

Understanding the Performativity of COVID-19: An Autoethnography of Lockdown Experiences in China and the UK

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Abstract

Since the COVID-19 outbreak in January 2020, the pandemic has been changing rapidly with shifting social norms. This autoethnography of my lockdown experiences in China and the UK in 2020 illustrates how I adjusted my daily acts to the shifting social norms in different situations and how these adjustments changed me as a self-regulated subject and reshaped my understanding of COVID-19. Drawing on Butler's theory of performativity, I analyse how acts of self-protection created a physical relationship between my embodied subject self and COVID-19. As these acts kept changing with shifting norms, this relationship was constantly redefined, constituting a fluid subject status in close relation to an equally fluid concept of COVID-19. This study suggests two-fold performativity of COVID-19: 1) the subject self in the pandemic, 2) the dimension of COVID-19 as a social construct. Both are performatively constructed as individuals practice regulatory norms through repetitive acts in concrete social contexts.

Key words

Autoethnography; COVID-19; performativity; lockdown; Wuhan

My encounters with COVID-19

I was born and raised in Wuhan, China, and I had never expected my home city to get world-renowned as the epidemic centre of COVID-19 in 2020. On December 26, 2019, I took my annual leave during my PhD at the University of Cambridge and went home for the Chinese New Year. But before I went into the mood for new year celebrations with my family, the outbreak quickly spread over the country and I woke up on January 23, 2020, to find myself stuck in quarantine (Wuhan Municipal Government). Just as things were getting better in March in Wuhan, and I finally saw my hopes of returning to Cambridge, the situation quickly deteriorated in the UK and elsewhere across the world. Even though the lockdown in Wuhan was lifted on April 8, I was unable to fly back to the UK due to restricted flight availability. As I stayed home waiting for an affordable flight, I abandoned the strict lockdown norms and started to enjoy my normal life in Wuhan. On October 24, I finally came back to the UK and started my 14-day self-isolation. But before I was allowed to go out, England went into a

lockdown starting from November 5. During these four weeks, I was prepared to comply with the Wuhan-style lockdown rules, but it was difficult to practice these strict norms in the UK. As I struggled to accommodate the strict, I gradually changed my daily behaviours for self-protection. My understanding of COVID-19 had also altered from the initial concept shaped by the strictest Wuhan Lockdown at the start of 2020. What I thought to be a static concept of “COVID-19”, based on scientific certainty, seemed to have developed a dimension as a social construct that is subject to change. I started to reflect on this moving conceptualisation of COVID-19 and decided to analyse the twists and turns I experienced in 2020 through autoethnography.

In this study, I look into the confusion and struggles I had with shifting discourses and norms at different stages of the pandemic, asking how I have come to make adjustments and how these adjustments have changed me as a self-regulated subject and my understanding of COVID-19. Drawing on Butler’s theory of performativity for autoethnographic analysis, this study illustrates how repetitive acts of self-protection created a physical relationship between the subject self and COVID-19 by engaging the body in daily practice of social norms in the pandemic. As these acts kept changing with shifting norms in different epidemic situations, this relationship was constantly redefined, constituting a fluid subject status in close relation to an equally fluid concept of COVID-19. This study suggests a two-fold performativity of COVID-19: 1) the subject self in the pandemic, 2) the dimension of COVID-19 as a social construct. Both are performatively constructed as individuals practice regulatory norms through repetitive acts in concrete social contexts.

Why autoethnography?

Autoethnography is widely applied in social research for its ability to capture social phenomena and experiences that would be difficult to examine with other research methods (McDonald, 2016). Autoethnographic studies typically illustrate sense-making processes and critically analyse cultural norms, experiences and practices (Adams et al., 2015). This introspective, retrospective, and intensely reflexive approach (Boyle & Parry, 2007) promotes, self-reflection on personal experience that seeks to not only look into the self but more importantly develop theoretical understandings of broader social phenomena based on cultural analysis (Anderson, 2006; Chang, 2016). There are three important advantages of autoethnography that makes it the best method to study my experience in different COVID-19 lockdowns.

First, autoethnography provides valuable and reliable access to insider knowledge of cultural phenomena and experiences (Adams et al., 2015; Anderson, 2006). With familiarity with the socio-cultural context and deep involvement in practices of certain social norms, the researcher is able to gain deeper interpretations of these practices. In this unprecedented global pandemic, we are faced with new social norms to contain the virus and save lives (Bourgeois et al., 2020; Rimal & Storey, 2020). These new norms vary greatly between countries and between local areas, depending on their policies for local control. In this regard, it is very important that practices of social norms and the adjustments made between these norms in the global pandemic are analysed from an emic perspective.

