

No more “social distancing” but practice physical separation

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Abstract

Though not a new term, “social distancing” exploded onto the global stage as an expression to publicize the only means currently available to control the transmission of COVID-19. This term is increasingly being adopted and translated into the vernacular to inform and guide public behavior in most, if not all, countries around the world. However, any effective global response requires direct and unambiguous communication and sharing of ideas across communities with different cultural backgrounds as well as between researchers and responders across the disciplinary spectrum. Unfortunately, social distancing is a misnomer. The current use of social distancing – separating ourselves physically to avoid infection – is not consistent with what the term actually means. Consequently, as a diktat, social distancing is not self-explanatory, conceptually ambiguous, practically misleading, and intellectually misplaced. To highlight these problems, we present arguments from multiple perspectives, calling governments, public health officials, and the media to abandon the use of social distancing, replacing it with more intuitively accurate and meaningful terms. Such a move would ensure clear consistent messaging that is critical to retain public trust especially during global public health crises.

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In the global fight against COVID-19, nations around the world have been urging their citizens to practice “social distancing.” As the pandemic rages on, social distancing has become the moniker for what we “need” to do to fight it in the absence of a vaccine or an effective therapeutic drug immediately available in early 2020. Social distancing will likely be a part of our life-style in the future. However, social distancing is a misnomer. To underscore this issue, we present an account illustrating that this term is not self-explanatory, conceptually ambiguous, practically misleading, and intellectually misplaced. We therefore renew the call to governments, public health officials, and the media to abandon the use of social distancing, replacing it with more intuitively accurate and meaningful terms (cf. Kerkhove 2020; Gale 2020). Such a move would set the stage for health messaging that is direct and, in tandem, public behavior and best practices that would be needed to address the next disease outbreak.

What is social distancing?

Though not a new term, social distancing exploded onto the global stage as an expression to publicize the only means currently available to control the transmission of COVID-19. References to social distancing is on a 24/7 loop – it is promoted by the mass media, mentioned in briefings of government officials, and echoed by the public and celebrities. With extensive endorsement, primarily in the English-speaking countries, social distancing is not only dominating the current global discourse but is also increasingly being adopted and translated into the vernacular to inform the public in most, if not all, countries of the globe (cf. Koizumi 2020). It now appears in scores of government health websites formalizing its adoption and practice. So much so that the Oxford English Dictionary received an entry update to reflect social distancing in the context it is in use currently – separating ourselves physically to avoid infection (Paton 2020).

However, in public health, social distancing refers to community infection control measures that primarily aims to achieve physical separation by restricting movement of and contacts between individuals during infectious disease outbreaks (see Box 1) (Fong et al. 2020). Although some claims trace the earliest appearance of social distancing back in 1957 (Paton 2020), we however could not pinpoint the first use of this term in public health or in epidemiology. Nevertheless, this use is a misnomer and therefore not without criticism. While

recent oppositions, from academics and politicians alike, are widely featured in the media, a 1959 publication had highlighted that “...social distance, although recognized as an epidemiologic principle, has not been used in the exact terminology adapted by sociologists...” (Ipsen 1959, p.163).

Box 1: Social distancing at a glance

<p><i>What is social distancing?</i> Social distancing, alternatively referred to as community infection control measures, are a variety of nonpharmaceutical interventions (NPIs); these interventions are implemented based on the severity and dynamic of an outbreak in the affected area and availability of treatment.</p>	<p><i>Social distancing measures</i></p> <ul style="list-style-type: none"> • Personal hygiene • Testing and contact tracing • Quarantine (exposed but not sick individuals) • Isolation (sick individuals) • Closure of schools, workplaces, businesses (e.g. restaurants, etc.) • Closure of public spaces (e.g. parks, etc.) • Cancellation of public events, large gatherings • Transportation and border measures (e.g. limit travel, screen travelers, etc.)
<p><i>What is the purpose of these measures?</i> To limit person-to-person transmission of infection, physically distance or separate individuals.</p>	

Disciplines, such as sociology, psychology, and geography, have long applied the concept of social distance to evaluate social separation among individuals and population groups. The concept originated in the works of sociologist Georg Simmel, and can be measured using the Bogardus Social Distance Scale developed in 1925 (Ethington 1997). It is interpreted as a function of an individual’s “prejudice” toward a/any sociological group – the higher the prejudice, the greater is the social distance between the individual and members of the group (and vice versa). Thus, social distance is not the same as physical distance, although they can correlate (Forrest, La Grange, & Yip 2004). Therefore, it is this distinction that renders the current use of social distancing problematic and out of sync with what the term actually means. Consequently, with the spread of COVID-19 from one community to the next, the global public message of practice “social distancing” has over time devolved into a massive tangle of ambiguity and inconsistency not only between but also within countries.

