

‘WE’RE ALL WATCHING EACH OTHER’:
DUNEDIN SUPERMARKET WORKERS AND THE 2020 PANDEMIC LOCKDOWN

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ABSTRACT

Restrictions implemented during the COVID-19 pandemic lockdown in Aotearoa New Zealand changed the space and sociality of supermarkets significantly. Personal management strategies such as handwashing, social distancing, and the use of facemasks transformed the lived experience of supermarket workers, making them a part of the emergency infrastructure of Aotearoa New Zealand’s public health response. This small qualitative study uses interviews and observation to explore the changing experience of work and self for five Dunedin supermarket workers as they performed their jobs, engaged in public health measures, and experienced the vulnerability of being understood as infection vectors within their homes and objects of heightened risk within their workspace. We use this data to discuss the social meanings of personal management strategies as efface work, the experience of solidarity within a community of fate, and as an alternative window on the ‘conquest’ of COVID-19, including the development of ‘techne’ of professional caregiving under duress and without public health training.

Keywords: supermarket workers; efface work; COVID-19; Aotearoa New Zealand; techne

INTRODUCTION

The social experiences of living through the COVID-19 pandemic continue to be analysed from an anthropological perspective with a sense that the pandemic has ‘changed everything’ (Adams and Nading 2020, 461; Manderson 2020). These changes are embedded in the mundane spaces of everyday life, such as supermarkets (as this paper explores), as well as more formal spaces of governance and decision-making. Anthropological analyses have considered and connected both, exploring the policy implications of national responses (Cadruff

2020; Eriksen 2020; Ecks 2020; Appleton *et al.* 2020; Davis-Floyd, Gutschow, and Schwartz 2020; Kasstan 2020), the insights from historical comparisons with other epidemics (Jain 2020; Berlivet and Löwy 2020; Onoma 2020), the significance of the affective tones and states associated with the pandemic at the personal or institutional level (Hardy 2020; Ali 2020; Raffaetà 2020; Trnka 2020, Trnka *et al.* 2021, Einboden 2020) along with militarised responses to the risk of contagion (Parker, MacGregor, and Akello 2020), dystopic and conspiratorial responses (Sturm and Albrecht 2020) and the social exclusions and responsibilities created by pandemics (Cohen 2020; Iskander 2020; Manderson and Wahlberg 2020; Oyarzun 2020).

Since Aotearoa New Zealand confirmed its first COVID-19 case on 28 February 2020, the nation's relative success in managing COVID-19 (Jeffries *et al.* 2020) has been noted as exemplary for other countries (Edwards 2020; Jamieson 2020). Most notable was the four-tier alert system introduced two days prior to commencing a nationwide 'Level 4' lockdown (on 23 March) which lasted 33 days, followed by another 16 days at Level 3. These stages involved restrictions to all social activity outside of household 'bubbles,' and closures to educational facilities, public venues, and all businesses except for 'essential services.' The rapid implementation and high level of public compliance has been framed as a major success in public communication strategy. As Mazey and Richardson (2020) and Henrickson (2020) note, there is definitely room for improvement in Aotearoa New Zealand's implementation of policy *subsequent* to the lockdown phase. Walker (2021), for example, notes the surprising difficulties in meeting supply for COVID-19 vaccinations and McLeod *et al.* (2020) argue that far more attention needs to be given to indigenous health concerns linked with COVID-19. Other scholars are already promoting the value of drawing on successful indigenous strategies to enhance wellbeing (Dawes *et al.* 2020), and Ratuva *et al.* (2020) have observed that the current respite provides a positive opportunity to rethink how to better work with Pacific communities to enhance resilience and sustainability in response to pandemic threats. The impact of the lengthy Aotearoa New Zealand lockdowns has now also been assessed in terms of psychological wellbeing with Every-Palmer *et al.* (2020) observing the need to see both the negative as well as positive aspects of such a change in social behaviour. Much of this work captures the previously noted 'newness of the times' to suggest that existing policy frameworks, such as austerity, may need recalibrating for ensuring a post-lockdown experience that is socially inclusive and sufficiently robust for the next public health alert.