Second, this emic perspective is especially amenable to the analysis of experiences that are emotive, embodied, transformative, and complex in sense-making (Adams et al., 2015; Chang, 2016; Ellis & Bochner, 2006). Being an insider also means greater physical closeness to certain social practices (Bell & King, 2010). It is particularly crucial in my study, as most practices of COVID-19-related norms are physical acts. My unique experience of lockdowns is actually my body performing these norms in different outbreak situations. Autoethnography values the

performing body as raw data of a critical cultural story and provides a methodological praxis of reintegrating my body and mind into the analysis (Spry, 2001, 2009).

Furthermore, my experience of practising and adjusting social norms during the pandemic also entails struggles of navigating the COVID-19 turbulence in daily life. The abrupt Wuhan Lockdown and then the unexpected lockdown in the UK upon my arrival back in Cambridge threw my life into much disturbance. Autoethnography typically deals with complex sense-making in situations of difficulties and loss of meaning (Adams et al., 2015; Ellis & Bochner, 2006). Writing it down in autoethnographic narratives enables meaningful reflection on and beyond everyday experiences of fragmentation (Tienari, 2019). In the global pandemic, the uncertainties we are faced with are beyond our daily life. They are also about the subjectivity of our regulated self and our conception of COVID-19. It is particularly relevant in this second or third wave of infections to understand how individuals manage to cope with disruptions and inconsistencies of social norms, and more importantly, how we develop our self and our understanding of COVID-19 in this process.

Data and method

This autoethnography is based on my cross-cultural experiences of Wuhan's lockdown in early 2020 and the lockdown in the UK in November 2020. Data for this study includes my self-notes on different social media platforms, my chat history with friends and family on WeChat, fieldnotes of my ethnographic observations on my friends' social media contents and open discussions about COVID-19 on Chinese social media. My data collection started in early November 2020 when I was experiencing the lockdown in Cambridge. My epidemic experiences before November, mostly in Wuhan, were assembled using hindsight based on my social media content on Weibo, WeChat, and Instagram. My long-term habit of actively sharing my life on these social media platforms daily has been extremely helpful. During the Wuhan Lockdown, I was very active on Weibo. I recorded the changes in Wuhan, what my family and I did, my conversations with friends and family, and my reactions to news and events. I posted 5-10 times every day on Weibo and about once a week on WeChat Moments and Instagram. I used these online activities as my authentic notes recording how I experienced the epidemic. After I came back to Cambridge and adjusted to a different way of "lockdown" in early November, I decided to reflect on this difference and started to keep more systematic notes of my epidemic experiences and my oral and textual conversations with friends and family about COVID-19. This process of autoethnographic data collection has inspired my analysis of relating my struggles with tackling and perceiving COVID-19 to the theory of performativity

Conceptualising COVID-19: performativity

Butler proposes the concept of performativity to account for gender not as who we are but as what we do. In her view, gender is a fluid category that is performatively constructed through repetitive acts. Butler's perspective is diverted from the substantialist understanding of gender identity that sees it as subjects of a given set of characteristics prior to the acquisition of these characteristics (Lloyd, 1999). Butler argues that gender has no ontological status apart from the acts that compose it: "There is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its result" (Butler, 2006: 34). In her framework, gender is conceptualised not as pre-existing categories but as a form of "doing." It is not any single act, but "a stylized repetition of acts." This repetition is "a reenactment and reexperiencing of a set of meanings already socially established and it is the mundane and ritualized form of their legitimation" (Butler, 2006: 191). She particularly

accentuates the embodiment of these repetitive acts. It was her innovation to move the theory of performativity from the verbal dimension in Derrida's discussion of Austin about language as action to the nonverbal form of bodily enactment (Lloyd, 2015): "The effect of gender is produced through the stylization of the body and hence, must be understood as the mundane way in which bodily gestures, movements, and styles of various kinds constitute the illusion of an abiding gendered self" (Butler, 2006: 191).

As normative practices, these repetitions are not freely chosen, but rather regulatory and constrained (Butler, 1993b). Performativity "consists in a reiteration of norms which precede, constrain, and exceed the performer and in that sense cannot be taken as the fabrication of the performer's 'will' or 'choice'" (Butler, 1993a: 24). Because of this conception of performativity, Butler rejects a subject of performer preceding the performance. The subject is the result of their compulsory repetition (Lloyd, 1999). In other words, the subject is constructed through repetitive acts of regulatory norms and these preceding norms are produced within discursive fields of discourses and power relations (Weedon, 1997). These discourses are both constraining but productive, as they provide a range of practices and subject positions for individuals to choose from (St. Pierre, 2000). Therefore, the subject is constructed within dynamic interrelations among discourses, power relations, and cultural practices (Jackson, 2004).

