

## 5. Fear of Contagion: Epistemology of Boundaries and Politics of Emotions in (Post)Colonial Development Discourses

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This article outlines strategies of othering in the context of COVID-19 from the perspective of postcolonial development studies. COVID-19 has reactivated stereotypes that have shaped the development discourse, including its sub-discourse on global health, since colonial times. The figure of the Other as a danger to one's own health and—historically directly linked to this—as a danger to national security occupies a central position here. Characteristic of the narratives of this discourse is, on the one hand, the high emotional charge that focuses on the stranger and intruder as a narrative of fear. This politics of emotion contributes to the legitimization of policies of border demarcation, resulting in a return of space and national territory. On the other hand, the narrative of the infectious, isolating and thus criminalized stranger perpetuates the idea of the superiority of Western industrialized nations, including their health systems and medical developments: “Europeans contrasted their own medicine and public health, symbolizing rationality and modernity, with putatively superstitious and primitive indigenous medical beliefs, which they denigrated and sought to eliminate as part of the larger ‘civilizing mission’ of colonialism” (King 2002, 765).

Postcolonial development studies combine two research perspectives that are in clear tension with each other. While development research is oriented towards implementable solutions to problems and the “transformation of society along universal guiding principles,” postcolonial studies unmask these very guiding principles as Eurocentric constructs (Ziai 2010; my translation). “One field”—postcolonial theory—therefore “begins where the other [development studies] refuses to look.” (Sylvester 1999, 704). The postcolonial critique of development research and discourse begins with the understanding of ‘de-

velopment' itself and the normalization and thus normativity of a Western understanding of development, because

[t]he metrics of development that delimit the 'developed' and 'developing' were established in the post-second world period [which] despite the success of decolonization movements across the world ... was rooted in existing colonial power structures. [Its] system of privilege is often referred to as invisible power or assets, as it often remains unacknowledged and obscured by institutions and structures. (Padmanabhan et al. 2021, 212)

Postcolonial critique thus questions the epistemological assumptions of the development discourse that continuously perpetuate inequalities. On the other hand, development research also points out the deficits of postcolonial theory. These lie primarily in the "intellectualisation" (Sylvester 1999, 703) and "hyperaesthetisation" of this "actually anti-hegemonic theorising" (Castro-Varela and Dhawan 2015, 340; my translation). Hence, while "development studies does not tend to listen to subalterns ... postcolonial studies does not tend to concern itself with whether the subaltern is eating" (Sylvester 1999, 703).

The discussion of COVID-19 from the perspective of postcolonial development studies takes account of these mutual points of criticism. For the pandemic is one of those challenges "within which colonial institutions and ideas are being moulded into the disparate cultural and socio-economic practices which define our contemporary 'globality'" (Loomba 1998, 257). The COVID-19 discourse reflects powerful colonial ideas and institutions; they break open and swirl around like in a kaleidoscope, yet cannot be easily isolated, but appear in ever new constellations. Unlike initial assessments of the "corona society" (Volkmer and Werner 2020; my translation) and the "world after the pandemic" (Kortmann and Schulze 2020; my translation), which judge the Corona crisis as a historical break in history, as an "epochal threshold" or as an expression of a "dead end" into which modernity has fallen (Adloff 2020, 149; my translation), the continuities predominate from the perspective of postcolonial development studies. One might even ask whether the rhetoric of crisis is not an expression of a Euro-/North American-centric perspective. For it seems to be shaped by precisely that teleological and evolutionist understanding of development whose claim to universal validity postcolonial theory is challenging.

This becomes paradigmatically clear when Vera King, for example, speaks of the "shattering of cultural patterns": "The figure of the eternal departure as

a cultural pattern of processing and defending against transience has ... become cracked on different levels: morally or normatively, practically in life and thus also in the psychological and psychosocial sense" (2020, 123–4; my translation). Whose cultural pattern are we talking about here? Can the "figure of eternal departure" be culturally universalized as a "defense against transience"? From a postcolonial perspective, the teleological-evolutionist understanding of modernity that the talk of the "figure of eternal departure" seems to imply obscures the view of the possibility of thinking other futures. The COVID-19 "crisis" and the shattering of this Eurocentric model of time therefore also allows for other concepts of future-making to come into sight (Appadurai 2013). I will elaborate these aspects in the last paragraph of this article.

