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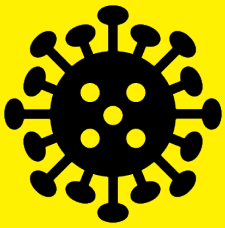

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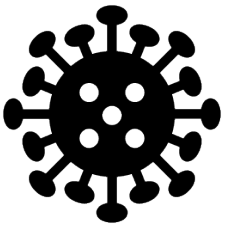

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POSTMODERN SOCIETY AND COVID-19 PANDEMIC: OLD, NEW AND SCARY

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ABSTRACT: Critical events of a dangerous progression, such as the COVID-19 pandemic, may become the turning points in the functioning of entire societies. Such events obviously foster changes. They disrupt the sense of ontological security, generate fears and enforce change in the organization of social relations, also in a creative and positive manner. In addition to these effects, they also induce many others. They are a magnifier enabling you to see how modern societies are functioning. Therefore, a pandemic allows to see and describe more clearly the characteristics of postmodern human communities. Some of these characteristics (e.g. group functioning) are essentially constant and unchangeable for humans as a species. In turn, some features are very specific, characteristic for a given time, type of events and nature of participating communities. In this text, based on the desk-research methodology and non-systematic participant observation, I indicate the unchanging characteristics of human communities that emerge in the moments of crisis. I also present the specific features of postmodern communities that have been highlighted by the pandemic. I try to indicate the effects of the pandemic on social relations in the future.
KEYWORDS: pandemic, COVID-19, SARS-CoV-2, postmodernity

INTRODUCTION: ZOONOTIC DISEASES IN THE HUMAN WORLD

The SARS-CoV-2 belongs to a large family of RNA coronaviruses and the disease it causes in humans has been described by the World Health Organization (WHO) as COVID-19. SARS-CoV-2 is a variant of the SARS virus which appeared in the human population in the mid-November 2002 and proved to be dangerous primarily due to its capability to transmit between humans. It's a virus that has previously functioned in other living organisms. Originally in bats, then in palm civets (*Paradoxurus*) and racoon dogs (*Nyctereutes procyonoides*), but for these organisms it was not dangerous. Threatful consequences for humans have resulted from the transmission of this virus to a man, most likely through the consumption of meat from infected wild animals sold on so-called wet markets in China. However, this virus disappeared quickly in the human population - around the middle of 2003 and therefore its pathogenic presence has impacted people for around 8-9 months.

Another virus of a similar nature, that appeared chronologically later (after SARS), was the MERS virus (Gao, Yao, Yang et al. 2016). Also initially originated in bats and later transmitted to dromedary camels, for which it is lethal. The outbreak of this virus caused the disease in more than 1600 patients in 26 countries, resulting in over 600 deaths (Gao, Yao, Yang et al. 2016). However, since the virus has not been able to transmit between humans, the risk of it is still low. Humans might become infected with MERS from direct or indirect contact with dromedaries. Although the mortality rate of people infected is high (35-40%), it is not really harmful to the human population outside of the Arabian Peninsula.

Another zoonotic virus, transmitted to humans from chimpanzees in turn, is the lethal to humans HIV (Sharp, Hahn 2011). The transmission record to humans is the same as that of SARS and MERS. Other viruses living in animal organisms and causing such diseases as Ebola hemorrhagic fever, mad cow disease and avian flu have also been transmitted to humans in a similar way. The direct causes of transmission of these viruses is the consumption of meat and animal products. Infection of animals, in turn, takes place due to the man-made, unnatural living conditions of animals intended for consumption. This enables the transmission of viruses between species that would have very limited possibilities of contact with each other in the natural world.

It must be assumed that the spread of SARS-CoV-2 was made possible by the human being. This has been facilitated by keeping and killing animals for consumption at the South China Seafood Market in Wuhan. It is one of the so-called wet markets. It is believed that SARS-CoV-2 most probably also originated among bats and transferred to Chinese pangolins. (*Manis pentadactyla*) (Xu et al. 2020). These animals, which have only a few enemies in their natural habitat, are, however, intensively acquired by humans in Africa and South Asia for their edible meat and scales used in traditional medicine. These animals are sold on 'wet markets', where a lack of hygiene standards in the slaughtering of animals and cutting up of meat has most likely led to the contamination of final products consumed by humans (Kogan 2019). In such places, animals of various species are kept in abnormal density and proximity, in cages one above the other and without adequate isolation and protection. This al-

lows pathogens to move freely from one animal to another with different body fluids (feces, urine, blood). Keeping animals in such conditions is a major epidemiological problem, but it is widely accepted in China and has not been known internationally to the average consumer until the SARS-CoV-2 pandemic. Just as unknown as the phenomenon of totally uncontrolled acquisition of wild animals for human consumption in China. The lack of veterinary, epidemiological and sanitary supervision in such places leads to the spread of diseases. These markets operate in different regions of the world, but the most famous are those in China, especially because of the wildlife they offer. Wildlife trade, including imports from different parts of the world, is possible here as a result of previous decisions of the Chinese government. When China pursued its Great Leap Forward strategy in the 1970s, the great wave of famine that resulted from inept farming killed over 30 million people [1] (Manzoor Butt, Sajid 2018; *Peng 1987)*. The authoritarian governments in China were unable to generate enough food products, forcing people to seek food in natural resources. In 1978, confronted with a severe production failure and food shortage, the government decided to stop controlling the agricultural production and allowed individual farming. While most farmers focused on the production of crops and meat, such as pork and poultry, some engaged in the acquisition of wild animals (e.g. turtles, snakes and bats). This activity began to play an increasingly influential role in the economy, resulting in the more and more favorable approach of the Chinese government up to the official approval of this type of practice. In 1988, the Chinese government announced the Law of the People's Republic of China of The Protection of Wildlife[2], which stated that wild animals constitute the country's resources and are owned by the State. It also ordered the **protection** of those who acquire, process and sell these resources. This act encouraged the domestication and production of wild animals and other zoonotic products as a source of food. Small illegal farms transformed into large enterprises where wild animals were crowded without adequate sanitary and epidemiological conditions and a veterinary supervision. This is how the commercial 'bear bile farming' began in China (often from initially several animals up to over a thousand bears). The farms started to obtain products from different animal species, which encouraged the accumulation of different pathogens in one place. In a natural way, these pathogens transmitted from one species to another - sometimes from those that would never meet in the natural environment. The legally approved trade of zoonotic products obtained in this way provided an excellent pretext for including in it the illegal trade of protected and exotic wild species. (Greatorex et al. 2016). As a consequence, many protected and endangered species, such as tigers, rhinos and pangolins, smuggled in from other parts of the world, have found their way to the Chinese wildlife markets. In 2000, it led to the appearance of the first cases of SARS, and then to the SARS epidemic. The market in Foshan, Guangdong Province, China, became its epicenter. The presence of the virus was identified in the African civets (*Civettictis civetta*) sold there. The epidemic led to a ban on trade of 54 species of wild animals. However, lobbying for this industry, de-

[1] The data is still unknown. Some sources give a figure of as many as 70 million people.
[2] http://www.china.org.cn/english/environment/34349.htm Access date March 25, 2020.

spite its small percentage share in China's total income, was very strong. It is believed that most people in China do not consume this kind of products. Rare, wild species are only consumed and used by rich and influential people. Therefore, with the strong lobbying this industry was thriving and zoonotic products were promoted as ingredients and means of natural medicine, strengthening, improving physical and sexual performance. In China, the comfort of the privileged groups has been placed above the safety and comfort of the whole society. As it turns out today, not only China's very own but also global.

Shortly after identifying SARS-CoV-2's presence in China, the government closed many wet markets. This was accompanied by numerous calls from experts and by socially initiated petitions aimed to introduce a total ban of the wet markets in China. However, as long as this kind of procedure blooms, there will be a risk of diseases. Another major problem with the existence of these markets is the alarmingly low level of welfare of the animals kept there.

UNIVERSAL (?) CHARACTERISTICS OF HUMAN COMMUNITIES IN THE FACE OF CRISES

The emergence of a virus pandemic and the measures taken to prevent the spread of the disease are disrupting the sense of ontological security. Anthony Giddens (1991) understands this phenomenon as a kind of unconscious predictability of the world and everyday events, which gives a sense of control over the reality. This is what enables people to function effectively every day (Rotter 1966, 1990; Seligman 1975). The disruption of the sense of ontological security, causes existential fears (Erikson 1968, Bauman 2006) and behavioral disorganization. Ultimately, it can result in psychological states of the reduced mood, and in the long term, it can lead to exogenously generated depressions (Selye 1978). These mechanisms are subject to individual modifications, but in principle they concern a man as a species in general.

The everyday life of humans is based on the social character of our species. Maslow (1970) placed the characteristics of affiliation just above the physiological and safety needs, assessing the possibility of satisfying them as important for the psychological well-being of the individual. The level of intensity of the need to be with others is culturally and individually modified. It is therefore also formed under the influence of its own activity, conscious action and as a result of the individual's own experiences. People, while functioning in communities, succumb, more or less strongly, to socially generated mechanisms of behavior, based on patterns that are basically unchangeable.

In times of the COVID-19 pandemic, which is obviously arousing anxiety, mainly related to the existence of many uncertainties, various social reactions to threats caused by the virus may be born (regardless of whether these threats are real or imaginary). Reactions to the outbreak of a pandemic can be divided into individual and collective. To describe these collective reactions, it is worthwhile to reach for the "Psychology of the Crowd" by Gustav Le Bon, who already in 1895 (cited publication: 2019) undertook the effort to define what a crowd is. Despite the fact that 125 years have passed since the book was written, the features pointed out by Le Bon still seem to illustrate

perfectly the sociological characteristics of the human mass. All the features that the author attributed to the crowd in the era of the industrial revolution are very visible in the group behavior even today - in view of the threats resulting from the COVID-19 pandemic. Le Bon's diagnosis is extremely accurate and surprises especially with the distance the author maintains to his times. He pointed out adequately that at the turn of the nineteenth and twentieth centuries Western societies formed a kind of a transitional form - between traditional and postmodern communities. From today's perspective, this is obvious, but Le Bon's vision was ahead of his own times and therefore its relevance deserves a special recognition.

Le Bon (2019) defines the crowd as a peculiar creation, acting irrationally, subject to suggestions and external influence and guided by moods and adopting extreme attitudes. The French author underlined that the crowd dominates the individual, causing the individual to adapt to its behavior. The basic law describing a crowd is, according to Le Bon, the 'law of mental unity' (a crowd experiences one feeling, it is guided by one idea and follows that one direction). However, it is this mental unity that is subject to changeability, i.e. under the influence of various stimuli the directions of the crowd change, so 'it is not persistent'. The feelings of the crowd are exaggerated, it is often impulsive and destructive, it operates with images and the images appeal to it most strongly. At the intellectual level the crowd shows a lower level of intelligence than the individual, but the power of the crowd's influence causes it to draw the individual to the intellectual lowlands. What's more, the unit loses its individuality in the crowd - it adapts to the majority. The crowd does not tolerate opinions different from those it represents. A large number of people gathered and acting together creates a sense of power and impunity. Le Bon is criticized for glorifying the individual - compared with the crowd, it seems to be the personification of virtues. However, even if this is considered and adjusted, Le Bon's crowd definition remains highly universal. The author assumed though, that depending on the 'race' (i.e. culture, ethnicity) the behavior of crowds may differ. These differences in the behavior of the crowd can be seen in the spontaneous responses of individual nations to the appearance of the COVID-2 pandemic. The universal behavior of the crowd is visible in the reactions in different countries. Restrictions implemented by the governments triggered group behaviors. They have led to the mass purchase of certain products, although this was not rationally necessary[3]. However, the crowd's irrational actions are uncontrollable. As Le Bon indicated, they're heading in one direction and they're hard to turn around. Although knowing the characteristics of crowd reactions, it is highly probable that a behavioral scenario can be predicted.

According to Le Bon, these universally human behaviors resulting from following the crowd, are offset by the diversity of cultures ('races'). Hence, the Italian unrestrained spontaneity causes that despite the enforced quarantine, isolation and restriction in organizing meetings, the Italians still socialize. And if this cannot be done in traditional methods, there is another way to do it like for example, singing together

[3] Toilet paper, paper towels and disinfectants, etc.

on the balconies.[4]. The Spanish behave in a similar way when they enjoy the concerts given by the police [5]. Such behavior is not observed in Poland, Germany or other countries. It is difficult to encourage these nations to act spontaneously in order to express their emotions [6]. The spirit of the 'race' (as Le Bon would say), dictates the unique specificity of collective behavior. In a broad sense, this kind of psychological activity should be interpreted as the defuse of emotional tension resulting from the stress and reality 'enchantment'. However, at the level of anti-epidemiological prevention, such behaviors can be questionable. Their influence is explained by the high progression of the disease in these countries.

Le Bon's opinions on the irrational behavior of crowds are a scientific reflection of the fears of many people pronouncing their concerns in a pandemic. Therefore, the fears of 'irrational crowd behavior' are pointed out, which leads to consequences for all citizens[7].

The second source of social reality descriptions is fiction, when works can be treated as projection artefacts, but also as attempts to reconstruct facts based on analyses of historical sources. These types of descriptions can provide guidance on how people can behave in specific situations and towards specific events. Three types of questions have emerged with the COVID-19 pandemic: about its sources, specificity of its progression and forecasts. Today only the first question can be answered with some certainty. The other two still remain unanswered. Attempts to provide answers to these questions require an analysis of similar phenomena that have taken place in the past. This is done on an epidemiological, statistical and psychological level. The latter mechanisms of psychological functioning are described in the classics of fiction. Under neutral circumstances, reading literary works does not allow to confront the presented world with reality. It happens once the literary reality presented historically earlier can be confronted with the contemporary reality of the surrounding world. The appearance of COVID-19 allowed for the confrontation of reality with the world presented in the literary works, classified as classics of the world literature.

The Plague by Albert Camus, published first in 1947, astonishes with the adequacy of the disease outbreak description. In a book that was published almost a century ago, Camus describes the epidemic's realities and the feelings that people experience at that time. They are the critical discussions that most often emphasize the parabolic nature of this novel and its universalism, enabling the described plot to be used as a metaphor for a number of issues in the human life. In the case of a coronavirus pandemic, a specific layer of description becomes valuable. In the novel's interpretations,

[4] https://www.youtube.com/watch?v=nNxhSe4TiOQ Access date March 25, 2020.

[5] https://gulfnews.com/world/europe/video-police-in-spain-sing-and-dance-on-the-streets-amid-coronavirus-outbreak-1.1584957746730 Access date March 25, 2020.

[6] In Poland we have failed to encourage city residents to go out on balconies in an applause as a form of thank you to health professionals (compare https://radio.lublin.pl/2020/03/oklaski-dla-lekarzy-polacy-wyjda-na-balkony-podziekowac-sluzbie-zdrowia/). Access date March 25, 2020.

[7] https://foreignpolicy.com/2020/03/11/coronavirus-global-panic/ access date March 25, 2020; http://theconversation.com/fear-can-spread-from-person-to-person-faster-than-the-coronavirus-but-there-are-ways-to-slow-it-down-133129 Access date March 25, 2020.

the title plague was perceived as a metaphor for war or metaphor for evil in general, but today its value is reflected in the factual description of reality, with a surprisingly accurate depiction of everyday life during a pandemic. It's not a parabola, but the concrete that has a value. In the novel, Camus posed questions about the justification of behavior and priorities in the time of epidemics. He commented on the unexpected surprise of the epidemic and the lack of preparation for it. He reflected upon the mechanisms of the rejection of realistic, objective information for the benefit of defending one's own world and its order, even if such defense of this order would lead to destruction. Then he commented that people are unaware of what death means. 'The Plague' literally describes the same problems we are facing today - the lack of a vaccine (in the novel - the lack of a serum) or the authorities' reluctance to declare a state of emergency. Camus is extremely aptly influenced by the experiences and reflections of people who were forced by the disease to stay away from home, outside the city that has just closed. He writes about restrictions in communication. Due to the abolition of postal services in the literary reality of the novel, there was an overload of telephone lines, just as today the transfer of meetings to the Internet has overloaded the Zoom and Teams platforms. Camus also writes about strategies for managing an unpredictable situation. And he shows how astonishingly different the deserted City looked like. The mechanism of denying facts and ignoring guidelines in today's reality is identical to the literary fiction of that time. Hence, the classics of literature - both scientific and fictional - indicate certain universal mechanisms of human functioning in the face of catastrophic threats. Their concreteness becomes even more important when these descriptions might be confronted with the reality of a world trapped by a pandemic in 2020. It seems that, despite the cultural differences that already exist at the present stage of the pandemic, the universal characteristics of human functioning in a crowd affected by the plague are perfectly visible today. Our knowledge of the literary classics explains many aspects and allows us to anticipate further the human behavior.

PANDEMIC: HIGHLIGHTING THE CHARACTERISTICS OF POSTMODERN COMMUNITIES

Events such as the SARS-COV-2 pandemic are a lens which suddenly enlarges the phenomena and features of the perceived world. Placing such a magnifier on it becomes an excuse to look at the surroundings from a completely different perspective. Features and phenomena not yet seen are revealed. Therefore, what has become apparent in social functioning?

From the perspective of a rural resident, which should be treated as a symbolically conventional representation of the traditional society (Mead 1970), the introduction of an exceptional epidemiological state caused by the COVID-19 pandemic changes nothing. Just as there was no intense traffic in the countryside, there is no traffic; just as the streets were empty, they are empty (there is often one street and it is this street that is empty as it always has been). People live in a distance from each other, because this is how houses are built based on the spatial plan provisions, hence only few people are visible on the streets. In such conditions the transmission of the virus is more

difficult, so the inhabitants are less afraid. There are not many of them and they know each other. They are safe for themselves and for the others, because their chances of being infected with the pathogenic virus are very low. They do not travel outside the village (how should they?), they do not communicate with strangers (why should they?). Even if they wanted to establish the contact, they do not possess the appropriate competences (e.g. linguistic skills). It makes us aware of how different were the traditional communities in terms of managing and handling the threats. On the one hand, if the epidemic appeared (exploded) it killed everyone, there was no possibility of spatial isolation. On the other hand, until the epidemic was not there, such a close-knit and small community, familiar with its members, was very safe. Every new individual, potential vector of the pathogen, was immediately visible, identified and could be isolated. Unfortunately, it couldn't be simply eliminated (or killed) as a potential threat to the community. Nowadays, it is still very often that the intruders are immediately recognized in small and close-knit communities. This is why to eliminate the threat from the outside, the level of social control in small villages was very strong. This kind of atavism, perceiving the stranger, the other as the vector of a disease, a virus or simply a misfortune is still present even in large communities. It is often used deliberately as a tool to channel the social fears. (Sontag 1979, 1989).

It is completely different in postmodern communities - let the city be their symbol. The unrestricted, intensive movement of people is dominant here. Mobility, as indicated by Zygmunt Bauman (2003), indeed defines today the possibility of participating in a globalized world. To be a citizen of the world, that is to say, to keep up with the times and be active, respected and free, means to be a man capable of mobility. Whoever is unable to participate in the mobility cannot be a citizen with full rights. Such a citizen is condemned to isolation and marginalization. Therefore, almost everyone wants to be mobile, and it is certainly fashionable to remain mobile. This mobility and the social openness associated with it are at the heart of the characteristics of postmodern communities. Nevertheless, they are also the complete opposites of traditional communities. Open, volatile and atomized, where no one knows anyone, give a sense of security to people who are new. To those who have just arrived from somewhere and who would be a threat to the local community in a traditional society. These people will easily hide, sink into an anonymous human mass. The experience of passing through four different airports from 18 and 19 of March, 2020 proved how simple it is. There were no questions about health, no somatic examination of passengers and no document checks for the previous travels and possible exposure to coronavirus. The traveler could get off at any airport and go anywhere without being tested, diagnosed or quarantined. This individual might have been a deadly threat to others. And yet, and despite the fact that postmodern, technologically embedded communities dispose of all possible means of monitoring the movement of citizens, such a measure has not been taken in this case. In how many other cases have such measures not been taken? This, of course, requires work and resources, but in view of the limited air traffic, the reduction in the number of active connections and the drastic reduction in the number of travelers, it seems that adopting measures to monitor the health of those who still travel, would not present such a dramatic challenge as in

the case of the regular air traffic. Furthermore, airports seem to be an example of an almost perfectly enclosed facility, which is inaccessible to the public and hard to exit from without any control. Perhaps this observation contradicts the opinion of logisticians planning and organizing airports. However, this is how airports are perceived by the passenger, the visitor and the subject matter. The failure to even monitor who enters and who leaves where (the German border guards at the airport informed selected foreign citizens only that they could not leave the airport) introduces a sense of uncertainty, fear and distrust. With a minimum of analytical perspicacity, the question about the level of safety comes to mind.

However, such self-awareness seems to be rare in the postmodern human community, who seems to have lost its self-preservation instincts. Among the passengers, not many had protective masks - probably 1% only. On board of the business class, it was a completely different life with sparkling wine, courteous conversations and smiles. What simply comes to mind is a comparison with the Titanic, where the music played until the end of the tragic sinking.

Empty streets of large cities cause depression among their inhabitants. The appearing contrast to the everyday hustle and bustle, gives a sense of inadequacy of the image and its incompatibility with the current reality. The emptiness that arises in cities is not convenient for the people. What's currently there on the city streets or, in fact, what's not there and should be, is frightening for the humans. These apocalyptic visions are often depicted in computer games and science fiction films where the wide city streets are empty and should be filled with life instead. Maybe that's why it's so disturbing? The feeling of depression and the drastic change of reality is highly visible in the urban space: when the noise dies, the fear appears. As in the acoustics during concerts - while it is loud, it is calm. It becomes nervous when the silence appears. The silence indicates troubles. These feelings can be depressing for people living in towns and cities, and they can lead to the changes in mood. Particularly because it is not easy to establish social contacts generating positive emotions.

In a pandemic time, when both isolation and social distancing are recommended, living alone can be difficult: both logistically and emotionally. The city does not provide support, although it does provide many other opportunities to satisfy the basic needs (e.g. supply, medical treatment). However, people who live anonymously do not know their neighbors and it is difficult to receive support in this situation. It's different in a small rural area as everyone knows everyone there, and neighborhood assistance has always been a solution to overcome the difficulties caused by the domination of natural forces. Faced with the challenges of particular seasons of the year or sudden catastrophes, neighborhood assistance was essential. In cities, however, we are witnessing the launch of some grassroots social initiatives aimed at providing different sorts of the support [8].

The city's social environment also involves the launch of aid measures to support the system (e.g. health care[9]) - it is the city that has the power to generate a critical

[8] https://tvn24.pl/krakow/koronawirus-w-polsce-ruszyla-pomoc-sasiedzka-na-sadecczyznie-4354761 Access date March 25, 2020.

[9] https://noizz.pl/spoleczenstwo/polak-drukuje-maski-ochronne-dla-szpitali/6xbkllc Access date

mass, whose action will become effective. This would be much more difficult for a traditional rural community.

Rough times verify the quality of human relations and highlight the role of social networks and the ability to create and maintain them with the aim of being effective. Crisis situations, of various kinds, enforce the reorganization of existing behavioral strategies. A drastic change in behavior is also required in the case of the SARS-COV-2 pandemic, for which no one has been prepared. These modifications are structural and systemic in nature, initiated from above but also have grassroots, spontaneous character: they trigger creativity (e.g. in the field of online learning), solidarity (selfless actions for hospitals, health care), and assistance (e.g. shopping, walking the dogs). Typical for traditional small-scale rural communities, strong social ties were most likely formed because of the need for cooperation and support in the face of overwhelmingly dominant natural forces. Postmodern communities, having a high level of security generated on the basis of the technological development as well as the division of labor stemming from the industrial revolution, have abolished the requirement to create networks of relations. However, it was only in a crisis situation, a pandemic disease, that it became clear how much these relations are needed. With enforced quarantine and reduced mobility, people have gained more free time: using it, among other things, to renew contacts and relationships, to strengthen family, friendship and neighborhood ties. The renewal of these ties also means a renewal of social control - a phenomenon that post-modernity has long forgotten about.

The COVID-19 pandemic is also changing human-non-human relations. The photographs from one of the most popular among tourists Polish city of Zakopane display animals walking through the streets after the introduction of an epidemiological emergency state, which caused the Poles to remain in house quarantine and to stop walking out on the streets[10]. The reduction in urban traffic encourages animals to enter cities, this applies especially to synanthropic species, which are already present in urban parks and forests. The silencing of human presence encourages other species to spread. The nature does not like emptiness. We know this mechanism from other places where disasters or catastrophes have occurred[11]. Hence, a pandemic changes not only the human relationship.

CONCLUSIONS

An unexpected epidemiological situation caused the social reality to become a laboratory where the tissue of social life can be observed more clearly. What is more, like a lens, it shows phenomena that bring largely unpredictable consequences for the people. As of today, wet markets were closed in China and the wildlife trade was banned. These are post factum reactions, but one could have guessed that pandemic scenarios

March 25, 2020.

