

# DIFFERENTIAL EXPERIENCES OF SOCIAL DISTANCING: CONSIDERING ALIENATED EMBODIED COMMUNICATION AND RACISM

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The COVID-19 pandemic has highlighted existing health inequalities where individuals from socially and economically disadvantaged communities are disproportionately impacted by the virus. Evidence clearly demonstrates that infection and mortality rates are higher for individuals from minority ethnic groups, for those in lower socio-economic communities, and for otherwise marginalized or socially disadvantaged groups (Chowkwanyun and Reed 2020; Weill et al. 2020; Gaynor and Wilson 2020). These groups generally have higher levels of risk factors as a result of “inequalities in exposure to the social determinants of health” where the environments and conditions within which individuals live, work, grow, and age—such as their place of employment, housing, their access to goods and services, access to healthcare, and food scarcity or security—cause inequalities in the development of chronic conditions. These chronic conditions in turn increase the severity of COVID-19 infection (Bambra et al. 2020, 2). It is clear, then, that the virus is differentially impacting various populations and differently situated bodies. However, the differential impact of COVID-19 is not merely centered around infection, illness, and mortality rates. Indeed, as we shall explore in this musing, the public health measures of social distancing—including lockdowns, social isolation, stay-at-home orders, shielding, and behaviour changes that have been introduced to curb the spread of the virus—are, in fact, having a differential impact on the lived experience of individuals in ways that are, again, co-determined by pre-existing social inequalities.

Social distancing has been the primary public health intervention used to mitigate the spread of the novel coronavirus SARS-CoV-2. The central logic behind social distancing measures is to isolate human bodies, thereby breaking the chain of transmission of the virus. Under this logic, human subjects have been rendered biological entities, i.e., physical bodies, that may or may not be carrying the virus. One's social position, gender, ethnicity, race, or health status is not figured in these practices which effectively treat all bodies as equally dangerous (as potential "disease spreaders") and equally vulnerable (as potential "victims"). However, as socially situated subjects embedded in lifeworlds, we are not homogenous, biological entities. Nor are we equally vulnerable. There is ample evidence demonstrating that social distancing public health measures put in place to curtail the spread of the virus, such as lockdowns and quarantines, are in themselves exacerbating social and health inequalities.

Drawing from critical phenomenological literature on embodied experiences of racism, in this musing we explore the striking similarities in the phenomenological experience of the embodied communication of racism, drawing on work from thinkers such as Frantz Fanon, George Yancy, and Helen Ngo, and the new embodied rituals of COVID-19-induced social distancing. In doing so, we demonstrate how conceptual resources from critical phenomenology are useful for elucidating the embodied experiences, along with the politics, of the COVID-19 pandemic. Through engaging with writing from Black and minority ethnic commentators, such as Lisa Braxton, Matthew Vernon, and Lord Simon Wooley, who have described striking similarities between COVID-19 social distancing measures and the routine experiences of racism that are on-going for minorities in white dominant societies, we highlight parallels and similarities in the experiences of social distancing and racism for Black and ethnic minority individuals, and the consequent differential experiential effects of this particular public health measure.<sup>1</sup> Whilst social distancing can be alienating, isolating, and painful for individuals who occupy positions of social privilege, we argue that it will not be experienced in the same manner by those who routinely experience marginalization as a result of racism. Our aim is to reflect on how on-going experiences of stigma, shame, and marginalization can shape how social distancing is registered on an embodied and existential level.

Face-to-face social distancing has dramatically transformed the fabric of embodied social relations for *all* individuals. By disrupting the ordinary flow of embodied social relations, social distancing has created a modified intercorporeal reality, wherein all individuals, regardless of their social position or status, are dislodged from the usual taken-for-granted fabric of embodied social relations. This has "interrupted" and modified the horizons of our lived experience in significant ways (Taylor 2020). We can no longer take

<sup>1</sup> We will use the convention of capitalizing "Black" to denote individuals of African-American and Afro-Caribbean background, where the term "Black" denotes a shared culture and racial identity, rather than just designating a skin colour. While we recognize that this terminology is not unproblematic, it is the convention largely used by the Black writers with whom we are engaging, and we follow their lead with this convention. For more on the use of "black" versus "Black," see Appiah 2020; Laws 2020; Coleman 2020.

for granted the ordinary flow of social and embodied life.<sup>2</sup> We navigate the world with a heightened self-consciousness of our body and a suspicious wariness of others, leading to reduced positive social contact and a heightened sense of our own bodily vulnerability. The sedimented bodily habits that govern face-to-face social life have morphed to accommodate the new social distancing rituals which now choreograph ordinary activities, such as passing someone in the street, browsing supermarket shelves, meeting a friend, walking through a park, or queuing at the post office.

