From social distancing to social containment: reimagining sociality for the coronavirus pandemic

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Abstract
This essay develops an anthropological critique of 'social distancing'. While the 2020 coronavirus pandemic requires us to reconfigure our established forms of sociality, 'distancing' or 'locking down' is not the only way this can be done. It carries high costs and is not easily sustainable long-term. We must therefore imagine new ways of living and socialising alongside each other whilst simultaneously containing the spread coronavirus. I call this strategy one of 'social containment', and offer some hypothetical and ethnographic examples of how it can be done.

Introduction

'Social distancing' has emerged as the principal line of defence in humanity's fight against the novel coronavirus. The logic behind this is compelling and clear. Since people infected by the coronavirus can transmit it for up to 5 days before their symptoms manifest, or even transmit it asymptomatically, reducing social interactions between even ostensibly healthy people stands to dramatically slow the spread of the virus. Critical cases can thus remain at a sufficiently low number to be efficaciously treated in intensive care units.

In the United Kingdom, where I have been based as the coronavirus pandemic unfolds, modelling by Ferguson et al. (2020, 13) indicates that policy measures that incorporate 'general social distancing' (alongside case isolation, household quarantine and/or school and university closure) stand to reduce the total number of deaths by between 78 and 99 percent, depending on the exact combination of measures introduced and the reproduction number of the virus. 'General social distancing' is here defined as 'all households reduc[ing] contact outside [the] household, school or workplace by 75%', workplace contact rates reducing by 25 percent, household contact rates increasing by 25 percent, and school contact rates remaining unchanged.

Informed by this model, the UK's prime minister, Boris Johnson, announced on 16 March 2020 that it was 'time for everyone to stop non-essential contact with others,' encouraging people to work from home and avoid 'social venues' such as pubs, clubs, and theatres. Those considered especially vulnerable to the complications of COVID-19, such as the elderly, were advised to observe such measures particularly stringently, having already been warned by Health Secretary Matt Hancock that they would soon be asked to 'self-isolate… to stay at home to protect themselves' for several months. This supplemented a longer-standing mandate for those displaying hallmark symptoms of COVID-19 to quarantine themselves, a requirement now extended to everyone in their household.

The epidemiological effectiveness of these measures is clear. But so are their costs. I thus have three goals in this think piece: to understand why 'social distancing' exerts such a toll, to problematize the foundational assumptions underpinning the discourse of 'social distancing', and to draw on ethnographic and hypothetical examples to imagine how we could live together otherwise in the time of coronavirus.

The costs of social distancing

The introduction of social distancing measures in the UK and elsewhere has rapidly fuelled concerns about the damage they would wreak – economically, but also psychologically. Quarantine could heighten anxiety; isolation could lead to depression (Faris 2020; Rubin and Wessely 2020). Official government advice, and much that has been published in the media, encourages citizens to experiment with the opportunities digital technologies offer for socialising in alternative ways.[1] Notwithstanding the fact that access to such technologies is unevenly distributed (Blank et al. 2020), the benefits of such interactions will also be unevenly felt. Relationships in which physical presence features heavily – such as those with young children – stand to suffer disproportionate damage. Those who live alone are especially disadvantaged, deprived as they will be of the multiple benefits that come from physical co-presence with others (see e.g. Baldassar 2008, 260-263; Bowlby 2011; Urry 2002), whereas those who live in (hetero)normative nuclear households continue to enjoy affirming everyday interactions with family. Social distancing encourages a calculative attitude towards others – is contact with this person really 'essential'? – that threatens to strain many relationships and injure individuals' self-worth, especially in cases where contact that is 'essential' to one party may not be seen as such by the other. And the pressures of long-term co-residence in close confinement are not to be discounted either, especially when

parents must combine the demands of working from home with those of caring for children whose schools have closed.

Such harms are not just existential; they are also epidemiologically consequential: if life with social distancing proves intolerable, then subjects will simply not comply with government directives. Dulcie Williams, a 79-year old from Cornwall, articulates this point especially poignantly. Her age puts her at high risk of COVID-19 complications; the policy response seeks to protect people like her. But preservation of life is not necessarily her own top priority. 'I haven't yet decided if I will keep to full self-isolation,' she reflects, 'I might well find that *life is no longer worth living* if I can't see my loved ones' (Hill 2020, emphasis mine).