[10] https://gazetakrakowska.pl/koronawirus-zakopane-w-kwarantannie-jest-tak-pusto-ze-dzikie-zwierzeta-wchodza-do-centrum-miasta-20032020/ar/c1-14867723?fbclid=IwAR0eURbX6yt3WxmiN__W056ymuU3KQcqBLdD3-TOcODw7CNkx4Y5e87LOvc Access date March 25, 2020.

[11] An example is the natural expansion in Chernobyl after the nuclear power plant explosion.

might occur. What to expect on a social level? Certainly, we have all become immeasurable participants in the social experiment of suddenly shifting real life to virtual reality. This is a completely unanticipated turn of events in relation to the trends we lived before the pandemic: the need for real, tangible contacts between people and the abandonment of excessive participation in the Internet was increasingly underlined. Now it turns out that the whole life has been transferred to the Internet: tele-services for health care, online learning, online shopping, socializing on the phone and business meetings using instant messaging. This accelerated test of living in a virtual world can lead to a revaluation of the current way of life: recognizing the possibilities offered by remote working, but also appreciating the quality and importance of direct interpersonal relationships.

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SOMEBODY TO BLAME: ON THE CONSTRUCTION OF THE OTHER IN THE CONTEXT OF THE COVID-19 OUTBREAK

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ABSTRACT: Besides the impact that COVID-19 has had in the sanitary, political and economic domains, it has also triggered multiple discursive processes, what opens up the field for an analysis from sociosemiotics, the social science interested in the study of 'meaning in action'. The aim of this article is to discuss from such a perspective how the current crisis linked to the COVID-19 virus has given place to the emergence of processes of narrative construction of an 'Other' to be blamed for the threat. While in some contexts the dominant narrative has been that COVID-19 is 'the Chinese' –and their unhealthy culinary habits– fault, in others the focus has been set on 'the irresponsible' that do not stay home when indicated to do so, as well as on 'the posh', given that they can afford travelling and hence can import the virus on their return. Departing from the premise which poses that cognition is articulated in narrative terms, the article argues how, in cases such as the current COVID-19 crisis, a discursive construction of collective actors by means of mechanisms of actorialization, generalization and axiologization is necessary for the dynamics of blame-attribution.
KEYWORDS: coronavirus, COVID-19, sociosemiotics, constructivism, blame

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In January 2020, a virus until that moment unknown by the scientific community gained attention world-wide due to the speed of its propagation: the 'novel coronavirus', popularly known simply as 'coronavirus', who when infecting humans causes the disease that has been named 'COVID-19'. Its diffusion started in the Chinese province of Huabei –its main focus being the city of Wuhan– and it quickly spread to the whole world. For observers and analysts based in Europe, the coronavirus became more real when the first cases of infection were diagnosed in Italy, in February 2020. Its reach became so broad, that on 11 March 2020 the World Health Organization declared it a *pandemic*, and nowadays it is considered a major threat for global health. According to WHO official data, by 30 March 2020, world-wide there are more than 600,000 confirmed cases, over 30,000 deaths and more than 200 countries, areas or territories with confirmed cases of infection.

There are few things as representative of the natural realm as a virus. If one accepts the contested analytical distinction between 'nature' and 'culture' (Descola 2005; Koschorke 2009), a virus such as the novel coronavirus clearly belongs to the domain of the former. Nevertheless, despite its biological nature, it also impacts strongly the socio-cultural dimension: when perceived –and interpreted– as a *threat*, it generates individual and collective feelings such as fear and panic, gives place to the implementation of political measures that has frozen the economy of several countries, and leads to controversial decisions that limit civil rights such as freedom of movement and of association. All these are socio-cultural effects that have been caused by the perception, interpretation, and 'reading' that humans make of the virus, which as a result *becomes* a threat. Departing from this general premise, the overarching goal of this article is to discuss the dynamics of this sort of effects of the coronavirus and the resulting disease –COVID-19– on the socio-cultural dimension. As these are many and of diverse nature, the focus will be set on a specific issue: the discursive dimension associated to the dynamics of collective blame-attribution in the context of the COVID-19 pandemic.

Assuming that a virus is spread –even if it is involuntarily– by individual actors by becoming part of a chain of contagion, the case of COVID-19 has shown in a clear manner how in a context of a situation of collective fear, specific discourses emerge regarding blame-attribution. These discourses open the field regarding what blaming someone means. In this context, as it proves difficult to identify individual actors to put the blame on ('Who brought the virus to country X?', 'Who infected individual Y?'), collective actors have been constructed in order to make blame-attribution possible. Due to the semiotic mechanisms involved in this process, specific tags have been linked to these sort of 'imagined communities' (Anderson 1983), which have been used as escape goats to relief the feeling of impotence linked to the fear caused by the abnormal situation linked to the outbreak. At the beginning, when the spread of the novel coronavirus was still regarded by the WHO as an epidemic, the collective actor 'the Chinese' was blamed for the origin of the virus due to their gastronomic

customs, which were usually judged as unhealthy and primitive. When in February 2020 the virus became highly visible in Italy, in some European countries a narrative emerged blaming 'the Italians' for the spread of the virus, pointing out to their allegedly reckless manners and 'Southern' lifestyle. In some Latin American countries such as Uruguay and Argentina, where the first infected cases date from mid-March 2020, the collective identity 'the posh' ('*los chetos*', in the local degrading slang terminology) has been identified as the social actor to be blamed, as they are the ones who can afford travelling to places where the virus is spread and, as a result, import the virus into their own countries on their return. Last but not least, nowadays there is an ever-growing discourse that stigmatizes the collective actor of 'the irresponsible' that do not stay home, its most visible case being the spring-breakers in the United States (Bella 2020; The Guardian 2020a).

To sum up, within the context of the COVID-19 outbreak, several Others have been constructed in discourse in order to articulate a –narrative– explanation for the spread of the virus. As it normally happens in every narrative emplotment, it seems to be the case that there needs to be a sort of villain, i.e., an actor with agency –and hence with the capability of making moral choices– to be blamed for the circumstances. If perception is mediated by the principle of narrativity –understood not as "a particular type of discourse, but as a deep structure that can be found in every discourse" (Paolucci 2012:299)–, then it is understandable that facts are integrated into narrative articulations –stories, social discourses, imaginaries– in which specific actors fulfill specific thematic roles. This article examines from a sociosemiotic perspective such mechanisms of discursive construction of the Other as a central instance in the dynamics of blame-attribution in the context of the COVID-19 outbreak. In what follows, the first section introduces the research field of sociosemiotics, the second discusses fear as an emotion that is socially constructed, the third examines identity from a constructivist perspective as the result of the establishment of differences following an imagined distinction between the collective actors of 'we' and 'they', and the fourth and final focuses on the mechanisms of collective identity construction and blame-attribution in the context of the COVID-19 outbreak.

SOCIOSEMIOTICS: THE STUDY OF 'MEANING IN ACTION'

Semiotics was first conceived as a discipline by Swiss linguist Ferdinand de Saussure, who in his *Cours de linguistique générale*, published in 1916, presented it as the sill inexistent science whose interest would be set on studying the life of signs in the framework of social life, and hence a sub-discipline of social psychology. Departing from this general idea, during the 20th century semiotics grew as an autonomous research field, even if it never managed to break completely its link with linguistics and philosophy of language: authors such as Roland Barthes, Charles Sanders Peirce, Algirdas Greimas and Umberto Eco, who nowadays are regarded as 'fully-fledged' semioticians, started their intellectual careers by studying language. This link gave place to a conceptualization that persisted for years of semiotics as the science that studies signs and sign systems (Hénault 2012; Landowski 2019), leading to its categorization

by many as "abstract and removed from the way the world actually works" (Lorusso 2015:2).

In spite of this original focus on signs and sign systems, during the last decades there has been a methodological turn within the discipline: researchers have shifted their focus of interest from specific manifestations of language in the form of standard verbal and audiovisual texts to a broader spectrum of phenomena, such as practices, interactions, trajectories, and situations, amongst many others, by using the analytical category of 'text' as a model of analysis (Landowski 2014; Marrone 2011). Researchers such as Jean-Marie Floch (1990), Jacques Fontanille (2008), Eric Landowski (2014), Patrizia Violi (2014), and Gianfranco Marrone (2001), to mention only a few of well-known names within the discipline, started applying the concepts, theories and methods of traditional semiotic theory to the study of 'meaning in action', i.e., the signifying processes that take place within –and that at the same time, construct and reproduce– the social realm (Hénault 2012; Landowski 2014; Landowski 2019; Lorusso 2015). As Floch (1990:22) argues in a book that nowadays is a reference of applied semiotics, the discipline can be defined by considering its field of research: "languages –all languages– and signifying practices, which essentially are social practices", making its scholarly aim "the description of the conditions of production and understanding of meaning". This is why, according to Landowski (2014:10), semiotics "claims to account for the way how sense emerges from daily life and lived experience with its many dimensions", while Eliseo Verón (1988:125), based on the assumption that "every social phenomenon is, in one of its constitutive dimensions, a process of meaning-making", indentifies the scope of the discipline with "the reconstruction of the production of meaning within the inter-discursive networks of our societies" (Verón 1989:138). Similarly, Anna Maria Lorusso (2015:2) identifies "the processes and practices within which meaning, in its multiplicity of languages, exists" as the object of study of semiotics.

Independently of the signifier chosen to refer to this research field –'sociosemiotics', 'semiotics of culture', etc.–, what matters is the agreement regarding the object of study. Due to the expansion of its scope, this research field became significantly close to other social sciences such as anthropology (Lorusso 2010; Landowski 2016). Within anthropology, the work of Clifford Geertz (1973) presents significant commonalities with the sociosemiotic approach. Geertz (1973:4) is broadly known for his *semiotic* account according to which "culture consists of socially established structures of meaning in terms of which people do [...] things as signal". More generally, he writes:

> Believing [...] that man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretative one in search of meaning. (Geertz 1973:5)

For Geertz (1973:11), culture can be read and interpreted as a text, given that cultural practices –such as cockfights in Bali, which he famously studied–, and human behavior in general, are seen as "symbolic action –action which, like phonation in speech, pigment in painting, line in writing, or sonance in music, signifies". Hence,

Geertz supports an interpretative approach to culture based on conceiving it as a complex text that needs to be decoded by employing the method of 'thick description', aimed at "gaining access to the conceptual world in which our subjects live so that we can, in some extended sense of the term, converse with them" (1973:23). This approach seems to be in line, just to mention an example, with what Susan Sontag tried to do in her book *Illness as Metaphor* (1978), where she examined the metaphors associated to diseases such as tuberculosis and cancer with the aim of demystifying them. In other words, the aim of cultural analysis can be conceived as "sorting out the structures of signification [...] and determining their social ground and import" (Geertz 1973:10). Similarly, in *A Theory of Semiotics* Umberto Eco (1976) made the effort of formulating a general theory of semiotics that could study any signifying phenomenon based on sign-functions. According to Eco (1976:22), "humanity and society exist only when communicative and significative relationships are established", what leads him to formulate a methodological premise according to which "the whole of culture *should* be studied as a communicative phenomenon based on signification systems". This premise is also underlying the work of Verón (1988:125), who believed that "every form of social organization, every system of action, every set of social relations, implies, in its own definition, a signifying dimension". That is why, according to Verón (1988:126), "meaning is interlinked in an inextricable manner with social behaviour", and meaning-making is to be considered as the basis for "the material organization of society, its institutions and its social relations".

To sum up, the focus of scholars researching the socio-cultural dimension from a semiotic perspective is set on how meaning emerges, circulates, and is consumed within the webs of inter-subjectivity that constitute 'culture', which is characterized by permanent and complex processes of *semiosis*, that is, of emergence of signifying functions. As Verón argues (1988:126), "it is in *semiosis* that the reality of the social is constructed", while Lorusso (2015:3) conceives *semiosis* as "a social institution". It is because of this focus that, as Lorusso (2015:2) argues, "semiotics can 'match' with other scientific paradigms", based on the fact that it shares with them "assumptions, practices, and authors of reference".

FEAR AS A SOCIAL CONSTRUCTION

Underlying the sociosemiotic outlook is a constructivist premise according to which social reality is constructed by means of specific processes of interpretation and meaning-attribution. As a theoretical account, constructivism has gained strength during the last decades in several social sciences and the humanities, affecting discussions within sociology (Berger and Luckmann 1966), social psychology (Gergen 1999), international relations (Wendt 1992) and philosophy (Searle 1995). In spite of the many existing constructivist accounts, the basic premise of constructivism is the denial of realism and of other essentialist accounts that consider reality as something given and pre-social; for constructivists, reality itself is a social construction based on inter-subjective agreement in which language helps to construct, maintain and reproduce that reality.

In line with this general tenet, during the last couple of decades several semioticians studied social and collective phenomena such as memory, trauma and conflict from a semiotic perspective, paying attention at how specific cognitive and emotional processes take place in the form of dynamics of *semiosis*. In this general context, emotions such as fear and panic are understood as social constructions based on intersubjective processes of meaning-making, both on the individual and the collective level. Regarding the individual level, Hutchinson and Bleiker (2014:505) argue that "what people feel physiologically as emotions is the product of social and cultural encounters and of how individuals have been socialized into managing their emotions through and within such encounters". That is why, even if it is true that the emotions an individual feels have a bodily anchorage, these are not innate or natural: emotions should be conceived as 'cultural products', because "feelings are formed and structured within particular social and cultural environments" (Hutchinson and Bleiker 2014:504). As the authors argue, "to experience feelings such as anger, fear, trust, or empathy is dependent on a specific cultural context that renders such emotions meaningful and acceptable".

The same principle applies for the collective dimension of fear and panic. Members of a society feel these emotions in their bodies when there is a dominant discourse that constructs a threat in narrative terms. In the achievement of such a perception, there are semiotic mechanisms involved: on the one hand, the *cognitive*, which is related to a specific perception of reality and facts based on an articulated set of normative and evaluative parameters (e.g. 'COVID-19 *is* a threat for my/our well-being'); and on the other hand, the *affective*, which is triggered by the cognitive process and refers to the actual emotions that the interpretation of facts produces on the individuals. In the transition from the former to the latter, *semiosis* plays a central role, given that it is the "signifying dimension of social phenomena" (Verón 1988:125) and, as such, articulates perception and emotions in a narrative manner, departing from the dominant semiotic premise according to which "narrativity is the form of meaning that structures thought" (Paolucci 2012:303).

Taking this framework to the case of the COVID-19 outbreak, the virus itself would not be considered a major global threat without a discursive environment that transforms every confirmed infection or death in an actualization of that mainstream narrative: infections and deaths trigger specific interpretative processes, both at the individual and collective level, that support the confirmation of the interpretative hypothesis 'COVID-19 is a threat'. Such a discursive environment is fostered inter-subjectively, for example by interpersonal conversations, official declarations of government and experts, viral content and memes shared on social media, and media coverage. In this environment, an objective fact ('a new virus is infecting a high number of people in a very short period of time') *becomes a threat* because specific meanings are attributed to it based on a broader narrative that serves as the interpretative framework. Fear and panic are, hence, the product of social discourse and, as Verón (1988:126) argues, "a sociosemiotics can only be a theory of the production of social discourses".

When analyzing phenomena such as the COVID-19 outbreak from a sociosemiotic perspective, it is essential to keep in mind that fear is socially constructed, and

therefore the object of research should be social discourse, with a specific focus on its narrative dimension, i.e., who are the actors involved in the narrative, which is their relationship, what is the 'object of value' that is being disputed, and which is the logic of the interactions between the actors in order to gain access to that object. Within this conceptualization, based on the principle that assumes that narrativity is "the semiotic form capable of rendering thought meaningful" (Paolucci 2012:304), threats take a narrative form, including the construction of an actor that is responsible of that threat (Cosenza 2018). As Helger Mölder (2011:34) argues, a "culture of fear increases the role of instability and anxiety in social discourses and relationships and makes distinctions between friendly Us and hostile Others". As a result, a specific type of discourse is permanently constructed by means of textual and narrative articulations, where collective actors such as 'We, humanity' and 'It, the virus' are not only constructed, but also axiologized positively and negatively, as we shall see in the next section.

IDENTITY AND THE 'WE'/'THEY' DICHOTOMY

Identities, both individual and collective, do not escape the logic of meaning-making based on a narrative articulation discussed above: they are inter-subjective co-constructions based on a negotiation of meaning articulated around the principle of recognition. This means that an identity only exists if there is an interpreter who recognizes it as such. As a result, from a constructivist perspective identities cannot be defined in an essentialist manner, i.e., based on fix, stable and given sets of properties; instead, they are defined from a *relational* perspective, which identifies them as meaningful units by means of the establishment of differences with other identities. That is why Leonor Arfuch (2005) believes that identities are 'relational positions'. Such a theoretical premise can be found, for example, in the sociolinguistic research of Bucholtz and Hall (2005:585-586), who argue that identities are "a relational and socio-cultural phenomenon that emerges and circulates in local discourse contexts of interaction rather than as a stable structure located primarily in the individual psyche or in fixed social categories". Identities, both individual and collective, are constructed by means of cognitive processes linked to articulations of meaning based on a narrative principle.

When dealing with collective identities, the discursive construction of the multiple meaningful units and categories that are part of the narrative –for example, in the case of national identity, 'the Polish', 'the Uruguayans', and so on– takes place by establishing an imaginary dichotomy between a 'We' and a 'They'. Both actors result from a semiotic mechanism in which reality is segmented arbitrarily in groups that are imagined not only as different, but homogeneous and monolithic as well. This phenomenon has been studied in detail, amongst others, in the political realm (Mouffe 2005; Cosenza 2018) and in the context of nationalism studies (Anderson 1983). The premise is that, if there is a 'We', imagined as unitary and homogeneous, it is because there has been a discursive construction of an Other, relationally defined as 'non-We', which is also imagined as unitary and homogeneous. As Fornäs (2012:43) argues when

studying the idea of a 'European' identity, "identities are formed by signification processes spun around specific individuals or groups, where people in thought and action link somebody or something to a range of meanings representing characteristic traits and values for that person or collective". This process of meaning-making implies a number of cognitive mechanisms whose core is semiotic, that is, related to *semiosis*, such as actorialization, generalization and axiologization.

Actorialization can be defined as the construction of collective actors on the discursive dimension. This implies the definition of a collective identity based on the establishment of arbitrary boundaries that separate 'units of meaning'. As Eco (1976:73) showed in *A Theory of Semiotics* based on the research of linguist Louis Hjelmlev, meaning is to be conceived not referentially, but as 'cultural unit' that is "*placed* in a system of other cultural units which are opposed to it and circumscribe it"; therefore, Eco argues (1976:66), "every attempt to establish what the referent of a sign is forces us to define the referent in terms of an abstract entity which moreover is only a cultural convention". Every narrative configuration implies some actors, which are discursively constructed. In the case of the COVID-19 outbreak, a number of actors have been constructed in discourse. On the side of the heroes, 'the workers of the health system', an imagined actor whose members are unknown from an individual perspective and whose bravery is in several countries recognized on a daily basis with a collective round of applause. But on the other side, as it was mentioned in the Introduction, a number of Others have been constructed: 'the Chinese', 'the Italians', 'the posh', and 'the irresponsible', amongst others. Even if they might have an anchorage on factual events, these 'cultural units of meaning' that have been arbitrarily delimited, fulfill a *cognitive* function: if the unit of meaning 'the Chinese' occupies a role in the mainstream narrative articulated around the COVID-19 outbreak, then specific attributes and connotations will be attributed following a deductive logic to individual actors that are recognized as members of that group, leading to xenophobic and racists judgments. Besides the arbitrary segmentation, there is a process of *generalization*, in which the specific individual units that are imagined as part of the collective actor are assumed to be the same or, at least, share their core properties. Collective actors, then, in their quality of being discursive constructions based on the attribution of a homogeneous identity to an imagined group, gain life as opposed to other actors, also imagined, based on the dichotomy anchored on the pronouns 'We' and 'They'.

When dealing with collective identities, however, the most interesting semiotic mechanism involved in the social construction of the Other is *axiologization*, which consists in the attribution of specific value and normative connotations to the collective actors that have been created in discourse. Following Anne Hénault (2012:275), axiologization can be defined as "the static valorization of a given universe of discourse", what implies a normative and value-loaded dimension that adds positive and/or negative marks to the units of meaning that have been arbitrarily delimited, including the collective identities that are of our interest. Chantal Mouffe (2005:5) identified that the 'We'/'They' dichotomy that structures the field of political discourse, axiologization takes place on a *moral* register: as she argues, "the we/they, instead of being defined with political categories, is now established in moral terms" following

a narrative of a struggle between 'right' and 'wrong', what produces a transformation in the conception of the political opponent from an *adversary* to an *enemy*. It is in this way that, in the field of politics, the Other gains specific negative marks and connotations, which sometimes represent a major obstacle for dialogue and rational political struggle.

ACTORIALIZATION AND BLAME-ATTRIBUTION IN THE CONTEXT OF THE COVID-19 OUTBREAKE

This section will focus on two major issues: on the one hand, the discursive construction of the multiple Others in the case of the COVID-19 outbreak; and on the other, the role these discursive constructions might play in a narrative scheme of blame-attribution.

Regarding the former, based on the theoretical framework discussed in the previous pages, some specific collective actors have been not only constructed based on the mechanisms of actorialization and generalization, but they have also been strongly axiologized and regularly used as 'escape goats' to explain the threat that the virus poses in narrative terms. As Argentinean journalist Verónica Abdala (2020) discusses in a very recent piece, the fact that the virus was originated in the Chinese city of Wuhan has produced a surge of xenophobic and racist attitudes, in the form of "a rejection in the whole world towards restaurants and shops managed by Chinese citizens, besides discriminatory and racist episodes towards individuals with Asian features". This phenomenon is also reported by Laurie Chen (2020a; 2020b), who in a coverage of the awareness-raising action staged in Florence by Massimiliano Martigli Jiang –an Italian-Chinese individual– writes that "as in other Western countries, there has been a surge in xenophobic incidents targeting Chinese people in Italy in the wake of the deadly coronavirus outbreak". For Suyin Haynes (2020), this wave of discrimination "is not only targeting mainland Chinese people, but people of east and south east Asian descent more broadly, including those who are not first-generation immigrants". Moreover, in a recent piece, Becky Little (2020) identifies in the United States a historical record characterized by a "biased way of associating immigrants with disease".

The use of the unit of meaning 'the Chinese' –an imagined collective actor that is constructed discursively and hence arbitrarily– in the narrative that attributes blame for the spread of the COVID-19 has been fueled by allegations done by political actors on China's –the state, represented by its government– responsibility in the outbreak, like for example Donald Trump's reference to the virus as the 'Chinese virus', a denomination that has been strongly criticized, especially after a photograph of his speaking points in which the original phrase 'corona virus' was manually replaced by 'Chinese virus' circulated online. Moreover, there are reports that indicate that political actors close to Trump used the expression 'Kung Flu' to refer to the virus (Orbey 2020; Rogers, Jakes, and Swanson 2020), and it has been reported that Republican Senator John Cornyn declared that "China is to blame, because the culture where people eat bats and

snakes and dogs and things like that [...]" (Orbey 2020), a statement that takes the discursive construction to a *cultural* level, beyond the political dimension. As Eren Orbey (2020) argues, "the terror of Trump's finger-pointing is not only that it will surely exacerbate the misdirected anger and violence against Asians and Asian-Americans; it's that his jingoism undermines the collective effort that's essential to slowing the virus's spread".

In short, in reference to the case of China as a state, China as a cultural unit and 'the Chinese', it can be clearly seen how the three units of meaning tend to merge into one, given that the signifier 'China', besides referring to a country –an administrative unit with clear boundaries, sovereignty and a government that can be held accountable for its actions–, also refers to another clusters of meaning, linked to the collective identity of 'the Chinese', whose boundaries and defining properties are not so well-established as in the case of the political unit: to blame 'the Chinese' for the spread of the virus represents an oversimplification that is handy when trying to emplot and explain facts in narrative terms, but that is not accurate. Nevertheless, for many it is still a key piece in the narrative explanation of the current extraordinary circumstances. In opposition, some counter-narratives also have emerged, such as the one condensed in the #JeNeSuisPasUnVirus hashtag that has been promoted in France by the French-Asian community as a form of denouncing discrimination (Chen 2020a).

A second case of interest can be found in the situation that took place in countries such as Argentina and Uruguay, where the virus was imported to these countries by travelers arriving from Europe. As Abdala (2020) points out, in Argentina the spread of COVID-19 was initially associated to a specific social class, what also happened in Uruguay, where one of the first confirmed cases of infected individuals –on 13 March 2020– was a fashion designer who in early March arrived to the country from Spain and, instead of putting herself in a preventive self-quarantine, the night of her arrival attended a massive wedding (The Guardian 2020). Her identity, as well as humoristic –and at the same time stigmatizing– viral content quickly spread on social media, including some voice messages from individuals clearly recognizable due to their tone and language as being part of the imagined collective actor of 'the posh'. This fueled very quickly the hypothesis that the COVID-19 had been introduced in Uruguay by 'the posh', a collective identity that in Uruguayan social discourse is linked to Carrasco, a residential neighborhood in the capital city Montevideo. In a context of strong political polarization articulated in the form of class-belonging attributed to a hegemonic political discourse associated to left-wing political actors, this single occurrence became an actualization of the interpretative narrative that blames 'the posh'.

