

## Vulnerable bodies and invisible work: The Covid-19 pandemic and social reproduction

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### Abstract

The restrained state has always sought to devalue socially reproductive work, often consigning it to the private family unit, where it is viewed as a natural part of female relational roles. This marginalisation of social reproduction adversely affects those performing it and reduces their resilience to vulnerability. The pandemic has largely shattered the liberal illusions of autonomous personhood and state restraint. The reality of our universal embodied vulnerability has now become impossible to ignore, and society's reliance on socially reproductive work has therefore been pushed into public view. However, the pandemic has also exacerbated harms and pressures for those performing paid and unpaid social reproduction, creating a crisis that demands an urgent state response. As it is argued in this paper, the UK response to date has been inadequate, illustrating an unwillingness to abandon familiar principles of liberal individualism. However, the pandemic has also created a climate of exceptionality, which has prompted even the most neoliberal of states to consider measures that in the past would have been dismissed. In this paper, it is imagined how the state can use this opportunity to become more responsive and improve the resilience of social reproduction workers, both inside and outside the home.

### Keywords

Vulnerability, social reproduction, caregiving, gender equality, Covid-19 pandemic

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## Introduction

Seldom has an event so clearly illustrated the core tenets of Martha Fineman's vulnerability theory as the global Covid-19 pandemic has – that, as embodied beings, we share a constant and inescapable vulnerability, our fragile bodies living with 'the ever-present possibility of harm and injury' (Fineman, 2008, p. 9). Furthermore, our corporeal vulnerability means that we are 'dependent upon, and embedded within, social relationships and institutions throughout the life course' (Fineman, 2017, p. 134). The relentless, indiscriminate spread of the virus across the globe and the human failure to defeat or control it has starkly illustrated our universal helplessness in the face of forces of nature that we cannot fully understand, let alone hope to conquer.

In this paper, I critically analyse the UK's response to the pandemic through a vulnerability lens. In particular, I examine how the pandemic has affected the visibility and status of socially reproductive work, as well as the impact on those who perform it. Social reproduction, defined as 'the maintenance of life on a daily basis and intergenerationally' (Laslett and Brenner, 1989, pp. 382–383), includes a wide range of labour, including supporting and nurturing those who undertake paid work, caring for infant, elderly, sick, and disabled populations (either paid or unpaid), food preparation, and domestic work in the home. Across the globe, women undertake substantially more social reproduction than men, both on a paid and unpaid basis (Rai et al., 2014). The reality of the embodied, vulnerable, and episodically dependent human condition, as described above, means that society could not function without this work. Yet, the state consistently devalues social reproduction, denying its essential nature and society's reliance upon it. Where it is performed in the context of the private family unit, social reproduction becomes configured as a gendered endeavour – an expectation of the female relational role within the private family unit and lacking any value or recognition beyond this (Fudge, 2005). Even where the worker receives remuneration, caregiving and other social reproduction is regarded as unskilled labour, attracting low pay and often poor or precarious conditions (see Hayes, 2017). Instead, the state organises its institutions, including law, around an artificial image of autonomous liberal personhood, whereby the individual is imagined as rational, self-interested, and economically self-sufficient (Fineman, 2008; Gear, 2013).

I argue in this paper that the pandemic has shattered the illusion of autonomous individualism that underlies the liberal state's actions. Socially reproductive labour and society's undeniable reliance on it have come into public view after being concealed for so long. In this sense, an image of an embodied 'vulnerable subject' (Fineman, 2010, p. 2) has been forced to the forefront of the public imagination, also revealing the state's ultimate control (and the individual's corresponding lack of control) over the production of resilience against vulnerability. However, while this illumination of universal vulnerability has been useful in demonstrating the inadequacies in the liberal theoretical approach that has so long dominated, the global crisis has also had disproportionate adverse effects on those who undertake socially reproductive work. As I argue, it has always been the case that the state's devaluation and neglect of social reproduction has caused various economic, physical, and emotional harms to those undertaking the work (Gordon-Bouvier, 2019b; Rai et al., 2014). However, the pandemic has had a notably

exacerbating effect on these harms, causing intolerable situations that must urgently be redressed by the state.

The outbreak has demonstrated the urgency of a new approach involving a ‘responsive state’ (Fineman, 2010) that places the embodied and relational reality of personhood at its centre and strives to organise its institutions in order to promote resilience. Unfortunately, as I argue, the UK’s response has retained a commitment to the autonomous liberal ideal and has been inadequate and ineffective as a consequence. Despite this, I suggest that the atmosphere of exceptionality and crisis generated by the pandemic has provided a glimmer of hope that a different way forward is possible. In particular, the state’s new willingness to consider non-means tested basic income schemes could be used to improve the conditions of those who perform socially reproductive labour. However, such measures must take care to avoid further perpetuating gender inequalities.