This opportunity and potential for reflection aligns with Appleton *et al.*'s (2020) revelations of the complexities behind the overwhelmingly positive endorse-

ment of Aotearoa New Zealand's public successes in combatting COVID-19. These authors argue that the overarching narrative of success was presupposed on hidden and more exploitative processes of 'working for the team,' in relation to health care workers and supermarket workers. In a similar manner, Stamp *et al.* (2020) argue that there has been insufficient attention given to the precarity of junior and mid-career research staff whose scientific labours contribute to public health successes, with a resultant need to secure a stable research work environment for them before the next crisis appears. Trnka *et al.* (2021) also observe the inequalities in the ability to adequately care for oneself or others during lockdown, noting that the public health success narratives gloss over less positive experiences, and the precarities of employment in particular. Our focus in this article lies with the Aotearoa New Zealand experience of the pandemic from the perspective of a handful of supermarket workers in the provincial South Island city of Dunedin who, we argue, have been similarly overlooked in precarious employment positions and then relied upon during the emergency. Framed as a research question, this project asks: In what ways do personal management strategies, such as hand-washing, coughing etiquette, self-isolation, spatial distancing and the use of facemasks, shape experiences of social relations, work, and identity during the COVID-19 pandemic, for some urban supermarket workers in Dunedin, Aotearoa New Zealand?

METHODS

Ethical approval for this project (D20/090), which was the basis of an honours dissertation in social anthropology by the first author, was obtained through the University of Otago Category B Human Ethics Committee. It was possible to conduct fieldwork in Dunedin during the Level 4 lockdown restrictions (March–April 2020) due to the research focus being on supermarket workers – with supermarkets remaining open for a recommended one shop per week, per household. This allowed the first author limited repeated access to her local supermarket while engaging in permitted supermarket shopping trips. While walking to the neighbourhood supermarket, waiting in line, and doing shopping, the first author tuned into her experiences reflexively, as an ethnographer. On returning home, she recorded her experiences in as much detail as possible using the retrospective fieldnote method. Photography was generally not possible due to the need to protect the privacy of shoppers and staff. Data was also collected from five supermarket workers via semi-structured Zoom interviews, lasting around thirty to sixty minutes each. Participants were recruited through the first author's personal Facebook page and the Facebook page of the Otago Social Anthropology Programme. Reflecting the first researcher's own demographic, participants identified as Pākehā and mid-twenties, with

three being postgraduate university students, and one undergraduate, engaging in part time supermarket work, all working in two different supermarkets in Dunedin. While all workers were given pseudonyms for the study, Table 1 gives a little more detail on their backgrounds and the context of their employment.

Table 1.

Pseudonym	Demographics	Supermarket Role
Anna	Twenty-one years old, Australian female who had moved to Dunedin in 2020. A postgraduate student.	Works on the deli counter in a small supermarket
John	Twenty-four years old, New Zealand European/Pākehā male. A postgraduate student.	Working at a large central supermarket for four years stacking shelves
Chris	Twenty-five years old, New Zealand European/Pākehā male. A postgraduate student.	Working at a large central supermarket at the checkout
Emily	Eighteen years old, New Zealand European/Pākehā. An undergraduate student.	Working part time at a large central city supermarket stacking shelves, had been working there for the past six months.
Sarah	Eighteen years old. Pākehā New Zealander, who was meant to be travelling in a gap year during 2020.	Working full time as a baker in the bakery at a large central city supermarket, had been there for almost a year.

The interviews with these participants were transcribed in full, and analysed for common themes using an iterative thematic coding technique (which also drew on insights from the first authors observations and fieldnotes), the results of which have been set out as subheadings in the following section.

RESULTS AND ANALYSIS

Embodying Risks

During the Level 4 lockdown, supermarket workers had to learn new practices for negotiating working life in a setting that often felt dystopian in terms of both physical and social arrangements. Prior to lockdown work had been a place for them to ‘get some money together’ while also pursuing other life goals, the

job involving spending 'little effort,' though functioning as a site of mixed emotions – being sometimes 'shaming,' sometimes enjoyable. During the pandemic, regular duties were now carried out in gloves and masks with disinfection and cleaning rituals being enacted several times in everyone's shifts. The regular jobs of answering queries and restocking shelves or operating the checkout became complex tasks conducted in a maze of stickered unidirectional aisles that disrupted familiar spatial patterns and tacit knowledge about 'how to shop' causing everyone to have to 'think quite hard about what they need and where to go to get it and how to get there. Like Pac-Man' (fieldnotes, 28 April 2020).