In 2023, there seems to be little left—on a global-economic level—of the fundamental "shattering" observed by Vera King, which would have led us to expect equally fundamental changes in cultural and social patterns. Even euphoric claims such as Slavoj Žižek's (2020) that the virus would deal a decisive blow to global capitalism and finally make room for international and interpersonal solidarity must, from today's perspective, be seen as a transitional phenomenon. Has the virus not rather unmasked the sheer egoism that will continue to shape the economy and social coexistence in the future? In any case, vaccine nationalism in the competition for the development of vaccines against the virus and the failure of the solidarity-based idea of a global 'procurement community' initiated by the WHO and originally also by COVAX (COVID-19 Vaccines Global Access) demonstrates the persistence of the logic of monopolization of power and knowledge in the Global North and thus the return to 'business as usual.' The question 'Health security for whom?' can thus be answered very clearly: primarily for the Global North.

Postcolonial development studies focus on stories that illustrate that COVID-19 has aggravated global as well as intersectional inequalities (Obeng-Odoom 2020; Blume 2022). For example, COVID-19 had a disproportionate impact on the culture of African Americans who were not allowed to mourn their deceased (Mitchell 2020). Numerous studies also show the higher vulnerability of Black Americans. A paradigmatic example of this is the story of the Black American physician, Dr. Susan Moore, who died from COVID-19 "two weeks after she had shared publicly how a White physician had not taken her physical health complaints seriously" (Blume 2022, 58). Postcolonial development studies examines the overt racism evident in examples like these in light of and as a consequence of colonial logics and practices that have become deeply inscribed in the body.

## The Danger of Contagion: Epistemology of Delineation

The contemporary processes of globalization have torn down many of the boundaries of the colonial world. Along with the common celebrations of the unbounded flows in our new global village, one can still sense also an anxiety about increased contact and a certain nostalgia for colonialist hygiene. The dark side of the consciousness of globalization is the fear of contagion. If we break down global boundaries and open universal contact in our global village, how will we prevent the spread of disease and corruption? ... The age of globalization is the age of contagion. (Hardt and Negri 2003, 136)

A look back to March 2020:<sup>1</sup> COVID-19 escalates fear of infection. Face masks and disinfectants are sold out. Grocery shops have surrounded their cash registers with plexiglas and used tape on the floor to mark the distances customers should keep from each other—to minimize the risk of infection. Posters like *Stay Safe—Save Lives—Stay Home* are omnipresent. Solidarity means keeping your distance. An isolationist imperative prevails (Žižek 2020). Border closures are once again seen as an act of sovereignty (Han 2020) and as an attempt to reactivate the interest in immunologizing the state and nation once associated with the territorial state of the nineteenth century. Because a territorially and nationally reorganized state seemed to promise “a bounded geographical space that provides a basis for material resources, political power, and common allegiance” (Maier 2000, 816).

In the midst of the comprehensive borderlessness of globalization as well as of a “borderless permissive society” (Han 2020; my translation) that does not stop at physical borders in the various variants of the exploitation of others and of oneself in the existing performance society, COVID-19 has made borders highly acute again. In an era marked by digitalization and virtuality, geographical space is back—in all its vulnerability, which is most evident in the very effort to immunologically seal it off. The enemy is not—or at least not primarily—another state power or ideology, as in the case of the Cold War or 9/11. The enemy is a pandemic, a virus that nevertheless mobilizes the entire arsenal of war rhetoric from “crisis team” to “security risk” and “combat” as well as the deployment of *Bundeswehr* reservists. This comparison of the pandemic to war

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1 My deliberations refer back to an article that I wrote in March 2020: Jahnel, Claudia. 2020. “Entwicklungszusammenarbeit in Zeiten von Covid-19 – postkoloniale Relektüre.” In *Jahrbuch für Christliche Sozialwissenschaft Bd. 61/2020: Postkolonialismus und Theologische Ethik*, edited by Marianne Heimbach, 21–31. Münster: Aschendorff.

seems to counter the anxiety caused by COVID-19 and to meet the hope that the pandemic can be controlled and defeated (Lehtinen and Brunila 2021).

