

Reframing Crisis: A Sociological Analysis of Everyday Life and Care

A Review of “The COVID-19 Crisis: Social Perspectives”

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Introduction

Epidemiological, biological, and public health frameworks have provided a broad understanding of the COVID-19 pandemic. But as Lupton and Willis (2021) point out, pandemics are profoundly social events rooted in meaning-making, cultural norms, and power dynamics rather than only being issues of infection. In book “The COVID-19 Crisis: Social Perspectives” (2021) academics from a variety of sociological disciplines examine how the pandemic altered intimacy, mobility, daily socialites, embodiment, and structural injustices. This book was edited by Deborah Lupton and Karen Willis published by Routledge in 19 April 2021, this volume brings together sociologists and social theorists from across the world to explore how the pandemic reshaped everyday life, social relations, inequality, and governance through a deeply social lens.

Deborah Lupton is SHARP Professor in the Centre for Social Research in Health and the Social Policy Research Centre at the University of New South Wales (UNSW) Sydney, Australia, leading the Vitalities Lab and the UNSW Node of the Australian Research Council Centre of Excellence for Automated Decision-Making + Society. **Karen Willis** is Professor, School of Allied Health, Human Services and Sport, La Trobe University, Melbourne,

Australia, and Honorary Professor, Division of Critical Care and Investigative Services, Royal Melbourne Hospital.

It emphasizes the significance of understanding COVID-19 not merely as a medical event but as a profoundly social phenomenon. This book main thesis is that pre-existing social hierarchies pertaining to race, gender, class, age, ability, and citizenship were revealed, amplified, and aggravated by the epidemic rather than creating new social issues. Because it emphasises actual experiences and emotional reality over abstract policy language, the book makes a significant contribution. The authors offer a comprehensive explanation of how crises reorganise social worlds by looking at unseen micro-social behaviours, such as touch, proximity, friendship, family routines, grief, and internet contacts. The five sections of the book are summarised, critically assessed, and placed within larger sociological discussions about structural inequality, social resilience, and neoliberal responsibility.

Research Methodology

This study adopts a qualitative, interpretive methodology using thematic synthesis and textual analysis. Since the aim is to understand how the book interprets lived experience and structural inequality during COVID-19, the focus is on conceptual arguments rather than statistical measurement. The book's chapters drawing on autoethnography, interviews, digital ethnography, and cultural critique serve as primary data. Through systematic coding, five thematic domains were identified:

1. Cultural constructions of contagion
2. Space, the body, and mobilities
3. Intimacy, socialities, and connection
4. Healthcare systems and practices
5. Marginalisation and discrimination

A comparative literature review of Peckham (2022), Horton (2020), and Celik & Jaffe (2021) evaluates the book's distinct contribution to sociological understandings of the pandemic. Themes were chosen for their relevance to inequality, governance, and everyday life under crisis.

The analysis is grounded in critical sociology, viewing pandemics as shaped by power, class, race, gender, and cultural norms. It aligns with feminist, phenomenological, and post-

structural traditions by emphasising emotional experiences and the voices of marginalised groups. This qualitative approach is suitable for uncovering how crises transform social worlds, aiming for interpretive insight rather than prediction.

Pandemic as Social Reality: Risk, Contagion, and the Cultural Meaning of Disease (Part I: Chapters 1–2)

Chapter 1 argues that the COVID-19 epidemic has significantly impacted daily life, mobility, social interactions, risk, work, and governance, resulting in a new COVID society. The editors describe the crisis's global reach (across Australia, the United Kingdom, Europe, North America, South Africa, and beyond) and argue that its social dimensions necessitate a sociocultural lens: not only the biomedical threat, but also the ways in which social norms, institutions, and practices are reshaped in the face of contagion, immobility, increased surveillance, and inequality. The book's main topics are expressed by them, including the socio-material reorganisation of daily life, intimacy and sociality, growing disparities, othering, blame, and vulnerability, as well as mobilities and immobility. Thus, Chapter 1 serves as the collection's road map.

