Covid-19 and the Black Experience: An Examination of the Interrelationship of Individual Accounts of Disease

A Thesis submitted in partial fulfillment of the requirements for the degree of Master of Arts at George Mason University

by

DéShondra Dandridge
Bachelor of Arts
James Madison University, 2016

Thesis Director: Rashmi Sadana, Associate Professor
Department of Sociology and Anthropology

Spring Semester 2022
George Mason University
Fairfax, VA

DEDICATION

This thesis is dedicated to my parents, both of whom have provided me with motivation and strength during moments of discouragement. To my younger siblings who have made me smile and laugh during the many times that I needed comfort. To my loving partner, who continues to encourage and believe in me when I doubt myself. To my friends and extended family, all of whom have provided me with support and love. To all of those who have lost a loved one during the COVID-19 pandemic.

ACKNOWLEDGMENTS

I would like to thank my loving parents, my friends, and relatives who have made this happen. I would also like to thank Dr. Rashmi Sadana, who has given me tremendous feedback and guidance throughout my thesis journey. I would like to extend my thanks to the other members of my committee who were of invaluable help.

TABLE OF CONTENTS

ABSTRACT

COVID-19 AND THE BLACK EXPERIENCE: AN EXAMINATION OF THE INTERRELATIONSHIP OF INDIVIDUAL ACCOUNTS OF DISEASE

DéShondra Dandridge, M.A.

George Mason University, 2022

Thesis Director: Dr. Rashmi Sadana

The thesis investigates the impact that social and cultural expectations have on how African Americans experience disease. This thesis sheds light on the nationwide development of COVID-19 and focuses on the experiences of four individuals living in or around Richmond, Virginia. The interviews show that each individual's response to and experience of having Covid was imbricated with their societal roles and cultural expectations. The first interview follows the experience of a student-athlete and the disruption of her sense of normalcy. The physical isolation from having COVID-19 severely impacts mental health and the ability to uphold one's social role. The second interview centers on the experience of a stay-at-home- mom and how COVID-19 heightens the experience of motherhood and its responsibilities. The third interviewee is a working dad who strives to uphold normalcy, heightening his role as a father and a caregiver. The fourth and final interviewee is a working young male who tries to maintain a normal lifestyle while battling loneliness and despair in a pandemic environment. This thesis intends to be a reference and resource for individuals interested in the perspectives of African Americans during times of public health crisis.

CHAPTER ONE: INTRODUCTION

Since the news of a novel respiratory illness emerged from Wuhan, China in December 2019, the public discourse on COVID-19 and its potential impact has overtaken most other world issues, especially in the United States. Many of us have pondered: What will happen if I contract COVID-19? The answer to the question remains unanswered until you have become infected. However, many of us have dealt with governmental responses to decrease the spread of the virus. Travel bans, social distancing measures, requirements for personal protective equipment such as masks, and enforcement of country-wide lockdowns were put into action for the safety of the public (Curley 2021).

For some countries, particularly in East Asia, the number of COVID-19 cases and deaths have been significantly less than in Europe, the United States, and Latin America. The stark difference in mortality rates associated with the virus regionally is attributed to how each country's government has handled the situation. In most East Asian countries (such as Vietnam, South Korea, and Taiwan), the governments swiftly reacted to the virus and people adopted the life-saving protocols (HUB 2020). Although there have been several epidemics in the past decade (i.e., Ebola, Zika virus, Bovine spongiform encephalopathy), none spread to the extent of COVID-19. The World Health Organization officially deemed COVID-19 as a pandemic on March 11th, 2020 (BBC News 2020). By early March 2020, COVID-19 was spreading rapidly in the United States, with the first official positive case located in Washington State (Holshue 2020;

Park 2020). By September 2020, data shows that the United States had the most positive cases in the world totaling 6,934, 233 and counted over 201,910 deaths to COVID-19 (John Hopkins University and Medicine 2020). On the global scale, the total number of positive COVID-19 cases is over 200 million, with a death toll of 5,144,753 (John Hopkins University and Medicine 2021).

The United States issued regulations and guidance on preventative care on a state-by-state basis. At first, the regulations and guidance had to do with where the major hotspots were. Reports about the virus showed that the virus is most commonly spread during close contact encounters via respiratory droplets that can occasionally spread via airborne transmission, as well as through contact with contaminated surfaces (Center for Disease Control and Prevention 2020a). Overall transmission of the virus can easily be passed from an infected individual to a non-infected individual. This ease of transmission initially promoted the rhetoric of "equality," with politicians such as Andrew Cuomo of New York referring to the virus as the "great equalizer" (Jones and Jones 2020; Zemler 2020).

Coined as the "great equalizer" meant not only could anyone become infected with the virus but that everyone had an equal chance of getting it. The virus appeared not to see race, religion, caste, language, or borders. The virus had been referred to as equalizing as a way to hone in on its severity, as it was not only affecting older people (65+) but can and has infected people of varying ages, social, political, and economic backgrounds. It appeared to the public as if all people no matter their race, religion, caste, or status were equally susceptible.

Yet, as the number of positive cases and deaths of COVID-19 increased, public health data began to show a harsher reality for some groups who contract the virus. Ethnic minority groups were more susceptible to contracting the COVID-19 virus than non-Hispanic whites. For instance, according to an account from the Center for Disease Control, African Americans are 2.1 times more likely to die from COVID 19 (Center for Disease Control and Prevention 2020b). As this news spread, COVID-19 came to no longer be seen as a "great equalizer" but rather a magnifier of persistent inequalities in American society and its institutions (Gupta 2020; Jones and Jones 2020; Mein 2020).

The focus of my thesis will be on the African American community in Virginia. The individuals that I have interviewed mostly live within or had previously lived in the Richmond area. I had chosen the Richmond area due to my connectedness to the city. Most of my maternal family resides there, and I spent a considerable amount of time as a child visiting the area. I am familiar with the neighborhoods, the local politics, and how the downtown areas have changed significantly over the past ten years.

At a glance, Virginia appears to be on the lower end of positive cases of the coronavirus. However, what makes Virginia a unique state to understand the experience of African Americans during the pandemic is the high volume of cases associated with minority groups compared to white Americans. Despite only accounting for 27.5% of Virginia's population, African American and Latinx communities comprised 64.3% of the positive COVID-19 cases (Wainman 2020). In Richmond, the demography of the city comprises of 46.9% Black or African American, 45.5% White, 6.9% Hispanic or Latino, 2.1% Asian, with 0.4% Native American (United States Census Bureau, n.d.). Out of the

46.9% of African Americans that inhabit that area, 94% of COVID-19 related deaths were of African American descent (Wainman 2020).

There are many intersectional factors that contribute to the impact of COVID-19 on the African American individual. How they are included or excluded in aspects of society can cause the individual to become more vulnerable to the virus. COVID-19 not only becomes a disruption to an individual's physical state of health but impacts how they navigate themselves as a member of society. Social identity becomes heightened during the COVID-19 crisis, ultimately shaping one's experience with the illness. This thesis aims to shed light on the influence of social and cultural roles and their impact on how African Americans experience disease. Investigating how African Americans are experiencing COVID-19 at the individual level contributes to current medical anthropological research in public health as it can reveal how societal pressures and culture can impact the quality of life of the individual during times of negative life events.

Theory and Method

In constructing the theory and method that would frame this thesis, I drew on the theories of Critical Medical Anthropology, to observe how societal expectation for negative public health events impacts how African Americans are experiencing the disease. This chapter will also identify methods engaged in the research and writing of this thesis.

Theory: Critical Medical Anthropology

Over the years, Medical Anthropology has examined the health of individuals, biocultural adaptations, and environmental effects by interrelationships between humans and other species. As anthropology shifted from a discipline that saw race as a means of categorization and description, the field now attempts to investigate the role race has on human relations and power structures. Within Medical Anthropology, anthropologists have begun to identify the impact of the social experience of race and how these inequalities can be manifested within biology and cultural patterns of behavior (Gravlee 2009).

Medical Anthropology aids in redefining how one may perceive race. It critiques the idea of "health" as more than physical, but as an all-encompassing term for the well-being of an individual. But more specifically, critical medical anthropology emphasizes the importance of analyzing the political economy of health to illustrate how politics, social inequalities, and economic power influence welfare (Baer 1982, 1989; Farmer 1999; Bourgois 2009). The origins of Critical Medical Anthropology are fostered in a larger interdisciplinary movement known as the political economy of health, which is a framework utilized to study health disparities.

Illness narratives contain the personal experiences of an individual and their perceptions of their own health. They can illustrate the social and the systemic at the individual level (Farmer 2004b; Kleinman 1988). Racial disparities in health do not exist in isolation but are framed by other kinds of disparities and forms of segregation such as the redlining of neighborhoods, access to quality public education, and the availability of

nutritious food. As a member of the Richmond community, I noticed over the years how this area once oozing with African American culture and sites, from festivals celebrating black culture. The historic Jackson Ward and Church Hill as epicenters of Black excellence in Richmond have shifted to black displacement and gentrification. As Richmond continues to transform, there is this redefining of who has the right to belong in Richmond and this was heightened during the pandemic.

After having to return home during the pandemic, I would watch local news stations and read the Richmond Times-Dispatch cover how COVID-19 was disproportionately affecting African Americans. This is what compelled me to find answers on how people were dealing with COVID-19. I wanted to know more about others' personal experiences, their thoughts, their feelings, how they coped, as well as the treatments that they may have undergone. As an African American individual who had family members who contracted COVID-19, as well as one who passed away from complications related to COVID-19. I was particularly drawn to understanding the experiences of others, especially of African American descent.

Doing this research during an ongoing pandemic was a daunting task as the lessons and rules that anthropologists had trained for becomes null as you are prohibited to interact or meet in-person. There is also the added layer of accessibility. As most of us have either read or knew people who did not have access to the internet or a computer at home, this issue can pose as a problem when attempting to reach out to individuals for an interview over Zoom video calls. When it came to ethnographic research, I was unable to host interviews or undergo participant observations in-person.

To combat not being able to perform observational research, I had asked my interlocutors to type in a journal for five to ten minutes a day for two months about their daily habits and feelings. However, this task became daunting for those who participated. Often these individuals did not want to participate because of this. The added journal created another layer of stress, within an already stressful situation. So, the journals were disregarded and not utilized for this thesis. Fortunately, I was able to interview four individuals of varying backgrounds to gather the information that would be the center of my thesis. Individual narratives encourage an examination of the whole picture of someone's life, not just their health. It also assesses the influence of social and cultural factors that impact how the individual perceives their overall experience with the illness. Another advantage of the narrative approach is that people become active agents in crafting their own narratives.

Methodology

c. African American Research

In my interviews with individuals of African American descent, before we began our conversations, I carefully explained what I hoped to achieve and accomplish with these interviews. I emphasized that I would not write or identify my interlocutors by name. Due to the ongoing pandemic, I hosted all interviews over Zoom video call or by telephone. I had also taken field notes throughout each interview to better understand body language, voice tonality, atmosphere, and thoughts that I had throughout the interview.

b. Writing Style

This thesis is written in an illness narrative style of writing. In the field of anthropology, human speech has often been interpreted as a performative act through which the individual constructs meaning and define their self in the world (Garro and Mattingly 2000; Mendenhall 1982, 146). By analyzing the accounts of the individuals, one can appreciate the external socio-cultural factors that contribute to one's own understanding of their worldview. This can be further explored through the configuration of health models through an illness narrative. Illness narratives aid in understanding how patients conceptualize causes of and their experience with illness. Moreover, individual accounts provide knowledge that graphs and statistical data cannot provide. It offers a more holistic picture and gets to questions of meaning and value. Illness narratives allow you to not only empathize with what someone has gone through but also provide a connection to the social fabric of the human experience.

c. Literature Review

In this thesis, I explore the writings of scholars from multiple disciplines primarily from anthropology, psychology, and sociology. These authors were included as an aid in support for my argument understanding the influence of social and cultural factors on public health outcomes.

Illness Narratives: A Brief Definition

In this thesis, I will be utilizing the term "illness" as defined by Arthur Kleinman (1988) to understand the experience of COVID-19. Illness refers to how the individual experiencing the disease, their family members, or external social network "perceive, live with, and respond" to one's symptoms (Kleinman 1988, 3). Thus, the aim is to understand illness as a broader, more comprehensive experience. This broader experience includes behaviors such as an individual opting to take over-the-counter medication, how they rest, change their diet, perform exercises, or when they decide to seek professional care (Kleinman 1988, 4).

A second key component is how "illness is culturally shaped," as the local cultural orientation organizes our conventional common sense about how to "appropriately" understand or treat illness (Kleinman 1988, 5). From an anthropological perspective, illness is "polysemic or multivocal," meaning it differs in context and connotation to different groups and people going beyond just the experience of the suffering individual (Kleinman 1988, 8). For instance, Nancy E. Waxler's *Learning to Be a Leper: A Case Study in the Social Construction of Illness (2007)*, provides a cross-cultural examination of leprosy and its cultural and social perception in the United States in comparison to Ethiopia.

She found that the mechanism for coping with a chronic disease is learned within a cultural context, affected by society's beliefs and expectations for that disease. The "moral definitions tell the leper how to "have" the illness" (Waxler 2007,156). In Ethiopia, the leper will stigmatize themselves. With many not going outside of their

homes, divorcing from their partner, or even emigrating to become beggars. Their social status becomes lowered and "consistent with the fatalism of the Ethiopian peasant" (Waxler 2007, 153). In contrast, in the United States, though leprosy is stigmatized, there is more of a push from those suffering from leprosy to push back. Those that do withdraw from society often take up another role as "career patients." They become professional educators, acting as representatives in an attempt to alter the public's mindset of the disease. Although individuals who suffer from leprosy in America do not respond like the Ethiopian fatalists, from the point of view of the public, they are still not considered "normal." Individuals who suffer from this disease learn "how to be a leper" from the beliefs and expectations prompted by their society, ultimately forcing them to take on the socialized role that society expects for them (Waxler 2007,154).

More recently, Dr. Jocelyn Marrow and Dr. Tanya Luhrmann's *Our Most Troubling Madness: Case Studies in Schizophrenia across Cultures* (2016), examines the cross-cultural construction and experiences of schizophrenia. She and her colleagues perform several case studies across varying countries such as India, Ghana, the United States, and Thailand. One of the case studies illustrates the concept of social defeat. Social defeat follows structural violence or social suffering as defeat is the state that results from the creation of suffering (Luhrmann and Marrow 2016, 203). The individual has thus accepted their subordinate role in society. In the United States and the United Kingdom, schizophrenia becomes a central part of their identity and place in the world, "while it also asserts that one is not fully human" (Luhrmann and Marrow 2016, 204). The condition is considered a corrosive social failure. This contrasts with non-Western

countries where there are more ways in which the concept of "madness" is understood and more ways to interpret symptoms (Luhrmann and Marrow 2016, 203).