Having discussed some of the examples of how collective actors are imagined and constructed in discourse by means of specific semiotic mechanisms, a brief discussion of the process of blame-attribution will follow, with the aim of understanding why collective actors as the ones discussed above need to be created –and axiologized– in order to consolidate the narrative on the spread of the COVID-19. This will be done based on philosopher Thomas Scanlon's (2008; 2013) account, who conceives blame as "a class of responses to morally faulty actions" that implies "a modification of one's understanding of one's relationship with the person blamed", particularly of the ex-

pectations towards them (Scanlon 2013:84-86). The concept of relationship plays a central role in Scanlon's account, as blaming someone implies modifying the relationship one has with them. For Scanlon (2013:84), a relationship is "a set of intentions and expectations about our actions and attitudes toward one another that are justified by certain facts about us". This account can be easily applied to the case of *interpersonal* relations such as friendship and family, but what happens in cases such as the one that is of interest in this article, in which actors are not individuals, but collective identities?

To cover these *impersonal* situations –that is, situations in which one cannot know the person that is to be blamed for an action–, Scanlon introduces the idea of the 'moral relationship', which according to the author is universal, inescapable and holds among all rational agents. As Scanlon (2013:87) argues, "the moral relationship does not apply only to people who know of or are acquainted with one another or who actually have certain attitudes towards one another": it is a *normative* relationship that we all stand in with all the other individuals, which establishes that "we should have certain general intentions about how we will behave toward other rational creatures" (2013:87), even if we do not know them. It is based on the idea of this moral relationship that Scanlon builds his account of blame: "blame and blameworthiness [...] are always relative to some relationship or relationships" (2013:88), what makes holding a relationship a precondition for blame-attribution to take place: if there is no relationship, there simply cannot be blame-attribution. It is here where the principle of narrativity that articulates cognition can be of help.

From a semiotic perspective, it could be argued that in *impersonal* cases, i.e., in cases in which one cannot identify a specific individual or social actor to blame, the process of blame-attribution based on the moral relationship gives place to a process of imagination and discursive construction in narrative terms of the agent to be blamed. For blame-attribution to take place, such construction is *a necessary condition*. In the case of interpersonal relations, one can always attribute responsibility to someone's actions that are prejudicial to one in a narrative manner, such as, for example, in the case in which a friend or relative that does not want to self-confine him/herself and that, as a result of that action, infect us with the virus. But in the case of impersonal relations –which are the dominant case in the context of the COVID-19 outbreak, given that asymptomatic contagion is possible–, the actor to be blamed needs to be discursively constructed, so that the blame can be put on them following the articulating narrative principle in which an agent acts morally wrong and therefore can be blamed. In other words: in a context in which it is difficult to find individual escape goats to blame for infecting others, it is simpler to construct discursive actors and held them responsible for the catastrophe. In this sense, the discursive construction of the Other seems to be a clear confirmation of the cognitive hypothesis regarding the central role of narrativity in the articulation of perception: to make sense of the abnormal circumstances, someone needs to be blamed, because narrativity implies causality and agency.

CONCLUDING REMARKS

This article should serve not only as a proof to show the actuality of sociosemiotic thinking nowadays, but also as a way of bringing into attention the relevance that social discourses and the principle of narrativity play in how individuals and other social actors perceive reality. In times of confusion, fear and even social chaos, identifying the social discourses that structure the debate will certainly help to deal with uncertainty in a more accurate way. Moreover, the reflections presented in the previous pages should be put in perspective with regards to a challenging paradox that is anchored in the nature of the virus, who does not recognize the identities, arbitrarily established, that structure human perception such as nationality or social class.

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CORONAVIRUS COVID-19 DISEASE, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

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ABSTRACT: The current coronavirus (COVID-19) pandemic is a particular and rare situation. COVID-19 has affected and is likely to affect people from many countries, in many geographical locations. We are in the midst of a worldwide pandemic, with cities and even entire countries shutting down. The coronavirus has affected nearly every aspect of our lives, from school to work, to sports, to where we eat and what we do. All these changes affected people physically, but also psychologically.

It is understandable that during times like this, people may be feeling afraid, worried, anxious, and depressed due to the constantly changing alerts and media coverage regarding the spread of the virus. Hence, the main aim of our paper is to explore the linkage between the coronavirus COVID-19 disease and mental health conditions, such as stress, anxiety and depression. Everyone may experience fear of the consequences of the infection with a potentially fatal new virus, and might experience mental stress, anxiety, loneliness, depression. Based on experience from past global serious viral experiences, the development and implementation of mental health assessment, support, treatment, and services are crucial and pressing goals for the health response to the COVID-19 outbreak.

Human beings have an incredible ability to adapt and survive, through altruistic and

co-operative means. So for each one of us is important to look after ourselves and each other.

KEYWORDS: coronavirus COVID-19, stress, anxiety, depression, psychosocial support

INTRODUCTION

> "It's easy to blame, it's easy to politicize. It's harder to tackle a problem together, and find solutions together".
> (Tedros Adhanom Ghebreyesus, General Director of WHO)

Accounts of mental health and infectious diseases date to antiquity. Scientific appreciation for the many complex relationships between mental health problems and viral diseases has rapidly expanded only in recent decades (Coughlin 2011; Prince et al. 2007; Schuster, Bornovalova and Hunt 2012). Viral diseases and mental health conditions are not recognized among the largest categories of disease burden globally.

Since the end of December 2019, the Chinese city of Wuhan reported a novel pneumonia caused by coronavirus 2019 (COVID-19) which is spreading both nationally and internationally (*Novel Coronavirus Pneumonia Emergency Response Epidemiology Team* 2020:113). The virus has been named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). COVID-19 rapidly spread from a single city to the entire country. The sheer speed of both the geographical expansion and the sudden increase in the number of cases, suppressed and quickly overwhelmed health and public health services in China, particularly in the city of Wuhan and the Hubei Province. Epidemic curves reflect what may be a mixed outbreak pattern, with early causes suggestive of a continuous common source, potentially a zoonotic spillover at the Huanan Seafood Wholesale Market, and later cases suggestive of a propagated source as the virus began to be transmitted from person-to-person (Battegay et al. 2020).

On January 30, the World Health Organization declared the novel coronavirus outbreak as an international emergency and on March 11, the WHO declared the global COVID-19 a pandemic (*World Health Organization* 2020). This new disease that emerged in Wuhan – China in late 2019, is currently having a significant impact worldwide. The numbers of cases are changing quickly and national governments of every country are rapidly adopting measures that are a precaution to minimize the risk of exposure and spread.

Since the outset, the government of every country has been working closely with the Ministry of Health and local public health units to provide evidence and expertise for informed decisions and policies in regard to surveillance, case control management, and infection control.

At this moment COVID-19 is affecting more than 27 countries, raising concern of widespread panic and increasing anxiety in individuals subjected to the (real or perceived) threat of the virus. Importantly, these concerns arise with all infections, including the flu and other agents, and the same universal precautions are needed and indicated for safety and the prevention of further transmission. There is widespread

community transmission of COVID-19 in each country, meaning that the sources of new infections are unknown. Everyone everywhere should act as if they have been exposed to COVID-19.

Pandemics affect individuals and societies on many levels, causing disruption. It is normal to feel stress and worry when there is a health event happening in the community that is affecting people's wellbeing, such as the coronavirus disease (COVID-19). Fear and panic have also been linked to outbreaks. As concerns over the perceived threat grow, people may start to collect masks and other medical supplies. This is often followed by anxiety-related behaviors, insomnia, and overall lower perceived state of health. Every person may be particularly vulnerable to the effects of widespread panic and threat.

THE MAIN CHARACTERISTICS OF THE CORONAVIRUS DISEASE 2019 (COVID-19)

Coronaviruses are a group of viruses that can cause illness ranging from mild conditions, such as a cold, to more serious illnesses such as pneumonia (Nanshon et al. 2020). Recently, a new coronavirus was detected that had not been previously found in humans. The disease, called COVID-19, can be spread from person-to-person.

For the first time in 2003, the pathogen behind the SARS-CoV (severe acute respiratory syndrome) outbreak in China was identified as a coronavirus (Chan-Yeung and Rui-Heng 2003). That outbreak is believed to have started when a coronavirus was transmitted from animals, especially cats, to humans, resulting in a type of disease called zoonosis (Hung 2003:375). These viruses were underlined in 2012, when another virus was transmitted from camels to humans causing MERS-CoV (Middle East Respiratory Syndrome). That illness has killed 858 people to date, primarily in Saudi Arabia, representing approximately 34 percent of those infected (Hajjar, Memish, and Mcintosh 2013; De Wit et al. 2016).The comparisons with the current virus showed significant differences and similarities. Both MERS-CoV and SARS-CoV have much higher fatality rates (40% and 10% respectively).

Although the current SARS-CoV-2 (also referred to as 2019-nCoV), shares 79% of its genome with SARS-CoV, it appears to be more transmissible (Phan et al. 2020). The virus activates immune cells and induces the secretion of inflammatory cytokines and chemokines into pulmonary vascular endothelial cells. The mean incubation period is 14 days, with the 95th percentile of distribution at 5.5 days, though uncertainty remains. Studies have shown effective person-to-person transmission of 2019-nCoV even in the presence of isolation efforts in medical facilities (Phan et al. 2020). Transmission in a health setting is a very serious threat. While further study is required, it appears that asymptomatic persons are also potential sources of 2019-nCoV infection (Wan et al. 2020; Rothe et al. 2020).

There are two ways a coronavirus can be transmitted via air. In a droplet form, the coronavirus is airborne for a few seconds after someone sneezes or coughs. It is able to travel only a short distance before gravitational forces pull it down. Someone close enough for the virus particles to reach in that brief period can therefore be infected.

It can be anyone who comes into contact with virus-containing droplets that fall onto a surface. The new coronavirus can survive on surfaces for several hours; hence is the importance of hand-washing after touching a surface in a public place. The Wuhan scientists concluded that the virus aerosol is a potential transmission pathway (Jiang et al. 2020).

Huang et al. (2020:499) first reported clinical features of 41 patients confirmed to be infected with COVID-19 on January 2, 2020. The initial symptoms included fever, cough, dyspnea, myalgia or fatigue, sputum production, headache, hemoptysis and diarrhea. Most people with COVID-19 have mild to moderate symptoms and fully recover without complications. Less commonly, COVID-19 may lead to pneumonia, hospitalization or death.

People who are at most risk for severe illness are adults aged 50 or older, or those who have chronic health conditions, such as: lung disease, heart disease, diabetes, cancer, and weakened immune system.

COVID-19, OUTBREAKS AND PANDEMICS

It is a frightening time. We are in the midst of a worldwide pandemic, with cities and even entire countries shutting down. Some of us are in areas that have already been affected by coronavirus. Others are bracing for what may come. And all of us are watching the headlines and wondering: "What is going to happen next?".

COVID-19 has and is likely to affect people from many countries, in many geographical location. The governments of all countries decided to restrict personal movements, public events, and business activities of their people, media outlets worldwide have accelerated the fear-based headline machine into overdrive. There are hourly updates of new cases, possible deaths, and official briefings, as well as prognostication about future calamity (*World Health Organization* 2020).

Many streets in cities around the world are empty. Flights to and from affected parts of the world have been grounded. Scientific or business conferences have been cancelled. Museums are closed. People have to stay at home. It is clear that, when public health authorities have to face outbreaks, national and international policies and interventions have been used. Getting people to cooperate towards the goal of contingent self-imposed quarantines, washing hands, limiting travel and gatherings, reducing number of free riders to a minimum and avoiding extreme risk perceptions (panic or anxiety) is as important as closing schools and increasing the number of beds in intensive care units. At this moment, it is very difficult to tell how many lives were saved with the actions to reduce the pandemic.

COVID-19 is new virus and has not been well understood yet. We do not have a vaccine for coronavirus, but we have antiviral therapy, which might be effective against coronavirus and maybe life will return to normal in every part of the world.

MENTAL HEALTH IMPACTS OF CORONAVIRUS COVID-19

Public health emergencies, such as the outbreak of the coronavirus disease 2019

(COVID-19), are a stressful time for both people and communities. Fear and anxiety about a disease can lead to social stigma toward people, places or things. For example, stigma and discrimination can occur to people with a disease, such as COVID-19, within a population or a nation, even though not everyone belongs to that population or to a region that is specifically at risk for the disease. It is very clear that stigma hurts everyone by creating fear or anger towards other people. COVID-19 has wrecked our way of life in a manner that probably has not been seen for a long time. There has been a lot of fear, anxiety and stress related to this new situation in our life.

In fact, the coronavirus has affected nearly every aspect of our lives from school to work, to sports, to where we eat and what we do. All these changes being forced upon us can stir up anxiety within us. Facing these critical situations, everyone is at risk of developing psychological distress and mental health symptoms such as anxiety, depression, and loneliness (Barlow and Michelle 2000). There are likely to be multiple biological and behavioral pathways that account for linkages between mental health conditions and viral disease, such as coronavirus disease 2019 (COVID-19) and the specific mechanisms can vary by viral disease. Mental conditions such as depression can delay help-seeking or reduce the likelihood of detecting other health condition including communicable diseases (Basco, Krebaum, and Rush 1997). Depression and psychological stress have shown to have a number of biological effects including reduced cell-mediated immunity and increased inflammatory processes (Heymann 2008). A further issue is that coronavirus can directly affect the brain and result in mental health conditions such as stress, anxiety or depression.

Communities can be affected by COVID-19 in many ways. People are separated from their loved ones, due to illness or death. Health workers need to deal with a high workload and a lot of stress. Those associated with COVID-19 can be vulnerable to social stigma, which is worsening their distress and isolation. In fact, whole communities nay experience the fear and suffering that disease outbreaks often cause. Potential mental health impacts on people who are directly affected include:

- Increased anxiety for oneself and others;

- Psychological distress;

- Social isolation;

- Interruption of employment or study;

- Impact on normal daily routines and functioning.

Most people will manage with the support of family and friends, but others may need some extra help to keep things on track.

COVID-19, STRESS AND POSTTRAUMATIC STRESS DISORDER

Stress is a normal psychological response to an abnormal situation. As such, it is a part and a parcel of our lives. It enables our body to adapt to the multiplicity of positive or negative events that we experience, such as birth, marriage, loss of employment, etc.

Stress comes and goes on its own, depending onthe involved factors (Beck and Sloan 2012).

The outbreak of the coronavirus disease (COVID-19) may be stressful for people. Everyone reacts differently to stressful situations. The way a person responds to the outbreak can depend on his/her background, the things that make him/her different from other people, and the community the person lives in.

Stress during an infectious outbreak can include:

- Fear and worry about our own health and the health of our loved ones;

- Changes in sleep or eating patterns;

- Problems with memory or concentration;

- Worsening of chronic health problems;

- Increased use of alcohol, tobacco, or other things.

At the same time, people experience psychologically traumatic stressors "outside the range of usual human experience". Many of those subjected to psychologically traumatic stressors, experience them in dreams or memory with an associated unpleasant feeling, changes in affect and experience of trauma usually dominant in frequency and intensity, and themselves do not represent signs of posttraumatic stress disorder.

Individuals exposed to trauma, such as a coronavirus pandemic, fail to recover spontaneously and experience lingering symptoms that mirror their initial reaction to an event. These individuals develop an acute stress disorder or reaction that greatly interferes with their ability to return to their family and their social and work routines (Coughlin 2012). Within a month or so, such acute reactions usually remit, and the person returns to his or her pre-trauma routine, with a restored a state of homeostasis. For others, this acute reaction fails to remit and symptoms persist, becoming chronic, often debilitating posttraumatic stress disorder (Blaunchard and Buckley 1999).

RELATIONSHIP BETWEEN COVID-19 AND ANXIETY

Contrary to fear, which is a response to a well-defined and very real threat, anxiety is a response to a vague or unknown threat. Anxiety is manifested when we believe that a dangerous or unfortunate event may take place and one expects it. Everyone experiences anxiety at their own individual degree and intensity. The way an anticipated event is perceived will greatly influence the intensity of the experience of anxiety.

The symptoms of anxiety are persistent are not restricted to, or markedly increased, in any particular set of circumstances. With headlines warning us of international terrorism, global warming, economic uncertainty, or viral diseases, such as COVID-19, all of us are likely to be a little more anxious these days. As an everyday emotion, anxiety – "the fight or flight" response can be a good thing, prompting us to take extra precautions. But when anxiety persists in the absence of a need to fight or flee, it can not only interfere with our daily lives, but it can also undermine our physical health

(Wittchen and Hoyer 2001). Evidence suggests that people with anxiety disorder are at greater risk for developing a number of acute or chronic medical conditions. They also have more severe symptoms and a greater risk of death when they become ill (Brown and Barlow 2001).

While the nature of most differential experiences is not yet clear, evidence suggests that stressful life plays a significant role in the onset and persistence of anxiety. Blazer, Hughes and George (2016:1181) noted that the occurrence of one or more negative life events increased the risk of developing anxiety in the following year. Among the other theories, uncontrollability over the environment (Barlow 2001), psychosocial trauma (Borkovec 1994), and insecure attachment to caregivers (Borkovec 1994) have been conceptualized as risk factors for anxiety.

Anxiety can appear in a variety of physical, psychological, emotional and behavioral ways for any given individual in this period of the unknown COVID-19. There is a characteristic pattern which consists of the following features (Bystritsky et al. 2013):

- Autonomic over-activity which is most often experienced as sweating, palpitations, dry mouth, dizziness, etc.;

- Psychological and emotional arousal, which can be manifested as virus-related worries and insecurity, feelings of being overwhelmed by events, self-verbalization that does not always reflect reality, negative vision of things or daily events, feelings of discouragement, insecurity, sadness, anger;

- Sleep disturbances, which include difficulty falling asleep and persistent worrying thoughts. Some people might have terrors and wake up suddenly feeling extremely anxious.

- Behavioral symptoms, such as: difficulty concentrating, irritability or aggression, crying, withdrawal or insularity, difficulty in making decisions.

Patients with confirmed or suspected COVID-19 may experience fear of the consequences of the infection with a potentially fatal new virus, and those in quarantine might experience boredom and loneliness. In addition, symptoms of the infection, such as fever, hypoxia, and cough, as well as adverse effects of the treatment, such as insomnia caused by corticosteroids, could lead to worsening anxiety and mental distress. COVID-2019 has been repeatedly described as a killer virus, which has perpetuated the sense of danger and uncertainty among health workers and the public (Weshling et al. 2020). In the early phase of the SARS outbreak, a range of psychiatric morbidities including depression, anxiety, panic attack, psychomotor excitement, psychotic symptoms, delirium, and even suicidality, were reported (Lee, Wong, and McAlonan 2007). Furthermore, mandatory contact tracing and 14 days quarantine, which form a part of public health responses to the COVID-19 pneumonia outbreak, could increase patient's anxiety and guilt about the effects of contagion, quarantine, and stigma on their families and friends.

At the same time, health professionals are vulnerable to high risk of infections and mental health problems. They may also experience fear of contagion and spreading of

the virus to their families, friends, or colleagues. They experience high level of stress, anxiety and depressive symptoms (Wang et al. 2020). Similar concerns about the mental health, psychological adjustment, and recovery of healthcare workers treating and caring for patients with COVID-19 are now arising everywhere.

FRAMEWORK FOR UNDERSTANDING THE LINKAGE BETWEEN DEPRESSION AND COVID-19

We are living in the dark time of health where we are surrounded by thousands of contagious viruses, bacteria and other pathogens in the environment that use our bodies as their long-term home. Once these microbes have insinuated themselves into our metabolisms, they frequently remain there for life, where they can slowly or rapidly degrade our physical and mental health. Pathogens living in an individual's body will reduce the person's mental and physical activities. Our bodies are considerably overburdened with persisted viral infections which often alter our physiology.

The burden of depression is rising both for the individual, the family, and for the society. Currently most people who are treated for depression are partially responsive or non-responsive. New tools are needed. One of these tools involves a focus on the infections that are often associated with depression (Mason, Mathews, and Han 2013).

On the other side, we did not know anything about the mechanism of the linking between COVID-19 and depression among people. Although the effects of the coronavirus on mental health have not been systematically studied, it is anticipated that COVID-19 will have rippling effects, especially based on current public reactions. It is normal to feel sad about some of the news we are hearing, because people are dying. This is a very scary and concerning situation. This new virus in endemic and pandemic forms, is a major factor in morbidity and mortality globally.

Depression is a state of low mood aversion to activity that can affect a person's thoughts and behavior, feelings and physical wellbeing (American Psychiatric Association 2013). Depressed people may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or begin overeating, or experience problems of concentrating, remembering details or making decisions, and may contemplate or even attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, aches, pains or digestive problems that are resistant to treatment may be present (Attkisson and Zich 1990).

Depression in this coronavirus pandemic is a normal reaction to certain life events. It is absolutely natural for each of us to feel fear, sad, loneliness and isolation during this time.

As Peter Kinderman (2020) said:

> COVID-19 will affect us all. Our lives are changing quickly, we are isolating ourselves and social distancing which cannot be good for our mental health. The inevitable uncertainty will also put pressure or our emotions and resilience. It is normal to feel afraid, depressive and worried in the face of uncertainty and adversity, but there are also things we can do to look after our mental health and

wellbeing during these times.

THE ROLE OF PSYCHOSOCIAL SUPPORT FOR MANAGING STRESS, ANXIETY AND DEPRESSION DURING CORONAVIRUS DISEASE(COVID-19)

It is understandable that during times like this, people may be feeling afraid, worried, anxious, and overwhelmed by the constantly changing alerts and media coverage regarding the spread of the virus. So it is very important to stay informed, to follow mental health and wellbeing tips and strategies and to continue to look after ourselves and each other during these difficult times.

Psychosocial treatment consists of strategies that target excessive, uncontrollable stress, concern and persistent excessive arousal. Psychiatrists and psychologists are uniquely situated to help both their patients and the great community understand the potential impact of the virus and help patients, families and society deal with this latest threat. Treatment plans, progress, reports and status updates should be given to the person and his/her family. Emotional and behavioral response are a part of an adaptive response to extraordinary stress, and psychotherapy techniques based on the stress-adaptive model might be helpful (Folkman and Greer 2000). It has also been recognized, that after this large COVID-19 pandemic, survivors will need prolonged mental health care when facing the task of rebuilding their lives (Keane, Weathers and Fox 2000).

From the standpoint of care and support, it is very important to recognize three phases of a/an endemic/pandemic (before, during and after). Therefore, we try to present the main psychosocial manifestations in an epidemic, broken down by phases and corresponding actions.

Psychological assistance services, including telephone, internet and application-based counseling or intervention, have been widely deployed by local and national mental health institutions in a response to the COVID-19 outbreak. Hence the availability of transparent appropriate, and timely information is vital for the emotional restraint of family members and for keeping the general population calm (Sandman and Lanard 2005). So, the healthy sector should coordinate with law enforcement and humanitarian aid workers for crowd control. Entry to health care facilities should also be controlled.

Each one of us is part of a community, so it is our human nature to care for one another, as we, in turn, seek the social and emotional support of others.

Table 1. Phases/psychosocial manifestations in the population and mental health actions

Phases/psychosocial manifestations in the population	**Mental health actions**
Before: - Sense of inevitability, with a high level of tension in the population, - Maximization of preexisting characteristics (positive or negative); - Worry, fear, tension, anxiety, depression, insomnia…	- Communicate risk to the population, with emphasis on vulnerable groups (children, adolescents, old persons, persons who contracted the disease and survived, persons with chronic physical illness). - Locate personnel trained in mental health. - Establish psychosocial support and counseling groups. - Detect psychosocial risk factors. - Encourage collective spirit and support community participation. - Organize mental health services for an adequate emergency response (mobile teams, crisis intervention units and services in general hospitals).
During: - Loss of initiative. - Feelings of fear, worry, vulnerability. - Adaptation to changes in the usual patterns of life (restricted movement, wearing masks, reduction in direct physical contact, closure of schools or universities, closure of shops….). - Anxiety, depression, stress, panic attacks, agitation, somatic disorder of psychological origin.	- Evaluation of the psychosocial needs of the population. - Support of the core actions of early detection, reporting, care and containment. - Mass communication, information and guidance on: what is happening, what is being done, and what the people should do. - Provide psychosocial care and support (individual and group-based) for affected people, families, and communities. - Create opportunities for mutual support in the community. - Create a menu of personal self-care activities that the person enjoys, such as spending time with family, exercising or reading a book. - Take a break from media coverage of COVID-19. - Support everyone to be connected with others. - Promote work rotation and organize working hours appropriately. - Take time to talk with children or teens about the COVID-19 in a way that they can understand. - Protect human rights (migrants, refugees, prisoners, people with disabilities). - Specialized services for pandemic settings.
After: - Fear of a new epidemic. - Social and mental health conditions: depression, posttraumatic stress, violence, depression, alcohol or drug abuse. - A slow, progressive recovery process begins.	- Maintain a mass communication strategy to facilitate recovery. - Implement individual and group-based mental health care for the affected persons, families and communities. - Support that new life projects should be fostered and encouraged.

