this violence and to risks of totalitarianism? Instead of recommending eradications of evils and ills, instead of focusing on politics of negative difference, yet without overlooking or downplaying risks, harms and polarisations, I have suggested the positive practice of heightening democratic consistency. This shifts the emphasis from subtracting the pathological to adding more political self-reflectivity in the public space; and this is one more sense in which what I have tried to do differs from what the pattern usually effects. Against our current political mindset, which has medicalised the notions of “pandemic” and “epidemic”, I argue in this final section that a de-medicalised notion of pandemic invokes a desirable, non-toxic universalism of an all-inclusive public space. Likewise, we can make the notion of epidemic speak in a different, more polysemic and de-medicalised ancient idiom, against the narrow, dominant interpretation of epidemics as a medical emergency that befalls on people. As I have argued elsewhere [10], the medicalization of epidemics/pandemics has, as a historical political operation, diversified our idioms of mobility and stasis but has also had as a side-effect our overlooking the echoes of transference and transmission (e.g., of truth), of receptivity of humanity, of rootedness and rootlessness, of localization and universality inherent in epi/pan-demics regardless of illnesses. The purpose, then, of partly de-medicalising epi/pandemics is also this: to enable another insight into philosophy and another answer to my question about philosophy and cures.

In the over-medicalised pattern that is now popular, pandemics, epidemics and their cognates are typically understood and philosophically treated as medical metaphors. That is, it is assumed that their original setting is the literally medical from which the terms are then extracted and transferred to other hosting environments such as the political. Against this assumption, I argue, *epidēmia* and *pan-dēmia* can be theorised as inherently political, not medical metaphors. *Epidēmiai* in ancient Greek signified kinetics, visits, visitations; the term “literally means ‘coming to (epi) a community (dēmos)’” [21] (p. 249), even returning home. The derivative term “*epidēmiourgoi*” denoted a political institution of visitation, inspection and control, the *archontes* (rulers) sent by Doric metropolises annually to visit their colonies. However, *epidēmiai* also connoted *stasis*, having an abode, staying at home or in homeland, which is a significant semantic ambiguity that does not emphasise motion and rootlessness at the expense of immobility and rootedness. *Epidēmios* was a downright political predicate; a pertinent example of this is that one term for “civil war” was “*epidēmios polemos*” (also known as *stasis*, for *stasis* does not only mean “stop”, “pause”, but also, sedition, rebellion and resistance). *Epidēmios* also meant

popular, fashionable, liked by the people, the *demos*. [For all these variations of meanings I refer to Giannis Stamatakos' dictionary [22] (p. 367)]. Therefore, the original meaning of epidemics is political and more minimal, yet richer, than that of its later conceptual history of medicalisation, after *Hippocratic Epidemics'* mobility and dissemination in various places and times. For, the *Hippocratic Epidemics* "fascinated generations of physicians, philosophers, and philologists" [21] (p. 248), that is, it had, as I see it, its own infectious, epidemic, effect. Along with Galen's commentary, it was "transmitted into Syriac and Arabic" [21] (p. 248), travelled from the ancient Greek world to the Arabic, Medieval space and time, and had a long history of influencing European medical literature and clinical practice. However, instead of being used just for contagious illness, this broader and more original meaning of epidemics, in its semantic ambiguity of kinesis and stasis, enables more complex political considerations. It enhances political attention to what befalls on *demos* and to how people's different opportunities for moving or for staying in place diversify their capabilities of responding to a sudden vagary of life. As for "pandēmiai" and "pandēmos", again, there is nothing within their semantics to connect them with medical infectiousness. Instead, they carry the connotations of absolute inclusion (as evoked by the *pan* = all, everybody). They convey all people, universality, the excessive and all-inclusive; that which belongs to everybody, the communal, the general, even the accessible to everybody [22] (p. 735).