Although, these two case studies do not seem to correlate to COVID-19, how we culturally perceive and interact with a disease can be similarly applied. Again, these authors found that the mechanism for coping is learned through a cultural context. In this thesis, how the individuals respond to contracting and coping with the coronavirus is cultural and socially defined. COVID-19 seems to heighten the social and cultural experience of the sufferer. How one moves through the pandemic becomes culturally defined as the expectations prompted by their society forces them to take on that socialized role. These roles include but are not limited to, adhering to social distancing and health mandates, to upholding the socialized ideas of motherhood, fatherhood, and being a student.

Again, this goes back to how what is natural or what is deemed as common sense should not be based on conventional biological signification. Instead, local cultural orientation and meaning influences one's perception of their symptoms or illness. Ultimately, these expectations about illness are altered to one's individual biography, thus making every illness experience unique to the individual.

In this thesis, I will narrate the lives of four individuals as they deal with their symptoms, recovery, and the larger social significance of COVID-19. I utilized this format to answer the research questions: How Black Americans are experiencing the COVID-19 pandemic? How their quality of life during negative life events is impacted by societal and cultural influences. While the story of COVID-19 has some similar

contours in each narrative, each individuals' reactions and processing of the disease are unique.

Chapter Two: The Youth Perspective. ***Illness through Physical Isolation. How Social and Physical Isolation can Impact Mental Health***. This chapter focuses on Anna, a student-athlete, who contracted COVID-19 during her fall semester. Throughout the chapter, I will discuss issues centering on the disruption of one's sense of normalcy, and the impact of physical isolation, and stigma. This chapter will provide personal insight into the life of a university student during the height of the pandemic. In addition, this chapter will describe and chronicle the way universities have altered how classes are taught, how resources are allocated, and how students' lives are impacted by negative life events.

Chapter Three: A Mother's Plight. Illness through Stress. This chapter dives into the experience of a newly stay-at-home- mother who contracted COVID-19, along with her husband and son. The plights of a mother during COVID-19 go beyond the physical symptoms of COVID-19 within the body. But how stress becomes manifested during the day-to-day routines as well as the body. How we ultimately deal with this stress is attributed to the socio-cultural factors that become intersected with race and gender. This chapter offers a social commentary on the impact of COVID-19 on motherhood, society, and race.

Chapter Four: The Family Man. How Stigma Impacts the Perceptions of COVID-19 on the Individual. This chapter, like chapter three, will follow the experience of a working father who contracted COVID-19, along with his elderly mother. The fight to

uphold normalcy during the pandemic, and the acceptance of his diagnosis serve as the focus of this chapter. This chapter offers a social commentary on the impact of COVID-19 as it heightens the concept of fatherhood and what it means to be a "man" in the American culture.

Chapter Five: The Invaluable Correctional Officer. How Loneliness from Social and Physical Isolation can Impact Mental Health and Work. This final chapter explores the woes of pandemic life in the eyes of an African American correctional officer, as he combats feelings of loneliness. Throughout this chapter, I will explore the concept of masculinity and the impact of COVID-19. This chapter will also cross-examine the similarities faced by each individual.

In the chapters that follow, the cases, which are described at greater length, illustrate how the quality of life for African Americans during negative life events, such as COVID-19, is gravely impacted by societal and cultural influences.

CHAPTER TWO: THE YOUTH PERSPECTIVE, ILLNESS THROUGH PHYSICAL ISOLATION. HOW SOCIAL AND PHYSICAL ISOLATION CAN IMPACT MENTAL HEALTH.

This chapter will focus on the experience of a student-athlete who contracted COVID-19. This interview showcases how the disruption of one's sense of normalcy can deeply affect one's quality of life. For most individuals that had suffered from COVID-19, there is a sense of alienation. These individuals that had tested positive for COVID-19 not only were moved away physically into isolation but, at times some felt mentally isolated from those around them as well.

Human beings are social creatures. We tend to seek refuge or solace in others, especially during times of distress. The COVID-19 pandemic has notably been a socially connecting experience, as we all have gone through this experience together. However, like all aspects of human life, these experiences are unique to the individual. Even though many of us had gone through periods of social isolation and social distancing, that experience is gravely different from those who tested positive for COVID-19. By peering into the lives of people who had tested positive, we can capture a wrinkle within our social fabric that can shed light on the impact and interconnectedness of illness and the social environment. The following narrative examines how COVID-19 affects the quality of life that becomes exasperated during prolonged periods of isolation. The nature of COVID-19 discouraged traditional face-to-face interactions and consultations; this interview was held over a zoom video call.

The Student-Athlete

The 10 o'clock sun peered through the blinds reflecting upon my computer screen as I waited for Anna to log onto Zoom for our interview. I sat there anxious, fidgeting, and glancing over my questions. It had not been an easy task to set up this interview as our schedules never seemed to align. I was nervous that this would be another day that we would not be able to do this interview. Then, at 10:30 a.m. Anna logs into the meeting. She is smiling, her hair is braided in mini box braids pulled into a ponytail. Anna is wearing a yellow t-shirt with her university's logo on it, and a gold-plated necklace with the word "Angel." She exudes a calming presence that can be felt from the other side of the screen. As Anna adjusts her computer screen, you can see her university's campus filter shifting around her. Her voice is low and pleasant. She has a slight southern accent that seems to become more pronounced whenever she becomes excited or enthusiastic. She is very expressive, mostly through her facial movements, though she would occasionally make gestures with her hands. As she spoke, her emotions seem to be more heavily conveyed through her facial expressions than through the tonality of her voice. Our conversation felt very connected and personable, as if we were talking to each other face-to-face at a coffee shop and not over a computer screen.

Anna is a twenty-two-year-old female, from the Tidewater area of Virginia. The Tidewater area is located east of the fall line, which includes land along the Chesapeake Bay and Eastern Shore. She is currently pursuing an undergraduate degree at a central Virginia university, where she's also on the track team. Anna was formally diagnosed with COVID-19 in August of 2020. Anna shares a suite-style dorm room with four other

young women and came to know she might have COVID-19 when her roommate started to develop symptoms. Anna had tried to remain healthy and took extra precautions to prevent herself from getting the virus.

Initial Introduction to COVID-19

During, the interview I had asked Anna how and when did she first hear about COVID-19. She pauses and looks up. Her eyes begin to squint and her brows furrow. She begins by telling me that her team had just returned from spring break in Miami. She closes her eyes and continues: "We were getting on the plane. They were giving us masks. They're like, 'Oh, this is going around.' So, everybody on the plane got scared."

She recalled how everyone was panicked. They were unaware of what was going on. No one had informed them exactly what was happening and why. She states that it was at Fort Lauderdale Airport where she heard an attempt by someone trying to explain to them what was going on. But still, no one ever confirmed that it was the COVID-19 pandemic. "When we got there, they were making people put face coverings on, and making people stay distanced, stuff like that." It would not be until her team reached campus that they would receive a confirmation on what was happening.

> And we were kind of like, we didn't know what was going on until we returned to campus, and then that's when they're [the university] like, 'Oh, you'll have to leave campus.' We're like, 'Oh, we just came from Florida. Now, we get to go home?' [she squints and raises an eyebrow] 'Okay, mmm okay,' but then once we started

> figuring out why we're like, okay. This is a little bit messy. So, I would definitely say we heard it. I heard it first-hand.

I probed a bit and asked about her experience at the airport. She explained to me that it all felt like a scene from a movie. She stated how everything going down to Florida was great. It was a typical experience for her. However, once the trip had ended, she stated how everyone was fearful for them and how they needed to be careful.

> We were kind of all raising an eyebrow. We were scared because we're like, 'okay, are we gonna die?' So, I would definitely say it was a different experience. It was definitely an emotional roller coaster because a lot of us were actually scared, and some people actually didn't feel good even coming from Miami. And so, you know, we were kind of scared and we're thinking, 'we just came from there, do we got covid?' So, it was definitely an experience. Then, it was a lot of like thinking on your feet. A lot of people, my teammates don't live here. So, they had to figure it out. 'Like, how am I gonna get home?' You know? 'Oh man, I gotta pack all my stuff up and leave.' You know, things like that. So, it was different for sure.

This illuminates not only Anna's experience but, the experience of her teammates as they learn about COVID-19 for the first time. Having to attempt to find lodging and a way to return home illustrates how universities were ill-prepared for the emergence of COVID-19. In addition, this vignette displays the collective experience of the early stages of the pandemic. The immediate and drastic worldwide actions, the lack of preparation from government officials, the fear of infection and exposure, the contradicting media

information, and more have led to an accumulation of stress exposure at an unprecedented scale.

For many university students, not only do they share the collective uncertainty and fear within the general population but are "also more likely to be affected by displacement" (Hasratian et al. 2021, 2). As we have seen in Anna's narrative thus far, college students encountered closing dormitories and facilities halfway through their studies forcing them to have to relocate. The logistics around relocating, the feelings associated with moving unexpectedly, to how the university effectively or ineffectively responds to and/or provides resources during the relocation ultimately colors the experience of the individual. For some of her teammates, there was this frustration regarding how the university communicated with the students about their stay at the university. She mentions that some of her teammates' families were from different states. This event forced some of them to stay with friends, while others scrambled to get back home. Fortunately for Anna, her family lives in the Tidewater area. She was able to obtain lodging more readily in comparison to some of her counterparts. This vignette illustrates that the effects from negative life events are not uniformly experienced (Jopp and Schmitt 2010).

Catching COVID-19

Anna had told me that she initially was not given a COVID-19 test before arriving on campus, as she had arrived later than other students. She explained:

> We wasn't even allowed a COVID test at first, because they weren't trying to really say that we had COVID. But then once our teammates started, like a lot of my teammates started to seem like they were sick and feeling ill and actually going on their own to get covid tests. That's when we were allowed to get COVID testing.

She said that she did not feel safe while receiving her COVID test. She and one of her other roommates were tested together. This was the moment Anna had found out that she had COVID-19. However, her other roommate had tested negative. She recalled feeling displeased with how the university had handled the situation.

> I kind of felt a not safe feeling because it's like, well, [Anna looks up at the ceiling and sighs] you know, what if, I was to give her a covid at that time. I didn't get to get tested until after they started seeing that it was like a serious deal more. My teammates were actually getting [pauses]. These were people I was around like everything.

I proceeded to ask her who and where does she believe she had contracted COVID-19. Anna believes that she had probably contracted the virus from a roommate, who had contracted the virus from one of her old teammates. They had attended his housewarming party. However, she emphasized that she did not stay long. "I didn't really go in. I went in spoke, you know, then I kind of left. She [her roommate] was there." A few days had passed since the housewarming party and her roommate started to develop symptoms of COVID-19. "She was like 'I can't smell' within two days later. She just [pause] '…I can't smell' and she was smelling like heavy incense. So, I'm looking at her 'like girl'." As Anna is saying this, she leans closer to the camera. Her eyes widen slightly. She

begins to laugh and shake her head as she retells her roommate's initial symptoms. She stated how she basically looked at her in disbelief.

> I disinfect everything and then after that I kind of just knew, because me and her have been so close and close to each other and talked to him before she even got everything. I was like, I'm probably more than likely gonna be next because me and her [are] one of the closer ones in the room.

After she began to feel ill and lose her sense of taste and smell. She knew that had contracted the virus.

> So [pause] I was pretty asymptomatic at first. [Looks up and pauses] but then once I actually found out, I had COVID. I see my results and it says positive. It seemed like everything kind of hit me at one time because then I started getting like chills and I was hot. I was hot when I was cold. I was coughing a little bit and… I started losing my taste and my smell. I was having diarrhea, and I was having heavy breathing.

She continued, occasionally glancing around the room, gathering her thoughts. She expressed how she couldn't really sleep. Her body was hurting, fatigued. She recalled having almost every symptom of COVID-19 she could think of. This virus not only impacted her physically but began to alter her emotionally. Many individuals diagnosed with COVID-19, or even took the vaccine, seemed to have a similar experience with all the symptoms occurring at once. While most individuals who become diagnosed with COVID-19 will develop mild or no symptoms, it does beg to question whether learning about the diagnosis makes one more aware or overly heighten of their symptoms. When

an individual becomes more attune to their body, this aids in how they interpret their experience with the illness.

Coping with Physical Isolation

For Anna, this had negatively impacted her quality of health and life. During this interview, I had proceeded to ask her what the process was like after she had tested positive. She explained to me the university's protocol for students who had tested positive. She explained that they were contacted by email. They would be moved to another dormitory building for isolation for 10 to 14 days.

> They gave you a time… [to be] picked up so you can have all your stuff together. … you need you to bring your TV, you need to bring your laptop, and things like that. Grab all of that. You're going to be picked up at 2:30. So then, once they picked us up and took us over there, …they gave us like food in there and like small stuff, but they didn't really feed us like that. If that makes sense. So, it was like they gave us a lot of like canned foods and things. But we didn't really have the supplies for the food. [pauses] Then when they did feed us, it was like not good food. So, we had like a new bed, sheets and pillows, and things like that. They provided us with like enough stuff to begin with.

She explained to me over time the supplies seemed to be less. When asked about her time during isolation, she appeared slightly sadden. She explained how the physical isolation impacted her mental health. Although she did not go into great detail about the state of

her mental health, as she recalled her time in isolation, every pause and every sigh exuded a feeling as if she was reliving this memory.

> Like, when I was going through, it kind of messed me up a little bit… I didn't bring as much as [others] did. So, some of them probably did play game systems, and TVs, and things, and I didn't have that. So, I kind of was trapped in my COVID phase… I wasn't able to eat and smell stuff. It kind of affected my diet, so I didn't ever want to eat because it was like, I couldn't eat or smell it anyway. So, I never really had an appetite. I had lost like 35 pounds while I was in isolation… [it] really took a toll on me and like a lot of people and it was just very bad for my mental.

As she retells the events of her time in isolation, she proceeds to give an anecdote about her first job after quarantining. Anna worked as a server at a restaurant not far from her university. She had applied during her time in isolation and was hired three weeks after her quarantine. Anna was no longer contagious but still did not have a sense of taste or smell. "As a server, we had to like do a taste test and things like that, and I'm sitting here faking it like 'umm spicy,' you know, and I couldn't taste it." As she recounts her story, she reenacts her looking around and nodding in agreeance. Anna to this day still struggles with taste and smell.

In this vignette, we can easily recognize the stress that she endured. First, the stress associated with the process of quarantining on the college level. The feeling and image of having to quickly gather one's belonging, being transported, and relocated into an unfamiliar space with only the bare necessities can stir anxiety in anyone. But it is not

just the abruptness of having to move into an unfamiliar situation. It is also having to deal with the feeling of forgottenness, as the supplies that were once given are no longer being replenished. The feeling of being alone, without one's typical luxuries. It is this physical isolation that exacerbates not only Anna's mental health but how it has colored her experience of illness. Throughout this process, Anna expresses how she was stuck within her COVID phase.