Source: own elaboration.

CONCLUDING REMARKS

In this review we summarized studies and experiences which indicate important relationship between stress, anxiety, depression and viral diseases such as the coronavirus disease 2019 (COVID-19).

In today's world, a microbial disaster is no longer a possibility, but a certainty: "As human impact on the earth increases exponentially, the chances for unpleasant surprises from the microbial world will also grow. The virus spreads quickly, because no one has any significant immunity to the novel strain and the illness it causes can be usually severe" (Schnurr and Green 2004:21).

The COVID-19 outbreak that began in China in December 2019, caused more than 779.741 cases and 38.721 deaths in the world (*Worldometer* 2020, Last updates March 31, 2020). The WHO has reported more than 220.000 cases and 11.987 deaths associated with COVID-19 in the European region (Kluge 2020). That means that globally roughly about 6 out of every 10 cases, and 7 out of every deaths, are reported from the European region (Kluge 2020).

Global society is more interconnected than ever, and emerging pathogens do not respect geopolitical boundaries. Proactive investment in public infrastructure and capacity is critical to improve international surveillance, cooperation, coordination and communication about this major outbreak and to be even better prepared to respond to future new public health threats.

Most of the people do not have resources and mental strength to adapt to this type of situation. We are faced with "an invisible enemy", our lives continue to be disrupted and social distancing becomes necessary. The fear and anxiety will increase, everyone has unreal thoughts about the new day and everyone feels isolated or depressive. During the outbreak, "generalized fear and fear-induced over-reactive behavior were common among the public", while depression, anxiety and post-traumatic stress disorder all emerged. The negative effects of stigmatizing a language, such as attaching a region or an ethnicity to the virus, or blaming people for transmission, exacerbate the sense of fear at a macro level. Hence, a sense of hope instead of fear could allow leaders and everyday citizens to better cooperate with another which each other is a vital element in defeating this outbreak. As a society, we must work together with a sense of empathy. As individuals, we must inform ourselves of the facts, stay connected to the people we love and be kind to each other.

Among the many experiences discussed regarding psychosocial interventions in the event of COVID-19 outbreak in the world, special attention has been dedicated to:

- The need for involving communities before, during, and after the epidemic/pandemic;

- To investigate in the training and supervision of workers to provide psychosocial support and mental health care;

- To improve the care of vulnerable groups of persons;

- To integrate the psychosocial and mental health interventions within the

framework of public health.

In any biological disaster, themes of fear, anxiety, depression and stigmatization are common and may act as barriers to appropriate medical and mental health interventions (Pierini and Stuifbergen 2010). Based on experience from past serious novel pneumonia outbreaks globally and the psychosocial impact of viral epidemics, the development and implementation of mental health assessment, support, treatment, and services are crucial and pressing goals for the health response to the 2019-nCoV outbreak.

Human beings have an incredible ability to adapt and survive, through altruistic and co-operative means. So for each one of us is important to look after ourselves and each other.

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ENVIRONMENTAL CHOICES VS. COVID-19 PANDEMIC FEAR – PLASTIC GOVERNANCE RE-ASSESSMENT

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ABSTRACT: Alarming plastic production growth worldwide reinforces the public debate about the prevailing environmental crisis, whereby single-use-plastic (SUP) items are considered as by far the most harmful to the environment and public health. Accordingly, European environmental policy aims at eliminating SUP.

Recently, we presented a model of plastic governance that derives from a circular economy approach identifying and taking into consideration perspectives of different actors in the plastic governance, such as producers, wholesalers, shop keepers, consumers, citizen scientists, and academia. Our results illustrate that the vast majority of stakeholders cared for the natural environment and understood the need to phase out SUP from the global economy. We proposed that a knowledge brokerage,

undertaken by scientists via means of citizen science, as the most effective method to implement elimination policy, as it provides stakeholders with knowledge on why and how to handle SUP issues.
However, at the time of the global COVID-19 pandemic, **a plastic governance model required a re-assessment**. The perceived role of SUP has changed, as it reflects the health emergency. Namely, due to the health safety reasons stakeholders and consumers are requesting even more SUP than previously. Following up on our data gathered prior to the pandemic, we suggest that under the new circumstances **health concerns outweigh the environmental concerns being determined by a shift in the value hierarchization**. The paper discusses preliminary results.
KEYWORDS: COVID-19, coronavirus, pandemic, single-use-plastic, SUP, value hierarchization, plastic governance

INTRODUCTION

While just a few months ago, public discourse was largely focused on environmental matters including climate change and plastic pollution (Kistler and Muffett 2019), today the world's media coverage is largely focused on the ongoing COVID-19 pandemic.

The COVID-19 is the novel respiratory disease, which first became noticeable at the end of December 2019 in Wuhan in the Chinese province of Hubei, later developed into an epidemic in the People's Republic of China in January 2020 and finally spread worldwide, with tremendous speed: on March 7, the WHO reported over 100,000 infected worldwide (3,486 deaths); on March 19, over 200,000 infected (8,778 deaths). Just four days later, on March 23, over 300,000 infected (14,510 deaths), continuously growing. There are (as of March 24, 2020) 190 countries or territories affected: 20 countries in Asia, 21 in the Middle East, 39 in Africa, 57 in Europe, 46 in America and 7 in Australia and Oceania (WHO 2020a). In a large number of countries, the pandemic is now characterized by significant restrictions on public life as well as private life of its citizens.

Meanwhile, the alarming growth of unmanaged plastic waste (in particular Single-Use-Plastic items) and its impact on the environment and human health seems to recede in the background. Each year, the production, recycling, and incineration of plastic items emit about 400 million tons of CO2 (World Economic Forum 2016). The dimension of the related pollution reveals a shocking global scenario anticipating that, given these rates continue, by 2050 the contamination of the natural environment with plastic will reach 12,000 million tons (Geyer, Jambeck, and Law 2017, do Sul and Costa 2014). Despite some success in the area of: (1) legislation (EU Directive 2019/904) and (2) recycling technologies, there is still a need for people to change their mindset and for societies to rethink their attitudes towards plastic usage. Due to a lack of scientific research and solutions for effective communicative strategies, decision-makers struggle to find relevant communication channels and tonalities to increase environmental awareness of the public and persuade people to change their

behaviors.

Just recently, we've proposed a new environmental governance instrument to tackle this problem – a **knowledge communication forum using science communication and citizen science techniques** (Cvitanovic et al. 2017), mainly based on public participatory approaches (Lebreton and Andrady 2019, Makri 2017). Hereby, we defined a **plastic circular economy as a multi-layered and multi-sectored flow of knowledge, its understanding and brokerage** (science communication & citizen science) among various stakeholders related to plastic. A stakeholder is a person performing many functions (roles) - from any profession in the plastics industry (decision maker, producer, recycler) to the role of consumer. The focus lies on plastic governance, however not merely technically oriented as commonly understood but also, if not above all, cross-disciplinary, using a long term and transformative perspective. Moreover, we suggested that academia should stand ready to address the collective dimension of such a global action (Cvitanovic et al. 2017, Ramaswamy and Gouillart 2010). Hereby, critical knowledge needs to be related to governance aspects of implementing sustainability transformation (plastic governance), followed by an appropriate mechanism to monitor (evaluate) the desired outcomes.

In the era of the COVID-19 pandemic, however, we need to re-assess the model proposed earlier. Health safety standards require increased use of SUP items, which is in a complete contrary to the previous policy aims and public perception of plastic. Moreover, as some consumer groups (e.g. patients, health care personnel) express significantly higher demand for SUP items, this will eventually lead to a further increase of SUP production. Following up our data gathered prior to the pandemic, we **propose** that given the new pandemic circumstances, **health concern will likely outgrow the environmental care**, being determined by various factors (e.g. age, stakeholder, consumer type, mission of researchers, cultural aspects or even national circumstances) and eventually lead to a **shift in value hierarchization** (Bardi et al. 2009, Homer and Kahle 1988).

METHODOLOGY

We conducted **in-depth interviews with stakeholders of the plastic circular economy,** to understand whether their **health concern due the** COVID-19 pandemic **has outgrown the environmental care.** The qualitative approach allowed gathering a deep and holistic understanding of stakeholders views of how plastic threatens the natural environment, and what has changed during the COVID-19 pandemic. The respondents consisted of representatives of identified stakeholders in plastic circular economy: *decision makers, producers*, *distributors*, *owners of establishments using plastic items*, *consumers*, *ECO-NGOs*, *waste management institutions*, *recyclers* (see Appendix). All (18) but *decision makers* (3) interviewees were interviewed twice. In practice, we performed 33 talks. First interview took place before the outbreak of COVID-19 (October-November 2019) and we re-visited with the respondents after the pandemic outbreak (first infections reported in the EU - late January 2020 (WHO 2020b)). The first round interviews were face-to-face, while the second round of talks were conducted

via Skype and/or cell-phones due to healthy reasons. The interviews were guided by themes such as: *perception of the plastic problem, and strategic response to the problem, improving CE in practice, trust towards other actors of CE, needs, expectations, problems, lucks also towards scientific assistance, communication, consultation, steps towards closing the magic loop of plastic circular economy.* Interview guide was flexible and easily adjustable to particular respondents in terms of the order of questions and level of details.

The first round of interviews lasted between 1 and 1.5 hours. The second interview was usually shorter and lasted about 30 minutes. Interviews were digitally recorded, and transcribed. Transcripts were then analyzed using open thematic coding of statements divided into two major categories: before and during the COVID-19 outbreak. The coding served in terms of a final categorization aiming to determine possible overlapping areas or causality patterns specific for a group of actors (Weijer, Goldsand, and Emanuel 1999). Additionally, we monitored the number of infected patients in each EU member state, and globally on daily basis to be able to detect the pandemic effect on changing value hierarchy (health concern vs environmental care).

RESULTS

We interviewed 18 respondents, representatives of plastic governance: (1) *decision makers*, (2) *producers*, (3) *distributors*, (4) *owners of establishments using plastic items*, (5) consumers, (6) *ECO-NGOs*, (7) *waste management institutions*, (8) *recyclers* (see a full list of respondents at the end of the manuscript). Majority of respondents, significantly more often in the second turn interviewees wanted to stay anonymous, their statements are indicated by numbers in brackets. Each group of interviewees is numbered from [1] - [8], so does indicated in the tables. A full list of institutions they represent is attached in a separate appendix at the end of the manuscript.

The results indicate that all stakeholders in the plastic circular economy perceived plastic, SUPs in particular, a threat to the natural environment. It is worth mentioning, that this attitude towards SUPs and awareness of its potential impacts on the natural environment were within the last years uncommon among producers. They unanimously agreed there is a need for immediate actions to reduce SUP items in the circulation. However they noted many obstacles to accomplishing this goal mainly related to legislation. Specifically, proposed actions in "the EU Directive" and followed national legislation. In particular, producers saw an unrealistic deadline of SUPs ban to meet and still unclear national regulation without the governmental support to smoothen implementation of the EU Directive (Tab. 1).

In the second interview, stakeholders shifted in how they perceived environmental care (conceptualized/operationalized as a threat of plastic, in particular SUPs to the natural environment). Namely, they expressed health concerns due to the COVID-19 outbreak. Moreover, we noted respondents' attention has shifted away from the plastic impacts on the natural environment towards the COVID-19 impacts on public health and economy. Likewise, a general opinion about education to increase public awareness about the natural environment has changed. Respondents agreed that en-

vironmental issues are not of an immediate importance at the moment and that this view reflects their clients perspective on the issue (Tab. 2). Moreover, environmental actions to impact customers attitudes and behaviour may temporarily lose their appeal, as SUPs acquired a positive image. Ironically, SUPs became the only packaging material accepted by many customers due to the hygienic and health reasons. Bioplastic, multi-used packaging or a system of returnable bottles are not an option in consumers' minds. Importantly, according to our respondents, shopping has increased since the beginning of the COVID-19 outbreak, which results in proportionally higher plastic packaging and plastic waste. Similarly to the SUPs, expanding consumption (*less consumption less waste*) is not subjected to criticism any longer, mainly because of general recommendation that each household should secure enough food surplus. All these steps are implemented to prevent further expansion of the COVID-19 within the country (Tab. 1 & 2).

Plastic, distinguished as an environmental problem, was to be efficiently managed. As potential options how to tackle it, respondents enumerated various needs: an improvement of municipal waste management and higher competence of decision makers. What is crucial, second interviews did not mention two issues: a need of the plastic stakeholders network and public consultation which were broadly elaborated during the first talks.

In a long-term perspective, plastic stakeholders expect more advanced financial and merit assistance, mainly from the government. No matter the COVID-19 outbreak, legislation used to be unclear to the stakeholders. They were also discontent of the compensation received from the government. It was verbalized as a real urgency, due to losses, during the pandemic. What is interesting, before the virus plague research support was recognized as worthy by the producers. Those who saw researchers as helpful during the pandemic were ECO-NGOs.

Table. 1. Interviewees' environmental care as perceptions of the plastic threat to the natural environment prior- the COVID-19 pandemic

THEMATIC AREA	CATEGORY OF ISSUES RISEN BY THE INTERVIEEWS	CITATION
PLASTIC THREAT PERCEPTION	A need of education	*„We need to effectively reach society on why and how plastic is dangerous to the environment and human health. It should be provided with the detailed guidelines on how to treat the plastic." [2]*
		"A quality of information needs to be higher. Only reliable ones can be sent to the public. There is so much trash and fake-news, that people very often simply disorientated." [2]
		"People require education to increase their awareness toward plastic but it will take a time, in other words this cannot be a revolution but an evolution of behavior shift. As a beginning consumers need to resign from plastic bags, SUP cups to-go." [7]
	Increased public awareness	*"People care more and more. Our frequent clients are having either their own mugs or their ask for bioplastics cups" [4]*
		"Well, it's quite obvious that here in my beloved cafeteria all drinks are served either in glass or ceramic. We all know that plastic is poisonous" [5]
		"The packaging is not a problem. The clients are the problem due to their eco-requirements. They want to be certain about food quality but type and quality of packaging is as important as food quality" [4]

HOW TO TACKLE THE PROBLEM?	Substitutes (bio-plastics, decrease consumption, returnable bottles, multi-used packaging)	*"Main clients of substitutes are "fancy restaurants" but due to higher than a SUP price they want to buy as much as possible for the lowest prize. Clients of posh restaurants are very sensitive to the type of plastic they drink/eat from. Just bioplastic does." [3]* *"The EU directive opens a chance to the new solutions of business model. It should be a kind of encourage mainly to the consumers of plastic substitutes and new type of an environmental behaviour." [1]* *"System of returnable glass bottles works very good e.g. in Germany. It is very important to make such a system friendly and easy. ABC easy guideline should be posted on the machine, but also financial substitutes are welcomed. We all Poles would be proud of the national system giving us a feeling that this is important and collective." [2]*
	Obstacles: no producers in Poland, all items imported from the EU & US, too high prize to become common, no system of regular composting. Too low awareness of what bio-plastic is.	*"The problem with plastic is not just SUP but too high consumption. People simply need to buy less, so that less waste is produced. Everybody need to be educated starting from consumer ending up with recyclers and restaurants owners." [3]*
	A better control of plastic producers	*"Being in business for 30 years I've seen too much. A lot of producers are simply cheating, for example they mix a bio plastic with a regular plastic given a label: "biodegradable". They are simply not checked and not fined." [8]*

HOW TO IMPROVE CIRCULAR ECONOMY (CE) OF PLASTIC. **HOW EVENTUALLY CLOSE THE MAGIC LOOP OF PLASTIC CIRCULAR ECONOMY**	Efficient municipal waste-management.	*"The system simply doesn't work. It is leaking. Personally, I would solve it in a different way. Why pushing inhabitants to segregate into five types of materials instead of just two: "wet" and "dry" waste? Here, at the landfill side we need to segregate all wastes again. It would definitely ease to sort from scratch, not correcting already segregated by people." [7]*
	Higher competence of decision makers,	*"Although people protest incineration a lot of installations are needed. If Poland didn't burn wastes we couldn't tackle the problem. If not the EU we couldn't have built them on our own but on the other hand the deadlines to close the landfill sides is too short. As a country we could not meet the deadline." [7]*
	Organising real public consultation.	*"Public consultations in general are fake. Those who lead them do not accept our recommendations. And, we producers, are those who know the plastic from the cradle to the grave. They do not." [2]*
	Trust towards other stakeholders of plastic CE	*"MPO is completely not prepared to compose bio-plastic. They decided to trash it as a mixed waste. In this way they lose a short term of biodegradation which is the main advantage of bio-plastic." [5]*
	Setting a network of plastic stakeholders	*"We need a government to make a real network of all stakeholders of plastic governments. Just to exchange our ideas and recommendations and make it as a kind of consultation body before the legislation is implemented." [4]*
STAKEHOLDERS' NEEDS, EXPECTATIONS, LUCK OF ASSISTANCE ETC.	A better, more concrete legislation.	*A very detailed legislation is needed in terms of bioplasticity. It needs to be excluded from traditional plastic, so that a user of bio-plastic could omit from the recycling cost. [2]*
	A financial support to the plastic business, mainly recyclers.	*"Recyclers are in trouble due to low quality of plastic materials. It is because of low cultural segregation but also of producers who do not care much about the quality of the material they produce from. Sarcastically, it is financially worth more to import plastic waste from China or Ukraine than using our own." [8]*
	A support from scientists	*"We are very opened to scientific data, mainly on how plastic is dangerous to the environment. We also would be happy if scientists provide us with a technical solution on how to recycle effectively various types of plastic. Otherwise we will always after economically-developed countries." [2]*

Table. 2. Interviewees' perceptions of the plastic threat to the environment during the COVID-19 pandemic

THEMATIC AREA	CATEGORY OF ISSUES RISEN BY THE INTERVIEEWS	CITATION
PLASTIC THREAT PERCEPTION	A need of education	*"Forget the environmental issues. People are slowly, but steadily more and more aware of COVID effects. May people stay at home surfing social media following often fake news. But in my opinion the followers are focused just on COVID not any other danger not to mention the environment" [3]* *"Ecology is not mentioned any longer. All the eco activists hide and they do not protest as they used to. Oceans will be full of plastic and who cares?" [8]*
	Increased public awareness	*"During the first week of COVID the number of clients hasn't decreased but they simply changed. We still have those who are aware of the pandemic. They ask us to serve everything in SUP which is in a complete controversy to the client requirements prior to pandemic, they were very eco." [4]* *"Everybody is crazy about SUP packaging now. They wanna to be almost sterilized due to health reasons. We are in two weeks of pandemic. Everything has changed. We have ca have of the clients then before COVID-19. Everything is catering." [4]*

HOW TO TACKLE THE PROBLEM?	Substitutes (bio-plastics, decrease consumption, returnable bottles, multi-used packaging)	*"Less and less restaurants order our packaging forget about substitutes just SUP. The restaurants owners underline that they have to guarantee high hygienic standard. Otherwise they will lose clients." [4]*
	Obstacles: no producers in Poland, all items imported from the EU & US, too high prize to become common, no system of regular composting. Too low awareness of what bio-plastic is.	*"Ironically, production of plastic increased. So does the consumption. People are shopping like crazy aiming at storing the food. Majority of that kind of food is packed in plastic. We slowly, but steadily we run out of imported plastic items and cannot order the new. Nobody cares about plastic threat to the environment. They are all in fear of the virus." [3]* *"I can see a higher consumption but in total the waste tonnage is lower than before pandemic. This is due to leaving the big cities, returning to people's original place of living. We still cannot inventerize the amount of segregated wastes as it is collected monthly." [7]* *"Contrary to the rest of EU countries e.g. U.K. citizens can afford the catering meals. The number of clients hasn't not decreased as in our company. These is an combination of economic level as well as cultural behavior (cooking or not cooking at home)"[4]*
	A better control of plastic producers	*"There is no control at the moment. Producers of various plastic are simply producing what is really needed like e.g. ingredients of masks, gloves, SUP catering" [2]*

HOW TO IMPROVE CIRCULAR ECONOMY (CE) OF PLASTIC. **HOW EVENTUALLY CLOSE THE MAGIC LOOP OF PLASTIC CIRCULAR ECONOMY**	Efficient municipal waste-management.	*"The landfill and the incineration needs to work. We gather trash as we used to. But we can assess that the quality of segregation lowered. They don't think of segregation, having so much shopping, and they simply don't care about segregation any longer." [2]*
	Higher competence of decision makers,	*"There is complete chaos. The deputy of the Ministry of the Environment got infected, the other is probably focused on COVID. All decision makers are immersed by the pandemic. The deputy of the Ministry of Health recommended a need of keeping hygiene, not just washing the hands but also about eating" [8]*
	Organising real public consultation.	*Issue not mentioned by the interviewee*
	Trust towards other stakeholders of plastic CE	*"I have a feeling that pandemic is not a good time for common trust. On one hand we collect money for the hospitals but for others so many producers and shopkeepers cheat. Cheat clients, cheat producers, cheat distributors'' [3]*
	Setting a network of plastic stakeholders	*Issue not mentioned by the interviewee*

STAKEHOLDERS' NEEDS, EXPECTATIONS, LUCK OF ASSISTANCE ETC.	A better, more concrete legislation.	*"We are a bit disoriented. We would be happy to provide the hospitals with food catering even in lower price than before pandemic, but there is no regulation on what packaging can be used due to the health reasons" [4]*
	A financial support to plastic business, mainly recyclers.	*"There is no financial support of the government. All producers and recyclers are suffering from lower income. The offer they give is not enough having in mind that many of us are simply based on not only polish but also foreign clients. Personally, I sell recycling machines to Italy, Spain and Germany. And now everything is stopped" [8]*
	A support from scientists	*"People think that climate crisis and plastic crisis is no longer happening. They are mistaken. Everything is connected. COVID-19 results in health of people, that's the first symptom, but consumption behavior is also completely altered and depending on the economic status of the country/consumer. Less or more plastic is produced" [6]*

DISCUSSION

Researchers have emphasized that the natural environment must always be viewed and investigated in relation to people (Nisbet and Zelenski 2013, Seymour 2016). Interactions between people and the natural environment represent a complex system. On one hand natural environment impacts people's actions, while on the other hand people also try to change elements of the natural environment to suit their needs. Importantly, when dealing with perceptions, attitudes, and behaviors deployed in relation to the natural environment, time dimension must be taken into account (Moser and Uzzell 2002). That is, when time is added to the equation, contextual factors may give rise to a situation in which certain values will be temporarily of more importance and relevance than others (Caverni, Fabre, and Gonzalez 1990). For instance, the value of prosperity may be more relevant than the value of sustainability or the value of equality.

Our results show that **given the increasing health concerns due to the COVID-19 pandemic, environmental care loses its priority position in the value hierarchy**. As noted earlier, people tend to reshuffle prioritized values in unusual situations, which means that values we tend to view as compatible, may indeed stand in conflict in specific situations. Moreover, not all values are considered to be of equal importance. The individual weighting of the value depends on the situation and / or culture in individual cases.

Our results indicate that given the new circumstances the **pandemic threat has clearly outgrown the perceived threat of plastic**, indicating a sudden shift in the hierarchization of values (Bardi et al. 2009, Homer and Kahle 1988), where **health is**

considered as a value disclosing environmental care which shows a clear decrease in perceived importance. Following the attitudes and responses given, **plastic (SUPs in particular) has scaled a new dimension in consumers' perception** (Belch and Belch 2012, Weber and Hsee 1998) mainly due to the hygiene concerns and health risk.

What might be of concern, a clear decline of the need for a plastic stakeholders network and public consultation could be observed among respondents. Also the recognition of academia as an important support decreased, at least in the environmental issues. Meanwhile a lack of proper plastic governance has been raised, requiring an improvement of municipal waste management, clear legislation, higher competence of decision makers and advanced financial and merit assistance due to pandemic related economic losses.

In this sense, we see a clear need to further monitor, observe and assess the prevailing trend, above all, **the permanence and the evolution of this phenomenon**. We suggest two possible scenarios: (1) the decrease of the pandemic threat will implicate a return to the "old" value system where environmental care does not appear in contrast to health care, (2) the experience of the sudden shift in the value hierarchization will cause long-term "damage" to already considerably high environmental care, as health and individual needs will be still perceived as standing in contradiction to the needs of the environment.

CONCLUSIONS/RECOMMENDATIONS

Given the concerning trend, we see **more than ever the urgent need for a knowledge based debate among plastic stakeholders**. With new challenges derived from post-pandemic socioeconomic structures, uncertainty will rise while individuals' needs will change. For the time being, companies and entire industries run into economic difficulties, politics are facing a multidimensional crisis (McKibbin and Fernando 2020, Bénassy-Quéré et al. 2020). Many of the already low financial funds intended for plastic reduction are now likely to be diverted to combat the corona pandemic and related economic consequences. Given the current trend, the plastic industry, under the pressure of several laws prohibiting single-use-plastic usage, already started progressive lobbying in favor of lost interests. **The role of citizen science** (Lebreton and Andrady 2019, Makri 2017) **as a driver of knowledge co-creation among different stakeholder groups becomes crucial. Scientists urgently need to acknowledge their ethical obligation to become active as knowledge brokers enabling a common goal-oriented debate** among politicians, producers, and others, including the broader public (Dobbins et al. 2009, von Malmborg 2004). Plastic is not only a luxury problem which concerns when everything else is solved. The "corona crisis" is more immediate than the environmental crisis because the damage is now present and very visible.

