Vaccination time, by Janet Carsten

21st February. Yesterday we went to get vaccinated. Despite the grey, damp Edinburgh morning, it seemed like a day of celebration from which we (my husband, Jonathan, and I) emerged elated. A red letter day on a calendar with almost nothing marked on it. Everything at the mass-vaccination centre on the outskirts of the city seemed to run on oiled wheels. We arrived a little early for our simultaneous and precisely-timed 8.51 appointments; by 8.51 we were already on our way out. Staff were cheerful and kind. A volunteer vaccinator who told me she was a dentist, normally on a four-day week, checked routine questions before giving me my injection. Had I had any vaccinations in the last six months? 'No', I responded without hesitation. She enquired brightly about a possible flu jab in the autumn. I had forgotten that, and we laughed.

So much gets forgotten in the strange, elastic time that we have been living for the last year. A time out of time, as many have said, much of it hard to differentiate in retrospect, marked by different small rhythms. The daily ones of domesticity that tend to merge into each other – work, reading and writing, mealtimes, evening films. When did we see that? When did I read that? Monthly rhythms – the changing seasons, the expansive luxury of long novels, Dickens suddenly and unexpectedly coming into his own. Markers of time. The walks that have been repeated daily and are seasonal too – occasions to note small changes in the neighbourhood or to lose oneself entirely in trains of thought. A time of multiple immersions when immersion itself seemed like a good way to lose time, lose oneself.

Vaccinations have also marked off different generations of

family time through the 20th century. In the past few weeks, since they have been on the horizon, I've been thinking about my mother, Ruth, a polio victim in 1916 or 1917 at the age of five. But she didn't think of herself in those terms, and in any case referred to her affliction by the older (and already outdated) term, 'infantile paralysis'. Despite life-changing illness in early childhood, family tragedy in her twenties, losing her right to citizenship, and becoming a refugee in the 1930s, Ruth never saw herself as a victim, but as unbelievably lucky. She spoke occasionally of her vivid memory of the last day she had been able to run before being struck by the diphtheria that had been closely followed by polio. And she was a fierce advocate of immunisations. Born in the mid-1950s, I would have been among the first groups of children in Britain to receive a routine vaccination for polio in early childhood – with no parental doubts about the benefits. Not long after her death, those recollections of my mother's, and my own childhood memories, were brought to mind when, in the mid-1990s, I took our baby daughter for her inoculations. The nurse at the GP clinic, whom I told then, became visibly and surprisingly moved. I recall those memories again now, in 2021, as we are among the first people in the world to receive vaccinations for Covid19 in an immaculately organised centre with wonderfully friendly and efficient staff. What unbelievable luck.

Janet Carsten is a professor of social and cultural anthropology at the University of Edinburgh. She is also a Fellow of the British Academy, and author of many books including Blood Work: Life and Laboratories in Penang (2019).

Covid-19 and football finance, by Mason Robbins

> *The full impact of COVID-19 may not be realised for years to come, with the associated uncertainty forcing existing and potential broadcast and commercial partners to consider the amount they are willing and able to invest in sport. (2021 DFML, Deloitte, 210127)*

In March 2020, the last of the European football leagues decided to stop operations indefinitely after a series of players tested positive for COVID-19. The last top-flight match played in front of a full crowd was the UEFA Champions League tie between Atlético Madrid and Liverpool, played at Anfield, Liverpool, on the 11 March 2020. The football industry is still recovering, and questions need to be asked about its preparations, resilience, and lessons. On the 16 May 2020, the German Bundesliga announced that it would be the first of the big-five leagues to return to competition with Spain (11 June), England (17 June), Italy (20 June), France (season abandoned), and Champions League (7 August) following soon afterwards. The stoppage period in play provides the opportunity to comment briefly on these conclusions about what can be called 'Before-Covid' (BC) and the early reactions to an 'After-Covid' (AC) response to the changing nature of elite football business operations.

