

COVID-19 AND THE ANXIOUS BODY

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Since March 2020, many if not all of us have had to contend with new ways of comporting ourselves in the world. From the way we shop to the way we socialise—in a comparatively short amount of time, COVID-19 has exposed many of us to the fragility of everyday life. These changes to everyday experience are not isolated to specific localised actions, such as using more hand-sanitizer or even staying at home; rather, these changes have transformed experiences of the world—including ourselves and other people—more generally. The world that we have known, with its coat of familiarity and constancy, its atmosphere of security and protection, has come to an end. In its place, we have had to contend with a world stricken by disease and uncertainty, in which fundamentals of everyday life can no longer be taken for granted.

This fragile world has been given expression through the experience of our own bodies, as well as other people's bodies. In “typical” (or at least, pre-pandemic) circumstances, the body appears for us as a source of familiarity and intimacy. We are situated in the world, not as abstract and atomic entities in a grid of spatial references, but as living and embodied beings that are affectively attuned to the world and to the other bodies in that world. We move through the world with a tacit confidence shaped and framed by the liaison between the body and the environment. We reach out to things, maneuver out of the way, adjust ourselves, and communicate with others—all without having to think about it in the abstract. Our senses are not merely computational systems processing data, but affective regions, each tied together, which enable us to be situated in the world in a meaningful sense.

Of course, this is not always the case and in certain affective, neurological, and medical situations, the idea of a “typical” body that is a source of familiarity and intimacy is far from a given. Anxiety disorders would be one such example where the body is experienced from the outset as being radically contingent and in some cases alien to a sense of self (Guilmette 2020; Trigg 2016, 2018). The same is also true of pregnant embodiment (Trigg 2021). Other cases would include people living with chronic medical conditions, especially people

who are immunocompromised (El Dannan, Al Hasasni, and Ramsi 2020) or suffer from chronic pain. As Joshua St. Pierre writes: “If feeling requires a subject of experience—one who feels—pain reveals the limits of starting analysis from lived experience. Pain disassembles the habituated performance of social codes and even the human itself” (St. Pierre 2020, 30). Thus, a phenomenon such as chronic pain generates a baseline for the foundations of perceptual and affective experience, carrying with it a formulation of identity and intersubjectivity that is irreducible and singular. In such cases, what COVID-19 brings to the foreground in a radical sense, as seen from a critical phenomenological perspective, is that “the body” is not a singular or uniform entity, but is instead structured and shaped by a multiplicity of factors, each of which determine not only the pre-pandemic modes of embodiment, but also how the pandemic itself is experienced (Guenther 2019). With the advent of COVID-19, the idea of the body has been reconfigured on a number of levels. Most evidently, COVID-19 has issued a threat to the body on a medical front—both as a specific kind of contagious virus, but also in terms of long-haul COVID and, more specifically, how it impacts well-being more generally. More immediately, COVID-19 has changed how we experience our bodies in the imminence of the present. No longer a tacit foundation upon which our movement, actions, and expressions emerge, the body has now become foregrounded as an object of scrutiny, at once provoking suspicion but above all anxiety; and it is this element of objectification that I would like to reflect upon in this musing.

THE EVERYDAY WORLD OF ANXIETY

On the surface, the world that has emerged since the beginning of the pandemic does not appear to be radically different from the world prior to the pandemic. From the context of Vienna, from where I am writing, the first lockdown was a strange mixture of familiarity and unfamiliarity. Buildings remained intact, people could be seen milling about, and some shops remained open. At a glance, it appeared as though little had changed, other than the world being quieter. Yet in the midst of this apparent normality, a pandemic had taken hold, which disturbed the familiarity of everyday life in a radical sense.

At the heart of this disturbance is the role our senses play in engaging with the world. To take one example, consider here how surfaces that were once invisible and innocuous have now become charged with a sense of being sites of disease. Everyday objects—phones, door knobs, elevator buttons, etc.—are also altered from familiar tokens of everydayness residing in the background to things charged with an aura of danger.