What is certain, our world will not be the same after the pandemic. In this respect, **the crisis poses a threat but also an opportunity to rethink** the basic questions of what we value in life and how these values are connected with each other, it is now a matter of developing a new value system, where we understand that our health is

clearly connected and dependent of the health of our planet. The already initiated sustainable transition towards plastic-free economies is to be continued and the implementation of the developed model of knowledge co-creation and brokerage seems more urgent than ever before.

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A list of institutions respondents of the study represent

(1) *Decision Makers*: Deputies of the Ministry of the Environment and directors of Dpt. of waste management, The City Council of Kraków,
(2) *Producers* (Synthos Group, Alpla - Opakowania z Tworzyw Sztucznych, Ventures Poland; Basf Polska sp.z.o. - bioplastic producers),
(3) *Distributors* (DIS-PACK Opakowania, Pakler),
(4) *Owners of establishments using plastic items* (Danone, Happy Diet, caterings, Costa Coffee, shops, Manao, LasVeges, Ramen restaurants),
(5) *ECO-NGOs* (Greenpeace CEE/Polska),
(6) *Waste management institutions* (MPO, landfill of Kraków City),
(7) *Recyclers* (MIKI Recycling, PTS Rabka, Związek Przetwórców Tworzyw Sztucznych, Polska Izba Odzysku i Recyklingu Opakowań, Zakłady Przetwórstwa Tworzyw Sztucznych sp. z.o.o, Kłaj, K&K Recycling System, Bochnia, Lesser Poland voivodship.

BIOGRAPHICAL NOTE

Małgorzata Grodzińska-Jurczak, a professor of biology currently works on the social determinants of nature protection, science communication and citizen science. She broadly publishes, teaches in and outside university as well as popularizes results of her studies. An important perspective of her work is popularising environment-related knowledge.

Aleksandra Krawczyk, her professional experience is linked to the development of successful communication strategies and implementation of marketing methods in various industries up to sustainable development aid in the NGO sector. Currently, Aleksandra studies at the Doctoral School of Social Sciences, Jagiellonian University and focuses on socio-psychological and behavioral aspects of the European Strategy for Plastics in a Circular Economy.

Anna Jurczak, studies Psychology at the Jagiellonian University. She is interested in the cognitive-social correlates of human behaviour, and animal-assisted therapy (kinesiotherapy). Anna often gets involved in psychology-based research and social campaigns. She cannot remain indifferent to the changes taking place in our environment, which is why she actively takes part in eco projects too.

Marianna Strzelecka, a researcher and lecturer in tourism studies at Linnaeus University in Sweden, is broadly interested in resident perceptions of and attitudes towards institutionalized nature protection in rural nature-tourism destinations (primarily of Central and Eastern Europe). She is particularly interested in concepts such as sense of justice, institutional trust, environmental identity, and place attachment and nature connectedness in the aforementioned context.

Marcin Rechciński, a geographer, working primarily on social aspects of nature conservation. His PhD project is focused on conflicts around protected areas, contributing to current theories of nature conservation. Moreover, he develops various applications of participatory mapping in a context of nature conservation. He teaches mostly environmental conditions of spatial planning. Head of the two research projects of National Science Centre, Poland.

Mariusz Boćkowski, MSc in environmental protection (environmental biology). He has multiple professional experience in the NGO sector related to nature conservation and now is working back in academia dealing with social and economic aspects of nature conservation. Presently he conducts PhD

research on the use of the concept of ecosystem services in nature governance with focus on creation and management of national parks.

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SOCIAL WORK, ETHICS AND VULNERABLE GROUPS IN THE TIME OF CORONAVIRUS AND COVID-19

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ABSTRACT: The profession of social work is dedicated to the betterment of society and to the protection of marginalized and vulnerable groups. The profession's mission is detailed in the set of seven core values: service; social justice; dignity and work of the person; importance of human relationships; integrity; and competence. Relationships between people and among groups are the primary tools of social work assessment, intervention and evaluation. In the time of coronavirus and COVID-19, there are many challenges for professional practitioners to adhere to social work's core values as well as to maintain their own health and welfare in a time of uncertain and rapidly changing situations. This paper will examine the challenges and innovations for each social work core value and present ideas for innovation and adaptation suited to these times. The paper will present challenges and innovations using examples of two community agencies providing services to people who are homeless and addicted. In summary we will offer some insights and expectations for the future of social work in the coming years, after this experience of coronavirus and COVID-19.
KEYWORDS: homeless, addiction, pandemic, social work, COVID-19

INTRODUCTION

For the profession of social work to adequately respond to the present pandemic, we need to learn from the past. Although the 1918 influenza and COVID-19 are two distinct viruses causing different disorders, the dimensions of the two pandemics and the emerging human needs are similar. Just over one hundred years ago, the influenza pandemic of 1918 presented severe health, financial and social challenges (Ott, Shaw, Danila & Lynfield 2007). US social workers responded to the pandemic having been already mobilized by the human needs associated with WWI. Hospital based social workers were on the front lines of care and developed a strong professional identity that carried on well after the pandemic subsided (Kerson 1979). Rosoff (2008) well in advance of the current pandemic, outlined the ethical duties and challenges for social work professionals. Social work has continued as a profession founded on the ideal of making the world a better place for all people. The two founding approaches, charity organization societies and the settlement house movement laid the groundwork for today's focus on both the person and the environment. In times of crisis, the profession has attended to the needs of developing community structures and organizational resources as well as responding to the personal needs of individuals, families and groups. Maglajlic (2019), for example, reviews social work research in response to several types of natural disasters and more recently, Beddoe (2020) writes on the professions reactions to the devastating Australian fires. Throughout its history, the profession has been guided by its focus on vulnerable groups and by values and ethical principles that shape responses for individuals, families, and groups as well as for organizations and communities.

VULNERABILITY IN A PANDEMIC

In the case of the COVID-19 pandemic, the level of vulnerability is similar to that described for the1918 influenza pandemic, as both are the result of a novel virus and the consequent viral infection affecting the respiratory system; all humans are vulnerable. In a pandemic, vulnerability can be functionally defined for those individuals in relation to their susceptibility to infection and their ability to overcome illness (Hutchins et al. 2009a; Smith 2020). More vulnerable individuals are those who are the most exposed to infection; for example, those who live in densely populated areas or in institutions or those who commute using crowded busses or subways. Others are vulnerable due to their weaker or compromised immune system – elderly people and those with chronic health conditions including heart disease, asthma or diabetes. Those with limited access to health care, quality nutrition and supportive resources may also be counted among vulnerable individuals in a pandemic. Race may well prove to be a significant variable in determining vulnerability to Coronavirus and COVID19, given racial discrimination its effects on access to services in the U S (Hutchins et al. 2009b). Also among the vulnerable are those who do not speak or understand English well since they may neither be able to understand public health advisories or communicate their own health needs and concerns. People with physical disabilities are at risk if they have to move from their specially adapted living situations or if they

are isolated from their usual support systems of care. Yet others are vulnerable not only because of the infectious agent, but also because the recommendations for social quarantine and social distancing put them at risk for the negative consequences of loneliness, isolation or domestic violence. This brief review of examples of functional vulnerability illustrates that a significant part of our society consists of individuals with differing and special needs during a pandemic.

One may assume the American public is aware, in this time of crisis, that vulnerable individuals need special protections. However, not only individuals, but also groups including LGBT+ and people of Chinese heritage bear a special vulnerability based on group status and must depend on special protection against discrimination and oppression. As President Donald Trump continued to refer to the novel Coronavirus as the "Chinese virus" in direct opposition to World Health Organizations guidelines (World Health Organization 2015), incidents of racially motivated harassment and abuse increased fueled by prejudice and fear (Cabanatuan 2020). In response to growing xenophobia and discrimination towards Asian people, U.S. House Representative Grace Meng introduced a resolution to denounce anti-Asian sentiment caused by coronavirus (Meng 2020).

Recent legal changes that allow certain social services to discriminate against LGBT+ put members of that group in danger during a pandemic. In recent weeks, advocacy organizations sued the U.S. Department of Health and Human Services regarding the announcement that it would stop enforcing anti-discrimination protections against federal grantees that deny services to, or otherwise discriminate against, individuals. Lambda Legal, an organization protecting LGBT+ rights, presented the following situations to illustrate the increased vulnerability of LGBT+ during a pandemic (Nemir 2020):

- Students experiencing homelessness are susceptible to discrimination as they seek shelter through HHS' Runaway and Homeless Program, at a time when colleges and universities have shut down housing to help halt the spread of COVID-19.

- Federally funded foster care agencies can refuse to place children with families because of a prospective host family's sexual orientation or gender identity, limiting the pool of potential homes for kids who need them.

- Child welfare agencies and homelessness service providers can engage in abusive and discriminatory practices, including verbal and physical abuse, conversion therapy, and forcing LGBTQ youth to accept services that deny their sexual orientation or gender identity.

- A federally funded adult daycare provider could put a sign on the door saying, "No Trans People May Enter."

- Entities administering falls prevention grants could choose to serve only straight people at risk of falling.

- LGBTQ older adults are now vulnerable to providers that subject them to harassment or refuse to offer services, such as home delivered meals, on the basis of their sexual orientation or gender identity, at a time when senior centers are shutting down in major metropolitan centers to help combat the spread of COVID-19.

Two conclusions can be drawn from these examples: first, any discrimination allowed during a time of peace may become a matter of life and death in a period of crisis; and, secondly, non-profit advocacy groups are essential to give voice to vulnerable groups who otherwise cannot defend themselves.

ETHICAL MANDATES FOR SOCIAL WORKERS DURING A PANDEMIC

The National Association of Social Workers (NASW 2020) has codified professional values, principles and standards. Most recently, in response to the Coronavirus (Covide-19) pandemic, the NASW president referenced the code as well as social work's dual focus on people and community:

> As social workers who adhere to the NASW Code of Ethics, we need to be aware of our obligation to ‚provide appropriate professional services in public emergencies to the greatest extent possible' (6.04). In doing so, we can advocate for needed resources and policies related to supporting members of our communities and the people we serve who may be at risk due to accessibility of food, medical care, medication and emotional support during this time. (https://www.socialworkers.org/About/Ethics)

Each of these core values and principles can be applied to social work's ethical duties and dilemmas in response to the pandemic of Coronavirus and COVID19. After a brief discussion of the values and ethical principles, we will illustrate their application by two social services agencies helping two specific subpopulations of vulnerable people: those who struggle with addiction and those who are homeless.

Value of Service: Social workers' primary goal is to help people in need and to address social problems

The core value of service sets the direction of any professional work with clients. This value makes the needs and wellbeing of the client paramount. Each phase of the social work process- engagement; assessment; intervention; evaluation; and termination- is carried out with the needs of the client at the forefront. The Coronavirus (COVID-19) does not necessarily change this focus on service to the client. Social workers are called to continue their work to serve in the many settings in which they practice. Like other health care professionals, social workers continue to be in relationship with clients and to provide needed resources and services. Clients with access to computers and telephones maintain social work services using on-line support groups and telehealth counseling options (Murray 2020) and twelve step support groups (*Partnership*

for Drug-Free Kids 2020). On-line education providers are opening classes on the skills in tele-health to increase the numbers of skilled professionals delivering on-line and telephone services. As social distancing practices grow, more and more organizations, including the National Alliance on Mental Illness (NAMI) and 12 Step Programs, offer individual and group services through tele-health platforms. The fact that people with lower incomes do not have ready access to computers and internet access limits the number of clients who can be served by telehealth efforts. Concerns about confidentiality and privacy also limit some clients' openness to using tele-health options for information and support.

Unlike institutional or office-based health care professions, many social workers practice in the community and work face-to-face with society's most vulnerable. These social work professionals use a community/home visit strategy to maintain contact with clients. The value of service, in these situations, may well create a tension between professional and personal values, for all of us are vulnerable to the virus and must avoid situations that spread infection. To complicate the situation, many US governors issued orders to "shelter in place" so to "flatten the curve" (Bunis & Rough 2020). This public health restriction closed community spots social workers routinely used as their offices in the community. Libraries, fast food restaurants, public buildings are all closed, leaving very few places for client meetings. Some community social workers have decided to meet with clients in their cars, a very enclosed space which might hasten spread of the virus (Farkas 2020). Social workers in institutions such hospitals, nursing homes, residential care and shelters for homeless persons face particular risks of interacting with at-risk people in closed settings – like other medical professionals, but without protective clothing or masks. While the core value of service is upheld, it should not come with increased personal risk of contagion for the social work professional, but the facts of Coronavirus and COVID-19 have created a competing set of demands to serve their clients or to protect themselves and their families from infection. How these issues are addressed is presented in two examples at the end of this text.

Value of Social Justice: Social workers challenge social injustice

The core value of social justice is associated with the skills and tasks of advocacy and policy reform. Social workers are bound to speak out about inequities and injustices they see and experience in the world. The Coronavirus and COVID19 pandemic has shed new light on a number of social justice and advocacy issues of importance to social work professionals. The "digital divide" limits access to on-line counseling, support groups and other services to those who can afford personal computers and internet at home. For high risk populations, especially those with fewer social connections, the lack of personal computers and internet reduces access for news, social connections, medical care and food during virus containment periods. Hence, the pandemic has sharpened this digital divide into a social justice issue and accentuates the need for enhanced advocacy efforts. Mandated work stoppages in many states have led to job loss, income shortages and financial hardships. Gaps in health insurance

coverage and the loss of insurance linked to employment status will require renewed advocacy efforts in the post-pandemic era. It can be expected that some in the social work profession may find themselves out of work and the recipients of benefits they previously assisted clients in obtaining.

Value of Dignity and Worth of the Person: Social workers respect the inherent dignity and worth of the person

Social workers, from the beginning of their training, are steeped in the importance of each individual's unique dignity and worth. Even in the most trying times, social workers focus on the needs of the client and advocate for their welfare and wellbeing. The burdens on the health care system to care for seriously ill persons have led to ideas of rationing and Italy's horrific experience of having to decide who will die and who will live because there isn't adequate treatment for all. In the US, these dire conditions have not yet arisen, but discussions of 'rationing' require careful thought and ethical practices. Dan Patrick, the lieutenant governor of Texas suggested that older people, grandparents, in particular, would be willing to die of the virus to save the economy for their grandchildren (Murphy 2020). In a March 22, 2020 New York Times opinion column, Aronson argues, that the implicit criterion for allowing people to die from COVID19 is age; she questions why is it okay to allow older people to die and why society accepts age the key criterion for these life and death decisions. The very idea of rationing of life-saving health care resources is counter to social work values, but in many places, this may be the reality during such a pandemic and spread of serious illness. Under these pressures, social workers, and the rest of society, will find themselves facing heart-breaking ethical dilemmas – with no clear guidance, but with the ethical mandate to uphold the dignity and work of all people, especially the most vulnerable.

The Coronavirus and the resulting illness, COVID19, was first detected in Wuhan, China and spread throughout Asia prior to widespread infections in Western Europe and in the United States. Despite the efforts of the World Health Organization to de-couple disease and geography (World Health Organization 2015) the Coronavirus (COVID19) has been called the 'Asian Virus' raising and strengthening anti-Asian stereotypes and stigma. As previously mentioned, reports of verbal and physical violence towards Asian people have been reported in various media outlets. Social workers are bound by the social justice value to counter these stereotypes and to speak up on behalf of those who are victimized by hatred and ignorance. In these times, social workers must set personal and public examples and be straightforward about the use of the correct terminology (COVID19) and to advocate for any who are stigmatized or abused because of national origin.

Value of Importance of Human Relationships: Social workers recognize the central importance of human relationships

Social workers practice across many settings and with many different types of popula-

tions and social problems. However, the relationship with client is the central method of work. As a way to mitigate the infection rate and to prevent serious illness, public health advisories have included the practices of social distancing, self-quarantine and self- isolation. In times when personal contact is limited by public health practices, social workers must be innovative to maintain their work with clients and find ways to balance personal health with client services. Social workers are turning to on-line options, social distancing in open settings, phone contacts and written communication to stay connected with their clients, knowing the importance of human relationships for wellbeing, especially in times of crisis.

Social workers also have families and many are caregivers for young children and/or for older adults. They have personal as well as professional duties to uphold, so the duty to service is not without some tension for social workers trying to balance personal health and safety with their professional duties to serve. Social workers on the front lines of service, with deep ties to their clients, find that social relationships are hampered by closings of public places, inability to contact clients, cancellations of programs and the lack of computers and internet access – creating ethical tension with no clear means of resolution.

Value of Integrity: Social workers behave in a trustworthy manner and the Value of Competence: Social workers practice within their areas of competence and develop and enhance their professional expertise.

These final two values and ethical principles are linked in this time of Coronavirus (COVID19). Behaving in a trustworthy manner includes setting a healthy example for clients by following public health advice, washing hands before and after any client contact, practicing social distancing and sharing facts about the pandemic that are grounded in science. While the profession upholds evidence-based practices and empirically supported knowledge, few social work practitioners are conversant in virology or public health models of containment. In this time, social workers have an ethical duty to stay up to date with science-based advice on how to behave during the pandemic and to be able to communicate this knowledge accurately with our clients and our friends and families.

ADDRESSING VULNERABILITY AMONG PEOPLE WHO ARE HOMELESS AND ADDICTED TO SUBSTANCES

Methodology

To focus on the social work profession's response to the pandemic, the authors used the following methodology. The authors searched on-line databases to access scholarly literature using keywords of 'pandemic, social work, ethics, and values'. The authors also used online databases to access local and national news sources covering the spread of the virus and COVID19 throughout the United States. The focus for news articles was on the three most affected cities during the last two weeks of March 2020, but news stories from other localities were used to illustrate specific virus-related issues and concerns. Phone interviews were conducted with administrative staff from the two largest Cleveland-based agencies providing services to people who are home-

less and those who deal with addiction. One administrator from each site was interviewed. The agency's web-based materials were also reviewed for background and descriptive information about each agency.

Those who are homeless and those addicted to substances present two vulnerable groups during the COVID19 pandemic. Individuals with one or both of these problems experience ongoing crises, in compromised health and often in less than ideal living conditions. The primary public health response has been to 'stay home', in order to 'flatten the curve'. However, this requirement presents a significant, even seemingly insurmountable, problem for those with no access to safe housing. The homeless are the best example of people who cannot respond on their own to this request (Schuetz 2020). In 2019 there were 560,000 homeless in the United States, according to a recent report of the United States Department of Housing and Urban Development. The homeless are usually living in conditions of poor hygiene in environments exposing them to infections. They may have ongoing health problems magnified by poor nutrition and a lack of health care. Homelessness is of concern at any time, but this social problem takes on special urgency to stop the spread of the highly contagious Coronavirus. The next section reviews the steps taken by three large US cities to 'flatten the curve' of infection among the homeless population.

In 2019, 1,000 people died on the streets in Los Angeles (*The Times Editorial Board* 2020). To help their 59,000 homeless in this time of COVID19, the city of Los Angeles prepared hundreds of hand-washing stations, mobile showers, and portable toilets near places where the homeless gather. The city and county are leasing hotel and motel rooms for those who need housing. Forty-two city recreation centers are being converted to shelters with 6,000 beds. City authorities agreed to keep all cots in the facilities six feet apart, so additional space is needed. Social workers have joined with other health and human service professionals to carry out these efforts.

In New York City (Ricciulli 2020) authorities emphasized education on how people can avoid coronavirus infection. Information about the specifics of the COVID-19 pandemic is given in different languages to be accessible to all who live in the city. City authorities cancelled all meetings and gatherings in shelters and helped to improve the sanitary conditions of the homeless. Outreach workers at first were asked not to offer help to the homeless on the streets because this could enable the homeless to resist seeking help in shelters. However, after advocacy work of nonprofit organizations, this policy was reversed, and outreach workers started educating the homeless about how to protect themselves from infection and to screen them for the signs of respiratory symptoms. 550 outreach workers have been trained for those services. Christine Quinn, the CEO of shelter Win, said that they keep the appropriate distance between cots, according to CDC guidelines, but also try to keep a sense of connection – "because homeless people feel every single day like they are 'other'. [We] don't want that to escalate; that type of escalation, particularly for people dealing with addiction issues, is very life-threatening" (Ricciulli 2020).

In Seattle, one of the first 'hotspots' for the US pandemic, (Monnier 2020) there are 12,000 homeless. Seattle authorities also highlighted education to protect the public

from infection and to help the homeless find health and housing resources. Responses to the crisis include improving the hygiene situation in shelters and seeking more shelter space to accommodate hundreds more people.

This pandemic is at the beginning in the US, so one can assume there will be more innovations and policy changes in how large cities address the needs. To understand the ways in which social service agencies have seen the problems and mobilized their resources, we contacted two Cleveland based agencies, Stella Maris and Lutheran Metropolitan Ministry Men's Shelter, to learn about the Cleveland community and the local social work responses These two agencies are well known in their dedication of helping the most vulnerable populations and have begun efforts to address the needs of their homeless clients as the Coronavirus pandemic spreads to the Midwest.

Background Description of Stella Maris

Located on Cleveland's Near-West Side and serving the Greater Cleveland community for over 72 years, Stella Maris offers a comprehensive continuum of care and is one of only three accredited subacute detoxification programs in Cuyahoga County. The mission of Stella Maris is to provide quality chemical dependency treatment and mental health services to our community, regardless of race, sex, gender identification, religion or ability to pay. The majority of clients are at or below the federal poverty level, without medical insurance, and often homeless. In support of this mission, Stella Maris is committed to providing detoxification, outpatient services, and supportive housing to a population of homeless, impoverished, and uninsured individuals in their quest for sobriety and self-sufficiency. Stella Maris is known for its compassionate services, exemplary partnerships, and strong outcomes. With the current opioid epidemic, 91% of Stella Maris' clients are treated for addiction to opioids, or opioids in combination with other drugs. Stella Maris operates Joint Commission Accredited programs that includes Medically-Supervised Detoxification from alcohol and/or from other drugs for men and women, as well a Partial Hospitalization Program (PHP) which serves as a bridge between detoxification and intensive outpatient treatment. The PHP program keeps clients who are suffering from post-acute withdrawal engaged in treatment while also offering clinically intensive programming. The Intensive Outpatient Program (IOP) provides intensive group counseling, individual counseling, case management, and relapse prevention. Stella Maris also offers a Non-Intensive Outpatient Program focused on relapse prevention and case management to support those who have completed treatment. Additionally, Stella Maris provides on-campus Ohio Recovery Housing for men in a 46-bed facility that offers chemical dependency education, case management, psychiatric and medical care, and vocational counseling within a therapeutic community. Stella Maris also has two off-campus Ohio Recovery Housing houses: Carlyle, a 10-bed male-only recovery house, and Walton, a female-only, 17-bed recovery house. Recovery housing provides an alcohol- and drug-free living environment, peer support, and connection to recovery assistance for people with a substance use disorder who have completed treatment. Stella Maris operates a recovery community focused Coffee Shop that seats 45 and weekly 12-Step support meet-

ings. Upon completion of treatment, Stella Maris clients receive job readiness and placement services as well as recovery housing.

Stella Maris's responses to the pandemic

During the recent recommendation for social distancing and physical separation related to the pandemic, the agency redesigned outpatient treatment using telehealth services. The web-hosted GoToMeeting service provided by the LogMeIn company was offered to Stella Maris for free for ninety days in response to the coronavirus crisis. The agency was able to ask over fifty percent of its staff to work remotely using GoToMeeting services and also offer individual and group therapy services to their clients who do not need to come physically to the agency. Stella Maris moved to pre-screen all clients over the phone for symptoms of COVID-19 in an effort to minimize potential infections arriving on campus. At this time, admissions to all levels of care continue, but the entryway for the housing units is only available through detox services in order to provide for greater screening capability. There are only twelve available beds – each of them in separate rooms to comply with social distancing requirements. Unfortunately, people looking for detox admission when all the beds are occupied cannot be admitted and are referred to the nearest hospitals. For Stella Maris, the pandemic crisis comes on top of the crises of opiate addiction and homelessness.

Stella Maris has twenty supportive housing beds to offer to the homeless and those beds typically are filled through referrals from a shelter for homeless men. These beds are still available, but there is a lack of medical staff and transport services that would be necessary if any resident became ill with COVID19 symptoms. However, Stella Maris continues to offer these housing services.

Usually, Stella Maris offers close to forty-five weekly 12-step meetings to their clients and the greater Cleveland community. The staff estimate that 1200-1500 non clients come to the Stella Maris campus each week to attend a support meeting. In the face of the pandemic, these meetings have all been put on hold. However, staff who are members of any twelve step program, plus longer term clients, have filled some of the gap with informal meetings daily. The community at large, as well as the staff, continue providing donations of food, clothing, games, and video games to make sure that clients will not experience idle time, which can be detrimental in early recovery. Daniel Lettenberger-Klein, the Executive Director of Stella Maris, remarked that both staff and clients have created a community working together in this difficult time, staying positive and appreciative of each other's good work.

