

Social distancing as ‘Scientization’: UK and Irish Policy responses to Covid-19, emotions and touch

Irish Journal of Sociology

0(0) 1–5

© The Author(s) 2020



Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0791603520941455
journals.sagepub.com/home/irj



Lisa Moran  and **Lorraine Green**

Department of Social Sciences, Edge Hill University,
Ormskirk, Lancashire, UK

This paper was written in May 2020, approximately two months after the UK and Ireland imposed stringent lock-down measures, including social distancing (SD). These measures were presented in highly scientized frames as the only objectively reliable way of preventing the rapid spread of this highly contagious virus. Scientization refers to reifying and normalising scientific language, knowledge, assumptions, ways of thinking and acting (Bäckstrand, 2003). The potential social implications of abruptly imposing such novel and draconian regulations on human bodies and normative touch practices were, however, overlooked, marginalised from this scientific frame. Despite small national differences in policy responses, including the speed/rate of adoption of control measures, governmental discourses therefore framed the disease primarily as a ‘scientific’ problem. The temporary ‘scientific’ solution was unveiled as SD achieved through mass control of human movement and interactions, obscuring the heightened risks this conferred on the public, particularly vulnerable groups.

Since Thomas Kuhn’s *The Structure of Scientific Knowledge* (1962), scientific predominance has been critically (and not always favourably) compared with other knowledges and ways of knowing (e.g. tacit knowledge, intuition, lay knowledge, social science knowledge) (Fischer, 2000). Scientific knowledge is, however,

Corresponding author:

Lisa Moran, Department of Social Sciences, Edge Hill University, Ormskirk, Lancashire, UK.

Email: lisa.moran@edgehill.ac.uk

frequently uncritically accepted as accurate, objective, neutral, irrefutable and the pinnacle of truth, partially attributable to scientific knowledge often being simplistically collapsed into numbers, percentages, graphs and statistics. Since the mid-1990s, discourse as an ensemble of 'ideas, concepts, and categories through which meaning is given to social and physical phenomena' (Hajer and Versteeg, 2005: 175), has garnered considerable influence. As one key strategy for disease prevention, SD constitutes a discursive response where Covid-19 is framed as a 'scientific' problem with scientific solutions. The European Centre for Disease Prevention and Control (ECDC) (2020: 2), for example, defines SD as 'efforts that aim...to decrease/interrupt transmission in a population/subgroup by minimising contact between potentially infected and healthy individuals'. SD measures were therefore translated into accessible public information campaigns (e.g. 'one-way' queuing, 2m distancing). While initially being mostly successful, in terms of public compliance, these campaigns entrenched scientific frames while other 'ways of knowing' were devalued. While lay and social science knowledge is interpreted as 'less reliable' from scientific vantage points, governments, however, did draw implicitly on social science and psychological knowledge to harness public acceptance and compliance with behavioural change, while upholding SD as a scientific, technical solution. Generic scripts and phrases such as '*stronger together*' and '*look after each other*' infiltrated government discourses in both countries to strengthen public morale and implementation. These phrases were regularly accompanied by government acknowledgements that these 'difficult' measures would save lives. Phrases such as '*looking after people*' tacitly invoked images of social interaction, touch and care, but policy officials 'talked around' emotional and bodily regulation rather than directly discussing them.

Although scientization was the manifest discourse through which governments presented 'facts' and measures, covertly they deployed social and behavioural insights to drum up public support and encourage compliance. However, some paradigmatic 'discursive frame' (Hajer and Versteeg, 2005) mixing and oscillating did occur between two seemingly contradictory discourses – scientifically softening/flattening the pandemic's curve through SD or ensuring people returned to work as soon as possible (thereby risking lives) to prevent an economic crash. 'Mixing' frames successfully relies on frame compatibility, and despite differences, economic and scientific frames deploy comparable claims to measurement, statistical analyses, methodological/conceptual rigour and objectivity, thereby transcending largely 'subjective', sociological insights on emotions and knowledge (Garavan, 2007).