A review of previous epidemics (Spanish influenza, HIV/AIDS, SARS, MERS, Ebola, Zika) and the sociocultural, historical, and theoretical frameworks utilised in the study of contagion and pandemics are provided in Chapter 2, which attempts to "set the scene" analytically. Social constructionism, Foucauldian governmentality, risk society theory, post-colonial criticisms, more-than-human and socio-material approaches, and the political economy of health crises are some of the key viewpoints that Lupton lists. As a result, she offers the conceptual foundation that the following empirical chapters rely on.

The intellectual underpinnings of the COVID-19 Crisis: Social Perspectives are provided by Chapters 1 and 2, which provide a comprehensive sociological framework for understanding the epidemic. The concept of "COVID society" is introduced in Chapter 1 with effectiveness, highlighting the fact that the pandemic is a social upheaval that impacts mobility, intimacy, inequality, and daily routines in addition to being a biological catastrophe. The editors are successful in showing how the epidemic is a lived experience that is influenced by cultural norms, governance, and power. The chapter, however, mostly stays descriptive, outlining topics without yet challenging their underlying conflicts. Limited interaction with non-European American regions runs the risk of universalising certain lockdown, risk, and state management experiences.

By placing COVID-19 within historical and social studies of contagion, Chapter 2 reinforces the theoretical foundation. Lupton helps the reader see how fear, surveillance, and stigma are socially produced by offering a useful synthesis of concepts like risk society, governmentality, and socio-materiality. However, the conversation might go further into systemic elements that contributed to the pandemic's unequal shaping, including as capitalism, worker precarity, and global inequality.

The chapters are topical and intellectually rich when taken as a whole, but they might gain from a more thorough critical examination of various sociopolitical situations as well as the crisis and resilience experiences of the global South.

Embodiment, Space, and Mobility (Part II: Chapters 3–6)

Part II examines how COVID-19 reshaped mobility, bodily experience, urban environments, and sensory interactions, showing that the crisis altered not only physical movement but also the politics and meanings attached to the body.

Chapter 3 explores how the pandemic transformed global and local mobility systems. Mobility became a site of risk, shaped by border closures, lockdowns, and new digital forms of movement through screens. The chapter argues that mobility is tied to power, privilege, access, and surveillance, exposing inequalities in who can move and who remains immobilised.

Chapter 4 analyses how social distancing reconfigured physical activity and bodily boundaries. With the rise of online fitness cultures, homes became exercise spaces, and bodies came to be seen as fragile and potentially hazardous. The chapter shows how people renegotiated personal space and monitored their bodies, amplified by social media fitness trends.

Chapter 5 frames the window as a symbolic and material boundary in pandemic cities. Windows became spaces for viewing, connecting, and performing without physical contact sites for clapping, waving, and maintaining community while sustaining separation.

Chapter 6 uses an autoethnographic approach to reveal how visually impaired individuals experienced heightened exclusion. Reliance on touch-based assistance collided with public fear of contact, limiting movement, help, and autonomy. The chapter exposes how bodies are differently valued in public health regimes, where “care” can become control or neglect. Overall, Part II is one of the strongest sections of the book, offering valuable insights into

how the pandemic reshaped everyday movement, embodiment, care, and proximity. It convincingly shows mobility as a social and political issue rather than a purely physical one.

Chapter 3 is conceptually strong but somewhat abstract, needing more examples from the global South and informal labour mobility. Chapter 4 provides important reflections on body surveillance but focuses mainly on middle-class households with adequate space. Chapter 5's window metaphor is innovative but may feel overly symbolic to readers seeking empirical detail. Chapter 6 stands out for its emotional depth and for centring disabled experiences often overlooked in mainstream pandemic narratives.