COVID-19 has directly impacted the end of the 2019/2020 season and the beginning of 2020/21 season across several areas, namely around the broad variables that affect fans' return to stadiums. Fan and supporter interactions with football are impacting the commercial and broadcasting partnerships due to the challenges transiting to a digital environment. This reflects the evolving nature of the football finance rankings ecosystem where all actors are partners, and success depends

on multi-directional relationships and collaborating towards a common goal. Building on this, Real Madrid's Director of Digital Strategy breaks the COVID-19 recovery plan into three stages: 1) engage with fans; 2) support partners; and, 3) remain socially responsible. COVID-19 has accelerated our digital strategy [Real Madrid Director of Digital Strategy, Web meeting, 20200514]. The current pandemic has seen the football industry struggle. The industry is moving away from brands, athletes, and individuals to a unified partnership; the industry has to learn how to integrate fan into the fan-less environments; innovation will drive sponsorship and branding in the future. 'Covid has resulted in five years of research and development physically, technologically, and methodologically condensed into three months, what we are doing today was only dreamed of by executives back in January (2020)' (Real Madrid Chief Officer, Web meeting, 20200514).

The knock-on effect, along with the changing nature of national governmental regulations means that clubs and football organisations will face another season of uncertainty, especially around matchday, commercial, and sponsorship revenue sources. Deloitte's Sports Business Group has highlighted how, whilst some clubs are better positioned to handle the pandemic's impact, the industry has to experience a transformative process of re-evaluating business models and accelerating their digital strategies. The Deloitte highlighted:

> *[c]lubs' now more than ever, must keep their eye on the ball' to pursue further growth. COVID-19 has emphasised that the clubs who can remain agile, transform and innovate and have a unique opportunity to stabilise and grow, whilst those that accept the status quo risk standing still or even falling behind the pack in these uncertain times. (Deloitte Manager, 20200630)*

The first few months in the AC era have seen clubs,

federations and sports organisations working hard to mitigate the total shutdown's impact whilst attempting to remain connected to supporters, meet a contractual agreement with sponsors, and maintain revenue generation opportunities. According to Deloitte, the 2020/21 season will be directly impacted by COVID-19, across several areas:

- There will likely be a broad range of scenarios impacting the timing and nature of fans' return to stadiums.
- Broadcasters and commercial partners will face economic challenges due to the changes in both fans' attendance and consumers' interaction with the sport.
- Clubs should expect uncertainty in their matchday revenue forecasts until further Government guidance is offered regarding crowd capacity at sporting events.

Deloitte's data demonstrates that whilst the football business industry continues to grow; it is now even more critical to engage with digital technologies in connecting clubs, stakeholders, and supporters. It has become imperative for sports organisations to understand the supporters' base whilst adapting the matchday experience. In turn, knowing a supporter base will help to drive commercial revenue opportunities and the ability to explore new business models and revenue streams.

Whilst some clubs will be better positioned to weather the storm than others, COVID-19 will undoubtedly have implications for all. Each club faces a struggle to retain and grow revenue from commercial and sponsorship agreements, whilst also navigating the future uncertainty of matchday revenues.

> *The COVID-19 pandemic has provided an impetus for clubs to rethink and recalibrate their wider strategic objectives and business models to ensure a strong recovery from the current situation. In particular, the focus on both internal and external digital capabilities has necessarily accelerated as*

> *digital interaction quickly became the dominant way in which clubs could engage with their staff and fans. (2021 DFML, Deloitte, 210127)*

In conclusion, the current global climate has rapidly changed the football business industry in just a few months of 2020. The lessons mentioned above are provided to acknowledge and highlight what various football organisations are doing in light of COVID-19. Most importantly, this Covid comment draws out the lessons learned from the last thirty years of evolutions, interactions, and innovations found to play a role in the football business ranking ecosystem and its nexus of actors. It is still early in the global pandemic, and a lot will change in the coming months and years. What can be concluded is that elite clubs are beginning to evaluate their commercial and brand assets, which the football business rankings have highlighted, and utilise their global reach to provide support and improved resilience against this and future global pandemics. This remains a fertile area for future research.

Mason Robbins is the Global Program Manager of the University of Edinburgh- FC Barcelona Partnership. He has recently completed his PhD in Science, Technology and Innovation Studies.

The impact of COVID-19 on individuals with and without

eating disorders in the UK, by members of Eating Disorders and Behaviours Research Group

This blogpost is written by the members of Eating Disorders and Behaviours Research Group: SiennaMarisa Brown, Marie-Christine Opitz, and MacKenzie Robertson.

The University of Edinburgh's Eating Disorders and Behaviours (EDB) research group [1] was established Autumn 2019 as an effort to consolidate postgraduate research (PGR) candidates with eating disorders and/or behaviours as a general area of interest. Principally led by the School of Health in Social Sciences' Dr Helen Sharpe, Dr Emily Newman, and Dr Fiona Duffy, the research group now consists of approximately 15 members and, during the COVID-19 coronavirus pandemic rapidly[2] created, conducted, and published two studies—one interview- and one survey-based—on the perceived impact of COVID-19 on individuals both with and without eating disorders in the UK.