Semantically *endemic* in pandemics/epidemics is the political, not the medical. This return to the original meaning of these terms does not seek an original home, a proper literal setting for the viral. Nor is it about replacing the medical with the political; it is not about a reversal that leaves prior assumptions of "authentic" and "literal" linguistic contexts unaffected. Instead of opting for either the medical or the political, I am more interested in their interplay. A dose of de-medicalisation of the epidemic and pandemic allows insight into the original, political sense of pandemics and epidemics, which stresses the *demos* component. It makes visible that all times are epidemic and pandemic, without denying that our times are pandemic also in the medical sense of facing a major health hazard, such as the COVID-19 virus. That is, all times can be described with adjectives that consist of prefixes, *epi-*, *pan-*, etc., and qualify or determine the relationship to *demos*. Such adjectives involve transmission and dissemination, mobility and pause, affectivity of people (*epi* + *demos*) qua openness and receptivity of an occurrence, up to a universal (*pan* + *demos*) human receptivity, frailty, and finitude. The latter use of *pandemos* may open possibilities for a non-toxic universalism.

Despite being epochs of borderless adversities and even tragedies, pandemic eras also host or mobilise creative forces and reshape economy, thought and daily life. Therefore, the distinct poetics of pandemics/epidemics can be viewed, regardless of their involving medical transmission or not, as disruption and possibility. However, in my view, epidemics/pandemics share this exceptionality with educational philosophy. For this too involves issues of universality, locality and globality, receptivity and transmutation of ideas, social distancing (from undesirable practices or realities, from the part of conventional thought that requires revision, etc.), as well as a fundamental sense of something going wrong, and a determination to change it. Thus, transmission (and related intricacies) is not quite the new, sudden and eruptive force of an unprecedented medical event that disrupts daily normalcy, but a fundamental quality of communicable thought, of thought about teaching and learning, and of philosophy as a critical, reflective operation upon such thought.

In other words, political philosophy of education is epidemic/pandemic in endemically involving the political constellation: *demos*, home, universality, visit, transmission, metaphor, kinesis and stasis. At its most critical moments, educational philosophy has local and universal(isable) relevance and significance. It negotiates right movement and pause, the public and the private, the old and new, the one and the many. It turns the utopian visions of human betterment through political ideality into aims (its own and society's), it hosts and exchanges, it includes, excludes and allocates places. It always does all this,

regardless of medical emergencies or other, real or imagined, demarcations of a specific temporality as exceptional or critical (critical qua associated with decision and illness). The complex interplay of medical and political metaphors is evident in various complexities of political diagnoses; of the well-meant effort to identify a problem and solve it, and of the simultaneous risk of unevenly or unfairly pathologising something other to sanitise the familiar; of shrugging off one's shoulders and remaining unaffected by what has failed to move the global public. All attest—and this is how they relate to “apathetics”—to another crucial political interplay; that of the political apathy and the extreme political pathos that affect the *demos*; that is, the body politic par excellence, which, as potentially the most inclusive collective subject, is expected to embody and enact the political promise of a better world.

Political apathy and extreme political pathos may not merely be pathologies but, more alarmingly, constant (old and new) ways of life, transhistorical reactive responses to vagaries of life (responses whose content varies, depending on diverse sensibilities at a given space and time). They generate ever-new social ontologies, new hierarchies, and new polarisations. Yet, their being so far transhistorical does not mean that they are incurable or non-treatable. Still, even if they are treatable or curable, this does not entail that they are so in an easy and already figured out manner. At any rate, outside this problem of philosophical anthropology's interplay with political optimism and pessimism, apathy and pathos play a significant political role. There is an apathy toward the political realities that cannot pass the filter of global visibility and cannot attract deserved attention to sensitise the global publics. Such apathy makes common cause with the extreme political pathos that is detectable in regrettably resurgent regressive “-isms” and often in reactions to these -isms that, even with the best of intentions, try to solve problems through ever new forms of coercion.

