

Article title: Caring through a screen: Caring for kin under lockdown

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Abstract:

Covid-19 and UK-wide lockdown measures in spring 2020 confined people to their homes, with implications for exchanging care. In a small-scale qualitative study, I examined the impact on individuals' everyday caring practices with adult kin beyond the home. In this paper, drawing on empirical evidence from my study, I argue that lockdown restrictions on in-person interactions and the increased reliance on ICTs shaped interactions and how relationships were experienced. The shift in practices highlighted the significance of the physicality and embodiment of everyday practices of care and perceptions of relationships. I argue that 'caring through a screen' under lockdown impacted on subjective and relational wellbeing. I use the concept of developing co-presence across distance through ICTs to analyse shifts in family caring practices in the unique context of a national lockdown. I show how experiences of the disruption of the physicality of everyday micro-acts of care have shaped perceptions of family relationships.

Key words: Caring practices, ICTs, adult kin relationships, Covid-19, lockdown

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## **Introduction**

In the early weeks and months of the Covid-19 pandemic, the scale of its potential impact was not yet apparent. In March 2020, the British government implemented UK-wide lockdown measures requiring people to stay at home except for very limited purposes, and banning meeting up with more than one person in public (Cabinet Office, 2020a). Confining people to their homes had implications for caring in intimate and social relationships. In the spring/summer of 2020, I undertook a small-scale qualitative study to examine the impact of Covid-19 and lockdown measures on individuals' everyday caring practices, and the ways in which any changes affected subjective experiences and perceptions of relationships with family members, friends, colleagues and neighbours.

In this paper, I address caring for adult kin beyond the home, primarily parents and siblings. By 'caring', I refer to providing and accessing support; here, I focus on emotional support and personal care. Drawing on empirical evidence from my study, I argue that lockdown restrictions on in-person interactions, and the consequent increased reliance on information and communication

technologies (ICTs) in caring for kin, have shaped interactions, the relationships themselves and how they were experienced. Secondly, I show that individual accounts juxtaposing practices before and under lockdown call attention to the significance of the physicality and embodiment of everyday practices of care in shaping perceptions of, and feelings about, relationships with kin. Thirdly, I suggest that ‘caring through a screen’ impacted on subjective and relational wellbeing.

Understanding that new practices emerge as linkages are made between competences, materials and meanings (Shove et al., 2012), and building on research on the role of ICTs in constructing social relationships (Licoppe, 2004; Licoppe and Smoreda, 2005) and in care exchange in (transnational) families (Baldassar, 2008, 2016; Wilding, 2006), I show how the concept of using ICTs to develop co-presence across distance has explanatory power in analysing shifts in family caring practices – and experiences of these relationships – in the unique context of a national lockdown. Drawing also on well-established concepts of everyday caring practices and family obligations (Finch, 1989; Finch and Mason, 1993) and emotion work (Hochschild, 1979 [2012]), I examine ways in which an increased reliance on ICTs can be experienced as facilitating and/or constraining everyday negotiations and interactions. I reflect on experiences of the disruption of the physicality of everyday micro-acts of care and how these have shaped perceptions of family relationships.

### **Caring through a screen**

Over the last decade, the use of ICTs – from messaging and emailing to phoning and video-calling – has become an integral aspect of individuals’ everyday practices in communicating with and caring for family members beyond the household, whether they live locally, in another part of the country or across international borders. Before Covid, for many people online practices complemented ‘in person’ interactions, which were more or less frequent according to geographical proximity, perceived needs, competing demands on time, the presence and availability of others in the kin or broader support network, and the negotiation of commitments and responsibilities. Lockdown measures in the UK in the spring and summer of 2020 severely restricted physical co-presence with individuals not living in the same household, creating a reliance on communication technologies as the principal or sole means of creating co-presence. Defined by Baldassar (2016: 145) as ‘the emotional support experienced as a sense of emotional closeness or ‘being there’ for each other’, constructing co-presence is a fundamental aspect of care exchange - “the glue’ of most kin and kin-like relationships’ (ibid.: 147) - whether face to face or across distance.