Her COVID phase adheres to the concept of liminality. This concept was introduced by Arnold van Gennep (1909). Arnold van Gennep's *The Rites of Passage* (1909) is a tripartite structure that engages in the General Theory of Socialization. These three parts are rites of separation, rites of transition (the liminal phase), and the rites of reincorporation. Gennep's inclusion and definition of liminality would serve as a foundation for many scholars, such as Victor Turner (1974).

His inclusion of a three-part pattern was thought to be inherent in most ritual passages, suggesting that societies employ rites to delineate transitions from one state to another. These transitional periods become important as it defines how one should act, one's potential social status within a society, as well as responsibilities that one may have. Through liminality the social identity is changed. For Turner, "the passage from one social status to another is often accompanied by a parallel passage" (Turner 1974, 58). Liminality is thus the space when participants no longer hold their pre-ritual status but have not yet transitioned to the status that they will carry on when the rite is complete. In Anna's case going through physical isolation is the liminal stage before she can "re-enter" society as a "healthy" "functioning" member.

Physical Isolation and the Impact on University Life

When asked about her time at school while having COVID-19, her mood seemed to shift. She appeared a little more solemn. She expressed that school was difficult. “I’m not much of an online/ virtual type of person…that leaves me too much room to procrastinate.” She described how she would contact her mentor at the time or her mom about her troubles with virtual learning. During this time, she appears to be accepting of the memory. She smiles, her voice elevates, “I was crying when I would call my mom. Crying like ‘Mom, [shakes her head] like I can’t do this,’ like this is really like beating me up or whatever.” She takes a moment pauses, she glances back up at the ceiling, her eyebrows move closer together into a furrow. Her experience with COVID-19 and physical isolation “put a hold on [her] participation in classes.” She contributes this to being stuck “in this depression stage…I didn’t really give as much as I wanted to that semester of school.”

Anna at this time looks back into the screen. Her arms are close to her, her hands rest in her lap. She noted: “It was probably my worst semester in college ever [her eyes widen, and her eyebrows lifted] because it was definitely hard. However, I will say my professors were very understanding when I kind of explain to them I had COVID.” She told me how they would either give her extra time on her assignments or allow her to make up older assignments. She was fortunate that it happened early in the semester. I asked her how COVID-19 had affected her performance as an athlete. She said that the practices were very modified. It was difficult for her team to gather due to COVID-19 restrictions.

> We couldn't work out or anything. So, it has allowed me to put on weight and it kind of affected me [pauses] I was a little heavy. But for the longest time, I could not practice, being that I got diagnosed in August and then I got isolation in September. I couldn't start until November because we had to go through like cardiac tests, and they had to get like EKGs and things. We had to do all types of testing and scanning and screening before we even return to practice. So, I didn't start till like November. I definitely say it affected my performance, for sure, because I didn't get as much work as I needed to, or I didn't get to, like, work out in practice as much as I wanted to. So, I was saying that's how it had the biggest effect on track as far as my health. I don't think I really ever felt any changes here and there, I felt like heavy, like, heavy stuff on my chest, but I had somebody tell me it could have been like exercise-induced asthma or something. That was what my trainer said. She was like, it could just be from having COVID, or whatever. So that's the only physical or like effect that I really felt. But outside of that. It was just me missing practice and just not getting the equal chance to work out.

The academic workload has been regarded as a prominent stressor for most college students (Akgun and Ciarrochi 2003; Yang and Chen 2021). Stress from academia often produces or contributes to poor health outcomes like anxiety and depression (Yang and Chen 2021; Beiter et al. 2015). The stresses brought on by university-level coursework have intensified during COVID-19 events. Anna's narrative illuminates how physical isolation acts as a catalyst to the negative quality of life outcomes. The physical act of isolation makes Anna feel alone and cut off from her daily

life activities. The addition of her body being physically ill and having lingering effects from what is considered a "short-term" disease contributes to the stress of having to uphold her status in society as a student and an athlete. Her inability to effectively perform her duties due to the impact of COVID-19 generated feelings of hopelessness.

These feelings of hopelessness, despair, fatigue, and anxiety, all can weigh on the mind and affect productivity. Anna's procrastination increased due to the change in student learning. Anna's normal student life routine was interrupted and reformatted. She no longer had those face-to-face interactions instead her classes were held in an online format. COVID-19 has amplified the mental health crises. This example illuminates how physical isolation contributes to cases of mental isolation. Although Anna suffered from a separate "more physical" illness, COVID-19. This physical illness contributed to her depression.

Post-COVID Thoughts and Lessons

Later in the interview, I had asked Anna how has her life changed since the pandemic? She initially laughed and very bluntly stated "I'm probably more like of a germaphobe now." She informs me how she is "very on top of" trying to wash her hands and keep them clean especially before touching her food, face, or any surface. She reveals that she is in a better headspace than before. Anna looks away at the computer screen. She begins the rest of the sentence, staring off into the distance, "COVID-19 mentally took a toll on me at the time." She looks back at the screen:

> Well on top of that, I was dealing with a bunch of other stuff. School wasn't going my way, to typical boy problems, [she smirks] stuff like that. Anna looks back at the screen, she sighs. So, it was kind of like a bad time for me. But I feel like since then I was kind of, you know, [shrugs] I'm in a better space now and I'm more like, on top of my things and ahead of myself and like more so intertwined with myself, like, loving myself, being self-care, pretty much.

Interpretation

"The disruption to life is a constant in human experience" (Becker 1997, 190). The COVID-19 pandemic has been a disruptor in the lives of all who have lived through it. It is more than a health crisis. Anna's COVID-19 diagnosis disrupted how she performed her social role as a student. Becker's *Disrupted Lives* (1997) explores how the creation of "metaphors of transformation" aid in the expression of bodily states and feelings within personal narratives (Becker 1997, 173). In addition, Becker illuminates how the afflicted measure their altered selves against a normative social view. For instance, Becker discusses the plight of infertility to showcase the interwoven characteristics of the American gendered identity. The inability to live up to societal expectations can cause social defeat. However, refusal to be shamed allows the afflicted to reinvent themselves. A few of Becker's interlocutors resisted social defeat. This idea was most successful among individuals with a support system. However, the individualism value within American culture often leaves those without cultural support to take on all the responsibility independently.

Anna's COVID-19 experience opens a window into her life and discloses a great deal of interpersonal significance. As we have seen within Anna's narrative, the source of her feelings of despondency during isolation was manifested in her symptoms of heaviness in her chest, feeling fatigued, and a lack of motivation. Although hopelessness and the feelings associated with isolation cannot be directly measured, its effect on Anna's behavior can. Understanding the meaning of her illness through a social lens showcases how external factors influence the effect of the virus.

Looking back at Anna's experience. Many aspects resonated with me personally. One aspect, in particular, is how she felt uneasy with the university's policies when it came to COVID-19 surveillance and testing. An NPR broadcasted in October of 2020, delved into the perils of university policies on COVID-19 testing.

> Of colleges with in-person classes and more than 5,000 undergraduates, only 25% are conducting mass screening or random "surveillance" testing of students. Only 6% are routinely testing all of their students. Most, instead, are relying on only diagnostic testing of symptomatic students, which many experts say comes too late to control outbreaks and understates the true number of cases (Pilkington, Wilkins, and Nichols 2021; Nadworny and McMinn 2020).

In a study by Moghadas et al. (2020), in the PNAS, 40% of COVID-19 cases were transmitted by asymptomatic individuals, these individuals were noted to be silent spreaders. Understanding how COVID-19 is often transferred from those who are asymptomatic illuminates Anna's uneasiness with having to go to the COVID testing site with her suitemate. She was afraid of possibly spreading the virus to her. In addition, the

statement referring to colleges only testing students who display symptoms reign true as my previous undergraduate university had over 600 student cases of COVID-19 within the first week of the fall semester. This Virginia university, like many others, did not require students to get a COVID-19 test before or upon returning to school. This incident illuminates a fear that I and many of my peers and friends attending varying universities have had. The lack of in-person testing, or only making testing available for a small percentage of students seemed troubling. For Anna, this initial dissatisfaction and anxiety would continue to fester within the subsequent events, ultimately impacting her quality of life.

Having COVID-19 has not only impacted her mentally but also physically. One physical symptom that has had a longer impact equates to her ability to taste and smell. Her anecdote where she pretends to smell and taste the food illuminates how individuals who had suffered from COVID-19 and still may have lingering effects tend to disavowal through acts of sheltering, passing, or covering (Goffman 1963). Although disavowing has been criticized as it promotes stigmatization, for other individuals, like the interviewee, this initial disavowal of the condition has aided in her quest to become comfortable with her condition. For Anna to "blend in," she had to pretend, in order to draw away any attention from herself and to also not be stigmatized due to her previous condition.

Having to disavow affects one's quality of life as it can affect one's personal perceptions. The individual feels as if they are abnormal and needs to hide the condition because it is not within the realm of normalcy. For individuals who had suffered from

COVID-19 and still have some lingering effects, like a lack of taste and smell, this can make them feel ostracized. The search for normality often tends to equate to the disruption of the individual's initial understanding of their personhood (Murphy 1987). The individual is made aware of their abnormality through social and/or cultural influences.

In this case, being made to taste and smell the prepared dishes in a public setting made Anna more aware of her abnormality. In addition, Anna mentions how she felt as if she was in a longer state of her COVID phase. This feeling of abnormality, although taken place after recovery, can also be seen through the process of testing positive for COVID-19. COVID-19, in its early stages of the pandemic, gave rise to a stigma of ignorance and negligence. Having an "atypical condition" contributes to the devaluation of the individual within social realms. For those who were diagnosed with COVID-19 during the earlier stages of the pandemic, there is a devaluation of those who test positive. This will be further discussed in the fourth chapter following Mr. Brandon's diagnosis, and his initial reaction to individuals who had contracted the virus. Yet, this devaluation or stigma may often lead to individuals feeling mentally isolated from others. This mental isolation can also lend itself to physical isolation, ultimately affecting the quality of life.

CHAPTER THREE: A MOTHER'S PLIGHT, ILLNESS THROUGH STRESS

This chapter will focus on the experience of a newly stay-at-home- mother who contracted COVID-19, along with her immediate family. Correspondingly, to chapter two, I will observe the influence of stress and how it manifests within the body. Throughout this interview, I will explore the impact of COVID-19 on maternal health as well as how these impact family dynamics.

Overall, the COVID-19 pandemic has presented various challenges for all individuals who lived through it. These challenges are uniquely dependent upon external social, cultural, and economic factors related to the individual involved. These differences contribute to the quality of life and how it is experienced. As shown in chapter two, these experiences will differ gravely across varying groups. For instance, we saw how students were displaced, how their accessibility to campus resources decreased, to how many had to adjust to online learning which would become heightened when diagnosed with COVID-19.

However, there is one group within the pandemic that tends to have dealt with and often taken on extra responsibilities that may have gone unnoticed. For months, mothers were stretched thin during the pandemic from acting as caregivers, maintaining household responsibilities, to taking the responsibility as interim teachers, to even having to be earners all at once. This experience is heightened when a mother contracts COVID-19. The following narrative examines how COVID-19 affects the quality of life that is

exacerbated by stress and feeling overworked. Like Anna's interview, this interview was also held over zoom video call

The New Mother

Elaine is a twenty-eight-year-old- student and a mother of a ten-10 month- year old baby at the time of the interview. Elaine is from Central Virginia but had moved to Northern Virginia, during the pandemic. Elaine has a warm and inviting personality. She is a noticeably confident appearing woman: medium build, lighter tanned skin with a golden undertone, a vibrant smile, and thoughtful brown eyes. I first interviewed her over Zoom on a chillier day in April. Her locs were pulled back into a low ponytail, the locs are ombre with almost a honey blonde shade at the ends. She is sitting at a desk in the living room, the living room is dimly lit, with mostly natural light shining in. As she continues to get settled for the interview, she places her AirPods in her ears, tilting her head slightly to each side as she places one earbud in at a time. We began the interview going through what one may view as a "typical" or "normal" Zoom or video calling formality as we check to make sure that we can hear each other over the video call, with a few: "Can you hear me?" "Is the volume okay?" "Can you see me, alright?". After we are content with the quality of the audio and video, I proceeded to start the interview.

The Diagnosis and the Bodily Symptoms

As we converse, she is eager to tell me her story, our conversations are seemingly fluid. Elaine contracted COVID-19 in December of 2020 along with her husband and her baby. Although Elaine was never formally diagnosed with COVID-19, her husband, as

well as her baby, were both formally diagnosed by a healthcare professional. Her husband had been diagnosed with a rapid test by a physician at their local Patient first, an urgent care clinic, while her son was diagnosed by a traditional lab test at a pediatric urgent care. She mentions that based on her symptoms; she knew that she had COVID-19. Her husband tested positive with COVID-19 on December 10th, while her two-month-old son, at the time, tested positive with COVID-19 on December 12th. She proceeds to share with me her husband's symptoms:

> My husband. He had it bad. He had the flu and COVID at the same time and then he got pneumonia… He started off with, you know, just feeling kind of tired or whatever and I was like, 'okay.' So, he went down, he took a nap and when he woke up, he had like a 104 fever. And I was like here we go. [She shakes her head and laughs]. 104 fever, I gave him some Tylenol, and he basically had a 104/ 103, fever for like 5 days straight. He went to Patient First to get diagnosed. I pushed him. I was like, being that you have a fever. We have this baby. He was three months at the time. I say you need to go get tested. So, he went to Patient First... they did the rapid test for COVID. It came back positive, the flu came back positive and so they put him on medication. I can't remember the medication. I know the guy gave him Tamiflu for the flu. [She squints and looks up briefly in a contemplative state] I don't know. I don't think they gave anything for COVID. But yeah, he had really high fever. He had headaches. He had really bad fatigue, really bad chills, cough, which was due to the pneumonia, vomiting, diarrhea, like, literally everything [chuckles] you can check off on the COVID list. Like he was

> going through it! He was like that for about five to seven days and then when he started getting better, I started feeling sick. So, my symptoms probably appear maybe like December 17th… [her eyes dance around, her head tilts back and forth slightly as she tries to remember] …maybe around that time and I had the high fever maybe around 99. I believe it didn't go any higher than that. I had really bad chills. Like, I was in a robe under two blankets, and I was still freezing and I'm a very hot person. So, if you see me like that, you know something wrong [we both laugh]. Anyway, it was hard because I still had to breastfeed. But luckily, my husband was getting better at that point, so I can kind of heal myself, and he took over. So, yeah, it's really bad chills, low-grade fever, the loss of taste and smell.

