

# EMBODIED SOCIAL HABIT AND COVID-19: THE ETHICS OF SOCIAL DISTANCING

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In a conversation with George Yancy in early 2020, Judith Butler spoke of the COVID-19 pandemic as exposing “a global vulnerability” (Butler and Yancy 2020). The way they articulated it at the time still resonates:

Everyone is vulnerable to the virus because everyone is vulnerable to viral infection from surfaces or other human beings without establishing immunity. Vulnerability is not just the condition of being potentially harmed by another. It names the porous and interdependent character of our bodily and social lives. (483)

The acute awareness of our interdependence has been brought into relief throughout the pandemic, drawing attention to the way in which we share the very air we breathe, the water we drink, and the objects with which we come into contact. Butler describes this interdependence in terms of “reciprocal and material modes of sharing [that] describe a crucial dimension of our vulnerability”; they are as they frame it, the fundamental “intertwinements and interdependence of our embodied social life” (484). Moreover, recalling the horror of watching media images of large numbers of people dying and left to pile up in make-shift morgues, Butler and Yancy reflect on the fact that all lives should be considered grievable: “they are lives worthy of acknowledgment, equal in value to every other life, a value that cannot be calculated” (485). The loss of human life during the pandemic has reminded many of us of the reciprocal obligation we have in protecting the lives of others, especially the most vulnerable. In this context, in the first year of the pandemic, as Peter Murphy (2020) has suggested, “[i]n lieu of a vaccine or an effective therapy” in order to protect the vulnerable and save lives, we were left with one of the few mitigating factors available: “human agency.” As Murphy continues: “In short, the ability

to distance oneself from others” (45).<sup>1</sup> These reflections on human agency, vulnerability, and reciprocal obligation are the themes that guide the considerations on social distancing and embodied social habit in this essay. By this I mean to refer to habit retained at a bodily level that both enables and is shaped by everyday forms of social interaction.

In 2020, to stem the transmission of the disease, most governments devised a range of social policy measures aimed at curbing or modifying embodied habits and social interaction.<sup>2</sup> In this respect, such habits have been at the core of both the proliferation of the disease as well as the central mitigating factor to stem transmission and save lives. In the first wave of the COVID-19 outbreak in March and April 2020, although scientific evidence was still developing, populations around the world were asked to amend their basic embodied and social habits. Such measures included, but were not limited to, handwashing and sanitizing, coughing into shirt sleeves rather than hands, the avoidance of hand-shaking, the suspension of hugging and kissing friends and family, amending touch in forms of children’s play, and maintaining two-meter social distancing. In addition, as more scientific evidence revealed over the months that followed, it was determined that wearing face masks could help stop the spread of the disease and track-and-trace systems were implemented in many nation-states to monitor close-contacts of persons with COVID-19 (Chaabna et al. 2021; Stuart et al. 2021). Many of these measures had specific political and cultural inflections that varied across nation-states, both in terms of the attitudes of populations and governments, but also in terms of the existing habits that constitute social and cultural life that were already embedded in each context.

There has been much criticism of the social distancing measures adopted in the wake of the COVID-19 pandemic. For example, Giorgio Agamben (2020) presents the public-policy response to COVID-19 as a manipulation of reality under the auspices of what he terms a state of exception, designed to increase the disciplinary mechanisms of state agencies in ever increasing forms of surveillance (Walby 2021); Gerard Delanty (2020) represents an overview of prominent responses to the pandemic that pits libertarian against authoritarian positions, positing the merits of the libertarian critique of a kind of panoptic authoritarianism; Ian James Kidd and Matthew Ratcliffe (2020) seem to suggest that populations have “slipped into” a curious form of false consciousness that they term “Covidworld” whereby the “flag of truth” has been moved “via a process that resembles

<sup>1</sup> The fact is that COVID-19 is a social disease; it is generally passed on through close human contact or proximity. The disease is transmitted by droplets that contain the virus, which are passed on from one person to another through close physical contact or airborne aerosols (Murphy 2020, 15).

<sup>2</sup> As Murphy (2020) explains, in the first quarter of 2020 (March and April) most governments across the world adopted some form of public policy aimed at curbing social interaction to stem the rate of transfer of the disease (45). As he suggests, there are generally only four other responses that governments might have taken to reduce the reproduction number (R number) of COVID-19: “a vaccine, community immunity, social distancing and environmental conditions” (44). It became quickly apparent that herd immunity was unsuccessful and that vaccines would take months, and, as we have seen, it was almost a year before they could be developed and rolled out. As well as the potential for serious illness and death rates soaring, as we saw in the first wave of the disease, particularly in parts of Europe and the USA, one of the main concerns was the unsustainable pressure put on national health systems, which were struggling to cope (47).

religious conversion,” and they criticize UK government interventions that prioritize the prevention of deaths of the elderly at the expense of others in the population. In a similar vein, evoking Michel Foucault’s theory of biopower and Françoise Dastur’s notion of “the event,” Cressida Heyes (2020) describes the pandemic as “world-destroying” and argues that COVID-19 has normalized a “slow death” that will become a “quiet background condition of late capitalism” (863).<sup>3</sup>