Communication technologies enable social bonds to be sustained (Licoppe and Smoreda, 2005) and ‘practical, emotional and symbolic’ care to be exchanged in families (Baldassar, 2016) through diverse forms of virtual co-presence. They offer choices about how, when, with whom and for how long to reach out (and to respond), whether interactions are spontaneous or planned, and whether they take synchronous or asynchronous forms. Talking may take place on the phone, through audio-visual calling or via voice-notes; written communications can be via text, instant messaging or email, which can be read at any time (with or without the knowledge of the sender); photos of the minutiae of everyday lives may be shared, privately or publicly, on social media. The choice of one form of ICT over another, and decisions about whether, when and how to respond, thus shape how the relationship is perceived (Licoppe and Smoreda, 2005). Communication technologies, and the ways in which they create virtual co-presence, mediate and become constitutive of family relationships and caring practices (Baldassar, 2016). Moral dimensions emerge through shared or divergent expectations, differential access to ICTs, the expression of emotions and the negotiation of

commitments and responsibilities, producing feelings of yearning, obligation and guilt (Baldassar, 2008, 2015; Baldassar et al., 2016; Madianou and Miller, 2012).

Covid-19 and lockdown measures have prevented physical co-presence of family members not only across international borders, but within countries, cities and neighbourhoods. The literature on the affordances and limitations of virtual co-presence created through ICTs, and on the emotion work required in transforming family caring practices from in-person to online modes, is helpful in understanding the experiences of individuals caring for kin under lockdown, separated not necessarily (or not only) by geographical distance but by physical distancing rules and/or fears of spreading the virus. In this paper, I call attention to the possibilities but also the constraints of ICTs in caring for family in the unique context of a national lockdown.

### **Everyday caring**

Developing and maintaining an 'ethic of care' requires a focus on recognising and responding to an individual's needs, within relationships which incorporate varying degrees of dependence and interdependence (Gilligan, 1982). Caring may be viewed as an 'inclination' (ibid.) and as a 'high moral calling' (Tronto, 1998: 15), but may also be perceived or experienced as an obligation, associated with social and cultural norms (Tronto, 2005; Finch, 1989).

Caring is embodied and performed through 'everyday judgments' (Tronto, 1998), interactions and physical acts. It encompasses 'everything that we do to maintain, continue, and repair our "world" so that we can live in it as well as possible', including 'our bodies, our selves, and our environment' (Fisher and Tronto, 1990: 40, in Tronto, 1998: 16). Fisher and Tronto's (1990) four phases of care focus attention on everyday practices from the perspectives of both carer and cared-for: caring about (being attentive to and recognising an individual's needs, whether articulated or not); caring for (taking on the responsibility to meet those needs); caregiving (the material provision and performance of care); and receiving care (responding to the care that is given). These practices are embedded in power relations, which may produce more 'inner contradictions, conflict, and frustration' than idealized interactions (Tronto, 1998: 17).

Understanding the conflicts and contradictions in the dynamics of intra- and intergenerational caring practices requires attentiveness to everyday practices: 'the micro, the slight, the most mundane and the banally ordinary practices, emotions, social relationships and interactions', which call attention to wider social factors and forces (Neal and Murji, 2015: 813). Day-to-day actions oriented towards family members can be seen as efforts to 'work at' relationships, simultaneously reproducing conceptualisations and expectations of them, albeit in the form of 'routinised, taken-for-granted attention to practicalities' (Morgan, 2011a: 2). But practices are enacted within wider contexts (Morgan, 2011b): external events can upend habitual modes of interaction, producing novel practices and changing expectations of relationships. Thus the unprecedented context of a pandemic and national lockdown disrupted everyday forms of caring amongst kin living apart, and generated new modalities of sharing care. Practices in intimate relationships 'encompass both innovative behaviour and habitual or institutionalised actions' (Jamieson 2011: 3): 'cultural scripting', serving as a guideline, can both shape and be shaped by interactions when wider structural constraints shift. Family relationships as 'embodied practices experienced in particular spaces' call attention to the impact of contextual changes on patterns of care (Gabb, 2008: 65).

