

MULTIMODAL BIO-SOCIALITIES

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COVID-19-as-sickness is framed through the same belligerent metaphors that underlie COVID-19-as-disease, as Yasmynn Chowdhury says in her essay (this volume). Meanwhile, certain illness experiences of COVID-19 are renamed ‘mild COVID-19’, rather than being included in the category of COVID-19-as-sickness, thereby marginalizing ‘mild COVID-19’ sufferers and disenfranchising them from treatment, as Gillian Chan notes (this volume).

On one level, Chowdhury argues, these metaphors draw lines for the positive purpose of ensuring self-protection. On another level, however, they reproduce and reinforce separations and fractures along lines of race, ethnicity, nationality and social class, while for the individual body a state of war might be draining and counterproductive. Drawing on the illness narratives of people

affected by HIV and other chronic diseases, Chowdhury proposes a reframing of COVID-19 metaphors to make them less aggressive and confrontational. Thus, an illness experience may be rethought from a 'battle' into a 'journey'.

Healing involves reinstating and re-enacting our intrinsic connectedness to the world in ways that can be felt as safe and self-preserving, and metaphors can be instrumental to such processes. Anthropologist Michael Jackson (1989) argued that metaphors can help restore the interrelationships between what he called different 'domains' of self, society and nature (ibid.: 151). When the links between these domains are broken, as in a crisis, metaphors can help restore the lost sense of unity, transforming or healing one domain by acting on another (ibid.: 144-155). René Devisch (1993), in his ethnography of healing practices among the Yaka of Zaire, described ritual metaphors as 'praxeological' devices which cut through distinct semantic fields, enabling 'a blending and empowering of senses, bodies, and world', and effecting 'innovative interlinking' by disclosing and activating synesthetic forces (ibid.: 43). To this very extent, images such as the 'weave' (Devisch 1993) or, more recently, the 'meshwork' (Ingold 2011) can be understood as similar life- and health-affirming devices. Bringing these praxeological metaphors back into the picture might help nourish lives that at present feel fragmented and scattered.

Meanwhile, Chan (above) shows how the conceptualization of COVID-19 as a disease has hijacked its political and social management as a sickness, with profound implications for the ways in which individuals are experiencing and responding to the health crisis. COVID-19 is not only an acute epidemic that can be eliminated by a technocratic 'militaristic' campaign: there will be and already are many people suffering it long-term. For this reason, it is important to keep thinking of COVID-19 in the socializing terms of a 'sickness' that would grant its sufferers access to free health care. As Chan elaborates in her essay, the definition of 'mildness' in 'mild COVID-19' has been constructed against the characteristics of COVID-19-as-disease. Based on physical symptoms and biomarkers identified by medical practitioners and questionnaires, 'mild' COVID-19 is thus placed 'at the bottom of a universal hierarchy of severity', removed from the domain of governance, and conceptualized as manageable by individuals. However, lived experiences of 'mild COVID' contradict its biomedical conceptualization, with patients still experiencing physical and affective symptoms as severe. Chan theorizes this process as an 'un-making' of COVID-19 as a sickness, where 'mild COVID-19' becomes an outlier of diverse individual experiences of illness that are statistically too scattered and irrelevant, and hence easily marginalized or even erased, with sufferers being denied access to adequate and legitimate health-care and welfare support

Multimodal ways of cultivating resilience and creating community with people living with chronic conditions vis-à-vis the chronicity of ‘mild COVID’ and ‘long COVID’