In no uncertain terms, COVID-19 has issued a stark challenge to the idea that vision is the primary sense. Beyond vision, it is *touch* that has been foregrounded as the primary sense, especially from the perspective of the media. The injunction to avoid touching one’s face, touching other people, and touching surfaces more generally, reinstates—albeit in a negative mode—the porous interplay between ourselves and the world. We are not discrete subjects gazing upon an otherwise neutral world; rather, to put it in Merleau-Pontean

terms, just as we touch the world with our sensing organs, so the world touches us back (Merleau-Ponty 1968). Only now, the world that is reversing our touch is a world marked by disease and harm. As such, our relationship to the world is one that has to be kept at arm's length; instead of greeting people with our entire bodies, we have had to contrive novel ways to interact with people without potentially spreading the disease. And instead of freely touching the world around us, we have to exercise caution about which surfaces it is necessary to engage with in order to perform basic functions.¹ As fundamentally altered, the world and its arrangement of material things protrude into our perceptual experience, thus becoming thematized in their strangeness.

The accumulative result of these new dynamics is that dwelling in the world has been put out-of-joint, such that, for many (though not all) of us, a sense of being “at-home” is now experienced in terms of being *ill-at-home*. Yet again, it is important to note here that what COVID-19 brings to the foreground is not necessarily something novel; rather, it discloses a precarity, which for many people, was there all along, and especially in terms of a vulnerability shaped by existing health conditions, gender, race, and divergent forms of disability (Kruks 2016; Martiny 2015). Being ill-at-home in the world, whether it be through mood disorders or through modes of disability or through being singled out as *other* in some capacity, means being confronted with a world in which the meaning underpinning actions, intentions, and thoughts has fragmented (Abrams 2020). Into this fragmented scene, things no longer assume the value they once did; the everyday itself as a nexus of relational meanings loses referential value and, as a result, a sense of anxiety permeates much of life (Heidegger 2008). Central to this permeation of anxiety is the role the body plays in given expressive form to an atmosphere of anxiety.

THE BODY AS THING

In “normal” life, we generally take our bodies in a pre-given and taken-for-granted way, even if this taken-for-granted attitude rests on uncertain foundations or is the product of a privileged mode of embodiment. From the perspective of classical phenomenology, we move through the world with a tacit sense of our bodies as generating a feeling of directional, affective, and intersubjective awareness. Meeting other people, we have an implicit sense of how to conduct ourselves in proximity to other bodies. Distance and proximity are not spaces measured in abstraction, but rather degrees of intentional awareness we grasp from an experiential perspective.

Phenomenology has provided an abundance of attention to this modality of embodied life; the body engages in the world in a fundamentally affirmative way; the body relates to

¹Critically, while this may be a new facet of lived experience for many people, for people with immunocompromised conditions, such practices are constitutive of everyday experience. Thus, their own experience of COVID-19 is mediated by a set of determining factors that are largely overlooked for non-immunocompromised people.

the world in the form of an *I can* rather than an *I cannot*; the body is intertwined with other bodies in a fluid and dynamic way; and the body is, above all, a body that is “one’s own” (Merleau-Ponty 2012). More than this, from a phenomenological perspective, the body’s being-in-the-world is fundamentally and irreducibly affective in structure. As such, the body is not an atomic entity, but an opening that is co-constituted by the spaces in which we inhabit and dwell.

For all its attention on the body, phenomenology, at least as it has been traditionally conceived, has tended to privilege certain modalities of embodiment while also instrumentalizing “atypical” bodily experiences as generating evidence of the normative structure of the body as an “I can.” This tendency to privilege the body as a tacitly stable foundation for subjective experience has been evident in the method’s treatment of memory (Trigg 2012) and bodily agency (Trigg 2014), together with an overarching commitment to the sense of the body as “one’s own” (Trigg 2019). In each case, largely until the advent of critical phenomenology, phenomenology had tended to overlook the heterogeneity of specific articulations of bodily life, whether they be affective moods, physical disorders, or specific events of suffering such as solitary confinement (Guenther 2013; Reynolds 2017). The inclusion of the variations of bodily existence is especially a necessity in the case of “global” events such as COVID-19. Far from a great leveller, what the pandemic brings to light is the immense diversity in the experience and understanding of COVID-19.

Nevertheless, while it is a disease that is experienced in a multiplicity of ways, each way contingent on the specificity of the body in question, one dimension that tends to populate many of the narratives dealing with the pandemic is *anxiety*. The anxiety surrounding COVID-19 is not an amorphous affective force lacking direction; rather, it assumes a specific and amplified expression in certain situations and environments, which is given affective weight in and through the body. Moreover, the embodied experience of COVID-19 does not simply concern a body that has been infected by a disease; more complex than this, the disease transforms the lived experience of one’s own body more generally into an agent of anxiety whether a person is infected or not. This articulation of anxiety through the body has at least two aspects to it; first, in terms of one’s own relation to their body, and, second in terms of one’s relation to other bodies.