The main ethical tensions that have arisen during these crisis responses are related to confidentiality and privacy concerns connected to telehealth. All members of staff have agreed to follow the strictest possible rules in relation to confidentiality. It is clear that the increasing public health demands require policies of transparency and new rules; these new policies and rules have been understood, accepted, and respected by all involved with Stella Maris.

Background Description of Lutheran Metropolitan Ministry

Lutheran Metropolitan Ministry (LMM) is a 51-year-old Cleveland area nonprofit providing health & wellness programs, housing & shelter, and workforce development services. The cornerstone of LMM's housing & shelter services is the Men's Shelter at 2100 Lakeside, the largest emergency shelter in Ohio serving 400 adult men per night and 3,400 annually. LMM is a member of the Cuyahoga County Continuum of Care (CoC), led by the Cleveland/Cuyahoga County Office of Homeless Services. As such, a great deal of systems coordination and partnership goes into the work at the Men's Shelter.

Many organizations partner with LMM to provide on-site medical care, housing and employment linkages, benefits enrollment, mental health case management, and other critical needs. Additionally, roughly 2,000 annual volunteers donate their time, resources, and/or services to shelter residents. Such ancillary services include legal clinics, digital literacy, recovery groups, and art workshops.

The shelter is divided into six dormitory-like communities, based on the resident's anticipated housing outcome (e.g. exiting to independent housing, Permanent Supportive Housing, etc.), with an average of 60 individuals per community. While the overall systems need has decreased since LMM began operating the shelter in 2005, typically there is not enough capacity at the Men's Shelter on a nightly basis. To meet this need, LMM operates an overflow facility in partnership with St. Pauls' Church to provide an additional 40 spaces for mats.

LMM's responses to the pandemic

The primary goal has been to increase physical separation among the homeless. This could be done only by increasing the shelter's physical space, which LMM has approached from several angles. One of the first acts implemented was attempting to divert as many residents as possible to live with family or friends. To incentivize this, LMM worked with the Office of Homeless Services to distribute gift cards to anyone who diverted, and to ensure that after the diversion they would not lose their reserved shelter placement or homeless status. This incentivizing act can be seen as an example of benign rationing of shelter space. However, this act may increase risks of infection or co-occuring consequences of adding a person to the family or friend household. For those who could not be diverted, LMM worked in partnership with the County's Office of Homeless Services, Cuyahoga County, and the City of Cleveland to secure emergency funding for moving residents to an 80-room hotel, with two men occupancy per room. Staff identified individuals staying in the Men's Shelter who were at increased risk for serious COVID19: those who are older or with a compromised immune system. LMM delivers the Men's Shelter's existing resources to the hotel in order to provide continuity of care and safety for residents. Social workers continue to meet face-to-face with their clients and to maintain relationship. To date this has included on-site case management and facility operations during the day, overnight security monitoring, and technology synchronization so the Shelter's census can be updated daily to include hotel reservations. While shelter management has been working closely with

the aforementioned partners, one of the greatest challenges has been and will likely continue to be maintaining appropriate staffing at multiple shelter/hotel sites, particularly as LMM anticipates that some staff will eventually become ill, perhaps as a result of continued service to clients.

Despite success in census reduction, much more work is needed to address the risks of the pandemic among people who are homeless. LMM and county leadership collaborate with neighboring organizations, colleges, and convents to secure additional spaces to house homeless individuals. It is estimated there are close 230 people looking for housing outside of the shelter. While these residents remain on-site at the Men's Shelter, staff have taken necessary precautions to protect their health and safety. This has included: ordering portable handwashing stations; increasing availability of cleaning products and personal protective equipment; suspending the volunteer program; creating a tracking system for symptom monitoring; providing remote work capacity for non-direct service staff; and maintaining frequent communication with staff, clients, and volunteers. LMM is also working with Cleveland Institute of Art design students to create a bed layout in the shelter that accommodates 6-foot distance. This process will provide LMM with an accurate estimate of shelter beds that meet CDC spatial recommendations for homeless services providers, which will approximately only one third of the original capacity.

LMM's focus to date has been to address the residents' physical health and safety needs. As such, many important supportive services, which are provided by external partners and volunteers, have been cancelled. Many of LMM's partner community organizations have limited their community work. For those providers still interested in providing on-site services, they must evaluate if their potential to be a source of infection overrides the good that they may bring to the shelter. Ideally, tele-appointments could be coordinated for residents, but with the closure of the volunteer program, which includes a computer lab, there is limited computer access, and many residents do not have personal cell phones. Second, LMM's focus has been on working with medical providers to clearly identify workflow and systems coordination. The local MetroHealth hospital has been greatly supportive and provided critical guidance and direction for strategizing health care services for the most vulnerable population. Maintaining medical contacts has proven difficult as other health providers either work solely within their own organization or are quarantined due to potential contact with people who are infected. For most health care professionals and organizations, all elective appointments and services have been postponed for several months. Only those with urgent medical needs are seen. Third, as mentioned previously, long-term staffing is of concern. It has become clear that shelter staff working in the midst of a constant public crisis do not have much of a buffer as the crisis grows.

While much is still in flux, LMM has attempted to maintain the sense of community and support that is so essential to the mission. One example of this is that each day there is a message from a different volunteer to all in the shelter community. The message for March 27th was from a social work intern: "This unprecedented event has made me think of the concept of Ubuntu – I am because you are; my humanity is tied to yours. Wishing everyone peace".

In the examples of the two social service agencies described above, professionals from both Stella Maris and LMM clearly follow the same set of values as those earlier described for social work. The last example of the message to the entire LMM community illustrates the Value of Importance of Human Relationships.

The Coronavirus and COVID-19 pandemic is but several months old and has caused disruptions and hardship in every aspect of human life. Social workers and other health and human service professions are on the front lines of efforts to slow the virus's spread and to care for those in society who are most vulnerable to its effects. As a values driven profession, social work holds itself to high standards through the core values and principles. However, in time of crisis, these principles are only guidelines to how social workers and others must respond to the demands of critically ill people and shortages of needed medical and social resources. This paper presents only the beginning of the challenges for the care of vulnerable groups; we will face continuing problems of job loss, economic hardship, mental and physical strains among all levels of society after the threat of infection and illness has passed. The social work profession was tested and ultimately strengthened by the 1918 pandemic through efforts to communicate and to join together around common values and concerns. It is too soon to determine how the profession will be changed by the experiences of the COVID19 pandemic and how effective the current responses will prove to be. The values and ethical principles can set a path, but it will be the power of human relationships, innovation and dedication that will ultimately face the dilemmas and meet the needs.

CONCLUSION

Less than two months have passed since the Coronavirus and COVID-19 have been identified in the US, but the changes to daily life for all Americans have been extensive and unprecedented. This paper has barely touched the surface on the ways in which the profession of social work will respond over the coming months and years to the needs of the most vulnerable in society and to those societal changes that will create new and unexpected social challengers. The value of service and social workers' primary goal of helping people in need and addressing social problems is evident in many of the steps that cities and local community organizations have taken in response to COVID-19. The use of tele-health, either on-line or through the phone, has been used by many social service and housing agencies to maintain contact with clients. Telehealth options protect both workers and clients from exposure to the virus. While telehealth options have been available for a number of years, it can be expected that this method of service delivery will be more widely used and developed long after the dangers of this pandemic have passed. As mentioned, telehealth options fall short for clients without access to computers or to internet access, so advocacy efforts to address this digital divide can be expected to increase.

Social workers have responded to increased need through networks and collaborations with health care, social services and government/private organizations. For example, the immediate need additional shelter care space led to negotiations with the city government, with client's families and friends, with private sector hotels,

with health care organizations and with local art students. As the crisis continues, additional cooperative efforts might be expected with software developers to locate and secure resources, to design effective applications for health educations and to monitor housing and service vacancies. Finally, the value of advocacy will continue to guide the social work response to issues of oppression and discrimination related to the pandemic. Advocacy efforts will be necessary to highlight emerging areas of inequality in medical care and social services. Once this pandemic has subsided, there will be many ways in which society will be changed – some for the better and some for the worse. The social work profession must continue to advocate for policies and programs that will meet emerging needs and will prepare society for the next natural disaster or pandemic that puts vulnerable lives at risk.

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THE CORONAVIRUS IN LIBERAL AND ILLIBERAL DEMOCRACIES AND THE FUTURE OF THE GLOBALIZED WORLD

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ABSTRACT: The aim of this article is to compare the effectiveness of two political systems: liberal democracy and illiberal democracy in fighting the coronavirus pandemic. The analysis is based on the theoretical assumptions of non-Marxian historical materialism. In the first part of the article, I present the concept of 'regulative credit" which has been introduced within the framework of this theory. In standard socio-political conditions, the growth of regulatory power is usually contested by citizens. However, in a situation of danger, when social order is undermined, citizens support the authorities' extraordinary regulations. This social support, called regulative credit, lasts as long as the danger persists. In the next section, I briefly characterize liberal and illiberal democracies. In liberal democracy, there is a balance between different branches of power, and citizens share a socio-political consciousness of an individualistic type. In illiberal democracy, the executive branch of power – though democratically chosen – has an advantage over the two other kinds of power, and citizens share a socio-political consciousness of a collectivist type. Those differences result in diverse reactions of the authorities to a situation of threat. The political authorities of an illiberal democracy usually react faster, in comparison with the political authorities in liberal democracies, that react slower. Also, the attitude of citizens toward the introduced restrictions vary. Societies of illiberal democracies are more self-disciplined and more willing to accept restrictions from above. Whereas societies of liberal democracies are more individualistic and less willing to accept limitations. In the fourth part of my paper, I analyze briefly the influence of the pandemic on globalization processes and on the relations between the EU and the nation states in Europe. In the summary (section five), I predict that the mass use of modern technologies to control social life

and strengthening of the sovereignty of nation states will be the two most important effects of the pandemic.
KEYWORDS: pandemic, coronavirus, COVID-19, liberal democracy, illiberal democracy, globalization

INTRODUCTION

At the turn of 2019 and 2020, China and, later on, other countries of the eastern Asia (Japan, South Korea, Taiwan, Singapore, and Macau) experienced an epidemic of the coronavirus (COVID-19). After about three months of intense battle with the disease, the epidemic appears to be easing off in its former epicenter, China, where such restrictive protective measures such as rigid quarantine, a prohibition on unnecessary presence in public spaces, and a requirement to maintain a safe distance from other people were introduced. The European countries, which – initially, at least – appeared to be less enthusiastic about the introduction of severe restrictions of civil liberties to limit the spread of infections, are now the main locus of the disease. The differences are so visible that they have given rise to a discussion about the relationship between freedom and safety and about the advantages of illiberal systems, in which the authorities are much more effective at protecting their own citizens.

BETWEEN SOCIAL SOLIDARITY AND ANTAGONISM

Let us consider the issue at hand in the context of the theoretical assumptions of non-Marxian historical materialism (Nowak 1983; Nowak 1991). In this theory, political authorities are a social minority which, having at its disposal the means of coercion, expands its control over social life. The authorities may force citizens to undertake certain actions or to prohibit some of them, with the use of violence or threats of violence. The level of power regulation in a society is shaped by the proportion between the actions undertaken voluntarily by its citizens and actions undertaken (or not undertaken) because of sanctions or the threat of sanctions. When the level of power regulation exceeds a threshold which is not accepted by the society, acts of civil disobedience appear (Nowak 1991: 33-37). Such a conflict between the authorities and the civil society should not, however, be understood in too simplistic a manner. According to Nowak: "The authority performs certain integrative functions for the society. Above all, it secures the minimum of social order, without which no society can exist" (Nowak 1991: 39). Certain regulations of selected aspects of social life are made in all citizens' interest because the maintenance of social order increases the effectiveness of citizens' voluntary and enforced actions. Therefore, the growth of power regulation will not always lead to social contestation.

Still, certain events in social life will disrupt such understood social order. For example, various unfortuitous events: environmental (earthquakes, floods), biological (epidemics, crop failures), or social (terrorist attacks) increase the risk incumbent on

the undertaken actions and the level of unpredictability, which destroys social and cooperative ties. In the face of a threat, the introduction of extraordinary regulations – and sanctions for violations of those regulations – by the authorities is in the interest of the whole society, so it does social unrest is not triggered. On the contrary, it increases social support for the authorities. Thus civil society supports the government by giving it a regulative credit of sorts,[1] for the duration of the crisis. Once the danger has passed, everything returns to normal, and citizens' disobedience with regard to the authorities' bureaucratic activity re-emerges.

In view of the reflections above, we can see that the authorities' 'regulative' activity is a better solution than a passive approach. Importantly, the regulations should be introduced at the right time and in the right way. If they are implemented too early, they will not gain the society's acceptance, and they will be ignored. As regards the method of implementation, they should be introduced in steps and in a complex manner (Brzechczyn 2004: 303-304), to prevent their evasion by individuals who, for various reasons, do not want to act in the common interest and do not comply, for example, with the quarantine, the injunction to practice the 'social distancing', and similar restrictive rules. Such a way of introducing extraordinary regulations will also restrict the diffusion of the pandemic, so it is also more likely to be effective from the purely medical point of view.

LIBERAL AND ILLIBERAL DEMOCRACY: AN ATTEMPT AT ANALYSIS

In order to compare the effectiveness between two mentioned in the title of this section political systems, we must distinguish between liberal and so-called 'illiberal' democracy. The latter term is rather unfortunate because the prefix 'il-' suggests that this variety of democracy is based on a simple negation of individual freedom, the key value of liberalism. Meanwhile, in illiberal democracy (at least, in its European version), freedom is understood the way it was in the ancient and modern republican thought: as related to being responsible for the community and to acquiring a set of public virtues. However, we cannot simply replace the adjective 'illiberal' with the adjective 'republican' or 'communitarian' because in the countries of the eastern Asia, collective socio-political consciousness is based on a different axiological foundation, namely, the social philosophy of Confucianism (Huntington 1996: 103-109; confucianist-liberal philosophical exchange, see: Rogacz 2015: 82-86).

Every political system can be characterized at the level of political practice and at the level of ideals. According to Piotr Przybysz (1999: 134-136), comparisons between different political systems can be faulty or proper. An erroneous comparison occurs when we collate, for example, the practice of a given political system with the ideal of another political system. In a proper comparison, we should collate two political systems at the level of political practice or at the level of ideals.

This rule should also be applied to comparisons between liberal and illiberal democracies. Consequently, we can distinguish between the political practice of liberal

[1] The concept of 'regulative credit' referring to inter-social relations was first introduced in Brzechczyn (1993: 447, 449-450).

democracy, the ideal of liberal democracy, the political practice of illiberal democracy, and the ideal of illiberal democracy. For a proper comparison, we should set together the ideological levels of liberal democracy and illiberal democracy or, alternatively, the political practices in the two systems. It would be erroneous to compare the ideal of liberal democracy with the practice of illiberal democracy or vice versa.

In both varieties of democracy, the authorities are elected by the citizens, and the division into the executive, legislature, and judicial branches is preserved. However, in liberal democracy, the influence of the executive branch is limited by the increasing prerogatives of the judicial branch which can block the decisions of the executive branch if they violate the rights and interests of various minorities and identity groups. It is the courts that evaluate whether the rights have been violated; the evaluation is not the subject matter of the public debate the result of which is sealed in polling stations (Lilla 2016: 135–138). That practice limits the rule of the elected executive authorities who can only serve as neutral arbiters of various advocacy groups. Consequently, the political process in liberal democracy is characterized by a kind of proceduralism: political decisions are to be made solely by institutions which have appropriate competences, and they have to be compliant with the increasingly complex law. As a result, political leaders' personal responsibility for their decisions is diluted, and the possibility of holding the leaders to account during the elections is limited (Antoszewski 2018: 57). On the ideological level, liberal democracies are based on individualist liberalism in which the very concept of common good is negated and individual rights and liberties have a priority over the communal interests.

In illiberal democracy, the executive branch gains greater power than the legislative and judicial branches (Antoszewski 2018: 59). In that variety of democracy, freedom is interconnected with the sense of responsibility for the community. The state is not a neutral arbiter but an active supporter of domestic entrepreneurship in the unequal rivalry with global corporations as well as of the cultural and historical identity of the society. The basis of a political process are decisions made by a political leader (or the leadership of the political party which has won in the elections), and that leader is the actor ultimately responsible for the results of those decisions, and who will be called to account for them at the next election. Illiberal democracies refer to a version of collective ideology – they put an emphasis on communality and subjugating individual rights to the interest of the community.

CORONAVIRUS IN ILLIBERAL AND LIBERAL DEMOCRACIES

The adjectives 'liberal' and 'illiberal' primarily refer to social and political consciousness. Meanwhile, in the eastern Asia, we can distinguish at least three main types of socio-political systems: post-communist, illiberal autocracies, and illiberal democracies. One example of a post-communist country is China governed by the apparatus of Communist Party which, directly or indirectly controls the economy and culture (for the structure of Chinese society in terms of non-Marxian historical materialism, see Rogacz 2016: 176-179). Singapore and Macau could be classified as illiberal autocracies, and Taiwan and South Korea – as illiberal democracies. I will limit my analysis to

the examples of China and Taiwan.

According to the media, the first case of the coronavirus disease was reported in China on November 17, 2019. However, the Chinese authorities initially ignored the threat and repressed those who tried to inform the public about the threat of a new epidemic (for instance, Li Wenliang, a physician from Wuhan and eight other persons from the medical personnel). It was only on December 31, 2019 that the Chinese government notified the World Health Organization about the virus. In the first half of January 2020, the virus spread throughout China. That was facilitated by the celebration of the Chinese New Year which traditionally attract tourists from around the world and during which the Chinese travel back to their families. The Chinese authorities only ordered a lockdown in Wuhan, accompanied by a number of regulations supervised directly by the army, on January 23, 2020. As reported from China by Nicholas A. Christakis, the educational and cultural institutions were closed there, and the quarantine period was prolonged.[2] Chinese municipal authorities only allowed one person per household to go out to do the shopping. The official regulations pertaining to the pandemic were very detailed, for example, only four people at a time could enter a lift, and they had to stand in the four corners of the space. The safe distance rule was also followed in other public spaces, such as offices or bus and railway stations. Christakis ascribes the effectiveness of the Chinese anti-epidemic strategy to the authoritarian rule and collective culture prevalent in that country.

During the first phase of the development of the epidemic, the Chinese rulers ignored the new disease and censored the information about its spread. This was possible because of the social control held by the Communist Party of China, which is much greater in this state than in autocratic systems, not to mention the democratic ones. When the censorship of the information proved to be ineffective, the authorities took action against the pandemic. Still, contrary to the propagandist campaign carried out globally after the epidemic was halted, we could hardly see the Chinese reaction as exemplary in the face of the threat (Birrel 2020). Rather, the suppression of information and the persistent cover up are reminiscent of the (dis)informative politics of the Soviet Union after the Chernobyl catastrophe.

By comparison, China's neighbor Taiwan began mass control of people coming from Wuhan as early as December 31, 2019, and the authorities forbade travel between Taiwan and China at the end of January and the beginning of February (Lanier, Weyl 2020; Shen 2020; Turecki 2020). The Taiwanese government introduced a ban on the export of surgical masks, and it ordered more of them from the private manufactures, which were able to produce 10 million pieces a day. Soldiers helped produce the masks, working on 62 additional production lines. A central epidemics command center was set up by the Ministry of Health and Welfare. The center monitored the spread of the pandemic and informed the citizens about the current situation. Quarantined people were monitored electronically, with the use of their mobile phones. The authorities verified whether the people broke the rules and

[2] The reporter illustrates his observations with photographs – they are available on his Twitter account (https://threadreaderapp.com/thread/1237020518781460480.html; Retrieved March 16, 2020); also see Birrel 2020, Turecki 2020).

ensured they did not leave their houses. The government rationed the protective masks, also by the use of electronic means. Every Taiwanese person could buy two masks a week for themselves and for their family members. In order to avoid leaving the house, they could make the purchase online. People who went out to a store could learn online about the availability of the masks in pharmacies. Moreover, a special Internet platform was created, with maps of the areas with the quarantined and infected people. According to Jaron Lanier and E. Glen Weyl (2020), "the Taiwanese response, based on an ethos of broad digital participation and community-driven tool development, was fast, precise, and democratic".

European countries (Spain, Italy, France) where liberal democracies prevailed, initially took a different approach – they prioritized freedom over the safety of the whole population. The extreme version of such an attitude at the beginning of pandemic was represented by the British government. Patrick Vallance, Boris Johnson's advisor, opined that a quarantine would be effective in the case of a pandemic but not the coronavirus which only had the characteristics of an epidemic. The low fatality rate means that most of the population can have a mild case of the disease (Łepkowski 2020). According to Vallance, "about 60% is the sort of figure you need to get herd immunity" ("News" 2020). The British method, as noted by Łepkowski, has some disadvantages as it "indicates the conscious awareness that a per mille of British citizens will be sentenced to death for the purpose of the natural 'immunization' of the remaining people" (Łepkowski 2020). The groups with especially high risk of dying are those aged 70 and above more and people with suppressed – for various reasons – immunity. After a time, though, the British approach was modified, and restrictions similar to those in other countries were introduced: schools, stores, cultural institutions, etc. were closed, and social distancing was encouraged, if not enforced.

What were the reasons for the differences between the actions of the authorities in the varieties of democracy (liberal and illiberal)? They could be explained with the concept of regulative credit. I assume that under the conditions of an increasing threat to social order, the phenomenon of regulative credit leads to greater support for extraordinary regulations introduced by the authorities. The question arises, then, why the illiberal democracies of the east Asia usually introduced those regulations earlier than the liberal democracies of Western Europe. Those seemingly small differences in time had a significant impact on the course of the fight against the pandemic. They resulted from the different impact of regulative credit in the two types of democracy and from the position of political power in those political systems.

The executive branch in an illiberal democracy has a greater ability to introduce extraordinary regulations and sanctions. Moreover, it is also expected to assume responsibility for the members of society and to actively protect them. The action of the authorities is reinforced by a collectivistic type of socio-political consciousness. In illiberal democracy, then, the effect of regulative credit is present, which is strengthened by social discipline and by subordination to social order.

In liberal democracy, on the other hand, the executive branch is restricted by the legislature and the judiciary, as well as by a set of autonomous ('apolitical') institutions and offices, which prolongs the decision-making process. Additionally, an indi-

vidualist type of social and political consciousness weakens the influence of the effect of the regulative credit. The restrictions of freedom introduced by the authorities are not followed by the citizens as on such a scale as they are in illiberal democracies.

It is worth noting that the different reactions if the political authorities east Asian and European countries may in part be explained by SARS-1 epidemics that the Asian societies directly experienced in 2000/2003. Having gone through this experience already, the state authorities took the outbreak of the Covid-19 epidemic very seriously from the beginning (I owe this observation to Achim Siegel, see also: Pueyo 2020). However, in order to take into account the influence of past events on the behavior of different political systems, we should introduce to our analysis the mechanism of social learning. In case of a political system, social learning contains at least two dimensions: diagnosis of the given state of affairs (e.g. efficiency of health system) and practical recommendation of changes/reforms. Because the decision-making process in liberal democracies is usually much more diffuse than in illiberal democracies (not mention autocracies), this second type of political system is able to learn from past experience in a more effective way and introduce more rigidly desirable reforms and procedures.

NATION STATES IN THE GLOBALIZED WORLD

Faced with the pandemic, we re-examine the issue of globalization and the role of the sovereignty of particular states. In David Goodhart's (2020) words:

> We no longer need the help of rats or fleas to spread disease — we can do it ourselves thanks to mass international travel and supply chains. And we are no longer self-sufficient when things go wrong. When a corona vaccine is eventually discovered, we will have to wait our turn in the queue as we no longer have a UK-based manufacturer. Talk of the need for de-globalisation seems suddenly to be everywhere.

We could assume that globalization processes have hitherto eroded the sovereignty of nation states. Let us take a closer look at what sovereignty is, then. The power regulation of a state authorities can be divided into the internal (dependent solely on the authorities of the state) and external (dependent on various international agents) parts. The degree of dependence or sovereignty of a state can be evaluated on the basis of the relationship between the sphere of internal regulation and the sphere of general power regulation. The fraction which expresses the relation of the numerical sizes of those sets can be called the sovereignty ratio. If it equals one, then globalization processes lead to the elimination of effective sovereignty (the state as a market) in favor of transnational organizations and institutions. If it has a value in the range between 0 and 1, then globalization processes make the state dependent on external agents. For a sovereign state, the ratio is equal to zero (Brzechczyn 1993: 446).

The European Union was severely criticized, on the one hand, for confessing, through Ursula von der Leyen, that "we are all Italians," whilst at the same time, for not being more proactive in the face of the Italian crisis. One decision made by the

authorities was to provide tens of billions of euros for counteracting the results of the epidemics but only came in March 2020. Particular states closed their borders, restricted air travel, and banned the export of medical equipment (such as masks, gloves, respirators, and PPE) independently from one another.[3] They also independently prepare assistance programs for domestic business.