In sum, Part II demonstrates how COVID-19 restructured bodies, movement, and sensory relations, though its analysis occasionally leans Eurocentric.

Intimacy, Kinship, and Social Connection (Part III: Chapters 7–10)

Part III explores how COVID-19 reshaped intimacy, emotion, sexuality, family life, and creative community, showing how people reorganised social networks and identity under isolation.

Chapter 7 examines dating apps as spaces where desire and risk had to be balanced. Platforms encouraged users to “screen” potential partners for exposure risk and safety practices, turning dating apps into digital health technologies that merged intimacy with moral responsibility and caution.

Chapter 8 analyses how lockdown in Italy transformed the home into an “un-home” a space of work, school, exercise, and emotional strain. Familiar comfort mixed with confinement, anxiety, and blurred boundaries as digital visibility increased and daily routines were restructured.

Chapter 9 explores queer and crip temporalities, showing how LGBTQ+ and disabled communities experienced time, risk, and vulnerability differently. The chapter argues that these groups already possessed forms of resilience and care shaped by non-normative life rhythms, which COVID-19 further intensified.

Chapter 10 discusses Isol-AID, a virtual music festival, illustrating how digital creative spaces fostered connection, shared emotion, and mutual support. Using posthuman theory, it shows how people, technologies, platforms, and affective atmospheres collectively formed new community spaces.

Part III provides rich insights into the emotional and social dimensions of pandemic life, highlighting adaptation rather than isolation.

Chapter 7 clearly shows how dating became moralised, though its focus on urban, digitally literate users overlooks those with limited internet access or alternative relationship practices. Chapter 8 powerfully conveys domestic emotional pressures but could better address class differences in housing conditions. Chapter 9 is the most theoretically robust, reframing queer and disabled groups as holders of vital knowledge about risk and care. Chapter 10 captures digital creativity but risks being overly celebratory, paying less attention to digital fatigue or unequal access.

Overall, Part III effectively demonstrates how intimacy and sociality were reimagined during the pandemic, though deeper engagement with class and geographic inequalities would strengthen it further.

Healthcare, Labor, and Ethics of Care (Part IV: Chapters 11–14)

Part IV examines how the pandemic reshaped care, uncertainty, pain, and mortality, focusing on healthcare systems, medical workers, and communities. The chapters highlight structural inequalities, ethical dilemmas, and the emotional labour embedded in public health responses.

Chapter 11 analyses how COVID-19 disrupted Irish funeral rituals, making death more isolated and grief more complicated. Restrictions prevented families from being present during illness or funerals, producing “ambiguous loss” without closure or communal mourning. The chapter argues that deeply rooted cultural practices around death were unsettled, forcing new ways of coping with grief.

Chapter 12 studies general practitioners in Marseille who faced scientific uncertainty, scarce resources, and heightened patient expectations. GPs navigated contradictions between professional duty and emotional care while confronting fear of infection and shifting guidelines. The chapter shows how fragile trust in medical authority became and how morally complex frontline work was.

Chapter 13 compares Italy and Spain, revealing how austerity and underfunded healthcare systems worsened early pandemic impacts. Strong family ties increased transmission but also strengthened emotional resilience. The chapter traces shared patterns of exhausted healthcare workers, politicised public health, and variable state responses, arguing for renewed investment in public health infrastructure.

Chapter 14 focuses on frontline healthcare workers facing infection risk, burnout, inadequate PPE, and moral distress. It critiques the “healthcare hero” narrative for masking unsafe conditions and lack of institutional support, revealing the emotional and psychological toll on essential workers.

Part IV powerfully shows how COVID-19 strained care systems and exposed structural injustice, emotional burden, and cultural norms around death and responsibility.

Chapter 11 sensitively depicts disrupted mourning but could broaden its cultural scope. Chapter 12 effectively captures ethical tensions yet could consider how socioeconomic inequalities shaped GP–patient interactions. Chapter 13 provides helpful comparison but remains descriptive, needing deeper critique of neoliberal health reforms. Chapter 14 stands out for challenging heroic narratives and exposing exploitation in essential work.

