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The Risks of the Mask

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ABSTRACT

In this article we go beyond epidemiological models to make a case for a more holistic approach to the use of face masks as a risk mitigation factor in the context of the Covid-19 pandemic. We argue that while masking offers a measure of protection from infection, its moral, political, and affective implications produce two main collateral risks. These are: (1) the heightening of social boundaries, which thus increase the potential of conflict between different social groups; and (2) the impairment of normative interaction rituals followed by a dynamic of distancing, insulation, and social alienation. While we stop short from constructing a hierarchy of risks, we do argue that policy makers should consider these collateral risks as part of any large-scale Covid-19 risk mitigation and communication strategy. We thus provide some principled guidance on how that might be done.

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Introduction

In 2020 countries across the world have increasingly come to recommend or enforce the wearing of face masks in the public sphere. In some places, fines were issued for ill compliance. This policy relied on recent epidemiological experiments and available historical data from previous pandemics, which suggested that the risk of contracting the new coronavirus decreases when appropriate face cover is used by both sides to an interaction (Lyu and Wehby 2020; Spitzer 2020). This body of work has mainly focused on the technical efficiency of masking due to the urgent necessity to produce fast solutions aimed at stopping the spread of the pandemic (Irons 2020). In a thorough literature review on the capacity of both medical face masks and non-medical cloth masks to reduce infection rates of viral agents transmitted via droplets, Howard et al. (2021: 6) have accordingly concluded the following:

Our review of the literature offers evidence in favour of widespread mask use to reduce community transmission: nonmedical masks use materials that obstruct droplets of the necessary size; people are most infectious in the initial period post-infection, where it is common to have few or no symptoms; non-medical masks have been effective in reducing transmission of influenza; non-medical masks have been shown to be effective in small trials at blocking transmission of coronavirus; and places and time periods where mask usage is required or widespread have shown substantially lower community transmission ... The available evidence suggests that near-universal adoption of non-medical masks when out in public, in combination with complementary public health measures, could successfully reduce effective-R to below 1.0, thereby stopping community spread.¹

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As Trisha Greenhalgh (2020) recently noted, however, emergent scientific work on the issue has largely overlooked some of the moral and political implications of masking. For example, during the USA 2020 elections campaign, face masks were often used as a symbol of philosophical-political tendency; left-leaning liberal voters and candidates have associated masks with social solidarity while conservative voters and politicians—including former President Donald Trump—have oscillated between support and defiance, at times utterly dismissing the protective role of masks (Friedman 2020). Media reports from such diverse contexts as Brazil, France, Germany, UK, USA and Australia have also shown that in addition to contingent notions (e.g. levels of stocks), occasional aversion from mask wearing were often justified with a libertarian approach to citizenship, which holds that mandatory face masking is an illegitimate encroachment on democratic freedoms (Tufekci, et al. 2020). As with the case of the 1918–1920 flu epidemic (Tomes 2010), anti-lockdown and anti-masking demonstrations have also taken place in many democratic countries in the context of the Covid-19 pandemic. Overt resistance to official risk mitigation strategies is arguably fuelled in both cases by lengthy public debates on what constitutes ‘proper’ evidence and what is a reliable ‘proof’ for the efficiency of certain risk mitigation actions imposed by authorities (Greenhalgh 2020).² More than a mere technical risk mitigation measure, which is easily evaluated in terms of its utility and instrumentality (Fischhoff and Kadavy 2011; Lofstedt 2005; Renn 2008), the very act of masking thus includes moral, political and affective aspects that inevitably take part in popular forms of risk assessment, including the actions that are derived from them (cf. Kassperson et al. 2013 [1998]: 262–264).

In this article we wish to make a case for the adoption of a more holistic approach to the use of face masks as a risk mitigation factor in the context of the Covid-19 pandemic. We argue that while masking offers a measure of protection from infection, its moral, political, and affective implications produce two main collateral risks. These are: (1) the heightening of social boundaries of different kinds, which thus increase the potential of conflict between different social groups; and (2) the impairment of normative interaction rituals (Goffman 2005 [1967]) followed by a dynamic of distancing, insulation, and social alienation (cf. Kurnosov and Varfolomeeva 2020). While the goal of saving lives must of course stand at the center of any Covid-19 decision making process, we do argue that these collateral risks should be considered as part of relevant large-scale risk mitigation and communication strategies.

We develop our argument in three steps. First, we briefly survey anthropologist Lévi-Strauss’ investigation of masks. Based on his arguments we suggest three levels of analysis which go beyond the technological ability of masks to reduce the transmission of viral agents. We then use this methodology to lay out the moral, political, and affective risks related to masking in the context of the current Coronavirus pandemic. We see these risks as additional to the public-health risk of widespread contamination. In our discussion we elaborate on the scope of these risks, highlighting their potential consequences. In the conclusion we assert that risk mitigation solutions to the Covid-19 crisis must therefore balance between the positive and negative aspects of masking and suggest some guiding principles by which this can be done.