Repetition as a mechanism of constraint also creates space for transformation. As repetition always differs from prior acts, repetition creates only a rough approximation of idealised gender identity, which embeds possibilities of displacing "the very gender norms that enable the repetition itself" (Butler, 2006: 203). It may not necessarily be the 'subversive repetition' that denies the very category that is repeated and leads to the "perpetual failure" (Butler, 1996: 381), but the category is at stake because of its need for repetition: "That the subject is that which must be constituted again and again implies that it is open to formulations that are not fully constrained in advance" (Butler, 1995: 135). In this regard, the identity or category constituted through repetitive acts is never complete or fixed. It is open and fluid with endless possibilities of repetition (Lloyd, 1999).

This concept of performativity has been applied not only in studies of gender and sexual politics, but also more widely in linguistics, management studies, cultural geography, to name a few (see for example Gond et al., 2010; Nash, 2000; Pennycook, 2004). As I worked on this autoethnography, I gradually found that it is also the best theoretical framework to account for my struggles with different COVID-19-related norms and my adjustments in tackling and understanding COVID-19. Unlike other diseases, COVID-19 is a new emergent virus. We have not yet fully understood its mechanisms and it is still changing rapidly to this day. This makes it different from other diseases that have relatively much more stable meanings across the world not just on the medical or scientific level of conception but also on the level of socio-political discourses regarding social governance and self-regulation for public health. As the pandemic develops, COVID-19-related discourses have changed rapidly throughout 2020 and beyond, resulting in shifting and sometimes inconsistent policies and regulatory norms not only on a regional level but sometimes even between different social groups in the same local community. Individuals have to frequently adjust their daily behaviours to stay healthy during the pandemic and at the same time comply with their local rules. My experience of living through different lockdowns in 2020 provides a good example of how individuals struggle to navigate this turbulence. As I adjusted my protective measures during the Wuhan Lockdown, after the lockdown, and then when I moved back to Cambridge into the lockdown in the UK, I could clearly feel the fluidity of COVID-19 that was not usually expected from a disease as a medical concept. That was when I began to think: is COVID-19 an object of a static substance

that is waiting to be studied from the outside, or is there also a dimension of COVID-19 not as what it is but as what we do just like gender which is performed through human acts?

The following autoethnographic analysis will situate my lockdown experiences in a theoretical framework of performativity, examining how my repetitive acts practising COVID-19-related norms had been changing in different outbreak situations, how my subject identity of being “locked-down” and staying COVID-19 secure in the pandemic had been shifting, and how my conception of COVID-19 had been constructed and then reshaped in this process.

Living with COVID-19 in 2020

Wuhan in lockdown

My encounters with COVID-19 started on December 31, 2019. I just got back from Cambridge to Beijing on December 27 and planned to go back to the UK from Wuhan in early January. Two friends of mine saw the news about the unknown virus in Wuhan and asked me to take care while wishing me a happy new year. I packed a few cloth face masks in my luggage just in case but I never really expected to use them. At that time, the virus was spreading quickly across the city and across the nation. People in other parts of China were panicked, but oddly enough, most people in Wuhan, at the centre of the outbreak, had not yet felt the impact. On January 16, 2020, I wrote on Weibo:

I've been back for two weeks now. From what I see in Wuhan, it seems nothing's happening. People are still out there enjoying their food, enjoying their life. The city is still busy and crowded and I hardly see anyone wearing masks. But people outside Wuhan are much more worried. Lots of my friends ask me to stay at home. This gap between what I see on the news and on the street is really confusing. Do I really need to wear a mask?

At that time, I was experiencing conflicting realities between what I saw in Wuhan and what I saw on social media. Netizens were spreading information about how dangerous this virus could be and how to protect ourselves by at least wearing a mask in public places. My friends were also asking me to take care of myself and to wear a mask. As much as I acknowledged the importance of taking proactive measures, I felt reluctant to actually wear a mask because it looked very normal to me outside. I had not realised the virus was physically close enough to me, even though I knew it was on the news that the outbreak was really happening here in Wuhan.

On January 19, I finally made up my mind to wear a mask. The decision was quite contingent. I saw on the news that there were 19 new confirmed cases the day before, and I said to myself on Weibo: “I have to wear a mask now. For others, it may not be too bad but for me, I'd be doomed if I get sick. I can't change my flight and I have no health insurance in China...” Even when I had my mask on, I was still not sure about it. On the street, I was eagerly looking for people who were also wearing a mask. I could feel people staring at me as there were still very few people wearing masks. I knew it was right to protect myself with a mask, but I was still hesitating whether to take it off, and the discomfort of wearing a mask was not helping. It was not until a group of young people got on the bus, all of whom wearing their masks and carefully distancing themselves, that I was finally convinced I was doing the right thing. While discourses about the new virus and necessary protective measures had already spread across social media, at the early stage of the outbreak, it was the *lived* reality that persuaded me to comply with the rules. The lived reality persuaded me into the subjected status, the constrained identity of people living at the dangerous centre of the outbreak.

