Imaginaries of the Pandemic in Chile: A Conceptual-Empirical Discussion

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This article aims to reconstruct the social imaginaries of Coronavirus disease 2019 (COVID-19) in Chile. We seek to understand how families interpret their experience confronting the pandemic by identifying four main aspects: (a) the COVID-19 pandemic, (b) working and learning, (c) health and (d) family life. Following Habermas’ distinction between lifeworld and social systems, we consider these issues as constituting the social imaginary of lifeworld, different but related to the imaginaries of social systems. The qualitative empirical data was gathered through a sample of 38 families interviewed online between September 2020 and January 2021 in four Chilean cities: Iquique, Valparaiso, Santiago and Concepción. Other complementary sources of information are multimodal ethnography (digital diaries), press articles and state reports. 

Keywords: Chile, families, lifeworld, pandemic, social imaginaries, social systems.

In this work, we aim to outline conceptually and empirically how Chilean families interpreted their experiences of the Coronavirus disease 2019 (COVID-19) pandemic. These interpretations form part of their self-reflexion as ‘subjects able for language and action’ (Habermas, 1987a vol. I: 431; 988 vol. I: 72; our translation); they also constitute the basis of their creative potential, as much at the level of whole families and as at their individual members. Our basic premise is that these families should be considered as creative subjects who are capable of innovating and modifying to varying degrees the circumstances they confront. Besides, social action always includes an
interpretation of a subject’s social surroundings, of themselves and of specific situations. Following Castoriadis, we understand these interpretations as social imaginaries in order to elaborate a satisfactory and comprehensive analysis of family reactions to the pandemic.

The emergence and expansion of the COVID-19 pandemic has meant a radical change of life patterns in the world and in Chile. Our country, already shaken by the intense social protests that began in October 2019, has seen transformations in all areas of sociability, naturally beginning with health issues but extending, among others, to the economy, education and political-institutional spheres. Likewise, the population has had to adapt to the many public health restrictions established by the government. For all these reasons, the pandemic has represented a worsening of the crisis that affects all areas of society, highlighting the limitations of the political and economic model inherited from the Pinochet dictatorship which, in many aspects, has been maintained under present day democracy.

Discussion and criticism of these measures have been ever present in the court of public opinion. In general, there has been much questioning of the public health policies implemented and their lack of timeliness and effectiveness. However, far less attention has been paid to how society has experienced the pandemic and the ways in which Chilean people, especially families, deal with these acute problems.

Caffarena (2020) compares the current COVID-19 epidemic with the smallpox epidemic experienced in Concepción in 1789. He stresses that, in both cases, the public sphere – facing imposed quarantines – is intertwined with the private dimension, specifically with material living conditions, in order to cope with the experience of the disease, which causes greater damage and difficulties in the poorest population. With the social uprising of October 2019, the discomfort over deep economic and social inequalities became clearer, one of the most prominent demands being the strengthening of public health services (Morales, 2020). In addition, the conditions of inequality have been further deepened by the impact of the COVID-19 pandemic, mainly affecting the situation of women through the loss of their sources of income, as well as due to the absence of or decrease in institutional support and the re-articulation of care tasks in the domestic and family sphere (CEPAL 2020; Rojas-Navarro et al. 2021). Rojas-Navarro et al. (2021) studied the experience of women in Chile regarding the transformations of care conditions in their homes as a result of the pandemic. They highlight a break in the care network that is becoming increasingly fragile because it is a model focused on individual rather than collective responsibilities.

On the other hand, Menéndez (2021) underlines the non-consideration of knowledge about the health of micro groups (among them, that of families), their care practices and their representations in the face of a threat of disease initially defined as external. At the same time, the measures implemented to combat it were based on a discourse aimed at caring for everyone and not just single individuals. Thus, the relational character of the self-care process and the extended forms of care carried out by others and between myself and/or others were recognised. Menéndez adds that the pandemic has deepened inequalities, highlighting who is or is not in a position to carry out self-care measures such as confinement, physical distancing or daily hygiene measures. Unlike other authors, he points out that the pandemic has made it clear that a large part of our life is traversed by forms of self-care, where the care of micro groups is put into practice and representations and practices regarding health and disease are shaped.