Incorporating such a dramatic change in working conditions was difficult. For example, all participants were concerned about how to maintain the mandated two metres of physical interpersonal distance in a workplace that had not been designed for spaciousness. Intermingling with other workers became the inescapable outcome and while some tried optimistically to stay 'as far away from people as possible' (Emily), others took a more fatalistic approach to exposure risk. Sarah described how in the crowded bakery area viral exposure was just accepted 'since we see each other every day and we're like in two different teams so if that team gets sick there's still workers ... we're probably going to get sick anyway if you're just touching everything and in the same room for a ten hour day.' Implementing the public health measures also caused the workers to 'kind of congregate around the area where you put on your mask and your gloves' at the beginning of each shift (Chris) showing how these surgically clean techniques were a set of embodied skills that people could only enhance and refine through self-reflection and practice. There was also a sense that these skills required judgement and compromise as Anna noted over the difficulties of restocking: 'realistically, [if the staff] moved every time someone came down the aisle like the aisles would never get restacked.'

Customers also often failed to distance themselves from the workers and this was concerning. John viewed this as customers not caring about staff: 'They seemed to be like "eh you can die" [laughs] and just walk right up to us' – Anna agreed it was rather hurtful. This concern meant that staff developed strategies for when customers did not distance, albeit within professional limits. Of this John says, semi-jokingly, 'but no one ever said, like gave us like guidelines like say: "fuck off." So, we don't, 'cause we don't want to be mean, you know, you have to be nice to the customers.' Workers varied in their responses with some taking the fatalistic approach while others arguing for self-responsibilisation or self-agency such as when Emily said 'it's up to us to kind of make that space' when customers do not distance.

Underpinning these various behaviours was a new recognition by staff that their bodies were potentially infectious to others outside of the high-risk zone of the supermarket, too. Anna described being aware that she was the only one of her flatmates who went out to work during the day: 'I felt a bit bad . . . like say I got exposed to the virus during the day – I'm more of a risk and I'm sort of pushing that risk on to them . . .' Similarly, Sarah described how she did the family shopping during lockdown, as she was 'already at risk.' The staff also discussed how others viewed them as potential sources of infection. John described how his flatmates 'abandoned' him when the Level 4 lockdown was announced: 'they were very paranoid about the whole thing, they were like "you're going to infect us"' regarding the supermarket as 'a hot bed of infection.' He subsequently lived alone throughout the period. Chris, too, described supermarket workers as 'at the most risk of becoming infected' due to the number of people they interacted with. At the same time however, the participants understood themselves as *not* likely to be fatally at risk themselves, due to their youth, from which they took consolation. For example, Emily admitted to worrying about infection, but at the same time said, 'I know that I'd probably be ok if I was to get it, so I'm probably not as worried as other people.' Even so, staff felt a moral obligation to care for their customers especially for the elderly or, as John expressed it – he just didn't want to 'kill old people y'know.'

Because of this, all of the workers, initially at least, worked with whatever protective equipment they had been issued – although also commenting on its awkwardness and unpleasantness. Emily noted how her gloves had 'powdery stuff on the insides' that made her hands 'feel disgusting when you take [the gloves] off to go home.' Their use required a constant vigilance which Emily described as: 'first sanitize the hands, then wash them, select your mask and gloves and put them on, get a trolley which has been pre-sanitised to put stock into and if a glove rips while working then it needs to be replaced.' In the deli, where food safety measures merged with COVID-19 measures, gloves and hand washing were constantly performed. Anna describes washing her hands or changing gloves after every small task, between tasks, such as after serving someone with clean hands 'your hands are like [holds up hands in front of herself] you can't touch anything because they're dirty now so then you have to go back and wash them again and then put the gloves on and then repeat the process.' Anna recalled a customer complaining: 'you guys should be wearing gloves, like why aren't you wearing gloves?... like you're responsible for spreading coronavirus.' Staff also made judgements about customers' 'gear'; for example, John describes those 'taking it very seriously' and wearing 'almost military grade hygiene gear' making them look like they're 'ready to go into outer space' thereby adding, at times, to the dystopian feel of the environment.

Chris said he felt ‘safer’ serving someone who is wearing gloves and a mask, because ‘I also feel it’s not only that I feel like they’re less likely to infect me, it’s also that I feel like I’m less likely to infect them as well.’ Anna noted for example: ‘yeah that’s why it kind of sucks when customers come in and like tell you that you’re responsible for coronavirus when you just spent all day sanitising every inch of your body and every surface that you work on.’