For Elaine, the loss of taste and smell triggered her into believing that she had also caught COVID-19. She had lost her taste and smell for about two weeks, while her husband had only lost his taste and smell for about two to three days. She tells me that she still deals with persistent symptoms caused by COVID-19, mostly attributed to a lack of taste and smell. [1] (Health 2021). She mentions:

> I was just telling my mom about her this morning like some things I still can't taste all the way to capacity. So, it is still effecting me to this day… So most recently, like I was eating some chocolate chip cookies. But I could not taste the chocolate, I can taste like the flour part. I can't taste ketchup, which I eat a lot, eggs. I am starting to see a lot of seasonings, I can't pick up on, like I was eating chili, and you

[1] COVID-19 "Long Haulers" are individuals who experience lingering health problem even when they have seemingly recovered from the coronavirus.

know, chili is really flavorful and it's like I can't really taste anything. I can taste it but I can't pick up on all the flavors actually. So yeah, I think for the most part I can usually smell pretty okay, but the taste is definitely still impacted.

For many new parents, taking care of an infant can be a difficult and daunting period. In what we may view as normal times, some parents can lean on an extended network of caregivers such as grandparents, other relatives and friends, nannies, and even daycare centers. However, during the pandemic, this reliance was halted due to social distancing. Having to take care of a child without the support of others is a difficult task, in itself. Yet, this experience is heightened when faced with a negative life event. During the pandemic, many parents wondered: What happens if one gets sick? What if we both get sick?

Since the start of the pandemic, there has been a multitude of articles emerging from an academic and laymen setting; providing tips for a parent or caregiver in what they should do if they get sick (Harvey-Jenner 2021; John Hopkins Medicine, n.d.; Center for Disease Control and Prevention 2021; Rajendran 2021; So 2020). Although these articles are helpful on the surface, each individual's experience with the coronavirus is gravely different. Just from the above vignette, we can see the distinctions in symptoms as well as the impact that it has had among three individuals. Although it appears that Elaine's husband may have had the "worse" physical experience with COVID-19. Elaine's experience with COVID-19 was impacted by cultural and societal factors which heavily affected her mental health. She had to continue to uphold her

societal duty as a caregiver, a nurturer, without a pause. This causes a strain or breaking point in the psyche that can begin to bread moments of alienation and hopelessness.

The Pandemic during Pregnancy

For Elaine having to deal with a pandemic during global isolation during her pregnancy was a challenge and at times made her feel disheartened, as she missed out on having the "typical pregnancy experience" surrounded by friends and family. She expressed how they had to cancel trips due to the pandemic. However, having to deal with every member of her immediate family having COVID-19 was difficult. Elaine deemed this event as the most "stressful two weeks of her life." Their families were unable to help because of social distancing and the fears around catching the virus. Elaine mentions that she was fortunate to have had friends that lived relatively close to them that would drop off food and medicine for her household. As she relayed the information, she initially danced around how her husband's and her son's illness impacted her mental health. She briefly mentioned how she went without showering for a few days. As she recounted her experience, she became more candid.

At the time, she was a stay-at-home mom, she had left her job a few months after the start of the pandemic. She had worked in the healthcare profession as a patient service representative after moving from Central Virginia. She expressed how during the start of the pandemic the workload was standard. But as the threat of COVID progressed, it started to get stressful at work. Her job had furloughed several people, her remaining co-

workers were elevating her stress level, her blood pressure was high, and she was pregnant at the time. It was becoming overwhelming.

Throughout her time in the healthcare profession, she was convinced and fearful that she would end up contracting COVID-19 and spreading it to her family at the time. By staying in the job, she had increased her stress; or perhaps her job had become congruent with stress. Keeping the job had increased her daily stress, in a time that many individuals can attest has been a stressful time on its own merits. That constant stress becomes a source of tension as she literally feels the pressure building up. Although she had quit her job to further enhance her quality of life by destressing. This stress compounded as she became the sole care provider for her husband and her child during their illness:

> I was just constantly making sure my husband was drinking fluids and making sure he was eating making sure his temperature wasn't going to like a dangerous range. Like anything over 106/105. One thing we did notice, though, when he was taking Motrin, he said, he always started feeling hot when his fever would break. So, I was like, 'hmm.' I remember reading an article and they were saying that Motrin can make the symptoms worse for COVID. I don't think it was any research done at that time or scientific proof at the time. So, I told him 'Okay, let's stop taking the Motrin and start taking Tylenol,' and once we started doing just Tylenol, he wasn't feeling like that hotness that the Motrin was giving him. So yeah, and I was scared. So I'm like, okay what if we've been giving him Motrin, and it's been like Killing him and like, I don't even know. So, yeah, I was just freaking out …. Like I was

> just making sure, you know, he just a safe, hydrated. I was constantly checking my baby's fever and with the rectal temperature making sure he was. Okay at one point, his temperature reached the dangerous range for his age, and I started freaking out again. Like, should we go to the ER? Do I just wait it out? It was breaking luckily. I couldn't really sleep because I had to get up and check on my husband, making sure my baby's okay. I had been feeling symptom-free the whole time that I was taking care of my husband. Thank goodness. Because if not, I don't know how we would have made it [she chuckles] … just having to breastfeed through all of that and also taking care of the baby. And I mean it's hard. It's really hard and knowing that we couldn't get any help. It was just like, I actually like, I just broke down one night. I was like, I'm tired, I'm stress, I'm hungry, dirty. Like I'm ready for this to be over. So, like COVID definitely impacted our family, really bad for that period of time.

The concept of motherhood gets emphasized even more during COVID-19. You can see how the plight of motherhood during the current pandemic and its adoptive restrictive procedures negatively impact new mothers. There is a higher likelihood of increased anxiety and depressive symptoms, as well as feelings of fatigue and isolation after childbirth (Molgora and Accordini 2020; Guzzo & Hayford 2020; Paulson & Bazemore 2010; Mohamied 2019; Pellowski et al. 2019; Drysdale et al. 2021). However, this was worsened by the forced quarantining and depletion of caregiver networks (Molgora & Accordini 2020).

In Mendenhall's 1982 study, she examines the lives of Mexican women and the relationship between life stresses and diabetes. She found that women primarily reported family stress in relation to their role as a caretaker. This stress plays a crucial role in their lives. This concept is embedded within Elaine's narrative as she embeds herself within the larger context of her family. Like many cultures, with the United States being no different, cultural models of gendered expression places women's work at "the center of the home, as nurturer, caregiver, and food preparer" (Mendenhall 1982, 67). For Elaine, this becomes fraught as social expectations for women to care for their family competes with their illness, in this case COVID-19. Having to physically isolate and not being able to utilize the caregiving network previously established, in fear of spreading a virus to others, can create high levels of stress. This stress can be seen as a determinant of health; "perhaps the strongest determinant of distress was when women felt detached from the family that they prioritized so highly" (Mendenhall 1982, 68). The disruption of the home caused by an illness increases stress levels that become magnified by a number of intersecting issues.

In this case, there is a cultural and social identity at play creating a duality as Elaine must uphold the Black American mother concept. This concept has structurally been around the idea of strength—the strong black woman. This archetype of the "strong black woman" has been integrated into many African American women's self-identity. Even now, during this public health crisis, there is this social and cultural obligation to "do-it-all," whether it is taking on extra childcare, household, or financial responsibilities, even if that means sacrificing our own health. This belief has characterized the black

woman as tireless, and profoundly caring nurtures has aided in the maintenance of the exploitative nature of society and its hierarchical social structures. This ultimately continues to exacerbate negative health outcomes amongst black women.

This concept is explored in Cheryl Mattingly's (2014) research on black health. Her ethnographic study, *Moral Laboratories: Family Peril and the Struggle for a Good Life,* examines the lives of African American families caring for children with chronic conditions. Drawing on Foucault's theories of subjugation and the care of the self, Mattingly analyzes the moral complexities of the practice of care. Her research examines the archetype of the "Super Strong Black Mother" and its contribution to how the necessity of strength is a product of slavery and the onward plight of being a Black woman in America. Strength thus develops as a cultural meaning of martyrdom. However, the reality is that black women are especially vulnerable to chronic psychological stress, as a result from the suppression of pain and anger that occurs while counteracting the negative stereotypes attributed to the African American community (Simien 2020).

Hesitancies After COVID-19 Recovery

During our second interaction, she tells me candidly that she almost did not feel like performing the interview due to tiredness and stress. This time, she is dressed more relaxed. She is wearing a mustard yellow headband with a looser quarter-sleeved tan button-down shirt. Her locs are up in a high ponytail. She seems more comfortable, even through the computer screen. As we talked, I learned more about her experience through

her candor, the moments of silence, and the memories she had shared with me. She spoke as if she was reliving each memory recounted. This stress caused by COVID-19 continues to manifest itself into more daily activities and interactions that Elaine has with others. For instance, although she is not "as paranoid" about COVID as she once was, she still feels confined at home because of others not taking COVID-19 as seriously as they should be. She proceeds to express her hesitancies:

> …we signed him [the baby] up for some classes in February and he's been going since then. They, of course, mandate masks. You have to wait for the employee to open the door for you to get in. They pump you with hand sanitizer, and then the swim instructors, they keep like this face shield on, and everything has been cool…and there's an observation room. I usually sit in the observation room. [Her husband] goes swimming with him and I watch through the window, and everything has been good, until recently. They change the times of the classes and the intervals between each class. It would be like a 10-minute change? Now it is like a five-minute change, and it is so many people in there now. When the change first started, I told [her husband] like, where did all these people come from? Like it is kind of uncomfortable because I usually set up in my little corner; not be around nobody. Then this particular day, like people were literally on top of each other, watching from the observation room, and that's when I really started thinking like y'all really forgetting about this. Like y'all have your masks on, but why are y'all on top of each other like this? You know, they have the stickers on the floor, spaced six feet apart for you to stand. Do people follow it? Clearly not. But it was a lot more kinds

> in the pool. There were a lot more parents. I was just kind of on edge. It has been like that ever since this new change, and I really don't like it. It is really uncomfortable because people will be real close and I have to move over [she imitates scooting over] … and no one was regulating it. People are literally shoulder to shoulder. I was very uncomfortable… Hopefully, they change it back. I don't want to take him out of the swim classes, but they're going to have to regulate it a lot better. I might end up saying something. I don't want to be that person. [She sighs with annoyance but then starts to laugh at herself]. Ah well you know, I usually don't want to be the one that causes problems 'like excuse me, there is little too much going on in here.' [As she says this she elevates her voice to a higher pitch and she laughs heartier]. But it is pretty uncomfortable, be that there is a virus going on here. But no one else seemed to be bothered about it, like at all. So, I don't know what the deal is?

The experience of having had COVID has led to her feeling hesitant about going to public places. Moreover, having to explore childcare options has brought more stress over the fear of improper care for her child.

> I will be going back to work, and I don't quite know what we're going to do about childcare yet. Not too fond of daycare as one, they're expensive. Two daycare is already dirty me. So, add COVID on top of that and it's like [she shakes her head, her facial expression changes into one of displeasure] … So, we have to discuss that. Even with me going to school this fall like he might possibly need childcare certain days a week, and it's just like, okay, what does childcare look like in a

> COVID world? Will it be available? Is it more expensive?... Ideally, I probably would prefer an in-home nanny. But then it's like, I feel it's important for him to get interaction with other children. But then again, the whole "kids are dirty", germs, but then it's like, do I want to bring someone into my own who can bring something into my home. So, it just makes things a lot more complicated.

Here, Elaine has raised a crucial point in the way COVID-19 will alter the social fabric. We have become more aware of our personal health. How our bodies move through certain spaces. Throughout this pandemic, we have learned the value of practicing "good" hygiene and becoming more attune to our physical and mental health. This concept has thus spread to how we have come to view public spaces. By the same token, this attunement has also led to fear and worry in the cleanliness levels of the spaces that we may enter.

Throughout the pandemic, grocery stores sanitized carts and fixtures, laid markers to indicate six-feet, schools reduced classroom sizes, etc. However, as vaccinations have become more widely available, the emphasis on cleanliness and keeping social distance has decreased. I continue to struggle to utilize public restrooms, especially at work, as I am unaware of the hygiene habits of others, nor do I know how often the restrooms are cleaned. This uncertainty causes panic and fear, especially among those who have had COVID-19.

Elaine has also provided a commentary on the way we view childcare. Over the years, there have been extensive commentary pieces from newspapers and media outlets that talked about the health risks of daycares. During the pandemic, most daycare centers

had shut down. However, as COVID-19 restrictions lift, and parents are preparing to send their children to school or daycare, there still appears to be this hesitancy. This stems from a lack of knowledge about whether the safety guidelines put into place during COVID-19 will continue to be upheld. Or will these guidelines falter and the daycare system return to "normal."

Initial Reaction to the Virus

When asked about how she first heard about the coronavirus. Elaine reveals that a lot of the information that she received was through social media. Yet, it was her firsthand experience in February of 2020 as she was in an airport for a flight going to Atlanta that she remembers receiving a notification about the virus on her phone.

> We had that flight to Atlanta in February, Valentine's Day weekend, actually. And I remember by the time we got to the airport. I had heard about it mainly again on social media because I don't really watch the news. Like I get all my news just from what pops up on my phone, but I do remember going to the airport and at that time I was wearing a mask when masking wasn't really mandated yet and everyone was laughing at me. Like my friend was like 'Girl! Why are you wearing a mask? It's not going to do nothing.' And I'm like 'I'm trying not to get coronavirus!'

She is trying to hold back her laughter as she retells this anecdote. She notes that when she comes back from Atlanta, March comes around and masks are mandated. From her perspective, the spread of the coronavirus happened very quickly; from initially hearing about it coming from China to it spreading to Europe to California to now the

whole country is in a pandemic. Similarly, to Anna's experience, Elaine's experience with hearing about the coronavirus for the first time seemed fairly mirrored. There is this initial confusion followed by a fear of contracting the unknown.

Vaccination Reactions

Elaine had expressed to me that she was somewhat hesitant to get the vaccine but was unsure why she was so hesitant. She said that she is definitely for getting the vaccine and as a 90s baby she has had lots of vaccinations. When conversing with others on whether they should get the vaccine, she stresses that everyone needs to do their own research. "This isn't a new virus. SARS has been around, so I'm pretty sure they was able to take some of what they already had to make a vaccine. Yeah, it happened quickly. But I mean, this is 2021. If you can't make a vaccine quickly. What are y'all doing?"

There is this edifying quality to her perception as she converses about the vaccine and the hesitancy within the African American community on receiving the vaccine. Although she is aware of the irony of her own apprehension, she also has the insight into the experience of other individuals with their own reluctance.