It should be noted, though, that the transnational level is not optimal for deciding how to fight a pandemic in particular countries. First of all, the pandemic does is not spread equally throughout Europe. It would be not only difficult but also ineffective to introduce the same regulations, at the same pace and simultaneously, in Italy (tens of thousands of infected people, a few thousand deaths – as of March 2020) and in Lithuania (tens of infected people, a few deaths). On the other hand, diversified regulations for particular European countries would unnecessarily prolong the decision-making process, and their belated implementation would be unsuccessful. It is easier to see what should be done in Italy or Lithuania from Rome or Vilnius, respectively, than from Brussels.

In other words, in this case, it would be more efficient to leave the decision making to the nation states and not to delegate it to transnational institutions, which will not be directly accountable for the decisions to voters in each country. That does not mean, however, that the authorities of nation states do not err or that they would choose a correct strategy (for example the United Kingdom). In such cases, the losses will be limited in scope to one society – which can hold the decision makers accountable on the occasion at the next elections. Having said that, the critique of excessive globalization does not entail approval for international isolation. Controlled globalization would be an optimal solution – with international aid and cooperation, necessary for minimizing the repercussions of natural catastrophes, coupled with a mechanism of learning on the part of the authorities of particular nation states. The presence of that mechanism, though, presupposes the existence of truly sovereign nation states and not of illusory states deprived, by globalization processes, of their power to make decisions.

CONCLUSIONS

It seems that once the epidemics is over, there will be social and political changes in at least three areas.

(i) Modern technology will still be used for constant and common monitoring of citizens' behavior. After September 11, 2001, electronic surveillance was used against terrorism, with respect to a small percentage of citizens. We can reasonably expect that after COVID-19, the electronic surveillance will be used en masse for monitoring the health of societies.

(ii) The sovereignty and economic self-sufficiency of nation states will be

[3] It is worth noting that up to April 3, 2020, the same customs duties (around 6%) for the export of protective masks produced outside of the European Union was maintained (mail correspondence with Przemysław Szulgit, the president of the Management Board of the TSM POLAND SP. Z O.O. company).

strengthened. The coronavirus has revealed the fragility of globalization processes: in the conditions of developed international economic cooperation, breaks in the delivery of specialized parts and components in one part of the world can disrupt production processes in another part of the world. Moreover, in the face of a threat, certain nation states paid little or no attention to the international structures and organizations (the United Nations, the European Union), and instead they effectively introduced protectionist policies in the areas of the production and distribution of medical equipment, closed their borders, and created programs for overcoming the economic recession.

(iii) Modification of liberal democracy towards its illiberal counterpart. In order to combat the world economic crisis that is will surely be a consequence of pandemic, European states will have to introduce more interventionist economic policies. The domain of public health will become more important element of social safety, which will also include the supporting sectors of the economy and science. Those spheres of life will be excluded from the influence of the ongoing political dispute and market mechanisms. However, they will be subjected to stricter regulation by the political authorities.

Obviously, we do not know how long those changes and tendencies will last and how strong they will be. It is worth recognizing that the current pandemic is the first global event directly experienced by people from all societies in the world. Although, two world wars have fundamentally changed international relations and domestic order of many state policies, they did not have global character as understood above. First of all, military campaigns and Axis powers' occupations did not affect all territories of the world. Secondly, some states remained neutral and their citizens did not take part in the war. Even the terrorist attack of 9/11 was globally observed only via tv screens all the world. By contrast the COVID-19 pandemic directly affects people coming from all societies in the world. It is too early, at this juncture, to speak about the rise of a new *corona'*s generation. First of all, the intensity of the pandemic varies from region to regions. Now, one can identify three its epicenters: China, Italy (or southern Europe), and the USA. Furthermore, according to sociological definition a generation is a group of people of this same age sharing common attitude and common hierarchy of ethical values resulting from this same historical experience (Ossowska 1963; Garewicz 1983) that is usually immortalized in culture.

However, above-mentioned social results of the pandemic will weaken the tendency (ii). The strength of this counter influence depends on social effects of the COVID-19 pandemic. If coronavirus pandemic contributed to the rise of new world generation, it would block tendency (ii) in stronger way. If, on the other hand, the pandemic remains only the common global experience of the world population, its influence will be much weaker.

The world has seen greater pandemics: the plague of Justinian in the Byzantine Empire in the 6th century, the Black Death in Western Europe in the 14th century, or the 1918–1920 Spanish flu. They each had an impact on the life of one generation, but that influence decreased over time, and if they were not immortalized in culture and

the political praxis, they were gradually forgotten. History is a teacher of life on the condition that people and societies want to learn from it.

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Krzysztof Brzechczyn is professor of the humanities, employed in the Faculty of Philosophy at Adam Mickiewicz University. He is author of following books (in Polish): *Historical Distinctiveness of Central Europe. A Methodological Study* (1998), *Troubles with Poland. Selected Political Essays* (1998), *On the Multitude of Developmental Lines in Historical Process. An Attempt at Interpretation of Evolution of Mexican Society* (2004) *On the Evolution of the Social-Political Thought of Solidarność in the Years 1980-1981* (2013). He has edited *Idealization XIII: Modeling in History* (2009) and co-edited *Thinking about Provincialism in Thinking* (with K. Paprzycka 2012), Models in Science (with G. Borbone 2016), *Towards a Revival of Analytical Philosophy of History: Around Paul A. Roth's Vision of Historical Sciences* (2018), *New Perspectives in Transnational History of Communism in East Central Europe* (2019). Fields of interests: philosophy of history, political and social philosophy, methodology of history and theory of historiography.

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DISCURSIVE GOVERNMENTAL AND MEDIA RESPONSE TO COVID-19: THE CASE OF SERBIA

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ABSTRACT: Serbia's government, led by Aleksandar Vučić, has in scholarship been classified as semi-authoritarian, using Marina Ottaway's classification. Its media have also been described as being in heavy, biased support of the government. Scholarship has further revealed that the Vučić-led, post-2012 government, has thrown the country backwards in time, with corruption and affairs being the primary instance by which the regime can be described. Expectedly, the response of the government and the government-supporting media to the COVID-19 pandemic has been less than professional. The initial response included official government press conferences in which the novel coronavirus was deemed to be 'funny' and that, in the middle of the pandemic explosion and increased deathrate in Italy, Serbia's population was advised to go to Italy for 'shopping'. The media furthermore tried to pin the pandemic to Serbia's opposition alleged attempts to topple the government via 'coronavirus propaganda'. This article proposes to tackle the government's and their supporting media's responses to COVID-19 in February/March 2019 from a Discourse Analytical perspective.
KEYWODDS: Serbia, Aleksandar Vučić, COVID-19, Discourse Analysis, coronavirus, pandemic

INTRODUCTION

As of the moment of the writing of this paper, the COVID-19, somewhat unspecifically referred to as the "coronavirus",[1] has ramped up over 700,000 cases and over 33,000 confirmed deaths globally. Since its outbreak in the Wuhan province of the People's Republic of China, it has spread globally and morphed into a pandemic, with Europe's Italy, Spain, and Germany becoming the new focus of the disease. With the global nature of the infection, and with the planet boasting somewhat over 200 sovereign states, the states' individual responses were bound to differ.

The Serbian government, led by PM-cum-president, Aleksandar Vučić, notorious for his warmongering during the 1990s and for being a high-ranking member of the government of Slobodan Milošević (the Minister of Information, 1998-99), has had a poor response to the looming epidemic within the country. There were official talks about COVID-10 being "the funniest virus ever" and that people should "go to shopping in Italy" while people were dying there due to the failing health system. To put the issue in perspective, the Serbian government was far from the only one in which politicians of the highest rank were guilty of malfeasance, having reacted either poorly, with lack of knowledge or preparation, or simply boasting preposterous claims. Brasil's Bolsonaro initially dismissed the virus as a "fantasy" and "trick", later claiming that he would "not feel anything" should he be infected (Phillips 2020); in the USA, "Trump has undermined his administration's own efforts to fight the coronavirus outbreak — resisting attempts to plan for worst-case scenarios, overturning a public-health plan upon request from political allies and repeating only the warnings that he chose to hear" (Diamond 2020); Boris Johnson "joked that the initiative to build more ventilators could be known as 'Operation Last Gasp'" (Paton 2020), after himself contracting the virus.

The situation begs for numerous analysis, from public health initiatives, via governance, to public policy, and many more. We have chosen to tackle the Serbian government's (and the government-supporting media's) response to the upcoming epidemic from the point of view of rhetoric. The questions we are asking, based on the investigation of *discursive practices* (Aydın-Düzgit 2016), are the following: How is the virus/pandemic named and referred to? What characteristics are attributed to it? How did the abovementioned changed over time? By means of what kind of argumentation is the rhetoric around COVID-19 presented? What metadiscursive elements figure as most relevant within the presented narrative?

Prior to the tackling of the discourse itself, it is of some necessity to present the socio-political context in which Serbia locates itself at the beginning of the third decade of the 20th century.

SERBIA IN CONTEXT

Since the coming into power of the Serbian Progressive Party (*Srpska napredna stran-*

[1] Formally, the "coronavirus" designation refers to the whole family of *coronaviridae,* discovered already in 1965, the novel COVID-19 being the disease that the novel coronavirus causes.

ka, progressive only in name) in 2012 and the consequent meteoric rise of Aleksandar Vučič, Serbia has seen deterioration in almost all fields of governance and socio-political life, from the economic, via public health, to a significant increase in corruption (Jovanović 2018b). Though tackled seldom within the contemporary academia, the works that have been produced on the topic of Vučić's Serbia have classified it as semi-authoritarian (Radeljić 2019), based on Marina Ottaway's theoretical assumptions (Ottaway 2013). V-Dem (v-dem.net) has but recently published their analyses on states that have seen the largest increase in their degrees of authoritarianism; together with Hungary, Turkey, Brasil, Poland, and India, Serbia has found its place at the top six fledgling autocratic regimes (Avakumović 2020).

Year by year after the fateful 2012 elections, Serbia has been increasingly plagued by an as of yet unending row of affairs produced by the very top of the government, some of them of a criminal nature, some of them simply peculiar, for the lack of other words (Jovanović 2018b). From the secretive destruction of parts of Belgrade in order to commence the building of the Belgrade Waterfront project (done under shady circumstances, with one person dying after having confronted masked thugs) that turned out to be a money-laundering fence for the sales of arms into the UAE (Đurđević 2019, N1 2019, Telesković 2019) to the invented attempts on the life of Aleksandar Vučić (Alo! 2017, Informer 2016), the concept of the *affair* became synonymous with his regime. Most notoriously, the Vučić regime became known for an almost utter deference to the Party, where high-ranking official positions, up to the level of the Minister, were relegated to people with poor or no skills whatsoever, or with people with criminal backgrounds. The Minister of Defense, Aleksandar Vulin, has never served in the army (N1 2017); the Minister of Health was known under the moniker „dr. Death" due to his connections with criminal clans (Popović 2017). To hide its low productivity and poor success rate in urban development, the government was known to formally open elevators in the home for the elderly, with the cutting of the red cord (Leskovac and Špero 2015). All of these examples are barely even scratching the surface of the regime of Aleksandar Vučić.

Additionally, the freedom of the press, including the freedom of speech, have seen drastic diminishing during Vučić's reign, as testified by Freedom House (FreedomHouse 2016, Freedomhouse 2019). As it turned out, Vučić's regime was judged to draw vast amounts of power and influence through the government-supporting media, such as the tabloids Informer, Alo!, or the Pink television. Within these media, as research has shown, Vučić was and is presented as the savior of the country, an Ubermensch who is under constant attack by known and unknown forces (Jovanović 2018a). Similarly, the abovementioned government-supporting media have campaigned tirelessly to smear his opposition, presenting a narrative in which they are seen as drug addicts, maniacs, supporting of lynching, rape, and violence, and much more (Jovanović 2019). Vučić himself became known for continuously and iteratively appearing in the media (except the few free media that still exist), wherein he developed a specific style of speech, tackled by Nemanja Rujević of Deutsche Welle. Vučić, in his speech, commonly talks about himself, with dramatic breaks, sighs, occasional shouting, and a general dramatic tone to his messages; he criticizes those who oppose, with constant com-

plaining (Rujević 2017).

Having in mind such a government led by such a person, the question poses itself: are the same discursive modi operandi used when tackling the COVID-19 pandemic? What are the characteristics of the COVID-19 discourse in 2020?

GOVERNMENT AND MEDIA DISCOURSE

As COVID-19 reached Europe, it was visibly obvious that Serbia had been woefully unprepared for the outbreak. On February 26, a press conference was held by the government, in which all the callousness and lack of competence surfaced for everybody to be seen. It was presented to the public that "complete preventive measures" have been taken "up to the tiniest of details", that there "would be no problems whatsoever", that the virus was "something much weaker than the common flu", and that "in two to three days, we are going to be completely prepared. Completely". There was furthermore "no reason for great concern". President Vučić opined that the Minister of Health told him that "medical alcohol kills the virus completely" and that he (Vučić) "found a reason to drink a shot per day". Serbia would not close its borders, and that everything would go on as normal, "people should go to stadiums normally, to halls, lead their lives normally" (Marković 2020b).

During the same press conference, another fairly new public figure emerged, one dr. Vladimir Nestorović, known formerly only as an antivaxxer, as well as a person who (*sic*!) claimed that blue and green-eyed people were aliens (TV 2019). He proclaimed, on behalf of the Government of the Republic of Serbia, that he "could not believe that the people who have lived through sanctions, bombing, all kinds of mistreatment, would be afraid of the funniest virus in the history of mankind ... I was against even ordering masks and tests. I think that would be entirely senseless, look, if we had no tests, we would not even know that there was an epidemic" (Marković 2020b:16). He further opined that "oestrogen definitely protects women ... they hardly even die from this virus. So, when it comes to women, feel free to go shopping in Italy, I hear they are going to have great discounts there". While during the first part of his speech Vučić was smiling, at this point, he was laughing and visibly shaking.

The first answers to the research questions posed – how was the virus referred to – is by now already clear. A narrative was presented, strengthened by the fact that several pundits, including the president himself, were there no confirm it in officialdom, that the virus was "laughable", a "joke". In other words, the narrative was playing the gravity of the situation down, at the time when people in Italy were already dying and the Italian epidemic has reached horrendous levels, with triage leaving hexagenarians and the older to die (Parodi, Aloisi and Barbaglia 202). Entering somewhat in multimodal discourse analysis mode, here we have to include so called "behavioral processes" in discourse, ones that "refer to physiological and psychological behavior such as breathing, coughing, smiling, laughing, crying, staring, and dreaming, etc" (Wang 2010:255). This is in regard to the President first smiling, then laughing at the critical situation that he and his pundits presented discursively as jovial, funny, laughable. His visible fits of laughter further strengthened the presented jocund, convivial rhet-

oric of the Republic of Serbia in its official announcement.

The discourse soon broke into chaotic bits and pieces, as the soon-to-be daily press conferences now presented random, incongruent bits of information. It was, namely, unknown how many respirators were available in the public health system. The Clinic for Infectious and Tropical Diseases in Belgrade, for instance, boasted a sum total of *ten;* a number that could not withstand even a percentage of the potentially ill (tens of thousands would be needed). As Marković reported, the Prime Minister, Ana Brnabić, first stated that their number was a state secret, even though it could by no means be such according to state law, after which Vučić proclaimed that he would be "to blame for not allowing it to be publicly known", as he said, he "wanted to present the figure as lower in order to be able to procure more"; admitting to deception and presenting himself in a positive light. He then opined that there was "1008 respirators" and that it should be "enough", after which he immediately said that he would be asking for 500 more, even though he said that the number present would suffice. Then he mentioned he was procuring them personally, in the "economic gray zone", and that that he managed to get "50 more", "so you can shoot me when this is all over, I will not tell you how I got them". After that, he again stated that the number would in the future be a state secret (Marković 2020b). Vučić, furthermore, once having returned from a conference in New York where two people tested positive, refused to take the test, saying that the opposition wants him quarantined so that they could win the upcoming elections (Drčelić 2020).

There is much to unpack here. Due to the (even admitted) deception in public discourse by the highest levels of government, it would be wise to draw upon Galasinski's magnum opus about discourses of deception (Galasinski 2000), which underlines that the study has been conducted under the premises that the deception is *intentional*. Borrowing from Puzynina (Puzynina 1992), he defines deception as "an attempt to affect the target in such a way that her or his behavior/action is an instrument of attaining the goals of the manipulator, who acts without using force but in such a way that the target does not know the goal of the manipulator's action" (Galasinski 2000:21). Deceiving the public by presenting a hectic pastiche of contradictory evidence would go well in presenting the government as facing a tough adversary, which has so far figured heavily in the deception tactics used by the government-supporting media (Jovanović 2018c). Furthermore, and also in agreement with the deceptive tactics used before, this discursive strategy sends the message that Vučić himself is suffering in order to help his people; after all, he is *personally* procuring respirators by putting himself at risk for not going through official, state channels. Where the government *omits* necessary data is also tackled by Galasinski, who calls it *deception by omission* (Galasinski 2000:22). Together, the discourse presented can be best classified into the drawer of so-called "half-truths", that fall under the categories of "exaggeration, minimization, or equivocation" (Galasinski 2000:23), also classified as *distortions* (Galasinski 2000:42). At first, the narrative was *minimized* when the virus was presented as "laughable". Direct deception was attempted when Vučić spoke that nobody called it such, after which *equivocation* took precedence when the press conferences started spewing out contradictory and confusing bits of information. As Galasinski

noted, deceptive messages often include "inadvertent behaviors divulging the deceptive intent" (Galasinski 2000:27), thus the incongruous messages during the respirator-based press conference.

Where does that leave us with the third pillar of half-truths, *exaggeration*? As it turns out, it is within the realm of the rhetoric against the opposition, as well as the discourse of the government-supporting media. During the press conference, Vučić managed to accuse the opposition of "killing 137 people in 2009 during the swine flu epidemic" (Marković 2020b:18). Note the exaggeration: the opposition (that was in power in 2009) did not *kill* anybody; but some people did die during the swine flu season. Via the Speech-act of exaggeration, Vučić presented both the opposition in a bad light, as well as himself in a good one, being that he is the wall that stands between more people dying and the end of the pandemic. This is yet another type of discursive strategy of manipulation that Galasinski describes simply as "putting words out of context" (Galasinski 2000:38), which was done with the word "kill". Vučić's plea to "be shot" for procuring "50 more", without telling the public how exactly that had been done, is congruous with him commonly taking the role of the victim; a trope that has figured constantly since his coming into power (Jovanović 2018a).

The tabloids known to have been showing unwavering support to the regime of Aleksandar Vučić have also contributed to the confusion by publishing untruths. *Alo!* Wondered if religious fasting could contribute to the strengthening of bodily immunity to help in the fight against the virus (Marić 2020), while the *Informer* chose to enter its specific brand of vitriol against the opposition, claiming that there was a "sick plan" of the opposition "to release lies about the corona … to postpone the elections and topple Vučić?!" (Informer 2020b). This is a direct continuation of the vehement rhetoric against the opposition that is seen in tabloids such as the *Informer* or *Alo!,* who are known to have used many a means to smear the opposition, especially after the beginning of the late 2018 statewide protests against the Vučić regime (Jovanović 2019). The media further opined that the World Health Organization was "in deal with the pharmacomafia" to make "the coronavirus hoax of the century" (Marković 2020b).

It has been noted that "journalism is typically a discursive re-construction of reality" (Carvalho 2008:164). We are in need of adding a rather important caveat here, expanding the abovementioned claim into the realization that *low-level* journalism is (often, though not all the time) an *attempt* of a discursive re-construction of the *perceptions* of reality. When a tabloid claims that garlic is an effective means in fighting COVID-19, it does not *create* such a reality; garlic will *not* become a cure against the virus. What it in practice does is construct a perception of reality by the recipient – in this case, the believing audience – in which the recipient might believe that garlic *is* a cure.

After the initial press conference, it seemed that the gravity of the situation has reached the Vučić regime. The narrative changed completely, as now, instead of advising the public to go shopping in Italy, Vučić was *imploring* his auditorium to check in with the health services if they were in Milan. When confronted with the fact that his experts opined that the virus was "funny", he burst into anger: "I cannot stand this injustice, that people are attacking dr. Nestorović, attacking these people here who

are serious and responsible. They say 'funniest virus'. Do not lie, nobody said this was the funniest virus" (Marković 2020b). What we need to have in mind here is that the initial press conference was held on the first channel of the Radio Television Serbia, the state's official network that can be seen in almost any household within the state, implying that it had heavy coverage and a large audience. The fact that the audience *knew* that the government presented the virus as the "funniest", coupled with the fact that now Vučić was accusing people who claim so of lying, is telling. A conjecture can be made – though not proven – that the President has reached such levels of callousness that not even standardized deception (by half-truths and spins) was no longer necessary. By feat and declaration, Vučić erased history. This was, to emphasize, done by *declaration*. In linguistics and semantics, *declarative discourse* is known to possess a so-called "assertoric force" (Jary 2011). According to Cicourel, "declarative systems of knowledge are viewed as advantageous because they are supposed to receive new knowledge without having to develop new rules of inference, yet these same rules make it possible to create new inferences" (Cicourel 1985), stemming from Rumelhart and Norman's investigation and inference that said rules are *independent of fact* (Rumelhart, Norman and Anderson 1981). There was an attempt of changing reality to suit the speaker, with presumed hope that the audience would comply.

As the discourse changed, the novel coronavirus suddenly became a dangerous issue. Vučić already on March 12 opined that "Serbia is in an exceptionally complicated situation", as it was hit by a "difficult disease and infection" (Marković 2020b). A state of emergency was declared, with martial law prohibiting anybody to go out first after 20:00, then after 17:00, with people over 65 under an almost total ban of movement, allowed only to go shopping between 04:00 and 10:00 in the morning. According to the journalist, Zora Drčelić, who has been reporting on the regime's malfeasance for years, "since Vučić made the story about the disease that is rummaging through all of the world serious, he has been scolding, begging and imploring citizens do have trust in the government, calling for unity and solidarity, whilst not binding himself to any of those" (Drčelić 2020).

The question why the virus would initially be presented as laughable leads to some conjecture. As it turned out, the vice-director of the Institute for Public Health "Milan Jovanović Batut", Darija Kisić Tepavčević, proclaimed on national television, in a live session, that the first case of COVID-19 was registered on March 1, not on March 6, as was part of the official narrative (Danas 2020). What happened in the meantime was that on March 4, Aleksandar Vučić amassed tens of thousands of people to sign up for support for his electoral list, giving way to the conclusion that the first people who got infected were kept under the rug in order to garner electoral support for the April elections (Marković 2020a). Nevertheless, Kisić Tepavčević then doubled back, and said that she made an error when she said that the first case was isolated on March 1(Nedeljnik 2020a). It is impossible to conclude whether she really made an initial mistake, or if she was perhaps forced into claiming that she did. Be that as it may, scholarship has already established that "with very few exceptions, political elites use discourse to win a target audience without necessarily attending to one of the basic rules of a successful speech act — sincerity" (Balzacq 2005:176).

That the initial press conference on which the virus was presented as a joke was problematic for the regime even after several weeks have passed was seen in the fact that parts of the public, by the time of the writing of this article, still have not let the issue go, prompting Vučić to keep defending his pundits by late March 2020:

> It would be no problem for me to say that someone was wrong. I understand the political need of the question, I know many want to know, to see if anyone is guilty. Dr. Nestorović is a genius above all. He is extraordinary, it is important that people are told that we will fight. He never said for a second that we would not fight. Then I said that we were facing a serious crisis, a great responsibility. He wanted to encourage people, tell them not to be scared, no one made fun of it, and yes, he was optimistic because there were no deaths. We knew there would be a black scenario, and that's when we said it. I understand the need for people to always find the culprit. If that's the solution, it's my fault. We are the first to introduce a state of emergency, curfew, and I am proud of that, said Serbian President Aleksandar Vučić. (Alo 2020)

In the quote above, we see Vučić present the insistence on criticizing Nestorović as "political", presenting his team as being under political attack, in order to *evade* the lack of professionalism and direct accusations leveled against them. The new *exaggeration* about the person who thinks blue-eyed people are aliens is that he is "extraordinary", a "genius", as in his narrative, Vučić is surrounded by high-level professionals. Setting the "funny" virus aside, the new, somber narrative was still present, as Serbia was facing a "serious crisis" and "great responsibility". Yet again painting a target on himself, he "confessed" that all of it was "his fault", yet it remained unclear *what exactly was* his fault. Evasion, exaggeration, presenting oneself as a victim: these are the crucial moments in Vučić's discourse that has been present in the public for years (Jovanović 2018a, Jovanović 2018c).

In order to even further stress the discursive continuity throughout the rule of Aleksandar Vučić, we need to emphasize the vigorous defense of dr. Nestorović. This is yet another common instance for President Vučić, who, in the past, defended his collaborators with equal vigor. When high-ranking members of his clique were receiving flak from the opposition due to a row of affairs, such as Minister Lončar, former Minister Gašić, or former Minister Stefanović, he never let them go, never administered punitive measures, and instead defended them in front of the public unwaveringly (Beta 2020, Tanjug 2015).