The taken-for-granted flow that characterizes most of our intercorporeal interactions has, as a result, become an “alienated bodily communication,” constituted through an engagement with another person’s lived body in an alienated manner, regarding or treating them as though they are a potentially “contaminated” biological object or obstacle: *a body* rather than a social subject (Dolezal 2020, 22). And likewise, we experience ourselves being treated in the same manner, as, for instance, “a potential source of infection” rather than a “potential conversational partner” (Carel, Ratcliffe, and Froese 2020, 87). The biologically reductionist perspective orienting our new body idiom means that we give bodies a wide berth regardless of their status or situation. *All* bodies outside of our own household are a potential “threat” and are potentially “contaminated.” In public spaces there is no touching, little eye contact, mutual discomfort, and a hushed and serious atmosphere. A wedge of suspicion has pierced almost every embodied encounter; we are now wary of *all* bodies because of the invisible illness that may be lurking within them. In short, bodily communication is now characterized by a stultifying self-and-other-consciousness within a disconcerting atmosphere of suspicion.

While early phenomenological analyses of social distancing have explored to some extent how “‘normal’ pre-pandemic social and embodied life” contrasts with “the ‘abnormal’ or ‘new normal’ of social distancing and lockdown conditions,” it is striking how a homogeneity of “normal” social embodied interaction underpins many discussions of the disruptive effects of social distancing measures (Carel 2020, 12). In fact, the “interruptions” and “profound changes to our freedom of movement, sense of time, and the sense of trust and certainty in the world,” while no doubt novel for many of us, have long been embodied realities in various forms for others (Sanchez-Taylor 2020; Carel 2020, 12). Indeed, COVID-19-induced face-to-face social distancing is not the first example of an interaction ritual that is dominated by avoidance, fear, and distrust.

The “new” COVID-19-induced socially-distanced intercorporeal reality is a very familiar bodily existence for many people whose bodies are perceived to be suspicious or dangerous as a result of, for example, their race, class, or disability. Indeed, numerous Black writers have argued that the inequalities in how COVID-19 is experienced is “more of the

<sup>2</sup> Of course, individuals who are immunocompromised may have already been concerned with risks of infection from other bodies and may have been accustomed to practicing social distancing before the COVID-19 pandemic. Hence the “ordinary flow of embodied and social life” for these individuals, along with others who are differently abled for reasons of illness or disability, may be significantly modified or idiosyncratic.

same” and the alienated bodily communication of COVID-19 induced social distancing is “nothing new” (Yancy 2020b; Braxton 2020). In short, being seen as “contaminated” and experiencing the wary avoidance of others may be familiar to people whose bodies are marginalized, stigmatized, or marked out as suspicious or dangerous and whose life experiences, as a result, were already marked by on-going experiences of stigma, shame, and marginalization.

Fanon’s phenomenologically inflected account of anti-Black racism in 1950s France describes precisely this experience. In his classic work, *Black Skin, White Masks*, Fanon writes eloquently of his experience of being a Black body in a “white world” under the legacy of colonial power relations (1970, 78). Rather than experiencing his body as a social subject in the unthinking to-and-fro of embodied relations, Fanon experiences his body primarily through a highly objectified inferiority characterized by alienated intercorporeal communication. He writes:

And then the occasion arose when I had to meet the white man’s eyes. An unfamiliar weight burdened me . . . In the white world the man of colour encounters difficulties in the development of his bodily schema. Consciousness of the body is solely a negating activity. It is a third person consciousness. The body is surrounded by an atmosphere of certain uncertainty . . . A slow composition of my *self* as a body in the middle of the spatial and temporal world . . . I discovered my blackness, my ethnic characteristics; and I was battered down by tom-toms, cannibalism, intellectual deficiency, fetishism, racial defects, slave-ships . . . completely dislocated, unable to be abroad with the other, the white man, who unmercifully imprisoned me, I took myself far off from my own presence . . . and made myself an object . . . My body was given back to me sprawled out, distorted . . . The Negro is an animal, the Negro is bad, the Negro is mean, the Negro is ugly . . . I move slowly in the world . . . I am being dissected under white eyes, the only real eyes. I am *fixed*. . . . Shame. Shame and self-contempt. (78-82)

Fanon’s prose reveals how the Black man’s body is objectified, stereotyped, and judged negatively under the “white man’s eyes,” leading to a persistent negative evaluation of the self characterized by “shame and self-contempt” (78; 82). Instead of being a full social subject, Fanon is “imprisoned” and “fixed” within white social relations, reduced to an “object”; he is not seen as himself, but instead reduced to a series of negative racial stereotypes. Rendered both hypervisible *and* invisible, the racist gaze of “the white man’s eyes” “creates overdetermined perceptions” which are ultimately “de-subjectifying” (Petherbridge 2017, 104-05). Under the racist social order dominated by a belief in white superiority, Fanon’s Black body is marked as contaminated and disgraced; an object to be shunned and avoided.

