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DOI

[10.3390/socsci12030137](https://doi.org/10.3390/socsci12030137)

Publication date

2023

Document Version

Final published version

Published in

Social Sciences

License

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[Link to publication](#)

Citation for published version (APA):

Rahbari, L. (2023). COVID-19 Pandemic and the Crisis of Care: Wellness Discourses, Neoliberal Self-Care, and (Dis)Infodemic. *Social Sciences*, 12(3), Article 137. <https://doi.org/10.3390/socsci12030137>

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Article

COVID-19 Pandemic and the Crisis of Care: Wellness Discourses, Neoliberal Self-Care, and (Dis)Infodemic

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Abstract: The COVID-19 pandemic resulted in an influx of misinformation surrounding the virus and its origins. This paper examines the negative consequences of neoliberal self-care discourses related to COVID-19 that contributed to the disinfecting, focusing on the wellness industry. Some health gurus and wellness instructors promoted lifestyle adjustments and self-care to prevent contracting the virus and sometimes blamed COVID-19 patients for contracting it. These claims contributed to vaccine hesitancy and pseudo-scientific beliefs. The misinformation was attractive partly because it promised individual control and independence from mainstream (scientific) advice. These discourses existed before the pandemic but were amplified within the wellness community after the COVID-19 pandemic. The paper concludes by exploring the feminist notions of care and solidarity as a counter to the neoliberal notion of self-care.

Keywords: care; COVID-19; disinformation; disinfecting; neoliberalism; self-care; solidarity; wellness

1. Introduction

Severe acute respiratory syndrome coronavirus 2 was first detected in 2019 in China. The transmission of the virus occurred with high efficacy and infectivity mainly through the respiratory route (Ciotti et al. 2020). The global spread of COVID-19 led the World Health Organization (WHO) to declare the outbreak a public health emergency of international concern and a pandemic in March 2020 (Onyeaka et al. 2021). In the subsequent years (and up until the moment this paper was written), pandemic lockdowns, vaccination and booster programs, and widespread information campaigns were put in place by national and regional governing bodies, sometimes leading to limitations in interpersonal interactions and halting group events and activities to contain the spread of the Coronavirus (Kasar and Karaman 2021). The psychological, physical, and social impact of lockdowns and isolation on communities has been studied extensively, but the extent of their long-term impacts on human life is not yet entirely known (see, e.g., De Rose et al. 2021; Goudeau et al. 2021; Gupta et al. 2021; Stockwell et al. 2021). Besides the official and scientific advice on improving health and resistance to Coronavirus, the public (digital) spaces saw a proliferation of self-care advice by health and medical experts, companies, non-expert individuals, or self-proclaimed experts.

Digital users with high social impact, such as influencers with a large following and (micro)celebrities, were some early spreaders of online information and misinformation about COVID-19 (Greenspan 2020; Ünalımsı 2021; Waterson 2020). The subsequent disinfecting included early claims about racial and classed selectivity of Coronavirus, which were debunked as growing numbers of people from different racialized and classed backgrounds contracted COVID-19 (Mututwa and Matsilele 2020). Some influencers also shared advertisements, for example, about improving the immune system and defending oneself against the Coronavirus through daily wellness practices, and suggested medically unconfirmed products such as cannabis, supplements, and ozone therapy, among many others (Lindsay 2020; Ünalımsı 2021), to treat COVID-19 or avoid it altogether. Additionally, the already existing problematic discourses around fatness and ‘fitness’—often expressed



Citation: Rahbari, Ladan. 2023. COVID-19 Pandemic and the Crisis of Care: Wellness Discourses, Neoliberal Self-Care, and (Dis)Infodemic. *Social Sciences* 12: 137. <https://doi.org/10.3390/socsci12030137>

Academic Editors: Nigel Parton and Andreu Casero-Ripollés

Received: 15 December 2022

Revised: 8 February 2023

Accepted: 24 February 2023

Published: 28 February 2023



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through weight loss and fad dieting advice—were further exacerbated (I will return to this topic in the following sections). These fake preventive or healing measures, remedies, and treatments against infections did not entirely surface after the COVID-19 pandemic but were already present and prescribed as remedies against various health conditions and for their various supposed health benefits.