The fear of contagion on the one hand and a politics and epistemology of boundary-setting and delineation on the other (King 2002) have not only been present since COVID-19, but, as the quotation from Michael Hardt and Antonio Negri illustrates, accompany the ongoing globalization. In the Corona ‘crisis,’ however, this scheme of stimulus—fear of contagion—and reaction—drawing of boundaries—has taken on a concrete, existentially threatening and highly emotionalized appearance. For the individual and the individual’s behavior in cases of a pandemic, a certain limitation is certainly sensible. However, the stimulus-response schema must be critically questioned if it serves to legitimize boundaries and distances to the Other, as was and is often the case in colonial and postcolonial contact as well as in development work that emerged in the colonial and postcolonial context. From the beginning, the colonial Other was considered contagious and dangerous.

The French writer and doctor Louis-Ferdinand Céline portrays the Other in his famous colonial novel *Journey to the End of the Night* (1932): “These n\*\*\* are sick, they’re perverts! You’ll see ... Degenerate scum!” (1992, 142). Poor physical condition and moral decay thus go hand in hand and demand that the supposedly healthy and civilized European keeps a distance to the Other. What makes this ‘disgusting society’ so dangerous, however, is not lifelessness, but—on the contrary—its exuberant fullness of life: “What a horror for a hygienist! This disease that the colony lets loose is the lack of boundaries on life, an unlimited contagion” (Hardt and Negri 2003, 135)—then and now. In the words of Marlow, the protagonist of Josef Conrad’s *Heart of Darkness* (1902): “But suddenly ... a whirl of black limbs, a mass of hands clapping, of feet stamping, of bodies swaying, of eyes rolling .... The prehistoric man was cursing us, praying to us, welcoming us—who could tell? We ... glided past like phantoms, wondering and secretly appalled as sane men would be before an enthusiastic outbreak in a madhouse” (1991, 23–4, 57). For the sterile-hygienic order of the “healthy” European, this “lack of boundaries on life” is dangerous (Hardt and Negri 2003, 148). Protection for the explorer, the European soldier, settler, trader or employee of the colonial administration is provided by borders and fences—also around mission stations (Jahnel 2015, 187–8), rules that keep the Other at a distance such as the prohibition of mixed marriages, and a dichotomizing ideology that constructs a clear difference to the self by depicting the Other as underdeveloped, uncivilized, raw or heathen.

## International Development and Health Politics and Economic Security

The logic—‘fear of the Other, therefore boundary setting’—remains unchanged. Only the patterns of justification and strategies shift and sometimes conceal the violence of boundary setting behind the appearance of charity, especially in development policy and international health policy. Hence, the concern for the health of the indigenous population, which became the focus of colonial health policy in Germany at the time of the colonial empire, was not based on humanitarian-egalitarian motives. Rather, economic, technical, medical, military, political, and religious-cultural interests of leading countries in Europe were the crucial driving factor.

A central motive of colonial health policy was the preservation and increase of the labor force, because growth and health of the population in the colonies—especially women’s health—represented the central condition for the economic growth of the colonizing nations. The influential state physician Ludwig Külz (1875–1938), for example, saw the crucial “task of the tropical hygienist” to “profitably utilise” the “living capital stock” in the “service of the colonial economy” and to increase population density (qtd. in Dübgen 2010, 430; my translation). From the middle of the twentieth century, however, overpopulation in the ‘Third World’ was seen not only as a cause of poverty and health for the countries of the Global South, but also as a security risk for the industrialized nations. International health and development policy therefore introduced birth control programs from the 1960s onwards. The United Nations Population Fund (UNFPA; formerly United Nations Fund for Population Activities), for example, supported anti-natalist programs in the 1970s, such as India’s sterilization camps under Indira Gandhi (Deuser 2010, 436). So again, like in the colonial era, women formed the central target group for development and health programs. In this context, they were mostly conceptualized and othered as a uniformly stereotypical quantity—as the “Third World woman” (Mohanty 1988; my translation). This is still true of the most recent approach in the field of development cooperations, the empowerment approach, which is associated with the International Conference on Population and Development (ICPD) in Cairo in 1994, often presented as a ‘paradigm shift.’ However, this approach still has an “antinatalist bias” (Schultz 2006). Again, it does not, as Patricia Deuser analyses, “lead to a dismissal of colonial racist and culturalist assumptions about the Other, but again reproduces ‘women in developing countries’ as a homogeneous group who have internal-

ized the potential to overcome inequality, this time qua gender” (Deuser 2010, 448; my translation).

