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Touch in the new ‘1.5-metre society’

It is the third week of social distancing and my eight-year old daughter has already embodied the 1.5 metres distance. When she sees people cycling towards her on the heathland near our house, she automatically moves off the path. Not panicky, like she does when she meets the wild cows, but habitually. Social distancing has created this strange demarcation. We – our family unit – are the safe ones. But those who were extensions of our safe unit – our parents, siblings, friends – are the dangerous others to whom we are dangerous too. My two-year-old son asks me to facetime his grandma. I watch as he routinely – yes routinely, I am already using that word – takes the phone into his little hands and hobbles with her through the house, showing her his train, as if he were holding her hand. His hand feels rough and dry, like all our hands, from washing all the time. He has become a pro. He tells me ‘first water mummy, then soap, then wash’. The habitual of touching – surfaces, food, people, our faces – has altered completely in the space of three weeks. This is the ‘1.5-metre society’, a term coined by the Dutch prime minister in his press conference on 7 April. He added that we will have to live in that society for a long time to come.

From the perspective of a researcher working on aging and the relationality of care, mostly in the context of the HIV/AIDS epidemic in Eastern Africa, I am intrigued by the rapid absorption of the social distancing message in everyday routines in the Netherlands. HIV/AIDS has been described as an exceptional disease because it had the power to change the habitual of everyday life (Dilger and Luig 2010); mourning rituals, the ways of having sex, ways of (grand)parenting orphaned children. Social distancing requires an extreme change in the habitual of everyday life. To protect the vulnerable, we need to limit touching care.

Amid the mortality figures, stories of trauma start surfacing. In the south of the Netherlands, the first epicentre of the COVID-19 epidemic, a wife said goodbye to her husband through facetime, a nurse holding his hand. A priest gave the sacrament for the sick with a ball of cotton wool, in full protective gear, while family were watching from the garden, desperately trying to be present. A mayor: ‘The prime minister urged us to care for each other, but we are not allowed to hold each other’. A man who *did* hold his dying father’s hand but now, in his grief, eats alone at a table a few metres away from his family. Quarantined. The unquestioned habit of touching, nearness in caring for the other, never became clearer than in experiences of dying and mourning alone. And only today, an elderly lady, whom we are supposed to be ‘protecting’, wished she was dead as her homecare radically decreased. As we are learning to live with COVID-19 in our midst, what is care to become?

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Reference

- Dilger, H. J. 2010. Introduction: Morality, hope and grief: towards an ethnographic perspective in HIV/AIDS research, in H. J. Dilger and U. Luig (eds.), *Morality, hope and grief: anthropologies of AIDS in Africa*, 1–18. Oxford: Berghahn.