The first study, "A qualitative exploration of the impact of COVID-19 on individuals with eating disorders in the UK" (2020), was the first in depth interview approach with adults with mixed eating disorder presentations in the UK during COVID-19. The second study, "Exploring changes in body image, eating and exercise during the COVID-19 lockdown: A UK survey" (2020), used survey responses to investigate the perceived impact of the COVID-19 related lockdown in the UK on people's eating, exercise, and body image.

An interview-based exploration of the impact of COVID-19 on individuals with eating disorders in the UK [3]

What did we find? Across all interviews, we found that three general themes were important: how participants were restricted in the way they could socialize, how they had to change their daily routines and how differently they could be supported by professionals regarding their eating disorder.

Social Life

Not being able to visit friends or family meant that participants felt lonelier and had more time to think about food. If they were living alone, they usually had less support from people they would otherwise see regularly. However, if they had a supportive partner or family, they sometimes had *more* support than they usually would have throughout the day. Finally, those who managed better during lockdown (despite having less support available), perceived this as an achievement for themselves.

Daily Life

Routine and structure were generally seen as helpful when dealing with disordered eating. New mealtime routines with supportive family members were perceived as beneficial. However, working from home, living alone and sudden changes in daily routines led to more disordered eating for participants who felt overwhelmed by these changes and who had less support than they usually would have at work or during leisure time activities. Not being able to leave the house much also meant that participants intensified their exercise routines to get the most out of it. In addition, participants had problems keeping their eating disorders hidden (while food shopping or when they lived with family/partners), which was perceived as highly stressful. Others used their isolation to avoid uncomfortable questions about how they were doing; avoiding these questions meant that they did not have to be confronted with their disordered eating.

Professional Support

Due to restrictions in face-to-face contact, the ways of accessing professional support had to be changed. Some participants struggled with this new format, while others appreciated the anonymity of online support. Most participants felt that they did not feel deserving of more support, especially with mental health services being overstrained.

Key points:

Overall, the lockdown period was a stressful experience for all study participants. Based on our ten interviews we further found:

- The impact of the lockdown measures was highly dependent on **available resources** (such as participants' living situation, available personal support and amount of responsibilities held during this period)
- The impact of the lockdown measures was highly dependent on **how severe the eating disorder was at the beginning of lockdown**; more severe eating disorder symptoms were associated with more difficulties when dealing with disordered eating during lockdown
- Changes in routine, restrictions and regulations caused significant stress for people with eating disorders and will likely **continue to cause significant stress beyond the lockdown period**, as routines have to continuously be adapted; worries about the future and how routines will have to change (even if the spread of the virus can be contained) need to be considered in the future

Exploring changes in body image, eating and exercise during the COVID-19 lockdown: A UK survey [4]

The COVID-19 related lockdowns have had a major impact on our daily routines, including how we access food. In this study, we explored how lockdown measures might be impacting people's relationships with their body, food, eating, and exercise. We were particularly concerned with how people with pre-existing

eating difficulties, such as people with eating disorders, were coping with these changes.

We asked 264 adults in the UK to tell us about their experiences in lockdown. Initial findings suggest some people report that their relationship with their body, food, eating, and exercise either improved or worsened. Importantly, some groups appear to be more vulnerable to negative effects including women, people under 30 years old, and those with a current or past eating disorder diagnosis. These groups reported an increased concern about their appearance and more difficulties regarding food, eating, and exercise.

This is an ongoing project and future analyses will be important for increasing our confidence in these findings; however, alongside similar results from other studies, the findings suggest that women in particular may be experiencing more mental health difficulties as a result of the lockdown, including increased disordered eating. Additionally, results suggest that we might see an increase in demand for eating disorder services across the UK as current clients may experience worsening symptoms. This highlights the ongoing need for more accessible eating disorder resources and the critical examination of public health campaigns aimed at weight loss that are likely to increase weight stigma and perpetuate eating disorders.

[1] The University of Edinburgh's Eating Disorders and Behaviours research group can be contacted via email at **research.edb@ed.ac.uk**.

[2] As COVID-19 is a rapidly evolving situation, the EDB group aimed to capture perceived effects in real time; thus, a 'rapid study'.