The above two contributions by Chowdhury and Chan highlight how, by using military metaphors for dealing with ‘real’ COVID-19 and by inventing a ‘mild’ COVID-19 that diminishes the severity of the illness experience, bioscientific frameworks have divested the state of responsibility and relegated the task of medical treatment to the domestic sphere. They both draw on the ‘classical’ medical anthropological distinctions between disease, sickness and illness, showing that this distinction continues to hold analytical force. Their work highlights how little is still known about COVID-19 *as an illness* and how it affects individuals. While this is important, we also need to think about how to reshape community in the face of disruption. Biosociality, which posits the organism and environment as interpenetrating (Ingold 2013: 11), has recently come centre-stage as a conceptual tool with which to understand the pandemic, as well as to craft responses to it (Gibbon et al. 2020; Williams et al. 2021). While arguing for the de-separation of the biological and the social, Jens et al. (2020) acknowledge that ‘projections’ in the space *between* the biological and the social ‘constitute powerful means to establish discursive authority’. In this essay, I argue that sensory and multimodal techniques and devices can occupy such interstitial spaces productively by mobilizing the biologically grounded perceptual potential in the human body while attending to its socially oriented patterning. In addition to macro-scale, top-down strategies that spotlight individuals’ conduct and adherence, more coordinated community and grassroots responses are necessary through which collective and individual subjectivities and moralities can surface and make themselves heard (Hadolt and Hardon 2017). In this section, I extend Chowdhury’s and Chan’s reflections to emphasize how sensory and multimodal approaches aligned with practice-based strategies can engender counter-hegemonic biosocial configurations for dealing with the pandemic and its long-term reverberations on individual and communal health.

While anchored in language, metaphor is known to inhabit the lived, moving body (Lakoff and Johnson [1980] 2003). Understood in this way, metaphors can be used as multimodal devices (cf. Varvantakis and Nolas 2019) to guide and shape sensory awareness and to re-direct the individual and social body as they project themselves and engage with the world as ‘ensembles of biosocial relations’ (Palsson 2013: 24).

One way of re-creating community in this fashion could be to reformulate social distancing as physical distancing. This, in turn, can be modulated through terms referring to the social morphology of seasonal movements such as the ‘ebbing’ or ‘waning’ of social contact, or evoking cyclical patterns of ‘concentration’ and ‘dispersal’ (cf. Mauss [1904] 1979, in Hsu 2017). Meanwhile, proxemic patterns (Hall 1990) could be rethought in terms of musical dynamics, or

aesthetic qualities such as ‘intersperse’, ‘punctuate’, ‘counterpoint’ (Ingold 2011), or alternating ‘synchronicities’ (cf. Hsu 2017). In this way, instead of being diminished by the ‘distancing’, the ‘social’ is being re-patterned and even enhanced through a materialist ontology of bodily movement applied to proxemic dynamics. This re-patterning would encompass the embodied perception of timing by drawing attention to bodily rhythms as ‘a vital bridge between the biological and the social’ and as intimately connected to our health and well-being (Williams et al. 2021). If, as Williams and colleagues have noted, the pandemic is ‘an *arrhythmic biosocial event*’ which has had more or less disruptive effects on life at different scales, an ‘education of attention’ (Ingold 2000, 2001) to bodily movement can support the reintegration of sustainable rhythms in people’s lives.

Physical distancing and bodily rhythms can be ways of creating community and negotiating sociality. Using a dance-practice and choreographic approach, Elswit (2021) envisions ‘new public choreographies’ which revolve around the shape that breath takes around the individual in public spaces, thereby mobilizing a material conception of air as a dimension of space and of breath as a measure for that space. She refers to this as a ‘coronasphere’, a variation on the kinesphere as an embodied geometry devised by Rudolf Laban, but engaging specifically with the perception of breath as a sensuous dimension of bodily projection in space. The coronasphere is ‘a way to imagine how breath extends the possible spaces occupied by the body and finds movement amid the radically altered sense of proximity that this produces’ (ibid.: 70). Here we have an alternative narrative at work, one based on sensuous words or, better still, sensed imagery. More specifically, the tactile-kinesthetic image of the coronasphere mobilizes an embodied awareness of space that contrasts with the disembodied, optical representations of space imposed by metrics. The coronasphere is not a top-down narrative, but one that is enacted soma-aesthetically or ‘from the body’ (Farnell 1999). The image of ‘public choreographies’ can be efficacious in contrasting atomization and isolation, summoning up the sense of being part of a whole.