In this paper, I argue that what made such misinformation appealing were the promises of self-control, self-care, and independence from mainstream (scientific) advice that characterized the self-care advice proliferated through digital media. Using bibliographic and literature review methods and employing examples from the wellness industry and influencers as well as the public reactions to the COVID-19 pandemic, I will first discuss the notion of neoliberal self-care and its commercialization. Next, I will expand my discussion on the shortcomings of contemporary individualized self-care discourses—using the COVID-19 pandemic and examples from the wellness discourse, such as fad diets. In Section 6, I will use the feminist notions of care and solidarity to provide alternative frameworks to rethink and re-imagine caring practices beyond the problematic aspects of neoliberalism. I will conclude by highlighting the feminist perspective on care and its potential to restore the political in the personal.

2. The (Dis)Advantages of Neoliberal Self-Care

The contemporary consumer culture promotes bodies that look young, abled, thin, and hence ‘beautiful’ and ‘healthy.’ Industries have grown around persuading or encouraging consumers to achieve idealized ‘beautiful,’ thin, and able-appearing bodies. In everyday life, bodies and their appearances often impact, if not define, individuals’ worth and how they are judged. Bodily perfection ideals are increasingly presented and marketed as dependent on the quality of self-care (Martínez-Jiménez 2022; Terán Tassinari and Arun 2021) rather than the quality and quantity of care one receives from social institutions. The (able) body and maintaining it in a ‘perfect’ shape occupy a central location in self-love and self-care discourses. The ‘care’ increasingly includes weight management and dieting, cleansing, training, beautifying, and other bodily regimes. Disseminating the idea of self-care and self-love has become easier with the rising significance of social media, mass streaming, and (influencer) advertising (Kim 2021; Pathak and Nichter 2018). This self-help culture promotes individual responsibility for psychological health and emotional well-being (Rimke 2000). There is an ever-growing market of self-management courses and books, personal coaching, mindfulness, psychotherapy, and similar products built around these, and different global industries are marketing and profiting from it.

Emphasizing self-care may aid in breaking free from the belief that human value is determined by inherent racial and ability-based attributes. However, idealizing self-care does not eradicate these concepts; rather, it creates intense pressure and performance stress, as maintaining bodily perfection is precarious and temporary, requiring ongoing effort and improvement (Dakanalis et al. 2014). With the lurking fear of losing youthfulness and beauty and patriarchal pressure on women to fight the effects of aging on their appearance (Freixas et al. 2012), even those privileged with being born into what might be considered an ideal body must permanently rely on body management practices and consume various products to maintain its perishable state. On the other hand, unrealistic ideals are also easier to create by using new technologies such as image editing software as well as body and beauty filters that keep the ideals seemingly unachievable and the rat race ongoing. What needs to be understood is that what is at stake by not following these beauty regimes is not merely one’s beauty or popularity, but as sociologist Eva Illouz (2012) discusses, when the self becomes such an essential and valuable part of discourses about self-worth, rejection of attractiveness and the thin ideal turns into an attack on the person’s personality and sense of self.

Besides the gendered and racialized aspects of self-care (Lee 2008; Scharff 2016), there is also a socio-economic dimension to self-care. The commercialization of self-care offers more than a sense of worth but satisfies another need that offers a different form of

satisfaction: the need to consume. Commercialized self-care is at the center of wellness culture, a holistic perspective on an individual's well-being and self-care that has gained prominence, particularly in more affluent societies. At the discursive level, wellness emphasizes individual efforts and consumer choices for increased health, well-being, and personal satisfaction in different life domains (Koskinen 2020). The individual's entanglement in webs of consumption forces a tension between the care for the self and others, as society naturalizes and visualizes the individual as self-reliant, independent, and free from the need for care from others. Essentializing the self as an independent entity leads to the inability and even unwillingness to care for others. Conversely, expecting care from others signifies a failure to obtain self-fulfillment.