Here I wish to take a different approach. My interest in this paper is more squarely focused on the ethical obligation of social distancing and the centrality of human action or agency in relation to the amendment of embodied habit at the social level. This is to be distinguished from the more far-reaching and in some cases disproportionate government measures in the context of COVID-19. Instead, this paper offers a consideration of the kinds of ethical responsibility towards one another enacted at the level of everyday life, which is often obscured with the focus on the politicization of COVID-19 measures implemented at state and governmental levels. The social exercise in the mass amendment of embodied social habit, which has been at the core of the pandemic, is phenomenologically rich and interesting. Here I argue that a phenomenological analysis is best placed to help illuminate not only why the disruption to embodied and social habits has been so difficult but also why human agency is central—not only to social distancing but also to the ethical amendment of social and embodied habit more generally. In this regard, I extend Yancy and Butler’s insights about the kind of vulnerability and interdependence the pandemic has laid bare and the kinds of responsibility that we owe to one another as vulnerable and interdependent beings.

The paper then has three main aims. (1) The first is to demonstrate that phenomenology provides a unique and valuable means for understanding the centrality of embodied habit, both in terms of assessing the impact as well as addressing the transmission of the disease in the context of the COVID-19 pandemic. A phenomenological approach reveals the way in which habits or forms of habituality orientate us in our everyday lives and provide both individual subjects and societies with a sense of normalcy and “concordant and coherent” forms of experience (Wehrle 2016, 57). In this sense, a phenomenological analysis demonstrates why there is often resistance to amending embodied social habits, even when such habits pose a risk to ourselves and to others.

(2) The second aim is to consider the ethicality of social distancing measures and the centrality of human agency in the context of social and embodied habit. This requires us to consider the relation between passivity and activity in the uptake of habit. It is also important to note the way phenomenologists understand habit, which is not merely as a form of normalizing bodily technique nor as mindless adherence to social norms that are immune to reflexive and critical orientation. Rather, following philosophers such as Edward Casey and Helen Ngo, here I highlight the active and agential aspects of embodied habit.

<sup>3</sup> Also see the important contrasting interpretation offered by Sylvia Walby (2021) in regard to many of the public health responses and Keynesian forms of economic support and intervention adopted by governments in the wake of COVID-19. Also see the phenomenological accounts offered by Havi Carel, Matthew Ratcliffe, and Tom Froese (2020) and Luna Dolezal (2020).

Such an account of habit has been central, for example, to critical phenomenologies of race and racialization that have sought to demonstrate how racializing habits of perception and embodiment are not passive but also actively taken up (Al-Saji 2014; Ngo 2016; Yancy 2008; Petherbridge 2017).

However, to modify or rupture such habits, they need to be ethically challenged or opened to thematization and critical reflection. This means we require a point from which to mobilize critique. In other words, we need a critical and ethical orientation that throws our actions and modes of being into relief.

(3) This leads me to the third aim of the paper. The impetus behind such forms of critique requires an ethical stance that forces a reflexive relation to sedimented attitudes and habits, even ones of normalcy and concordance that orientate us in our social lives. Such an ethical stance in relation to the pandemic cannot be *explicitly* found in the work of phenomenologists such as Edmund Husserl and Maurice Merleau-Ponty. In this essay, I argue for an ethical stance based on an account of mutual vulnerability. An ethics of vulnerability enables us to articulate the kind of critical approach that is required when amending embodied social habits in the context of COVID-19.

With these aims in mind, in the first section (i) I consider the complexity of social distancing through a phenomenological account of embodied and social habit. In section two (ii), instead of a focus merely on passivity, I emphasize the centrality of activity in the individual's uptake of habit and how this might inform an account of ethical modification, before turning in section three (iii) to a discussion of cultural habits and social habitus and the social proxemics of COVID-19. In the final section (iv) I turn to consider the ethics of habitual modification with reference to an ethics of vulnerability. Here I specifically focus on the unprecedented exercise of the amendment of bodily and social habit at the level of everyday life, even though this takes place against the background of government policies.<sup>4</sup> A phenomenological analysis, brought together with an ethics of vulnerability in relation to COVID-19, provides an important prism through which to consider this complex of issues and the forms of responsibility and care which individuals might owe to each other at the level of everyday life.

## I. EMBODIED SOCIAL HABIT AND SOCIAL DISTANCING

In the phenomenological account, habits are generally conceived in a positive manner in the sense that they enable normality and provide the subject with a stable, familiar, and coherent way of experiencing the world (Wehrle 2016). In this sense, habitual behavior is a bedrock for normality and provides “a necessary criterion for every possible experience” (Wehrle 2018, 51). Habitual life largely unfolds at a pre-reflexive level that usually remains

<sup>4</sup> Note that by late 2021, some governments have relaxed mandated COVID-19 lockdowns and, instead, turned to using a discourse of individual “responsibility” towards others in our everyday actions and interactions with others. See, for example, Department of Health Ireland (2021); Carswell (2021).

taken for granted at the level of everyday life. Certain dispositions, emotional and affective states, and acts of willing become sedimented, and form an enduring habitus that might be described as constituting layers of an “abiding style of the ego” (Husserl 1973a, 400; translated in Moran 2014, 29). These layers are formed at an embodied level and develop an individual’s bodily “habitus” or particular bearing in the world. Gestures, mannerisms, and facial expressions “inhabit” our body and take on particular inflections such as an ease in running or an effervescent laugh. The embodied subject acquires habits and patterns that are incorporated into a particular habitual style, such as the way one walks or talks, writes with a pen or types on a computer, frowns or chuckles. Some of these capacities can be enhanced, developed, or strengthened, for example, through practice in running or training oneself to comport oneself in a particular manner, but all such capacities shape a particular form of individual experiencing. Certain tastes and preferences might also gradually become more prominent or cultivated, but they nonetheless are maintained through a life, even if they recede and remain only as sedimented traces (Moran 2014, 32).

