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THE LOCKED-DOWN BODY

EMBODIMENT IN THE AGE OF PANDEMIC

by Havi Carel
University of Bristol

When I recently asked my 7-year-old son if he wanted to talk to a friend online, he replied angrily: "No! What's the point if I can't touch him!?" His exasperation expresses a basic aspect of human social life: it is embodied. Talking to someone online is a poor replacement for embodied engagement with others. When we are with other people we hug and huddle, we look into each other's face as we share a joke, we walk together, eat together, cuddle on the sofa as we share a film or talk. For children, this embodied dimension of social exchange is even more dominant: when children play together, they spend much time hugging, huddling and giggling close together, chasing, touching, and making faces at each other. My son saw no point in socialising with a disembodied face on a screen when what he wants is the real deal: a flesh and skin interaction, involving touch and smell as well as sight and sound.

Moving to online socialising is one way in which our embodied existence has been modified by the pandemic and ensuing physical distancing measures. There have been profound changes to our freedom of movement, sense of time, and the sense of trust and certainty in the world. In this essay I analyse the bodily and personal changes brought about by the pandemic and resulting lockdown, and their profound disruption to life as we previously knew it. The essay has three aims. First, to make explicit the different aspects of lockdown experience and what I call the locked-down body. Second, to account for how our embodied lives have changed with the pandemic. And third, to reflect on our pre-pandemic habits and ways of life, which were previously taken for granted and hence hidden. To do this, I will contrast "normal" pre-pandemic social and embodied life with the "abnormal" or "new normal" of physical distancing and lockdown conditions.

The method I use is a phenomenological one: this is a philosophical approach focusing on how things appear to us (rather than how they "really" are). This approach studies human experience as embedded within a social and physical environment, or "world", the total of which can be called, following Martin Heidegger, "being in the world" [*In-der-Welt-sein*]. This embeddedness in the social world and in our surroundings has been profoundly disrupted with the Covid-19 pandemic. As a result, an approach that focuses on that embeddedness as central to our life, and understands the human being

as a complex network of relations with others and with its environment, is useful for studying these profound and pervasive changes to our being in the world.

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The first thing the physical distancing measures have made explicit is how deeply embodied and inherently social life is. The embodied dimension of many things we have previously taken for granted – how we move around in the world, hug loved ones, socialise freely, travel – is now clearly visible. We can use the contrast between life before and after Covid-19 for philosophical reflection on this unnoticed freedom we had and is now lost. This unnoticed freedom is a feature of normal situations, where one can just go ahead and do what one has planned, without hindrance or anxiety. Abnormal, or pathological, situations are ones where this is no longer possible. In the pandemic we have moved abruptly from a normal to an abnormal state, not just in one place or country, but across the entire world, from the Tropics to Antarctica.

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This abrupt and dramatic transition vividly juxtaposes the normal, taken for granted, routine, familiar state of affairs (pre-pandemic life) and the abnormal, uncanny, destabilising and unfamiliar state we are in now. Of course, everyone's life includes destabilising events and abnormal situations, such as suffering illness, being involved in an accident, and of course for many of the world's people, there are experiences of displacement, war and famine, natural disasters, and political turmoil. This is important: I am by no means minimising or trivialising other experiences of disruption. But in this pandemic *everyone's* lives have been upturned and deeply disrupted (albeit to varying degrees) across the globe. The closure of schools and workplaces, stay at home or shelter in place orders, and the shutting down of public spaces and amenities, as well as huge parts of cultural life (live music, theatre, sports) have caused disruption on a scale not known to most of those currently alive. Rather than disruptive experience being nested within a broader context of normal experience, we have definitively shifted into a new global regime of abnormality, underpinned by emergency measures used by almost every government in the world. The effects of the pandemic have been *global* both in its reach and in its global disruption to individual life: every aspect of life has been affected by the pandemic.

This gives us an opportunity to look at this contrast and glean philosophical insights from it. The first is that abnormal or "pathological" states can shed light on ordinary ("normal") states, in ways that reveal and make explicit processes, ideas, and modes of behaviour that normally remain tacit. Pathological states can, uniquely, do additional epistemic work by revealing, and thus making available for investigation, tacit structures of expectations, meaning, and intelligibility that are largely invisible under normal conditions. Lockdown and the pandemic contrast with how things were previously and reveal the fragility and limitations of normalcy. If previously navigating the public world involved many pleasurable experiences such as eating out, taking one's children to the playground, visiting a library or leisurely browsing in a shop, these are now all either forbidden or considered dangerous. How we come together in play parks and public spaces, how we greet each other on the street, and how we conceive of our personal space have all been thrown into sharp relief and underscored with anxiety.