This necessary attention to everyday caring practices calls for methods which reflect the complexity and uncertainty of relationships in day-to-day interactions by 'focusing attention on the incidental,

the often unnoticed and the ephemeral which create the texture of such relationships' (Gabb and Fink, 2015: 971). In the methods section (below) I emphasize the importance of 'staying attached to the 'everydayness' of relationships' (ibid.: 971) and focusing on the 'minutiae and mundanities' in order to 'keep the constitutive and iterative process of *doing* relationships at the forefront of analysis' (ibid.: 972).

### **Emotion work in caring practices**

Intergenerational adult kin relationships require 'emotion work' in the form of the 'microactions' of recognising, interpreting and managing emotion (Hochschild, 1979 [2012]). The "'appropriateness" of a feeling' is assessed by comparison with a 'socially normal benchmark' for the context, which may produce discrepancies between desired, actual and normative feelings (ibid.: 560, 562). Feeling rules, the unspoken social guidelines that 'direct how we want to try to feel' (ibid.: 563), produce idealizations and are read as normative practices within adult kin relationships. Gaps between actual and normative feelings may induce attempts to eliminate or disguise unwanted feelings through 'deep' or 'surface' acting, requiring effort, or emotion work, at cognitive, bodily and expressive levels (ibid.). Emotion work is required – although not necessarily recognised as such – in everyday negotiations of roles, obligations and responsibilities amongst adult kin, where claims are made and questions of in/dependence are navigated (Finch and Mason, 2000; Kalmijn, 2014). Caregiving may be understood as solidarity or approached with ambivalence (Luescher and Pillemer, 1998; Connidis and McMullin, 2002). It may be experienced as fulfilling yet oppressive, as a practice displaying affection yet performed as an obligation, or creating transactional shifts in power (Hillcoat-Nalletamby and Phillips, 2011). The advent of Covid-19 and the imposition of lockdown rules generated new and unfamiliar contexts and fluid normative expectations: unmapped constraints on family practices required supplementary emotional work in caring for kin. Confining individuals to the home, lockdown also created new emotional-temporal spaces to reflect on shifting caring practices and conceptualizations of kin relationships, and in doing so, for many, shone a light on the emotion work inherent in these practices.

### **Research design**

When lockdown measures were first implemented in the UK, I created a small-scale qualitative study to examine the impact of Covid-19 and lockdown restrictions on individuals' everyday relational practices. The study posed three key questions. How would caring practices, interactions and relationships with friends, family and colleagues be affected by the pandemic and lockdown? How would this impact on the provision of, and access to, forms of support within these networks? And how would individuals experience and feel about any changes?

The lockdown measures that were the context for the study applied equally to my research methodology. The constraints and affordances of 'caring through a screen' were mirrored in processes of building relationships with participants and generating data through ICTs. I drew on my own networks and subsequent 'snowballing' to recruit 11 public sector professionals living in London: this was pragmatic in part, as it would allow me to build rapport and establish trust online, given the impossibility of meeting in person. Trust was essential, as I wanted to meet online regularly with each participant over a period of four months to develop an understanding of everyday caring practices and individuals' reflections on these.

The basis of the decision to recruit public sector professionals was twofold. Firstly, concerns about job security in the pandemic were less likely, minimizing risks to participants' wellbeing. Secondly, the public sector middle class may share certain values and practices extending beyond work life to family and personal life, including job satisfaction, being less motivated by money, being 'cultural omnivores', living in socially mixed areas and having a better work/family life balance (Hugrée et al., 2015).

Participants worked in a range of fields in the public sector, including education, social care, health, local government and transport. All but one (who was furloughed) continued to work (albeit largely from home) during the lockdown. All participants lived in London (although one participant temporarily moved away during the lockdown). Aged between 39 and 52, nine were female and two were male. Participants' education levels and occupations positioned them as middle class. Six lived with partners; six were parents and lived with their child/ren; of the parents, 4 also lived with their partner. During their participation in the research, all reflected, to a greater or lesser extent, on relationships with at least one member of kin beyond their household: most frequently this was with parents, siblings and (where relevant) adult children who had moved out; some also referred to aunts, uncles, cousins or a grandparent. All had high levels of access to ICTs, which will have shaped their experiences of caring through a screen.