The structure of the paper is as follows. I begin by outlining how the restrained state relies on liberal theoretical conceptions of personhood that regard the individual as self-sufficient and in possession of an invulnerable body. In the second section, I explore how the pandemic has made the illusion of autonomous personhood impossible to maintain and has exposed society’s reliance on socially reproductive work. In the final section, I stress the importance of a genuinely responsive state and outline how, in the UK, the state’s actions in response to the pandemic have unfortunately been hampered by its continued emphasis on the invulnerable body.

## **The invulnerable liberal body and the restrained state**

Western legal and political systems are founded on classical liberal theories of personhood that promote the idea that humans are inherently autonomous, rational, and self-sufficient.<sup>1</sup> As Fineman argues, the enactment of law and policy and the structuring of the state’s various institutions are carried out with a hypothetical ‘autonomous liberal subject’ in mind (Fineman, 2008). Gear (2013, p. 49) has described this person as ‘a human *adult* (male) standing in a highly selective relation to developmental time and processes – always paradigmatically fully-formed and functional’. The imagined autonomous liberal subject is constantly at the peak of physical power and independence, ‘its powers and capacities never deteriorating, its body never ageing’ (Gordon-Bouvier, 2019b, p. 169). In addition, liberal theories of personhood idealise and promote a restrained or ‘night-watchman’ state, whose role is confined to protecting and upholding the individual freedoms of its citizens. State interference beyond this, particularly in the form of redistribution of resources across populations, is regarded as an unwarranted encroachment on the liberal subject’s autonomy (see Nozick, 1974).

As vulnerability theorists argue, the autonomous liberal subject’s dominance in law and politics inevitably leads to the marginalisation and stigmatisation of vulnerability and dependency. Within the restrained state, those who cannot conform to the liberal ideal are frequently regarded as having failed to avail themselves of opportunities to become economically self-sufficient (Fineman, 2004). Dependency on the state, whether through welfare benefits or healthcare provision, is viewed with disapproval, often presented as imposing an unacceptable burden on so-called ‘responsible citizens’

(Brown and Baker, 2012). Rather than being recognised as an inherent and inevitable aspect of the human condition, vulnerability under the liberal perspective is depicted as an extraordinary condition that affects only certain designated groups (Fineman, 2013, p. 16). Visible evidence of embodiment, such as disability or old age, is othered, as it threatens the illusion of the autonomous liberal subject's permanently strong body. The promotion of invulnerability as the norm allows the restrained state to evade responsibility for redressing inequalities. The dominant rhetoric of personal responsibility for one's own societal position places the blame for hardship squarely on the individual rather than on the state's unequal distribution of the resources that provide resilience against inherent vulnerability.

The autonomous liberal subject is depicted as atomistic and self-sufficient rather than relational and dependent. The constant cycles of care and social reproduction, essential to sustain and nurture life, are absent from the liberal perspective. As Halewood (1995, p. 1336) argues, 'liberal rights theory separates itself from the body, basing its universalism on the equality with which it attaches to all legal subjects as abstract wills or personalities, rather than as particularly instantiated or situated bodies'. The human ability to reason and act rationally becomes the primary focus within these theories, with the body being regarded as a mere vessel for the superior mind, or 'surplus material' (Halewood, 1995, p. 1337). The liberal perspective also ignores the human body's complete reliance on its surrounding material and environmental conditions. Without the effective functioning of the natural environment in which it is situated, the fragile human body would very quickly perish. As Gear (2011, p. 40) argues, 'the interrelational structure of our embodied existence firmly locates us as *part* of the living order, continuously intimate with its lived, pulsating movements'.<sup>2</sup> However, these interconnections between humankind and the natural world are downplayed in liberal theories, often 'accompanied by disregard for the well-being of the non-human animals and by an exploitative attitude towards the environment' (Gear, 2011, p. 25).