Following what has been said, in the present text we are interested in addressing the lived experiences and the meanings built in the daily life of the pandemic and quarantines
within families in Chile through the perspectives of the very subjects involved. The proposed interpretation presents the findings of empirical research about the way in which families interpret and face the challenges presented by the pandemic, especially considering the policies of confinement and other relevant social and health measures. Taking up Good’s (1994) suggestion, we propose that the COVID-19 pandemic has generated a disruption of the *Lebenswelt* (lifeworld), which entails observing its repercussions and articulations also at the level of the social system. We intend to focus on how the lifeworld has been transformed, not only due to contracting the disease or the risk of contracting it but also because of the reconfiguration of a substantial part of daily activities.

In this approach, the single most important relationship is between the imaginaries that are part of social systems and the imaginary of the lifeworld. This relationship can be understood as an appropriation of the meanings typical of systemic imaginaries – or alternatively, as a questioning of them, a rejection or, most importantly, as demands for change in these systems. In any case, in addition to coincidences, there are always tensions between them.

### The Concept of the Social Imaginary in Castoriadis

The emergence of the term *social imaginary* occurs in the 1970s; it assumes that society is the product of a construction that social actors carry out through their relationships. Since then, for the social sciences:

> [T]he major problem was to elaborate an ontologically and methodologically convincing theory that would enable us to understand human action and a comprehensive set of extended social practices, usually called society, in their interrelatedness. (Wagner, 2003:147)

In this framework, the reference to the work of Cornelius Castoriadis is inevitable; for him, the imaginary is a permanent creative process, both as a capacity or faculty of human groups as much as products loaded with meaning that allow us to understand societies as bodies full of meaning (Baeza, 2011; Girola, 2012; Habermas, 1987b; Honneth, 1986; Joas, 1993).

Castoriadis’ starting point is the affirmation that society emerges from the radical social imaginary: ‘Here creation means creation ex nihilo, the making be of a form that wasn’t there, the creation of new forms of being’, since the power to create distinguishes human beings from other species (Castoriadis, 2006: 125–126; 188 and 418). From this radical imaginary emerge socio-historical imaginaries, consisting of institutions in particular: values, language, tools, etc., which forment, et fonctionnent comme, *un tout coherent* (form and function as a coherent whole) (Castoriadis, 1986: 279; 1993: 102; 2016: 268–269).

The imaginary is both social and historical; the two dimensions are closely related because each imaginary defines its own temporality and forms of sociability. The history of humanity is the history of the human imagination and its works, that is, of an uninterrupted creation, because ‘what is essential to creation is not ‘discovery’ but constituting the new’ (Castoriadis, 1987: 133; al 2006: 125). In the same way, it is impossible to separate individual and society because both are shaped by the same process; both are social creations (Castoriadis, 2003: 276–277).
Castoriadis excludes the possibility of a causality of the imaginary. The very idea of determination, as he refers to it using the German term Bestimmheit, is completely inappropriate because it conceals precisely the fact that the institution recreates a world of its own, an own world, which is not governed by any law (Castoriadis, 1987: 168; 1997: 145–150).

Equally innovative is Castoriadis’ idea that action and imagination are not separate but happen simultaneously and are intertwined. In this way, he rejects both the idea of the precedence of action over imagination or, vice versa, of imagination over action. The social imaginary par excellence is that of individual and social autonomy, understood as the free development of the capacity for individual and social creation (Castoriadis, 1987: 101–108; 2016; 2006: 133–137).

Despite his contributions, there is an aspect of Castoriadis’ theory that to us seems to be in need of reformulation. The idea of indeterminacy versus strict causality does not match up to the theoretical development of the concept. Contrary to Castoriadis’ strong criticism of Marx, it has been argued on solid grounds that in Marx conditioning (bedingen), which means establishing the limits or conditions of a phenomenon, can be distinguished from determining (bestimmen) as in defining the content of something else (García, 1983). Thus, socioeconomic, political and cultural conditions place constraints on the action of subjects, but they do not determine such action and may be subject to change by the subjects themselves, particularly when such action is collective (Furner, 2011; Singer, 2000: 47–58). This means that social imaginaries would be conditioned, although not determined, by the social circumstances in which they exist, reproduce and change; in this case, those of the pandemic and of the state and citizen policies enacted to contain it (Appadurai, 2020; Tetelboin et al., 2021). As Laval and Dardot (Fernández-Savater, 2016: 255) hold:

To institute (in-statuere) is undoubtedly to make it exist again, but it is never creation ex nihilo, that is, a creation from nothing, contrary to what Castoriadis says. The instituting activity is always carried out on the basis of conditions that are already in place and that are largely the responsibility of that which is instituted itself. We try to keep these two aspects together. We do not intend to ‘correct’ Castoriadis through Marx, but we are sensitive to Marx’s argument that all praxis must be exercised under conditions that are ‘already found there’ by the actors of history. The creation of ‘the absolutely new’ does not exclude, but, on the contrary, presupposes the pre-existence of these conditions and this presupposes the pre-existence of these conditions and their conditioning character.