Remembering that the staff generally thought they were unlikely to be affected by COVID-19 due to their age, it appeared then that it was the social significance of a customer’s failure to take care that incensed the staff rather than exposure to the virus. The staff viewed this customer-based failure to ‘follow the rules’ as a sign of personal disrespect to staff. Anna described people wearing ‘huge facemasks’ who ‘touch[ed] all of the bits of fruit to pick the right avocado’ or stepped over the distancing line at the deli, and how they were ‘send[ing] the message “I don’t care about anyone but myself” really clearly.’ Following hygiene rules correctly was thus powerfully understood as an act of civility as well as infection control. Anna describes how staff in the deli at her supermarket could decide if they wanted to wear facemasks or not. For example, if one person had a child with asthma who was more at risk, they could ask that everyone on the shift wore a facemask. Anna saw this as being ‘polite’ and the right thing to do, even if she did not think it was ‘necessary.’

The workers also engaged in rituals of purification to reduce infection risks from the workplace back to their homes. Anna describes how at the beginning of the lockdown, she would take a glove (provided by the supermarket to ‘protect your family from the virus’) and open the front door with it, and then she would quickly go and shower, putting all of her clothes in the wash and ‘de-corona’ herself – ‘like scrub my fingers, just like really do it.’ She describes how as time went on, and cases of COVID-19 in Dunedin diminished, she ‘got sick of it.’ However, she would still wash her hands when she got home from work and change out of her work clothes. Chris also describes washing his hands ‘pretty thoroughly’ when he came home from work, because he was worried about ‘potentially infecting’ those he lived with. For Emily, both she and her father worked outside the house during lockdown, so she described worrying less, although they would both ‘make sure that we get out of our work uniform straight away and, yeah, wash your hands again’ when they got home. Over time these new routines and actions soon became part of normal life, causing Chris to muse on ‘how quickly you adapt to things that seem bizarre and outlandish initially.’ Even so, there was a measure of distrust around the efficacy of gloves and masks by the staff as they drew on popular news media, government information, and personal knowledge. For John, the ‘usefulness’ of measures such

as masks was questionable, because they were ‘implemented before anyone really knew anything much about coronavirus.’ Anna stopped wearing them because ‘as soon as you touch it it’s like ineffective, um, and I’m always touching it [laughs].’ Emily described the masks as ineffective because ‘they’re just like the surgical ones and they’re quite thin, so like if I was to cough, I don’t think it would exactly stop the things from travelling.’ Gloves were also evaluated. Sarah discussed this, saying ‘checkout people wear them as well, but they don’t change their gloves between customers or anything. And the customers still touch the products after they’ve been handled anyway, so I don’t, yeah, I don’t understand . . . I feel like there’s just no way you can be completely safe.’

Socialising in a Dystopia

Despite its new stressors, the supermarket remained important as a social space – one of the few remaining opportunities to go out and ‘talk to different people’ (Anna), and ‘see new people’ (Emily). It became a significant connection to the outside world, a place where things happened – ‘And . . . you’re like, ‘oh man I can talk about that to my flatmates later’ [laughs]’ (Anna). Several workers also noticed customers getting ‘dressed up to go to the supermarket, wearing clothes you would wear ‘into town or out on a date’ and Emily noted how people went from being like ‘ugh, you work in a supermarket like [makes a face]’ to being ‘jealous that you can leave the house.’

The lockdown also gave the job itself new meaning and created a sense of work as something more than just a place to turn up to. Anna describes how the pandemic and lockdown gave her and her co-workers at the deli ‘more stuff to talk about’ and ‘sparked’ new and interesting conversations about working conditions and pay that would not have happened before the pandemic. Anna also describes there being a sense of ‘solidarity or like I don’t know just like weird uh pride or something about being an essential worker.’ For Chris too, the lockdown ‘improved’ his relationships with co-workers, because there was a ‘greater sense of togetherness.’ This feeling also extended to relationships with bosses and managers. Anna describes the new rules and routines in the supermarket as ‘being done in kind of like a nice way’ in terms of the pressure not being placed on staff to get everything right all the time, or to make sure that customers followed the rules. However, there were also some negative elements for staff, such as the removal of half of the chairs from the staff rooms (a public health measure to ensure staff maintained social distancing from each other) which also unwittingly stopped the banter and chatting that had made tea breaks a fun and stress reducing activity. The reverse side of the lack of managerial pressure to ‘get everything right all the time’ was the resulting

ambiguity over exactly how responsible each staff member was required to be when enforcing the new hygiene rules within the store. Chris, who was a check-out operator described his experience of having to ‘police’ the supermarket as something he did not enjoy, classifying himself as a ‘pretty passive person,’ thus implementing public health orders became personally quite stressful to him.