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Religion, trust and Covid-19 in Congo, in conversation with Emma Wild-Wood

In this interview, Dr. Emma Wild-Wood from the School of Divinity answers our questions about her research project on the responses of the religious communities to the pandemic and their contributions in building trust as a component in good public health.

I was wondering if you could explain the religious affiliations of the population in DR Congo. What are their main religions?

It's often said that about 10% of Congolese are Muslim and 90% are Christian. These stark percentages give little sense of the diversity, fluidity and public nature of religious affiliation. Whilst most Muslims are from Sunni traditions and the Catholic Church has a large, prominent role in civil society, there are also many Protestant churches, congregations from both classic and new Pentecostal movements, and one of the largest African initiated churches, the Kimbanguist church. Indigenous religions, often focused upon vernation of the ancestors, are also present and active. Some

people are affiliated to more than one tradition and change affiliation over time.

Your research is about the element of trust in Congolese religious communities during the pandemic. Would you please explain how trust, religion and health are linked to shaping our response to the spread of Covid-19 in Africa?

Studies of health systems in fragile states with complex and multifaceted insecurities, like DRC, have identified building trust as a necessary component in the delivery of good health. A lack of trust may be manifest in several ways, including health care being offered in ways that do not account for cultural or religious norms. Over half the health care in DRC is provided by faith-based organisations who generally have great social capital and trust. But not all religious traditions are represented in this delivery. Indeed, some communities will preach faith-healing and divine protection by prayer only. During the Ebola outbreaks there was significant difference in the way in which religious communities responded to protective measures and the same has been true of Covid-19. The project is attempting to identify 1) relations between faith-based health delivery and communities where trust is strong and to build on that in public health messaging around Covid-19. 2) relations of mistrust to understand the cultural and religious norms that are operating so that public health messages can be communicated more effectively.

In what ways could health professionals and faith specialists or authorities collaborate to tackle health inequalities?

As mentioned above, there already is considerable collaboration in some areas. However, there is important work to be done to recognise the public and diverse nature of religious affiliation as part of the health landscape and therefore an important element in building trust in public health measures. There is also a need for understanding of and engagement with all faith groups. We hope the project will

provide the knowledge able to train and mobilise the large volunteer force in faith groups (women's networks, youth choirs etc. etc.) who will spread public health messages in an engaging and sensitive way.

The research team in Congo, under the leadership of Dr Yossa Way, is currently collecting primary data. Once this is done, they will make an assessment of exactly how this collaboration might be furthered.

As you said Christianity and Islam are two popular religions in DRC. It would be interesting to know if the experience of the Ebola outbreak led to greater integration between the communities of the followers of the Abrahamic religions, or has it exacerbated the disagreements?

Yes, it would be very interesting to know – but unfortunately, I don't think there's any data on this. In our current research we may get some idea of how relationships have changed. Certainly, its relatively common for civic-minded religious leaders to work together. We see this in Acholiland in Uganda. In 2015 I was able to speak with the Acholi religious leaders for peace. There are similar groups of religious leaders emerging in Congo in response to armed conflict and I'm hoping to learn their make-up and how far they have responded to epidemics.

Emma Wild-Wood is senior lecturer in African Christianity and African Indigenous Religions in the School of Divinity. Previously she taught in Cambridge, Uganda and DR Congo. In this project she and other colleagues at the University of Edinburgh are working closely with Drs Amuda Baba, Sadiki Kangamina and Yossa Way of the Anglican University of Congo, Bunia, Ituri.

Women, midwifery and obstetrics during Covid-19, by Lyndsay Mann

My ongoing project is called *Women, Midwifery and Obstetrics: Embodied Knowledge, Institutional Practices, and Shared Experience*. This research examines the tensions between embodied, subjective knowledge and scientific, objective information in the context of women-focused institutional healthcare in Scotland using artists' filmmaking methodologies. The work explores themes of awkwardness, authority and the body, relationships between women working together in institutional contexts, and the embodied experience of recognition. This project was started with support from Creative Scotland's Open Project Funding.