Masks and risk: three levels of analysis

In ‘The Way of the Masks’, an influential book originally published in the 1970s, Anthropologist Claude Lévi-Strauss (1988) analyzes masks used for artistic and ritual purposes throughout the 19th and 20th Centuries by First Nation tribes living in the Northwest Coast of the American continent. Seeking to understand the role of masks as material mediators of social relations, Lévi-Strauss advances two main methodological arguments.³ First, he claims that masks are important social artefacts that carry the same sociocultural weight as societal myths, taboos or other conceptual boundary makers within and across social groups. Masks, which differ across cultures in size, feature, and utility, thereby always denote particularized histories and narratives that often

also relate to certain myths about the creation of the universe, as well as the relationships between humans and other-than-human entities. Lévi-Strauss is convinced that in order to study what masks *do* in society we must first unlock the myths that endow them with values, and then see how these values relate to the constitution of structured relationships between social groups.

Secondly, Lévi-Strauss argues that the mythical formation and utilization of masks in rituals also says something about the everyday life of the groups wherein particular masks are cherished and operationalized. Masks, in other words, cannot be understood merely in ritualistic contexts or as sacred paraphernalia that is meaningful only outside the regular flow of everyday life. Rather, they are highly symbolic forms of representation whose use in specific rituals also moulds and shapes everyday realities (cf. Douglas 1992: 85).

We wish to exemplify this double argument with the Guy Fawkes mask, which has become associated in the last decade with a loosely connected group of political activists and computer hackers known as 'Anonymous' (Coleman 2015).⁴ First used in the 2005 film 'V for Vendetta', which adapted into cinema a comics series from the 1980s with the same name, the Guy Fawkes mask has come to represent a myth of rampant anti-establishment rage and a fight of the commons against institutional injustice. It is 'mythical' in the sense that it tells us a story about freedom, which is protected by anonymization, and which allegedly stands in diametrical opposition to the ills of governmental control and surveillance (Coleman 2015). This is a myth because the mask is not only an emblem of resistance or a technical measure by which people hide their faces and identities; rather, it communicates a story about genesis and resurrection of an alternative mundane reality, and thus symbolically projects the possible constitution of a new social order, the emergence of a different political and economic system. The everyday routines of Anonymous members, which at times include illegal hacking activities (Coleman 2015), are thus influenced by the prescribed mythology of their unmaking of the current global order and the remaking a new one.

Yet, Lévi-Strauss also goes a step further to characterize analytically what we can deduct from these mundane implications of mask wearing. A crucial element of any mask, he argues, is how it interacts with other masks, which likewise tell a particular story or convey certain symbolic messages. Think for example about two kinds of iconic contemporary forms of face cover—the balaclavas used by protesters as opposed to the gas mask used by the troops that face them. balaclavas are popularly associated with anarchy, armed robberies, and punk culture. The gas mask is associated with an omnipotent, faceless, state power. One is a symbol of transgression, and the other a symbol of authority. But we can only understand why that is so when we juxtapose these two types of masks and analyse their meanings as inversions of one another. Balaclavas and gas masks can of course be many different things, both benign and malignant. But when they are associated respectively with different mythical constructions of authority, they also reflect the structural relations between distinct social groups. Graffiti artist Banksy's famous artwork of a bandana-wearing protester throwing a bouquet of flowers is so acute in its subversive message precisely because it breaks the embedded relationship between balaclavas and destructive violence; and it thus indirectly also strips the authoritative gas mask from its coercive force. The semantic relationship between these two forms of masking, in other words, shadows every individual use of each one even when the other is empirically absent.

Lévi Strauss does not ignore the fact that masks also involve an immediate experience of transformation at the individual level. As they cover the face, or parts of it, masks become a powerful affective artefact that creates a distance between the wearer and those who watch him/her. This can enhance ambiguity—as in carnival (DaMatta 1991)—but it can also communicate clarity, as with ancient Greek theatrical contexts where particular masks were used to represent very particular personal features (Napier 1986). In both cases, the affective experience of masking—both at the level of the individual wearer and at the level of those observing and interacting with him/her—is transformative because it plays on a dialectic between exposition

and concealment. That which is revealed by masks is usually different from that which would have been revealed by a person's face. Masks only are masks because we *know* that underneath them hides a face. As opposed to Russian Matryoshka dolls, which are masks that always reveal another mask, *ad infinitum*, face masks carry a strong sense of transformation, or alterity, because when they are taken off we encounter the finitude of one's own natural appearance, or identity, as dramatic or frightening as it may be.⁵

Building on Lévi-Strauss' arguments, we propose the following meta-analytical frameworks to examine the issue of face masking as a risk mitigation factor: (1) the narratives people develop about the legitimacy or illegitimacy of masks, especially with regards to an ideology or a foundation myth that undergirds and rationalizes these views, while assigning to them a certain symbolic value; (2) the semantic/structural relationships between different kinds of masks in a given sociocultural environment, which construct, sustain or erode boundaries between different social groups; and (3) the affective experiences of mask wearing, as these mediate everyday interactions. When integrated, these three levels of analysis can facilitate a holistic understanding of masking in the context of the current Covid-19 crisis. The popular and institutional discourses on masks, which may not always replicate each other, are here seen as amplifiers of the different societal structures and dynamics that have been accentuated by the pandemic. We now turn to elaborate on each of these three levels of analysis.