> I think maybe they think it's a conspiracy and honestly, I don't know what it has to do with. I don't know if it has to do with social media. Like one person says one thing and it kind of bounces off everybody else or this whole like 'woke' culture. Like 'I'm not gonna get this vaccine that they just made because, you know, it was theories that black people were going to get the vaccine first.' I don't know how true that was, but I think it was like a headline on a news station somewhere that

they said that black people were going to get first. So, black people probably based on their history of being oppressed probably like, 'You know, they probably are trying to kill us or something.' You know, like with the syphilis test, they did to those men. So, it's like I think that's kind of where it comes from. Like the fact that people are always trying to test on us. The fact that we're always like the test rats. And then just the whole thing, like I said, about sounding woke about it. But like if you have a problem with the vaccine, then that's cool. But I need valid information, you just saying 'Oh, they made it so quickly.' Okay, does that make a vaccine not good? Because it was me quickly? Like where are y'all getting your facts from? You know, I think that black people have a bad habit of talking to sound woke, again, and not thoroughly doing their research. There's like my husband. He is a pretty smart person like smarter than most people. Like he really tries to educate himself on a lot of things. I talked to him about it and I was like, okay that makes sense… However, there are people on my Facebook timeline that are like "Oh y'all can get the vaccine if you want, it ain't gonna be me, etc.' Like if you don't want to get it, don't announce it to the whole world. Like all of the white people on my Facebook are like 'I got the vaccine!' 'I'm vaccinated!' … But, I think it has to be from the way we were treated in the past in this country and probably are just scared. And then you have, you know, the news like to scare people like: 'Oh, six people have died after getting the vaccine.' Even though all the other two hundred thousand survive.

This vignette explicates the historical as well as the socially contemporaneous events involving the marginalized position of black bodies. The body as a site of subjection and how the individual is implicated in their own oppression through habitual practices have been heavily researched (Crawford 1977, 1984; Foucault 1975, 1977; Lock and Scheper-Hughes 1996). From notions of what it means to be feminine and women's reproductive health (Bordo 1989; Hadd 1991) to how individuals are made aware of their race and ethnicity through slavery and caste systems (Davis 1941; DuBois 2008), all have aided in the scholarship of how the body is regulated and marginalized. Within the medical profession, the power to define normality and deviance through control of privilege and respected knowledge are a principal source of disciplining and regulating bodies. The medical field has been regarded as a harrowing site for the regulation of black bodies.

The refusal of many African Americans to obtain the vaccine is due to the atrocities that occurred during the 18th and 19th centuries. Hegemonic and hereditarian doctrines of race during the 18th and 19th centuries were born out of the ideas of cultural evolution that dehumanized and denaturalized the identities of those whom they had considered an inferior race, specifically "the Negro." The use of comparative skeletal analysis and the cephalic index to marginalize African Americans. The acquisition and exploitation of slavery and the grave robbing and dissection of slave bodies for medical schools also marginalized black Americans. Lastly, the Tuskegee syphilis experimentation and HeLa cell line that was illegally taken and commoditized were all ways that contributed to the marginalization of African Americans.

With that being said, there is this distrust within the African American community against the medical profession due to its past and present-day atrocities. *In Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840* (2017), Hogarth explores how blacks and mixed-race individuals became targets of eugenics. In the book, Hogarth examines how the legacies of slavery aided in eugenics. She also examined how white physicians in slaveholding societies of the Atlantic world defined blackness as a surrogate marker of innate difference with clinical value.

Hogarth utilizes three case studies in which she evaluates the myth of innate black immunity to yellow fever, Slave disease: cachexia Africana or dirt-eating, and Atlantic world slave hospitals and antebellum medical schools in Jamaica and South Carolina. These case studies illustrate how medical practices and policies contribute to racialized biases that minimized black suffering to generations of medical students. Hogarth uses another, more recent, case study in which white laypeople and medical students displayed preconceived false beliefs about biological differences between black and white patients. The study illustrated that individuals still believe that blacks have a higher pain tolerance than whites, which has led to biases in pain recommendations.

Again, although the practices subsided, the violence that was done historically to black bodies has established a contemporaneous distrust within the African American community. Going beyond the Jim Crow era of segregation, the lack of equity in access to health, the present racial stereotype that African Americans have a higher pain tolerance, to the unconscious biases held by health care providers perpetuates racial

disparities' health outcomes. Elaine's commentary on the distrust illuminates how COVID-19 has heightened her sense of awareness and self-reflection.

Lessons and Thoughts on COVID-19

One of the lessons Elaine learned during the pandemic included sanitizing her hands more. She realized prior to COVID-19 that she did not do it as often as she could have as well as keeping her hands off her face. She has started to be very cautious about touching her face and being more concerned with her overall health, being sanitized and healthy. As she talks about the lessons she learned, she mentions how other people seem to be very self-centered. Although there were messages and images stating that "we were all in this together," for Elaine, this appeared to be a facade.

Elaine: Oh, wait! Can we talk about the toilet paper shortage, please like?

Dandridge: [We share a laugh together] Yes! What?! Yes!

Elaine: I don't know what lesson that is. But it revolves around if you know that your country is suffering, why are y'all making it worse for everybody else. It's literally a shortage because y'all are causing a shortage. It's like who said go right now to get toilet paper? Again, at the time I was pregnant, so I was [urinating] a lot right. Okay, and so, I'm going to the toilet paper way more frequently. So, I told [her husband], okay people are buying up toilet paper. I think we need to go try and find some before it's all gone. So, he went was shockingly able to find a little four-pack from the Safeway up the street. But people don't try to help you during times like this. You have carts full of toilet paper and you're not going to help your

neighbor… the same with the gas shortage that just happened. We need to help each other. If we did that, we wouldn't have these problems. So, I feel like the lesson that should have been learned wasn't, because people still are not helping each other. Like, going to the store and seeing all of the shelves literally empty. [She stares intently into the screen; she shrugs and shakes her head in disbelief]. You have people who literally can't eat, and y'all sitting here hoarding when it is only like two of you in the house and then the next house may have four kids they have to feed, but now they can't because y'all went and hoarded all of this stuff for no reason. It is ridiculous and really sad. Like we've been starting to use Amazon fresh for supplies…and I have just started being able to buy Clorox cleaning supplies on Amazon. They are now just starting to become available… But they are limited to only one. I'm like, okay. It's the same at Target. You can't buy two packs of toilet paper. You can't buy two packs of wet wipes; you can't buy two of the Clorox stuff. I'm like, I promise you, I'm not trying to hoard. I'm just buying what I would normally try to buy. It is kind of frustrating not being able to do that. So yeah, I think that was probably the biggest lesson, non-lesson because people still not learning at all. [She shakes her head again and looks away into the distance. She begins to laugh at herself as if she is laughing through the memories]. So, it's like taking away from others to help yourself; I just think it's selfish when we're all supposed to be trying to help each other.

Throughout the pandemic, many of us have seen acts of kindness, from individuals hosting a joint group fitness class from their balconies to people creating

masks for undersupplied hospitals. Although the pandemic has made us more socially aware, it has also revealed an epidemic of selfishness. Throughout this vignette, Elaine expresses the frustrations around society's value for individualism. Those of us who lived through the pandemic have seen firsthand the capacity for human selfishness. People stockpiled toilet paper, paper towels, cleaning supplies, and packaged food. There were even individuals, like the Colvin brothers, engaging in opportunism and profiteering during a public health crisis (Matthews 2020). Even now, the value of getting vaccinated has become a contested subject. American culture is very self-centric. This response possibly stems from the idea of the "American Dream." For some individuals, there is this idea that "you have to pull yourself by the bootstraps" "if you don't prepare then it is your own fault." This erroneous view angers Elaine because she knew the severity of COVID-19 and found others' misconceptions burdensome. This concept of individualism was present in Anna's experience. After relocating into the quarantine dormitory, Anna mentions how there was this initial push for the university to provide meals and supplies. However, she eventually felt forgotten by the university. The individualism value in American culture often leaves those without support to take on all the responsibility independently. This makes their experience with an illness harsher.

Interpretation

Symptoms are often interpreted in the context of special meaning within which illness is embedded (Kleinman, 1988, 42). Symptom and context thus become symbols and text (Kleinman 1988, 42). Elaine's experience with COVID-19 was greatly shaped

culturally and socially by her feelings of isolation and tiredness. Both derive from socio-cultural factors that impact her ability to uphold her status in society as a mother. For Anna, the stress caused by isolation had affected her ability to uphold her social status as a student. For Elaine, this stress was manifested in how she engaged with household responsibilities and caregiving. The stress of COVID-19 had taken a toll on her family and her daily life during that time. As we have seen in this chapter, COVID-19 emphasizes one's social role.

Looking back at Elaine's experience, her "illness narrative" is also a social commentary. For women, COVID-19 disrupted the expectation of nurturance, and unveiled the archetype of the "strong black woman." Elaine was stuck between choosing to take care of her own health versus continuing to anchor her family unit. This strain is expressed from the feeling of tiredness and despair to the lack of motivation to even shower at times. "Obligation," a word that she does not use, but is very much hinted at is what has colored her experience with COVID-19.

In addition to her experience providing commentary on the idea of motherhood. Her narrative also displays the contours of American society during times of public health crisis and moral panics. In relation to the COVID-19 pandemic, the government had the power to regulate and control the population due to a public health crisis. The tactics that were originally utilized were fear-based to control. This created an upsurge in moral panics that individuals living through the pandemic had encountered during the early stages of the pandemic. We experienced empty store shelves, the bulk-buying of toilet paper, cleaning supplies, and food items. The inability to buy certain items online

due to product shortages. The influence of the government's response to the pandemic along with the media led to an irrational response amongst many people. Foucault's concept of power and knowledge can be seen at play with how the government's response to the pandemic shaped the response of the people. Foucault's power and knowledge can be described as how power can produce a form of knowledge, which in turn increases the hegemonic power of the government (Foucault, 1977). The panic that ensued during the start of the pandemic illuminates the extent of the government's power in influencing and regulating behavior.

Chapter Four: The Family Man. How Stigma Impacts the Perceptions of COVID-19 on the Individual.

The Family Man

Mr. Brandon is a 55-year-old- male, from Danville, Virginia. He is a devout Christian. We had held our interview over the phone; his voice was somewhat a melodious baritone. Every word was spoken with conviction and intent. He relayed his experience of Covid-19 differently than Anna and Elaine. If Anna's and Elaine's stories are how their COVID-19 experiences are dominated by isolation and feelings of despair, Mr. Brandon's experience with COVID-19 has been quite the opposite. Brandon is a lot more careful with his words. I had concluded that his candor was due to age. My dad and Mr. Brandon are similar in age. With that being said, my dad would constantly tell me that when you start to get up in age, your responses are more intentional. There is no need to draw out a story that could be said in a few sentences unless it has a purpose. For Mr. Brandon, this was very much the case in his word choice and demeanor, but also, in the choices he made regarding work. He had worked previously at the Virginia Lottery before changing jobs. Virginia Lottery did not offer insurance for part-time employees, a life lottery indeed. Mr. Brandon wanted a more stable job that offered health coverage. About five months ago, from the start of the interview, he had switched to a new position for a company as an assembler for Morgan Olson out in Danville that offered him full-time benefits and health insurance for his family.

Initial Reaction to COVID-19

Mr. Brandon first heard about COVID-19 through the news; he mentioned how he used to follow developments but as restrictions lifted, he did not feel the need to follow closely along. He notes that if he happens to be watching the news and a story about COVID-19 would be shown, he would, of course, watch it. Like many others, the COVID-19 pandemic was a shock to the nation, to the world. For some, like Anna and Elaine, daily life changed drastically: Anna's life became isolated, and Elaine carried the burden of not only her disease but also her whole family. For others, like Mr. Brandon, however, daily life did not change too much.

Life during the Pandemic

Mr. Brandon's daily life has been routine. He washes his hands a lot; he uses hand sanitizers. Work had been steady. His work had not changed much since the start of the pandemic. Instead, both companies that he worked at during this time took to the necessary precautions to ensure the safety of their employees. During his time at Virginia Lottery, he noted that they had to wear face coverings since the start of the pandemic. The only time they were allowed to take off their masks was during lunch. This same rule was enforced in his new job but with the added protection of having the plastic shields on the tables.

To the same extent, Mr. Brandon's home life was fairly consistent. However, he does remain wary of others during the pandemic.

> I'm a little leery of other people, especially the adults, those, who don't participate in the masks wearing. I just don't want to be around them. It doesn't really bother me, just kind of baffles me why they don't want to wear a mask. As far as being afraid, I think it is more of a judgmental thing rather than being afraid of being around them. Because I am protecting myself, the best I can. Matter of fact, if I am around them for long periods of time, or even a period of time, I just try to avoid them altogether and just remove myself from that setting, if at all possible. I am still going to protect myself… I just feel more aware of what is going on. I guess my awareness of it has been heightened. Here in Danville, it is a lot more conservative, and a lot of their views are different as far as the virus is concerned. You'll see people, not a lot, but more than expected. People who don't wear masks or they don't believe in the shot or getting vaccinated…I've heard a lot of people say they weren't concerned about it. They thought it was more of a media, propaganda through media… I try to tell them about my experience… you know, some people just don't want to be bothered.

In this vignette, Mr. Brandon is attempting to control his sense of normalcy. He is actively avoiding people around him, who do not uphold the expectations that society set forward. He states that he is judgmental. This judgment stems from the social expectations that a "functioning" member of society should uphold, especially during a public health crisis. For Mr. Brandon, to be a functioning member one should adapt to society's standards and do their part to stop the spread. Mr. Brandon mentions how even though restrictions on restaurants have started to lift, he and his family really don't go to

restaurants like they used to. He mentions that they have gone to church a few times during the pandemic, but that they mostly attend online.

Mr. Brandon tries to make an effort to talk to his extended family at least twice a week over FaceTime and over the phone. Due to social distancing, he is unable to meet with them in person as often as beforehand, most of their extended family gatherings are for certain events, like birthdays.

> We were already close-knit. It brought us a little closer together. We appreciate each other more, especially going through the COVID-19 situation. But then outside of my household, I don't visit family very often and when we visit one another we have our personal protective gears. We don't nearly gather as much as we used to.

For Brandon and his family, their daily life was not as affected by COVID-19. They tended to make the best out of the situation that was handed to them. However, having to participate/ uphold certain masks mandates did come with some of its challenges. Like many individuals during the pandemic, it was slightly difficult for them to secure masks. He was provided masks at his job at Virginia Lottery, that he would take to his family. Eventually, a family friend of his wife had started making and distributing masks, in which his family had bought about five individual masks per family member. For his wife, it was almost second nature as she works in the medical field. However, for his mother due to her pre-condition, dementia, it was more of a struggle. "My mother has dementia and she at times would forget about her masks, and we would have to

constantly remind her to keep it on. My son, he wears it. [He sighs] but not as much as I think he should."

He was initially scared that maybe his son may bring the virus home. "…He took the semester off... it was a mixture of Covid and other factors. I mean he is tired." His son has been home since the spring semester of 2020. But he will be going back to his previous university in the fall of 2021.

> When it comes to the younger generation, I don't know what is up. I don't know if they thought they weren't going to get it, that they were immune to it. I don't know what it was. But we had to tell him and his friends to stop coming in here so much, well his friends rather. If you're not going to wear a mask, you're not welcome, in a sense. Because my mom is elderly, and I didn't want to risk her catching it even though she eventually did. I just didn't want to put her at risk.