As stated, for Castoriadis incessant creativity finds institutional expression through socio-historical imaginaries. Society can be then defined as a ‘unity of the total institution’, constituted by webs of or social imaginaries (Castoriadis, 1997: 6–7). Such totality owes a material and, above all, a meaningful closure: ‘A world of meanings is closed if any question capable of being formulated within it either has an answer in terms of the given meanings or is posited as meaningless’ (Castoriadis, 1986: 285).

The idea of society as a complex totality is not original to Castoriadis. The difference is in how he conceives it, fundamentally shaped by symbolic, not territorial, limits. However, to us this delimitation seems insufficient to satisfactorily conceptualise the different forms of social action, which Castoriadis also reduces to revolutionary praxis (Habermas, 1987b: 328–329; Honneth, 1986: 67–68). We want to enrich this analysis reformulating the difference between primary and secondary imaginaries.
by considering Habermas’s distinction between the lifeworld and social system (1987, vol. II: 113–197; 1988 vol. II: 171–293). The lifeworld is governed by communicative rationality, aiming at understanding or consensus. In fact, Habermas affirms that ‘communicative action is the medium in which the intersubjectively shared life world takes shape’ (Habermas, 2006: 174). The author considers ‘intersubjective understanding as the telos inscribed into communication in ordinary language’ (Habermas, 1987b: 311). On the other hand, social systems are geared to instrumental and strategic rationality, that is, to the technical performance of success and goal-oriented processes (Von Sprecher, 2007: 177–181). Primary imaginaries are those of the lifeworld, which we all share and in which primary sociability occurs. Social systems, for their part, comprise secondary imaginaries, which correspond *mutatis mutandis* to each social system.

**Lifeworld, Disease and Pandemic Imaginaries**

Where disease, illness and care phenomena are concerned, the lifeworld, understood as the world of our lived, common and immediate experiences (Husserl cit. by Good 1994: 122), has been approached through anthropological investigations. Good (1994) approaches chronic pain or illness in which the individual’s life is taken to its limit to suggest that in such circumstances what occurs is a transformation of the world as we know it. Subjects see not only their life experiences change but also the world that surrounds them and the experiences of embodiment.

Based on Schutz’s (1962) analytical proposition of the *features of common-sense reality*, Good (1994: 124) explains how illness and chronic pain imply a disarticulation of the world, one that is not limited only to the subject’s experience and phenomenological body because the social and political body are also brought into play and in tension when faced by that transformation. This makes it possible to link levels of analysis that operate on different planes of reality.

Schutz’s proposition offers specific guidelines for understanding how the everyday world can be disarticulated because the very features of common-sense reality are subverted in limit situations. According to Good, six characteristics of this world as considered by Schutz (1962a) can be identified: (a) in the everyday world, the self is experienced as the ‘author’ of its activities, as the ‘originator’ of on-going actions, and thus as an ‘undivided total self’ (Good 1994: 124). Likewise, (b) the outside world is shared and (c) we have a common perspective of time. On the other hand, (d) common-sense reality has a specific form of consciousness; in turn (e) ‘the everyday social world, Schutz argued, is organized in terms of our intentional projects’ (Good 1994: 126). And finally, (vi) the natural attitude is not to doubt the apparent we: ‘take the world and its objects for granted until counterproof imposes itself’ (Good 1994: 127). In this sense, when facing illness or chronic pain as a limit-experience, doubt appears, the world is no longer to be trusted and we become aware of our mortality, achieving the disruption of our world.