The effects of presenting social distancing as scientization on social and emotional experiences

While governmental dictates presented the Covid-19 pandemic as a strictly scientific problem resolvable through ostensibly scientific solutions, the importance of social science in revealing the social and emotional impacts of seriously restricting

people's movements and interactions through SD were largely unacknowledged. Contradictory scientific perspectives, initially vying with each other, such as 'flattening the curve' through SD, or achieving 'herd immunity' through maximum public exposure, also failed to lower the elevated value accorded to scientized approaches. However, it was not long before detrimental social and psychological consequences emerged. We analyse these according to social interaction and various touch constellations, with touch defined as deliberate/inadvertent, direct/indirect, physical contact between people or between persons and inanimate object(s). Affectionate/nurturing touch is essential for children's healthy physical, social and psychological development and is highly significant in adult relationships, conveying various positive and negative meanings, associated not only with care, support and intimacy but also with unequal and negative group and interpersonal power dynamics (Green, 2017). Applying strictly scientific frames, successful SD (achieved through regulating travel/space between individuals, introducing hygiene etiquettes, avoiding routine touch, e.g. surfaces, people) is portrayed as overtly positive by government, minimising touch between non-infected and infected objects and people, and thereby saving lives. However, this overlooks the complexity of touch, proscribing close interaction with others for entire populations, without examining potential consequences. Normative physical interactions were thereby proscribed within these new socially-avoidant behaviours, which subsequently assumed the mantle of 'the new normal'. Moreover, scientific frames of disease control also incited extreme fear about contamination, compounded by threats of legal sanctions if contravened.

Shortly before lock-down, relatives of elderly care-homes residents were banned from visiting in the false 'scientific' belief that this would render the homes safe places. However, most elderly residents suffer multiple health conditions, requiring 'hands-on' care. Multiple carers, travelling from different locations, and caring physically for different residents with complex needs in one location, without adequate PPE, resulted in unanticipated rapid and often-deadly virus transmission (Holt and Butcher, 2020). In both countries, people were forbidden to see dying relatives in homes/hospitals. The number of funeral attendees was regulated, albeit variably, and grieving rituals involving touching were banned (PHE, 2020). Face-to-face GP consultations and social worker child protection visits were subsequently largely replaced by phone/online consultations which are sometimes diagnostically and professionally insufficient (BASW, 2020; Radio 4, 2020). In England, rapidly-passed legislation, furthermore, eroded child protection by replacing statutory time-scales for family visits with when it is 'reasonably practical' (Willow, 2020). Ferguson (2011) stresses the importance of social workers interacting with children at-risk, reflecting on cases where professionals failed to physically engage with children who were subsequently murdered by caregivers. Fears of touching infected surfaces or being infected by others also led people to avoid GPs and hospitals. Often, this had catastrophic effects on patient health, especially for those who already presented with a range of complex health conditions (Roxby, 2020). Furthermore, Covid-related changes in how people are

touched and experience touch require consideration. We experience skin-to-skin touch socially and emotionally differently from when there are physical barriers in between (e.g. gloves, visors). We need to reflect therefore on the multidimensional nature of touch in post-Covid realities, including how touch is experienced in clinical settings where skin-to-skin touch is critical to communication and care.

For those who are locked-down together, touch is not taboo, but for those living alone or who suffer mental illness what might the deprivation of touch lead to? One journalist writes of ‘craving touch’ after self-isolating for weeks on end (Abbate, 2020). If that is the effect on a presumably affluent and socially well-integrated person, this does not bode well for those less fortunate, who experience additional stress linked to actual/feared financial insecurities. Domestic violence involving abusive touch has also increased (Singh-Chandan et al., 2020), with victims having limited means for alerting others when effectively locked in their own homes with perpetrators. Longitudinal life-course research demonstrates strong and enduring links between parental stress, discord, unemployment and child abuse (e.g. Elder, 1974), but sociological insights on the long-term effects of SD remain marginal in debates. The preceding examples illuminate the difficulties and inadequacies with relying wholly on scientized knowledge to identify and seek solutions to problems. They also show how undervalued sociology is and suggest how beneficial a trans-disciplinary collaborative approach could be, in terms of embracing a more holistic, multifaceted and long-term perspective.