In this vignette, Mr. Brandon is attempting again, to regain control. He is trying to maintain his active duties as a father within the "new normal." This experience of maintaining normalcy as a father is heightened as there is increased social pressure to maintain one's household during a negative life event. Like Elaine, both individuals rooted their experience with COVID-19 within a family dynamic. However, for Mr. Brandon, there is more of a sense of a want to return to normalcy through adaption.

Diagnosis and symptoms

He had contracted COVID-19 from a co-worker back in January of 2021. Mr. Brandon was initially unaware that he had COVID-19. He was asymptomatic at the time

and was only made aware of his condition when he went in for an MRI examination for a separate condition, not disclosed. Before receiving an MRI, all patients had to be tested for COVID. After he was tested, he received his result a few days later. The clinic had followed up with him, he had learned that he was positive for COVID-19. He had immediately called his employer and had gotten a work release for fourteen days for quarantine. During this time, after his positive test result, he had set up an appointment for his mother. She was exhibiting symptoms of the virus. Unfortunately, his mother's results came back positive for COVID-19. However, Brandon's wife and his son were tested negative for COVID-19.

> I was afraid of passing the virus to them… it has been really crazy. I mean, my wife and I sleep in the same bed, and she never caught it. She never contracted the virus at all…. Once I had it, she was like, 'Well if I catch it, I'll just deal with it.' But she never contracted it.

Because Mr. Brandon did not exhibit any symptoms during his quarantining experience, he did not need to take any medication. Instead, he mostly took this time to relax and take care of his mom. He would read and watch television. Mr. Brandon has had time to reflect on his experience with COVID-19. Through his observation of his illness, he has cultivated a reasoning behind why his perceptions have changed with catching COVID.

> As far as friends and family, I was a little embarrassed at first. But I've been thinking about it a little more and I know that I am not the first person to contract it nor the last. So, I've been telling people my experience with it, and you know,

> mine was much different from others. I basically got off scot-free, almost, because a lot of people had to go to the ER, had to be hospitalized, had to be placed on ventilators, and all that stuff. I haven't had that experience at all. Mine was totally different. So, from that aspect, I was blessed. Also, my mom, she didn't have to go to the hospital either. We thought she might have at one point because she was eating, she was drinking her fluids like she should…We had to kind of force her to eat. But she didn't have to be hospitalized either. So, in that aspect, we were both blessed.

Here, Mr. Brandon is more introspective as he understands the severity of the COVID-19 disease. Although he understands that his experience with the coronavirus has differed from others, he also realized that the disease holds a gravity that can affect others detrimentally. Although he was not as greatly affected by the disease himself, he still feels a responsibility to uphold the public health regulations and to also spread awareness. What's more, he stated how he felt guilty when she did catch it. His family was very understanding.

> Most people, and this is how I felt before I contracted it, I felt that most people who contracted it were careless, reckless. They just weren't trying to protect themselves. But I learned that is not the case. A lot of cases that is not the case. From contracting it my opinion totally changed. Because I had done everything I could not to catch it.

When asked about his final thoughts on the vaccine he stated that his family is very much for it. His whole family will have been vaccinated by the summer of 2021.

She was the first person in the family to receive the vaccine. My views are, hey let me get it. I was never apprehensive about it. We were blessed in the sense that we are the forefront of medical procedures here in the United States. So, it was not really surprising that they came up with a vaccine for the country and the world, for that matter really to help people not get the covid-19. Everyone has been vaccinated except for my son, he will be getting a second dose later in the month… with the vaccine I did have symptoms, I had chills, it just hit me all at once. The second vaccine, nothing. I have been blessed with my experience.

Interpretation

Throughout this narrative, you can see how the care for his family is embedded through how he formulates his COVID-19 experience. For Mr. Brandon, there is this tension between what his family dynamic is during COVID-19 versus what their "normal" dynamic was. There appeared to be this push to try to keep daily life relatively "normal"; this may be due to his mother's dementia. Yet, in the same regard, he is constantly trying to maintain his social role as the protector Whether it was trying to maintain a routine for his mother, who suffered from dementia to stressing the importance of health safety to his college-aged son.

The role of the father during the pandemic has shifted. Fathers are more involved with their families daily, there have been reports of more shared housework, and childcare. However, this idea of fatherhood when intersected with race creates a unique experience that gravely impacts health outcomes. Recent data has shown that black

Americans are more likely to contract COVID-19 as they are disproportionately represented in the essential, frontline, and other higher-risk occupations (Cooper et al. 2021; Thompson 2020). The impact of parents or caregivers that have to continue to work outside of the home has influenced family dynamics. There is more parenting stress and family discord. We see this in Mr. Brandon's vignette in having to constantly remind his mother about keeping her mask on. Another is having to constantly remind his son and his son's friends to respect the rules of the house during the pandemic. COVID-19 illuminated the need for Mr. Brandon to provide for himself and his family. During the pandemic, many nonclinical or non-first responders workers, such as maintenance or janitorial staff were excluded from the definition of essential work. "The social vulnerability of nonclinical frontline workers, who have chronic health conditions place them at particular risk for contracting COVID-19…[and] should be acknowledged during planning" (Akintobi et al. 2020). These nationwide strategies to halt the spread of COVID-19 often had adverse effects such as reduced access to services, unemployment, homelessness, and increased stress. With resource availability decreasing, this impacts one's ability to pursue quality health care, thus making the ability to ensure health insurance is crucial for Mr. Brandon to take care of his family.

Throughout his experience, we see how he tends to have more of a reflective yet downplayed outlook on his experience. Unlike Anna and Elaine, both who are more vulnerable and quicker to share their personal vices, Mr. Brandon, and similarly Demetri who will be discussed in chapter five, are more guarded. There is the notion across the African American community that you must express strength through all aspects of life.

Being guarded or constantly putting on a brave face becomes a defense mechanism. The emotional stoicism of the Black man is something that has been taught and learned through generations. It is also something that is rarely examined (Hooks 2004). Yet, black males are highly susceptible to psychological stress due to the suppression of emotions related to the plights and the mischaracterization of Black fathers being unengaged in parenting or absent from family units.

This emotional stoicism made it difficult for Mr. Brandon to delve into his feelings surrounding COVID-19. This was especially apparent when he had felt guilt and shame when his mother had contracted coronavirus. The guilt is not simply because he was afraid for his mother's safety, but it embodies a failure to sustain his social responsibility as a caregiver, as he did not uphold the safety of his family.

Throughout Mr. Brandon's narrative, he also examines his experience with COVID-19 through the lens of community, similar to Elaine. He notes how within his community individuals are more conservative and tend to not adhere to the mask guidelines. Although both Elaine and Mr. Brandon had uniquely differing experiences. Their commonality of family is what becomes embedded with how they perceive their illness. Upholding the safety of their family is what drives them to become more aware, and more apprehensive in public spaces compared to Anna. Anna as we have seen is isolated. There is no other individual who is reliant on her, nor is she reliant on anyone. This feeds into her loneliness as she must deal with the symptoms and physical isolation by herself. Although she was relocated to a dormitory full of other infected students, she still expressed her loneliness. She was not going through this experience with family, like

Elaine and Mr. Brandon, but alone. Overall, COVID-19 appears to heighten one's experience. For Elaine, the societal pressures and responsibilities associated with motherhood were heightened. For Mr. Brandon, the pressure to be the anchor as well as to hold together his family unit was heightened. Lastly, in Anna's case, her feelings of loneliness were exacerbated by her physical isolation.

CHAPTER FIVE: THE INVALUABLE CORRECTIONAL OFFICER: HOW LONELINESS FROM SOCIAL AND PHYSICAL ISOLATION CAN IMPACT MENTAL HEALTH AND WORK

Demetri is a 25-year-old male with a baritone raspy voice and a southern drawl when he talks. He currently lives in Chester, Virginia, and serves as a correctional officer. Demetri has worked in the Department of Corrections for about three years. His job had offered COVID-19 testing in the beginning of May 2020. During this time, he was consistently going to work, but was still worried about catching the coronavirus. He had lived with his father and grandmother during the pandemic. "I was very afraid. My grandma was up in age, and she had medical problems."

Initial Reaction to the Pandemic

Like many people, when we first heard about the SARS-COV-2 strain, many of us thought that this virus would not make it to the United States. But if it did, many believed that it would only affect a few people. Unfortunately, no one truly would understand the magnitude or would have thought that it would have led to a global pandemic, especially Demetri.

Demetri had initially learned about COVID-19 by reading articles on social media. He remembered reading about it first appearing in November of 2019 and that it had started to spread overseas. However, he began to follow the developments when he started to hear about the deaths in the U.S. "I thought it was a joke. Like, ain't no way in the world it is going to come over here to the United States and look at us now." By May

of 2020, Demetri had contracted COVID-19 at his work. Unfortunately, this would not be the last time that he would become in close contact with COVID-19. He believes that he may have contracted it again during a funeral for his grandmother in March of 2021.

First Contact with COVID-19

Since Demetri caught COVID-19 twice, I will start this chapter by illuminating his first experience with the disease when he got it at work COVID-19. At the time, he was working a shift for a state prison in Virginia. When asked about his experience with COVID-19, his responses were straightforward and brief. This could be due to his subdued demeanor. He is a quiet guy that prefers a more laidback setting outside of work. Demetri had contracted COVID-19 first in May of 2020. His first symptom started off with a headache.

> I had bad headaches. But I didn't think anything of it. So, I kept going to work. But the second day, I just went to the doctor to go get tested. After I had gotten tested, they said I had COVID. When I had contracted it, I had lost my sense of taste and smell, headache and I just felt kind of chilly. And honestly, now that I think about it, there was just a headache. But the moment they told me, 'Yep, you have COVID', all of the symptoms hit me at once.

Correspondingly, to Anna, once he found out about his disease this made him more aware of the effects and its impact on his physical state of being. When he found out that he had COVID-19, he immediately contacted his work and his father. "No one

was mad at me…they just kept their distance." His work put him on temporary leave for 14 days.

> DOC handled it pretty well. I quarantined for fourteen days, they tested again until it was negative for coronavirus. But that was my experience. But for other people, I've heard that if you came into close contact with somebody and you weren't sick then they would tell you to quarantine. But if they were short at work, they would tell you to come in and just wear double protection…. wear face masks, wear gloves, that little gown when you walk around.

This vignette illuminates the struggles that the Department of Corrections (DOC) was undergoing amidst the pandemic. As many of us have either read or heard, many businesses were struggling with staffing problems. This is even more of a problem in jobs that offer lower economic stability especially in fields with higher risk factors. The DOC is an institution that is notably a field with lower pay and higher risks. Before the start of the pandemic, the DOC had struggled with retention rates. This issue of staffing became heightened during the pandemic, as the need to sustain a controlled environment is crucial within this line of work. In my interview with Demetri, he said that not everyone in his immediate household was covered by medical insurance. Many low-wage workers rely on their employers for health insurance. This is the same issue that prompted Mr. Brandon to change jobs. This reliance forces those workers to continue to work even when they are not feeling well. This could be seen in Demetri's explanation for how the D.O.C. handled staffing issues. Demetri notes that workers were only truly allowed to miss work if they tested positive for COVID-19. However, because this virus is spread

through airborne transmission, by the time an individual is aware of their ailment, they are more likely to have already infected others in close contact with them.

It took him about ten days into his fourteen days of quarantining, when he started to feel better. His daily life after contracting COVID-19 has not changed too dramatically. He views himself as more of a homebody, he never left the house too often, mostly for work or the gym. But for Demetri, he has felt lonelier since the pandemic.

> I feel more lonely, I guess… Before covid-19 I would go out to a friend's house, and we'd be out all night. But now you can't hang out with just anybody…You have less freedom. I had used to go to the gym. But now the gym hours don't line up with my schedule… I mean if they change the hours maybe I'll go back. But I have been thinking about turning my garage into a personal gym.

As we continued to converse, he breaks down his guard a bit.

> I think I might go see someone. All of this self-isolation, all of this being by yourself, it wears you down. I don't really talk to my family about it…but my friends, they can pick it up. They'll also ask me 'hey, can you come over?' They can feel that I I lonely... I mean my job could be an issue too, but that was my choice.

For Demetri, this was an introspective moment. Throughout the pandemic, he had to maintain his social role as a first responder. He must be present mentally and physically at work, which gets heightened due to issues of staffing levels and morale. This work spillover ultimately impacts his COVID-19 experience as he tends to spend it alone, making him more conscious of his feelings of loneliness.

Work Life

During the pandemic, his work life was a little less stressful. “It had made my job a little easier… there was less movement, instead of having 80 people out of the pod at a time we had about half of that…” I pried a bit into the lives of the incarcerated individuals at the facility that he worked at. He mentioned that “a lot of incarcerated individuals had gotten COVID-19 more than the staff.” He believed that this was due to the staff bringing in COVID-19, unintentionally. He stated that since the pandemic, they have not had visitation, so the only outside communication that the incarcerated individuals would have was through interactions with other staff. This initially concerned Demetri as, again, he had an elderly individual who lived with him at the time. He was more concerned for the safety of his grandmother than himself. “The way I saw it, I was a healthy individual with no medical problems, so if I did contract it. I would have a good chance of making it through.”

His Second Brush with COVID-19

His second brush with COVID-19 was drastically different from his first experience. At the time, his grandmother had passed away in late February of 2020. Although he did not go into detail about the time leading up to and after her death, there was this shift in his voice. There was what I could only imagine as grief present as he relayed the date of his grandmother’s death. However, his tone seemed to shift back as he

talked about his second experience with COVID. His immediate family members as well as a few cousins had stayed with him and his dad for the funeral.

> I had it [COVID] when my grandmother passed away, she had a funeral and I had other relatives come down and they weren't as safe as I thought they would be. I had my brother, my sister, and my two cousins, and my father were sick. [His brother had passed it along to the family]. We hated him for that…like, he knew better. According to Demetri, his brother didn't take the whole virus thing seriously, because he'll talk to you, stand extra close to you, and pull his face mask down to talk to you. He never was cautious I should say.

As we talked on the phone, I could tell he was starting to open up more. His answer became a little lengthier and his responses became more lighthearted with little quips here and there. Nearing our final interaction, we talked about how he has felt since the mask mandates have lifted and what lessons he has learned since the start of the pandemic. To my surprise, he seemed very passionate about mask-wearing. This would make sense, seeing as his family had caught COVID possibly due to improper mask-wearing.

> At first, it is what it is so don't complain about it. But eight months later, I'm like come on now, something has to change. One, it is hot outside, Two, I'm a healthy individual and although I'm following all the guidelines. It seems like everybody, and their cousin are walking around free without a care in the world because the governor lifted the mandate on June first. I think, you know, I'm going to feel some type of way with my mask on while everyone else walking around free…. Like you

are always going to have some type of resistance…Honestly, I think whether you got it or not you should wear a face covering.