Overall, Part IV demonstrates that COVID-19 was not only a medical crisis but also a crisis of care, emotional labour, and institutional accountability, though its Eurocentric focus limits global applicability.

Structural Inequality, Marginalization, and Discrimination (Part V: Chapters 15–17)

Part V shows how the pandemic intensified existing marginalisation, discriminatory narratives, and unequal experiences for minority groups. It argues that COVID-19 did not create inequality but exposed and deepened racial, religious, and age-based power hierarchies.

Chapter 15 examines Dutch Muslim parents and organisations responding to stigma and public pressure. Muslims were often portrayed as culturally “non-compliant,” leading parents to overperform “responsible citizenship” to avoid blame. Community groups resisted through collective identity negotiation, social-media advocacy, and religious institutions offering health guidance. The chapter demonstrates how cultural prejudice moralises responsibility, producing social and emotional strain for minorities.

Chapter 16 analyses the surge of anti-Asian racism in the US, showing how COVID-19 was racialised through historical stereotypes, media narratives, and political rhetoric. Asian Americans faced harassment, workplace discrimination, and health anxiety, affecting both mental and physical well-being. Activist networks emerged in response, highlighting resilience but also vulnerability. Racism is framed as a public health issue tied to national identity and power.

Chapter 17 critiques ageist portrayals of older adults as frail, passive, and burdensome. Media and state messaging reinforced these stereotypes, and triage debates implied younger lives were more valuable. The chapter shows how such representations ignored the diversity of older people's health, autonomy, and identities, shaping emotional well-being and societal valuation of ageing.

Part V powerfully argues that vulnerability in the pandemic was structured by inequality as much as biology. It exposes how state policy, media, and public health discourses uphold existing hierarchies of race, religion, citizenship, and age.

Chapter 15 effectively shows how Muslim parents navigated “performative responsibility,” though broader global comparisons would strengthen it.

Chapter 16 persuasively links interpersonal violence with geopolitical narratives, but deeper intersectional analysis would add nuance.

Chapter 17 offers a strong critique of ageism but could further examine how age intersects with class, disability, and care arrangements.

Overall, Part V demonstrates how crises reveal whose lives are protected and whose are marginalised, urging readers to see “vulnerability” and “responsibility” as socially constructed rather than neutral categories.

Overall Sociological Review of *COVID-19: Social Perspectives*

A thorough, theoretically grounded examination of how the pandemic altered daily life, interpersonal relationships, government, and identities may be found in *COVID-19: Social Perspectives*. The book, which was put together during a continuing global crisis, effectively conveys the variety of social realms that COVID-19 has upended and altered. Together, the authors demonstrate how the pandemic is intricately linked to prevailing social injustices, cultural norms, power dynamics, and moral standards rather than being only seen as a medical or epidemiological phenomenon. Because of its sociological approach, the book is useful not only as a record of an event but also as a work that shows how crises give rise to new ways of being and thinking.

The volume's emphasis on lived experience is one of its strong points. The book consistently highlights how pandemics are experienced through the textures of daily life: touch, movement, space, intimacy, and dread, whether it is talking about queered temporalities, the

emotional labour of healthcare professionals, the disruptions of mobility, or the racialisation of disease. These issues are fundamental to what makes us social and human, so they are not side issues. The collection contradicts universalising narratives that suggest COVID-19 affects everyone equally by highlighting the experiences of groups who are frequently disregarded, such as Asian Americans confronting pandemic racism, gay and disabled communities, and visually impaired people. Particularly noteworthy are the ethnographic narratives, which offer detailed descriptions that enable readers to perceive, experience, and comprehend the epidemic as social.