Fanon’s evocative prose reveals that experiences of racism, marginalization, and stigmatization are communicated and experienced on a bodily level. Not only does the

marginalized subject experience racism through his or her own body, as Fanon's account highlights, racism itself is communicated intercorporeally through bodily communication. Indeed, Fanon (1970) notes that it is through "the movements, the attitudes, the glances of the [white] others" that he is "fixed" (77). Hence, it is, in part, on the level of intercorporeality that racism is communicated in face-to-face interactions. As George Yancy (2008) writes, "[d]eep-seated racist emotive responses may form part of the white bodily repertoire, which has become calcified through quotidian modes of bodily transaction in a racial and racist world" (47). Helen Ngo (2016) extends Yancy's insights arguing that racism "is undergirded by a habitual bodily orientation . . . it is more deeply embedded in our bodily habits of movement, gesture, perception, and orientation" (848).

Ngo highlights the "broad class of gestures" associated with embodied communications of racism, many of which enact a type of social distancing (853). In this she includes: "the flinches, the tensing, the moving away, the panic" (854) and actions like "locking car doors, suspicious surveilling in shops . . . pointedly crossing the street" (853-54). These gestures "reflect the comportment or mode of responding that has 'sedimented' in and been taken up by the body, supported by deeply embedded discourses and histories of racist praxis" (855). In other words, these bodily gestures and movements are both formed and informed by the white person's racist preconceptions, shaped in turn by the dominant racist norms which infuse the dominant logics of social interaction.

Yancy (2008) offers an evocative account of the bodily communication involved in racism in his article "Elevators, Social Spaces and Racism," an experience which he terms "the Elevator Effect":

Well-dressed, I enter an elevator where a white woman waits to reach her floor. She "sees" my Black body . . . I walk into the elevator and she feels apprehension. Her body shifts nervously and her heart beats more quickly as she clutches her purse more closely to her. She feels anxiety in the pit of her stomach . . . Her palms become clammy. She feels herself on the precipice of taking flight, the desperation to flee. There is panic, there is difficulty swallowing, and there is the slight trembling of her white torso, dry mouth, nausea. (846-47)

With striking parallels to Fanon's account, Yancy's intercorporeal encounter with this white woman is dominated by an overdetermination of what his body signifies. It is, as Yancy indicates, already "supersaturated" (846) with negative meanings that are circulating liberally in their shared socio-cultural milieu: "I feel that in [her] eyes I am this indistinguishable, amorphous, black seething mass, a token of danger, a threat, a rapist, a criminal, a burden, a rapacious animal incapable of delayed gratification" (844). As such, Yancy concludes, "the woman in the elevator does not really 'see' me" (847), instead she sees a body which is first and foremost "a threat" to her own body, which is positioned as "vulnerable" (847; 846). What Yancy describes here is alienated bodily communication, where instead of experiencing himself as being regarded as a subject in the to-and-fro of embodied communication, he experiences himself as objectified and dehumanized, much like Fanon, not properly "seen" as a subject. As a result, he experiences his Black body as

reduced to a series of negative stereotypes (a criminal, a racist, a threat) and perceives white people's reactions accordingly.

The “white world” that both Fanon and Yancy describe is one where “whiteness functions as . . . *the transcendental norm*”; it is a socio-cultural-political milieu dominated by the logic that categorizes “black bodies or bodies of color . . . [as] ‘deviant,’ ‘different,’ ‘ersatz,’ ‘raced,’ and ‘marked,’” while simultaneously positioning the white body as the “somatic norm” (Yancy 2020a, 69; Petherbridge 2017, 105). As a result, against an implicit understanding of white superiority in a “white world” dominated by the legacies of slavery and colonialism, racialized bodies are positioned within social relations as inherently stigmatized, contaminated, threatening, different, and vulnerable to negative stereotypes and discrimination.