The translation of self-worth and self-love into the marketization of self-care product lines is a systematic manipulation of concepts with radical connotations (Rahbari 2021b). In contexts where both conventional and/or accessible systems of support for well-being and health do not meet everyone's needs and focus on the interests of privileged minorities, self-care can even be considered a radical practice (Kaltefleiter and Alexander 2019). Self-care can be—in a world that denies care to the most marginalized populations—translated into revolting against the unequal distribution of life and death, health and illness, well-being and suffering, and caregiving and receiving roles, as fixed by patriarchy, white supremacy, global capitalism, and other systems of domination and exploitation (Michaeli 2017). It is crucial for disadvantaged people to recognize that their value is not defined by the oppressive systems that maintain structural inequalities; hence, self-care and self-love could speak to perspectives where the worth of an individual is not determined by societal norms and hierarchies that prioritize the wealthy and powerful.

In this view, one can develop self-care into something revolutionary. Self-care and self-love are not new concepts created by the influencer culture or in connection with COVID-19, and their value is not disregarded in feminist theory. Many feminists, and black feminists in particular, have proposed ethical frameworks of love and care—including self-love and self-care—in opposition to racist and sexist regimes (Cromer 2021; Kaltefleiter and Alexander 2019; Nash 2011). Self-care and self-love are considered to be significant acts of resistance and self-valuation (Nash 2011). As feminist scholar, Patricia Hill Collins (2004) has discussed, oppression functions not simply by forcing people to submit but by rendering its victims unlovable. In a society so dependent on despising black and colored bodies, loving them(selves) is highly rebellious (Collins 2004). In this literature, love is a political move towards claiming, embracing, and restoring the wounded black female self (Nash 2011). This love is different from the individualistic and consumerist form of self-love in that it engages love for the self with care and love for others. In the next section, I will address the pitfalls of neoliberal self-care by focusing on the aftermath of the COVID-19 pandemic.

3. The Pitfalls of Neoliberal Self-Care after COVID-19

In contemporary neoliberal social and political discourses, everyone is expected to accept full responsibility for their well-being and self-care (Brown and Baker 2012) as well as the responsibility for their socio-economic resources and competing with others for them (Amable 2010). The reign of self-help and the appeal of ideas such as upwards social mobility explain the popularity and stardom of characters such as Jordan Peterson, who market individual responsibility as the solution to the problems we face in the world. In his book *12 Rules for Life*, Jordan Peterson, a psychologist and cultural critic, advocates for individual responsibility instead of collective or political action. For him, the best way to encounter the dilemmas humanity faces is, in his own words, 'through the elevation and development of the individual and through the willingness of everyone to shoulder the burden of Being and to take the heroic path. We must each adopt as much responsibility as possible for individual life, society, and the world' (Peterson 2018, p. xxvii). As this quotation clearly shows, one major contribution of thinkers such as Peterson to the contemporary self-care

culture is naturalizing the individualized viewpoint in which the individual is the hero, which leads to pathologizing political thinking.

The self-care culture is thus, as Katrine Kjær (2018) explains, not only about health, bodily appearance, and beauty but also based largely on the feeling of being in control of one's body. When people participate in bodily care practices—detoxing, working out, dieting, or other body management practices—they closely monitor the body's consumption and are consequently rewarded with a feeling of being in control over an otherwise unruly body (Mintz 2007). Sociologist Deborah Lupton (2013) notes that this work precisely describes the ideal consumer of late capitalism: characterized by a sense of individual bodily discipline and control. These consumers are rewarded by both consumption and non-consumption: not only because of their ability to consume but also because of their conscious decision to practice self-discipline in a context of abundance (Lupton 2013) with peace of mind and a sense of being responsible and powerful social agents.