Level I: narratives

The documented use of facemasks for protection from disease, dust or poisonous fumes goes back to antiquity. It is probably the beaked mask used by plague doctors in the mid-17th Century which nonetheless strikes the modern chord of medical face masking in Europe (Neilson 2016). To protect themselves from infection, doctors working in Naples in 1656 used an early Personal Protective Equipment (PPE) kit that included a full-body leather suit, tight leather gloves and a long hood made of cloth, which covered the entire head. The hood had two glass spectacles for the eyes and a long wooden beak extended from the nose, which was stuffed with herbs such as mint and cloves (Matuschek et al. 2020; cf. Durm 2020). Belief in the protective capacity of the beak was based on the theory that plague was caused by 'miasma', a form of spoiled or sickening energy carried in bad smells such as those of rotting meat and raw sewer (Jackson 2015). The beak was considered to reduce the risk of infection because it was effective in blocking the passage of any odour, and thus also in stopping miasma from flowing into the doctor's respiratory system.

The use of beaked masks was short lived because they proved to be quite inefficient (Jackson 2015).⁶ In later centuries, doctors covered their faces only sporadically when treating public health hazards, usually with a cotton cloth (Durm 2020). Cloth and gauze masks were only introduced in a more systematic way into hospitals towards the end of the 19th Century (Matuschek et al. 2020). They were used almost exclusively during operations (Spooner 1967). The first time that public health officials recommended the use of masks in the public sphere was during the global outbreak of the Spanish Flu, especially in the UK and the USA (Tomes 2010). In 1918 some local municipalities in the USA even introduced *compulsory* face cover in public transportation and public buildings (Spooner 1967; Crosby 2003; Burgess and Horii 2012). In 1919 the Federal Government in the USA certified the first respirator, which was used in mines, and in 1972 'the N95 respirator mask was invented, becoming a healthcare standard in epidemics in 1995' (Durm 2020).⁷ The massive production of synthetic face masks began in the 1960s, but up until the early 2000s they were used mostly by health professionals.

Japan pioneered the implementation of medical face masks as a risk mitigation measure on a wider scale. Initially during the outbreak of the H5N1 'Avian Flu' in 2004 and again the H1N1 'Swine Flu' in 2009, authorities have recommended the universal use of masks in the public

sphere (Burgess and Horii 2012). The government linked this recommendation with previous public health campaign prevalent in Japan during the 1990s, which promoted healthy lifestyles and regular engagement in physical activity as part of a state-wide anti-obesity program.⁸ The utility of mask wearing as a risk mitigation measure had apparently been accepted widely because several days after the first infections of Swine Flu were discovered in Japan in May 2009, widespread use of masks had in fact emerged *spontaneously*, especially in public transport and commercial spaces. School headmasters, restaurant personnel and bank clerks all began using masks almost instantly without that being formally enforced or recommended by the authorities (ibid.). Commercial campaigns financed by mask producers appeared in subsequent months. They presented the wearing of medical face masks as an act of responsible citizenship, specifically depicting the personal protection of one's health as a contribution to the national economy and to the integrity of the family (ibid.: 1189). By the early 2010s masks became in Japan a sign not only of wellbeing and care for one's own health, but also a symbol of good citizenship and consideration for others (ibid.). As Burgess and Horii (2012: 1192) summarize that, 'an originally collective, targeted, and science-based response to a public health threat has dispersed into a generalized practice lacking a clear end or purpose'.

Based on this short history of medical face masks it is possible to identify two narratives concerning their public instrumentality. The first narrative, which paradoxically stems from miasmatic rather than scientific theories, is about the technological 'cutting' effect of masks. It holds that masks help reduce infection, whether that relates to the individual wearer (a doctor or otherwise) or those with whom he or she comes into contact. Here, the viral agent can be blocked using simple filters, which minimize risk while allowing for maximum close-contact social interaction to take place. Masking thus becomes a necessary medical artefact required to combat and eradicate an invisible enemy (cf. Crosby 2003).⁹ The social value thus generated is that of determined professionalism. Here, masks are not a permanent addition to other items of clothing, but rather technical measurements used temporarily for a certain period, after which things can come back to their original setup. Notably, the symbolism associated with modern face masks in this narrative about professionalism almost replicates the narrative associated with the beaked masks of the 17th century.

The second narrative goes beyond personal and public health into the realm of citizenship. As the case of Japan suggests, masking can become an indication of self-awareness, care for family members, social solidarity, and good manners (cf. Burgess and Horii 2012: 1194). Here, masks are embedded in wider social and cultural practices, and they can be used even beyond the actual threat posed by a health hazard. They symbolize productive, active, or prudent attitudes and lifestyles, and their use indicates a certain commitment to the common good, which is wider than that indicated by the use of masks merely as a technical accessory to combat health risks. Consequently, masking here is no longer circumstantial, something that people use only to mitigate the risk of exposure to viral agents, but rather a generalized, even ritualized cultural practice endorsed en-mass by those who accept its symbolic rather than merely technical/protective value.