He ended the conversation by stating that we all need "to take things seriously. Just because you might be immune to something or it doesn't affect you the way it affects somebody else, just take things seriously."

Interpretation

For Demetri, this pandemic has been a site of contention He not only dealt with COVID-19 twice but struggled with bouts of loneliness brought on by the pandemic. Demetri's narrative displays the impact of work spillover and isolation on mental health. It has been noted that Black American and Latinx communities are more likely to work in jobs that are characterized by nontraditional shifts, longer work hours, and high demand/ low control work conditions (Okechuku et al. 2014, Williams 2008). This increases the risks of developing mental-health-related issues such as depression, anxiety (Cooper et al. 2021, Williamson et al. 2020). In the case of covid-19, work spillover effects the quality of life. Demetri has worked in corrections for three years. The correctional department is a high-demand/ low work control environment, with longer work hours. Though, the pandemic has slowed visitation and movement throughout the prison system. It has also heightened the need for staff coverage. Most prisons in Virginia are severely understaffed, which tends to create low control work conditions. This situation makes those working at any given shift having to work double the amount, pushing many

correctional systems into crisis. Demetri describes how there has been less movement (meaning more lockdowns).

Although these restrictions started happening a few months prior to COVID-19, the continued lockdown is not only due to halt the spread of COVID-19 but also due to the lack of staffing. The constant isolation takes a toll on not only the incarcerated individuals but the staff.

Throughout the narrative, Demetri initially guards his responses. Again, this is quite possibly due to the upbringing of many African American men. For Demetri, the loss of a family member caused a disruption in his social life. Crying in solidarity or sheltering emotions from others are ways in which many of us have coped. However, his admission to needing and wanting to talk to a counselor about his feelings is something that is to be revered. He has recognized that his experience with COVID-19 and leaving through social distancing restriction have caused him to become more vulnerable to chronic psychological stress (Cohen and Williamson 1991).

From this chapter, we can see, again, how COVID-19 heightens the experience of the suffering more generally. For Demetri, the feeling of loneliness and isolation became overwhelming. Demetri and Anna's experiences are similar in the fact that isolation brought upon negative mental health outcomes. However, for Anna, her feeling of helplessness derived from having COVID-19, while Demetri's feelings of loneliness developed from the social impacts that the COVID-19 pandemic has created.

CONCLUSION

Imagining life after COVID-19 seems unthinkable and daunting. In the next few years, the events that occurred during the year of 2020 will be a chapter not yet written. As we remember the woes of the pandemic, we have to treat the pandemic as an experience that happened to all of us. With that being said, we need to value and obtain the experiences of those who are often overlooked or reduced to a footnote in history. It is imperative that we collect the experiences from all communities so that we can obtain the complete narrative of the impact of COVID-19.

In this thesis, we have delved into the lives of four African American individuals and how they perceived their experience during COVID-19. In two of the stories, Elaine and Mr. Brandon, the concept of family was a tightly woven thread throughout their lives. They communicated a sense of identity rooted in the family itself. In both narratives, the prioritization in reducing the stress of others became a barrier to Elaine's and Mr. Brandon's recovery from COVID-19. The obligation to fulfill their social roles as a mother or as a father was truly heightened during the pandemic and impacted the way they experienced COVID-19.

Social roles are established within a moral landscape. Nancy Krieger argues that "we incorporate, biologically, the material and social world in which we live" (Krieger 2005a, 352). This social and material world that we live in becomes embedded in how we construct and attribute values to disease. It can also describe how environment, social inequalities, and emotional distress can manifest within the body (Mendenhall, 1982, 24).

For instance, in Paul Farmer's research on the AIDS epidemic, he noted how "the conflation of structural violence and cultural differences has marred much commentary on AIDS, especially AIDS among the poor" (Farmer 1997, 523). This unequal social structure breeds unequal disease exposure and treatment. These inequalities in social structures, especially during times of infectious disease epidemics, become more harmful for disenfranchised groups (Ansell 2017). Social inequalities often shape one's ability to successfully adhere to public health guidelines. During the COVID-19 pandemic, public health measures that promoted hand washing, staying home, and other hygienic measures did not consider water insecurity, food deserts, or economic inequalities. The inability to adhere to these measures can exacerbate multiple forms of suffering. Not only can individuals with limited access become physically sick, but they can mentally become distressed from the social stigma of being labeled as non-compliant and transmitters. This can be seen during the Cholera outbreaks in Mexico. Even though individuals from rural areas of Mexico understood the message about hygiene, they were suffering from local water scarcity that was not addressed by the government (Ennis-McMillan 2001).

Although, the individuals interviewed do not seemingly become impacted by structural violence. The duality of being a person of color and having to uphold society's expectations during a pandemic impacts their overall experience. This experience becomes intensified during times of negative life events. As we have seen in the chapters previously, especially between Elaine and Mr. Brandon, there is that constant push and pull in upholding one's social responsibility as a parent but also fighting against the stereotypes that have been negatively attributed to one's culture. It is this duality that

COVID-19 also intensifies, thus making it imperative that disease outbreaks are examined not only through a biological lens but also through a socio-cultural lens.

Previous anthropological interventions with disease outbreaks have aided in the discussion and understanding of COVID-19. Although this version of SARS is a new pathogen, how human beings have responded to pandemics is not. When individuals encounter a new virus or disease, there is often a cultural construction of the illness, as well as a stigma or "othering" during pandemics. The anthropology of outbreak has shown time and time again that othering and stigma intensifies health threats. Individuals tend to divide and separate themselves from those perceived sources of transmission. By inferring a point of blame "helps turn a mysterious and frightening illness into something that feels familiar and thus more controllable" (Schoch-Spana 2010, 246).

As many of us have seen during the pandemic, there has been a rise in violence against those of Asian descent as well as older individuals. Initially, governments focused heavily on the pandemic originating from China and attributed those whom live geographically closer to China were more at risk, as well as older populations as "higher-risk groups." This creates a false sense of security as individuals who do not identify as being a member of those particular groups feel as if they are "safe" from contracting COVID-19. This leads to a tendency of scapegoating as a whole region or group of people are singled out as the source of contagion (Schoch-Spana 2010, 246). This sort of scapegoating that we are experiencing during the COVID-19 pandemic has been similar to other epidemics in the past such as Ebola, HIV/AIDS, Zika, H1NI outbreaks. For

instance, during the H1N1 outbreak, countries around the world began to shun Mexican citizens and products.

Unfortunately, this was not limited to just shunning, anti-immigrant rhetoric targeted Mexicans. There were even media personalities that dubbed the H1N1 outbreak as the "Mexican flu" and "fajita flu" (Schoch-Spana 2010, 247) This is similar to the former president of the United States referring to SARS-COV-2 as the "Kung Flu" and the "Chinese virus." This stigma and othering creates mistrust, anxiety, and denial that hinders effective health emergency responses. In my interviews with covid survivors, there are no known instances of being stigmatized. One explanation is likely due to when these individuals were diagnosed and contracted COVID-19. COVID-19 had been deemed as a pandemic in March of 2020, for the months following it was the prime topic of many News outlets, so more information related to how COVID-19 was affecting every individual was more readily available. Thus, there was no reason to place blame during this time.

Overall, living within a pandemic transform and disrupts the everyday lived experience. This experience is heightened when those individuals become infected. This is even more intense for those who face social and cultural inequalities as those social disparities become inscribed by disease on the body (Singer & Allen 2018, 3; Bruner 1986). This can often be seen in the African American community as there are documented patterns of disproportionate disease and mortality rates (Singer & Allen 2018, 4; Keppel et al. 2002; Mensah et al. 2005; Dressler et al. 2005; Dressler 1993; Kuzawa 2009). Social inequality deprives individuals and communities of a quality life

as it increases their burden associated with disability and disease (Krieger et al. 1993). Although the four individuals' narratives did not showcase the impact of structural violence on public health, I would be remised if I did not mention how being a person of color adds a dual experience that may not always be superficially noticed. Each story within this thesis mirrored others, characterized by the fluid interactions between the feelings associated with COVID-19 and stress.

Although there has not been much research done on the links between social isolation and health (Berkman and Syme 1979; Berman et al. 2000), three of the individuals interviewed stated that they felt "lonely," "isolated," "alone." The individuals felt socially isolated in some way: Elaine felt as if she was the thread holding her family together, while no one was able to truly care for her needs. Anna and Demetri had very few people in their life to support them and largely coped alone. This narrative theme was a byproduct of the physical isolation implemented by COVID-19 mandates involving quarantining and social-distancing. Being isolated prompted this longing for close friends and family who understood them and their needs. Human beings are social creatures, feeling a part of the social fabric of a culture is fundamental to mental health (Mendenhall 1982, 69). So even though the interviewees were of African American descent their experiences, although unique to the person, resonate with individuals of all races going through this negative life event, COVID-19. Societal and cultural influences are what impacts one's response to the disease.

REFERENCES

Akgun, Serap, and Joseph Ciarrochi. 2003. "Learned Resourcefulness Moderates the Relationship Between Academic Stress and Academic Performance." *Educational Psychology* 23, no. 3 (June): 287–94. https://doi.org/10.1080/0144341032000060129.

Akintobi, Tabia H., Theresa Jacobs, Darrell Sabbs, Kisha Holden, Ronald Braithwaite, L. Neicey Johnson, Daniel Dawes, and LaShawn Hoffman. 2020. "Community Engagement of African Americans in the Era of COVID-19: Considerations, Challenges, Implications, and Recommendations for Public Health." *Preventing Chronic Disease* 17 (August): 200-255. https://doi.org/10.5888/pcd17.200255.

Ansell, David A. 2017. *The Death Gap: How Inequality Kills*. Chicago: The University of Chicago Press.

Becker, Gaylene. 1997. *Disrupted Lives: How People Create Meaning in a Chaotic World*. Berkeley: University of California Press.

Baer, Hans A. 1989. "The American Dominative Medical System as a Reflection of Social Relations in the Larger Society." *Social Science & Medicine* 28, no. 11 (January): 1103–12. https://doi.org/10.1016/0277-9536(89)90002-6.

Baer, Hans A. 1982. "On the Political Economy of Health." *Medical Anthropology Newsletter* 14 (1): 1–2, 13–17.

BBC News. 2020. "Coronavirus confirmed as Pandemic by World Health Organization." *BBC News*, March 11, 2020. https://www.bbc.com/news/world-51839944.

Beiter, R., R. Nash, M. McCrady, D. Rhoades, M. Linscomb, M. Clarahan, and S. Sammut. 2015. "The Prevalence and Correlates of Depression, Anxiety, and Stress in a Sample of College Students." *Journal of Affective Disorders* 173 (March): 90-96. https://doi.org/10.1016/j.jad.2014.10.054.

Berkman, Lisa F., Thomas Glass, Ian Brissette, and Teresa E. Seeman. 2000. "From Social Integration to Health: Durkheim in the New Millennium." *Social Science & Medicine* 51, no. 6 (September): 843-857. https://doi.org/10.1016/S0277-9536(00)00065-4.

Berkman, Lisa F., and S. Leonard Syme. 1979. “Social Networks, Host Resistance, and Mortality: A Nine-Year Follow-Up Study of Alameda County Residents.” *American Journal of Epidemiology* 109, no. 2 (February): 186-204. https://doi.org/10.1093/oxfordjournals.aje.a112674.

Bordo, Susan R. 1989. “The Body and the Reproduction of Femininity: A Feminist Appropriation of Foucault.” In *Gender Body Knowledge: Feminist Reconstructions of Being and Knowing,* edited by Susan Bordo and Allison Jaggar, 13-33. New Brunswick: Rutgers University Press.

Bourgois, Philippe. 2009. “Recognizing Invisible Violence.” In *Global Health in Time of Violence*, edited by Barbra Rylko-Bauer, Linda Whiteford, and Paul Farmer, 17-40. Santa Fe: School for Advanced Research Press.

Bruner, Jerome. 1986. *Actual Minds, Possible Worlds*. Cambridge: Harvard University Press.

Center for Disease Control and Prevention. 2020a. “How COVID-19 Spreads.” Centers for Disease Control and Prevention: Coronavirus Disease 2019 (COVID-19). Last modified October 5, 2020. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html.

———. 2020b. “COVID-19 Hospitalization and Death by Race/Ethnicity.” Center for Disease Control and Prevention: Coronavirus Disease 2019 (COVID-19). Last modified August 18, 2020. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html.

———. 2021. “Caring for Someone Sick at Home.” COVID-19 Home. Last modified December 8, 2021. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html.

Cohen, Sheldon, and Gail M. Williamson. 1991. “Stress and Infectious Disease in Humans.” *Psychological Bulletin* 109(1): 5-24. https://doi.org/10.1037/0033-2909.109.1.5.

Cooper, Shauna M., Alvin Thomas, and Olajide Bamishigbin. 2021. “Black American Fathers Employed in Higher-Risk Contexts for Contracting COVID-19: Implications for Individual Wellbeing and Work-Family Spillover.” *American Journal of Men’s Health* (March-April): 1-11. https://doi.org/10.1177/15579883211005617.

Crawford, Robert. 1977. “You Are Dangerous to Your Health: The Ideology and Politics of Victim Blaming.” *International Journal of Health Services* 7(4):663-680.

———. 1984. “A Cultural Account of Health: Control, Release, and the Social Body.” In Issues in the Political Economy of Health Care, edited by John B. McKinley. London: Tavistock.

Curley, Christopher. 2021. “Europe’s Response to COVID-19 Differed from U.S.” *Healthline*, August 20, 2021. https://www.healthline.com/health-news/how-europes-initial-response-to-the-covid-19-pandemic-differed-from-the-united-states.

Davis, Allison, Burleigh B. Gardner, Mary R. Gardner, and William Lloyd Warner. 1941. *Deep South: A Social Anthropological Study of Caste and Class.* Chicago, Ill.: The University of Chicago Press.

Dressler, William W. 1993. “Health in the African American Community: Accounting for Health Inequalities.” *Medical Anthropology Quarterly* 7, no. 4 (December): 325-345. https://doi.org/10.1525/maq.1993.7.4.02a00030.

Dressler, William W., Kathryn S. Oths, and Clarence C. Gravlee. 2005. “Race and Ethnicity in Public Health Research: Models to Explain Health Disparities.” *Annual Review of Anthropology* 34, no. 1 (October): 231–252. https://doi.org/10.1146/annurev.anthro.34.081804.120505.

Drysdale, Roisin E., Wiedaad Slemming, Tawanda Makusha, and Linda M. Richter. 2021. “Father Involvement, Maternal Depression and Child Nutritional Outcomes in Soweto, South Africa.” *Maternal and Child Nutrition* 17 (S1): e13177. https://doi.org/10.1111/mcn.13177.