To begin with the first expression, one of the striking aspects of the COVID-19 pandemic is the modification of the body from the centre of intimacy and familiarity to a site of suspicion and otherness; it is a body that is not only at risk of becoming diseased but also of being a source of alienation. One way this manifests itself is in terms of the body becoming objectified as a potential carrier of disease. Many of the media narratives concerning COVID-19 focus on the elevation of anxiety in the population, with a specific focus on a heightened attention to changes in the felt experience of the body. Whereas the body is ordinarily a tacit presence in everyday life, in the age of COVID-19, signs and symptoms emanating from the body acquire a halo of meaning usually reserved for periods of illness and injury. A first-person report from the *Washington Post* captures this amplification of meaning vividly:

A thermometer sits on the window sill of my bathroom, right next to the toilet, so every time I go to the bathroom, I can take my temperature. I've been feeling like I have a low grade fever for weeks, and these days, a fever isn't just a fever. It's a signal you may have the coronavirus. And so I take my temperature about eight times a day to see if my fever has risen. (Chesler 2020)

What is notable about this passage, and many other passages in the media that echo this sentiment, is that instead of being a nexus of lived meanings, the lived body is now reduced to a *körper*—a thing-like body that has become foregrounded in its biological and anonymous materiality. As it is understood in classical terms, the thing-like nature of the body is the dimension of bodily life that materializes when the body as a physical thing is foregrounded through pain, illness, fatigue, psychopathologies, ageing, and so forth. Thus, in moments of sickness, the body ceases to be an implicit structure and is instead presented to us as a focal point of perception which can disturb our sense of selfhood. Likewise, catching sight of our bodies as having aged, we tend to experience a gap between who we think we are and our bodies which, as it were, have trailed off on their own. In each case, the body is rendered a thing that we observe and monitor for further changes, and which have little or no power over.

The same structure is no less true in the case of COVID-19. The COVID-19 body is not only an “ill” body in the sense of being infected by a disease, it is also “ill” insofar as it becomes a site of suspicion: generating a hypochondriac if not paranoid relationship to the body's materiality. As Kevin Aho (2020) writes in his incisive essay on the uncanniness of coronavirus:

My hands have become eerily conspicuous, like strange objects that I am only contingently connected to. Worried about contracting the virus, I no longer reach effortlessly for the doorknob or the cell phone; nor do I extend my hand in a warm greeting when a friend comes by. (8)

Aho draws our attention here to the manner in which the body has become largely mediated through a mood of anxiety. It is not that the hand as a discrete organ has become an object of anxiety in and of itself; rather, the hand gives expression to an anxiety that has already been instituted by the onset of COVID-19. In correspondence, sensations which previously had a contextual meaning within relationship to the everyday—headaches, tiredness, etc.—all now point toward a singular horizon: COVID-19. At the heart of this paranoid logic is the uncertainty of what is at stake in each of the body's processes, responses, and symptoms. The body that is presented to us in the face of COVID-19 is thus in large and unknown and unknowable body; it is a body that is ambiguous not only in terms of being both a thing and a centre of perception, but also in terms of being both mine and not-mine concurrently.

OTHER BODIES

It is not only our own bodies that undergo a shift in their perceptual and affective structure, but also our relation to *other bodies*. In normal circumstances, our communication with others is orchestrated on a pre-reflective level by the kinship of one body with another. Bodies grasp each other thanks to the fact that there is a primordial liaison between oneself and another (Merleau-Ponty 2012). Without having to think about it in abstraction, on an experiential level we grasp moods, modes of conduct, and affective and emotional states in an intuitive sense. As a sensing organ, my body puts me in contact with other bodies not as a recipient of static data, but as a network of constantly unfolding dynamic and expressive meanings. What this means is that, notwithstanding the specificity of cultural and affective differences, for the most part social life is regulated by a pre-reflective fluidity that operates on a latent rather than reflective level; such a dynamic is predicated on the idea of the body as an expressive system.

One of the salient aspects of COVID-19 is that it issues a challenge to the phenomenological idea of intercorporeality (Dolezal 2020). This is evident in at least two key respects. First, as expressive and bodily beings, we are always already in touch with other bodies. This is especially true from a Merleau-Pontean perspective. As he sees it, one's own body is not an autonomous mass of materiality solipsistically surveying the world; rather, it is part of a system which is interwoven in the fabric of other bodies irrespective of our own idiosyncrasies and preferences. Already having a body means being in touch with other bodies, each of whom belong to the same ontological order of life, and which thus form a "single fabric" of being (Merleau-Ponty 2012, 27). This is true as much on a structural level as it is on a sensual level. Just as touch involves a reversible movement between ourselves and the world, so the same is true of other aspects of intercorporeal life—not least the phenomenon of *breathing*.