## **International Development and Health Politics, Political Security and Colonial Amnesia**

International health policy and the narrative of security—predominantly for the conquerors and colonial powers—are closely linked. As early as the nineteenth century, international agreements were decided on quarantine regulations to limit the spread of cholera, plague and yellow fever in international trade. The World Health Organization (WHO) continued this policy with the fight against polio, smallpox, tuberculosis, malaria or sleeping sickness.

The narrative of political security is thereby closely linked to the centuries-old imagination that contagion, sickness and death are caused by the stranger; as Susan Sontag states:

One feature of the usual script for plague: the disease invariably comes from somewhere else. The names for syphilis, when it began its epidemic sweep through Europe in the last decade of the fifteenth century, are an exemplary illustration of the need to make a dreaded disease foreign. It was ‘the French pox’ to the English, ‘morbus germanicus’ to the Parisians, the ‘Naples sickness’ to the Florentines, the ‘Chinese disease’ to the Japanese. But what may seem a joke about the inevitability of chauvinism reveals a more important truth: that there is a link between imagining diseases and imagining foreignness. (1989, 135)

Illness and epidemics are therefore a challenge for foreign and security politics. In the recent past, the stimulus-response logic of fear, border demarcation, foreign and security policy is probably nowhere more striking than in migration and refugee policy. In her essay “Invasion, Infection, Invisibility,” Francesca Falk (2010) has shown how in the “iconology of illegitimate immigration” refugees are repeatedly associated with dangerous diseases and the risk of infection. The depiction of emaciated refugees supported by helpers wearing protective masks, or of overcrowded and therefore epidemic-suspicious refugee boats not only feeds racist fears of contact. It also activates strategies of immunization that, with their medical, political-national and economic promises, mark the beginning of modernity (Esposito 2004).

A blind spot—Arthur Blume calls this even a “colonial amnesia and forgotten horrors” (2022, x)—is the fact that the diseases introduced by the conquerors—above all influenza, measles, smallpox, and typhus—cost the lives of millions of people in the conquered territories (Livi-Bacci 2006; Bianchine and Russo 1992). Epidemics, thus, “played a critical role in colonization, weakening Indigenous resistance and killing millions through the Columbian exchange” (Blume 2022, 1).

### **International Development and Health Politics and Competitive Capability**

International health policy was, after all, also about international scientific competitiveness and hegemony. Virologists like Robert Koch or later the tropical physician August Hauer, who developed drugs against diseases like cholera, malaria and sleeping sickness, had no qualms about conducting dehumanizing experiments on the indigenous population (Besser 2002). European exceptionalism once legitimized unethical measures, just as Trumpian exceptionalism recently could consider the purchase of exclusive rights to a vaccination against COVID-19 ethically unproblematic (Butler 2020).

The practice of drawing boundaries also shapes the binary distinction between Western advanced medicine and ‘primitive,’ ‘superstitious’ traditional medicine, which is a *cantus firmus* of Western development work. The “horror” or the “abject” (Kristeva 1982) to be repelled is no longer the “n\*\*\*,” as in Céline, but “only” the medicine of the “n\*\*\*.” This demarcation becomes the basis of legitimacy for the spread of Western medicine and development aid to the Global South. The humanitarian appearance that development aid thus gains at the same time conceals not only geopolitical self-interests, but also the epistemic violence with which non-Western knowledge and belief systems are destroyed and local agency is marginalized by Western experts. Even the new headings of international health care, ‘global health’ or ‘health in One World,’ only seem to break this binary discourse logic. They suggest a reorganization of North-South relations and a common global interest but conceal unjust structures. Talk of the “One World” is in fact, as postcolonial development researcher Aram Ziai criticizes as “cognitively incapacitating, analytically insufficient and politically consequential”: The term “One World” “deprives individuals of the possibility of a self-determined articulation of their own interest, does not differentiate between the extremely unequal socio-economic conditions of the ac-

tors and the related situations of interest, and distracts from privileges and conflicts of interest in the emphasis on common interests and necessary cooperation” (2006, 129; my translation).

## International Mission and Epidemics: Health as Religious Task

In the context of mission, health becomes a religious task, because caring for the sick and dying is interpreted as an act of charity and self-sacrifice to which Christianity—like other religions—obliges believers (Höpflinger 2016). Along with education and preaching, health care was one of the three central pillars of mission. Visually, these were reflected in the construction of hospitals, schools, and churches.