Regarding the experience of the pandemic, it is the world of life that is upset and put to the test, raising concern about what may happen to next of kin or dear people. In some way, it appeals to the moral worlds (Das, 2008; Kleinman, 2009, 2012), linked to the elaborations of meaning by the subjects and their groups. This is relevant because life strategies will be created or recreated according to the health policies and ways in which the state pronounces and implements economic and social containment measures against the pandemic, which in the case of Chile have been characterised by insufficient economic support and strongly restrictive.
Methodology

Within the framework of the phenomenological and hermeneutic tradition in sociology and anthropology that gives central importance to the meanings of the actors for the sociological interpretation (Schutz, 1962b), the empirical basis of the results presented below are part of a major qualitative research project whose main objective was to understand the changes in daily life generated by the pandemic as a complex socio-sanitary phenomenon, and simultaneously to understand the production of meanings associated with it by different families.

Data collection was undertaken between the months of September 2020 and January 2021; 38 families from four Chilean urban macro zones participated: Iquique, Valparaíso, Santiago and Concepción. Recruitment criteria for participating families were established across socioeconomic stratum (middle-high, middle, middle-low and low); these were defined considering the weight of the following variables: educational level, occupation and income of the head of the household, in addition to the total income of the household; types of families (single, bi-parental and extended) and the place of residence (minimum 8, maximum 10 families per macro zone). In addition, the families had to meet the criteria of having in the household at least one child older than 12 years. The contact and recruitment of family homes was based on the respondent-driven sampling method.

The research was carried out through a multi-method study that contemplated the use of multimodal ethnography. Accordingly, to collect the data we used the mobile ethnography platform Indeemo, which allows the participants to create life diaries from multimodal entries (text, video and photographs). We asked everyone (12 years and older) in each household to complete these diaries during 6 months of fieldwork. These digital diaries were complemented with in-depth interviews with individuals and families carried out at the beginning, during and at the end of the field work. These were done remotely given the context of the COVID-19 pandemic. Thus, our data include information collected during quarantine but also more reflective considerations about the long-term impacts of the pandemic, as well as how they were experienced differentially. The collected data were analysed using thematic analysis techniques that allowed the identification of patterns from which we generated four categories of analysis: pandemic, working and learning, health and family life. The empirical data of this work consists in a sample of 12 in-depth family interviews, considering their territorial and socioeconomic diversity as well as family types (see Table 1). We also have incorporated three photographs and their corresponding texts provided by the families in the multimodal diaries.

In what follows, we present our analysis structured in two parts. The first section comprises a schematic comparison between the main topics of the lifeworld’s and social systems’ imaginaries; the second deals further with the meanings attributed to the pandemic in families’ imaginaries.

Imaginaries of the Lifeworld and of the Social Systems in Chile: A Brief Comparison

Based on the theory of social imaginaries, the article describes and analyses a limited series of axis of significance identified in family narratives related to the pandemic. For its analysis, it has been considered essential to include the distinction between the world
Table 1. Families Interviewed, According to Cities of Residence, Types of Families and Socioeconomic Stratum

| City       | Type of families | Socioeconomic stratum |
|------------|------------------|-----------------------|
| Iquique    | Single           | Middle-low            |
|            | Biparental       | Middle                |
|            | Extended         | Middle-high           |
| Valparaíso | Extended         | Middle-low            |
|            | Single           | Middle-high           |
|            | Single           | Middle-high           |
| Santiago   | Single           | Middle-high           |
|            | Biparental       | Middle                |
|            | Extended         | Middle-low            |
| Concepción | Single           | Middle-high           |
|            | Biparental       | Middle-low            |
|            | Extended         | Middle                |

Source: Both tables correspond to own elaboration.

of life (which would include, in our case, families) and social systems (in this case, the government, the health system and the economic system) (Habermas, 1987b, 1988).

In a tentative fashion, we have constructed a table that contains some of the meanings and policies of the systemic imaginaries and the lifeworld we have identified in the Chilean case. We try to show the differences between the systemic imaginaries and between these and a (possible) lifeworld imaginary (Table 2).