As bodily beings, breathing is not a private practice sealed off from a neutral world; it is a porous exchange that reinstates that we are as much in the world as the world is in us. Breathing brings to light in a quite literal way our inheritance with others and our indissoluble liaison in a shared space. True, the manner in which this space is shared (and shareable) is mediated by any number of socio-cultural norms, which either amplify or underplay a sense of space as *ours* rather than *one's own*. Yet from the outset, breathing connects us to a common world, in which our inhalation and exhalation is both biological and affective; as Merleau-Ponty (1964) has it, "the body is already a respiratory body. Not only the mouth, but the whole respiratory apparatus gives the child a kind of experience of space" (122). It is only later on, when we acquire a sense of breathing as belonging to one's own body that a more rigid boundary line is cultivated between inside and out.

For this reason, breathing is also interwoven with anxiety inasmuch as it indexes a site of vulnerability in our being-in-the-world, as one report attests: "Being around others—especially strangers and crowds—has become an anxiety-ridden proposition. As much as we're yearning to be with people again, we can't help but think of the risks. Is this stranger's cough the one that will infect me?" (Peleg 2020). Thus, just as breathing dissolves

the separation of self and other, so it introduces an aspect of anxiety, the manifestation of which is nothing less than breathing itself. Indeed, it is notable that within the history of anxiety, as told from a phenomenological perspective, it is breathing that comes up time and again as the principal expression. Here, we can think of Heidegger's (2008) account of anxiety as being "so close that it is oppressive and stifles one's breath" (231) or Sartre's (1964) account of nausea as a "vision" that leaves one "breathless" (127). In each case, breathing takes shape in the midst of an affective atmosphere, mirroring the surrounding space in terms of being constricted and taut. As the surrounding world becomes oppressive, so our own breathing is felt as a force of oppression, a point that is especially pertinent to COVID-19 insofar as one of the disease's principal symptoms is a shortness of breath.

One of the striking aspects affecting our breathing during COVID-19 is the introduction of face masks. The ubiquity of the face mask is both a marker of a new modality of breathing—now more inward and self-reflexive—but also a marker of our relations with others. What this discloses is that the face is not insulated by the skin as a protective membrane, nor is the face simply an assemblage of parts; rather, it is a dynamic network which conveys meaning. Likewise, a mouth is not just a sector of the body employed for consumption and breathing; it is also a space in and through which intersubjective life is given affective expression, and, accordingly, denied expression when concealed. When this openness to the other is concealed, the trust that comes with it is also eroded, leaving in its wake an atmosphere of suspicion. And indeed, it is the atmosphere of suspicion that is another key feature of our current relations with others. Stripped of a primary mode of expression, the other has been deprived of their singularity and rendered an anonymous mass of biological (and potentially infected) flesh (Dolezal 2020). Against this, the other's presence is now measured in strictly quantitative terms, underpinned at all times by an anxiety over being too close to strangers, lest they be carriers of the disease even—or especially—unknown to themselves.

CLOSING REMARKS

As we see, then, the body that appears in the age of COVID-19 is not only vulnerable to disease, but it is also vulnerable to alienation and to anxiety. In all its variations, it is a body that is foregrounded in its thing-like status, becoming both an object and expression of anxiety. In the same measure, it is a body that is objectified in the gaze of an other, scrutinized as a potential bearer of a largely invisible disease. Against these aspects, the structure of intercorporeal existence, as it has been instituted in our present era, centres on a series of new practices, each of which demand that we re-habitualize our bodies—often in a counter-intuitive way—to conform to a language of distance and disease. The result is a decisive sense of alienation from both others and to ourselves, the extent of which remains to be seen. While critical phenomenology brings to light these dynamics in a rich and nuanced way, it also offers a preliminary challenge; namely, to problematize in no uncertain terms the multiple normative structures of the body as a homogenous and

interchangeable unit of matter structured by invariant characteristics. Such a challenge renders phenomenology accountable for its analysis of lived experience through attending to the social structures underpinning experience, and thus ultimately renders the method more vital and relevant than ever.