Whilst the study was small in size, participants' narratives – through conversations and diaries – produced rich descriptions of everyday lives at a significant moment in history, allowing deep analysis of the impact of an unprecedented pandemic and national lockdown on individuals' interactions and relationships with members of their personal communities. As Smart has noted, 'a few lives – purposively selected – can capture a complex picture of social change and connections with networks of kin', offering 'the experience of living through certain times' (Smart, 2007: 42).

## Methods

Regular, in-depth conversations, taking place for the most part via Skype, were central to the process of generating data. I met with most participants fortnightly initially, and later less frequently, between April and July 2020. In total there were 44 conversations, with an average of four conversations with each participant. Sometimes conversations were shaped by questions I shared beforehand; on other occasions, I kept conversations open-ended, focusing in on interactions noted or observations made by participants.

Before our first reflective conversation, I asked participants to create an ego-centred sociogram, using a 'target'-style template, to identify the people in their support network. The template was a simplified version of that used by Ryan et al. (2014) and Tubaro et al. (2016), with three concentric circles, but not divided into quadrants. I asked participants to identify who was important to them, and to put the initials of those people in the relevant circle according to how 'close' they felt to them. They were then asked to share their sociogram with me by email. (See Figure 1 below for an example.)

In previous ethnographic research, I have preferred to use a more intuitive, organic, 'freestyle', hand-drawn approach, but such an approach felt more suited to in-person encounters, its interest lying in how the creation process produces a simultaneous narrative. Given the constraints of undertaking research remotely, I felt that a simple template which could be completed digitally and shared relatively easily would be more effective. The sociogram did elicit a narrative as it formed a focus of the first conversation: I asked participants to talk me through their connections to

individuals and groups on the diagram, typical modes and frequency of interactions, and in what ways the relationships might be experienced as supportive or otherwise. Creating a sociogram and then talking me through it helped participants to grasp the research questions and to attempt – perhaps for the first time – to delimit their personal networks. Equally, the sociograms and the surrounding discussions enabled me to gain a sense of the variety of relationships within each participant’s network and how close they felt to particular individuals (and groups), which would inform our discussions.

Participants were invited to keep a diary for the duration of their participation in the study. I provided a suggested template with prompt questions for the diary, but explained that participants were free to complete it in a way that worked for them, and were not expected to write daily, or at all. The prompt questions encouraged participants to consider what types of interactions took place, where, how and with whom; how they felt about these interactions; and how they had changed since the onset of lockdown. Participants could choose to share with me edited or unedited extracts, or their full diaries, prior to our reflective conversations, or indeed not to share at all. The purpose of the diaries was to capture the nature of interactions on a regular basis as well as participants’ perceptions of them. This was important as the aim of the study was to develop insights into people’s everyday worlds. Diary entries would help to record the minutiae of the everyday and participants’ feelings about them, minimising the risk of forgetting or of losing detail in later accounts of interactions.

An obvious limitation of diaries as a method was that it was time-consuming for participants. Inevitably, feelings about the process varied amongst participants and over time. Most participants recorded regular diary entries for the first few weeks or months but reduced the frequency over time, with many stopping altogether by the last month. Some adapted the template to suit their preferences, and there were variations in the level of detail provided. Diary entries which tended to be brief and factual served largely as prompts in our reflective conversations, allowing me to pick up on interactions with particular members of the participant’s network (such as extended family members), or on certain types of interactions (such as through ICTs), and to formulate questions accordingly. Extended diary entries which incorporated deep reflection formed narratives in their own right; they offered invaluable insights into participants’ feelings and perceptions which I was then able to explore further with them in the conversations. When analysing data, I coded such diary entries in the same way that I coded transcripts of conversations.

I now engage with empirical material from the study to explore the creation of co-presence through a screen, the loss of texture and physicality from everyday acts of care, and the impact of these on experiences of caring about and for adult kin.