The Context of Social Systems in Chile during the Pandemic

In March 2020, the Chilean government decreed the ‘State of Constitutional Exception by Catastrophe’, which allowed it to obtain financial resources and decree extraordinary measures to carry out social confinement and control policies, such as sanitary frontiers limits and the curfew, a measure that had been applied since October 2019 as a result of the social outbreak uprising, ending the State of Emergency on 30 September 2021. Follow-up strategies were also applied, such as isolating positive cases and tracing their contacts, together with the closure of face-to-face activities in schools, universities and jobs considered non-essential throughout the country – including the total closure of major urban centers for significant periods of time through the establishment of ‘quarantines’ (Canals et al., 2020). Added to this are several economic rescue policies aimed at the most vulnerable groups, which, like other countries in the region, were targeted (segmented), subject to verification of family resources, and ended up being insufficient to satisfy the basic needs of families. Bonos (cash transfers) aimed at encouraging people to stay at home were not enough to cover food for a month, to pay rent and for other essential expenses of Chilean families (Lupien et al., 2021).

In general, the social policies applied and their lack of effectiveness have been strongly questioned, considering the great impact that the pandemic has had on Chilean families. During the first months of the crisis, most households suffered a drop in income, and at least 46 percent of them received half or less of what they obtained before. This difficulty mainly affected households that before the pandemic already faced a critical situation, especially those family groups with female heads and with the presence of children, adolescents and/or elderly (UNDP-MDSF, 2020). Gender inequality became a critical
| Imaginaries/areas-topics | Policy/self-government | Health | Economy |
|-------------------------|------------------------|--------|---------|
| **Primary: Lifeworld**  | Uncertainty about the family and individual order. Reorganisation of families and family life. Establishment of risk-taking criteria in the context of economic hardship and work insecurity. Individual, family and community responsibility. Transformation of the organisation, social relations and rhythms of everyday life. Transformation of everyday places. | Prevention of individual, family and community contagion. Transformation and reorganisation of health care. Preferential care for people at greater risk and/or the chronically ill. Attention and care in case of contagion or other illness. Generation of intra-/inter-family and community mutual support links. | Preservation of resources or savings capacity. Administration of the resulting resources. Maintenance of income-generating activities as far as possible. Strategies for the search for new or other resources. |
| **Secondary: social systems** | Management of the pandemic. Creation of prevention and treatment policies. Control of public order Consolidation of government and coalition Making the individual, family and community responsible. | Deployment of special health policies. Avoidance of contagion. Isolation of cases at risk and of the sick. Treatment of the infected. Prevention of new infections. Reinforcement of health care facilities, resources and staff. | Deployment of resources for the pandemic. Maintaining the functioning of indispensable areas. Market stimulation. Protection focused on most vulnerable workers and persons. |

*Source: Both tables correspond to own elaboration.*
and urgent problem, considering that men lost their jobs to a lesser extent than women and returned to the labor market faster than women, that men with a partner and with small children remained employed in a higher proportion than working women with the same condition or that most of the women who lost their jobs went to care work (Rivera and Castro, 2021).

The impact on living conditions was not only evidenced in the loss of employment or in the drop of income but also changing the work and domestic loads – and in the drop of opportunities to continue education. The foregoing, together with the circulation restrictions, physical distancing and generalised state of uncertainty in which they lived, affected the levels of anxiety and depression, mainly in the young population (UNDP-MDSF, 2020; Asún et al., 2021; Carvacho et al., 2021). In addition to mental health problems, other relevant issues directly related to health are added, such as the purchase of poorer quality food and increased food insecurity, which affected the most vulnerable households and expanded also to the middle strata due to their financial instability (UNDP-MDSF, 2020; Giacoman et al., 2021).

Considering the structural aspects mentioned, below we will seek to approach the social imaginaries of the pandemic – at the level of the world of life that is – from the meanings and experiences shared by families located in different cities of Chile.

**Social Imaginaries of the Pandemic: Lifeworld**

We would like to underline that families are not only the subject matter of our study but also the most important social collective mediating between the individuals and the whole society (Gesamtgesellschaft in Luhmann, 1969). The state plays a similar role, but in the current political conditions of Chile, state policies have been subject to intense criticisms.