The project began in 2019 with New Mothers' Assembly, a series of interdisciplinary workshops I devised for first-time, new mothers. Weekly sessions took place at the Royal College of Surgeons of Edinburgh, and invited new mothers to reflect on their recent experiences of pregnancy and birth in response to historical midwifery and obstetric artefacts from the museum's collection. Objects became conduits for deeply personal yet collaborative interactions. At this time, I was also beginning to contact women midwives and obstetricians to find out more about their experiences of working in a women-led, women-centred institutional environment. Similarities of responses across all my interactions allowed me to trace a pattern articulating forms of embodied knowledge shared between women, (patients, midwives, and obstetricians) outside of institutional training and practices. Women described some of the most impactful moments of their pregnancy and birth experiences, when they felt seen and heard, resulting from relatable personal anecdotes shared by their healthcare professionals. Fiona Denison, Professor of Translational

Obstetrics and Director of the Edinburgh Tommy's Centre, then introduced me to the Midwifery Research Network for NHS Lothian. Through these meetings, the need became clear for me to create workshops, drawing from New Mothers' Assembly, with midwives and obstetricians who have personally experienced pregnancy and birth to discuss contemporary healthcare practices in the context of museum archive and collection materials.

In my work I examine relations between voice, uncertainty, and authority. I develop vocabularies and contexts for sharing personal experiences in relation to institutional histories. Voice is at the core of my work – as a research topic, as an embodied material, and as a set of processes for making. Processes of voice for making include techniques of recording, editing and speaking voice, as well as devising contexts to harness particular forms of voice, such as creating intimate or visceral environments for conversation.

My PhD research in Art was co-supervised in Cognitive Philosophy by Prof Andy Clark. Titled 'Voicing Uncertainty' (2017), it examines ways that perceptions of our voice and of being heard shape our experiences, expectations and capabilities. My investigations through theory and practice explored the capacity of embodied knowledge to challenge established modes of address and the dominant hierarchies of knowledge and authority they sustain and reinforce.

In developing my work, I often speak with people across disciplines that I perceive as tangentially if not directly related to my research. These sometimes tenuous connections offer ways to rethink or reframe a subject, and the potential to generate new approaches and collaborations on a theme. In so far as knowledge is produced within an historical context of hierarchies that have been assigned values, my interest as an outsider is how outcomes and findings are produced. Which actions, materials, beliefs, equipment, and coincidences bring about a set of perspectives and behaviours that come to be

accepted and attributed to a discipline or subject within it, that becomes established knowledge?

Maternal healthcare is an area of institutional practice in which more and more women are the voices of authority, in which many researchers and clinicians have embodied experience of their subject specialism. What differences in forms of engagement and interaction are produced in this workplace environment? Do forms of shared physicality and experience generate alternate forms of communication between colleagues in institutional contexts? Can and do women-led institutional practices move away from harmful patient or colleague perceptions of not being heard, which could be linked to the understanding of authority?

Science and technology are arguably the last collective, trusted voices of authority. The contexts of Women, Midwifery and Obstetrics uniquely address my interests of voice, uncertainty, and authority. The discourse has been heightened by the coronavirus outbreak, and this research has now been re-imagined in response. Between January and March 2021, I am recording a series of one-to-one conversations (online or via phone) with women midwives and obstetricians who have personally experienced pregnancy and birth, and who are working in maternal healthcare during the pandemic. This component of the project titled, Women, Midwifery and Obstetrics during Covid-19, recently received PRA and RKEI Award funding.

Scholarship on the ‘epistemically transformative experience’ (Paul, 2013) of pregnancy and birth in relation to healthcare professionals has focused on: the significance of personal connections between patients and their maternity specialists; the complexity of midwives’ own maternity experiences in relation to their professional knowledge. (Patterson et al, 2018; Church, 2014; Pezaro, 2018). This project brings together the experiences of women specialists from midwifery and obstetrics for the first time to examine the challenges

and needs of recognition between patients and their healthcare providers, additionally contextualised by Covid-19.

Conversations with midwives and obstetricians will explore potential differences of communication between patient and healthcare professionals with shared embodied experiences, and the shifting ground of affinity and disconnection due to Covid-19 practices. It is expected that gathered data will also capture aspects of categorisation relating to 'increased risk' and BAME experiences during the pandemic, and the wider social and political factors implicated in these categorisations. Data and findings from these conversations will contribute to the development of new artworks and a new artist's film, as well as new collaborations with researchers across disciplines at the University.

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Dr Lyndsay Mann is a research-based, interdisciplinary artist with an expanded performance and moving image practice. She is an ECR and Lecturer in Fine Art in the School of Art at ECA.