Habit, then, provides a level of normalcy or optimality, and a familiar way of being in the world. We can think, for example, of the way we walk or sit in a chair, or the way we run for the bus each morning taking a particular route. We might also recall the ways we rely on familiar and habitual forms of social interaction, for example, stretching our hand towards another person in a gesture of greeting, smiling or nodding, or even kissing and hugging in some cultures. We mostly undertake these movements and forms of interaction effortlessly and unreflexively, and we only notice them when something goes wrong and familiar patterns are disrupted. In this respect, as Whitney Howell (2015) suggests, most habits at the level of everyday life consist of “discernible patterns of bodily movement that are learned over time, and that give us access to something that was formerly inaccessible” (323). For example, by learning to drive a car, I develop a set of skills and a bodily-practical relation to the world, that once learned is a set of embodied habits and actions that I readily employ on a daily basis without having to reflect upon what I am doing. As Merleau-Ponty (2012) has observed, whilst driving, I can even gauge the spatiality of a narrow laneway as I negotiate my way through it without having to externally observe the ratio of distance between my car and the wall (144). In this respect, as Howell (2015) suggests, as individuals we develop a particular habitual or bodily mode of being in the world “according to which things are meaningful to me” (323).

As Casey (1984) reminds us, drawing on Merleau-Ponty, the body is “our anchorage on the world” and is the medium not only of habit but also extends into the past as much as it is orientated towards the future (284; Merleau-Ponty 1962, 144). In this respect, in habitual life, “our experience is always guided and shaped by expectation, by a directedness towards the future that nevertheless reflects a determinate past” (Howell 2015, 324). Crucial to the understanding of habituality and temporality is the notion of sedimentation, which finds iterations in the work of both Husserl and Merleau-Ponty. We can understand the notion of habit or habituation to signify a sense of temporality or historicity, and the notion of sedimentation is employed to refer to the temporal relations between acts. The notion of habit can then be understood as the relation that connects earlier and later acts or associations—a relation that results in “‘sediments’ of earlier acts” or habits taken-up or

learnt over time (Husserl 1989, 233-34). As Casey (1984) describes it: “Sedimentation is implied by my very being-in-the-world, which must be as continually resumptive of acquired experience as it is pro-sumptive of experience to come” (284). It is important to note, though, that habit and sedimentation are never purely passive. Rather, as we shall discuss further below, sedimentation should be considered as a continual reactivation, “as a precipitation of the past into the present, it is an *active* precipitation *actively* maintained” (285, my emphasis). Husserl (1973b) thematizes this in terms of the relation between passive and active levels of agency or ego-consciousness, or what he refers to as “activity in passivity” (108; quoted in Casey 1984, 285).

In this sense, it is important to note the distinction Husserl (2001) makes in his genetic account between passivity and activity, or active and passive synthesis. The notion of passivity refers to a kind of primordial constitution at the pre-intentional level of experience (Steinbock 2004, 23). At the level of passivity, we are describing pre-reflexive and pre-linguistic forms of experience; these passive forms then create the basis for more active levels of experience and make them possible. In this sense, passive experience occurs in the background of our intentional awareness and can be understood in terms of a “broad lived-experiential field” (Husserl 2001, 18; quoted in van Mazijk 2016, 276). In terms of an analysis of habit, we can distinguish between habits “taken up” at both passive and active levels. For example, we might describe an active decision made about which bus route to take to work that then becomes part of our everyday routine such that we do not reflect upon it as we walk to the bus each morning; at a more passive level, we might refer to the manner in which we each develop a unique way of walking, a habit that is most often “passively” taken up or learned in infancy. As Howell (2015) suggests, though, although habits rely

on a previous course of development that took time and effort . . . necessary for the habit to come into being . . . [m]ost habits, even the most basic ones, such as walking, were developed in the face of some kind of resistance, be it bodily, psychological or otherwise. (324-25)

In this regard, too, although habits acquired at a more passive level might seemingly be more difficult to modify, they are not immune from modification or reorientation, nor should they be considered in purely passive terms such that they are divorced from more active levels of judgement and reflection. In this sense, as shall be discussed below, even habitual modes retained or acquired at a passive level are to some extent “actively” taken up. The significance of the phenomenological account, in relation to both passive and active levels, is that it helps to illuminate an analysis of embodied habit in relation to COVID-19 as well as the potential for an account of habitual modification.