### ***Masking embodiment: The systemic concealment of social reproduction***

As vulnerability theorists argue, the liberal state's ideal of self-sufficient personhood is an illusion that bears little resemblance to the temporal and embodied reality of the human lifecourse (see Fineman, 2008). Its ideological force is only made possible by the systematic devaluation and concealment of the socially reproductive work necessary to sustain the population and support economic production (see Bezanson and Luxton, 2006). The neoliberal state structures its institutions in such a way as to remove embodied vulnerability and dependency from public view, allowing perpetuation of the myth that the invulnerable and quasi-disembodied autonomous liberal subject represents the norm. Law and legal discourse play a particularly prominent role in obscuring the value and necessity of social reproduction. As Smart (1989) has argued, law possesses unique truth-creating powers that allow it to reinforce ideology and myth as settled fact, rendering it impervious to challenge. Thus, law is able to uphold core tenets of liberal individualism, while simultaneously marginalising those who cannot conform to the autonomous ideal.

Liberal legal systems draw a conceptual distinction between the public and private spheres; the former represented by the free market and the latter by the private family unit (see Cossman and Fudge, 2002; Olsen, 1983). State intervention in the private realm is viewed with caution, with the activities and relations between family members considered to lie predominantly beyond state and legal concern (O'Donovan, 1985). While the family unit itself (invariably based on the married, heterosexual ideal) is depicted as existing independently of the state, it is a highly constructed institution that allows the realities of embodiment and dependency to be concealed within its folds (Fineman, 1995). The family is constructed through gendered norms that continue to exist, even in an era of supposed equality of the sexes. Dominant ideologies operate to construct socially reproductive work as a natural part of female relational roles within the family, stripping it of its work-like quality and instead configuring it as an expression of affection (see Fudge, 2005). Even when socially reproductive work is paid, it tends to be feminised and poorly remunerated.

Where the state has sought to redress inequalities between men and women, this has always been centred around formal equality initiatives in the workplace, which have left the private realm largely undisturbed. As a result, socially reproductive work remains unevenly distributed in the home, even where women are also engaged in paid work (Crompton and Lyonette, 2008). The detrimental impact that this double burden has on women has been extensively discussed in academic literature. Women's unpaid caregiving and homemaking work lead to lower pay and slower career progression on average, in comparison to men (Cooke, 2014). The difficulties in combining home and workplace obligations, often leading to physical and mental exertion, have been theorised as the so-called 'second shift', consisting of invisible and undervalued work (Blair-Loy et al., 2015; Hochschild and Machung, 1989).

There are very few opportunities within the legal framework for unpaid social reproduction in the home to be compensated. Demonstrating its promotion of the quasi-disembodied autonomous liberal subject as the norm, the restrained state regards the valuation and distribution of work taking place in the 'private sphere' as matters that are beyond public concern. There are limited exceptions to this within family law, where the court comes to value spousal contributions for the purpose of financial redistribution on divorce. Here, the law purports to regard homemaking as being of equal value to monetary contributions.<sup>3</sup> However, this proclamation of equality does not demonstrate recognition of social reproduction in any substantive sense, as it only applies where the couple in question is married, and then only at the point of divorce (Barlow, 2007). Additionally, the growing emphasis on individual autonomy within family law over the past decade (see Diduck, 2014) means that undertaking social reproduction is often viewed as a free choice and one that should not attract compensation, either from a former spouse or from the state (see e.g. Deech, 2009). Where the law *is* confronted with questions of valuing care and other social reproduction, gendered discourses of emotion and sentimentality are often used to reduce its value. One example is in the area of property and trusts law that deals with claiming a beneficial interest in the family home (applicable where the family is unmarried). Here, courts have often dismissed women's non-financial contributions as being motivated by love and sentiment rather than an ownership intention<sup>4</sup> (Gordon-Bouvier, 2019b; Lawson, 1996). Within the case law,

female relational roles appear to be incompatible with the idea of economic value, echoing Silbaugh's (1996, pp. 32–33) argument that 'the court as a matter of law turns labor into love'.

The state's concealment of social reproduction also operates on spatial and temporal levels, seeking to reinforce it as a gendered and privatised endeavour. The home, presented as the ideal spatial setting for caregiving and nurturing, is also configured as a space where the state should never encroach (Williams, 2002). While the modern emphasis on remote working has to a degree problematised and blurred the previously neat spatial boundary between the home and the workplace (at least for the middle-classes), the home remains ideologically configured as a place of leisure; a retreat from the harshness of the public sphere (Chapman and Hockey, 1999). The constant cycles of maintenance necessary for it to fulfil this nurturing purpose are rendered largely invisible.