### **Possibilities and limitations of creating co-presence through a screen**

Before Covid, weekly hour-long phone calls supplemented Kathryn’s regular visits to her dad, who lived alone (a journey of several hours). During visits, they would often be up until midnight, ‘just talking – about everything from religion to the stuff in the attic, about his family from days gone by, and family stuff’. When lockdown halted not only their visits but also everyday interactions with local friends and acquaintances, Kathryn was concerned that her father was becoming isolated. Lockdown ‘amplifies’ the loneliness of living alone, she remarked, since ‘you can’t go and find someone else to talk to in the same way’. Two-hour video calls replaced their phone calls, enabling them to see each other during their chats about what had happened in their lives since they last spoke, and their plans for the week ahead. In the context of lockdown rules preventing in-person visits, this audio-visual modality helped to create a sense of co-presence and was a means of

displaying mutual care (Baldassar, 2016; Finch, 2007). Having heard about other people holding online dinner parties, Kathryn resolved to 'do more of getting together as a family' through group video calls to 'cheer [dad] up a bit'. The success of the first online family get-together, involving Kathryn's husband, her brother and his family, prompted Kathryn's resolution to continue this new family practice, and she wondered why they had not considered it before. The sense of 'missing' and 'longing for' family members caused by lockdown measures, the strong desire to provide and receive emotional support, and the disruption of pre-Covid routinised family practices inspired innovation (Morgan, 2011b) and induced novel uses of ICTs (Baldassar, 2008, 2016).

The imposition of lockdown measures soon after Niamh's mother had moved into a care home similarly disrupted visits, creating a reliance on online forms of caring. Niamh recognised both the affordances and restrictions of video-calling: 'It's great to be able to connect in this way, but you can't really properly fully connect.' Relying on a staff member to facilitate their calls because of her mum's hearing difficulties and struggles with the technology of Facetiming, Niamh was appreciative but also found the lack of privacy frustrating, missing the private space they were able to create when physically co-present during pre-Covid visits. She experienced video-calling as a barrier to establishing co-presence in a meaningful or fulfilling way.

Moreover, communication by phone or video-calling hindered identification of needs: Niamh felt unable to 'see and sense and pick up the cues' that she would if she were 'there in person with her':

'You can just pick up so much more about someone, can't you? About how they're feeling, what's going on for them. All the cues and the signs that you get from someone's body language, and from the feeling in the atmosphere – you don't always get that across a screen, do you? It's much harder. You can also just check about her personal care.'

Caring through a screen is experienced here as disrupting the process of 'listening to articulated needs, recognizing unspoken needs, distinguishing among and deciding which needs to care about' (Tronto 1998: 16). Online caring practices, and being conscious of physical distance, also hampered efforts to *meet* identified emotional and material needs. Niamh recalled how, during her pre-Covid visits, her mum would 'release quite a lot of frustration and upset', sometimes with tears, whereas now she appeared to be 'holding it in a little bit' and was 'not able to let that out through our phone conversations'. Conscious of the limitations of their attempts to create co-presence online, Niamh worried about how her mother's support needs were now being met. The emotion work of caring – and being cared for – was magnified in the context of lockdown by the inability to adequately gauge feelings or to evaluate the care provided by others, and the powerlessness to meet identified needs.

Paradoxically, the affordances of ICTs in creating a semblance of closeness appeared to exacerbate the sense of loneliness experienced by some as a result of lockdown. Perceiving her mum as 'very lonely' at home with her dad when lockdown took effect, Margot encouraged her to use video calling to help her 'feel connected', yet this seemed to add to her mother's isolation, rather than alleviating it. Margot remarked that doing Facetime with her parents made her mum 'too emotional': 'seeing our faces [...] made her cry'. Creating virtual co-presence with her parents through ICTs became an intensely emotional process which compounded Margot's everyday emotion work in meeting her parents' practical needs and providing personal care from a distance.

Caring through a screen during lockdown thus disrupted normal caring practices amongst family members in separate households, and at times generated conflicting feelings amongst those giving and receiving care. ICTs offered modalities for caring and creating a sense of togetherness, but such mediated interactions were often experienced as 'an imperfect, unsatisfactory compensation'

(Licoppe and Smoreda, 2005) for physical co-presence. Video-calling was therefore, for some, a disheartening form of caring, emphasizing enforced physical separation of kin.