New public choreographies—ones that let us feel the pleasure or passion of moving with others, while minimizing risk—will only emerge once more people hone their capacity to sense how breath forms expand beyond the skin, and to move attentively and ethically in proximity to other coronaspheres. Every person outside has a responsibility as a dancer, to train to better exist at this moment in which we are engaged in more communal movement, not less. This demands a shift toward moving with the space around us—instead of through it—and with all of the breathers that share it. It demands making physical choices in response to sensed imagery, and building kinesthetic connections to other moving bodies. (Elswit 2021: 71)

Creating community in this way thus involves a rethinking of what constitutes physical boundaries and thinking beyond the body-enveloped-by-skin (Hsu 2007). Elswit proposes a reformulation of bodily boundaries as not ending at the skin, but as extending to encompass one's breathing aura, which can expand and contract. Fixed measures of physical distance can be misleading, she argues, giving a false sense of security when in fact the distance that infective virus particles can travel varies depending on a range of factors 'from the level of ventilation to the violence of the respiratory event' (ibid.). Reliance on bodily sensitivities such as smell – e.g. so-called 'garlic-breath distance' – has recently been advocated as a better tool than metrics in assessing the risk of contagion (Marsh 2021). Elswit similarly proposes the adoption of 'experiential measurements of the extent of the body' as grounded in awareness of breath (ibid.: 71). Breath here figures as a material if invisible dimension of the body, a 'kind of touch' that can become crucial to negotiating safe sociality (ibid.: 69): '[O]nce breath becomes more material in this way, the points of contact between bodies themselves shift. The function of breath as a kind of touch calls for new skills, to understand the role of breath within that negotiation and to manage the intimacy that results' (ibid.: 70). As a 'kind of touch', breath becomes something that can be modulated. As our bodies are redefined by the range of our breath, this changes how we perceive and relate to the world and create community.

Sensuous technologies and movement sensitivities can be mobilized as low-tech, somatically grounded responses to the pandemic. These capacities have long been acknowledged in 'sensory medical anthropology' as taught at Oxford. Csordas (1993) theorized 'somatic modes of attention' as culturally patterned ways of attending to and with the body in an intersubjective milieu. Novellino (2009) spoke of 'sensory attunement' as a capacity by which things and living beings adjust to or 'tune in' the perceptual qualities of other things and living beings in an environment. Hughes-Freeland (2008) discussed the kinaesthetic enskilment the Javanese undergo as a process of embodying moral and social skills via kinaesthetically felt qualities, including rhythm, balance, posture, tension, presence and smooth, graceful movement through space. Selim (2020) described 'affective pedagogies' by which one can learn to modulate one's own affective responses to situations through 'teachable and learnable skills' (ibid.: 108) that include emotion-words. All of these techniques, skills and capacities can be engaged in for the sake of achieving particular 'transformative' effects, including regenerative and healing effects, and can be mobilized in the long-term process of dealing with the pandemic.

Techno-sensory interfaces

With digital and mobile technologies increasingly becoming part of communal and social living in the Western world, it is indeed the case that '[t]he virtual and the 'real' are not mutually exclusive dimensions of social life' (Masana 2017: 171) but become co-penetrated. As the boundaries between human and technology become permeable (Thomas 2021), our 'multimodal' lifeworld affords new types of bodily 'presences', both individual and social.

The web had already become a breeding ground for many forms of biosociality prior to the pandemic, with self-help groups and health-related networks allowing individuals to share knowledge, cultivate a sense of identity and sociality, and ease the isolation of those who are housebound with chronic conditions (Rabinow 1996; Masana 2017). During the pandemic, the potentialities of remote sociality and communication have been extended to include the social needs of healthy people in the Western world. Given to this dramatic expansion of web-based sociality, we can imagine that these touch-less, airtight social spaces will continue to play an important role in our future COVID-19-related health-care, especially for those struggling with 'long COVID' and/or with the mental health consequences.

However, if virtual biosocialities can compensate for human communication and staying in touch, they can hardly replace human co-presence, with many suffering especially the lack of human touch (Durkin et al. 2021). In response to this perceived crisis of tactility, practice-based researchers have been exploring ways to enhance the sensory experience of digital communication by activating the sense of touch by non-tactile means. Here the work of artistic explorations and medical anthropologists intersect. For instance, the artist van der Vlugt (2021: 86) asks, 'Is it possible to elicit a sense of material embodied relationality through the digital screen?' This is important particularly if we think of long-term chronic conditions, where sensory sociality needs to be actively reinforced. In ways that remind us of the pioneering work of the artist Thecla Schiphorst (2009) in the field of human-computer interactions, the work of van der Vlugt explores to what extent perceptual processes such as *transomatisation* (a bodily 'interpretation' and appropriation of non-bodily processes and events) or the 'haptic gaze' (where tactile perceptions and affects are summoned up by visual means) can be involved in this enhancing of sensory and digital online socialities (van der Vlugt 2021: 85).