The act of wearing a mask itself had cast a great influence on me. For the first time since the outbreak, I actually felt COVID-19 was out there, not on the news or social media, but through my physical experiences of wearing a mask. Wearing face coverings usually feels uncomfortable. It creates an enduring feeling from the moment we put on face covering all the way until we take it off. With my mask on, I could clearly feel and hear my breaths. This covering reminded me that I was breathing the air inside the mask, and at the same time, made me realise the air outside could be dangerous with the virus. In this way, the boundary of face covering reified COVID-19 through my embodied feelings. It was the acts of wearing covering that brought the abstract concept of COVID-19 physically distant from me on the news to my real life.

As the situation got worse, on January 22, the Wuhan government announced that face masks were mandatory in all indoor public places and populated outdoor spaces (Wuhan Municipal Government). Governments in other parts of China had also announced similar and, in some cases, even more radical rules about home isolation and mask-wearing to control the outbreak (Fu et al., 2020; Liu et al., 2020). Influencers on Weibo were sharing medical knowledge about different types of face masks, sanitisers, and correct ways of using them. All these discourses plus the official announcement of Wuhan Lockdown on January 23 had elevated the regulatory norms for us in Wuhan. Our identity of being Wuhanese in the lockdown meant much more than just a local resident. We must take every measure to keep ourselves safe. It was not only for our own good but also to help with all the essential workers supporting us across China and to contain the virus in our country. Likewise, we were not doing this on our own. Hospitals, local communities, supermarkets, courier services, literally the whole society were supporting us. This collectivist social context created a field of discourses and institutions where residents in Wuhan were both encouraged and constrained to comply with the special rules in lockdown.

For me, the impact was obvious. Within a week as my family and I went out nearly everyday shopping for the coming Chinese New Year, our protective coverings had developed from a cloth mask, an N95 mask, a disposable surgical mask on top of an N95 mask, and finally to coverings all over the body. On February 5, we ran out of vegetables, so I had to take the risk and go to the supermarket. I felt like dressing up like a warrior for the battle. I put on double masks, a visor cap, disposable gloves, my swimming goggles, and a long coat as a temporary protective suit. These tightly fitted coverings on my body created a more concrete and also more terrifying concept of COVID-19: I could feel it not only outside my masks, but also outside my goggles, my cap, my gloves and my coat. While protecting my body within a very small space of safety, these coverings were also demarcating COVID-19 for me: it could be anywhere outside my protective shell.

Strict rules of body coverings inevitably require strict rules of sanitising, so that our armour could remain effective in safeguarding our body. For my family, it all started with my mum's unexpected close contact with a symptomatic patient. On January 22, the day before the lockdown, my mum was going out to pay our property management fees. I reminded her to wear her N95 mask. "It's just downstairs. I should be fine." I insisted that she must keep her mask on at all times once she stepped outside our apartment. "Please! You know how dangerous it is." She agreed. When she got back, she told me that the property manager was coughing with a high temperature, and she was not wearing any face covering. I was shocked, "Did you keep your distance?" "Of course, I did, I even asked her to wear a mask and keep herself safe." But I was not feeling so sure. I asked my mum to wash her face and hands carefully with soap and gargle with salt water (which was said to be helpful in killing the bacteria). I put away her coat and her shoes in the open air on the balcony, sanitise her mask with alcohol spray and hung it up in our outdoor ainer. We did not realise how crucial it was

that she wore an N95 mask and did careful sanitising work until about two weeks later on February 4 when we heard from the community that the manager had tested positive and was sent to hospital. That was the closest my family ever got with COVID-19 during the lockdown. At the darkest time in Wuhan, when it was nearly impossible to get a bed in hospital, it was devastating for us even just to imagine what would happen if my mum got infected. My whole family learned, in the most fortunate way, that strict rules of body coverings and sanitising can literally save lives.

These sanitising measures had soon become our “sanitising ceremony” and it had gotten more complicated since the lockdown. On February 5 when I got back from the supermarket, I threw away the disposable surgical mask and the disposable gloves. My mum hung up my N95 mask, my cap, and my coat on the balcony for fresh air and then washed her hands. For me, I needed to wash my hands, my face, my swimming goggles, gargle with salt water, and get changed. We called these rules “COVID-19 baptism” in our family. Anyone coming from the outside needed to go through all these procedures before they could be accepted as safe in our home. This threshold marked the outside as “dangerous” and we were safeguarding our “safety zone” with this “COVID-19 baptism.” We were not alone. In a documentary video of Wuhan Lockdown on January 24, a vlogger was invited to his friend’s place for New Year’s dinner and was immediately showed to the sanitiser without any greetings at all (Zhizhuhoumianbao, 2020). One of my friends said he had his family rule include that anyone coming home from outside should be greeted with alcohol spray from head to toe before they were allowed in. Like how body coverings defined COVID-19 as the opposite to our protective shell, sanitising measures were also marking out COVID-19 as the opposite to our home of safety. While body coverings defined COVID-19 on a spatial level, sanitising extended this definition on a temporal level. By disinfecting all possible areas where COVID-19 could have stayed, these acts diminished the possibility that the virus stay alive in close contact with us over time. By safeguarding our home and defining it as COVID-secure during the lockdown, the sanitising process created a kind of “otherness” that was regarded as dangerous, which constituted a major part of COVID-19 in my conception.