In religiously motivated development and health care, too, epidemics in general are the ‘diseases of the Others.’ They are observed, studied, and cured, but always from a distance. Characteristic of the context of religious health care, however, is a “schema of pain,” according to which the observers are requested to let themselves be affected by the suffering of the Other and to take on the pain of the Other in the imagination (Thomas 2021; my translation). Reports from the mission field and photos served not least the purpose that the observers back home perceived how the caring sisters in their self-sacrifice and devotion become more and more like the serving love of Christ (Gause 2021, 116).

One contagious disease that received special attention in the context of mission in the nineteenth century was leprosy. The photographic representation of leprosy was, as Richard Hölzl analyzes, characterized by an “aesthetics of suffering” in the sense of Susan Sontag’s famous book-length essay *Regarding the Pain of Others*: That is, the mediation of distant suffering was intended to trigger an aestheticizing effect in the viewer and, not least, a willingness to donate money to the mission work (Hölzl 2016, 95; my translation). Here, in the practice of religious health care as well as in its visual mediation, the emphasis is less on promoting a fear of contagion than on stimulating a compassionate interpretation of suffering controlled by ‘aesthetic regimes’ and learned through cultural viewing habits. Hölzl therefore rightly understands leprosy not only as a “boundary disease,” “by means of which the boundaries of a society are negotiated and determined,” but also as an “entangled disease,” i.e. a “disease with a transnational history of entanglement” (Hölzl 2016, 98; my translation). This special attention that Christian mission paid to leprosy is certainly

due, first, to the visibility of leprosy as a skin disease. Yet, secondly, the fact that leprosy is already mentioned in biblical stories of illness and healing and has a rich representation in Christian art marked leprosy as a very peculiar epidemic disease and furthered a discourse of similarity that mobilized the affects and emotions in a special way (Grön 1930). The sick and suffering Other is, however, also in these entangled dynamic processes and despite all the agency that Hölzl sees shimmering through in the documents ‘between the lines,’ the product of a powerful, hierarchizing othering and the object of a ‘white charity.’

### **Aesthetic Regimes of the Development Discourse: Othering Dynamics via Hypervisibility**

The uncanny aspect of the Corona ‘crisis,’ which fueled diffuse fears, was the invisibility of the virus, especially in the first year of the pandemic: neither is the ‘enemy’—the virus—visible, nor is it possible to see in advance who already has and is spreading the virus. This invisibility correlates with the invisibility of the victims: the sick are not ‘shown’—for good reasons of preserving the dignity of the individual and personal rights. Only anonymous coffins—but some of them in mass photographs—make the effectiveness of the virus visible. This is true for large parts of the Global North.

This invisibility is contrasted by the hypervisibilization of COVID-19 victims from the Global South, be it African Americans in the USA, or victims of other epidemics and infectious diseases that have spread mainly in the Global South. In addition to the already mentioned leprosy, these include the more recent epidemics Ebola in Liberia in 2014 and Congo in 2019 and cholera. Similar to civil wars in African countries or the so-called refugee crisis, the spread of diseases and epidemics in the Global South is dominated by a flood of photographic images which often convey the impression of poverty and underdevelopment, of the aforementioned “lack of boundaries” and of huge crowds of people which already in principle are an obstacle to compliance for hygienic protection measures. Victims of COVID-19 and other epidemics in the Global South are thus much more exposed to the public gaze that objectifies them, in contrast to the victims in the Global North who are not shown. But it is precisely this visualization that plays the central role in the success of the ‘white charity’ that aid organizations invoke. For, according to this logic, the visualization of the victims mobilizes the viewer’s emotions of consternation and compassion—*misericordia*—as well as the financial willingness to help (Kiesel

and Bendix 2010). This visual representation of the Other has numerous predecessors in missionary photography and in the photographic documentation of medical and anthropological research (Ratschiller and Weichlein 2016).