Supermarket sociality from the customers’ perspective, while for some attractive, was also still highly regulated, and this could result in negative interactions when folk refused to follow the rules. Chris recalled how the security guard who stood at the front of the store during lockdown to ‘regulate the flow’ of people and enforce the ‘one person, one trolley policy’ refused admission to a man who tried to enter with his teenage sons. The man began yelling that he ‘worked long hours and doesn’t get to spend much quality time with his sons’ and, suddenly, attempted to strangle the security guard, who was ‘just a kid’ of eighteen or so. The customer ended this segment of his ‘quality time’ with his children by ‘issue[ing] a death threat’ to the checkout supervisor.

While not always of the same magnitude as the example above, dealing with customers was listed by all workers as a ‘high tension environment’ with staff providing a very public target for collective anxieties. Anna noted the pandemic ‘increased the niceness of the people who are already nice and the nastiness of the people who are already nasty’ to explain why ‘some people just think that coronavirus is fake and take it out on the supermarket workers.’ Chris also experienced this noting how people who think ‘it’s all 5G or whatever’ became ‘angry and upset’ when asked to stand behind the ‘two metre tape’ at the checkout. There was also anguish over the uncertain supply chains and John noted how people began ‘stressing [about] getting [enough] food,’ and wanting stuff that was not on the shelves. He noted how ‘I realised I was getting sweaty [laughs, gestures at body] from like rushing, from putting effort into my job for the first time.’ This new atmosphere also demanded high degrees of complex emotional engagement – ‘it’s always depressing when you’re like: “oh I’ll just go have a look out the back, see if we’ve got more.”’ Chris also describes the stress of implementing consumer supply policies: ‘having to tell people that “no you can’t, you can’t buy [shakes head] three packets of flour, you’re only allowed one” [nods head and smiles kind of sadly] yeah.’ This frequent accumulation of small stressors took its toll on staff wellbeing. Discussing customers not going outside to pack their groceries, Chris described feeling ‘pretty down about it’ because it was ‘such a little thing’ to ask of them. Staff described how ‘frustrating’ it was to be ‘exposing themselves to hundreds of people a day,’ putting ‘their health and the health of their bubble at risk’ (Chris). It was this failure in the social contract of the expectation of a similar degree of reciprocity of effort between

strangers that was particularly disappointing.

Social distancing also changed the way social interactions were experienced. For example, John noted how the Perspex dividers introduced at the checkouts to diminish droplet contamination made it ‘very difficult to hear anything [customers] say. Not good for the chats [laughs].’ Masks were also experienced as changing interactions by hiding ‘facial expressions’ (John; Emily) and muffling voices. Emily described the unsettling nature of this change: ‘like I’ll see someone I know and like it would be someone that would normally smile at me but because they’re wearing a mask you can’t tell and so yeah that’s a little bit weird.’ Staff worked hard to get around masks, in the desire to fulfil their requirements of customer service – or go above and beyond to provide interaction as a form of care during a time of social distancing. John described speaking louder and with a very pleasant tone in order to avoid looking like a ‘creepy robot person with the mask.’ Emily described how she relied on her facial expressions when talking to customers to let them know she was ‘happy’; wearing a mask made this a lot ‘trickier.’ To make up for this she tried to ‘sound as nice as I possibly can.’ She described this as ‘something that I never realised I did, until I kind of couldn’t do it anymore.’ Masks made staff aware of the more subconscious aspects of their work and the less explicit actions they performed in their capacity as supermarket workers and as empathetic humans.

Surveillance

A final theme in all the interviews was the degree to which the pandemic had increased the interpersonal webs of surveillance experienced by everyone in the supermarkets. While the staff were fairly accustomed to being monitored in their duties by both managers and colleagues, a new level of surveillance arose through customers who now began to both police and judge each other’s (and the staff’s) actions. John described this as a ‘new phenomenon of angry customers that snitch on other ones like “those people are shopping together!”’ Staff were often unsure how to react to this – as John noted ‘and you’re like ‘what?’ what am I gonna do about it? [laughs].’ Sarah also described hearing customers tell other customers to ‘get out of their way and not stand too close... you do hear like kinda people yelling at each other in the store.’ Enforcing the rules was viewed by participants as being outside the job description but at the same time, staff felt the pressure to do something when situations got out of hand. Anna noticed how those staff who did have to ‘walk around the supermarket and make sure people are complying with the rules’ were having a ‘terrible time.’ This was particularly the case because a lot of supermarket staff were younger. She elaborated: ‘So you’ve got these sixteen year old kids going up to someone and

being like “um excuse me can you please follow the rules?” and then they just get roasted.’ The surveillance over hygiene was also turned back on the staff by customers who freely commented on and actively policed staff hygiene. Sarah described an incident in the bakery, when staff were collectively confused by a customer who yelled inaudibly at one team member before storming off. In discussion, they determined it was because the staff member had moved her mask up during their interaction.