Within the lifeworld imaginaries, we can distinguish four main issues or meanings: pandemic, working and learning, health and family life. These are analytical distinctions, which though their formal character, allow us to arrange data more effectively. We acknowledge that these diverse elements of family imaginaries are deeply intertwined.

a) Pandemic: Our first level of reconstruction is the concept of pandemic itself. It points to the abrupt break from known daily life, expressed mainly by the imposition of quarantines and the imbalance of daily life. The pandemic is at the center of all families’ concerns; however, at the same time, there are very few references to COVID-19’s origins and causes. Exceptionally, some interviewed people assumed conspiracy theories about the pandemic, but in general the disease as such is not a matter of reflection. The consequences of the pandemic instead are the most important concerns for all families. First, the pandemic implies a condition of complete or partial confinement at home because of contagion risks. The confinement means working, learning and studying from home; this has many difficulties and severely limits social relationships. In many cases, the ‘domestic enclosure’ has brought illness to women, especially mental illness in the form of panic crisis, depression, anguish, exhaustion and so forth. Even the mere fact of not going be able for walking outdoors is perceived as a major limitation’ (Figure 1).

During the second month of confinement it caused in me a feeling of anguish that lasted about four days, I exploded and was violent with the children, I did not hit them but I yelled at them. I had physical
pain, I was in bed for about three days and then understood that it was because of the confinement, that it was making me sick. (interview with Julia, August 2020)

At the beginning of the pandemic I went through a period of panic crisis, anguish, which I communicated to my superiors and all. Hey, he [my manager] even treated me as crazy. You, see? I couldn’t even take leave, because … because I was on a set term contract and for fear of being fired. (interview with Camila, September 2020)

This assertion has a variety of consequences, one of which is a slight modification of a women’s central role in household work and child upbringing rearing that did begin to be shared by the whole family. In some cases, there is some support in their duties from other members of the family who equally undertake them for a wage. In other words, as the mother is affected there arise, at least partially, some transformations in gender relations.

Mothers have certainly been conscious of and encourage this change. One of them stated in the interviews that she would get back home so tired that she ordered her children not to bother her in her room, given that they insisted in being close to her. This is very common evidence in a culture like the Latin-American one, where the mother is an essential figure within the family and affective life (Montecino, 2007 and 1996).

b) Working and learning: Initially, the COVID-19 pandemic implied a destructuring and disorganisation of the daily conditions of study and work; these dimensions were maintained as main activities although reduced to the domestic space,
transforming relationships, organisation and family dynamics. Those interviewed agreed that working or schooling at home represented a greater amount of work and new problems, notably in the use of internet and computer tools. Many families do not have the adequate conditions and the proper knowledge to do one or both online. Similarly, people working at home must deal with a double stress: increased working hours and greater levels of control from their managers’ or boss’, related to the suspicion that employees are not fulfilling their duties. Some workers are called at weekends or late in the night.

My children’s father is a teacher, he continues to work online with online-lessons and spends all day working, because he works in a local council school. Not all children have a computer, and they cannot do what we are doing, for instance he cannot do a live Zoom class for them, because almost no one gets connected, he sends the classes via WhatsApp, which is the medium that everyone handles. And so it goes, like giving feedback, the children talk to him every day. They speak to him even at night, parents and students. He is constantly working, all the time. (interview with Julia, August 2020)

In both cases, there is an increase in the time dedicated to work or study, and the conditions to undertake it become more difficult, generating a greater dependence on technology. This dependence has produced a greater distancing from the Internet and social media, which acquire – so to speak – a markedly negative facet. It is not surprising then that some families decide to renew apparently abandoned playful interaction spaces, such as board games.

People who still go to work can be divided in two groups: those that run an independent business, whose economic condition has improved during the last year, and those that have to work face-to-face. For the latter, the contagion’s risk has severely increased. In general, people who work in person celebrate being in contact with colleagues or people to whom they must provide care, but they also do not fail to show the danger this poses. Practically unanimously, the interviewees point out that there has been little understanding from their bosses regarding their situation as workers and employees:

When you are working outside the home, it’s like your bosses see you and know you are there. And they know that you are working, that you are on-site or busy with something. They need to know you are there, right? And to know that you are there, they start sending you spreadsheets, they start sending you WhatsApps, they start. … And my workmates also it’s like they try to show that they’re working. So sometimes the WhatsApp of my job works until ten at night, and sometimes it’s pure bullshit! So it’s like. … Or sometimes even on weekends! (interview with Camila, September 2020)