The visibilization of the effects that COVID-19 had in the Global North, on the contrary, is limited either to posters giving instructions on hygiene or to photos of medical personnel in protective suits, their faces covered and hidden behind masks, asking the population to stay at home. This inequality of representation underlines all the more the processes of othering that accompany the display of the bodies of the Other. The visibly suffering body of the Other marks a need for help, a lack of agency and a lack of sovereignty. Under the othering, distancing gaze of the scientist or the benefactor, the body of the Other is objectified, disenchanting, degraded. At the same time, the visualization of the body of the Other activates a victim-savior schema that calls the helpers into the subject position and makes them benefactors, if not saviors. The heroic figures of the Corona 'crisis' are the medical professionals, the virologists and hygiene experts, although they also often turned out to be the scapegoats and conspirators. The role of victims in the Global North remains visually largely unoccupied. It seems to contradict the social imagination of the West to be presented as vulnerable. The fear of infection, however, is diverted to fantasies of technical feasibility and of one's own, European or North American, immunity and invulnerability.

The development and global health discourse, with its rhetoric of war on the one hand and its visual representation of the vulnerable Others onto whom one's own vulnerability is projected on the other hand, evokes points of contact with Judith Butler's political philosophy and her exhortations to be mindful of one's own vulnerability:

Mindfulness of this vulnerability can become the basis of claims for non-military political solutions, just as denial of this vulnerability through a fantasy of mastery (an institutionalized fantasy of mastery) can fuel the instruments of war. We cannot, however, will away this vulnerability. We must attend to it, even abide by it, we begin to think about what politics might be implied by staying with the thought of corporeal vulnerability itself, a situation in which we can be vanquished or lose others. Is there something to be learned about the geopolitical distribution of corporeal vulnerability from our own brief and devastating exposure to this condition? (2004, 29)

Slavoj Žižek (2020) has characterized this awareness of one's own vulnerability the "most disturbing lesson" of the COVID-19 crisis: "Human beings are much less sovereign than they think .... They must be able to endure this without going crazy" (my translation). This insight is not new, and it is repeated in the Corona 'crisis' in numerous references to the unifying vulnerability of being human. But people's own vulnerability has obviously been forgotten or repressed in times of colonial health as well as in (post)colonial development 'aid.'

Exceptions confirm the rule. One of these exceptions is the declaration "Heil und Heilung" (Salvation and Healing) (Difām 2000), which emerged from a groundbreaking international ecumenical conference in 1964, known as "Tübingen 1," initiated by the World Council of Churches and the Lutheran World Federation. "Heil und Heilung" not only constructively integrates the insight into the limited sovereignty of human beings into questions of development cooperation, but the declaration also anticipates many aspects of postcolonial perspectives in its programmatic presentation of Christian development cooperation in the field of health. Amid the departure of former colonized territories for independence, the participants of "Tübingen 1" recalled principles of the Christian mission of healing and development. According to the declaration, central to Christian self-understanding and Christian social ethics is the tension between inaccessibility and responsibility. Healing is not only the result of human medical action, but also—from a religious point of view—a gift and sign of the dawn of the kingdom of God. Moreover, healing is not limited to physical processes, but is a relational event. This means that healing includes the healing of social relationships and standing up for each other in solidarity. Therefore, healing is not only the task of experts, but a mandate for the whole of society, locally, globally, transnationally, and decentrally, because it is about the vulnerability of the one world. This understanding of development and health puts into question—at least in theory—processes of othering that are prevalent in the logic of developmental aid and global health discourses.

### **Time and the Other: Multiple Temporalities**

One crucial point of postcolonial critique regarding the hegemonic discourse on development is its conceptualization of time and especially of future. I have already mentioned that the dominating teleological and evolutionist model of

time has prevented the perception of other concepts of future making. Furthermore, the dominating Eurocentric concept of time has furthered the idea of the superiority of the so-called West which presented and continues to present itself as more advanced than the Other. One legacy of colonialism and of colonial ethnography is that the Other was and is projected into another, more primitive time zone and has been denied coevalness. This non-simultaneity is expressed not only in the explicit reference to a different temporal order (Fabian 1983). Rather, it manifests itself throughout the field of ethnographic writing and has produced a 'temporal lexicon,' a lexicon of temporally coded terms imbued with interests and power. Terms such as 'savagery,' 'kinship' or 'primitive'—the key term of the temporalizing discourse—are therefore not 'innocent' descriptions but have connotations of temporal value: they suggest a 'historically earlier' time in connection with moral, aesthetic, and political implications. Georg Hegel's conception of Africa as a continent without development and history is probably one of the peak points in this discourse on time and the Other and demonstrates the epistemic violence and the polemic inherent in it. In his *Philosophy of History*, Hegel writes that Africa "is no historical part of the World; it has no movement or development to exhibit. ... What we properly understand by Africa is the Unhistorical, Undeveloped Spirit, still involved in the conditions of mere nature" ([1899] 1956, 99). Crises have always given rise to predictions and scenarios for the future, ranging from the imagination and anticipation of a more solidary society to apocalyptic visions. COVID-19, thus, can and has been taken as an opportunity for a fresh look at alternative concepts of time and future, and—as the imaginations of the future turn future into the present—COVID-19 has provided a space to reflect and negotiate visions of life and to bring to the fore visions that have been silenced and marginalized.