## II. THE ACTIVITY OF HABIT AND HABITUAL MODIFICATION WITH COVID-19

Habits are not unwilling or unconscious; they involve action on the part of the subject. This also means that habits can be modified or changed. In this sense we can speak of habits at the level of judgement and cognition as well as bodily habits. In both cases: “*Habits need to be initiated*. They also need to be ‘bedded down’ or burned in through practice and repetition” (Moran 2014, 33, my emphasis). However, modifying or changing habits requires some sense of thematization and reflexive stance towards them, and may involve the development of new movements, routines of habits. For example, I realize that the way I rotate my arm to close a door behind me is causing pain and a slowly developing shoulder injury, despite having routinely used this embodied action to save time upon entering and exiting a building. I continually go to repeat the action unthinkingly, until the pain caused reminds me that the action requires self-scrutiny and it becomes thematized. To break this habit requires me to develop new habits and new bodily movements, but to do so requires reflexive awareness, deliberation, and a conscious attempt to retrain myself to open and close doors differently. However, it may take weeks to achieve such an amendment before a new habit can be “bedded down” through practice and routine.

It is precisely this set of issues that many of us faced when confronted with the need to amend bodily and social habits to halt the spread of COVID-19. In the early months of the pandemic, we witnessed countless images and news footage of world leaders automatically moving to extend a hand in the familiar greeting of a handshake, only to have one or both of them suddenly realize the altered conditions of everyday life within which they were interacting. Likewise, people queuing in supermarkets or for COVID-19 tests slowly became habituated to a new sense of spatiality and social distancing, standing approximately two meters apart. This was often aided in supermarkets with two-meter circles marked on concrete floors, or arrows designating a one-way flow of customers, rather the usual act of congregating or passing in aisles. It is clear, however, that such forms of social distancing and bodily habits seemed difficult to amend; not only did people find it difficult to stand two-meters apart when interacting, but people in cultures whose familiar act of greeting involves kissing, touching, or hugging seemed to find it especially hard to amend such habits (Gelfand et al. 2021; Oliu-Barton et al. 2021). Time and again people mindlessly dwelled in supermarket aisles, impervious to their sense of spatiality and the need to enable others to safely pass, or people gathering in family and friendship groups leant towards one another in familiar forms of greeting involving touch and found social distancing hard to maintain. This is because habitual forms of interaction and social spatiality within our familiar world provide a sense of normalcy, familiarity, and stability that we largely take for granted.

As Maren Wehrle (2018) suggests, habits, skills, and “practical knowledge . . . help orientate and familiarize a subject with their environment” (54). Although the import of “practical knowledge” is not an aspect that Husserl emphasizes in relation to his account of normality, Merleau-Ponty’s notion of the body-schema, as Wehrle suggests, helps to elucidate this confluence of elements more fully. The notion of body-schema points to the unique status of one’s own body in the sense that it points to the particularity of perceptual

access and agency. “I am aware of my body via the world,” Merleau-Ponty (2002) says, just as “I am aware of the world through the medium of my body” (94-95). In this sense, for Merleau-Ponty, the body is the means by which we interact with the world, and the objects with which we interact become an extension of our bodily intentions and also mold and shape bodily comportment through our engagement with them. Habit then works at the level of body schema, and we can speak of the reshaping or reworking of the body-schema as it takes on new orientations to the world or moves in new ways.

However, Merleau-Ponty does not merely understand habit in terms of routinized actions or repetition of gestures—what Casey (1984) terms “habit memory”—but also in terms of the notion of habituation, which refers to the mode of “being orientated in a general situation by having become familiar with its particular structure” (Ngo 2016, 849). This is exemplified in Merleau-Ponty’s (2014) well-known example of the experienced organist, who visits a new venue and has to play on an unfamiliar organ for the first time. In this scenario, despite having to engage with a different instrument with which he is unfamiliar, the organist is quickly able to reorientate himself as he “settles into the organ as one settles into a house” (146; cited in Ngo 2016, 850). As Ngo (2016) indicates, this example points to the way that habits “inhabit” our bodies. What is significant in Ngo’s account is that habit is not merely to be understood in terms of repetitive or habitual gestures that have become *sedimented* in the body in a narrow sense but should also be taken in a broader sense of a general bodily orientation or that to which we have become habituated (854).

Ngo extends the account of habit and sedimentation with a particular emphasis on the active uptake of habit rather than its passivity—an emphasis that is important for an account of habitual modification in the context of COVID-19. She argues that an over-emphasis on the notion of sedimentation rather than habituation “tends to point to the passive and inert” and this results in a closing over of “questions of *responsibility* and persistence of one’s bodily habits” (2016, 862, my emphasis). However, using the analogy of the geological process in which minerals get deposited onto surfaces and then in time turn into rock, Ngo points to a problem with the kind of passivity and inertia that the notion of “sedimentation” evokes. As she explains, surfaces are not just passive—they also *receive* deposits—and this suggests that surfaces also have a certain *receptivity* to materials. Adapting this analogy in relation to bodily habit, the argument is that “the acquisition of new habits hangs not only on one’s cultural or social milieu, but also on one’s own bodily receptivity and compatibility” (863). It is therefore misleading to think of the sedimentation of habit in passive terms for, as the above discussion reveals, habits are not passively inscribed nor externally enforced but are actively taken-up and reiterated by a receptive subject or indeed repudiated and resisted. This means that habits are ever-changing and require constant reiteration and reworking for their continuation.