The COVID-19 pandemic has revealed, to some extent, that the promise of control does not hold water in the face of a widespread crisis since the neoliberal scheme represents the ideal subject as an autonomous being who does not need the care of others. Still, despite the widespread coverage of COVID-19-induced suffering in mainstream media, some self-proclaimed health gurus and wellness instructors not only advocated for self-care as the solution to COVID-19 but also blamed COVID-19 patients for bad lifestyle choices. For instance, Catherine Gabitan, a US-based 'overcoming self-sabotage' coach, declared, 'I believe in natural immunity and supporting my immune system. I've taken radical responsibility for that, especially over Covid. And there are other people out there who are still drinking alcohol and smoking cigarettes who want me to protect their health, but they won't even protect their own health' (Kale 2021). Similarly, Pete Evans, the Australian celebrity chef turned conspiracy theorist, made controversial comments that seemed to blame COVID-19 patients for their illness and called the Coronavirus the 'bullshit virus' (Burfitt 2020). The unholy marriage of spirituality and conspiracy theories gave rise to a co-spirituality movement in the wellness and yoga industry that increasingly questions the authority of science after the COVID-19 pandemic (CBS News 2021). Some wellness influencers who focus on natural remedies, holistic health, and new-age spirituality fueled the anti-vaccine movement and, more specifically, questioned the benefits of vaccinating against the Coronavirus (Fetters Maloy and De Vynck 2021).

Gabitan and others are proponents of a view in which responsibility is reduced to individual acts of self-care rather than community- or society-level actions such as lockdowns or vaccination. The privatization of responsibility (Michaeli 2017) is realized at the cost of widespread dissatisfaction and lack of self-actualization, especially for those who have been assigned more social responsibility by society. The self-care scheme naturally appeals to people who can already care for themselves and assume fewer caregiving positions (Rahbari 2021b). During the pandemic, those working in the health and care industry required less convincing about the dangers of contracting COVID-19 and were at the frontlines of collective care practices. Caring for oneself never happens in a vacuum and is made possible by the work of many others in the community. Individualizing responsibility and spreading narratives of self-fulfilled individuals is neither motivating nor an alternative for people living in social insecurity and systematic structural marginalization or oppression. This final point brings my discussion to another dimension of neoliberal care discourse: the making and masking of structural inequalities.

4. Invisibilizing Inequality

It is no coincidence that in the era of neoliberalism, self-care has become the most embraced 'choice' rather than the structural and systematic development of a community-based and collective care system (Ward 2015). Self-care is part of a culture of self-promotion and competition in achieving 'well-being' without nearly enough attention to structural social inequalities upon which status is built. According to sociologist Catherine Rottenberg (2018), self-care is increasingly employed to convert continued inequality from a structural

problem into a personal affair. Work routines and the increasing pressure to keep up with the all-consuming capitalist rationale put enormous pressure on individuals to earn money and other material resources. Work is not only done for income and resources but also to demonstrate that one is a responsible neoliberal subject through competition, excessive consumption, and the pursuit of self-fulfillment. Those marginalized due to race, sexuality, class, or other factors and have limited access to economic, social, and cultural capital must exert extra effort to reach the socially approved level of self-actualization.

Since the assumption is that everyone can reach their goals and walk up the social ladder through determination and self-care, the lack of achievement is automatically considered to reflect something else: laziness and weakness or a lack of drive, focus, inspiration, and motivation (Mendick et al. 2015). Ideologically motivated commentators and politicians blithely condemn those rejecting laborist norms as ‘scroungers’ or worse (Standing 2012, p. 590). I do not intend to dissolve the role of agentic subjects and responsibility entirely, but there is a risk that vulnerability and precarity turn into personal faults rather than social positions caused by structural inequalities that are not always within individuals’ power to change. This attitude toward vulnerability is not limited to, but certainly illustrative in, discourses around fatness, where fatphobia and neoliberal self-care discourses converge. The fatness–COVID-19 discourse, which has been positioned within an already well-established tendency to degrade bodies labeled overweight or obese, quickly posited a putative relationship between overweightness/obesity and COVID-19 (Monaghan 2021).