From Wuhan to Cambridge

Since Wuhan reopened on April 8 (Hubei Provincial Government, 2020), life has gradually come back to normal. All travel restrictions have been lifted. Residential communities are open as they used to be in normal times. Everyone is free to go out. But in the first few weeks after the lockdown, most people in Wuhan were still concerned about a possible second wave of infections in such a populous city (Zhou et al., 2020). My family too had remained cautious in our daily behaviours. But there was a “psychic” part of me that wanted to get rid of all the body coverings. After all, the government would not have ended the lockdown if it was not safe enough in Wuhan. My struggles between the “imaginary safety”, waiving any mask-wearing requirements, and the reality of practising strict lockdown rules, resulted in maskless nightmares for days in early April. In these dreams, I was always turning my room upside down looking for my mask. I was late for an important appointment, but I just could not find a mask to wear. I shared these dreams on Weibo, and my cousin who also lived through the lockdown replied, “OMG, so have I! In my dream I forgot my mask, and everyone was staring at me like I was a monster!” For us, even though the city had reopened, wearing masks was still considered socially mandatory in a way that forgetting the mask felt like being naked in public.

Soon things started to change. In my first few times going out in mid-April, I was still wearing double masks and carefully keeping a distance with everyone else on the street. But I realised I was the only one wearing two masks, one of which was an N95. People were eating street food in the market, and they looked totally relaxed, unlike me anxiously avoiding any living

creature everywhere I went. I started to feel that I looked like a fool wrapping myself up with hat, masks, gloves. My inner self was craving for liberation from body coverings. I was finally encouraged to make a move. Despite my family's orders of sticking to the lockdown rules, little by little I put away these body coverings and then N95 masks, wearing just one disposable mask out in the public. I could breathe better with this thinner mask. I could hardly feel my mask most of the time because I could take it off freely when I wanted to eat street food, or when I got sweaty. In May, I had also stopped sanitising and social distancing. As I hardly did anything for self-protection, it was like going back where I was before I started to wear a mask on January 19 again. The boundaries between me and the imaginary COVID-19 no longer existed. I could hardly feel it as something concrete in close contact with my body. It was still on the news, but it was no longer relevant to me. This process was slower for my parents and grandparents. For them, the momentum of lockdown norms seemed much stronger. They did not want to risk their life for the advantage of reducing their protective measures. They still stayed at home and carefully sanitised everything in their online deliveries. They did not go out to see the already normalised reality outside, hence no conflicting feelings about social norms after the lockdown. But they were also slowly persuaded by their peers and their much less frequent experiences of going out. After the mass testing in Wuhan in mid-May (Huaxia, 2020), which to a very large extent had cleared our remaining doubts about COVID-19 safety in the city, my whole family had abandoned our strict rules in the lockdown and started to enjoy our normal life.

But in August, my decision of going back to Cambridge dropped a bombshell and got everyone in my family back into the panic about lockdown. At that time when China had very few COVID-19 patients, the number of daily new cases in the UK remained several thousand. My family compared the situation in the UK with Wuhan in its worst time and suggested that I pick up all the Wuhan-style lockdown rules in Cambridge for self-protection. In my last two months in Wuhan, all I did was preparing myself for another Wuhan-style lockdown. On October 24, I left my normal life at home for what I thought to be a crazy life ahead in Cambridge. On my first flight from Shanghai to Helsinki, all the passengers (nearly all of them Chinese) were in their ordinary clothes with a mask. When we landed in Helsinki, more than half of them immediately put on their hat, protective shield, goggles, gloves, or even medical suit. I too put on my two masks, a hat with protective face shield, and a pair of disposable gloves. The sound and view of us taking out on protective coverings of all sorts and getting changed in such a narrow space in the cabin was so impressive that the concept of COVID-19 as the deadly virus saturating the air was once again revived. We looked like a crew of soldiers getting ready for the battle. I could actually feel COVID-19 waiting for us just outside the plane doors. I pressed my double masks further onto my nose and gasped, "This is it!" When we were waiting for our second flight to London, from what I saw, about 80% of the Chinese passengers changed into protective suits. The waiting area at the boarding gate was impressively white. My family also asked me to wear one, but I refused: "That's so weird." The moment I saw lines of people in white waiting to get onboard, I felt that I was the weird one for not wearing a protective suit. In fact, I wished I had taken my family's advice so that I could proudly join them. My "imaginary" weirdness was quickly superseded and subverted in reality. But despite my regrets, at least it felt much safer to stay within this "white" crowd. From Helsinki all the way to Cambridge, again it felt like COVID-19 was everywhere around me as I was feeling and hearing my heavy breaths in double masks under my face shield. When I finally got back to where I live in Cambridge, I nearly fainted for lack of breath. But anyway, I made it.