Social versus physical distancing: The messaging problem

Clear consistent messaging is critical to retain public trust especially during a global public health crisis. However, as a diktat, social distancing is neither self-explanatory nor consistent with the message of physical distancing. Indeed, social distancing, literally and intellectually, does not signal physical separation. In the US, according to a March 30, 2020 Centers for Disease Control and Prevention (CDC) (2020) guideline, social distancing requires that we “[M]aintain a distance of at least 6 feet (2 meters) from others,” and “[S]tay out of crowded places.” These two core requirements are purely physical or spatial with nothing social in nature. To address this disconnect, by April, the US guideline had undergone a revision clarifying social distancing as physical distancing.

In contrast, in a March 30, 2020 guideline, Public Health England (2020) had defined social distancing as steps “to reduce social interaction between people.” Yet, the social distancing steps outlined in this directive aim to minimize inter-personal physical contacts. Further inconsistency is introduced by United Kingdom’s different National Health Service (NHS) systems. For example, NHS Scotland (2020) highlights “physical distancing” with no reference to social distancing at all. Similar inconsistencies exist in Canada with the national government transitioning entirely to physical distancing (Government of Canada 2020) but some provinces, such as Alberta, persisting with the term social distancing (Government of Alberta 2020).

Furthermore, the “6-feet/2-meter” physical distance directive accompanying the social distancing message, primarily in the English-speaking world, is untenable in much of the densely populated urban areas especially in the global south. In some places, such as Hong Kong, the public message of social distancing has hinged on “requirements to reduce gatherings,” via school closures and work-from-home arrangements (Government of Hong Kong 2020). While Japan has imposed restrictions on public gatherings, including the closing of schools, it has not instructed any explicit physical distancing criterion making the feasibility of the 6-feet/2-meter requirement in denser urban areas a non-issue (Koizumi 2020).

Clearly, every authority adopting social distancing has provided elaborate instructions about the specific practices that would be required. While some variation in these practices is logical based on local conditions and the severity of the epidemic in the community, describing what social distancing entails may nonetheless create even more confusion. This is especially

true when translating this English term into vernacular while at the same time communicating the message of physical distance. Moreover, as noted earlier, England's social distancing guideline instructs the public to reduce "social interaction," but in the same brief directs citizens to maintain social interaction using "remote technology such as phone, internet, and social media" (Public Health England 2020).

Maintaining social contact is indeed critical – in fact, reducing social distance through information and communication technology (ICT) channels such as telephone, email, text-messaging, and social media may alleviate adverse impacts on mental health when undergoing stressful situations such as the current pandemic. A literal and intuitive interpretation of the social distancing message may however result in unintended social isolation. Similarly, advocating social distancing undermines the importance of "physical" separation essential for breaking the chain of infection to limit the spread of communicable diseases in general.

Despite the misleading nature of the term, some have argued for the continued use of social distancing because it is now a familiar phrase in our vocabulary, and switching to a more physical term may no longer be a necessity (cf. Gale 2020). However, such a claim is founded on the current context only and is therefore severely shortsighted. The succession of zoonotic pandemics in the twenty-first century directs us to a longer-term outlook for better public health preparedness ahead of the next outbreak. Replacing social distancing with a more effective term sooner than later would be a step in that direction.

Furthermore, rapidly evolving global events require communication and sharing of information not just across communities with different cultural backgrounds but also between researchers and responders across the disciplinary spectrum. Using social distancing in the context of infection control measures creates intellectual discordance that inhibits cross-disciplinary communication. As highlighted earlier, social distance is an established term that is used consistently by a diverse set of disciplines to refer to social separation between population groups. Even some mental health studies adhere to this interpretation equating social distance with social separation (cf. Lauber et al. 2004). In sum, the continued propagation of the physical distancing message with the term social distancing will perpetuate different perceptions and uneven response beyond the current and into the next global health crisis.

In conclusion: A change is overdue

Recently, we have seen a shift away from the term social distancing and a move toward physical distancing (cf. Kerkhove 2020; Gale 2020). However, we have stopped short of discarding the term altogether – if social distancing *is* physical distancing then why not simply say so? Such a clarity would be critical to avoid befuddling the global public any further. Removing social distancing from our vocabulary in public health would ensure messaging that is direct and unambiguous – a necessity since a resurging or a new outbreak is a matter of “when” and not an “if.” Doing so would also ensure adherence to intellectual traditions of the disciplines and avoid further academic confusion. Therefore, we urge government and public health officials, particularly in the English-speaking nations, to lead the change. We also appeal to the mass media to support correct public health messaging.

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