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## Social distancing from and in a gendered world

*[Flora Renz, Kent Law School, University of Kent](#)*



Writing in the middle of a global pandemic it seems increasingly difficult to focus on other concerns beyond the immediate threat to our collective health and survival. But is there something our response to Covid-19 can reveal about the ways in which our lives, before, during and after this current crisis are shaped and organised? Can it tell us something about how norms around gender (and other characteristics like disability and class for instance) permeate all aspects of our society and its institutions, all aspects of life? Are there [social injuries](#) that are not caused by necessary public health measures, but whose continuous existence is simply becoming more visible in times of crisis?

Due to the current lack of a vaccine against what has proven to be an easily contagious virus, the main remedy offered in response to a global pandemic seems to mainly rely on social distancing for the majority and social isolation and quarantine for a smaller minority, those who are infected or more acutely at risk. There are of course good public health reasons for this approach, which so far seems to be the only proven way to lower infection rates. In some ways social distancing seems a preview of an ideal post-gender future. We have all suddenly become perfect genderless persons, communicating with each other remotely. Nobody can take up more or less space in public areas or meetings, when these are now purely virtual spaces represented through computer screens. Moving from face to face communication to emails and often voice only calls, because no online platform can handle the sudden increase in usage, gender presentation has become all but irrelevant in many contexts. Although it is certainly still possible for some people to do all the talking in meetings... But social distancing also presumes a certain social model and way of living that is in line with the ideal liberal subject so beloved by modern states and

governance practices. An individual with garden, balcony(ies), or other private outside space and a sufficient number of rooms in which to distance safely from others. But let's start from the beginning...

In the first place in order to be able to distance from others, one needs to be able to survive without reliance on others- or at least without reliance on being in close proximity with others. On the most literal level this is of course not possible for anyone, we all rely on food produced (and now delivered) by others, as well as crucial utilities and some sources of continuing income to pay for such things, and the ability to pay by card rather than cash. And while nobody is expecting us to give these up in order to facilitate social distancing (although a lack of savings and other income is clearly a key factor preventing many from engaging in this public health measure in the first place), other types of dependence on others are clearly envisaged as running counter to social distancing. In particular, those of us who depend on care from others or who are caregivers ourselves do not seem to fit neatly into public health plans. If such care is necessary or considered at all, social distancing presumes that it can always take place within the home and is therefore carried out by close family members. But what happens to people with disabilities who rely on agency or NHS carers, older people who do not live near their families, or parents of young children who would normally attend nursery so their parents can work? These groups and many others starkly expose the relational nature of our lives and needs, as well as the still gendered dimension of care. Early accounts already show that [a majority of the care-work](#) that was previously done by carers outside the home now seems to fall mainly back onto women, who are compelled to take this on in addition to carrying out employment either in person or remotely for the greater good. At the same time those whose needs either for specific resources or care are deemed too great, are portrayed as an almost unavoidable sacrifice, with repeated invocations of the mantra that those who have died or will die are mainly those who are 'older or have underlying conditions'. This of course ignores the fact that nearly [20% of the UK population is aged 65 or older](#) and another 1 in 4 have conditions that count as 'underlying' in this context.

Social distancing as a model seems to not consider the kinds of bodies that may be doing the social distancing, while also presupposing an 'ideal' body that is capable of doing so. In the UK the government was quick to point out that even while social distancing was in place, people were of course still allowed and even encouraged to venture outside for solitary exercise. At the same time there was no mention of the kinds of exercise less ideal bodies might engage in and the way this would be affected. The (understandable) prioritisation of health care for Covid-19 patients has meant that other types of less 'essential' healthcare have suddenly utterly vanished, from surgeries to physiotherapy and massages, to guided exercise classes for those who cannot safely exercise by themselves or might rely on specialist equipment to do so.

Social distancing also seems to rely on certain ideal family formations that largely mirror the heteronormative two parents with a small number of children model (see The Health Protection (Coronavirus, Restrictions) England Regulations 2020, Reg. 6(j.)). This became most evident when the government had to clarify that children of divorced parents would still be allowed to move between households and the strangely proscriptive statement that [new couples should move in together](#). But is also

implicit in what is not being said, for instance, who will carry on working in single parent households now that schools are closed? Who does the cooking now that everyone is eating at home? What happens to couples that may not in fact be ‘new’ but still do not live together? What happens in homes where one partner is [abusing the other](#)? What happens to couples that are not couples at all but involve three or even more people? Can our new reality accommodate these deviations from the imagined norm?

Social distancing makes the question of public space and public gender ever more present.

Of course a number of remedies to the more obvious negative side effects of social distancing have been offered up fairly quickly. Online meetups and coffee hours to help combat loneliness, mutual aid groups to deliver food, medication and other necessities to those confined to their homes and unable to venture outside, flexible working hours offered to those suddenly taking on significantly more caring responsibilities. And while moving activities online may replicate many aspects of social interaction, it also offers a strange form of sensory deprivation. Computers and screens cannot replicate the feeling of a group of people in space, the almost unnoticeable sounds, smells, pressure and feeling of bodies being near each other. Similarly, voluntary services cannot replicate an already crumbling social safety net and a failure of state provision; and flexible working hours cannot erase the fact that care work is actual work and can rarely be done concurrently with other work.

It seems likely that social distancing will mostly be temporary, although perhaps not as temporary as we might wish. As a result most of the issues outlined here are treated as short-lived problems, that is, if they are considered at all by employers, institutions and the government. And while social distancing has certainly made the gendered nature of how we distribute domestic labour and care work, as well as the implicitly gendered nature of our system of governance more starkly visible, social distancing has not produced these conditions. However, working on a research project that asks what would happen if we no longer had a [formal legal gender assigned by the state](#), I am acutely interested in what the future of gender may look like. So, rather than thinking about this as a temporary state of emergency, can thinking about these issues and perhaps about how to resolve them, help us imagine a society whose institutions, practices and communities are less suffused with gender? Can we think about care and bodily needs not as something exceptional or unusual, but rather as something that affects all of us although perhaps to varying degrees at different times? Can our state and legal system find a way to address the very gender-based inequality around which it is built? Beyond this immediate crisis can equality law address the unevenly gendered nature of our society? It feels difficult to imagine what the future can look like at a moment where everything seems indefinitely on hold and our ‘normal’ ways of being in the world seem to be disappearing around us. At the same time it also seems vital that when we emerge out of our imposed isolation, we do not simply return to the status quo, but rather use this as an impetus for imagining more radical social change.