To date, the predominant response to these various concerns has been to insist on self-work and forbearance, arguing that some people have to make greater sacrifices than others in order to achieve a collective good. This approach is exemplified in its softest forms by well-intentioned suggestions to cultivate a more resilient self through practices such as mindfulness and exercise (e.g. Ripley 2020). Its underlying logic, though, is laid bare in the policed lockdowns and suspension of human freedoms occurring in many parts of the world: 'put up and shut up'. While such an outlook is understandable, perhaps even essential in the face of particularly dramatic COVID-19 case surges, it hardly seems optimal. Nor is it necessarily sustainable, given projections that social distancing measures may need to be maintained for months or years, until effective vaccines or antivirals are available

But the remarkable thing about human sociality is that we have the capacity to imagine how it might be enacted otherwise (Long and Moore 2013). It is therefore incumbent upon us to consider how social interaction might be practiced in better, more fulfilling, and yet epidemiologically responsible ways during these unprecedented times. This also requires critically analysing the assumptions built into the concept of 'social distancing' as currently presented. By thinking differently about how we socialise, and what is at stake, existentially and epidemiologically, in our interactions, it might just be possible to initiate forms of sociality that safeguard lives worth living whilst blocking the spread of the novel coronavirus. To do this, I suggest we move away from our current preoccupation with *social distancing* and focus instead on the prospect of *social containment*.

Conceptual problems with 'social distancing' discourse
On 14 March 2020, *The Washington Post* published an article that influenced the way many people envisaged 'social distancing' as a solution to the coronavirus pandemic (Stevens 2020). It presented a series of animated diagrams tracking the spread of a fictional disease, dubbed 'simulitis', within a town of 200 people. Each healthy person was depicted as a blue dot, moving at random, periodically colliding with other dots. Once one brown dot with simulitis was introduced to the population, any dot it collided with would become 'infected', turning brown until it 'recovered' and became purple. With no interventions in place, the whole population quickly contracted simulitis. An attempted quarantine slowed, but could not avert, this process. By contrast, when three-quarters or seven-eighths of the population practiced 'social distancing' – represented in this model by remaining stationary, while other dots continued to move, not only did the rate of case growth slow significantly but much of the population escaped infection altogether. Stevens admitted the model 'vastly oversimplified the complexity of human life' and that coronavirus did not necessarily behave the same way as simulitis. Nevertheless, he claimed, 'just as simulitis spread through the networks of bouncing balls on your screen, covid-19 is spreading through our human networks… And, like a ball bouncing across the screen, a single person's behavior can cause ripple effects that touch faraway people.'

What is striking about this claim is the way that 'social distancing' as a practice is presented as an *individualised* behaviour, despite the acknowledgement that the spread of coronavirus is fundamentally a problem to do with human *networks*. Or, more accurately, it encouraged readers to view their individual behaviours in relation to one single macro-network: the wider population, typically the nation. Such logic has been widely invoked in recent days: political leaders have justified social distancing and lockdowns with the nationalistic rhetoric of 'wartime' sacrifice; friends on social media post selfies from their living rooms whilst exhorting their contacts to 'do your *civic duty* and #stayathome' (emphasis mine).

Fighting against coronavirus is thus being imagined as the adoption of radical asociality, epitomised by lockdown and immobilisation, whether enforced or voluntary. The meritorious citizen remains spatially confined and static, much like the dots in the *Washington Post* simulation. The distinct (albeit related) concepts of social distancing, self-isolation and quarantine have become interchangeable in common parlance, and are all conceptualised as practices undertaken at the level of the *self*. Social interaction, meanwhile, is becoming conceptualised as something both generalizable and quantifiable: an 'input' into one's life that could be reduced (by, say, 75 percent): at best a guilty pleasure, at worst an unnecessary risk. While such ways of looking at things have undoubtedly been helpful in prompting complacent citizens to reflect critically upon their engrained habits, and in highlighting the gravity of our current situation, it is far from clear that it they are optimal social science – or optimal epidemiology.

Though Euro-American folk models may sometimes encourage citizens to imagine themselves as autonomous individuals within populations, few human beings move (randomly or otherwise) across a whole population. Their existence within the national social matrix is circumscribed by obligation and habit. For many, the people with whom they are likely to spend 15 minutes or longer in close contact (the criteria considered most likely for direct coronavirus transmission[2]) are relatively few: colleagues, family members, flatmates, friends. Since, under normal circumstances, all of these people are themselves regularly interacting with their own colleagues, family members, flatmates and friends, such encounters can quickly lead to the uncontrolled spread of coronavirus – hence the need for interventions. What is problematic about our default patterns of social interaction, then, is not the brute fact of social interaction – essential or otherwise – but rather the way that the *rhythms* and *volatility* of regular social interaction lead to a tremendous number of different people getting connected up in a transmission chain. Recognising this clarifies the key criteria that render an intervention effective. It should reduce any given individual's chances of contracting coronavirus, and/or lead the virus into an epidemiological 'dead-end', where it has a very low chance of being transmitted to others in the population.