Apathy and pathos may sometimes be pernicious pathologies themselves, the philosophical cure of which still remains obscure and carries along the very ambiguities of seeking a cure. Therefore, new expressions of extreme, unjustified apathy and pathos may require a specific study of their positive or negative operations. As a meta-critical toolbox in this case applied to the medicalised pattern in educational philosophy, (a)pathetics could be a study of one's investing or reserving one's pathos, directing it toward or away from a specific object, and involving energy and motion. There is a kinetic and a static dimension in what one has learned to repel or to embrace, to pathologise or to sanitise, to join or to keep at social distancing. In this vein, (a)pathetic operations involve metaphors of a disease and cure, as well as of proximity and distance, along with metaphors of emphasizing one's distance, literal, or metaphorical, from “cumbersome” others, enemies, conspiratorial thinkers, anti-vaxxers, etc., to “other” them from “us”, and to homogenise them, and along with them, to dismiss sweepingly just any claim that may counter officially authorised narratives. Both apathy and extreme pathos, which are both epidemic and pandemic, perpetuate old, or create new, forms of injustice, while also constituting a basic challenge for educational philosophy. Awareness of apathetic operations may help us better utilise the non-medical, inherently political semantics of pandemic and epidemic.

5. Conclusions

The time-sensitive identification of “pathologies”, the diagnoses of “health” risks of the global *demos*, is a complex matter that should not remain unexplored. I have argued that the critical reliance of educational philosophy on historical currency and topicality is often expressed with a pattern of medical tropes such as viral times, disease, symptoms, recovery, melancholy, trauma, and pathologies. In detecting a pattern, analysing its risks and suggesting a dose of de-medicalisation of educational–philosophical political discourse, am I not applying and, thus, reaffirming, the pattern? Possibly, and to a degree, but to what degree is crucial to answering this self-reflective question about reaffirmation. Though the pattern is traceable and operative in this article, the degree to which my discussion engages it is meta-critical. That is, the pattern is used up to a point, not quite to solve a

problem, but to thematise a neglected or overlooked situation, increase self-reflectivity and heighten our sense of complexity of political issues. I am not promoting a cure, e.g., the total incrimination of medicalised politics, but a complex and cautious interplay of the medical and the political that complicates the very expectation of suggesting cures. Thus, the point of the article is not to defend one possible escape route from the metaphors that dominate current educational philosophy. The dose of de-medicalisation of politics that I suggest aims to add to educational philosophy more radical and heightened awareness by unmasking the pattern's political ambiguities.

De-medicalising tropes of transmission does not undo their figurative character; nor does it try to deny that there exist in the world extreme circumstances (some of them medical) that shake us and (may) redirect thought and action by pushing us to suspend our certainties. However, though it is true that, in medically pandemic times, democratic education is timely and significant, it may also be true that all times are pandemic/epidemic in all the political intricacies that are involved in the universal (pandemic), and in what befalls demos (epidemic). Therefore, democratic education and a corresponding philosophy of education are endemically timely and significant, and they are so in ways sometimes obscured by the current emphasis on extreme circumstances. Hence, democratic education may always involve the following research questions: is moralism inherent in notions of the healthy and the sick? What counts as health, and how can it be protected or resuscitated without the risks of moralistically pathologising the idiosyncratic, "cumbersome" other? What political identity, no matter how brittle and revisable, or what expression of the body politic indicates healthiness or fitness? In my view, it is very difficult, and perhaps inadvisable, for educational–philosophical research to answer these without some vigilance about the risks of its own diagnostics, therapeutics and over-medicalised metaphors.

Responding to pandemic times (and to the corresponding medical crisis) research becomes topical and crucially up-to-date. Moreover, it reaffirms its verbal commitment to democracy as cure. However, the worry expressed in this article is that precisely this endangers democracy and may damage, in an autoimmune operation, the cure itself. What is the cure, then, that an educational philosophy thus understood may offer in our times, and perhaps for all times—if this is not too bold a hope? As with most other cures, philosophical cures are uncertain and ambiguous. For, philosophy quite often transmits itself to society, and is disseminated by succumbing to the political infections that it seeks to cure. We know this from philosophy appearing as a cure for political maladies already in Plato's *Laws* and his colonial views [10] (p. 12). Hence, in a truly democratic public space, no cure should be presented as panacea (yet another medical metaphor), as being above all criticism or revision, and as promising too quick and easy a recovery. In particular, when the aim does not seem to be a non-distorted dialogue with the other, but only her appeasement, subjection, and disciplining, this recovery is even more difficult, ambiguous, and uncertain.

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