In both these narrative structures, masking ultimately produces a conceptual disparity. In the first case, they constitute a binary distinction between individual risk aversion and risk taking. In the second case, they produce a binary distinction between responsible and reckless citizens. Both these narratives include a moral edge, which assigns a positive value to the use of masks and a negative value to not using them (cf. Greenhalgh 2020). Both narratives thus advance a strong moral imperative to conform to the wearing of masks, whether this is enforced by bureaucrats in the name of risk mitigation or spontaneously accepted as a positive cultural practice. We must ultimately pay attention to these narratives, or 'stories', as Greenhalgh (2020) calls them, because they 'are crucial to both our scientific understanding and our moral imagination. Their contrasting plots—tragedy, melodrama, lucky escape—pull together complex chains of influence and remind us that causality in a pandemic is rarely linear' (Greenhalgh 2020: 1074). As

we now turn to explicate, the binarism inscribed in masking narratives can easily be enhanced by people who seek to constitute semantic boundaries between social groups.

Level II: boundaries

The use of medical face masks in non-professional contexts is an important marker of alterity in any socio-cultural, economic, and political framework. This is so due to the powerful aesthetics produced by the act of masking, which becomes a very visible mechanism of inclusion or exclusion. We briefly mentioned above the political use of facemasks by different politicians in the USA during the elections there in November 2020. But there are many other ways by which masks constitute a clear boundary of alterity between those who are 'in', or considered 'with us', and those who are 'out', or are considered 'others'. For example, in many places around the world, those who opposed the recommendation or enforcement of masking, for different reasons, have used their bare faces as a marker of group identity. Anti-masks and anti-lockdown demonstrations in such diverse contexts as the UK, Germany, Italy and Australia included anti-vaxxers, libertarian activists and conspiracy theory proponents. The un-wearing of masks in these protests became a powerful symbol for group making, which also included an implicit hierarchy between those who 'know the truth', and those who are portrayed as living in darkness or manipulated by political authorities.

Group making is not merely the property of a binary division between mask wearers and non-wearers. It also stems from the symbolic value of different types of face covering, which challenge the political and moral procedures used to justify one kind of veiling and the banning of another (Napier 1986; cf. Lévi-Strauss 1988). The long debate in Europe about whether to ban the use of niqab and burqa is worth mentioning in this context. In 2011 France was the first European nation to ban face cover citing legal accountability considerations. The legislation was not necessarily a direct attack on religious freedoms, but it inevitably invoked the wider cultural debate on the relationship between secular and religious values during the first decade of this century (Siim 2014). The law did not apply in situations such as motorcycling due to obvious health related considerations, but it could be enforced in the case of religious face-cover and included fines for people who breached it (Bown and Rohe 2014). A similar ban was later also upheld in Belgium, Switzerland, Denmark, Bulgaria, Austria, the Netherlands, and Italy, all of which ratified laws that prohibited the use of any dress that conceals a person's identity (cf. Siim 2014).

In 2020, the Covid-19 crisis has nonetheless enabled a blanket *enforcement* of face cover in some European countries despite previous legal attempts to ban such acts of veiling. The sweeping acceptance of the medical facemask as a widespread risk mitigation strategy in such countries as France and Switzerland thus challenges the legal justification underlying the previous ban on other types of face cover in these countries. Until 2020, debates on the issue emphasized the equal status of the bare face as a universal marker of legal accountability. Compulsory mask wearing regulations in the context of Covid-19 have now paradoxically turned the *covered face* into a universal marker of legal accountability. The enforcement of mask wearing in the context of Covid-19 has thus created a precedence, which may not only challenge the legal basis on which some of the bans relied, but also question the normative and aesthetic role of the face in Europe at large. As an emergency regulation issued during a state of exception—wherein the ruling authorities position themselves above the law—the blanket adoption of medical face masks represents a legal, cultural and moral crisis in Western democracies precisely because it exposes the political nature of risk mitigation strategies (Lofstedt 2005; Douglas 1992; Renn 2008).¹⁰ This is especially so in places where fines or other sanctions have been legislated to ensure that masks are worn universally.

Another relevant boundary maker concerns the rapid emergence of mask fashion and design. Within months, commercial internet sites have begun selling a plethora of new reusable masks, offering a variety of colours, prints, materials, and decorations. A naturalization of the dull light-blue or green medical facemask in the public sphere has thus brought about an explosion of designs and shapes, brandishing mascara-wearing models and matching gadgets or other items of clothing. A search in Amazon has yielded over 20,000 results for products sold under the banner 'face mask fashion', most of which posted following the Covid-19 crisis. Some designs showcased full-head balaclavas while others resembled the Islamic veil or included 'oriental' decorations. Prices vary substantially, ranging from \$US 4–5 to around \$US 30.

While we could not identify significant class hierarchy between mask wearers (unless they are studded with diamonds, most masks are affordable even for low-earners in Global North contexts), the adaptation of masks to personal tastes and preferences in the consumer society does have a differentiating effect. This is so because the customized masks create a visible bodily platform for the semantic communication of diverse messages. One may find online almost any type of message, picture, or statement, which thereby serves to associate people together into certain groups as well as to signpost self-awareness, which is associated with the performative role of beauty and style in middle class lifestyles. These latter types of masks include for example imprints of skulls, distinguished popular-culture images such as the smiley, or assertions and messages celebrating particular events and ideas (e.g. cancer awareness face masks used in fund-raising events, or an '*always look on the bright side of life*' Monty Python mask). Side by side with their risk mitigation factor, masks also offer a new space for personal agency, wherein people may publicly highlight perceived notions of alterity (cf. Douglas 1992: 41–43).¹¹