### **Losing the texture of everyday caring practices**

Ambivalence about caring through a screen was exacerbated by the loss of the texture of everyday life engendered by lockdown. Being confined to the home rendered life 'flat' and uneventful for many, generating little to report in regular conversations with parents. For Bob, whose frequent pre-Covid visits to his mother were off-limits during lockdown, daily phone calls became a new family practice ('It's her mainly phoning me to check up on me'). Not a fan of the immediacy of phone or video calling, which required 'an effort' on his part, Bob perceived the daily calls from his mum as 'more for her benefit than mine', whilst acknowledging their significance as mutual displays of care.

Similarly, Niamh perceived the replacement of regular visits to her mother in the care home with daily phone calls as both an obligation and a genuine desire to care:

'You just need to connect in, irrespective, because it's a hundred times more difficult for her, isn't it? [...] I just want to support her. It's more about her – I think she values that. And for her I value that. So obviously you're doing it because she needs it. It's a strain.'

The act of daily or regular phone calls is often more significant than the content of the conversations. Phatic communication serves to reinforce 'a sense of the relationship between sender and receiver' (Wilding, 2006: 132; Licoppe and Smoreda, 2005). Regular use of ICTs, whether calling or messaging, synchronous or not, enables family members to construct or imagine a 'connected relationship' and to 'overlook their physical separation' (Wilding, 2006). Yet the monotony of everyday life under lockdown rendered regular communication with family members effortful.

The upsurge in video calling as a newly predominant mode of caring for family generated ambivalence about its role as part of the fabric of life under lockdown. Separated from her parents and many friends not only by lockdown measures but by geographical distance, Elizabeth found video calling to be a more effective means of creating co-presence than asynchronous messaging: for her, it enabled a stronger sense of connection with family members and friends at a distance. Yet she also felt this modality of caring lacked 'texture' and 'nuance', experienced at an emotional as well as a physical and sensory level:

'That's almost been a more real connection in terms of actually going both to audio and visual. But the world is still very flat. It's still two dimensional. [...] It's the physical and sensory texture as well as the emotional texture, if that makes sense. Video calls are great, but you still can't quite get a sense of the nuance of people's feelings and emotions when you're stationary and static, sitting there. You can't really see gestures. Everybody is stuck in a chair as opposed to being able to swivel round or go for a walk or move.'

The lack of texture experienced in everyday life under lockdown was mirrored and intensified by the flatness of video calling as a form of interaction. Several participants expressed a sense of obligation to engage in regular video calling (or phone calls) with family members to demonstrate commitment and attentiveness to the relationships, but also voiced feelings of discomfort about such modalities of interaction. Frequent interactions through a screen creating 'presence-at-a-distance' served to reinforce the significance of a relationship. Yet caring and being cared for through a screen required deep emotion work: the need to scrutinize family members' physical presentations for signs of



wellbeing or otherwise was often played out simultaneously with the need to self-present as coping well with lockdown, constrained (or facilitated) by immobility, the flatness of a screen and occasional technical disruptions.

Moreover, the concentration and physicality required to embrace video calling with intimate others, in the context of the intensity of consecutive online meetings for work and the relative immobility of working from home, were often experienced as physically and emotionally draining. The demands of frequent video calling were at times felt to be intrusive, not allowing 'the time of absence' to engage, reflect and respond (Licoppe and Smoreda, 2005: 332). Elizabeth found the back to back phone and video calls for work to be 'absolutely exhausting': 'I'm spending so much energy concentrating on what I'm hearing, and often there's screen sharing as well. I'm getting to the end of the day and I'm physically and mentally exhausted from it.' Sustaining this level of attention after work in video calls with family members felt wearying. The contrast between the flatness of everyday lives under lockdown and the intensity of audio-visual calling in efforts to compensate for the lack of physical co-presence was experienced by some participants as overwhelming at times. As Licoppe and Smoreda suggest, a balance was needed 'between lack of attention and absorption, between safety and interactional vulnerability' rather than simply between absence and co-presence (ibid.: 333).

### **Missing the physicality of the micro-acts of care**

Reflecting on caring for adult kin before lockdown – and contrasting these practices with those of 'caring through a screen' under lockdown – drew attention to the significance of the physicality of everyday acts of care. For example, recalling her habit of making her mum a cup of tea during visits to the care home, Niamh remarked that the suspension of visits during lockdown had prompted her mum to express not only her appreciation of this act of care, but also her affection ('I do miss you coming here, and I miss the cups of tea!'). The ritual of making a cup of (hot) tea had become symbolic, signifying not only attention to details that mattered but also the conversation and intimate time spent together. The lockdown-induced disruption of these caring practices and forms of intimacy led Niamh to reflect on the relationship and her mum's articulations of affection.