Our bodies have become a site of concern: many people now check their temperature daily and every cough or sneeze triggers alarm. A sneeze that would previously elicit a casual "bless you" now causes heads to turn in alarm. We interpret our own interoceptive states in a hyper-vigilant manner. Who hasn't experienced a heightened sensitivity to the state of their throat? Suspected loss of one's sense of smell or taste is imagined, considered and anxiously analysed. We now look back in wonder at how tens of thousands of people squeezed together for a football match, a festival or a music concert, how hundreds of people shared the

enclosed space of a train carriage or an aircraft, in a shared mode of embodied being-with that is now unthinkable and will remain so for the foreseeable future.

Such fundamental changes to our embodied shared space and shared habits can do powerful philosophical work. They reveal to us the hitherto unconsidered, and hence tacit, aspects of our life. In this particular case, they reveal the extent to which being with others is premised on the tacit knowledge that we can be physically close, that we can share food, a picnic rug, play and sports equipment, and that we are free to interact with unlimited numbers of people. It also reveals the extent to which proximity plays a positive role, and indeed underpins, many of our activities.

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A second philosophical insight we can glean from the swift recent changes to our lives is that our use of the terms "normal" and "pathological" is unstable and radically revisable, as social and material conditions change. We are now living in ways that would have been considered pathological a few months ago. We avoid others, wash our hands compulsively, and engage in anxious rumination. This is now called "the new normal", demonstrating that our conception of what counts as normal has shifted markedly. Tracking and understanding such changes to our normative assessment of what is normal and what is not, is deeply philosophically informative; it reveals the otherwise-occluded complexity and adaptability of our moral and epistemic presuppositions.

For example, we are now discovering the limits of current medical knowledge – not enough is yet known about Covid-19 and we must adjust our epistemic standards to ones of high levels of uncertainty. Many questions do not currently have an answer, not even to the principled question "will there ever be a vaccine for Covid-19?" Similarly, moral presuppositions have been called into doubt when coping with difficult new bioethical questions emerging from the pandemic, such as who should be treated if medical resources are limited, and how best to support those who are dying in medical isolation. The rush to buy toilet roll now seems ridiculous, but at the beginning of the outbreak

panic shopping and hoarding of key items put stress on our usual assumptions about the availability of basic household items. It is now obvious that we will need to be much more flexible and adaptive, for example, we may need to come in and out of lockdown repeatedly due to further waves of infection. One lesson is that we need to be able to quickly change habits and ways of doing things, and that our conception of what is normal and what is not, will be frequently and repeatedly updated in the coming months. Conceptual stability will not be easily recoverable.

This is important for philosophy, because of its focus on the analysis of concepts. We can no longer assume that our concepts are relatively stable and all we need to do is clarify them – not an easy task, but at least a clear program. What emerges from the now visible plasticity of concepts like "normal" and "abnormal" is that we need a framework that acknowledges that such concepts are shifting and oft-changing, not the eternal, perfect forms envisaged by Plato, for example.

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Finally, I also suggest that the very assumptions about normality that have been made visible now also mask our vulnerability, dependence on others, finitude, and mortality. We operate with tacit expectations of normality with regards to health, adverse life events, or events such as war and pandemics. These tacit expectations include the assumption that we carry on being healthy, that our life plans can be carried out without significant hindrance, that we will not be victims of catastrophic events such as a pandemic. These expectations, which are otherwise tacit, become apparent in cases of illness or accident. People who fall ill often say that ill health was an unwelcome surprise, a shock, an intrusion, even though illness is a near universal event for most humans at some point in their life. This deep rejection, indeed, denial of our vulnerable bodies, was the topic of my 2008 book, *Illness: The Cry of the Flesh*, which describes my experience of being diagnosed, and living with, a rare degenerative respiratory condition. We commonly refuse to accept our vulnerability to disease and affliction, our dependence on others, and our mortality. This refusal and denial are reflected in our responses to the pandemic: despite the fact that this is not the first coronavirus to jump species into humans (previous recent examples include SARS and MERS), the entire world was caught unprepared.