While COVID-19-induced social distancing has been disruptive for all bodies, the disruptive effects on lived experience are differential. For those who are habituated to the lived realities of anti-Black racism, as described by Fanon, Yancy and others, social distancing is, to reiterate Lisa Braxton (2020), “nothing new.” Reflecting on the new realities of social distancing in the early days of the pandemic, Braxton highlights how the lived experience of racist gestures renders COVID-19-induced social distancing a familiar experience for Black Americans:

We've long practiced social distancing to keep ourselves safe and lessen our chances of a shortened life span: not because of a contagious disease, but because of racism . . . I have experienced white women suddenly clutch tightly onto their purse straps as I've walked past them on the sidewalk. Some have begun to visibly shake, their eyes growing wide, as if terrified, if I happened to make eye contact with them in an elevator . . . I enjoy taking long walks in a park not far from where we live. As a precautionary measure, I keep my distance from white individuals on these walks, slowing down or lingering a little longer on a footbridge overlooking the pond, if necessary. In the supermarket, I steer clear of shopping carts in which women have left their purses unattended as they peruse the shelves. (Braxton 2020)

In another striking account, Woolley (2020) recalls an anecdote from the actor Jamie Foxx, illustrating Yancy's “Elevator Effect”:

There's a lot of talk at the moment about social distancing and the body language that people are adopting since the coronavirus struck. A friend lamented to me it was completely unnerving, and a little disturbing, to see the lengths to which people will now go to keep their distance . . . But many Black people have experienced this unnerving and at times dehumanising feeling way before Covid-19 . . . I distinctly remember the powerful anecdote the actor Jamie Foxx related . . . He said when he was in lift wearing casual clothes, a group of white people entered and

instantly shuffled to the corner of lift to lengthen the distance between them, until one of them recognised it was the Hollywood icon. Then they all relaxed and even began laughing. Foxx told his audience, “They all thought it was a bit amusing. But in truth it wasn’t, it was appalling. It’s what Black people face all the time.” (Woolley 2020)

Exaggerated physical distancing is, Woolley (2020) argues, nothing new for Black individuals for whom the “dehumanising” and “crushing hurt” of being made to “feel you are less than, even in social spaces which we are all supposed to share” was familiar long before the pandemic. Hence, a different kind of social distancing has long been part of the experience of Black and other minority ethnic individuals in societies where whiteness functions as a “transcendental norm” (Yancy 2020a, 69; Guenther 2020). For those who experience ongoing instances of stigma, shame, and marginalization, social distancing may be registered on an embodied and existential level not as merely a disruption to social relations, nor as an act of social care, but a further intensification of something that, as Matthew Vernon (2020) argues, “is a familiar feeling to most black people.” Vernon (2020) writes:

You walk down the street and see someone white approaching. They peek over their shoulders, seemingly to check for back up and, seeing none, flee across the street to the bubble of safety. Seeing the fear in their eyes and the hasty crab-step to the side leaves indelible marks in the black psyche. For me, it means a fear of public spaces that is at times difficult to explain to people who have never lived this hyper-visibility . . . Although the motive of social distancing is altruistic, the lived experience is like every other moment in which fear exacerbates the troubles of neglected groups.

For Vernon, COVID-19 induced social distancing reveals “not just how socially distant we have become, but how much we have been for a long time.” Indeed, social distancing as a result of racism takes multiple forms, causing multiple harms. It occurs not only through the embodied communication of racism in face-to-face encounters, as Yancy and Ngo highlight so clearly, but also through experiences such as “segregation, discrimination and devaluation” within society (Perry 2020). The social distancing that occurs because of racism, in all its forms, has had negative effects on lives, livelihoods, socio-economic status, health, and well-being.

The intensification of these experiences during COVID-19 has illustrated that racism and health are deeply co-implicated. It is no coincidence that anti-racism protests, sparked by the murder of George Floyd and led by the Black Lives Matter movement, were taking place worldwide at the height of the COVID-19 pandemic. The inequalities and health disparities for minority ethnic groups that COVID-19 has exposed, are part of a systemic and structural racism that has a long history of taking lives. While the COVID-19 pandemic has created enormous challenges that have, in unprecedented ways, impacted populations across the globe, it is crucial that we recognize the ways in which the *degree* of this impact is unequal because of pre-existing systems of structural inequality. This

means not only that infection and mortality rates will be higher for marginalized groups because of poverty, precarity, and other exposures to the social determinants of health, but, as we have demonstrated in this musing, people with lived experiences of racism may be disproportionately negatively impacted by the embodied gestures of social distancing. When evaluating the long-term impacts of public health measures such as social distancing, it is essential that the lived experiences of racism and marginalization are considered as part of a bigger picture within which the horizons of possibility for health, well-being, feelings of security, and belonging play themselves out.

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