Such micro-acts of personal care – likely to be overlooked by the busy paid carers – felt important to Niamh as a way of showing her love for her mum:

'If I saw her every week, I can do things for her. For example, she has false teeth – every night they put them into a glass with one of those Steradent – every Saturday I take them out and I brush them with toothpaste. She likes that because it makes her mouth feel much fresher. The carers don't necessarily do that. I do her nails, she has nail varnish on. I do all those little tasks, as well as making her a cup of tea. So it's those sorts of care things. We'd sort through her wardrobe, we'd make sure she knew what was on her table [...]. When you go in once a week, you are actually able to do physical things for her. [...] So it's those little things. It's the doing, it's the tasks you can't do, that are linked to loving her and wanting to

give her care.

The ability to display family relationships through physical co-presence and sharing everyday acts of care, particularly in regards to personal care, was missed in the context of lockdown and was identified as significant in sustaining and reproducing relationships with parents, and adult children, beyond the home.

The gradual easing of lockdown measures in July, permitting limited face-to-face contact with people from other households, required the negotiation of forms of caring that felt comfortable on both sides, in the context of the ongoing risk of spreading Covid-19. The need to display commitment to family relationships and the perceived benefits to family members of physically co-present caring had to be weighed up against the risks of passing on the virus to others, particularly family members vulnerable through age or health conditions. Pondering when would be appropriate to visit her parents-in-law, one participant explained that 'you want to be caring' by avoiding posing a risk to others through physical co-presence ('we don't really want to make what has been so far a safe time for them unsafe'), yet decisions to maintain distance felt uncomfortable when displaying care was widely associated with physical interaction.

When families did meet up, distancing rules (staying two metres apart) prevented physical gestures of affection, creating a yearning for pre-Covid norms for some. Anticipating their visit to her brother and his family, Joy had to explain to her young daughter that they would not be able to hug; for Joy, this was an important act of mutual care and affection that was much missed ('When I receive a hug, I feel loved, I feel welcomed, I feel part of something, I belong, I feel significant.'). The introduction of 'bubbles' in the later stages of the first lockdown permitted visits and physical contact amongst members of two households under certain conditions. Bubbling with her dad meant Kathryn could resume visits to his home: sharing hugs, hanging out and being 'silly' together by 'singing and dancing around the kitchen' represented the valued physicality of everyday displays of care now yearned for in their absence.

Adapting to the constantly changing government-imposed distancing rules, as well as to individual interpretations and evaluations of them, required often unsettling 'everyday judgements' about how to care for and protect older or otherwise vulnerable relatives (Tronto 1998) and how to 'maintain, continue, and repair' adult kin relationships (Fisher and Tronto, 1990: 40, in Tronto, 1998: 16). In the unprecedented context of living under a national lockdown, the new risks presented by Covid-19 required not only novel caring practices but new obligations to assess risk. In the new paradigm of Covid-19, caring (as protection from physical risk) was, paradoxically, displayed through physical distancing.

### **'The elephant in the front garden'**

Whilst ICTs can help construct a sense of togetherness, or 'connected presence', these new practices are embedded in existing family care and communication practices and expectations (Wilding, 2006), whether these relationships are characterised by intimacy, ambivalence or conflict. Shifts in practices under lockdown shone a light on existing relationships with kin. The increased reliance on ICTs as a form of caring, and the loss of physical co-presence, called attention to participants' experiences and perceptions of relationships with family members as they reflected on pre-Covid practices.

For participants living at a distance from kin and accustomed to infrequent visits, the impact of lockdown restrictions did not significantly disrupt pre-Covid practices. Where regular physical co-presence had been the norm, enabled by geographical proximity and/or habitual family visits, the effects were more significant. For some, as discussed above, increased video-calling or phone calls, or even exchanging video clips via WhatsApp, helped to construct 'connected presence' (Licoppe, 2004); for others, interactions with family members dwindled to sporadic calls or text messages, at times marked by asymmetry when individuals chose not to reciprocate.