Dance-researcher Thomas (2021) is exploring ways to summon up a sense of the 'presence' of touch and sensations of tactility through practices of remembering, recalling and imagining 'absent' or 'lost' touch. She too acknowledges that sensations of touch can extend to new dimensions, for instance, with the help of sound and audio-led experiences: '[W]e plan to use [binaural] technology to explore ways in which sound can invite a resonance of touch—of an

environment and between bodies (that are located remotely to one another) within it. Sound provides ways to connect bodies away from the “image,” dropping visual identities[;] sound can offer a gateway into a more personal and intimate exchange’ (ibid.: 95). Thomas lists different types of touch, ranging from somatically felt interoceptive sensing activated by and with one’s own body-interior to non-direct ‘environmental’ touch, which would consist in ‘attending to the way in which the environment touches us indirectly, the way in which the environment holds and contains the body within’ (ibid.: 93).

With direct touch being demonized as one of the main sources of contagion in this pandemic, leading to the withdrawal of body-to-body, affective tactility as a form of care (Douglas 2021), these artistic explorations call for an extended understanding of touch as generating new forms of togetherness and ‘presence’ via multimodal articulations of tactility. Again, a sensory orientation in medical anthropology is key to explore healing and the therapeutic possibilities that are inherent in these articulations. Besides studies highlighting the transitivity of tactility and vision (Taussig 1993; Porath 2011), it is known that sensory perception works synergistically (Merleau-Ponty [1962] 2012; Ingold 2000: 268). This implies that particular sensory qualities can be summoned up by a range of sensory modes, with specific smells, for instance, triggering the ‘enlivening’ visual quality of ‘greenness’ (Young 2005; Hsu 2021). It has also been recognized that modulations of sound and colour can ‘redeem’ presence, reintegrating the sufferer into the social world (De Martino 2005 [1961]; Desjarlais 1994). Following a similar, aesthetic logic, we can also consider *ekphrastic* dialogues – where spoken words are conducive to summoning up aesthetic experiences – as another strategy for redeeming the ‘lost’ presence associated with sensory deprivation or impairment (Irving 2013).

Here, it is also worth considering Rapport’s (2008) call for an anthropological re-evaluation of the field of ‘interiority’, the *terra incognita* (or *quasi-incognita*) of inner speech and unvoiced discourse that belong to the person only. While, as Rapport admits, it is utopian and impracticable for anthropologists to apprehend ‘the infinitude of the personal and the private’ (ibid.: 346), it is nonetheless important, from a critical medical anthropology perspective, to acknowledge the relationship between a person’s ‘subjectivity’, mental health and bodily processes of movement and perception (Boldsen 2018). At a time when so many people have been forced to retreat into complete isolation, multimodal and bodily techniques can provide individuals and communities with affective ‘scaffolding’ (cf. Downey 2008) to support and nourish inner worlds. Selim’s (2020) exploration of ‘affective pedagogies’ in contemporary Sufism in Germany is especially salient in this regard. She describes how breathwork, movement, sonic resonance and visual imagination can be mobilized for the intimate cultivation of an ‘inner space’ as a place of refuge,

acknowledgement of feelings and/or contact with an 'Elsewhere' that could be either secular or religious. Paying attention to the 'fleeting affects' that arise and disappear in the body as one engages in practice allows one to learn how to cultivate desirable (positive) emotions and tactics for dealing with undesirable (negative) emotions. 'These "fleeting affects" can ... be taught and learned. In time, with repeated practice, the energies that move bodies become articulated emotions, sustained sentiments, and cultivated dispositions, and thus trigger and channel new affective responses' (ibid.: 108).

To conclude, multimodal devices and bodily techniques can be adopted in managing the long-term impact of the pandemic on the individual and social body. Aesthetic strategies mobilizing movement, rhythms and sensory utterances, both direct and mediated by technology, can be used to re-integrate the individual safely into the social world, creating community, and providing affective scaffolding in times of isolation and disorientation.

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