Fat activists worldwide challenged the problematization of fatness during the COVID-19 pandemic and revealed its harmful effects on fat people (Pausé et al. 2021). Brookes (2021), for instance, discusses the fatalistic depictions pronounced in articles that report on COVID-19 and obesity, in which death and dying are emphasized. The relationship between fatness and COVID-19 has tended to portray fat people as burdens to the welfare system (Brookes 2021). In addition, pervasive concerns about unwanted weight gain during government-imposed quarantines or mass lockdowns revealed the social phobias around fatness (Monaghan 2021). As a result of this panic, lockdown (non-expert) nutrition advice flooded the Internet. The discourse around the vulnerability of ‘severely obese’ people is used for marketing self-care recipes. It must be mentioned that ‘severe obesity’ has been identified as a risk factor for severe COVID-19 cases (Booth et al. 2021). But what makes some of these discourses problematic is that they continue to make several assumptions, such as that fatness is mostly under the control of individual choices, that weight loss is a realistic and achievable goal, and that BMI is a good predictor of current and future health status (Chellappoo 2021; Pausé et al. 2021). Consequently, it is no surprise that the solution is in the form of individual initiatives. This form of communication further stigmatizes fat bodies and masks the existing health inequalities and their underlying social factors.

I use the example of COVID-19 and obesity to showcase that the focus on individual bodies and self-care—in this case, the possibility of reaching goals with dieting and hard work—is ignorant of the existence of both social inequalities and biological factors that shape human bodies and further pathologizes fat bodies as in dire need of intervention. What is lost in these and similar discourses is a recognition that social inequalities contribute to obesity and other health problems, including contracting COVID-19. Discussing the social determinants of ill health could be considered a potentially effective counter-discourse to that which foregrounds personal responsibility (Brookes 2021). Insight into the interplay of the personal—including genetic predispositions—and social body makes an even more compelling case for us to relinquish obesity’s individual culpability narrative and adopt a more mindful approach to solutions (Aphramor 2005).

The neoliberal focus on individual self-care marketizes examples of successful people. As I illustrated above in the example, the refusal or failure to reach the thinness goal is associated with the opposite: lazy individuals who refuse to put in the necessary work. Sociologist Inna Michaeli (2017) points out how the laborist discourses that emphasize individual work as the solution to any form of success obscure the physical, emotional, and

spiritual distress and exhaustion caused by social and economic inequalities. This focus on atomized individuals can lead to distrust in and opposition to social institutions. I will expand on this in the following section.

5. Weaponization against Social Institutions

Neoliberalism promotes a personal sense of empowerment through caring for oneself. By doing this, it depoliticizes discourses around care. This same depoliticization strategy is employed to advance policies that are used in national and international bodies, notably in dismantling the welfare state and commercializing public institutions that lead to deepening economic and social crises (Fernández-Herrería and Martínez-Rodríguez 2016). Governments rely on the mobilization of self-care to dismantle public welfare resources and shift responsibility for care onto individual citizens (Ward 2015). The contemporary mainstream trend for self-care and well-being is, therefore, part of a current large-scale social, economic, and political turn (Michaeli 2017). As sociologist Rosalind Gill (2008) has discussed, neoliberalism convinces individuals that life could be better if they reinvented or transformed themselves; upgraded selfhood is thus presented as a solution to dilemmas of contemporary life.

Through this transformation discourse, the neoliberal self-care logic interpolates people as subjects of freedom, choice, and empowerment (Chen 2013). Using Foucault's ideas of power, Chen (2013) argues that the notion of freedom that is offered to the individual by neoliberalism is not only the freedom to choose what they want but also the freedom for 'passivity' and submission; to exercise their power and to choose what powers they submit to. This notion of neoliberal freedom goes hand-in-hand with the wish for a shrinking state. The absence of the state from the social sphere accommodates the rise of an anti-government, anti-regulation, anti-expert, and anti-science political culture (Gil-Vasquez and Elsner 2022). Besides the praise of the free market, the anti-government agenda is at the heart of this political culture (Winegard 2011).