Temporally, unpaid social reproduction is expected to be fitted around the paid working day (McKie et al., 2002). Paid work is invariably viewed as more important, with social reproduction often occurring during times where it goes unnoticed and unappreciated by other family members and the public (Gordon-Bouvier, 2019a). While there has been an increased legal and political emphasis on flexibility in the workplace and promotion of work-life balance (Grabham, 2014), this has not reduced the temporal burden on those who perform socially reproductive work. Employment practices and laws remain configured around a hypothetical 'ideal worker', who is largely unburdened by domestic and caregiving obligations (Busby and James, 2020; Smith, 2014). While workers can request changes to working hours to accommodate caregiving, in many professions, making this request carries a stigma and is viewed as a deviation from the autonomous norm (Chung, 2018). Additionally, the availability of workplace technology that enables work to be carried out remotely, but which requires availability almost around the clock, can increase the pressure for those who perform social reproduction by failing to set clear temporal boundaries between work and home life.

## **Covid-19: Shared vulnerability but unequal resilience**

As an event, the pandemic has highlighted many of the core tenets of vulnerability theory discussed above. In particular, it has severely undermined the myth of the autonomous liberal subject and instead reinforced the universal and constant nature of embodied vulnerability. The qualities of self-sufficiency and quasi-disembodiment that characterise the autonomous liberal subject, and which have been employed to justify increasingly neoliberal state policies, have been exposed as illusory and hopelessly unrealistic in the face of a virus that strikes down even those who can emulate the economically self-sufficient ideal. Instead, when responding to the pandemic, states have been forced to explicitly acknowledge the universal vulnerability that has hitherto been ignored or concealed. As Jon (2020, p. 334) has noted, '*[t]he coronavirus ... makes our bodies appear at the centre of politics/policy making*'.<sup>5</sup>

While the pandemic has been depicted in public discourses as an unprecedented, 'black swan' event, natural and humanitarian disasters are by no means novel phenomena. Poorer nations, usually lacking the medical infrastructure present in this country and

the rest of the Global North, have endured disease outbreaks and environmental catastrophes at numerous points in recent history. However, the Covid-19 outbreak is unique in its global reach, making it impossible for even the world's wealthiest nations to distance themselves from this crisis and cling to capitalist illusions of invincibility. Instead, Covid-19's spread, across borders and in seeming defiance of any measures to control it, illustrates the reality of human precarity. In an instant, the institutional structures and dominant ideologies that have for centuries been presented as invulnerable and unbreakable, have crumbled and been revealed as illusory. To understand and indeed, to survive, the pandemic's impacts, it has become clear that state's must accept the reality of a vulnerable body that is in constant need of care and is dependent upon other humans and its environment for survival and safety.

Importantly, the pandemic has emphasised the social and institutional embeddedness of human nature, as well as the state's central role in protecting the welfare of its citizens. While liberal theories and neoliberal discourses are based on individualism personal responsibility, it has become abundantly clear that a restrained minimalist night-watchman state is incapable of dealing with the current crisis in any meaningful way. Instead, states have been forced to become more responsive. Illustrating this, when the pandemic broke out in early 2020, the initial official discourse in many countries (including the UK) shifted towards one of care, which can be seen as surprising in view of many decades of neoliberal policies and individualism (see Branicki, 2020). Highlighting awareness of relationality and dependency, we were suddenly urged by officials to take care of others and to avoid actions that would have a detrimental impact on those at higher risk. However, as I discuss below, the initial recognition of relationality has gradually given way to a return to individualism.

While vulnerability is rooted in the ontological body and is therefore universal, societal inequalities result from unequal distribution of resilience across populations (Fineman, 2017). As well as illuminating our shared vulnerability, the pandemic has also laid bare severe inequalities in access to resilience that mean that the pandemic is by no means experienced the same across society. Fineman (2017, p. 146) explains resilience as 'the critical, yet incomplete solution to our vulnerability', arguing that '[a]lthough nothing can completely mitigate our vulnerability, resilience is what provides an individual with the means and ability to recover from harm, setbacks and the misfortunes that affect our lives'. While vulnerability that results from embodiment is constant and unavoidable, the way it is experienced greatly depends on the individual's access to a range of social, relational, and material resources. Fineman (2020) stresses that 'no one is born resilient. Rather, resilience is acquired over time, within social institutions and relationships'.