The feeling of being watched translated for some staff into a concern with how they were ‘perceived’ by the wider public, which in turn changed the way they acted. Anna gave the example of a post on the Dunedin News Facebook page saying that people at her supermarket were being ‘unhygienic’ on a day when she had been at work. The post referred to being served by ‘a girl,’ and when Anna realised there was only one other girl working at the deli on that day, she wondered whether the post was about her, with no way to know for sure. She anxiously watched the ‘three hundred comments of people like piling on being like “that’s irresponsible,” “that’s disgusting blah blah blah,” “they should get fired” like and which is just- [hands to head] I don’t know...’ Anna ‘freaked out and after that at work she felt like she had to ‘be more careful,’ putting on gloves even when she knew ‘for health reasons it wasn’t necessary.’ She did this to ‘present [gestures] like I was doing everything.’ John similarly described the new hygiene rules and routines as mostly ‘optics,’ explaining ‘I think it’s to make people feel calm... it’s to give the impression that we’re doing something.’ He noted having heard people talk about another supermarket that did not use masks by saying ‘they’re doing nothing to keep it clean.’ Sarah described monitoring her behaviour because of feeling watched by a manager or store owner, rather than the customers, explaining ‘There was like heaps of people and their trolleys in the way so you had to like swerve through them and I got really scared because the store owner was there, and I got scared that they were going to tell me off for standing too close to people.’ Policing in the supermarket thus came from all angles – customers, colleagues, bosses, and the staff.

DISCUSSION

While there are limitations to this study based on the small number of participants, the value of this research lies in its focus on data derived from richly reflective ‘real-time’ interviews with members of a particularly under-researched group – supermarket workers. Appleton *et al.* (2020, 61) discuss supermarket and healthcare workers’ experiences of the pandemic, drawing on international and local survey data, and note that within the general celebratory tones of Aotearoa New Zealand during and after lockdown, ‘the experiences of grocery

workers did not occupy the imagination of the nation.’ They argue that despite public disinterest, there were concurrent ‘alternarratives’ to the mainstream Aotearoa New Zealand discourse of sticking to the rules within a team of 5 million, in which the difficulties and responsibilities of precariously employed ‘front-line’ workers were commiserated with on digital forums. There are certainly parallel moments in our study, with Appleton *et al.*’s (2020) depiction of the anomic experiences of being team players. These appear in the descriptions of being ‘deserted’ by one’s flatmates as a source of infection, attempting to ‘decorona’ oneself after a busy shift, or of getting ‘roasted’ by older customers when trying to enforce the public health guidelines for movement within the supermarket. Trnka *et al.* (2021) note other New Zealanders experiencing similar moments of concern and complexity – labelled as ‘ethical quandaries’ – in working out how to apply rules while making the new normal liveable.

Performances of public health guidelines – including the monitoring of social distancing and other hygiene actions – were understood by the participants in this study as aspects of public health care and, at the same time, something more than hygiene measures having, instead, a social meaning and purpose. A strong parallel example of the social labour around quarantine maintenance can be found in Baehr’s (2005) discussion of social experiences of the SARS epidemic of Hong Kong. Baehr (2005) specifically proposes the term ‘efface work’ to describe this additional layer of added social meaning being enacted through the performance of public health measures such as mask wearing. His explanation draws on Goffman’s 1967 work on ‘face work’ which refers to the many ways that individuals publicly challenge, apologise, cooperate, and forgive one another in situations of co-presence. A person’s performance of this, and their tacit agreement to help others perform theirs, represents their willingness to abide by the rules of social interaction (Goffman 1967 cited in Baehr 2005). During SARS, Baehr (2005) argues that mask wearing became a social ritual; not wearing one was met with ‘indignation’ as a righteous response to a sign of ritual violation. For Baehr (2005), the mask symbolised a rule of conduct, an obligation to protect the wider community, and an expectation regarding how one would be treated by others. Likewise, for the supermarket workers, customers not ‘respecting the rules of the supermarket’ (Anna) and its related hygiene measures took on a similar meaning. In particular, when customers did not social distance it was felt as an act of ‘disrespect’ as when John commented that, in return: ‘I feel like I want to start a duel with them or something.’ When customers did follow the rules and take precautions, it was perceived that customers were ‘reciprocating’ in this social contract. Baehr (2005) used the phrase ‘efface work’ as it highlights the manner (following Goffman) in which performance which requires effort, care, and precision of