The freedom-centered anti-government rhetoric during the COVID-19 vaccination programs was an example of how self-care can be mobilized in a problematic way. This rhetoric fueled the anti-vaccination movement during the COVID-19 pandemic and was proliferated in the name of self-care and control over one's body. Extensive anti-vaccine content was frequently shared across social media (Puri et al. 2020) as COVID-19 vaccination schemes were proposed by governments. The public health benefits of vaccination were weighed against individual freedom and belief (Atkinson and Atkinson 2021). The freedom for 'passivity' was also often invoked by groups and individuals who wanted to maintain the everyday status quo. The anti-government rhetoric was not homogeneous and varied between views that doubted the government's effective supervision over vaccine production and more extreme ideas that peaked in the plandemic conspiracy theory. Plandemic was a frequently used social media term—and a documentary series with the same name—associated with several popular conspiracy theories, the general gist of most being that the pandemic was fake, meaning different things such as that the virus did not exist or was human-made (Kearney et al. 2020). The plandemic conspiracy theory and documentary provoked anti-vaccine behavior and raised questions about freedoms and liberties caused by lockdown measures (Frenkel et al. 2020).

The anti-vaccination movement's pro-individual freedom and self-empowerment agenda also co-opted (or hijacked) the longstanding pro-life slogan 'My Body, My Choice' that is used in the context of (feminist) abortion rights activism to emphasize that anti-vaccination is about medical and individual freedom (Bluth 2022). The wellness industry, influencer community, and celebrities promoting 'wellness' contributed to the idea that COVID-19-related government mandates breached personal liberties and continued exacerbating misinformation on how lifestyle predicts immunity against the Coronavirus. For instance, an Australian actress, Isabel Lucas, made controversial comments about COVID-19, such as 'My immune system has just become so solid from my way of life, how I live and eat and think' (Fowler 2020). Lucas's comment links self-care and wellness

to immunity against COVID-19. Similarly, Taylor Winterstein, a social media influencer, posted an image of herself on her Instagram holding a sign that said, 'I plan to survive the coronavirus by doing the exact opposite of what the government and the 'experts' [sic] on TV recommend' (Baath 2021). The emphasis on personal choice and individual decision-making is at the heart of the neoliberal anti-vaccine wellness discourse.

Wellness culture is characterized by personalized solutions, health optimization, independent thinking, truth-seeking, alternative beliefs, and practices that are all conceptualized around the self. It is through these very preoccupations with control over their selfhood that alt. health influencers have weaponized self-care to promote misinformation, conspiratorial thinking, and illiberal politics (Baker 2022). A framework that claims to promote individual health, well-being, and empowerment is hence weaponized by neoliberal self-care discourse to cause vaccine hesitancy, among other problematic conspiracies, and has the potential to cause serious harm to individuals and the community as a whole.

6. Discussion: Care and Solidarity as Alternatives

So far, I have discussed the pitfalls of neoliberal self-care, especially its proliferation after the COVID-19 pandemic and its role in invisibilizing social inequalities and weaponizing individuals against social institutions. My arguments have, however, remained at the level of the problematization of neoliberal self-care. In this section, I will propose alternative perspectives to neoliberal self-care, drawing on feminist scholarship.

A political notion of care has been proposed as an alternative and as both a moral value and a basis for the achievement of a good society (See, e.g., Tronto 2020). Political scientist Joan Tronto has theorized a political notion of care as a critique of, and an alternative to, the discourse of neoliberalism. Similar to other scholars writing on ethics of care through a gendered analysis of care (See, e.g., Held 2006; Robinson 2011), Tronto argues that too often, care is described and defined as a necessary relationship between two individuals within a private and heteronormative space and most often in gendered terms (e.g., the relationship between a mother and a child), but also raced and classed. Care is also disguised, and both the 'needs' of the privileged groups that often require 'taking care of' and the deeds of those who are burdened with caring practices are naturalized (Honsbeek 2018). Tronto suggests that care is a powerful framework because it allows us to understand the privileges attached to those 'needs.' According to Tronto, society is organized in a way that helps to maintain some forms of privileged needs before the more basic needs of (dis)privileged and marginalized groups are met. Therefore, we need to understand this very political nature of care and reverse the existing individualistic logic (Honsbeek 2018).