New normative discourses under lockdown about yearning for family and friends generated new 'feeling rules' (Hochschild 1979, Smart 2007), which were at times uncomfortable for those embedded in ambivalent relationships with siblings or parents. Yet new modes of interaction with kin under lockdown, whether through various ICTs or through compulsory 'social distancing' in face to face meetings, enabled emotional space which felt more comfortable or manageable for some. One participant found that lockdown had enabled her to create a boundary and a safe distance from her siblings:

'The reason why I don't want to be around my family at the moment is exactly that, it's because I don't feel good around them. It's contradicting everything you're supposed to feel about your family, isn't it? But actually, in my family I don't feel safe, I feel judged, I feel powerless, and pigeonholed. [...] I might love them deep down, but I would prefer to love them deep down from a very long distance, and not to have to interact. [...] What's different in lockdown, I've finally created a boundary between me and my family.'

Family practices are not always supportive or healthy: being embedded in family relationships may be experienced as 'toxic intimacy' from which it is almost impossible to extract oneself, and which corrodes a sense of self and wellbeing (Smart, 2007: 153). For some in this position, the unprecedented context of lockdown, preventing physical co-presence, offered unexpected opportunities to assert agency, create boundaries and protect a sense of self. Text messages and calls could be ignored, or responded to at a chosen time and through a chosen modality, allowing (re)negotiation of 'reachability' (Licoppe, 2004; Licoppe and Smoreda, 2005).

For another participant, lockdown rules paved the way for tentative in-person interactions with siblings. Having been invited by her sister for walks during lockdown – a novel practice felt to have been prompted by other people 'talking about how they've been missing their families' – the suggestion of visiting another sibling produced a sense of obligation, or doing 'the proper thing' (Finch, 1989), mixed with some discomfort. Yet the legal requirement to physically distance made the visit feel tolerable:

'It also might be a 'I'm supposed to be missing my family, I'm supposed to be eager to see them again' – a sense of doing the right thing. [...] Because we didn't go inside the house, the distance was there. It was never going to be 'chummy chummy'. I'm thankful it could happen in that way. There was still an elephant in the room, but it was in the front garden. It might have been a slightly smaller elephant than it would have been.'

The government-prescribed social distancing rules preventing contact from taking place indoors helped to create the emotional space that was needed to facilitate the interaction.

Thus shifts in modalities of communication and caring under lockdown were framed by existing expectations and practices in family relationships. Distancing rules and ICTs were experienced not solely as constraints but at times, for some, as creating new possibilities for managing emotional distance, creating comfortable spaces and preserving subjective wellbeing.

## **Conclusion**

In this paper, I have drawn on empirical evidence from my small-scale study to show how Covid-19 and the first UK-wide lockdown shaped caring practices amongst kin. Examining the possibilities and limitations of ICTs in constructing and renegotiating co-presence under lockdown, I have shown that unprecedented national restrictions on physical interactions and the consequent increased reliance

on ICTs in exchanging care influenced everyday interactions amongst adult kin in ways which were both constraining and enabling. These novel modalities of caring shaped experiences and perceptions of relationships, and shone a light on how practices are embedded in existing expectations, negotiations and obligations. In both inter- and intragenerational family relationships, the lockdown and the resulting shift to 'caring through a screen' surfaced tensions and induced examination of feelings. Reflections on new forms of interaction with kin brought to the fore questions about caring practices, normative obligations, emotion work and subjective wellbeing.

Through analysis of individuals' narratives reflecting on communication and sharing care with kin before and under Covid-19 and lockdown, I have demonstrated the significance of the physicality of everyday caring practices in experiences and perceptions of relationships with kin, and the irreplaceability of many aspects of caring 'about' and 'for' family members in person.

It is evident that the affordances and constraints of 'caring through a screen' not only shaped relationships but impacted on wider subjective and relational wellbeing. In light of the persistence of Covid-19 and further extended periods of lockdown since then in the UK and globally, and the associated rise in mental health problems, it is essential that the effects on caring and relational practices within kin networks, as well as in other types of intimate and social relationships, are examined further.

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