Lockdown in Cambridge

My first few days in Cambridge were quite okay. I started my 14-day self-isolation. One of my best friends living nearby volunteered to deliver food to me every day, so I had enough to live on for the fourteen days at home. I ordered a sanitising pack of hand gels, alcohol sprays, various kinds of disinfectants from Amazon and started to use them for future online orders. I stayed quite cosy in my room and had no idea how it looked outside. But on October 31 when the Prime Minister announced the four-week lockdown in England starting from November 5 (Prime Minister's Office, 2020), I was totally shocked. The word "lockdown" initiated all my memories of in Wuhan and my identity of Wuhanese bounded in strict surveillance and rich support. All I could think of was the Wuhan-style lockdown with nearly everyone staying at home, all traffic and most inter-city deliveries suspended, checkpoints everywhere, supermarkets providing group purchase only, etc. I was worried that local shops in Cambridge would be closed in the "lockdown" and I was not even allowed to go out because I was still in self-isolation. I hurried to ask my PhD friend that day about her experience of the first nationwide lockdown in March. She said:

Don't worry, the supermarkets will remain open. I think I've been living my life in this UK-style lockdown ever since I started my PhD lol, so life in lockdown is nothing different for me, perhaps even a lot safer in some way.

That was the first time I began to reflect on the concept of "lockdown." My experience in Wuhan had shaped my conception of "lockdown" in such a profound way that I had not even realised "lockdown" could have different meanings depending on the social context. I did not even bother to read the full article about the lockdown restrictions. The word "lockdown" was already alarming enough to me. But even though my friend told me so, I was not fully convinced that lockdown could be "nothing different." After my self-isolation ended on November 7, I was at a loss about what I should do for self-protection if I needed to go out. My family kept telling me to stick to our rules: wear two masks plus a protective face shield or protective goggles, wear a mask in the house, sanitise all the common places in the house where I shared with my roommates on a daily basis, etc. I tried to follow my family's advice at first, but it was hard to put these norms in practice in the UK context. Walking on the street with about half of the pedestrians not wearing any mask, I looked like an idiot wearing two masks with a face shield. I bumped into my roommate in the kitchen, and he felt I was treating him like a walking virus. And obviously I could not spare enough time and efforts to sanitise the entire house every day. Much as I feared the virus, it was not practical for me to follow the Wuhan-style norms in Cambridge. That was when I realised my daily acts of self-regulation in the Wuhan Lockdown were constructed in a wider social structure of saturated support and saturated constraint at the same time. Repetitive acts practising these strict norms within this structure of discourses and institutions constituted my identity of being "locked-down" in Wuhan. Without this social structure, these norms and practices were no longer sustainable.

With my Chinese rules at stake, I was faced with conflicting norms about staying COVID-19 secure in the second wave in the UK. On the one hand, what I learnt from my experience in Wuhan remained strong enough in my self-regulation. But on the other hand, what I saw in Cambridge was encouraging my lazy self to relax. In an attempt to balance between them, I asked my Chinese friends living in the UK for advice. Here are their responses:

Q: I'm going to my department every day. I just wear my mask, keep a hand gel in my pocket, and that's it. You can't really stay fully armoured all the time. I was like sanitising everything, my phone my keys my cards etc., in the first lockdown but it was so tiring, so I have stopped doing that before long. And

honestly, it's no point if I'm the only one who takes it seriously and my roommates and colleagues just couldn't care less. I can't fight the virus on my own, so just let it be. Now I just pretend that everything is fine, and I'll be fine.

X: First thing first, don't overreact. Adhering to our Chinese rules will get you overwhelmed and trust me you won't be able to stick to it in the long run. Wear your mask when you go out, wash your hands when you get home, put away your coat. That's it.

S: I bought a lot of Dettol sprays and I used to sanitise everything I brought home from outside including online deliveries, but to be honest I haven't done that for quite some time now... Anyway, just wear your mask, wash your hands, social distance from literally anyone alive, and you'll be fine.