The way that political care counters the neoliberal framework is multifold; one way is, as Tronto suggests, by distancing ourselves from the 'take care of yourself, blame others' discourse that is rampant in politics—and as I showed in the previous sections, is also reproduced in the wellness discourse. There is a contradiction that needs to be addressed at the heart of modern ideologies of governance that encourages people and polities to applaud care while disparaging and/or misrecognizing its material value or outright devaluing it (Woodly et al. 2021). Good practices of care and governmental change towards a more caring democracy (Honsbeek 2018) are needed in governmental attitudes to establish care as the heart of governance to fill the gap in care that the self-care discourses are profiting from. Neoliberal self-care becomes much less attractive when democratic and accessible alternatives exist. This could also reduce the potential for what I call the weaponization of individuals against social institutions.

What does democratic governance of care that would render neoliberal self-care marginal entail? Tronto's arguments on democratic care are helpful in imagining an alternative or an undoing of exclusionary modes of care, such as the welfare system and humanitarianism. Welfare excludes non-citizens; as for humanitarianism, not all qualify as equally human. Both are forms of liberal care driven by limited moral sentiments such as sympathy, pity, or compassion, which create hierarchies by distinguishing between deserving and undeserving individuals (Woodly et al. 2021). Tronto's vision is that governance

centers itself around care, a caring that does not discriminate based on individual or social factors, as an antithesis to the logic of neoliberal self-care.

Feminist solidarity is another notion that can counter the neoliberal self-care discourse. It is a notion built upon care for others, both because of similar interests and despite potential differences. It is based on the idea that feminist care is founded on a morality of responsibility in which the emphasis is on connection and the relationship itself rather than the individuals in it (Robinson 2011). In feminist literature, its definition and function have been explained to range from the capacity to build a transnational pedagogic model (Mohanty 2003) and women's common political struggles (Federici 2010) to the development of a political commitment to the feminist movement (hooks 1986; Rahbari 2021a; Rahbari et al. 2021). Solidarity in a society is based not only on mutual respect, care, and commitment but also on a common cause (Rahbari 2020; Ter Meulen and Wright 2010, p. 13). Hence, when mutual care and support bonds weaken, as is the case within a neoliberal system, the communality of any cause is threatened, and solidarity with others becomes marginal.

Feminist solidarity can thus be a useful theoretical tool antithetical to the neoliberal notion of self-care. Despite its popularity, there is also a feminist critique on conceptualizations of solidarity that assume social actors in a given setting share common interests and forms of oppression or make up a homogenous category (Allen 1999). To address these discrepancies in conceptualizations of solidarity, feminist scholars have long discussed the terms and conditions of feminist solidarity. Sociologist Nira Yuval-Davis (2003, 2011), for instance, has suggested that feminist struggles that aim to solidarize should consider differences and the politics of location. Hence, solidarity must be based on emancipatory values rather than emphasizing shared identities. bell hooks (1986) rejects a notion of solidarity that is defined based on shared victimization and stresses the need to base solidarity on shared political commitments. Philosopher Amy Allen (1999) voices a similar critique by arguing that collective action should not be based on assumed similarities. Based on these critiques, solidarity has moved from a general framework of actions to a more complex model of creating cooperation and mutual support (Rahbari 2021a; Rahbari et al. 2021).

Consequently, much like feminist care, understandings of feminist solidarity have moved towards critical, intersectional, and post-colonial perspectives that stress the need for existing power differences and building coalitions across differences (Gunzenhauser 2002). The next question—that this paper has not aimed to and will not be able to answer—is thus whether political care and feminist solidarity can grow in societies based on and cultivated by a general neoliberal rationale. After all, neoliberal practices of solidarity, which focus on individual self-promotion, undermine the underlying social and political forces that determine how people live (Siddiqi 2014). Building such solidarities in times of COVID-19, when almost all aspects of our lives are marketized or transformed into commodities and turned into brands of profitable goods (Nguyen 2017), is a tremendous challenge. In addition, solidarities that attend to the shared interests of the middle class provide communal ease and access but have political limits (Rahbari 2021b).