delivery. Our interviews made clear that social distancing required staff to go out of their way to make space between their bodies and those of customers, sometimes in awkward spaces and situations. Wearing gloves was uncomfortable and unpleasant, as was wearing masks and keeping clean 'sanitising every inch of your body and surface you work on' (Anna). These exhaustingly and monotonously repeated small actions, which are in turn reciprocated by others, allows the creation of a space within a zone of contagion (as Baehr [2005] argues) where an opportunity is created for social life to be renewed. Trinka *et al.* (2021) capture some of the obligatory reciprocity underpinning these seemingly mundane acts when they speak of following the rules through the Aotearoa New Zealand lockdown as a form of ethical reasoning.

The social experience of pandemic times is also captured in references by supermarket workers to the development of a sense of solidarity and shared purpose, during Levels 3 and 4 of lockdown, that they had never experienced through work before. Baehr (2005) uses the concept of 'communities of fate' to describe a similar process of group formation under extreme duress in his study of SARS. The supermarket during COVID-19 could be seen as such a situation, with its pattern of temporary social cohesion (between staff, staff and managers, and sometimes staff and customers) arising from a mass emergency based around fear and enclosure (Baehr 2005). Communities of fate are created through the effects of ritual participation and ritually charged symbolism (Baehr 2005) such as the concern with how to manage the risk of a permeable body in the supermarket evidenced by the participants' issues with masks. As Baehr (2005) notes the shared mood of trepidation and a shared focus constitutes a ritual encounter, generating emotional energy and the previously mentioned efface work. Such communities of fate are created through a shared sense of fear; however, there are other approaches that draw on lighter emotions to explain group cohesion. For example, Matthewman and Uekusa (2021) argue that a more positively framed experience of group cohesion (*communitas*) is a closer reading of the experience of 'improvisational acts of help' that emerge in response to a variety of disaster situations (not COVID-19 alone). The authors suggest that recognition of the power of social forces to enhance wellbeing is under explored, with popular accounts of disasters emphasising the negative behaviours and potential breakdown of society rather than its continuing capacity for cohesion and innovation under duress. Trnka (2020) has made a similar comment on the importance of not underestimating the capacity of the citizenry for generating positive affect in a public health emergency such as COVID-19, giving the example of the teddy bears in windows campaign. Our own study provides a potential for comparison of different perspectives or practices – between the supermarket workers trapped in a place of contagion

by their need to work, and the wider Aotearoa New Zealand public as the ‘team of 5 million’ trapped in the monotony of their various home situations.

Having discussed the social implications of the changing work conditions experienced by these supermarket workers, we wish to return to a consideration of the significance of their labour in terms of implementing public health strategies. For this, we draw on the four year long ethnographic study of emergency medical preparedness training in London and Frankfurt by Wolf and Hall (2018), out of which they produced the theoretical term ‘cyborg preparedness.’ The term refers to the manner in which the complexity of a public health emergency response is best understood as ‘hybrid assemblages dependent on the successful linkages between nursing bodies and contaminated spaces’ as workers strive to embody public health emergency infrastructures, elaborating new ways of doing the same caring tasks but in chaotic and unfamiliar environments (Wolf and Hall 2018, 495). The authors note how through the repetitive drilling of numerous ‘emergency scenario’ training events, embodied workers begin to regain their usual dexterity performing simple caring tasks when encumbered by the huge biological hazard suits they must wear in an actual emergency. The exercises thus work to ‘mobilise preparedness within the human body’ (Wolf and Hall 2018, 496) and an effective state of preparedness requires that the ‘embodied knowledge and the body techniques of its participants, [receives] continuous attention, investment, and training’ (Wolf and Hall 2018, 486). Our own small study shows several examples of the difficult acquisition of a new *techné* by supermarket workers labouring under lockdown conditions when, for example, Sarah discusses the unexpected difficulty of managing her embodied presence when both serving a customer food while trying to ‘keep as far away’ from the food and the customer as she can. This is a task she would have performed without thinking prior to the COVID-19 pandemic, but during lockdown she experienced a change in her identity to that of public health worker, without any public investment in her training.