They had all stayed safe in the UK so far, which meant their way of self-protection actually worked, so I tried their advice. At first, I did not feel COVID-secure. This voice inside my head was urging me to do more. But day by day, I felt more comfortable with my new rules here in Cambridge. I gradually re-adjusted myself from the strictest Wuhan-style lockdown life to a relatively moderate lockdown life in Cambridge. All I did to protect myself was wearing an N95 mask, using hand gel frequently, and social distancing from everyone including my roommates. I even went out more frequently when the lockdown ended in December. That voice coming from my lockdown experience in Wuhan, my family's warning, and COVID-19-related discourses in China was still there, asking me to stick to the Chinese rules. But I had to cope with the reality here in the UK. My self-regulation finally moved away from the Chinese context to settle down with the structure of discourses and social practices here. My identity of being locked down had also shifted from the strictly regulated self within densely connected social and institutional networks of support and surveillance to the relatively autonomous self-bounded by my own rules much more than social structures of discourses and institutions.

As I reduced my daily protective measures from wearing full body coverings and sanitising everything exposed outside my room gradually to wearing one mask and sanitising my hands only, my understanding of COVID-19 started to change. Yes, I could still feel my mask protecting me from the outside world, but with the population density here much smaller than Wuhan, I sometimes would risk taking it off when there was hardly anyone on the street. Yes, I still sanitised, but only with my hands and only after I touched anything outside the house. For me, COVID-19 had become something that only attached to people I would meet and objects I would touch. It seemed to me that when I kept myself away from these people and objects, I kept myself away from COVID-19. These adjustments in my protective behaviours had redefined my physical relationship with COVID-19, and in doing so, altered my understanding of it. At the end of term in early December of 2020, I had a virtual chat with my two PhD friends. The first thing they said to me was, "So, have you got used to the lockdown rules here? Are you still sanitising everything, lol?" I replied, "Nah, not anymore. Just let it be." And they laughed, "Welcome to the gang! You're one of us now."

Understanding the performativity of COVID-19

The story above shows how I have been adjusting my daily behaviours in the pandemic from the Wuhan outbreak in January all the way to the second wave in the UK towards the end of 2020. The situation has been changing rapidly throughout the year and COVID-19-related social norms have been shifting accordingly. People around the world have been struggling to navigate through this turbulence and my experience at different stages and in different locations of the outbreak provides valuable insight into these mundane and lived struggles between

shifting and sometimes conflicting COVID-19 discourses and norms. For me, living with COVID-19 in 2020 was a process of accommodating shifting norms formulated within their specific social structure of discourses and institutions into concrete situations on a local and personal level. It entailed my practices of these norms through repetitive acts of wearing body coverings and sanitising, which were also subject to changes and transformations inherent in these daily repetitions. These repetitions of embodied acts created a physical relationship between the subject self in the pandemic and COVID-19 by engaging the body in social practice. As these acts kept changing, this relationship was constantly redefined, constituting a fluid subject status in relation to an equally fluid concept of COVID-19.

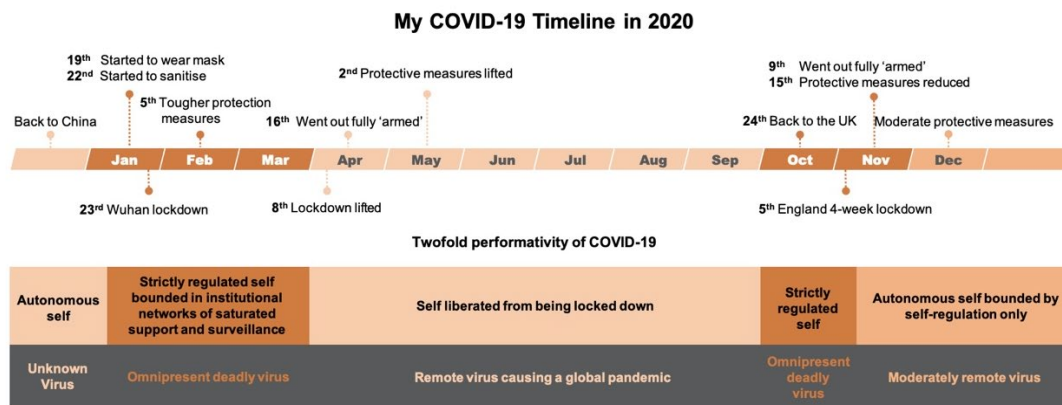


Figure 1. My COVID-19 Timeline in 2020

To me, COVID-19 had different meanings at different stages of my encounters in the pandemic. At the early stage of the outbreak in Wuhan, it was a term of a new unknown virus that had affected a small number of people. Discourses and institutions about this virus had not yet fully formed in the society particularly on the local level in Wuhan and our social norms largely remained unchanged. When I did nothing to protect me from the virus, I could hardly feel it. It was nothing more than a news event even if I was right at the centre of the outbreak. As the COVID-19 discourses started to establish in China first through news reports and grassroots scientific advice then through government announcements and official guidance and finally through the strict local control measures including the Wuhan Lockdown, I started to take increasingly stricter protective measures like wearing body coverings and sanitising from mid-January onwards all the way till April when the lockdown was lifted. With these daily acts, COVID-19 had become a deadly virus that was everywhere around me. To me, even the air in Wuhan (outside my home) was full of COVID-19. It was the acts of wearing body coverings and sanitising that brought the irrelevant and abstract concept of COVID-19 from the news to my real life by creating a physical connection with it. These practices of the strictest norms had constructed my subject identity of being “locked-down” as the strictly regulated self within social and institutional networks of support and surveillance, and at the same time reified the concept of COVID-19 as an omnipresent deadly virus floating in the air that must be immediately dealt with.