In the case of the pandemic, it quickly became apparent that the risks and effects of the virus were not being felt equally. While many middle-class workers were able to work relatively comfortably from their homes, thus avoiding much of the risk of being infected, those working performing paid socially reproductive work, such as caring or food distribution, were not afforded this option, as it would have led to societal collapse (see Thomason and Macias-Alonso, 2020). Moreover, UK frontline healthcare workers caring for the sick and dying were not provided with adequate personal protective equipment (PPE) because sufficient levels of such equipment did not exist and could

not be manufactured in time. The lack of PPE was a direct consequence of neoliberal state policies that had long prioritised economic growth over personal safety. The daily reports of deaths at the height of the pandemic (the numbers which included several frontline workers) displayed the direct human cost of this mercenary approach. This was not a novel phenomenon either, as neoliberalism and austerity politics have always had brutal effects on marginalised populations. However, these tend to be downplayed or concealed in public discourse, which became much more difficult to do during the pandemic. Analysis of deaths and hospital admissions also revealed that there were disproportionately high numbers among BAME populations. While this may indeed partly have a genetic cause, it also highlighted pre-existing issues of social inequality and unequal access to healthcare and a safe working environment (Bhatia, 2020).

Inequalities in housing and access to space, both of which are influential in terms of how the pandemic is lived, were also exposed. The government discourse around the lockdown period at the outset of the outbreak ubiquitously imagined the home as a place of safety, away from the infection-risk now presented by public spaces. However, for many, the expectation of confinement to the home created intolerable and dangerous conditions. Cramped housing, poverty, and lack of availability of outdoor space meant that, while protecting against Covid-19 infections, lockdowns risked causing or exacerbating other physical and mental health conditions instead (see Mikolai et al., 2020). The state's depiction of the home as a safe space also ignored realities of domestic abuse, which increased during the lockdown period in a number of countries (Mahase, 2020). The forced closure of a range of facilities and services meant that victims had a greatly decreased support network and little opportunity to escape harmful conditions in the home (Usher et al., 2020). Thus, the lockdown, as it was portrayed by the state, bore little resemblance to the lived reality for those who already lacked resilience-enhancing resources. It also highlighted how differences in levels of resilience, while not eliminating the risk of the virus, substantially affect how an individual experiences the pandemic.

### *A crisis of depletion and a lack of resilience*

While many have been adversely affected by the pandemic, the impact has been felt particularly keenly by those undertaking social reproduction, both inside and outside the home. Performing socially reproductive work in a society and a state that neither supports nor values it can expose individuals to a range of economic, physical, and psychological harms. Rai et al. (2014, pp. 88–89) have described this phenomenon as 'depletion', which they theorise as 'the level at which the resource outflows exceed resource inflows in carrying out social reproductive work over a threshold of sustainability, making it harmful for those engaged in this unvalued work'. Adopting the terminology of vulnerability theory, social reproduction workers' depletion can also be described as reduced resilience. Through its disregard for embodied vulnerability, the restrained state fails to provide the material and institutional resources necessary to support social reproduction. While social reproduction workers already faced substantial disadvantage before the outbreak (Rai et al., 2014), this has now been exacerbated, especially during periods of national lockdown when the population was largely confined to the home, making it especially difficult to balance work and family life. The



pandemic shifted traditional boundaries between the public and private sphere, greatly intensifying the pressure on social reproduction workers. Spatially, the home was now expected to serve as both a workplace and a place of education, as schools, childcare providers, and employers closed in order to reduce infection levels. On a temporal level, the difficulties of balancing domestic and employment obligations were greatly intensified. Working parents were expected to ensure that their children continued to follow the routine of the school day during the lockdown period. This had to be combined with working remotely, which continued to carry expectations of ‘professionalism’ and conformity to the ideal, domestically unburdened worker (see Gourlay, 2020). The increased pressure of juggling caregiving and other social reproduction with professional obligations was described by one commentator as a ‘never-ending shift’ (Boncori, 2020).

Unsurprisingly, the gendered split in the performance of socially reproductive work in the home did not change during the pandemic, even in households where both parents worked and were confined to the home during the lockdown period. Data from the Office for National Statistics gathered during the first lockdown period indicated that women performed two-thirds more of childcare duties than men during the pandemic (ONS, 2020). Research in Italy also discovered that women had undertaken the majority of housework (Del Boca et al., 2020), whereas studies from the US found that mothers had suffered more stress than fathers during the outbreak (Hamel and Salganicoff, 2020). Furthermore, the United Nations claimed that, on a global level, women had been disproportionately affected by the pandemic, noting in particular the increased burden of unpaid work (United Nations, 2020).

