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The Geographies Closest in: Intimate Geographies and/of COVID19

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Introduction

Covid19 has reworked and recreated everyday worlds on an unprecedented scale. A novel disease that attacks the respiratory system and moves between bodies through 'close contact' requires a geographical response; one that emphasises 'the geographies closest in' (Rich, 1984/1986) as well as local, national and transnational differentiations. The various responses to COVID19 have reworked the embodied geographies of everyday lives in differential ways and these reworkings explicitly show how our daily practices shape, and are shaped by, national and global economies, cultures and health, social care and other social/structural systems. Yet the rapidly shifting embodied geographies of everyday life, and the subsequent 'new normals' are not equally distributed, evenly felt or globally uniform. Geographers, including feminist, queer, and other critical scholars/ activists working on spatial justice, have much to offer the ongoing responses to COVID19. This short piece will outline some of the ways in which feminist and queer geographies are central to, but often unnamed or unrecognised in, discussions of the pandemic and responses to it. In particular, it will focus on intimate geographies of care, and the 'new normals' of everyday lives, offering a particularly Irish focus. The piece will illustrate both that embodied geographies matters, and that geographers need to consider these intimate considerations in discussions and actions.

Geographies of Embodied Care: Nation, Communities and Home

Bodies and their relationality, where they can and can't move in space, how they 'physically distance' or create 'close contacts' are central to engaging with the social (and medical) geographies of COVID19 times. When Adrienne Rich in 1984 spoke of the Geographies closest in, she and other theorists of bodies and embodiment sought to attend to the discursive materialities of the creation of bodies (Longhurst, 2001; Colls, 2006; 2007). These discussions are central to understanding COVID as embodied, lived and the power laden creations of care.

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Under COVID19 prevention measures, care is practiced by distancing from others, as the advert for the Irish Health Service Executive (HSE) suggesting 'this is us' declares (2020). The national moment represented in this advert is one of 'staying away from everyone', 'keeping our distance as we walk by'. It is done 'for us', 'for everyone'. This national moment is depicted as much nationalism is; creating an 'us' that have shared values and shared practices (Anderson, 1983). The defining feature of 'us' is the proximity of bodies and the spaces moved through. A relational and embodied us is created through practices that take 'care of each other' verbally through distance, but also visually through a suggested proximity deriving comfort and familiarity with touch. The Irish nation is depicted and seeks to produce a narrative of 'leaving no one behind' suggesting a collective that is needed for survival.

Care has long been disentangled from physical proximity, the touch and embodiment in the HSE advert is also, at times, physically distant, separated by glass or screens. Milligan and Wiles (2010: 736) noted that 'even at a physical distance care can be socially and emotionally proximate'. Contemporaneously geographies of care at a distance are central to national responses, local communities' engagements and individual actions. In Ireland invoking togetherness through adverts such as those of the HSE, were also manifest in public spaces such as on buses and motorways that ask the public to #holdfirm. Such geographies of care create national communities of bodies that can be connected virtually (through television/radio adverts as well as more personal contacts through video calls and other technologies), but do not share physical spaces.

Feminist geographies of care ask us to move beyond critiques of the privatisation of care, to think about the potentialities in mutualities, relationships and wellbeing (Lawson, 2007). Similarly, queer explorations of utopias (Cooper, 2013), and their flawed creations (see for example, Brown, 2007; 2009 Browne, 2009; 2011; Wilkinson, 2009) have explored the possibilities of queer relationalities. During COVID19 and responses to it examples of care beyond formal institutions were mobilised across Ireland in local and national ways. This included the emergence of mutual aid networks that used social media, as well as through local GAA clubs deploying younger and less vulnerable volunteers to support those who were understood as at risk in their communities. In minority communities, such as LGBTI+ communities in Ireland, there was a mobilisation of care, with LGBTI+ people being offered informal support when they were either kicked out of their housing or given online support when they remained in hostile home environments. During the lockdown, there was also evidence of mutual aid shown through things such as funding for gender affirming surgeries being supported within days, whereas in pre-pandemic times these campaigns had required months of work and attention.

Yet, these relationships are not utopian. There are limits to the mobilisation of care and community outside of, as well as within, capitalist norms of accumulation. They are always inflected with power relations and inequalities, including local hierarchies: who can ask for help, who has access to digital communications and support and so on. In times where the home becomes a central place of care and restrictions to the home render some unable to leave, we must also acknowledge the dangers of letting well intentioned

local communities into private spaces that might hold well-tended secrets around, for example, same-sex relationships (Johnson and Valentine, 1995).

Care is racialised and gendered (Raghuram, 2019), and COVID19 highlighted the extensive issues in Irish care systems, including lack of supports in care homes and for disabled people and their carers. Moreover, it showed that some bodies are supposed to care, while other bodies are 'cared for'. It was noted in relation to Ebola, women served as carers to their detriment (Filipova, Dalaqua and Revill, 2020). Women are also disproportionately represented in Irish COVID19 figures: 58% of those who tested positive for COVID19 in Ireland at the time of writing August 2020, are female (GeoHive, 2020) and are likely to be racialised (particularly through the Irish asylum system of Direct Provision) and classed. Despite decades of feminist critique of work, care and employment, women are still more likely to work in poorly paid care roles, with intimate bodily contact. Feminist work also demonstrates how women continue to shoulder the majority of care work and in pandemic times this means that they are then more likely to catch viruses that require close contacts (Nesbitt-Ahmed and Subrahmanian, 20*20)*. This in turn affects, and is affected by, the care sector (and those classified as 'front line workers'), which disproportionally employs lower paid, precarious women (and men)[1], reproducing gendered, racialised and classed inequities.