Its criticism of neoliberal responsibilities the notion that people, not institutions, are held accountable for crisis risk management is another significant contribution. The book demonstrates how women, carers, minorities, service workers, and marginalised communities were disproportionately burdened with "good behaviour" during the pandemic. It also draws attention to new manifestations of communal resilience, inventiveness, and solidarity. Sociologists who want to understand how crisis governance both creates new collectivises and maintains existing hierarchies must read these analyses.

Comparative Perspective with Other Works

COVID-19: Social Perspectives distinguishes itself from other sociological works on the epidemic by emphasising the experienced, intimate, and sensory aspects of daily living. For instance, Celik and Jaffe's *Pandemic Solidarity* (2021) provides a more overtly political account of collective resistance by documenting grassroots mutual aid networks around the world. Lupton and Willis's volume, on the other hand, emphasises micro-social interactions above activist mobilisation and is more introspective. In a similar vein, Horton's 2020 book *the COVID-19 Catastrophe* offers a compelling critique of neoliberal austerity and state failure in public health policy. COVID-19: Social Perspectives is less concerned with institutional critique than Horton's work, despite acknowledging neoliberal responsibilities. Peckham's *COVID-19 and Society* (2022), on the other hand, lacks the phenomenological richness and ethnographic texture found in Lupton and Willis's collection, despite outlining systemic disparities in employment, governance, and global capitalism. Therefore, the main contribution of this book is its focus on intimacy, embodiment, and emotional experience aspects that are frequently ignored by more general structural or policy-based assessments. However, compared to works like *Pandemic Solidarity*, it could have provided a more global class-sensitive lens and a more forceful social critique.

Critical Evaluation

The primary strength of *COVID-19: Social Perspectives* from a sociological perspective is its dedication to examining the pandemic as a profoundly social and relational occurrence rather than just a medical emergency. The book emphasises people's and communities' daily experiences, demonstrating how the pandemic changed intimacy, mobility, embodiment, and emotional life. The book challenges universalised narratives of COVID-19 by highlighting marginalised voices, including those of the visually impaired, queer communities, frontline care workers, older adults, and racialised minorities. Instead, it highlights how risk and vulnerability are socially constructed and distributed differently. Because it captures the phenomenological and affective aspects of crisis that are sometimes missed in quantitative public health research, the use of autoethnography and narrative reflection is especially beneficial.

However, the literature also exhibits several shortcomings when viewed via a social critical lens. Even though it discusses inequality, it mostly stays in Western, urban, and middle-class contexts, with little interaction with the Global South, rural constituencies, workers in the unorganised sector, and migrant labour populations all of whom experienced the pandemic through unique precarity and state control. The macro-structural aspects of the pandemic, such as global capitalism, pharmaceutical governance, biopolitics, labour exploitation, and neoliberal state restructuring, are also given relatively less analytical weight, even though the book is excellent at shedding light on micro-social and interpersonal dynamics. The distribution of pain and access to care were moulded by these larger political-economic dynamics, and the text's structural explanatory power is limited by their relative absence.

A synthesising conclusion that draws thematic links between embodiment, intimacy, care labour, and marginalisation would also be beneficial to the volume. The chapters read more like parallel insights than a cohesive sociological argument in the absence of such integration. All things considered, the book is an important and timely contribution to the sociology of crisis, embodiment, and inequality; however, a deeper engagement with postcolonial perspectives and global political economy would broaden its analytical scope and increase its applicability for sociological research in a variety of contexts.

Conclusion

Pandemics are deeply social occurrences that alter embodiment, closeness, mobility, inequality, and care, as COVID-19: Social Perspectives shows. The epidemic revealed new capacities for solidarity and collective resilience while amplifying preexisting social structures. This study emphasises the need for sociological research to comprehend future catastrophes as intricately linked social experiences rather than as discrete biological issues. Although future research must broaden to incorporate viewpoints from the global South, the working class, and structural political economy, the book is still an essential resource for academics studying social life during turbulent times.

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