Habits and forms of habituation are also not always seamlessly integrated into the body and may sit in tension with one another. In this respect, for sedimentation to be viewed in temporal terms as connecting the present with the past, it needs to be understood in more active terms in the sense that “habits are *held* rather than simply possessed; they are both active and continually *activated*.” Ngo’s (2016) argument, then, is that habits are “never truly congealed or calcified, but are held over in our bodily horizons” and this allows for a



consideration of responsibility as well as the modification of habits (864). If we understand habits as “held and activated,” this indicates that the body-subject does not unconsciously take up habits over which she has no responsibility or control and that habits are receptive to change. In relation to the amendment of habit in the context of COVID-19, the import of Ngo’s argument is that although institutions and macro-level structures and policies might be factors in the amendment of social behavior, it is at the level of individual embodied being that “we each play [a role] in the uptake, maintenance and perpetuation” or the modification of specific habits or body schemata (865).<sup>5</sup> In addition, we could say that, although we might know that something is morally wrong at an epistemological level, we also need to amend habits at the level of affect and bodily habituation. For example, during the pandemic, many people believed the expert scientific advice they heard but nonetheless failed to amend their own embodied habits in everyday interactions.

However, the sense of familiarity and coherent experience discussed above does not merely pertain to the individual’s mode of experiencing the world. We can distinguish between a sense of normalcy and concordance operating at an individual level from this sense at work on an intersubjective level, the latter which involves concordance between individual habits and the whole community (Wehrle 2018). As we shall discuss below, the intersubjective level also has ramifications for understanding the centrality of embodied social habits to both the spread and response to COVID-19.

### III. THE SOCIAL PROXEMICS OF COVID-19: SOCIAL AND CULTURAL HABITUALITY

A large part of the familiarity and comfort of individual experience is due to the social and cultural context in which one is embedded. We can speak of habituality not only in terms of the individual but also in regard to social and cultural spheres, or what might be referred to as “social habituality” (Husserl 1973c, 230; translated in Moran 2014, 41). In this sense, “lived bodies” are understood not only as “bearers of sensations” and expressions of particular individuals, but also as “bearers of meaning for all interpretations” at a social and communal level (Husserl 2006, 168-9; quoted in Moran 2014, 41). The notion of social habitus explains certain social characteristics and patterns of interaction that help to create a familiar everyday world in which individuals typically move. The individual is then historically and socially embedded within a particular social habitus or cultural milieu. This may include patterns of normalcy about embodied interaction and spatiality, what is typical in terms of how close or far people stand or sit, whether they hug or kiss

<sup>5</sup> It should be made clear that Ngo’s analysis of embodied habit and habituation is undertaken in regard to race and racializing embodied habits. I have also previously made similar arguments in relation to racializing perception (Petherbridge 2017, 2020). Although I am drawing on a similar analysis of habit in Husserl and Merleau-Ponty here to understand the role of embodied habit in regard to the context of COVID-19, I do not want to suggest that this should in anyway be equated with racism nor to detract from the very deep-seated and problematic nature of racializing habits. It is, however, fair to say that, in some contexts, responses to COVID-19 have also had overtly racializing elements, particularly against racialized groups within particular nations.

upon greeting, whether they bow at a further distance and maintain an orbit of individual space, whether they eat with a fork or chopsticks, when and how often they visit private homes, or whether they feel more comfortable gathering in public places. These are all factors that are central to the transmission of the COVID-19 virus.

This phenomenological account of embodied and social habit in relation to cultural context can be further extended and understood when brought together with an account of proxemics and social haptics. Edward T. Hall (1990) introduced the notion of proxemics in his attempt to explain cultural differences in personal and public senses of spatiality and the familiar sense of space in face-to-face and personal communication (1-2; Murphy 2020, 22). Hall developed a nuanced account of different cultural senses of space that includes haptics, kinaesthesia, and nonverbal and verbal communication as well as temporality. He considered these aspects in relation to forms of social interaction and the structure of both the internal and external organization of space—for example, in buildings and the design of towns and cities. A key component of his analysis was the distance that people like to maintain between themselves and other people as well as between things in the world. This amounts to something like an invisible component of space in human dwelling, communication, and interaction that is shaped by culture, and in which people feel comfortable and familiar. In Hall's (1990) schema, public and social space differs from personal and intimate space, particularly in domestic dwellings, and determines the different senses of normal space and spatiality in different settings (114). The comfort factor in such spaces can be influenced by elements such as body positioning and movement in relation to other bodies in terms of physical contact, forms of touch, body heat and odor, language and the intensity or the sound level of typical vocal interactions, and whether there is a preference for direct eye-contact or not.

Hall suggests that “proxemic patterns” point to “the basic differences between people” not only in terms of different cultures but also due to factors such as the density of living where “high sensory involvement” might be relevant as well as in architectural space (144). He contrasts the proxemic patterns, for example, between the USA, France, and the UK, as well as those in Japan and the Middle East. Japanese intimate and personal space is noted as being different to public and social space, and this also connects to forms of greeting and the degree of touch involved—bowing rather than hugging or kissing—in contrast to certain European cultures where touching, hugging, and kissing are more common. This also impacts on “intercultural communication . . . [given] the position of the bodies of people in conversation varies with the culture” and can sometimes seem unfamiliar between different contexts (160).