Households, bubbles and hugging grandparents: caring and lockdown rules during COVID-19, by Jackie Gulland

When the full lockdown to tackle the spread of Coronavirus began in March 2020, mountains of legislation and guidance were published to coerce or encourage people to stay at home. I followed the daily updates closely to try and understand what the rules meant and what the implications might be for families with caring responsibilities. I was struck early on by the use of the term 'households' as the key element of discourse in the guidance. I wondered how this worked for families and particularly for women who rely on networks of care in normal times and for whom the household may not be a safe, secure or sufficient space.

As the pandemic progressed the rules changed, allowing some people to form 'bubbles' with other households, extending their opportunities for social mixing. As a socio-legal scholar, feminist, lecturer in social work and informal carer I wanted to explore the meanings of the terms 'households' and 'bubbles' in the rules and what this meant for gendered caring roles and for inequalities. My article Households, bubbles and hugging grandparents: Caring and lockdown rules during COVID-19 (springer.com) is the result of that thinking.

In the article I explore the legislation under lockdown in the UK (March-October 2020) and the implications for women's gendered caring roles. The regulations and guidance assumed that households are separate units and ignore the

interdependencies which exist between households and between individuals and wider society. The continuing focus in the lockdown regulations has been on households as autonomous, safe, adequate and secure. This overlooks the interdependency of human life, gendered aspects of caring and the inequalities of housing and living conditions, highlighted by feminist scholarship. In the paper I show that a feminist analysis of the lockdown rules exposes neo-liberal assumptions about the family household as autonomous and sufficient for the provision of reproductive labour. Feminists have long noted that reproductive labour has been, and continues to be, heavily gendered, with women continuing to carry out the bulk of childcare, housework and adult care. Feminist and disability scholars question neo-liberal ideas about autonomy and emphasise the interdependency of human life. A feminist 'ethics of care' recognises this interdependency and that care is fundamentally relational. In the paper I show how the failure by policymakers to take account of this interdependency has made lockdown more difficult for carers and those in receipt of care. This burden has fallen on women and on low paid, working class and black and minority ethnic women in particular.

The article emphasises the unequal impact of COVID-19, with growing evidence that the greatest health impacts of COVID-19 have been on those in the poorest areas of the country, particularly on black and minority ethnic communities and that there are clear relationships between existing structural health inequalities and the effects of the virus. Evidence from disability organisations, older people's groups and carers' organisations shows that life has been particularly difficult under lockdown. Women have been particularly badly affected by the social consequences of lockdown across a range of issues.

The article outlines the main legal and regulatory framework of lockdown in the four jurisdictions of England, Scotland,

Wales and Northern Ireland and how those changed between March and September 2020. Few people probably read the actual legislation but the article notes that language is important and that the use of terms like ‘household’ and ‘care’ in both the legislation and the guidance has important symbolic effects, even where regulations are not strictly enforced.

Further examination of these concepts from a feminist perspective helps to reveal the underlying assumptions in the lockdown regulations. The idea of ‘household’ implies that homes are safe, secure and that there is sufficient space for everyone to isolate together. The idea of the household also assumed that small groups of people or single people could exist in isolation from other households. The exceptions allowing people to leave their homes during peak lockdown were very narrow, with the priorities being work, healthcare, essential shopping, exercise and supporting others who were defined as ‘vulnerable’. As the regulations changed over the summer the concepts of ‘extended households’ or ‘bubbles’ were introduced to allow some households to mix more often. While these undoubtedly helped some people, particularly those living on their own, the concept of the bubble did not solve the problem of care needs or social isolation for many parents, older people, disabled people or carers.

I conclude the article with a final reflection on my own position as an informal carer and how the lockdown affected my and my relative’s position.

I started writing the article in August 2020 and it was published in November. Since then there have been further lockdowns across the UK and a whole new concept of the ‘Christmas Bubble’ as we approach the holiday period. The article does not address these new rules but the issues remain. The evidence of the unequal effects of the virus and its social consequences has become even stronger. Let us hope that the virus itself will diminish in its effects but the underlying social inequalities will remain unless there is

clear government action to tackle inequality. My own research now turns to thinking about how to better understand and recognise networks of care and inequality and in particular how these affect older women.

Jackie Gulland is a Lecturer in Social Work in the School of Social and Political Science. Her work is inter-disciplinary and crosses the fields of social policy, sociology, social work, history and law. Her research concerns disability, older people, caring, gender and how people negotiate their rights within the welfare state. Her recent book Gender, work and social control: a century of disability benefits (Palgrave Macmillan 2019), was awarded the Social Policy Association's Richard Titmuss book prize for 2020.