Finally, our work makes a connection to Navuluri *et al.*’s (2021) ethnographic study of a group of 52 ICU workers in the United States as they tried to make sense of the ‘idealised and actual resilience practices’ of their everyday working experiences during the pandemic – viewed within a broader social discourse that positioned them as ‘heroes’ (Navuluri *et al.* 2021, 209). The authors found multiple tensions within the heroism discourse, which builds on notions of superhuman prowess, militarism, and moral fibre, and which (when workers were asked to consider how it applied to their own situations) was thoughtfully parsed out by the participants’ answers into elements of ‘action, virtue, and regard’ (Navuluri *et al.* 2021, 210). Those workers who most embraced the title

worked in service industries (housekeeping, environmental services, and supply chain workers) and saw their labour as care work on behalf of others and which could improve another's life. Other nursing and medically trained staff were more ambiguous about the term – some rejecting it as inappropriate given what the job had always been about, some wishing it was more practical – a donated meal while working overtime, for example, would have been better received than symbolic accolades. A core of health workers observed how repeated use of the term flattened out pockets of entitlement and overwork within the health force itself – obscuring those who negotiated redeployment from COVID-19 wards while others stayed on their rostered duty shifts to cover for them.

In a similar manner, for the workers in our study, the discourse of heroism was only initially welcome and useful to describe the care relationships that supermarket workers were placed within. Its rapid dissipation from public memory soon prompted the workers to reflect more carefully on the conditions of their typically low-paid employment, and the social contract under which they were working. They noted with concern, the obfuscation that being declared a hero created over unreasonable conditions of employment in which the active policing of public health measures became the responsibility of workers who had not had the luxury to prepare themselves or obtain suitable training. Thus, their exertions in their daily job underline the strained quality of public health provision, and as much as Navuluri *et al.*'s (2021) health care workers strained to 'to be seen as workers,' so too were these Aotearoa New Zealand supermarket workers straining to be recognised as 'health care workers' requiring training, support, and recognition that each person has a human limit for how long and how innovatively they should be required to work in any circumstance. The pressure of such continued overwork and responsabilisation requires disentanglement from notions of heroism and resilience. It also requires far more attention from public health experts. For example, the prominent Aotearoa New Zealand public health experts Kvalsvig and Baker (2021, S149) discuss in detail how to succeed with pandemic preparedness post-COVID-19 and in doing so note the effectiveness of 'regular exercises [that] can help to familiarise staff with [public health procedures].' However, the implication in their use of the word 'staff' as a synonym for health care workers excludes the supermarket workers who provided essential policing of public distancing and store hygiene.

CONCLUSION

The personal management strategies of supermarket workers (including hand-washing, distancing, and mask wearing) to address the requirements of infection control during the pandemic created a dystopic transformation of

the physical and social space of the supermarket. As staff became part of the emergency infrastructure of the nation, their self-perception changed, via a recognition of the public health requirement to do more than ‘just do’ their job. They were required to police the implementation of public health policy (or at times, as required by management, ignore it), to calculate on the spot their risks of exposure to themselves and others, and to innovate safe comportment within crowded spaces while also experiencing the vulnerability of not knowing from where and how and from whom the contagion could emerge. In such a setting, hygiene measures became imbued with meanings beyond hygiene, morphing instead into a form of reciprocity and a complex social performance weighed down with layers of potential social meaning while also being acquired as a newly honed *techne* of professional caregiving. At the same time as dominant ‘truth discourses’ dictated these measures and gave them their initial importance and social meaning as ‘respectful’ and caring actions, some staff and customers also resisted them. The resulting analysis of these small everyday actions of care and their associated conflicts indicate an extraordinary depth of entwined and contradictory meanings behind the public’s view of heroically ‘just doing your job.’ We have thus argued that the supermarket worker’s labour can be understood in several ways – as the elaboration of effacement work, as membership of a community of fate, as the establishment of *communitas*, as a contribution to the creation of an alternarrative to the ‘conquest’ of COVID-19, and finally, as a demonstration of the successful acquisition of *techne* under duress and without public health training. In this sense, despite its size, this study adds empirical richness and diversity to the theoretically informed ethnographic analysis of life in pandemic times.

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