Although, as Husserl demonstrates, there are generalized structures of all human embodied-conscious experience, it is also important to recognize the impact of cultural differences in the ways lived experience is manifested. In the context of COVID-19, these factors have certainly been significant. It is instructive to contrast the rates of infection of the virus as well as the uptake of modified habits of interaction or social distancing in certain cultures and nation-states, and the speed by which the infection rates have been slowed or remained lower than others. At the time of writing, in South Korea, for example, which has a population size of approximately fifty-two million people, there have been just over 184

thousand COVID-19 cases reported, whereas in the UK, with a population size of almost sixty-seven million there have been nearly 5.6 million cases. In Ireland with a population size of nearly five million, there have been 289 thousand cases, whereas in Singapore with a population of just over five million there have been just over sixty-three thousand cases. The death rates in each have also significantly varied—for example, in Singapore there have only been thirty-six deaths recorded, whereas in Ireland there have been over five thousand deaths recorded to date. Many of the Pacific Islands have also recorded much lower case-numbers than Europe or the USA. In countries such as Australia and New Zealand, where uptake of social distancing measures and mask wearing was initially quite high, there have also been low death rates of approximately nine hundred in Australia and only twenty-six in New Zealand.<sup>6</sup>

As this discussion of Hall (1990) demonstrates, understanding “various zones of involvement and the activities, relationships, and emotions associated” with different senses of space has become extremely important in understanding cultural differences (129). In the context of COVID-19, it also helps to understand the role of embodied and social habit in the uptake of social distancing, as well as the difficulty some nation-states faced with lowering the rates of infection and the challenge of amending taken-for-granted habits of interaction and modes of being in the world. As Hall argues, understanding “space requirements simply in terms of the limits of the body” is inadequate on its own; we also need to account for a range of factors in relation to “invisible [spatial] bubbles” around persons in different contexts and cultures (128).

In terms of the COVID-19 experience, the above analysis raises interesting and important questions, for it has largely been at the level of the state and state institutions that the work to amend embodied and social habits has been enacted in terms of developing public policy and health messaging rather than voluntary uptake at the social level. Advertising campaigns asking citizens to wash their hands, stay socially distanced, cough into a sleeve, and enact “masking for a friend” are all a means of actively trying to modify individual habits.<sup>7</sup> Similar measures have also been aimed at curbing certain social and cultural habits, such as large gatherings and family get-togethers, encouraging people to meet outdoors or to work from home. In some instances, these measures were attempted prior to imposing universalistic lockdowns, effectively trying to encourage people to take responsibility for the amendment of taken-for-granted modes of being in the world, as well as social and bodily habits, that may save lives and prevent the over-burdening of health-systems. This has been achieved to varying degrees but, in many cases, governments have moved to complete lockdowns where such social responsibility was considered to have failed or been inadequate.

<sup>6</sup> These figures were recorded at the time of writing this essay in early 2021. For the exact population figures see: Australian Bureau of Statistics (n.d.); One World Nations Online (n.d.); Office of National Statistics (n.d.); World Population Review (n.d.). For all statistics on COVID-19 cases and deaths, see World Health Organization (n.d.).

<sup>7</sup> The term is a slogan taken from an Irish health campaign during the COVID-19 pandemic to encourage caring for others by wearing a mask (Government of Ireland 2020). For an example of this campaign, see Quann (2020).

Of course, such public health campaigns are not entirely new, but they rarely take on such global proportions. For example, in Australia and New Zealand, a public health campaign was rolled out in the 1980s to prevent the growing instances of skin cancer by imploring citizens to “slip, slop, slap” (slip on a shirt, slop on a hat, and slap on sunscreen to protect themselves from the sun), and this was largely taken up as a very successful and voluntary amendment of bodily and social habit (Cancer Council Australia n.d.; Sun Smart New Zealand n.d.). In an alternative vein, in many countries wearing a seatbelt whilst driving is mandatory, and most drivers now habitually put on a seatbelt before they drive without any explicit reflection or thematization; it was not always the case that drivers worldwide have habitually worn seatbelts, but rather this is the upshot of a successful public health campaign. In the context of the COVID-19 pandemic, it has been interesting to witness a similar campaign in relation to social distancing and particularly mask-wearing. Once scientific evidence pointed to the significance of mask-wearing as a preventative factor in spreading the disease, many nation-states moved to introduce some form of masking-up, particularly in public and shared spaces such as workplaces, hospitals, and shopping centers. However, there has been notable resistance to mask-wearing in some places, leading to violent protest in some and avoidance or passive resistance in others. The arguments against mask-wearing have often been made from the basis of claims about the erosion of civil liberties, rather than being taken in the same vein as public health measures that have been introduced with successful long-term consequences such as the prevention of skin cancer, and yellow-vest or seatbelt wearing.<sup>8</sup> What is particularly curious is that the evocation of mask wearing is equal to those earlier health and safety campaigns in not only protecting one’s own life but also the lives of others.<sup>9</sup> In this context, it is unclear precisely how wearing a mask is an impingement on freedom. There seems to be very little difference between the call to “mask-up for a friend” and the call to “slap on sunscreen” or “belt up to save lives,” and the kind of habitual amendment each requires, even if temporary (Sánchez 2021). These considerations suggest the need for an ethical response that is based upon the recognition of the other’s vulnerability and the kinds of responses we are called upon to make in the context of COVID-19.