After the Wuhan Lockdown on April 8, with lifted restrictions and much reduced protective measures, my “locked-down” self was finally liberated from strict self-regulation about home isolation, body coverings and complicated sanitisation. COVID-19 in my mind had accordingly

changed from the deadly virus everywhere around to just a remote virus that had caused a global pandemic. It was still on the news, but it was abstract and irrelevant again because there were no meaningful acts to sustain our physical relationship. On my flight back to London on October 24, however, and in my first few days in Cambridge, the norms of self-regulation profoundly shaped inside me by the Wuhan Lockdown were urging me to pick up the strictest protective measures. My self was once again “locked down”. Not by the discourses in the UK but by the discourses in China and my lived experience in Wuhan. COVID-19 was again the deadly virus saturating the air in the UK. But as these Chinese norms were incompatible with the reality in the UK, I had to reduce my protective measures. With these changes in my repetitive acts, my “locked-down” self was oddly superseded despite the actual England lockdown in November and that deadly virus of COVID-19 had become something that lied only with people and objects. It was still out there in this city, in this country, but it seemed moderately remote from me so long as I distanced myself from people and objects.

Reflecting on these changes, I suggest a two-fold performativity of COVID-19. First, in addition to the medical concept of COVID-19 based on scientific evidence, there is a dimension of COVID-19 as an open-ended social construct that is performatively constituted by practices of repetitive bodily acts. Second, the subject identity of being “locked-down” in the pandemic is also performatively constructed as individuals repetitively practice regulatory norms in concrete contexts. These norms are structured within a specific field of discourses, institutions and power relations that are moving and changing constantly in a global context of uncertainties. Individuals are left with shifting norms and struggles with meaning-making in terms of both their subjectivity living through the crisis and their conceptualisation of COVID-19. In this regard, the performativity of COVID-19 is inherently political insofar as individual practices of self-regulation are structured by discourses and power relations and that repetitions of these practices embed possibilities for transformation.

As I was writing this article in January 2021, the UK was again in a nationwide lockdown (Prime Minister’s Office, 2021). The rapid rise in cases in the UK with the new variant put my moderate protective measures in doubt again. Meanwhile in China, there were small regional outbreaks in Hebei, Liaoning, and other provinces. Local governments and institutions were again imposing different restrictions to contain these outbreaks in the Chinese New Year holiday (Cai, 2021). People in both China and the UK were once again faced with challenges of accommodating different local norms in various personal situations and struggles with re-conceptualising COVID-19 in the second or third wave of infections. This autoethnography of my unique experience with shifting norms in the pandemic can help us better understand the confusion and difficulty of individuals in their lived experiences of the COVID-19 turbulence. In revealing how the regulatory subject self in the pandemic and the concept of COVID-19 are both constituted through bounded acts shaped by structured norms and contingent repetitions, in reality, this article sheds light on how policy makers can work on the consistency in control strategies and knowledge-discourses of COVID-19 to encourage individuals into a most suitable subject status in order to support public health on a societal level.

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Appendix: Photos of lockdown experiences in Wuhan



Image 1. A supermarket in Wuhan on January 20, 2020



Image 2. A supermarket in Wuhan on February 5, 2020

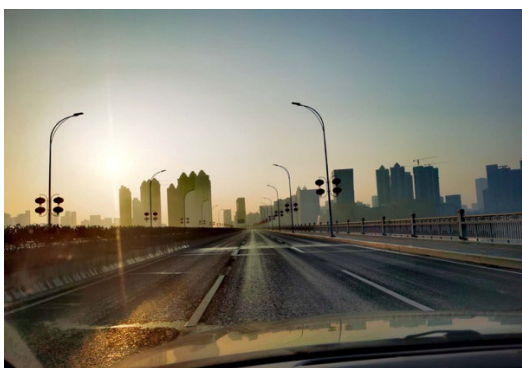


Image 3. An empty road in Wuhan on February 9, 2020



Image 4. A shopping centre in Wuhan on April 8, 2020 (the day Wuhan reopened)



Image 5. A food street in Wuhan on May 2, 2020



Image 6. Queue for mass testing in Wuhan on May 15, 2020