In conclusion, the elevated scientisation of SD considered curbing Covid-19 as the predominant priority. However, reducing risks in one area within distinctively scientific frames creates further risks, exacerbating inequalities in relation to those who disproportionately contract the disease and who are seen as ‘worthy’ of being treated. Various touch constellations influenced by societal experiences are central for understanding the effects of such policies, and although the policies are presented as ‘best’ scientific knowledge, many as yet unproven and speculative scientific hypotheses vie with one another. Which hypothesis is seen as appropriate to support is inordinately influenced by scientific/economic frame-mixing, where the value of people’s lives is implicitly measured against potential economic losses. In these contexts, scientific knowledge trumps human emotion, with sparse policy emphasis on the multifaceted nature of touch and SD, which is becoming embedded in ‘ordinary’ life, affecting us all in extraordinary and often unanticipated ways.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Lisa Moran  <https://orcid.org/0000-0001-6437-9732>

References

- Abbate E (2020) Social distancing alone is making me crave social touch. *SELF*, 15 April. Available at: www.self.com/story/craving-physical-touch (accessed 30 June 2020).
- Bäckstrand K (2003) Civic science for sustainability: Reframing the role of experts, policy-makers and citizens in environmental governance. *Global Environmental Politics* 3(4): 24–41.
- BASW (2020) *Coronavirus-Covid-19 BASW updates*. Available at: www.basw.co.uk/coronavirus-covid-19-basw-updates (accessed 13 May 2020).
- Elder G (1974) *Children of the Great Depression*. Chicago: University of Chicago Press
- ECDPC (2020) *Considerations relating to social distancing measures in response to Covid 19 – Second update* (Technical Report), Available at: www.ecdc.europa.eu/sites/default/files/documents/covid-19-social-distancing-measuresg-guide-second-update.pdf (accessed 14 May 2020).
- Ferguson H (2011) *Child Protection Practice*. Basingstoke: Palgrave Macmillan.
- Fischer F (2000) *Citizens, Experts and the Environment*. Durham and London: Duke University Press.
- Garavan M (2007) Resisting the costs of development: Local environmental activism in Ireland. *Environmental Politics* 16(5): 844–863.
- Green L (2017) The trouble with touch: New insights and observations on touch for social work and social care. *British Journal of Social Work* 47(3): 773–792.
- Hajer M and Versteeg W (2005) A decade of discourse analysis of environmental politics: Achievements, challenges, *perspectives*. *Journal of Environmental Policy and Planning* 7(3): 175–184.
- Holt A and Butcher B (2020) Coronavirus deaths: How big is the epidemic in care homes. *BBC News*. 14 May. Available at: www.bbc.co.uk/news/health-52284281 (accessed 30 June 2020).
- Kuhn T (1962) *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press.
- Public Health England (PHE) (2020) *COVID-19: guidance for managing a funeral during the coronavirus pandemic*. Available at: www.gov.uk/government/publications/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic (accessed 30 June 2020).
- Radio 4 (2020) Inside health on coronavirus. *BBC*. Available at: www.bbc.co.uk/programmes/m000j233 (accessed 30 June 2020).
- Roxby P (2020) Coronavirus: Plea to public to get medical care when needed, *BBC News*. Available at: www.bbc.co.uk/news/health-52417599 (accessed 25 May 2020).
- Singh-Chandan J, Taylor J, Bradbury-Jones C, et al. (2020) Covid-19: A public health approach to domestic violence is needed. *The Lancet*, Available at: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30112-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30112-2/fulltext) (accessed 30 June 2020).
- Willow C (2020) Ministers are using coronavirus as an excuse to erode child protection. *The Guardian*, 8 May. Available at: www.theguardian.com/society/2020/may/08/coronavirus-excuse-erode-child-protection (accessed 30 June 2020).