Naomi Osaka, the Tennis player, has recently used this new space to produce a powerful moral-political impact. In each of her seven matches during the 2020 US Open Grand Slam, Osaka walked into the pitch wearing a black face mask, which each time brandished the name of a different black person killed by the American police during his/her arrest or while in custody (Lawrence 2020).¹² The names were imprinted in big white letters, which thus created a compelling visual effect. When asked on the issue in subsequent interviews, including during the trophy ceremony, Osaka stated she was hoping to 'get people talking' (Mansoor 2020). She thus used the visual aesthetic of masking to raise awareness to the Black Lives Matter (BLM) social movement, whose supporters have been campaigning during the summer of 2020 to redress racial discrimination in the American society. More than a public relations strategy, Osaka utilised masking to *expand* the conceptual boundaries of the BLM movement, seeking wider international engagement with their struggle.

As Osaka's case demonstrates, the stunning visual presence of masks—even the simple light-blue or green medical masks currently used by most people around the world for physical protection from infection—is an important semiotic sign vehicle capable of uniting some people under certain banners. Evidently, towards the end of 2020 and early 2021 people promoting the use of masks in public have even begun using photos of themselves wearing masks as their Facebook profile pictures. The discursive boundary that masks constitute thereby serves as a powerful proxy of group identity (Douglas 1992), which always includes behavioral responses and affective forms of communication (Kaspersen et al. 2013 [1998]). Whether it is Black Lives Matters vs. the police or 'pro' masking vs. 'contra', masks are such a powerful artefact because they are easily politicized.

Much like a badge of honour or other symbolic pieces of clothing, it is possible that in the case of long term normalization, mask wearing will further function as a place-making and sense-making device, which communicates lifestyle preferences and social desirability, sex appeal, sources of cultural inspiration, or other vectors of belonging. Yet, such forms of communication do not always have a positive affective impact (Kurnosov and Varfolomeeva 2020), as we now turn to consider.

Level III: affect

Evoking the image of the beaked plague doctors of mediaeval Europe, Shane Neilson (2016) proposes that the wearing of masks in public always includes a measure of anxiety or even fear. Neilson follows Ulrich Beck's (1992) critique of 'the cosmetics of risk', a policy attitude which prioritizes only a theatre of mitigation and avoidance at the expense of seeking deeper resolution of impending problems. 'The surgical mask', he argues (2016: 606), 'is a symbol that protects from the perception of risk by offering nonprotection (sic) to the public while causing behaviours that project risk into the future' (2016: 606). This critique, which was published several years before the outbreak of the Covid-19 pandemic, primarily highlights the affective surplus value of masks: As artefacts that are primarily associated with clinical sanitation they create an expectation for a major health disaster to come. While this must be studied empirically, and therefore remains beyond the scope of this article, the prevalent use of medical facemasks in the context of Covid-19 might indeed exacerbate rather than alleviate the fear of getting sick or even dying (Howard et al. 2021). Fear might then become a major aspect of daily interactions, incentivizing people to isolate themselves or avoid each other even when they do wear masks. Paradoxically, this is counterintuitive to the very idea of mask as a risk *mitigation* factor.

In a recent opinion article, psychiatrist Manfred Spitzer (2020) takes this paradox as his starting point to examine the potential negative affective consequences of the use of medical face masks in the context of Covid-19. Spitzer focuses on the affective impact of masks in an educational environment, such as schools, and in a therapeutic environment, such as psychiatric clinics; two realms in which intimacy and familiarity determine the quality of social interactions. He juxtaposes the positive impact of masks in reducing infection rates with the potentially negative impact associated with impaired face recognition and identification, which seriously reduces our capacity to process and respond to emotional cues. Spitzer thus shows that using masks engages a deeper affective experience than that associated with a mere protection of one's own health, or fear from infection (cf. Slovic et al. 2004). He writes:

The mouth region on a face conveys information that is crucial for smiling, i.e., a positive emotion, which can work as social glue and facilitates positive social cognition and action. Not seeing the bottom half of the face makes it particularly difficult to recognize a mask-wearer's positive emotions—pleasure, joy, happiness, amusement, sociability, and friendliness—as they are basically communicated by a smiling mouth. Therefore, face masks impair mainly our positive social interactions and our ability to understand, and empathize with, one another. (Spitzer 2020: 5)¹³

Not only that masks inhibit our ability to recognize positive emotions, they in fact enhance our interpretation of *negative* emotional expressions, such as distrust and anger. In the absence of the lower part of the face, a smile can be interpreted as a frown, two distinct expressions which manifest similarly around the eyes but differently in the mouth. And since the cognitive interpretation of emotional expressions, both negative and positive, happens at a non-conscious level which endures for less than half a second, conscious subjects cannot control or compensate the interpretation of a negative emotional expression. Within this cognitivist analysis, masks might protect one's health and communicate the 'seriousness' of a public health situation (Neilson 2016), but they also interrupt our judgement of very basic communicational skills that are a crucial element of social interaction. While we have seen transparent masks being sold online during 2020, and although some people have actually begun promoting the use of these masks as a more inclusive risk mitigation measurement that could for example aid people with hearing impairments, the fact is that most masks used around the world still effectively conceal large part of the wearer's face. Beyond the occasional physical discomfort associated with the wearing of masks, their very physicality thus involves a collateral risk, that of producing *social miscommunication*.