The shock of vulnerability: philosophical contemplations on death and dying during the pandemic, in conversation with Michael Cholbi

You are one of the founding members of the International Association for the Philosophy of Death and Dying. I was wondering what the main questions in this field are.

Death and dying is actually one of the oldest and most pervasive concerns within philosophy. In fact, virtually every philosophical tradition explores how human beings should relate to death and mortality. Plato even went so far as to say that philosophy's purpose is to prepare us for death.

But over the past half century, the philosophy of death and dying has undergone a renaissance. Among the main questions about death and dying that philosophers explore are: Does death represent the end of us, or could we survive death – perhaps even become immortal? Should we wish for such immortality? How ought we feel about the fact that we are mortal? Does death itself merit fear – or some other emotional response such as anger or gratitude? Does the fact that we die threaten the prospect that our lives can be meaningful? And is death bad for us, and if so, how?

Death and dying is also a very vibrant area of research because it cuts across various subdisciplines within philosophy, including ethics, metaphysics, political philosophy, philosophy of medicine, philosophy of religion, even philosophy of technology.

During the pandemic, we are experiencing a new form of relationship with death. Every day, we see our friends and family members or those of others passing away, at a distance from us. We cannot attend family ceremonies, and even sometimes we need to mourn in isolation. This is somehow a new experience for many of us. How do philosophers help in this hour of need?

Most people in prosperous modern societies can effectively keep death and mortality at arm's length: Death is an infrequent event that happens behind closed doors, usually occurring with plenty of warning (most people die of long-term chronic illnesses rather than due to accidents or infectious disease). The Covid pandemic has upended these expectations, and in so doing, intensified what psychologists call 'mortality salience,' that is, our awareness of our own vulnerability to death.

Ironically though, while the pandemic has brought death nearer, it pushes the dead and the dying farther away in many respects. Family and friends are barred from physical

proximity to the infected, and social distancing necessitates that we grieve at a distance as well. For many, these experiences of others' death and dying are jarring, even traumatic. What we see in the pandemic, arguably, is individuals being deprived of opportunities to achieve the goods of grief. And that's where philosophy enters the scene to help us make rational sense of the world and our experience in it. In this case, philosophical inquiry can help us clarify what is ethically at stake in grief and mourning by situating them within larger evaluative frameworks. In other words, philosophy allows us to see what is good about grief and mourning and hence to pinpoint what the pandemic has deprived us of in that regard. More constructively, philosophy can help us sort through the social and political imperatives left in the pandemic's wake, including developing practices that foster the goods of grief; implementing policies that ensure just and equitable access to those goods regardless of one's social station or background; and ascertaining how communities should commemorate the pandemic and memorialize its victims.

It has been said that 'philosophy begins in wonder'. The current extraordinary situation makes us think about the things we took for granted in the pre-pandemic world; such as the importance of access to the dead body of the loved one. I know that in your forthcoming project at the University of Edinburgh you are researching this topic as well. Could you please share some of the ideas of your research with us?

My existing research on the philosophy of grief proposes that grief is our response to how our worlds and our identities are altered by the deaths of those in whom we are emotionally invested, and more specifically, how their deaths compel transformations in our relationships with them. In my future research, I'd like to understand better how rituals and other social expectations serve to facilitate those transformations and thereby foster what is valuable or important about grief. In the case of physical proximity to the corpse of a loved

one, my hunch is that this often allows a bereaved to relate to the dead in a state where they are neither alive but also not yet fully departed. This might make the needed transformation in their relationship with the deceased less abrupt and allow the bereaved to begin envisioning the role the deceased might play in their life henceforth. More broadly, I'm hoping that interdisciplinary research in collaboration with Edinburgh colleagues will allow me to articulate the clinical, therapeutic, and institutional implications of the philosophical theory of grief I've advanced in my research thus far.

The interdisciplinary approach to this topic is quite fascinating. While anthropologists are studying the funerary rites and rituals of grief, the medical scientists are more focused on the biological aspects of death. In what ways could these fields help philosophers in understanding death or grief?

There's a useful division of labour between philosophy and other disciplines when it comes to thinking about death. Other disciplines are sources of data about how death is understood in different cultures and institutional settings, data that philosophers can employ as evidence in inquiring into death's significance. Without that data, philosophers would have little to go on – but without philosophy, we'd be confounded in our efforts to understand why death is such a central part of human life.

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