

## Processing the pandemic

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The worldwide COVID-19 crisis has highlighted perhaps more than ever before in the history of SHI the need for a critical sociological lens alongside the clinical, public health and organisational discussion of the current pandemic as it continues through 2020. In particular, debates around social inequalities in health and medicine have received new attention globally. A research note by one of us (Will, 2020) suggested in the spring that sociologists should pause and reflect as the pandemic progressed but many of us have now been able to begin empirical research on the experience of and response to the coronavirus around the world. At the same time, only some of that research is ready for publication: other projects will take time. As a result, the editorial team of this journal hesitated to assemble a special issue on the pandemic too hastily.

We began by making our previous 2013 Pandemic Monograph open access online, and then invited all the authors to contribute contemporary reflections or commentaries given their expertise on pandemics before COVID-19. We are now able to launch the SHI Virtual Special Issue (VSI) with some of the results alongside a research note making a call for sociological action from Lee Monaghan.

Other pieces on COVID-19 are still welcome from authors who were not in our original monograph, and a number of papers are under review or being revised as we write. We therefore hope to be able to add more empirical work to this VSI, though we note that an enormous amount of medical and health sociology research is going to focus on COVID-19 for the foreseeable future. Each piece offers something different, but rather than summarise them here in turn, we hope to offer our own reflections on the process and on the role of the journal in relation to other platforms promoting sociological understanding of the pandemic, health care and health more generally.

What have we learned from producing this VSI over summer 2020? It has yielded an enormously varied set of submissions, but perhaps first and foremost it has clarified for us that whilst immediate responses are important, some are not suitable for journals, which should we believe be a place for content that will be readable and interesting in the longer term. Our ambition to publish only peer-reviewed material has also made it difficult to get things out quickly, at a time when it is hard to find reviewers and we are all too aware of the pressures on those juggling caring responsibilities with demands to reimagine teaching and research work.

For those wishing to publish fast, we would probably recommend that people consider writing for the various blogs that are active on COVID-19. Cost of Living is sponsored by the British Sociological Association (BSA) to discuss the politics, economics and sociology of health and health care. Discover Society, another BSA blog, offers a broader view of sociological topics of contemporary relevance. Somatosphere, which is perhaps most clearly associated

**Note:** Additional COVID19-related content is available online at [https://onlinelibrary.wiley.com/doi/toc/10.1111/\(ISSN\)1467-9566.covid-19-content](https://onlinelibrary.wiley.com/doi/toc/10.1111/(ISSN)1467-9566.covid-19-content).

with our colleagues in medical anthropology, is also willing to consider sociological work, especially but not exclusively when it has a geographical focus beyond the global north; and Sociology Lens is a platform hosted by our publishers Wiley. Writing in these – and indeed in the media more generally – is we believe vital work. We know there is a thirst for sociological critique and analysis as people are learning to appreciate the importance of behaviour, meaning, and social and political organisation in keeping populations safe.

The mention of Somatosphere is instructive for other reasons. One of our disappointments in doing the VSI is that the voices and stories from the global South have been largely lacking. In part, this is about the material submitted, but not entirely. We have learned over the summer that the difficulties getting timely reviews are magnified when the piece addresses experiences outside what Marilyn Strathern calls the ‘Euroamerican’. We continue to seek this work out actively and hope to support authors as far as we can as an editorial team, building on manifest commitment to diversifying our community and reflecting different experiences here in the UK and elsewhere. COVID-19 comparisons have not always reflected well on the UK’s National Health Service and systems of public health, but they have reminded us that international comparisons can be instructive, and help develop better theories of global processes and events. In this case, it is clearly worth spending time not only on the national and nationalistic elements of the response to the pandemic, replete with military metaphors, but also the patchwork of different ‘public’ and ‘private’ initiatives across the world.

There are some other gaps in the discussion that we feel able to draw attention to in part because we participated in the Cost of Living COVID-19 panel at the BSA Medical Sociology online conference in early September 2020. High among those would be the politics of trust and mistrust in expertise, the national and international dynamics affecting compliance or adherence to public health measures generally and vaccine debates and the emergence and flow of different forms of knowledge. As the pandemic continues to run, we think the discipline is well placed to draw attention to and defend lay attempts to make sense of governmental messages and of the virus itself, both in general and among particular groups with good reason not to trust in experts or state agencies. Running alongside the pandemic, the Black Lives Matter movement reminds us that ethnic minorities and other marginalised groups including migrants feel victimised and alienated from the police, that disabled people feel closed out of the workplace, and racialised groups feel discriminated against in health services. For us, then the inequalities of the pandemic are no surprise, even when we are hopefully quick to organise to help address and explain them. We can also take inspiration from the well-documented examples of political organising and mutual aid in different countries, not just as a bland celebration of ‘community’ but also through very practical examples like the QueerCare protocols for community support and transfeminist advocacy. At the same time, we need to build on the research done on HIV/AIDS mobilisations to explore how different ‘lay’ understandings and indeed practices link with institutionalised knowledge-making now and in the future.

We look forward to reading more of the many studies that we know are underway with some of the rapid response funding already awarded or in the pipeline, and to participating in debates about the pandemic with our readers through the journal, including its social media activity, and the other platforms recommended above, which together help make up our medical sociology community.

### **Links and other resources**

<https://www.shifoundation.org.uk>

<https://www.cost-of-living.net>

<https://discoversociety.org>

<http://somatosphere.net>

<https://www.sociologylens.net>

<https://www.britisoc.co.uk/groups/medical-sociology-groups/medical-sociology-medsoc-study-group/>

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## REFERENCES

Will C.M. 2020. "And breathe" ? The sociology of health and illness in COVID- 19 time. *Sociology of Health & Illness*. 42, 967-971. <https://doi.org/10.1111/1467-9566.13110>