This assertion coincides with Erving Goffman's theory of social interaction, which focuses on people's conscious endeavours to both 'maintain' and 'save' their face during interactions with

others. For Goffman (2005 [1967]: 5) the term 'face' is 'the positive social value a person effectively claims for himself by the line others assume he has taken during a particular contact'. 'Line' in this scheme refers to the 'pattern of verbal and nonverbal acts by which [one] expresses his view of the situation and through this his evaluation of the participation, especially himself' (ibid.: 5). Goffman thus claims that the entire composition and posture of a person forms his or her social 'face', which also changes in accordance with the situation and the types of interaction at hand.

Goffman ultimately uses this language to examine how people represent themselves to their interlocutors in ways that they believe will make a good impression (Goffman 2005 [1967]). He assumes that as they interact 'face-to-face', persons tend to conform to social norms while also performing their skill and stature in interpreting unwritten social codes. By 'saving face', which usually means behaving in a way that is at least partly institutionalized in society as fit for the place and the purpose of the interaction at hand, people assert, navigate and mould the kinds of relationships in which they are involved (ibid.: 41–45). The crucial aspect of this theory of interaction is that a person's public 'face' is itself a mask, a performative vehicle, which is used creatively in different life situations or across different groups of people with whom we interact.

The actual face as a physical part of the body is therefore an important part of the general political representation of a person's 'public face' (Edkins 2013). This is because the face is a central vehicle by which people express emotions and mediate social rules (Spitzer 2020; Edkins 2013; cf. Finucane et al. 2000). If the structure of the interactions in which people take part is frequently mediated by actual facial expressions, among other verbal and non-verbal means of communication, the covering of the face creates a blank slate in which there is no possibility for meaningful interaction of any kind. Mask thus go beyond the limitations on touch and intimacy brought by 'social distancing' measurements in different contexts (McKenzie 2020) to effectively *shut down* the expression of any form of representational 'face saving' strategies (cf. Irons 2020). They cancel the diversity of human masking—masking as in 'performing' or 'saving face'—and thereby turn all potential social encounters into a static, technocratic, or repetitive experience, which lacks character. Masking thus dramatically exemplifies the crucial role of affect and intersubjective reciprocity in any successful risk-aversion decision making process (Finucane et al. 2000; Fischhoff and Kadavy 2011). The presence of masks exposes the absence of the face, which will therefore necessarily also impact people's ability to evaluate risks in an optimal way (Slovic et al. 2004; cf. Renn 2008; Greenhalgh 2020; Celermajer and Nassar 2020).

Discussion: the risks of masking

As masks are increasingly normalized, they also become an important property of people's everyday lives. Within this context, masks may successfully reduce the risk of contracting Covid-19, but, as we have shown, they also simultaneously sustain a measure of social alienation. Based on the three sociocultural aspect of masking presented above, and considering this tension between protection and alienation, we identify two main societal risks that may be exacerbated by the massive use of mask.

First, masks prove to be highly polarizing artefacts because they create different sets of dichotomies, such as safety versus danger, purity versus pollution, and altruism versus egocentrism. The enforcement of mask wearing in public thus also institutionalizes a stark binarism between mask wearers and non-wearers. As opposed to other measures taken to control the transmission of Covid-19, such as social distancing or hand washing—which overall can be interpreted by individuals and thus emphasize choice rather than coercion (Aven and Boudier 2020; cf. Wardman 2020)—a blanket demand for wearing masks enhances uniformity and obedience. Depending on the narrative, which can legitimize or reject the use of masks, wearing or not wearing masks creates a space for potential conflict precisely because it turns risk management

into a question of taboo and transgression (Douglas 1992). We think of this as a societal risk in and of itself because it produces the false perception of total risk versus zero risk, with their consequent differential behavioural manifestations and moral implications, a dichotomy that reduces people's own ability to evaluate their relative exposure to risk in changing social situations.

As this relates to moral struggles over power and authority in society, narratives for and against masking can justify mythical extrapolations about individual freedom on the one hand and 'good' or 'mindful' citizenship on the other (cf. Greenhalgh 2020). Masks appear here as highly contentious technologies of everyday life because they embed in them an all-or-nothing approach not only to personal protection but also to the praxis of citizenship at large. Especially in those places that adopted a blanket enforcement of mask wearing in public, the inability to choose a middle way (i.e. to apply common sense and thus decide when it is appropriate to use masks and when not) has an adjacent, subtle coercive force. This is because it reduces individuals' abilities to use common sense in other parts of civilian life at large. Rather than creating a space in which people can choose levels of compliance (Bouder et al. 2015; Fischhoff and Kadvany 2011; Bryce et al. 2020; Wardman 2020), mask wearing encourages stigmatization that turns all potential critics of mask wearing regulations into antagonistic adversaries of the common good.¹⁴ Consequently, the universal enforcement of face covering might radicalize existing resentment towards symbols of authority and further reduce the levels of trust in governmental agencies at large.