It may be said then that the pandemic has reinforced the social distance between people and their workplaces, whose superiors appear indifferent, ruthless or even more controlling. Stemming from the proposed conceptualisation, the distancing between social systems and the lifeworld has been reinforced; this has been confirmed by various research, in Chile at least since the 1998 United Nations Development Programme Report (United Nations Development Program, 1998).
c) Health: Health care at home is intensified, depending also on the pre-existing health conditions of the family. They generate strategies, which we have called individual, familiar and collective ‘protection’, through the establishment of mobile and permeable borders aimed at generating spaces of protection and care, both practical and symbolic. With few exceptions, families have taken a lot of precautions to prevent COVID-19’s contagion. Diverse precautions are taken, such as the use of alcohol gel, shopping only once or twice a month, avoiding touching things and reducing social contact to a minimum, among other options. This does not exclude keeping remote contact with relatives, particularly with parents and friends. Most of the contact occurs through the Internet and cell phones, but in other cases families have decided not to cut personal contact. One of the most relevant points of contact is visiting grandparents, with whom family relations are especially intimate in Chilean society. A mother relates to us that the members of her family keep hugging each other. Because everybody is rather close to death risk, a hug can be the last one. Despite the aforementioned, there has been a clear reduction of social contact beyond the family.

On the other hand, when talking about family, we must consider that in practically all cases studied, that family extends beyond the home and includes siblings, parents and in-laws, with whom for reasons of health, mutual support and social contact there are close and very frequent visits (Figure 2). We could say that there is a kind of extended family that comprises several interrelated households. When there are one or more close relatives in the household who may have chronic diseases or who, for reasons of age, are particularly exposed to the spread of the virus, they occupy a preferential place in family care.

I have another girl who is 30 years old, she also has her family, it has been more difficult for her, she lives very close to us, but it has been harder for her, she did not finish her studies it was her choice, she did not want to improve herself, but made a family and it's okay. I also have a granddaughter. Since all this pandemic trouble started, I suggested to my daughter if she could bring her under my care, because she is high risk, so I brought the granddaughter with me and all is good, in fact it is an agreement between the two of us, because we both have to take care of the baby. (interview with Greta, October 2020)

The pandemic has meant a huge burden on the country’s hospitals. Despite the enormous efforts of the personnel working in them, the shortcomings of the medical system in Chile have been put in evidence. The measures to prevent and treat the pandemic by the government have been the target of the greatest criticism from experts, the Medical College and the general public. In general, the families interviewed respect the proposed measures, but they coincide in severely questioning the government. Among other things, they show how the great inequalities that exist in Chilean society have increased, and they question the lack of economic support for the population affected by the pandemic. Here, an even greater distance is observed between the lifeworld and social systems, which, however, has not yet had more active expressions in protests or claims that had already been taking place before the outbreak of the pandemic.

d) Family life: It is in the center of the imaginary, it is where retreat takes place as a result of health policies, it becomes a protective space that is highly valued, but it
also accounts for the minimal existence of other networks that allow facing catastrophes in a less uncertain way. The burden of coping with the pandemic resides on families, which is not only a place of upbringing or expression of affection but also a unit of work and study. Its various facets have been reinforced: as a space for material reproduction, families have had to redouble their efforts to cope with financial difficulties, particularly in the absence of timely and appropriate government measures. As a space of affection, the relationship between parents and children has found in close coexistence a possibility of having more time together and a good opportunity for talking about unresolved problems between them; as
a space of care, the family has been strengthened in terms of ensuring the health and well-being of all its members:

‘That we can be together here at home, I have a chronic disease, far from being afraid of the pandemic, it is as though I am not afraid of the disease, I take advantage of all these moments of being together at home, I am enjoying it a lot. Although sometimes I get those crises, I’m still enjoying it […] We stay up late watching movies, we get up late, it’s like enjoying life without the obligations that one always has, besides the work that I like to do, it’s like … I don’t know, if that is good or bad, but we have kind of gone in that dynamic’ (Figure 3). (interview with Julia, August 2020)

In this process of strengthening family ties, children have not been passive in any way. On the contrary, it is found that on many occasions they have taken the initiative to promote the creation or strengthening of common spaces, as in the case of the eldest son who ‘forced’ his family to play board games and listen to classical music or that of the children who left books on their mother’s nightstand to make her read. She later stated that she had to make an effort to read each book so as not to arouse jealousy among her children.