The flawed imaginary of the home as a space of safety from 'the outside' world has been exposed during COVID19. 'Stay at home' as an act of care spotlighted what Brickell (2020) terms 'slow crises' that are not new but are being exacerbated by COVID19 and associated 'stay at home' directives. In Ireland, domestic violence charities reported a rise of seeking support during lockdown of up to 30% in some areas (Lally, 2020). This linked directly to the recognition that for many, including LGBTI+ people, home may not be a place of safety, but one of fear and secrecy (Johnston and Valentine, 1995; Warrington, 2001). There is far more to be done to understand how homes (and gardens) as classed, racialised and sexualised spaces that can cause harm as well as provide comfort. This will be particularly pertinent to the inequalities of the intimate geographies of survival and living necessitated COVID.

Community spaces can be central to surviving and thriving. For example, LGBTI+ people can rely on support networks beyond families and home for gender and sexual affirmation and safety. These are found in communal and community spaces, including pubs and clubs (Formby, 2017). The full impact of COVID19 lockdown and absences of physical communities, as well as resiliences and defiances which has characterised LGBTI+ histories, need academic attention to support understandings and developing responses to the losses of physical spaces and contacts. The loss of parties, coming together for fun as part of the new normal is particularly problematic for some LGBTI+ people for whom coming out and going on the scene are synonymous, in ways that queer online parties can only proximate. Jan Filmer's PhD thesis (2020) starts with a visceral account of his first night on the scene in Sydney, finding a new life and new self in the gay bars, clubs and homes. The creation of communities through scene spaces is flawed and does not include all (Browne and Bakshi, 2013), but for some it enables self-discovery, finding

people, places and practices that are pleasurable and in turn create social and community bonds. The (potential) loss of physical connections with strangers, sits alongside the extensive focus on the loss of touch and hugs between families and intergenerational kin.

The Intimate Power Relations of New Normal Times

The promise of the disruption to normal life necessitated by COVID19 offers/ed potential for systemic ruptures and one of reconsiderations of everyday life from addressing housing and welfare beyond neo-liberal economies, to addressing systematic faults in healthcare bureaucracies and provision to reconsidering everyday relations to offer new possibilities of liveable lives. Yet the virus as non-discriminatory or a 'leveller' has been roundly critiqued (Brickell, 2020; Gender and Feminist Research Group, 2020). Instead the new normal, may in many ways reiterate and exacerbate inequalities of precarity, class, race, gender and sexualities (Brickell, 2020). This includes access to homes, work, remote working, safety equipment, but also access to pleasure, and how selves and communities can be found and produced through social spaces.

As Ireland lifted its lockdown in 'phase 3' in July 2020, public focus on parties was apparent. On the first Saturday where pubs serving food were opened, images of Temple Bar's streets thronged with people were blazed across (social) media. Following this and continuing into August, the figures for those contracting COVID19 showed a much lower age range. The opening of bars who do not serve food was delayed into August, and then into September and indeed they did not reopen in 2020. Young people, in particular, were publicly named (and shamed) for putting the country, and their elderly relatives at risk. They were asked to limit their social lives, their liveabilities, for others survival. As the numbers dropped in late July and the return to deserted Saturday night town centres returned, it could be argued that this limiting of socialising is what those who were once partying did.[2]

Foucauldian self-surveillance is key here, 're-openings' cannot be fully policed by the (Irish) state effectively within current police resources, public opinion and within acceptable rule of law. The use of 'Catholic guilt' was apparent as the Irish government and advisors sought to create self-surveillance and compliance in a population through collective care. Where the majority of children, and most of the adult, population still attend, or attended, Catholic schools, the use of 'Catholic guilt' was productively deployed towards a publicly defined good.[3] This is not legally mandated, but instead relies on the imperative to care for your family and especially vulnerable and elderly relatives. Catholic guilt was utilised to produce care. This was apparent in the 'advice' not to travel, without banning unnecessary travel or closing airports. It was also apparent in the ways in which breaches of the 'guidance' were addressed through a response that sought to evoke guilt amongst those who did not, and indeed those who did, comply. The imperative to care and Catholic guilt filter out the them from the us, the proper citizens and community members from the 'them' who are a threat to our survival.

Whilst the focus on protecting the vulnerable in society is laudable and taking 'personal responsibility' for your actions can be read in the discussions of communities of care, such a response is also problematic. It vilifies those who do not appropriately self-survey, who are subsequently targeted for blame, in this case for their death or the death of others. Who is blamed/vilified is never neutral and relates to issues of power. Whilst young people were the target in this instance, how the geographies of shaming/guilt/vilification/blame are produced always needs critical spatialised understandings of the power laden creation of place in the (re)establishment of spatialised norms.

Conclusion

It has long been noted that the ordinariness of intimate and everyday lives are critical to understanding cultures, human lives and spatialities. Arguably this has never been more apparent. These ordinaries are produced through power relationships that continue to define the intimate geographies that we create and are created by and in COVID19 times. Irish geographies are well placed to offer insights into Irish policies, activisms and interventions that seek to address the inequalities that have been manifest and hardened through experiences of living with COVID19. There remain possibilities to do something different, to progress social change as we move to uncertain futures. This relies on critical spatially informed theorisations and understandings of this critical historical moment. COVID19, its affects and the potentials for other futures, cannot be understood or (re) created outside of the geographies that create human lives, loves and losses.

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Endnotes

[1] In the UK, there is a disproportionate rate of death amongst Black men (Gender and Feminist Research Group, 2020).

[2] Although in late August the 'house party' was redefined as gatherings over six people not from the household, who did not socially distance.

[3] This was resisted, including through discourses of civil liberties and individualised right based arguments, including through court proceedings and demonstrations.