<sup>8</sup> In other words, those involved in current protests against mask wearing on the basis of civil liberties often neglect to consider the variety of similar public measures in relation to different health issues that have been introduced in different ways and in different parts of the world, where such measures have been successful and uptake has been high based on a similar rationale or the introduction of legislation. This is not to say that in certain parts of the world there have not been protests against such measures by particular groups, but it should be noted that this is neither universal nor resisted in the same way. As is now evident further into the pandemic (by the end of 2021), in certain parts of the world and in certain nation states, up-take of masks or willingness to be vaccinated is extremely high in certain countries and met with very little resistance, compared to other countries where there has been less uptake and higher levels of resistance. These differences are important to take into account.

<sup>9</sup> Interestingly, in those states where mask wearing was taken up almost universally, both inside and outside in public spaces (including parks, gardens, and walking), COVID-19 cases have been reduced—in some places to zero community transmission. In those states, though, other measures and environmental factors were also significant (Gelfand et al. 2021; Han et al. 2020; Stuart et al. 2021; Howard et al. 2021).

#### IV. MUTUAL VULNERABILITY AND THE ETHICS OF HABITUAL MODIFICATION

The modification of habits, especially those retained at a passive level, requires thematization and reflexivity to identify the habits in question as problematic and to be able to undertake work to modify them. We can think, for example, of the way someone walks, which may be a habitual mode developed in infancy. Perhaps, later in life, due to pain experienced in my ankle, I realize that I pronate as I walk and that over many years this has caused damage to my ankle. With the help of a podiatrist, I relearn to walk in a manner that relieves the pronation, and I might correct the gait I have held since childhood. In this sense, even a habit acquired and maintained passively, such as walking, is not immune from active thematization and judgment.

We can also think of other important examples at an intersubjective level, such as the gendered habits to which Iris Marion Young (1980) draws our attention regarding throwing a ball which, although a product of socialization, once thematized through reflexivity and critique, can also be changed—not only at an individual but at a social and cultural level. Or we might highlight racializing embodied and perceptual habits such as the ones Yancy (2008) describes in recounting his experience of walking down a street in the USA only to hear drivers locking their car doors as he walks past, powerfully reinforcing habits of racialized perception (xix). In these two cases, a change of habit requires the kind of critique, thematization, and reflexivity that is brought about with the ethical demands made by the social and political critique advanced by new social movements. It is only by way of this kind of normative or ethical transformation that such habits are ruptured and modified.

If we turn to consider the forms of embodied habit that have become central to understanding the spread of COVID-19, we might argue that a parallel mode of thematization and reflexivity is required. In like manner, our taken-for-granted habits and everyday forms of interaction have been brought into relief through a recognition of the vulnerability of others and of our ethical responsibility and obligation towards protecting the lives of others. The claim made here is that, in the context of COVID-19, the recognition of our shared vulnerability and mortality gives rise to an ethical obligation. Here, I conclude by considering the *ethical potential of the habitual self* and how we might conceptualize the grounds for a critical and reflexive approach to habit.

My argument is that ethical attention and awareness of responsibility to the other—resulting in the amendment of embodied habit—requires a feedback loop between higher active levels of ethical reflexivity, cognition, and judgement, and the more passive layers of habit or perception. The claim for ethical responsibility and change therefore requires an interplay between these different dimensions. It might also mean that habits need to be modified and changed not only at an individual level but also at a social and intersubjective one. The implication of this account is that we need a certain reflexive and normative awareness and perhaps discursive articulation to identify those instances where habitual life is disrupted in such a way that habits might need to be opened to amendment. One of these historical moments of disruption to our mundane lifeworld has been experienced

during the COVID-19 pandemic, which requires ethical and reflexive attention towards the other. In the context of the disease, this reflexive awareness and attentiveness to the other requires an ethical reorientation that disrupts the mundane attitude and our familiar ways of dealing with the world and our intercorporeal relations with others.

As Lisa Guenther (2013), drawing on Emmanuel Levinas, suggests, “critique begins with the provocation of the other who puts me in question and commands me to justify myself. This command . . . [addresses] the subject as one who is *both* free and responsible” (234, my emphasis). In this context, Levinas’s “concept of the face of the other” can be understood “as a site of infinite obligation.” The amendment of social and embodied habit, such as “masking [one’s face] for a friend” or “keeping your distance,” is indicative of this kind of ethical demand and responsibility. It represents “solidarity with a community of others” based on recognition of their potential vulnerability (223).<sup>10</sup> In this sense, we could amend Levinas’s insight by arguing that a masked face is a vulnerable face, and that masking one’s face in a reciprocal gesture then recognizes the other’s vulnerability and our ethical obligation to them. In Levinas’s (1969) terms, the face of the other issues a summons or demand, but the other’s face is not to be understood as merely something before me, rather, it is “the whole of humanity.” It is not the case, then, that “there first would be the face” that evokes a concern for justice; instead “the epiphany of the face *qua* face opens humanity” (213).