From what has been said, it is also very clear the creative way in which the subjects of the study have acted in face of the contingencies of the social uprising, first, and then the pandemic later - and in regard to a government and a business class that have not been able to guarantee either the health or well-being of the citizenry. Parents, and to a lesser extent children, speak with pride of their achievements as families and, secondarily, of each of their members:

Thank God it has not affected us, on the contrary, we have done well in our business, we doubled the sales we had given that we have faster access and are closer, doing delivery inside the condominium, there are 125 homes. Instead of people being able to place an order at the supermarket it was better for them to ask for it at the neighbourhood store, in this case it was us. […] So, thank God, and the work we have done, we have done well, it even united us more as a family. My children for example stopped going to school, one is in third grade and the other in second grade, it has been said that they are depressed, that they are locked up, it is a lie; because they, on the contrary, have the same life as when they get up early to go to school, because they help us, one attends the business, I cook, the other distributes, delivers. So we are kind of well organised. (interview with Greta, October 2020)

We do not mean to minimise the difficulties families had to deal with. What is surprising, the new fundamental fact, is not the problems they have suffered but the fact that they have sought to solve these themselves in innovative and cooperative ways, especially inside the extended family.

However, this does not mean that an optimistic vision about the future prevails. Rather, it can be said that the future is marked by great uncertainty, and there is a very deep desire to regain movement and contact with other people beyond the family and working spaces. In general, the future is simply not mentioned. There is a break in temporality and an intense concentration on the present, just as we stated at the beginning, and thus the past is hardly mentioned either.
Conclusions

Our aim in this work was to offer a first conceptual and empirical approach to the social imaginaries of the COVID-19 pandemic in Chile. Above all, while not forgetting the political and historical implications of the phenomenon, we have distinguished between two major levels of analysis to understand it from a sociocultural perspective. Specifically, we have revisited the differences between primary and secondary imaginaries in relation to the Habermasian distinction between social integration (the lifeworld) and system integration (social systems).

Social systems are structural forms that condition social subjects but without determining their collective action. For their part, primary imaginaries have been related to the concept of the lifeworld, a perspective that allows us to approach the everyday world of Chilean families and how they experience the pandemic within the framework of
Our central concern was to reconstruct the main meanings that constitute the imaginary about the pandemic by the families under study. From the preliminary analysis of the interviews, we identified four central topics of the said imaginary: a) pandemic, b) work and learning, c) health and d) family life. Through them we can reconstruct the representation of the pandemic from the perspective of its consequences rather than its causes. The abandonment by the state is, without a doubt, one of the main factors that has contributed to the revaluation of the family space as the greatest social space for the defense of individuals, questioning the alleged radical atomisation of Chilean society after four decades of neoliberal policies.

At the same time, the effort made by the families against the pandemic had contributed to revitalise their coexistence, even under such severe conditions: confinement, economic difficulties, work or study online and illness of their members.

In sociological terms, as we have stated – following Castoriadis and Habermas – that the families studied have shown themselves as subjects of collective action capable of acting creatively and mobilising not only for instrumental or strategic purposes but also for advancing their relationships and a good coexistence in a greater more adverse social environment context. This means that the impact of the pandemic is not merely negative; it transcends its own domain, comprising a revitalisation of family relations and the surge of unknown coexistence spaces, earlier abandoned or neglected. The perspective of the imaginaries of the world of life has shown itself fruitful with respect to the exploration of the daily subjectivity of these families, opening new questions about their experience in these difficult times.

On the other hand, collective action at family level was also a response to needs that the pandemic had made starker and more acute. One of the most glaring was the sudden fall in the income of many families. Households put into practice strategies of mutual support in the absence of state assistance, which took many months to arrive and was insufficient. It took legislation permitting the voluntary withdrawal of some funds from private pension schemes, after an intense political and parliamentary debate, to alleviate the situation. Likewise, there was great difficulty at the beginning in establishing and communicating the goals of government health policies given a public health system subject to great limitations despite its commitment to facing the pandemic, and a private health system that was basically accessible only to those with the highest incomes.

Because the pandemic meant narrowed horizons within households, family life gained a new importance in confronting the severe threats of the disease. Public health policies focused on self-care by individuals, which was followed with great discipline by the families studied, even when it meant no longer seeing relatives and friends. On the positive side, the emotional and physical bonds within the family nucleus living in close coexistence under the same roof were strengthened, a situation only comparable to that of the first years of the children’s lives. This contributed to a revaluation of family ties.

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**Interviews**

Confidentiality Agreement. All names have been changed in accordance with the Confidentiality Agreement.

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