Practices of the kind currently recommended by the UK government clearly achieve both of these objectives, but they do so in subtly different ways. Working from home, for example, removes citizens from crowded workplaces where a single infected employee could unknowingly transmit the virus to many colleagues in one fell swoop. Here, a calculated act of social withdrawal slows (but does not necessarily stop) ongoing transmission of the pathogen. A slightly different mechanism is at work when households collectively quarantine after a member exhibits symptoms. Such quarantines involve a collective co-ordination of social behaviour within a network to ensure that the virus will not be transmitted further. Although they could be viewed as 'social distancing' or 'self-isolation' because the household will not interact with others during the 14-day quarantine period, they could equally be thought of as a form of *social containment*. Quarantines are effective because they give the virus nowhere to go. Their efficacy in this regard is fundamentally a collaborative accomplishment.

This point is of crucial importance to how we envisage and design coronavirus response when it comes to 'non-essential' social contact. While the rhetoric of 'social distancing' leads us to view our social interactions with others as a threat to both us and them, encouraging a strategy of radical withdrawal and raising the frightening prospect of loneliness and atomisation, a language of *social containment* allows us to see our network of relationships as tools that we can collaboratively manipulate in order to contain and control the virus's spread whilst still enjoying the varied companionship we need for a life worth living.

Possibilities for social containment

Quarantine practices and martial lockdown policies naturalise 'the household' as the default social network of epidemiological significance, but there is no reason why this has to be the case. Relatives, friends, and others who are valued despite being 'non-essential' can also be incorporated into containment networks, provided their incorporation follows certain principles – largely to do with timing and pacing. To develop this idea further, let's imagine a case where a family of A, B and C – all working from home – want to meet up with three cherished friends, D, E, and F who all live alone and are also work from home.

Scenario 1. Conscious of the transmission risks associated with gatherings, A, B and C invite all three of D, E and F over for dinner on separate occasions within a two-week period. If these were their only social appointments, this could feel, to A, B and C, like a very successful form of social distancing, in which contact with the wider world had been minimised but some important relationships maintained. For D, E and F, however, the dinners offer only fleeting relief from their ongoing isolation, which they must either endure with great sufferance or combat by scheduling additional appointments. If they do the latter then there is a very real risk that A, B or C could contract coronavirus from D and pass it on, presymptomatically, to E and F, who might then pass it on to others. The overall case rate would be far lower than if these people were all active in their workplaces, or attending mass gatherings – the 'social distancing' approach has thus indeed managed to 'slow the spread'. Yet, overall, it has not been particularly successful at either containing the virus or providing social sustenance to its loneliest members.

Scenario 2. A, B and C take the view that if D is coming to visit, she might as well be a house guest for some time, offering exclusive use of their spare room or sofa (if they have either) for a couple of weeks, before the room was offered to E the following fortnight, and F the fortnight after that. If D transmitted the coronavirus asymptomatically, and none of A, B or C displayed symptoms themselves, current medical knowledge suggests there is nevertheless a good chance their immune systems would have fought off the virus by the time D departed and E arrived. Even if they had not, the only person who stands to be infected by them is E, who, by virtue of staying with A, B and C for a whole two weeks, is most unlikely to transmit the infection to anyone else. Such an arrangement successfully contains the virus, whilst also allowing A, B and C to spend much more time with each of D, E and F than under Scenario 1.

Of course, not everyone has a spare room, or has circumstances that can accommodate a house guest. In Scenario 3, A, B and C set up a 'coronavirus contract', agreeing they will exclusively socialise with D for a period of fourteen days, and then with E for fourteen days, and then with F. During this time, they can enjoy time together and time apart as and when they need it, but the network remains one that will contain any coronavirus that is introduced to a group of four – so long as that the whole network quarantines at the point that any member exhibits symptoms, even if they are distributed across different households at the time. Modest additional risk could arise from the travel between their respective residences if public transport were used – but this could be substantially mitigated

via stringent hygiene routines and by travelling at off-peak hours. Scenario 4 is a variation of Scenario 3. It assumes that D, E and F are all friends with each other, as well as with A, B and C, and that the six friends agree that, for a period of two weeks, they will socialise exclusively with each other, but in various combinations, on the proviso that if coronavirus symptoms manifest, then all six of them will collectively quarantine in their respective residences.