Du Bois, W. E. B. 2008. *The Souls of Black Folk*. Edited by Brent Hayes Edwards. London: Oxford University Press.

Ennis-McMillan, Michael C., and Kristin Hedges. 2020. “Pandemic Perspectives: Responding to COVID-19” Open Anthropology 8(1).

Farmer, Paul. 2004. “An Anthropology of Structural Violence.” *Current Anthropology* 45, no. 3 (June): 305-325. https://doi.org/10.1086/382250.

———. 1997. “On Suffering and Structural Violence: A View from Below.” In *Social Suffering*, edited by Arthur Kleinman, Veena. Das, and Margaret Lock, 261-83. Berkeley: University of California Press.

———. 1999. *Infections and Inequalities: The Modern Plagues*. Berkeley: University of California Press.

Foucault, Michel. 1975. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books.

———. 1977. Discipline and Punish: The Birth of t^{he} Prison. 2nd Vintage Books ed. New York: Vintage Books.

Garro, Linda C. and Cheryl Mattingly. 2020. *Narrative and the Cultural Construction of Illness and Healing*. Berkeley: University of California Press.

Gennep, Arnold van. 1909. *The Rites of Passage*. London: Routledge and Kegan Paul.

Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs: Prentice-Hall.

Gravlee, Clarence. 2009. "How Race Becomes Embodiment of Social Inequality". *Physical Anthropology* 139 (1): 47-57.

Gupta, Sujata. 2020. "Why African-Americans May be Especially Vulnerable to COVID-19." *Science News*, April 10, 2020. https://www.sciencenews.org/article/coronavirus-why-african-americans-vulnerable-covid-19-health-race.

Guzzo, Karen Benjamin, and Sarah R. Hayford. 2020. "Pathways to Parenthood in Social and Family Context: Decade in Review, 2020." *Journal of Marriage and the Family* 82, no. 1 (February): 117–44. https://doi.org/10.1111/jomf.12618.

Hadd, W. 1991. "A Womb with A View: Women as Mothers and Discourse of the Body." *Berkeley Journal of Sociology* 36(6): 165-175.

Harvey-Jenner, Catriona. 2021. How likely are you to catch COVID-19 if a member of your household has it?" *Cosmopolitan,* January 31, 2021. https://www.cosmopolitan.com/uk/body/health/a35263421/catch-covid-household/.

Hasratian, Anni, Hannah Nordberg, Alicia Meuret, and Thomas Ritz. 2021. "Fear and Coping in Students during the Early Stages of the COVID-19 Pandemic: A Combined Cross-Sectional and Longitudinal Study." *International Journal of Environmental Research and Public Health* 18(12): 3-12. https://doi.org/10.3390/ijerph18126551.

Hogarth, Rana A. 2017. *Medicalizing Blackness Making Racial Difference in the Atlantic World, 1780-1840*. Chapel Hill: University of North Carolina Press.

Holshue, Michelle L., Chas DeBolt, Scott Lindquist, Kathy H. Lofy, John Wiesman, Hollianne Bruce, Christopher Spitters, Keith Ericson, Saraa Wilkerson, Ahmet Tural, George Diaz, Amanda Cohn, LeAnne Fox, Anita Patel, Susan I. Gerber, Lindsay Kim, Suxiang Tong, Xiaoyan Lu, Steve Lindstrom, Mark A. Pallansch, William C. Weldon, Holly M. Biggs, Timothy M. Uyeki, and Satish K. Pillai. 2020. "First Case of 2019 Novel Coronavirus in the United States." *New England Journal of Medicine* 382: 929-936. https://doi.org/10.1056/NEJMoa2001191.

Hooks, Bell. 2004. *We Real Cool: Black Men and Masculinity.* New York. Routledge Taylor and Francis Group.

Hub Staff Report. "East Asia Offers Mixed Lessons in COVID-19 Response." *The Hub*, May 13, 2020. https://hub.jhu.edu/2020/05/13/east-asian-response-to-coronavirus/.

John Hopkins Medicine. n.d. "COVID-19 Resources for Kids and Families." John Hopkins Children's Center. Accessed December 3, 2021. https://www.hopkinsmedicine.org/johns-hopkins-childrens-center/covid-19/COVID-19-resources-for-kids.html.

John Hopkins University & Medicine. 2020. "COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University." John Hopkins University & Medicine: Coronavirus Resource Center. Last modified September 24, 2020. https://coronavirus.jhu.edu/map.html.

John Hopkins University & Medicine 2021. "COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University." John Hopkins University & Medicine: Coronavirus Resource Center. Last modified November 28, 2021. https://coronavirus.jhu.edu/map.html.

Jopp, Daniela S., and Marina Schmitt. 2010. "Dealing with Negative Life Events: Differential Effects of Personal Resources, Coping Strategies, and Control Beliefs." *European Journal of Ageing* 7, no. 3 (September): 167–180. https://doi.org/10.1007/s10433-010-0160-6.

Jones, Bethany L. and Jonathan S. Jones. 2020. “Gov. Cuomo is Wrong COVID-19 is Anything but an Equalizer.” *The Washington Post*, April 5,2020. https://www.washingtonpost.com/outlook/2020/04/05/gov-cuomo-is-wrong-covid-19-is-anything-an-equalizer/.

Keppel, K., J. Pearcy, and D. Wagener. 2002. “Trends in Racial and Ethnic-Specific Rates for the Health Status Indicators: United States, 1990-98.” *Healthy People 2000 Statistical Notes* 23 (January):1-16.

Kleinman, Arthur. 1988.*The Illness Narratives: Suffering, Healing, and the Human Condition*. New York, NY: Basic Books.

Kleinman, Arthur, Veena Das, and Margaret M. Lock.1997. *Social Suffering*. Berkeley: University of California Press.

Krieger, Nancy. 2005.“Embodiment: A Conceptual Glossary for Epidemiology.” *Journal of Epidemiology and Community Health* 59 (5): 350–355.

Krieger, Nancy, Diane L. Rowley, Allen A. Herman, Byllye Avery, and Mona T. Phillips. 1993. “Racism, Sexism, and Social Class: Implications for Studies of Health, Disease, and Well-Being.” *American Journal of Preventive Medicine* 9, no. 6 (November): 82–122. https://doi.org/10.1016/S0749-3797(18)30666-4.

Kuzawa, Christopher W., and Elizabeth Sweet. 2009. “Epigenetics and the Embodiment of Race: Developmental Origins of US Racial Disparities in Cardiovascular Health.” *American Journal of Human Biology* 21, no. 1 (January): 2–15. https://doi.org/10.1002/ajnb.20822.

Lock, Margaret and Nancy Scheper-Hughes. 1996. “A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent.” In *Medical Anthropology: Contemporary Theory and Method*, edited by Carolyn F. Sargent and Thomas M. Johnson, 41-70. Westport: Praeger.

Luhrmann, Tanya M., and Jocelyn Marrow. 2016. *Our Most Troubling Madness: Case Studies in Schizophrenia Across Cultures*. Oakland: University of California Press.

Matthews, Carol A. 2020. “Hoarding and the COVID-19 Pandemic.” *Psychology Today*, October 30, 2020. https://www.psychologytoday.com/us/blog/overcome-anxiety/202010/hoarding-and-the-covid-19-pandemic.

Mattingly, Cheryl. 2014. *Moral Laboratories: Family Peril and the Struggle for a Good Life*. Oakland: University of California Press.

Mendenhall, Emily. 1982. Syndemic Suffering: Social Distress, Depression, and Diabetes among Mexican Immigrant Women. Walnut Creek: Left Coast Press.

Mein, Stephen A. 2020. “COVID-19 and Health Disparities: The Reality of “the Great Equalizer”. *Journal of General Internal Medicine* 35 (8): 2439-40.

Mensah, George A., Ali H. Mokdad, Earl S. Ford, Kurt J. Greenlund, and Janet B. Croft. 2005. “State of Disparities in Cardiovascular Health in the United States.” *Circulation* 111, no. 10 (March): 1233–1241. https://doi.org/10.1161/01.CIR.0000158136.76824.04.

Moghadas, Seyed M., Meagan C. Fitzpatrick, Pratha Sah, Abhishek Pandey, Affan Shoukat, Burton H. Singer, and Alison P. Galvani. 2020. “The Implications of Silent Transmission for the Control of COVID-19 Outbreaks.” *Proceedings of the National Academy of Sciences of the United States of America* 117, no. 30 (July): 17513–17515. https://doi.org/10.1073/pnas.2008373117.

Mohamied, Fatimah. 2019. “Postpartum Psychosis and Management: A Case Study.” *British Journal of Midwifery* 27, no. 2 (February): 77–84. https://doi.org/10.12968/bjom.2019.27.2.77.

Molgora, Sara, and Monica Accordini. 2020. “Motherhood in the Time of Coronavirus: The Impact of the Pandemic Emergency on Expectant and Postpartum Women’s Psychological Well-Being.” *Frontiers in Psychology* 11 (October): 567155. https://doi.org/10.3389/fpsyg.2020.567155.

Murphy, Robert F.1987. *The Body Silent.* 1st ed. New York: H. Holt.

Nadworny, Elissa and Sean McMinn. 2020. “Even In COVID-19 Hot Spots, Many Colleges Aren’t Aggressively Testing Students.” *NPR*, October 2, 2020. https://www.wemu.org/post/even-covid-hot-spots-many-colleges-arent-aggressively-testing-students.

Okechukwu, Cassandra A., Kerry Souza, Kelly D. Davis, and A. Butch de Castro. 2014. "Discrimination, Harassment, Abuse, and Bullying in the Workplace: Contribution of Workplace Injustice to Occupational Health Disparities: Injustice and Occupational Health Disparities." *American Journal of Industrial Medicine* 57, no. 5 (May): 573–586. https://doi.org/10.1002/ajim.22221.

Park, Alice. 2020. "There Were Limited COVID-19 Cases in the U.S. During Most of January, Says New CDC Report." *TIME*, June 1, 2020. https://time.com/5844858/first-us-coronavirus-cases/.

Paulson, James F., and Sharnail D. Bazemore. 2010. "Prenatal and Postpartum Depression in Fathers and Its Association with Maternal Depression: A Meta-Analysis." *JAMA* 303, no. 19 (May): 1961–1969. https://doi.org/10.1001/jama.2010.605.

Pellowski, Jennifer A., Angela M. Bengtson, Whitney Barnett, Kira DiClemente, Nastassja Koen, Heather J. Zar, and Dan J. Stein. 2019. "Perinatal Depression among Mothers in a South African Birth Cohort Study: Trajectories from Pregnancy to 18 Months Postpartum." *Journal of Affective Disorders* 259 (December): 279–287. https://doi.org/10.1016/j.jad.2019.08.052.

Pilkington, Bryan C., Victoria Wilkins, and Daniel Brian Nichols. 2021. "Educating Ethically during COVID-19." *International Journal of Ethics Education* 6, no. 1 (April): 177–193. https://doi.org/10.1007/s40889-021-00120-8.

Rajendran, Sowmya. 2021. "What to do if a parent test COVID-19 positive and have a child in their care." *The News Minute*, April 15, 2021. https://www.thenewsminute.com/article/what-do-if-parents-test-covid-19-positive-and-have-child-their-care-147176.

Rylko-Bauer, Barbara, Linda M. Whiteford, Paul Farmer, and School for Advanced Research. 2009. *Global Health in Times of Violence*. 1st ed. Santa Fe: School for Advanced Research Press.

Schoch-Spana, Monica, Nidhi Bouri, Kunal J. Rambhia, and Ann Norwood. 2010. "Stigma, health disparities, and the 2009 H1N1 influenza pandemic: how to protect Latino farmworkers in future health emergencies." *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 8* (3): 243.

Singer, Merrill, and Rebecca Allen. 2018. *Social Justice and Medical Practice: Life History of a Physician of Social Medicine*. New York, New York: Routledge.

Simien, Evelyn M. 2020. “COVID-19 and the “Strong Black Woman”.” *The Gender Report,* June 9,2020. https://genderpolicyreport.umn.edu/covid-19-and-the-strong-black-woman/.

So, Adrienne. 2020. “How to Care for Kids if You’re Sick with COVID-19.” *Wired*, March 24, 2020. https://www.wired.com/story/coronavirus-parents-caregiving-guide/.

Thompson, Vetta S. 2020. African American Employment and Covid-19: Disparities and Compounding Risks. https://publichealth.wustl.edu/wp-content/uploads/2020/04/AA-Employment-COVID-19-article-by-VST-April-2020.pdf.

Turner, Victor. 1974. “Liminal to Liminoid in Play, Flow, and Ritual: An Essay in Comparative Symbology”. *Rice University Studies* 60 (3): 53–92.

United States Census Bureau. n.d. “QuickFacts Richmond City, Virginia.” Accessed November 20, 2021. https://www.census.gov/quickfacts/fact/table/richmondcityvirginia/POP010220.

UC Davis Health. 2021. “Long Haulers: Why some People Experience Long-Term Coronavirus Symptoms.” Coronavirus. Last modified February 8, 2021. https://health.ucdavis.edu/coronavirus/covid-19-information/covid-19-long-haulers.html.

Williams, David R. 2008. The Health of Men: Structured Inequalities and Opportunities. *American Journal of Public Health* 98: 150–157.

Williamson, Victoria, Dominic Murphy, and Neil Greenberg. 2020. “COVID-19 and Experiences of Moral Injury in Front-Line Key Workers”. *Occupational Medicine*, 70(5), 317–319. https://doi.org/10.1093/occmed/kqaa052.

Wainman, Laura. 2020. “In Virginia, African-American and Latin Communities have Higher Rate of Coronavirus Cases”. WUS9, May 13,2020. https://www.wusa9.com/article/news/health/coronavirus/african-american-latin-communities-have-higher-coronavirus-rates-virginia/65-1a155e6a-90a5-4fd6-90d7-2a08dda3f799.

Waxler, Nancy. 2007. “Learning to be Learning to Be a Leper: A Case Study in the Social Construction of Illness.” In *Understanding and Applying Medical Anthropology,* edited by Peter J. Brown, 147-157. Mountain View: Mayfield.

Yang, Chunjiang, Aobo Chen, and Yashuo Chen. 2021. “College Students’ Stress and Health in the COVID-19 Pandemic: The role of Academic Workload, Separation

from School, and Fears of Contagion". *PloS one* 16(2):1-16. https://doi.org/10.1371/journal.pone.0246676.

Zemler, Emily. 2020. "Madonna Calls COVID-19 the Great Equalizer in Bathtub Rant." *Rolling Stones*, March 23, 2020. https://www.rollingstone.com/music/music-news/madonna-covid-19-bathtub-rant-971124/.

BIOGRAPHY

DéShondra Dandridge received her Bachelor of Arts from James Madison University, Harrisonburg, Virginia in 2016. She is currently employed as an archaeological field technician at Colonial Williamsburg for the First Baptist Project.