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This is not a coincidence. There are deep reasons why no one budgeted for a pandemic like this, despite warnings from virologists and others. We do not like to admit that we are vulnerable and dependent on others to the extent that we are. That our bodies are fallible and that our health is at an increasing risk of failing as we grow older. That we are exposed to affliction and suffering even if we do our best to avoid them, and that mortality is a shared feature of all life. These "facts of life" – our vulnerability and dependence – as Ian Kidd and I dubbed them in a 2019 paper, beautifully articulated by Alistair MacIntyre in his 1999 book *Dependent Rational Animals*, are masked by our reliance on a sense of normalcy.

Instead of wonder that a pandemic did not come earlier, we are confused and angry at its arrival, how it has upset our plans and caused deep instability and disruption. Such unexpected events frustrate our entrenched habits and expectations in ways that we find unsettling and upsetting. Our consequent disbelief brings to awareness emotionally and existentially disquieting aspects of our condition, ones that are deeply true albeit difficult to articulate and accept. These "facts of life" require us to attend to them in order to appreciate our embodied state of imperfection, vulnerability and the shared fate of mortality that structures human life ontologically and epistemically (because humans are aware of their mortality).

Mortality was the topic of my 2006 book, *Life and Death in Freud and Heidegger*, which put forward a view of life as delimited and structured by death. Mortality isn't merely the empirical fact that we all die in the end, at some point in the distant future. Rather, our

mortality is implicated in every living moment, because every moment is only lived once and the sum of these moments is always finite. So death isn't a fact we can cast aside as Epicurus suggested. He famously wrote in his letter to Menoeceus: "So death, the most terrifying of ills, is nothing to us, since so long as we exist, death is not with us; but when death comes, then we do not exist". Rather, on my view, and following Freud and Heidegger, death is intimately entangled in life, structuring and delimiting life with both temporal finitude and finitude of possibilities.

So we can see that the idea of normalcy and abnormalcy have a direct bearing on how we understand our embodied lockdown experience, pervaded by a sense of things having gone awry, and feelings of being unanchored because a new normal is yet to replace the lost one. It makes us painfully aware of "the facts of life" and of our limited ability to control events, to secure our health, and to live as we wish.

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I want to offer two additional concepts that will further furnish our account. These are global uncertainty and relations with others (what Heidegger calls "being with" [*Mitsein*]). Global uncertainty describes the loss of trust and sense of certainty about almost everything in our lives. From panic shopping to crossing over the street when someone walks our way, pandemic experience is characterised by suspicion, uncertainty and doubt. We distrust the air we breathe, the surfaces we touch, we suspect strangers of being infected. We distrust the information we read online. Some distrust the science – "anti-vaxxers" are a prime example of such entrenched (and in itself dogmatic) distrust. The pervasive sense of uncertainty makes us doubt and question every bite of food we take, every person we pass on the street, and every time we wash our hands or wipe a surface. Have I done it well enough? The remaining doubt can dismantle our daily life, shaping it into a new mould of distrust, compulsion and profound anxiety.

In a paper from 2014 I described the phenomenon of *bodily doubt*. I characterize bodily doubt as radically modifying our normal bodily experience in three ways: loss of continuity, loss of transparency, and loss of faith in one's body. This breakdown of trust reveals the more usual phenomenon of bodily certainty – the sense of ease and trust that underpins our normal bodily experiences. Although bodily certainty is not rationally justifiable, we are nonetheless unable to reject it, and it is part of our brute animal nature. We now see that sense of trust and ease being globally disrupted in the experience of the locked-down body. The same three losses – of continuity, transparency and faith in one's body – can be more globally seen in other lockdown experiences. In the same way that bodily trust is undermined in the state I call "bodily doubt", our trust in others, in being in public spaces (e.g. public transport), and in bringing items into our homes is also undermined. The continuity of embodied, shared life has been severely disrupted. The transparency of our being in the world has been replaced by a sense of difficulty and explicitness – we think twice before getting a takeaway, studiously distance from others, plan our day considering the risk of infection. And finally, our faith in the order of the world, trustworthiness of politicians, and information we read online has been deeply fractured.