The tension between religious face cover and health-related face cover exemplifies this risk. Religious face cover has been framed in some European countries as an attack on women's bodies from a secular point of view (Siim 2014). The structure of authority in the relevant societies where bans came forth defined a moral hierarchy wherein the notion of mutual recognizability—understood both as a proxy of liberal freedoms and the epitome of transparency demanded from responsible citizens—comes before cultural norms about piety or modesty. With the advent of universal face masking in the time of Covid-19, the same structures of authority downgraded the values of transparency and recognizability to a secondary place by enforcing a mandatory face cover that applies to the entire population (cf. Bouder et al. 2015). Public health, including the dangers associated with a widespread infrastructural collapse and a consequent moral panic, has thus justified a blanket action that overturned the ideal type notion of an open secular society on its head. While these two practices of veiling/covering refer to different kinds of risks—one symbolic and another material or physical—they ultimately boil down to a single pattern of behavior. This then exposes the fact that risk mitigation is always a political issue, rather than a technical one. Framed in this guise, citizens may begin to wonder: Do authorities always choose the right policy measures? How well-informed policy makers are when they take emergency policy restrictions? And, who balances between human rights, widely defined, and state authorities' managerial role in exercising control over its territory and citizens? (Celermajer and Nassar 2020). Such questioning can of course contribute to a more transparent debate in European countries over issues of civil rights and social solidarity, but they also imply a measure of distrust in governance that could feed conspiracy theories and other anti-establishment post-truth apparatuses.

The second societal risk is experiential in nature but not least crucial for the operation of collective societal structures. It emerges from the fact that masks both impede people from representing their 'face' in an optimal way *and* enhance these representations in the service of ad-hoc objectives. They impede, as Spitzer (2020) argues, because masks impair emotional recognition and thereby reduce the range of performances one can uphold when interacting with others. But they also enhance the face, as we have shown in the previous section, because they add a semiotic component to one's performances, a powerful aesthetic by which groups can distinguish themselves from one another and further heighten politico-moral differences; all while concealing their faces and with it the ability to communicate compassionately with one another. Where the ongoing use of masking has become institutionalized as part of everyday routines, the act of

masking thus effectively begins to *condition* the levels of familiarity and intimacy reciprocated during social interactions. This includes interaction between work colleagues (Chattopadhyay 2021), romantic couples (McKenzie 2020) and mere strangers in the public sphere (Kurnosov and Varfolomeeva 2020). In all these cases, masks compartmentalize time and space (Irons 2020) as compares with the experience of an open and dynamic public sphere available previously.

The risk here is the disappearance of the face from politics (Edkins 2013). When the human face is substituted with a blank slate, the ability to exchange human emotions and ideas is severely disrupted. This fact, as we have shown, impedes normative affective exchange in public, thereby actively disrupting regular reciprocity between people in such informal social institutions as kinship, amity and professional networks of relatedness. This flattening, polarizing effect of masking, is particularly pertinent to the discursive strengthening of group boundaries, which mostly takes place on social media platforms. Evidently, Naomi Osaka's use of masks in her Grand Slam tour—much like the debates about masking surrounding the Presidential Election Campaign in the USA—have all provoked heated global conversations on Twitter, Facebook, Reddit, WhatsApp and even the popular press. When face-to-face debates move to the relative anonymity of online platforms, a new form of political engagement is rapidly emerging, whose primary metaphors include masking, concealment, and cancellation (cf. Coleman 2015), often couched in rhetorical performances of outrage. The disappearance of the face from public politics ultimately makes it harder to hold an open, critical debate about any societal issue (Edkins 2013), including, paradoxically, the pros and cons of mask wearing itself.

Conclusion

Our analysis indicates that masks are not neutral technological artefact. They are in fact symbols, laden with values, and as extensions of the body they are capable of pronouncing certain statements while rejecting others. We thus believe that policy makers must responsibly compare between the positive and negative risk-mitigation aspects of masking, wherein on the one hand there is the prospect of reducing transmission levels and on the other hand the collateral risks that masks might intensify, such as heightened conflict between political groups or the encroachment of civil rights in democratic regimes. Part of the job of policy making in this context, we propose, is to balance the pros and cons of masks as part of any long term Covid-19 risk mitigation strategy.

To enable such a balancing act, we provide a series of guiding principles that may inform the process of decision making in accordance with the different analytical junctures surveyed above. First, we suggest that regulators and policy makers must be aware of the kinds of myths people foretell to justify or reject the use of medical face masks. It is then important to consider how prevalent narratives are mobilized by different interest groups in society. Policy makers should ask what kind of aesthetic, performative and symbolic messages are passed through these narratives and address problematic themes early on as they build a risk communication strategy. Second, policy makers must note which other masks reciprocate or interact with the common surgical/medical mask, as this concerns the popular imagination. Considering what other types of masking are invoked when we encounter covid-19-related masks on the streets might help understand how medical face masks ultimately function as a boundary maker between those who wear them and those who don't. Risk communication strategies should be based on this knowledge. And third, it is crucial to fully realize the affective impact of masks on those who wear them, as well as their intersubjective impact on the people around, especially in the public sphere. This will allow regulators to develop communication channels that focus on hope for a possible return to normalcy, and which explicitly target the negative transformative power of face masking in the context of the global pandemic.