## **A responsive state? Narratives of heroism and personal responsibility**

Vulnerability theory mandates that the state must respond to vulnerability by organising its institutions in such a way as to build resilience. While, as discussed above, the pandemic has meant that the reality of universal vulnerability can no longer be concealed or ignored to the extent that it previously has, the extent of state responsiveness across the globe has been variable. My analysis in this section focuses on the UK, where I argue that the state has missed an opportunity to become responsive by refusing to abandon the familiar liberal principles of self-sufficiency and state restraint. Nonetheless, I argue that there are also reasons to be optimistic that the pandemic can bring about genuine change in respect of valuing social reproduction and increasing the resilience of those who undertake it, as the climate of exceptionality surrounding the crisis has resulted in a forced expansion of the parameters of state responses.

When responding to the pandemic, the UK government has continued to promote liberal individualism and myths of invulnerability. For example, it has frequently invoked images of battle and warfare, positing the virus as an enemy of humanity that must be defeated (Gillis, 2020). As Branicki (2020) has argued, this reflects a masculine and aggressive approach to crisis management, which ‘tends to be conceptualized as a rational and linear process which follows discrete stages of signal detection, preparation/prevention, containment, recovery and learning’. Additionally, as Gillis (2020, p. 2) points out, military metaphors carry ‘strong historical resonance and immense emotional

power and can accordingly function as a linguistic device that makes it difficult to question governments' responses and responsibility'. By relying on war imagery, the UK has portrayed the virus as an extraordinary and temporary threat that must be conquered before life can resume 'as normal'. As I have argued throughout this paper, this characterisation is inaccurate. The pandemic, through its global reach, has merely highlighted the existing reality of universal human vulnerability and the body's dependence on relational and institutional networks, as well as its environmental surroundings. Nor is the virus likely to simply 'go away', allowing the illusion of individualistic autonomy and state restraint to be resumed. As the months stretch on and new waves of infections loom, it is becoming clear that this is not a battle that will be easily won. Even though there are reasons to be optimistic about the global vaccination efforts to date, the threat of future pandemics and vaccine-resistant strains will still exist after Covid-19 has subsided. Instead of pursuing the hopeless task of eliminating vulnerability by 'defeating enemies', the state needs to focus on structuring itself to ensure equitable distribution of resilience-enhancing resources across populations.

The UK's approach to social reproduction during the pandemic also highlights a refusal to fully recognise the reality of vulnerability and dependency. The pandemic highlighted society's direct reliance on socially reproductive work for its effective function. While social reproduction workers, such as nurses and carers, have always been undervalued and underpaid by the state, their status was suddenly elevated in the media and in political discourse to that of 'heroes' (Cox, 2020). Echoing the battle metaphors discussed above, those care and public sector workers who lost their lives to the virus were presented as if they were fallen war dead who had sacrificed their lives to their country (Benziman, 2020). The rhetoric of heroism sought to obscure the fact that their deaths largely resulted from unsafe working conditions, lack of PPE, and an absence of choice over attending work, due to inadequate economic support from the state. It also demonstrated the state's direct reliance on the affection and moral duty that many caregivers have for those they care for. Emotion is capitalised upon to downplay the value of care and other socially reproductive work. Legal and political discourses grounded in liberal individualism characterise caregiving as ideally altruistic, despite the enormous economic value its performance confers on society (Sloan, 2012). This reliance on altruism was also evident in the national weekly round of applause for the 'NHS heroes' who were 'keeping us safe' when the reality was that they were working in a system that was woefully underfunded and under strained and sometimes intolerable conditions, as a result of decades of government cuts. This illustrates Fineman's (2011) argument that state institutions, as well as individuals, are vulnerable. In its refusal to acknowledge the reality of the human condition, the restrained state has created institutions that are unable to withstand this crisis. Yet, through the language of heroism, and sacrifice described above, the state was able to obscure its own failures.

Although at the outset of the pandemic, the public discourse in many countries, including the UK, was punctuated by a new sense of solidarity and collectivism – that we were 'all in this together' (see Coulter, 2020), this has increasingly given way to the more utilitarian argument that some human lives may need to be sacrificed in order to keep the economy from collapsing (see van Uden and van Houtum, 2020). This narrative draws clear distinctions between 'healthy' and 'unhealthy' bodies, marginalising and

stigmatising the latter and viewing them as direct obstacles to economic progress. As it became clear that biological factors such as age and sex were relevant indicators of mortality from the virus (Petrilli et al., 2020), lines were drawn between those who had 'vulnerable bodies' and those that did not. The reporting of deaths and hospital admissions in the media made frequent reference to the presence of underlying health conditions among victims that could have contributed to the outcome. This reinforced the notion of a strong, young, and healthy body as the norm, reflecting the qualities possessed by the quasi-disembodied autonomous liberal subject discussed above.