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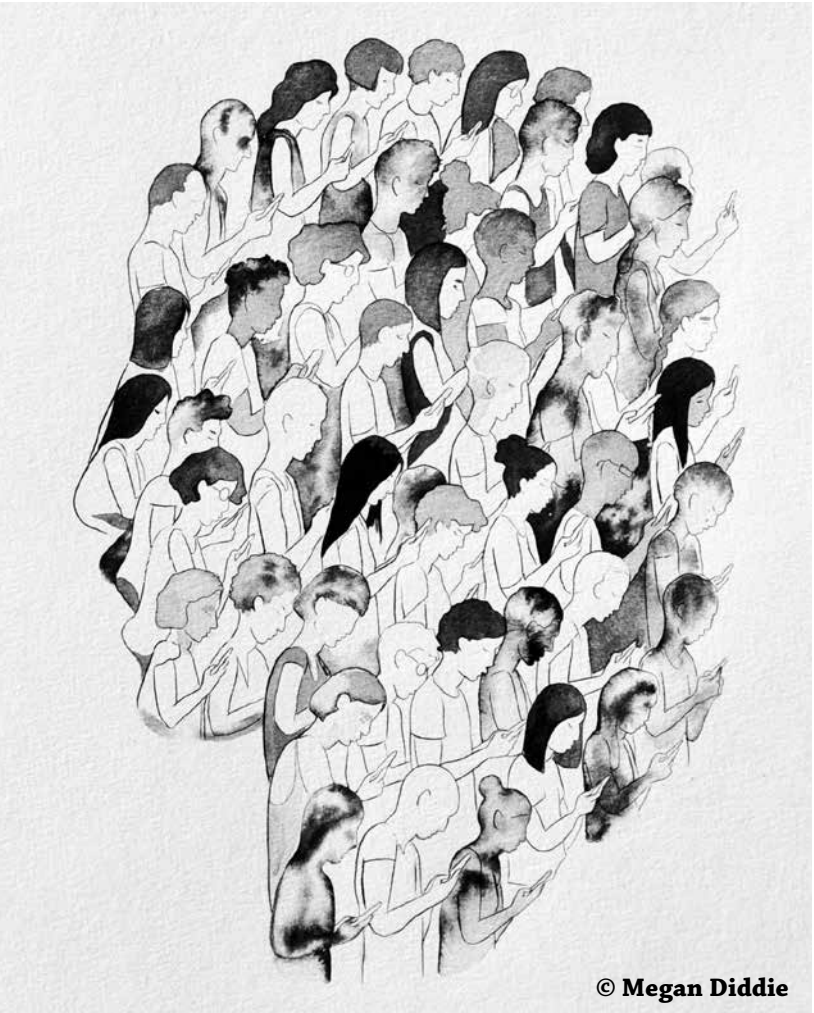
This dismantling of daily life is also accompanied by a sense of a change to our temporal experience. The Friday afternoon pint that ushers in the weekend, the morning rush to make the school run on time, Saturday morning shopping – these organise our lives into a familiar tempo. Term time and holiday, weekdays and weekends, and even the schedule of each day have been removed from daily life, resulting in changes to our experience of time. Many have commented on social



media about how quickly time passes and how all the days seem the same. Many have noted that time feels like an undifferentiated flow that becomes disorienting and dispiriting. Some are unsure what day of the week it is. Global uncertainty affects all domains of personal experience, including temporal, social, existential and emotional. It affects our entire way of being in the world.

I now turn to the final concept – being-with (*Mitsein*), also coined by Heidegger. "Being-with" reflects the fundamental sociality of human life and the way that whether we are with other people or in solitary confinement, we are always with (or without, which is a modulated, or "privative" mode of "with") others. We are structured as inherently social entities, and how and if we relate to others is merely an empirical inflection of an ontological fact about us humans: we *are* "beings-with" others. This insight allows us to understand the scale of disruption and how deep it runs: into our very core as beings who are always being-with.

This being-with has an obvious bodily dimension. It sheds further light on the opening paragraph, in which I described my son's disdain for online contact: when we are with others, we are embodied creatures, who meet others in and with our bodies. Being with is incomplete when it is conducted entirely at a distance, mediated, or soaked in fear. We can see this in the reports of patients struggling to communicate with, and be cared for by, gowned, masked and visored health care staff. We are deeply affected by stories not just about dying, but dying alone, or watching a loved one pass on a screen, because health regulations allow no visitors into ICU.

These examples evidence the profound ways in which the current pandemic is a state of deep, and deeply embodied, pathology. How we might emerge from it is not just a practical question, but a deeply philosophical one. We could use this pandemic as an opportunity to reflect on the "normal" and to broaden the narrow band of what is considered normal, in order to allow for an unanticipated, newly formed, and richer array of social arrangements, behaviours and norms to be included in the "new normal".

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