Apart from social practices and relations that enhance solidarity, taking the emphasis away from the individual and returning it to socio-political institutions by (re)politicizing care to secure government responsibility is crucial (Ward 2015) and in line with Tronto's (2020) articulation of care. Feminist care and solidarity, therefore, call for a political, relational, and public notion of care. This does not mean that care and solidarity can only stay in the realm of social institutions, social movements, and (semi)political initiatives and uprisings. They could entail the re-installment or strengthening of a community-based social-security system. But the burden must not fall on individual shoulders but rather on sustainable and long-term support frameworks that do not necessarily rely on self-built networks.

7. Closing Remarks

In this paper, I discussed the role of neoliberal self-care discourses in the rise of a(n) (dis)infodemic on the coronavirus origins and how to avoid or treat an infection, especially

within the wellness and self-care industry. I gave examples of how self-proclaimed health gurus and wellness instructors advocated for self-care and lifestyle adjustments as the solution to COVID-19; some went as far as blaming COVID-19 patients for bad lifestyle choices. I problematized the promotion of self-care advice in the discourses around the COVID-19 pandemic and argued that what made such misinformation appealing was partly the promise of neoliberal self-control, self-care, and independence from the government and mainstream (scientific) advice. The wellness industry has been one of the main sources of the COVID-19 (dis)infodemic because of its connections to and reliance on (micro)celebrities and influencers and has already been identified as a realm that relies on individual self-promotion and neoliberalism (Archer 2019). I then discussed some of the pitfalls of neoliberal self-care in general and in relation to discourses around COVID-19, in particular. In the last section, I discussed two alternative frameworks that have been proposed by feminist scholars to undo liberal care: feminist and political care (by Tronto and Robinson) and feminist solidarity (by Mohanty, hooks, and Allen). These notions emphasize the political, relational, and public nature of care.

It is important to emphasize that while the neoliberal definition of self-care functions by using a market logic, self-care is not made up of a homogenous set of products and practices (Nash 2011) that work for everyone. As briefly mentioned, self-care could also have radical and healing potential. One might argue that there is nothing inherently wrong with buying and consuming self-care products and practices as an act of self-care if they contribute positively to one's mental or physical well-being. Self-care is linked to personal pleasure, and for marginalized people—such as queer or older people, women, and those from other oppressed or racialized groups: people whose bodies, lives, and pleasure have been reduced in value and even denied to them—the act of reclaiming and doing what gives them pleasure is deeply political and sometimes critical for their survival (Nash 2011; Scott 2016).

But in order to avoid a general framework of care based on exchange value, societies need to avoid its reduction to a marketized product or activity, just as self-love and other one-size-fits-all solutions to gender injustice, do not wipe out structural problems, such as those caused by patriarchy (Gill 2016). Therefore, as Robinson (2011) discusses care matters not only in the context of intimate, personal relationships but also in the interpersonal, collective, and public realms. The deliberate rolling back of public welfare provisions and resources and the gender inequality at the heart of care work within the nuclear family require a caring politics that recognizes the myriad ways that our survival and our thriving are everywhere and always contingent on others (Chatzidakis et al. 2020).

The individualization and privatization of social problems within the neoliberal system render inequalities invisible, radical collective change difficult and can lead to distrust in social institutions. Muting the radical potential happens through the co-option of social criticism within the neoliberal frameworks. Even within the most radical movements—such as the feminist movement—the overemphasized focus on the individual has made narratives of radical social change easily appropriable (Rahbari 2021b). Nancy Fraser (2012) has critiqued how social movements' dangerous liaison with neoliberalism diverts political-economic struggles into culturalist channels. An example is how the global struggle with COVID-19 has led to an explosion of discourses on fad diets, lifestyle wellness, and self-care, with individual responsibility at the heart of the 'problem' and the 'solution.' My focus in this paper was limited to the theoretical exploration of the problem with neoliberal discourses on care in response to COVID-19. Further empirical engagements with the mechanisms through which wellness discourses disseminate and persuade their audiences would benefit future studies.

Funding: This research received no external funding.

Informed Consent Statement: Not applicable.

Data Availability Statement: Data sharing is not applicable to this article.

Conflicts of Interest: The author declares no conflict of interest.

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