REFERENCES

- Abrams, Thomas. 2020. "Disability at the Limits of Phenomenology." *Puncta: Journal of Critical Phenomenology* 3 (2). <https://doi.org/10.5399/PJCP.v3i2.2>.
- Aho, Kevin. 2020. "The Uncanny in the Time of Pandemics: Heideggerian Reflections on the Coronavirus." *The Heidegger Circle Annual* 10: 1-19.
- Chesler, Caren. 2020. "Oh, no! Do I have a fever? When coronavirus fears rev up my hypochondria, my 9-year-old keeps me grounded." *Washington Post*. Accessed June 30, 2021. https://www.washingtonpost.com/health/oh-no-do-i-have-a-fever-when-coronavirus-fears-rev-up-my-hypochondria-my-9-year-old-keeps-me-grounded/2020/05/15/47285304-8a1d-11ea-ac8a-fe9b8088e101_story.html.
- Dolezal, Luna. 2020. "Intercorporeality and Social Distancing." *The Philosopher* 108 (3): 18-24.
- El Dannan, Huda, Moza Al Hassani, and Musaab Ramsi. 2020. "Clinical course of COVID-19 among immunocompromised children: a clinical case series." *BMJ Case Reports* 13 (10). : e237804. <https://doi.org/10.1136/bcr-2020-237804>.
- Guilmette, Lauren. 2020. "Critically Anxious." *Puncta: Journal of Critical Phenomenology*, 3: 20. <https://doi.org/10.5399/PJCP.v3i2.4>.
- Guenther, Lisa. 2013. *Solitary Confinement: Social Death and Its Afterlives*. Minneapolis: University of Minnesota Press.
- Guenther, Lisa. 2019. "Critical Phenomenology." In *50 Concepts for a Critical* Phenomenology*. Edited by Gail Weiss, Ann V. Murphy, and Gayle Salamon, 11–16. Evanston: Northwestern University Press.
- Heidegger, Martin. 2008. *Being and Time*. Translated by John Macquarrie & Edward Robinson. New York: Harper Collins.
- Kruks, Sonia. 2016. "Living Alterities: Phenomenology, Embodiment, and Race." *Contemporary Political Theory* 15: e11–e14, <https://doi.org/10.1057/cpt.2015.11>.
- Martiny, Kristian Moltke. 2015. "How to Develop a Phenomenological Model of Disability." *Medicine, Health Care, and Philosophy* 18 (4): 553–65.

- Merleau-Ponty, Maurice. 1964. *The Primacy of Perception*. Translated by William Cobb. Evanston: Northwestern University Press.
- . 1968. *The Visible and the Invisible*. Translated by Alphonso Lingis. Evanston: Northwestern University Press.
- . 2012. *Phenomenology of Perception*. Translated by Donald Landes. London: Routledge.
- Peleg, Oren. 2020. “Feeling Anxious About Returning to Life in Public? You’re Not Alone.” *Los Angeles Magazine*. Accessed June 30, 2021. <https://www.lamag.com/citythinkblog/stay-at-home-lifted-anxiety-germaphobia/>.
- Reynolds, Joel Michael. 2017. “Merleau-Ponty, World-Creating Blindness, and the Phenomenology of Non-Normate Bodies.” *Chiasmi International* 19: 419–36.
- St. Pierre, Joshua. 2020. “Living with Chronic Pain.” *Puncta: Journal of Critical Phenomenology*, 3:20. <https://doi.org/10.5399/PJCP.v3i2.6>.
- Sartre, Jean-Paul. 1964. *Nausea*. Translated by Lloyd Alexander. New York: New Directions.
- Trigg, Dylan. 2012. *The Memory of Place: a Phenomenology of the Uncanny*. Athens: Ohio University Press.
- . 2014. *The Thing: a Phenomenology of Horror*. Winchester: Zero Books.
- . 2016. *Topophobia: a Phenomenology of Anxiety*. London: Bloomsbury.
- . 2018. “Situated Anxiety: a Phenomenology of Agoraphobia.” In *Situatedness and Place*. Edited by Thomas Huenefeldt and Annika Schlitte. Heidelberg: Springer.
- . 2019. “At The Limit Of One’s Own Body.” *Metodo: International Studies in Phenomenology and Philosophy* 7: 1. <https://doi.org/10.19079/metodo.7.1.75>
- . 2021. “‘It happens, but I’m not there’: On the Phenomenology of Childbirth,” *Human Studies*. <https://doi.org/10.1007/s10746-021-09585-4>.