In a similar manner, Butler (2004) draws on Levinas to conceptualize a related claim in regard to an ethics of vulnerability, suggesting that such an ethics is not a matter of extrapolating from one’s own experience of vulnerability to that of another but of explaining “how it is that others make moral claims upon us, address moral demands to us, ones that we do not ask for, ones that we are not free to refuse” (131). As indicated earlier, Butler suggests there is an ethical claim contained in the experience of vulnerability that enables us to recognize our shared corporeal interdependence, an experience that evokes an empathetic relation to the other (xiii).<sup>11</sup>

Moreover, Butler’s conception of vulnerability is thought in relation to the concepts of grief, loss, and mourning, and the importance of these states for politics (Murphy 2012, 72). For Butler, this sense of grief, loss, and vulnerability provides the basis upon which one lives beyond or outside of oneself. This notion of grievability is also apt in the context of COVID-19 in the sense that all lives matter regardless of age, ethnicity, race, gender, religion, or socio-economic background. As Butler and Yancy (2020) suggest, the loss of life during the pandemic not only highlights our mutual vulnerability but requires us to recognize such lives by engaging “in public forms of grieving” (485).

<sup>10</sup> If we conceptualize freedom as social and not as individualistic freedom, we also point to a kind of freedom in which I am summoned by the other to recognize their freedom. As Guenther (2013) points out, quoting Levinas (1969): “the other absolutely other – the Other – does not limit the freedom of the same; calling it to responsibility; it founds and justifies it” (Levinas, 197; Guenther, 233).

<sup>11</sup> This article builds on work on different forms and amendment of embodied habit in Petherbridge 2017; 2022.



In this respect, Butler (2010) points to the way in which our vulnerability reveals our susceptibility and dependence upon the actions of anonymous others. These are important tropes for understanding the kind of ethical response that is required in the context of COVID-19. It suggests an embodied ethical responsiveness that is based on the notion of shared human vulnerability in the wake of the pandemic—a disease that renders bodies “anonymous” in the phenomenological meaning of the term. The important point is that there is an ethical possibility contained in the experience of vulnerability, which enables us to recognize our common humanity and our collective responsibility for the lives of others. Butler also makes a helpful distinction regarding vulnerability by marking out the difference between what they term “precariousness” as an ontological category or “a generalized condition of living beings”—in other words, a general shared human vulnerability—and “precarity”—as a social and political category that points to the ways in which forms of vulnerability are differentially distributed or allocated. The latter term refers to a political condition that is shaped by social and economic relations and through which “certain populations . . . become differentially exposed to injury, violence and death” (2010, 25). In this sense, in the wake of the pandemic, as Butler recently put it:

Perhaps there are at least two lessons about vulnerability that follow: it describes a shared condition of social life, of interdependency, exposure and porosity; it names the greater likelihood of dying, understood as the fatal consequence of a pervasive social inequality. (Butler and Yancy 2020)

In the context of COVID-19 this seems especially apt; although all humans are vulnerable to the virus, certain populations have been differentially or disproportionately affected. As is well documented, those over the age of sixty-five or with comorbidities are disproportionately vulnerable; certain groups of workers are more at risk, including doctors, nurses, paramedics, and hospital staff, public transport workers, meatpackers, and those in confined spaces, for example. Individuals and groups of people of particular racial and ethnic backgrounds were also at higher risk, in some cases due to contributing socio-economic factors, or they experienced forms of racialization—especially those who were problematically connected to representations of the disease.<sup>12</sup> In addition, as discussed above, different nations were also affected at different rates and were more or less successful at avoiding large mortality rates. It is also important to note that different populations have been more vulnerable to mental health issues or suffered from the experience of social isolation. This distinction between precariousness (or an ontological form of vulnerability) in contrast to precarity (which refers to the differential factors shaped by social and political contexts) provides a useful framework for distinguishing between responsibilities we were all called upon to share due to the social nature of the disease, and those contexts and

<sup>12</sup> In Ireland, for example, a young Chinese-born woman was pushed into the canal in Dublin (Pollak 2020); in Australia, Chinese students were attacked on the street and blamed for spreading the disease in the early wave of the pandemic (Yang 2020).

populations unfairly and disproportionately affected by COVID-19 (or those who need further care or measures of social and government support under such conditions).

As argued above, the impetus for modification of embodied and social habit assumes a reflexive practice that raises an awareness of habitual forms of perception and motivates the interruption and modification of habits, movements, and bodily style. This is underpinned by a normative claim built into intersubjective life that is based on the mutual vulnerability that our embodied interdependence entails. It is about recognizing how our own bodily life impacts upon, limits, or enhances the lives of others and about acknowledging the ethical capacity to respond to the bodily lives of others. The irony about the kind of ethical responsiveness required in the wake of the COVID-19 pandemic is that it requires us to curb and amend our embodied habits and to limit our social contact and proximity to others—and that is difficult—especially given the sense of familiarity, normalcy, and comfort that forms of habituation provide us as social beings. In the wake of the pandemic, though, the recognition of the other as an embodied being like myself is also a recognition of the other’s potential susceptibility to illness and mortality made worse by close proxemics and social habits. As we have seen, an ethical responsiveness to vulnerability provides the kind of ethical orientation that is required for reflexivity and critique, thereby enabling an awareness of the impact of our embodied social habits on the lives of others. This is a form of ethical responsivity enacted at the everyday level rather than one equated with or reliant upon government measures. Such a phenomenological account of habit brought together with an ethics of habitual modification offers the means to consider the ethical responsibility towards others that our mutual vulnerability evokes based on the normative claim that all lives are grievable and worthy of recognition.

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