This othering of bodies that do not conform to the liberal ideal was particularly prevalent in respect of the elderly population. Whereas ageing is an inherent and unavoidable component of the human condition, the discussion of elderly bodies and their perceived susceptibility to the virus, marked them out as being contrary to the norm. Government suggestions that the elderly should continue self-isolate while lockdown was eased for younger people also added to the sense of marginalisation and discrimination (see Proctor, 2020). This is strongly indicative of the liberal tendency to view embodied vulnerability as an extraordinary rather than universal phenomenon, restricted to narrowly defined groups (Fineman, 2013). However, the seemingly neat, utilitarian solution of only isolating those bodies regarded as vulnerable fails to acknowledge the extent to which 'low risk' individuals are also embedded in relational networks with those who are a higher risk. For instance, while children are the least likely of any age group to suffer adverse effects from the virus, their parents may be reliant on childcare provided by grandparents, enabling the parents to undertake paid work. In fact, the state's privatisation of caregiving and the absence of an effective and affordable childcare scheme means that these informal relationships are particularly crucial to the function of the economy, and will mean that measures aimed solely at 'the vulnerable' are likely to be ineffective.

The notion of individual blame has also emerged within the public discourse, with people being stigmatised for risky behaviour and presented as having brought risk upon themselves. An example is the UK government's declaration of a 'war on obesity', which encourages people to 'lose weight to beat Covid-19 and protect the NHS' (Department of Health and Social Care, 2020). This again is framed in the language of personal responsibility, with the insinuation that complications from the virus arise due to unhealthy choices made by individuals. It also reveals a strong narrative of state restraint, seen in the suggestion that taking personal responsibility will 'save the NHS'. This falsely implies that the functioning and resourcing of the health service is something that lies within individual rather than state control. As is becoming increasingly apparent, the state must abandon this reliance on liberal principles if it wishes to effectively deal with the current crisis.

### *A glimmer of hope? New opportunities to value social reproduction*

An important task for the responsive state is to radically reformulate its approach towards social reproduction. As I have argued throughout this article, those who perform this work lack resilience, which has been both highlighted and exacerbated by the pandemic. The state must therefore aim to create greater resilience for these individuals,

whether they work in the home or in the paid sector. As I stated above, despite the inadequacy of the current state response, there remain reasons to be positive that the pandemic can prompt some much-needed changes in valuing social reproduction and in building more resilient institutions that respond to vulnerability. The outbreak has created a sense of exceptionality and urgency (Lidskog et al., 2020) that has been missing to date in conversations around the valuation and distribution of unpaid work. The various cloaks that have permitted the concealment of vulnerability and dependency have been lifted away, fully illuminating the issues that the state must now address. This has caused even the most restrained of states to consider measures that hitherto were unthinkable, including basic income schemes and the nationalisation of public services.

The current government's new receptiveness to basic income, as seen through the introduction of the furlough scheme in the UK, could be seized upon as a way of valuing unpaid informal social reproduction in the future. The suggestion of a non-means tested state-paid income as a way of meeting the cost of social reproduction and addressing problems of depletion has been made by numerous feminist scholars (Gordon-Bouvier, 2019b; McKay and Vanevery, 2000; Pateman, 2004). The crisis of depletion during the pandemic has helped to reinforce the extent to which paid work depends on unpaid social reproduction in the home. A non-means tested basic income scheme could offer much-needed respite and thereby increase the resilience of those currently struggling to combine caregiving with employment. Additionally, paying basic income allows the state to place a direct value on social reproduction in the home, compensating those who undertake this work for their reduced ability to engage in paid work. In this sense, it differs substantially from state benefits, which invariably stigmatise recipients and label them as failing to contribute to society.

While the conditions created by the pandemic may provide some hope for a more satisfactory state response to social reproduction than currently exists, it is nonetheless important not to overstate the ability of basic income alone to resolve all existing problems of depletion. The state needs to respond in a more holistic manner than merely paying those who perform social reproduction. In particular, work needs to be done to challenge the harmful gendered ideology that persist in characterising caregiving and other social reproduction as 'women's work'. The inherent risk of merely rewarding social reproduction without addressing its unequal distribution is that women will be pushed away from pursuing paid work, creating a two-tier system, whereby social reproduction remains inferior (see Ellingsæter, 2012; Schultz, 2000). Even the most generous of basic income schemes are unlikely to be able to match salaries from paid work, meaning that there will be little incentive created to persuade men to undertake more socially reproductive work.