These considerations are subjected to social and cultural variations. Consequently, their impact on risk communication strategies will inevitably differ across countries. In the present crisis situation, their success will also demand high levels of internal commitment to leadership (Wardman 2020). If implied, the considerations we suggest will enable policy makers to build a shared body of knowledge containing different scales of relevance for masking in different contexts, which could help typify different pandemic realities in wider terms than those used by medical experts and epidemiologists. The availability of such a body of knowledge could ultimately inform a more fluid, manageable, flexible, and potentially also *efficient* risk mitigation strategy for the use of face masks in the long run as compares with the yes/no binary approach currently used globally.

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Notes

1. The ‘Basic Reproduction Rate’ (or: R factor) represents the number of people that are likely to be infected by any single spreader of the infectious agent. When the R factor is below 1.0 it means that less than one person will be infected for every infected person in the population, and thus, that disease levels are under control.
2. In 2020, much like in 1918–1919, anti-masking discourses circulated in society through the media (Tomes 2010; cf. Wardman 2020). Such discourses were justified either within a conspiratorial logic or simply by an appeal for a more robust, uniform, scientific evidence.
3. For space considerations we will not delve deeply into Lévi-Strauss’ fascinating ethnographic analysis. Instead we only refer to his methodological insights, which provide tools to examine what masks ‘do’ in society also beyond the American Northwest Coast, in different sociocultural and historical contexts.
4. The black-and-white Anonymous mask is named after Guy Fawkes, a British rebel who took part in a plot to bomb the House of Lords in London in 1605.
5. Think for example of the Phantom of the Opera. Upon tearing the mask from the face of Erik, the feared phantom of the Paris Opera, we discover a horribly deformed face. It is the affective power of the revelation of the face, and the sad history of exclusion and rejection that the bare face uncovers, which evokes compassion in Christine, the heroine of the story. She then decides to forgive Erik for his crimes and ultimately manages to transform his murderous intentions with the power of her compassion.
6. Informed by miasmatic theories well into the 19th Century, however, authorities in France and Britain sought to distance sources of bad smells from the cityscape by digging new draining and sewer systems; transferring cemeteries further away from inhabited areas; and building piped water systems. Jackson (2015) thus claims that miasmatic theories inspired the modernization of sanitation standards in Europe, and they indirectly helped reduce the extent and scope of the spread of infectious diseases in cities.
7. The N95 Respirator is an abbreviation of ‘N95 filtering face piece respirator’, which is an air filtering face mask that can block 95% of the particles transmitted through the air. It is mainly used in the mining, construction and painting industries, as well as by health personnel.

8. The anti-obesity program also included the compulsory measuring of waist size for people over 40 years old (Burgess and Horii 2012: 1189).
9. In 2020 European leaders such as Boris Johnson and Emanuel Macron have both repeatedly used images of warfare and the idiom of 'an enemy' to describe their countries' responses to the Covid-19 crisis, sometimes even justifying the use of masks and emergency lockdown measures in these same terms.
10. This also manifests at the organizational level of resilience and preparedness policies. For example, Bryce et al. (2020) and Wardman (2020) have recently pointed out the problems of inconsistent risk management in the context of infrastructural preparedness for the Covid-19 pandemic in the UK, wherein the government has initially asked the public to *avoid* from purchasing masks due to dwindling supplies of PPE, which were urgently required for use by frontline health professionals. It nonetheless later instituted a compulsory mask regulation accompanied by a campaign aimed at emphasizing the benefits of mass face masking as a risk mitigation factor, which thus exposed the political and administrative forces that influence the public discourse on the issue.
11. This notion of agency does however open the discourse of inequality, which we are unable to elaborate here. We only wish to mention that not all masks are equal: Some are more expensive, some are more efficient, some are scarce—such as the industry-level N95 respirators—and only selected few gain access to them. We encourage colleagues to delve into this subject in future research.
12. The masks included the names of Breonna Taylor, Elijah McClain, Ahmaud Arbery, Trayvon Martin, George Floyd, Philando Castle and Tamir Rice.
13. Spitzer reorganizes cultural differences, wherein smiles can be seen to communicate shallowness, stupidity, or dishonesty. Yet, cognitive science has made clear distinctions between a 'true smile' and a 'fake smile', the former causing the movements of the eye muscles and the involuntary contraction of eyebrows while the latter involving merely the curving of the lips. Since masks cover the lower part of the face we can only observe the eyes, which cannot reliably communicate the difference between a 'true' smile and a frown. As Spitzer argues (2020: 5): 'Given that the real smile involves the upper and the lower half of the face, with the upper half providing the distinctive frowning that renders a smile a true smile, there is a lot of room for misunderstanding: Face masks block the smile and allow only the frowning to be communicated which may actually be worse than no smile at all!'
14. We recognize that it is easy to shift positions across the binary divide. Both in France and in the UK we have seen radical changes of policy with regards to masking, whereas initially governments did not recommend them while doubting their utility in blocking transmission, and then enforced them extensively (Aven and Boudier 2020). The very imposition of a yes-or-no approach in this case is the main problem, in our opinion, because it annuls all individual risk assessments in favour of a blanket prohibition, thereby denying agency.

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