The term 'future' has been appearing frequently in German and international development cooperation for some years now. In 2014, the Federal Ministry for Economic Cooperation and Development (BMZ) published the "Zukunftscharta—EINEWELT, unsere Verantwortung" (Future Charter: ONE WORLD—Our Responsibility; my translation), which focuses on the question of the sustainability of development: how can development be advanced in such a way that it sustainably secures the economic, ecological, and social future for all? Development is no longer considered only a 'problem' of the Global South. With climate change and international political and religious conflicts—as well as pandemics—the future of all people is at stake and requires a 'great transformation'; this means: a comprehensive rethinking of the global, local and individual use of resources.

These new perspectives are remarkable, because for a long time the discourse on development and modernity did not grant a future to the countries of the Global South, as e.g. Felwine Sarr states:

In positing, right from the outset, that modernity is a teleological concept, the reflection becomes inherently flawed. But we posit this flaw within modernity as a necessary occurrence within the emergence of societies, and we do this by considering it from an evolutionary perspective. Furthermore, instead of thinking the social dynamics under way in the manner in which they present themselves and then extracting meaning from them, we will content ourselves, on one hand, to trace the presence or absence of the signs of modernity within the real of African societies, and on the other hand, to posit as signposts its philosophical principles (the apologia of the new, reason as the foundation of social organization) and the institutional forms it provides for itself. As such, in simply measuring the distance separating various African societies, we condemn ourselves to experiencing the pangs of comparison, perpetually thinking of ourselves like some sort of straggler, always striving to catch up in order to gain a place in the various rankings that constantly remind us how we've fallen behind. This leads the becoming subject to fall prey to the good-student complex. (2019, 20–1)

COVID-19 was accompanied by an interruption of this teleology of imagined futures and the notion of catch-up development which perceives the present state of the industrial nations as the normative future for nations of the Global South. Detlef Müller-Mahn and Eric Kioko observe that “[t]he external origin of the disease reinvigorated resentment against foreign influence in general, and against Western remedies and Eurocentric visions of development in particular” (2022, 28–9). Furthermore, “[w]hat had previously been hailed as gateways to modernization and prosperity—airports, roads, and trade corridors—became entry points for a potentially fatal threat” (29). COVID-19 reveals the uncertainty of the futures that were and are anticipated—and promised—by the development discourse.

It is in this context that demands to decolonize the future are starting to be heard—even in the Global North. Against, for instance, the Afro-pessimist stereotype that perceives Africa as continent of catastrophes and as ‘no-future place,’ academic scholars (e.g. Mbembe 2015; Sarr 2019), as well as artists and Afrofuturist movies (*Neptune Frost* 2021, *Black Panther* 2018, etc.) are insisting on the need to stop mimicking Western concepts and to “dare to reinvent the Future” of African traditions (Sarr 2019, 91). These demands are not a form of

nativist romanticization of the African past (Mbembe 2001) but rather a call for epistemic freedom (Ndlovu-Gatsheni 2018). “Can Africans create African futures within a modern world system structured by global coloniality?” (Ndlovu-Gatsheni 2014, 181). Sabelo Ndlovu-Gatsheni’s question corresponds with the concluding statement of the postcolonial scholars Castro-Varela and Nitika Dhawan: “However, it still seems possible for us to make other futures conceivable”—with the help of postcolonial theory (2015, 340; my translation).

COVID-19 has revived stereotypes of the Other and has exacerbated inequalities and aggravated injustices. It thus continues to be a test case for development cooperation and global politics which are in urgent need of critical postcolonial and socio-ethical reappraisal. But, at least in theory and in some parts of cultural and development studies, it has also increased the insight into global vulnerability—contrary to the claim of ‘white supremacy’—and it has signalled an emerging awareness of a polyphony of futures.

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