Instead, the state urgently needs to reformulate its expectations of its citizens in a manner that reflects the universal reality of embodied and periodically dependent personhood. Currently, economic self-sufficiency is expected of all and failure to comply is stigmatised and penalised. Yet, the state regards the performance of socially reproductive work as optional (or, at least, optional for some). This distinction is illogical, as both forms of work are essential for society's continued function. The pandemic has provided a unique opportunity for replacing the fictitious and harmful autonomous liberal subject with a more realistic vulnerable subject who both cares for others and requires care

herself. Centring the vulnerable subject in state responses would recognise that social reproduction and the provision of care is ultimately a collective rather than a private responsibility (see Harding, 2017). Just as economic inactivity is currently heavily stigmatised, so too should be a refusal to share in the collective obligation of social reproduction. The pandemic has demonstrated the extent to which society depends on social reproduction and this opportunity should be seized to enable society to function effectively despite the existence of threats to the human body.

While the above has focused on ways to value unpaid social reproduction in the home, it is also necessary for the state to improve conditions for those undertaking paid social reproduction. Throughout the pandemic, the UK government has repeatedly described not only teachers and nurses but also supermarket workers, transport personnel, and carers as ‘essential workers’, yet, pre-Covid-19, many of these occupations were treated as low-skilled and low status. The pandemic has illustrated society’s fundamental dependency on all forms of social reproduction, as well as provided citizens with a glimpse of the hardship caused when services such as food supply, childcare, or healthcare are withdrawn or limited. Zwanka and Buff (2021, p. 60) have described Covid-19 as a ‘cataclysmic event’ with the potential to change future behaviour and attitudes across populations. They tentatively predict that one such change may be an elevation in social status of frontline workers such as teachers, nurses, and utility workers (Zwanka and Buff, 2021, p. 62). However, any such change in status also needs to be matched by significant state action towards providing the material resources necessary to adequately support them.

## **Conclusion**

The global Covid-19 crisis lends itself particularly well to a vulnerability theory analysis. The inescapable reality of universal embodied vulnerability has been laid bare and states, in responding to the crisis, have had to confront this. While the pandemic has been labelled as unprecedented in public discourses, it has merely exacerbated and revealed problems and inequalities that already existed, but which were concealed behind a rhetoric that promoted individualism and self-sufficiency. As I have argued in this article, the outbreak has highlighted the extent of the state’s reliance on social reproduction (both paid and unpaid), which has always been gendered and devalued – much of it hidden within the home. The lockdowns that were imposed in the UK and elsewhere involved spatial and temporal shifts that rendered socially reproductive work more visible, but which also created often-intolerable situations of trying to balance various responsibilities. The unequal gendered division of social reproduction within society means these difficulties have affected women more than men.

As I have argued, it is important that the state responds to vulnerability, building institutions that can create resilience rather than exacerbating inequalities, as they currently do. The pandemic exposed the fictitious and fragile nature of the autonomous liberal subject that underlies much of law and policy. In view of this, it is disappointing that the state response in the UK still tries to uphold principles of liberal individualism and state restraint, especially through the othering of bodies that do not conform to the invulnerable ideal and the promotion of caregivers as ‘heroes’. Despite this, the

pandemic has created an unprecedented opportunity to bring about more radical change than has been possible in the past, especially in terms of increasing resilience for social reproduction workers. The air of exceptionality and urgency surrounding the crisis means that states are more receptive to new approaches, including traditionally socialist initiatives such as basic income schemes. Basic income has long been suggested as a solution to the problem of devaluation of social reproduction in the home, and the current climate could help in making this a reality. However, basic income can only form one part of the state's response, which must reconfigure social reproduction as an essential consequence of the human condition and, therefore, a collective responsibility.


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### Notes

1. The term 'liberal theory' is used in a somewhat general sense in this paper rather than in reference to a specific theory. However, key examples of the liberal perspective include Kant's (1996) theory of internal moral law, Rawls' (1971) theory of justice, Locke's (1689/1978) theory of liberal individualism, and Raz's (1986) notion of liberal perfectionism.
2. Emphasis in original.
3. *White v White* [2001] 1AC 596.
4. For examples, see *James v Thomas* [2007] EWCA Civ 1212, *Lloyds Bank v Rosset* [1991] 1AC 107, *Dobson v Griffey* [2018] EWHC 1117.
5. Emphasis in original.

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