What we see in all these cases, but perhaps most especially Scenario 4, is quite the reverse of the austere image associated with social distancing. In fact, the figures in this study can enjoy a vibrant and relatively varied social life, with large amounts of 'non-essential' social contact, precisely because that contact takes place in a way that has been designed to maximise social containment. Such an approach even has the potential to accommodate those at the greatest risk of coronavirus complications, such as the elderly, provided that their visitors or hosts have undergone a suitable period of exclusive socialisation with others prior to undertaking exclusive socialisation with them and can thus be reliably envisaged as coronavirus free. Questions remain as to the limits of what is practicable – containment networks need to be small enough that they can be easily envisaged and compliance with exclusivity largely assured. But if citizens begin discussing such possibilities and practicalities with the people that matter to them, they stand to enjoy a much more rewarding life during the pandemic than by enacting a defensive retreat to the household.

From the hypothetical to the ethnographic
The scenarios presented above are, of course, oversimplified. It may be very difficult in practice to ensure that any of A, B, C, D, E or F are so sealed off from the world that viral containment is fully guaranteed. Nevertheless, juxtaposing these hypothetical scenarios proves helpful for illustrating the comparative risk associated with each of them. It is thus striking that onward transmission is far less likely under Scenarios 2 - 4 than it is under Scenario 1, even though it is the latter that best conforms to current guidance and imaginaries regarding 'social distancing'.

While they are hypothetical scenarios rather than ethnographic case studies, they are inspired by and responsive to the very real dilemmas that people in London have shared with me in recent days. One such person was Jack.[3]

2020 had been going well for Jack. He was enjoying work and dating a new boyfriend, Alex, who lived nearby. But as the coronavirus outbreak gathered pace, he became very anxious about his job security. Then then his flatmate Poppy developed a cough.

Jack described himself as feeling 'overwhelmed' by the situation. Poppy's cough was chesty and productive, so it seemed unlikely to be COVID-19, but with no tests available to confirm this, Jack had to quarantine himself for fourteen days. But this would mean subjecting his new relationship to a two-week hiatus precisely at a time he most needed emotional support. Alex had been very unhappy at the prospect of the separation, Jack worried whether the relationship could survive the time apart. He considered moving in with Alex, who lived alone, but feared this might also put a lot of pressure on the relationship, while leaving Poppy bereft of company. He felt 'torn'.

He decided the best way to proceed was for him to shuttle between his flat and Alex's, with Alex also putting himself in a fourteen-day isolation. Jack could reach Alex's flat by walking through residential back-streets, wearing face-masks and avoiding passers-by as he did so, keeping whatever pathogen was responsible for Poppy's cough contained within their three-person network. Such a practice initially appears to defy common-sense notions of 'quarantine' – although Public Health England do allow people in quarantine to leave their homes 'for exercise'. From Jack's point of view, though, he and Alex had creatively and collaboratively reinvented what it meant to be 'in quarantine' so as to minimise any risk to

public health whilst safeguarding relationships they cared about and relied upon at a frightening time.

People like Jack understand that their actions have consequences for population health; they take this seriously. But they are also painfully aware that their actions can have consequences for *specific others*, and this informs their behaviour too. It can lead them to abandon austere practices of 'self-isolation' and 'social distancing' in favour of more creative strategies that appear, to them, to address both public health and personal imperatives. Of course, they are not epidemiologists; their strategies are not necessarily well-judged. This is where medical anthropologists and public health scholars can play an important role. Rather than deeming them 'non-compliant' and re-emphasising the importance of minimising contact, we can instead harness and direct their creative energies, offering advice, inspiration and guidelines for strategies that might prove effective. Scenarios such as those outlined above offer a few possibilities for getting such conversations started.

Conclusion

The rhetoric of 'social distancing' has usefully heightened popular consciousness of how individual actions can affect population health, driving people away from spaces posing high levels of epidemiological risk. However, the current emphasis on 'distance' and 'isolation' has led to portfolios of measures so unpalatable that they may be rejected as 'unliveable' by the very people they are designed to protect, only coming to fruition if repressive state force literally coerces people to stay within their homes. We must do better. Public health discourse needs to combine an emphasis on what citizens *mustn't* do with positive visions for how people could reconfigure the ebbs and flows of their interactions in ways that safeguard the relationships that make life worth preserving. Social scientists, epidemiologists and artists can all help in this endeavour. The double scourge of the coronavirus and the draconian measures adopted to suppress its spread can be radically challenged by developing a social imagination which allows us to view our relationships not as threats to health, but as resources we can draw on in collaborative practices of social containment.

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[2] As advised on https://publichealthmatters.blog.gov.uk/2020/03/04/coronavirus-covid-19-what-is-social-distancing/ [accessed 18 March 2020].

[3] All names are pseudonyms.