By late March, some weird – for lack of other words – rhetorical choices were used by Vučić, who at one time spoke that he was "collecting respirators like a beaver" (Mondo 2020), while some "secret agents" were also allegedly involved in procuring them (Direktno 2020). Interestingly, he additionally spoke negatively about Serbia's citizens who were returning to Serbia during the pandemic, accusing them of coming back "to get medical care for free" (Pešić 2020). The discourse then gradually became one of fearmongering and trying to scare one's audience into submission. Official addresses to the citizenry were almost exclusively either led by, or completely taken over by the President. Having in mind the scholarship on the issue, we realize that "within any

given discourse, various actors seek to assert themselves and their pattern of argumentation and to establish a dominant discourse pattern" (Dunn Cavelty 2013:106); coupled with the fact that Vučić has been establishing dominance based on the "extrainstitutional accumulation of power" (Pavićević, in: Milanović Hrašovec 2016) for years, this can be said to have been expected.

After the news set in that the great hall of the Belgrade Fair was turned into an improvised hospital – a depressing image reminiscent of a large hospice – Vučić opined that he is "glad that the citizens are scared", adding that he would have to "think up something even worse" (Nedeljnik 2020b). A few days later, he spoke that he is "happy if he sometimes introduced unrest" (B92 2020). This can be, from a discourse analytical perspective, understood as a discourse of *securitization,* wherein "the enunciation of security itself creates a new social order wherein 'normal politics' is bracketed" (Balzacq 2005:171), and security itself becomes the focal point of rhetoric. As Vučić spoke, "not even the Lešće graveyard, or the Novo groblje graveyard, or the Central graveyard and the graveyard on Bežanijska kosa, will be enough to receive us all", should the elderly not listen to the advice to stay at home (Informer 2020c). The joke was by late March fully replaced by fearmongering. A telling timeline can be made by juxtaposing several statements by the epidemiologist in charge, Predrag Kon, where, from January to March, his statements changed from nonchalance to panic. On 26 January, he spoke that the "risk for Serbia is small, the coronavirus does not transmit rapidly" (Tanjug 2020); on February 26, he said that "the coronavirus is a disease that we can manage; on 14 March, he opined that he would "quit his job" if the schools should get closed due to the virus (Informer 2020d), while already on 21 March he spoke that "deathrates were not so large even with SARS" (Informer 2020a). The only difference between Vučić's underling and him is that the callousness, laughter, threats, and the like, were mostly reserved for the President.

CONCLUSION

Having in mind the track record of the Vučić regime, with all of its affairs, lack of professionalism, public spins and half-truths oft presented to the electorate, the discursive response to the novel coronavirus can said to have been expected. Serbia's government is nowadays well known to be almost entirely in the hands of Aleksandar Vučić, who seldom consults experts (placing loyal pundits instead of experts in positions of high rank), or even anybody, for that matter. Having surrounded himself by yes-men and ignorami, it is also expected that the initial view of the COVID-19 pandemic would not be a serious one. According to the psychologist, Radmila Vujić Bojović, "as everything here, so did the corona crisis see itself through a political prism, and this is an additional danger for us. Daily politics, calculations about holding the elections and political battles should today not be a topic. Here, political calculations and political interests are always a topic. And this is the largest risk we have. We have certainly lost three weeks from joking to making first radical measures" (Vulić Bojović, in: Drčelić 2020:22).

In summa, the official response of the government, as well as by the govern-

ment-supporting media, was initially a jovial narrative wherein the novel coronavirus was presented as funny, a joke, coupled with conspiracy theories within the media, due to the increasingly lower and lower level of expertise within both the government and its media. After the gravity of the situation was finally been made clear, and after weeks of potential preventive measures have been lost, the narrative changed to one of danger. This danger was then presented by regular media conferences on which mostly Vučić spoke, together with PM Brnabić, Minister of Health Zlatibor Lončar, and longtime epidemiologist, Predrag Kon. Vučić's rhetoric changed to that of fear-mongering, begging, imploring, and scolding. As preventive and curative measures have been taken, by the end of the writing of this article, the COVID-19 peak is yet to happen in Serbia.

It is important to stress the continuous following of the topic, not only through a discursive lens, but from the point of view of public health and policy as well. It is possible to argue that the more authoritarian the state is, or, at the least, the more authoritarian the leader is, the larger are the chance that initially, the virus would be misrepresented. Concomitantly, the chances of recovering from the pandemic will in all probability also be increased with an increase in state authoritarianism. As a semi-authoritarian state with a semi-authoritarian ruler, Serbia is not alone in misrepresenting the virus, but as well not alone in deploying drastic measures once the gravity of the pandemic set in. It is the paradox of authoritarianism that in cases such as a pandemic, the more authoritarian and repressive the measures, the greater chances of the pandemic wreaking havoc within the state.

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(NON-HUMAN)ANIMAL COMPANIONSHIP: A CRUCIAL SUPPORT FOR PEOPLE DURING THE COVID-19 PANDEMIC

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ABSTRACT: *Background* Human-animal interaction (HAI) offers benefits across physical, emotional, psychological, and social spheres of human functioning. The aim of this paper is to delineate how animal companionship, via provision of HAI benefits, offers vital support to people experiencing the COVID-19 pandemic and associated stressors. *Method* Each of the empirically supported types of HAI benefits – physical, emotional, psychological, and social – will be situated within a biopsychosocial framework of human functioning and considered in terms of how they may help to ameliorate stressors specifically related to the COVID-19 pandemic. *Findings* Benefits derived from animal companionship may help alleviate physical, emotional, psychological, and social stressors specifically related to experiencing the COVID-19 pandemic. *Discussion* Benefits of animal companionship may be particularly salient for well-being and coping when people are experiencing a dramatic increase in stressors via a pandemic crisis. Community responses need to include plans (pet food pantries, temporary foster care, veterinary access/zoonotic safety) for keeping people and their companion animals together during such difficult times. *Originality/value* This article

is unique in that it delineates the animal companionship benefits in terms of how such may help alleviate stressors associated with a pandemic.
KEYWORDS: COVID-19, Coronavirus, quarantine, companion animal, pet

INTRODUCTION

The COVID-19 pandemic, in addition to being a physical health and economic crisis, has generated a pandemic-sized wave of related psychosocial stressors which some have referred to as the "Shadow Pandemic" (Wan et al. 2020). Human beings by nature are social mammals, hard-wired to connect and interact with each other (Correia-Caeiro, Katia and Mills 2020). Unfortunately, one of the most useful tools in reducing fatalities related to the COVID-19 virus entails what is broadly referred to as "social distancing"; this can be more accurately described as physically distancing from others outside of one's immediate household. U.S. guidelines at the time of writing this include: staying at least 6 feet from others; avoiding gatherings of ten or more people; and leaving home only for essential tasks such as caretaking, or obtaining food or medications (Pearce 2020). While the ability to connect widely via remote means remains for those who have access, people are nonetheless reporting feelings of increased loneliness, isolation, and stress (which has both physical and mental implications) (Stallard and Stallard 2020).

Animal companionship as a strategy to help reduce human loneliness and isolation had gained increased attention from a range of researchers, such as those focused on: isolation as a health risk factor via a social determinants of health framework (Mueller, Gee, and Bures 2018); aging and isolation (Friedman and Gee 2019); and those interested in general population well-being (Wells 2019; Chandler et al. 2015). An emerging body of empirical research has is being generated on the various benefits of having companion animals across human life stages; such research can be situated within biopsychosocial dimensions of human functioning as follows: physical benefits stemming from both direct contact with animals and increased activity related to animals; emotional benefits such as comfort and affection; psychological benefits such as motivation and feeling needed; and social benefits both directly related to the animal (e.g., companionship) and indirectly related to the animal (e.g., a bridge to connecting to others who enjoy animals) (Hoy-Gerlach, Vincent and Hector 2019; Hoy-Gerlach and Wehman 2017). These benefits are not experienced by people in a mutually exclusive way, rather, they occur within the integrated human experience across functional realms (Beetz et al. 2012).

The majority of households in the United States report having at least one companion animal, and the majority of those report that they consider their companion animal to be a family member (American Pet Products Association, 2019-2020). This is consistent with data from many other countries; a 2016 international study conducted by the Nuremburg-based international marketing think tank Growth from Knowledge (GfK) in 2016 concluded that over half of people internationally have at least one

pet (Growth from Knowledge 2016). The benefits of animal companionship are thus already accessible for many households; given the current pandemic situation, easily accessible ways to ameliorate stress warrant immediate increased consideration. [There are also numerous stressors related to having an animal, such as behavioral, financial, and logistical concerns; all of these concerns may be amplified by the pandemic. To limit scope and focus of this paper, we are focusing on benefits, however, we will include resources and strategies for addressing stressors (as a way to maximize benefits) in the discussion section.]

The aim of this paper is to delineate how each of the types of benefits associated with animal companionship – physical, social, psychological, and emotional – may specifically be helpful in coping with pandemic-related stressors.

PANDEMIC QUARANTINE-RELATED STRESSORS

While there is a body of research on general stressors related to various pandemics, Brooks and colleagues in February 2020 published a synthetic literature review *The psychological impact of quarantine and how to reduce it: rapid review of the evidence.* This review is both rigorous and timely, and was written with a contextual focus on the emerging COVID-19 pandemic of 2020. Given such, we have chosen to situate the benefits of animal companionship within the stressors identified within this review. Brookes and colleagues (2020) define a quarantine as "the separation and restriction of movement of people who have potentially been exposed to a contagious disease to ascertain if they become unwell, so reducing the risk of them infecting others" (p. 912). Brooks and colleagues (2020) delineated stressors during quarantine as follows:

> - Duration of quarantine – longer durations were associated with increased post-traumatic stress symptoms, avoidance behaviors, and anger.
>
> - Fears of infection – including contracting infection and transmitting to others.
>
> ***- Confinement - loss of usual routine, reduced social and physical contact, and subsequent boredom and frustration*** [emphasis added]**.**
>
> - Inadequate supplies – food, water, clothes, accommodation.
>
> - Inadequate information – poor information from authorities about actions to take and purpose of quarantine.
>
> - Financial – being unable to work and having to interrupt professional activities with no advanced planning (p. 916).

Animal companionship is by no means a panacea for addressing the above stressors; having a companion animal may worsen stress related to supplies such as pet food and vet care, and financial costs of such. There may also be increased stress related to lack of information about transmission risk. It is important to contextualize these stress risks; the majority of U.S. households who reported having companion animals also reported that they considered their animals as family members, and these same issues

could present as stressors for other (human) family members. As related to pandemic-related confinement stressors, the empirically-supported benefits of animal companionship are highly salient, and can be leveraged and amplified. We must use every strategy at our disposal to address pandemic-related stressors, and benefits associated with animal companionship are widely available due to the high numbers of people who keep companion animals. Temporarily fostering shelter animals may also offer a viable way for people who are not ready or able to make a long-term commitment to experience the benefits of animal companionship during the pandemic.

CROSS-WALKING ANIMAL COMPANIONSHIP BENEFITS WITH PANDEMIC CONFINEMENT STRESSORS

REDUCED PHYSICAL CONTACT IN CONFINEMENT AND PHYSICAL BENEFITS OF ANIMAL COMPANIONSHIP

Pandemic–related confinement is associated with decreased physical contact and activity and increased anxiety; anxiety symptoms include physiological components such as increased heart rate, respiration rate, and blood pressure (American Psychiatric Association 2013). Physical benefits of animal companionship have the potential to help mitigate such physiological issues. The scientific evidence relating to the cardiovascular benefits of animal companionship is robust enough that the American Heart Association came out with a scientific statement summarizing such in 2013 (Levine et al. 2013); evidence has continued to accumulate since then (El-Qushayri et at. 2020; Krittanawong et al. 2020). Physical benefits from animal companionship can be divided into two categories: contact-related benefits and activity-related benefits (Levine et al. 2013).

Contact-related physical benefits of animal companionship are conveyed through holding, petting, cuddling, and even gazing at one's animal; when such happens with an animal one is bonded with, oxytocin is released (Beetz et al. 2012). Oxytocin is a bonding hormone that was first discovered in studies on breast feeding mothers and their infants; it was later determined that oxytocin was released between unrelated adults, and even across species (Beetz et al. 2012). Oxytocin release is associated with a generally pleasant feeling and a decrease in heart rate, respiration rate, and blood pressure, and has long been hypothesized to mediate the benefits of positive interactions between humans (Uvnäs-Moberg 1998); more recently oxytocin has also been hypothesized to mediate benefits of positive interactions between people and companion animals (Beetz et al. 2012). The physical responses of a human experiencing stress and/or anxiety include increased heart rate, respiration rate, and blood pressure (Clemente-Suárez and Ruisoto-Palomera 2020); contact with an animal one is positively affiliated with thus has the potential to directly mitigate such. People living through a pandemic who are quarantined or restricted in movement are susceptible to increased anxiety related to such (Brooks et al. 2020); seeking out one's companion animals during times of exacerbated anxiety has the potential to reduce distressing

related physical symptoms. The mere act of touch may also be increasingly important during a pandemic for people who live alone or don't have other sources of physical contact/affection; companion animals can provide an invaluable source of touch and contact during a pandemic.

Having a companion animal – a dog in particular – may also be associated with increased physical activity (Potter and Satore-Baldwin 2019; Levine et al. 2013). Depending on the restrictiveness of the confinement order issued, people may still be permitted to walk their dogs. Engaging in play with companion animals indoors also offers a physical activity, albeit less rigorous. People are anecdotally reporting increases in dog walking (Hamilton City Council 2020); memes are even being widely generated showing dogs weary of walking due to dramatic increases in walks since quarantine. In addition to the physical health benefits associated with exercise, there are also protective mental health effects (Ashdown-Franks et al. 2020). In a meta-review of how exercise affects mental health; Ashdown-Franks and colleagues found that exercise reduced anxiety and depression in children, adults and older adults (Ashdown-Franks et al. 2020); walking a dog during confinement – provided safe physical distance from others is maintained – hence may be a way to help ameliorate confinement-related anxiety and depression.

REDUCED SOCIAL CONTACT IN CONFINEMENT AND SOCIAL BENEFITS OF ANIMAL COMPANIONSHIP

Perhaps at the heart of stress related to confinement and quarantine during pandemics such as COVID-19 relates to the separation from others that must occur – e.g. physical distancing – as a public health tool to reduce spread. The companionship of non-human animals is not a substitution for human companionship (Vivers 2014); however, it is a unique companionship venue and with host of related benefits. People who live with companion animal report what is referred to as direct social benefits, e.g. the social benefits that directly relate to the animal's presence and company. People who lived alone, in a recent study of Emotional Support Animals, reported that "I still have a furry somebody to be with at home" and "I'm not alone, I have him [the dog]" (Hoy-Gerlach 2019). Within this study, people experienced statistically significant reductions in loneliness on the UCLA Loneliness Scale after residing with their animals, and the reduction in loneliness was strongly corroborated in qualitative data as associated to the presence of the respective animals (Hoy-Gerlach 2019).

The indirect social benefits of animal companionship, e.g., the ability of animals to connect us to like-minded humans who enjoy animals, also holds up if considered in the context of a pandemic. While people are much less likely to interact with other people in-person about animals during a pandemic, through remote and online contexts, the bridge to others continues to extend through posts and pictures about one's animals, which invites commentary from others. This may serve as both a distraction and a way to engage with others that is not pandemic-specific in focus. Such may help to address boredom and frustration experienced by individuals who are confining themselves during a pandemic (Brookes et al. 2020).

EMOTIONAL BENEFITS OF ANIMAL COMPANIONSHIP IN CONFINEMENT

Social support is often depicted along two dimensions: instrumental and emotional (Otsuka et al. 2019). Instrumental social support includes the provision of assistance related to tasks and information; concrete and specific help; in contrast, emotional social support is understood to be more subjectively experienced and related to comfort, affection, and other subjectively experienced emotional states (Otsuka et al. 2019). It is thus reasonable to extend the social stress associated with confinement to encompass a reduction in accessing emotional support. The presence of and interaction with companion animals can fill a crucial void during such times. Companion animals have active agency and both initiate and respond to initiations with people, related to petting, playing, and otherwise positively interacting and/or expressing affection (Vitztum and Urbanik 2016). In a study on individuals with cancer and their companion animals, participants reported their companion animals as primary sources of emotional support (Nitkin and Buchanan 2020); individuals with Emotional Support Animals likewise reported that their animals were a crucial provider of emotional support via affection and comfort (Hoy-Gerlach 2019).

PSYCHOLOGICAL BENEFITS OF ANIMAL COMPANIONSHIP DURING CONFINEMENT

Psychological benefits of human-animal interaction include but are not limited to: a sense of purpose; self-efficacy; behavior activation/motivation; and having routine/structure (Brooks et al. 2018). In considering the loss of routine experienced during pandemic confinement, as noted by Brookes and colleagues (2020), living with a companion animal may offer some continuance of typical daily activities and routines. Companion animals are typically creatures of habit; they quickly learn and anticipate routines, and respond in various ways when such routines are not maintained. Companion animals may thus serve to prompt their humans to maintain daily routines related to walking, feeding, interacting, and so forth, even within a confinement situation. In the recent study on people with ESAs, the majority of participants did not work, and described how having a companion animal resulted in them following a more prescriptive routine each day: “I had to get up, I had to feed her and take her out in the morning, I couldn’t lay in bed all day” (Hoy-Gerlach 2019).

The commitment to maintaining such roles for companion animals is likely associated with another psychological benefit; feeling a care-taking role/needed with regards to the companion animal. Several studies have identified this as a benefit in having a companion animal (Brooks et al. 2018). Again, in looking at the recent ESA study, participants illustrate such: “she can’t do for herself, if it was just me I’d lay in bed all day, but she needs me to get up and take care of her at a decent time”; and “I have someone who needs me, I just can’t lay around” (Hoy-Gerlach 2019).

Other psychological benefits related to animal companionship that likely undergird maintenance of structure and routine include self-efficacy and motivation/activation (Hoy-Gerlach 2019; Rauktis 2019). Self-efficacy pertains to feeling competent in being able to care for one’s animal; while many other things may be uncertain, one’s animal’s health and well-being may be clearly maintained through taking good care of

the animal. Having a companion animal has been associated with motivating self-care behavior associated with obtaining healthy food (Rauktis 2019) and general self-care (Hoy-Gerlach 2019); both of these studies indicated that participants explicitly linked their increased self-care behavior with their animals' dependence upon them. With regard to obtaining food, a study on food-security among individuals found that people with companion animals were actually more food-secure – a surprising finding as there are many anecdotes of people sharing their food with pets and thus having less food resources – due to proactively seeking food resources for their animals.

DISCUSSION AND CONCLUSION

In sum, our animals may motivate us to take better care of ourselves in a quarantine/confinement situation, because we know they are dependent upon us. In addition, they are likely to provide an invaluable resource of comfort, physical contact, activity motivation, and connection to others. With regards to public health considerations to such, supports for benefits related to animal companionship – including mitigation of associated stressors – should be built in to system-wide infrastructure and responses.

It's already widely known that people tend not to leave animal family members behind, be it in personal crises such as intimate partner violence (McGraw and Jeffers 2015), or mass disasters such as Hurricane Katrina (Glassey 2018). It's reasonable to extrapolate that people will likewise include their animal family members in their responses to a mass disaster such as a pandemic. Hence, addressing companion animal stressors related to finances and resources may be especially helpful during a pandemic. Examples of supports that address resources include: pet food banks; pet food bank delivery service; temporary foster care in the event of illness or inability to care due to workload (e.g. healthcare providers); and other pet care supports such as free dog walking for those in healthcare positions who are working double shifts.

Examples of supports that explicitly address cost concerns include accessible, affordable veterinary care, which is an ongoing problem in general societal times, and is likely to be exacerbated due to COVID-19 concerns. The University of Tennessee in the United States (Larkin 2018), the Humane Society of the United States (Humane Society of the United States 2020) and the American Society of Prevention of Cruelty to Animals (American Society for the Prevention of Cruelty to Animals 2020) have each launched national initiatives in the United States to support people in keeping their companion animals; the partnership of human healthcare and service organizations will be invaluable in the success of such efforts. It is through a One Health/One Welfare approach (Menna et al. 2019) that efforts of human welfare and animal welfare organization efforts can be maximized for the best possible outcomes, for people and animals.

Simply put, One Health refers to the interconnectedness between human, (non-human) animal, and planetary well-being (Menna et al. 2019). What is good for one is generally good for the others; it is through working across disciplines and sectors that solutions and supports for well-being will be found for the COVID-19. The relationships of people with their companion animals are a pre-existing condition and poten-

tially invaluable support for well-being, especially during this time of confinement to mitigate COVID-19 risk. Understanding and supporting these benefits, as well as proactively working to mitigate stressors related to having a companion animal, are crucial strategies to promoting well-being during this pandemic.

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ATTITUDES TOWARD VULNERABLE POPULATIONS IN THE TIME OF COVID-19: CRITICAL DISCOURSE ANALYSIS OF GAZETA.PL ONLINE COMMENT SECTIONS

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ABSTRACT: According to the World Health Organization, older people and people with preexisting medical conditions appear to be more vulnerable to becoming severely ill with the COVID-19 virus (World Health Organization 2020). A few journalists (Arielle 2020, Held 2020) have pointed out that in light of the current COVID-19 crisis, vulnerable populations such as elderly people, people with disabilities, and people with preexisting medical conditions have been talked about as if they were "disposable" or "expendable". Therefore, this study will attempt to examine how vulnerable populations are perceived by Polish public in the context of the global COVID-19 pandemy. In order to achieve that, I will analyze, by the means of critical discourse analysis, comment sections below online articles and editorials covering the topic of the COVID-19 virus on the popular Polish portal *Gazeta.pl*. In order to narrow down the scope of this study I will only focus on those articles and comments that were published in the week following March 4th 2020 when the first COVID-19 case in Poland was officially confirmed. I believe that this preliminary study will provide useful data for assessing public attitudes toward vulnerable people in times of crisis.
KEYWORDS: COVID-19, critical discourse analysis, elderly people, media, people with disabilities

INTRODUCTION

According to the World Health Organization (2020), older people and people with pre-existing medical conditions appear to be more vulnerable to becoming severely ill with the COVID-19 virus. As a result, many people are concerned about their elderly or ill relatives and loved ones who have the highest risk of getting seriously ill from the virus (Stieg 2020). However, that is not always the case. A few journalists (eg. Arielle 2020, Held 2020) have reported that in light of the current COVID-19 crisis, vulnerable populations such as elderly people, people with disabilities, and people with preexisting medical conditions have often been talked about as if they were "disposable" or "expendable". Other authors (eg. Merrick 2020) have warned that due to the shortage of medical equipment, medical professionals will soon face such difficult moral dilemmas as deciding which COVID-19 affected patients should go on ventilators. Despite the fact that the position of vulnerable populations in the midst of the COVID-19 crisis as well as ethical issues surrounding their access to medical treatment are being widely discussed in international media, the topic at hand is almost completely absent from the mainstream debate on COVID-19 in Poland. Despite that, I believe it is crucial to learn more about how vulnerable populations are perceived by Polish public in the context of the global COVID-19 pandemy. In order to achieve that, I will examine, by the means of critical discourse analysis, comment sections below online articles and editorials covering the topic of the COVID-19 virus on the popular Polish portal *Gazeta.pl*. To narrow down the scope of this study, I will only focus on those articles and comments that were published in the week following March 4th 2020 when the first COVID-19 case in Poland was officially confirmed. As a result of this analysis, this paper will attempt to answer the following questions: How are vulnerable populations "talked about" by the *Gazeta.pl* readers in the context of the COVID-19 crisis? Are the *Gazeta.pl* readers aware of the level of risk the COVID-19 virus poses to such vulnerable groups as elderly people, people with disabilities, and people with preexisting medical conditions? Do they express any concern for those people who are at the highest risk of getting seriously ill with the COVID-19 virus? Are they worried about the well-being of their elderly or ill relatives and loved ones? I believe that my attempt to answer these and other related questions will provide useful preliminary data for further studies of attitudes toward vulnerable people in times of crisis.

LITERATURE REVIEW

Elderly people, people with preexisting medical conditions and people with disabilities are more vulnerable to becoming seriously ill with the COVID-19 virus (Ryan 2020). In the context of the global pandemic and the perceived vulnerability of some groups of people to the virus and its repercussions for their treatment, it has to be underlined that people with disabilities are often labeled "the Other" since they are considered somewhat separate from people who identify as non-disabled (Reid-Cunningham 2009). However, what makes the "otherness" of disability unique, is the fact that anyone may become disabled at some point of their life and cross the border between what is perceived as different and what constitutes "normal". The border between the

"normal" and the "pathological", moreover, is very fluid and depends on reactions to physical and behavioral differences that vary between cultures and communities (Reid-Cunningham 2009).

Anthropologists studying disability have paid close attention to the ways in which personhood and/or social adulthood is attributed to or withheld from people with disabilities. For example, in her study on disability and personhood in Central Borneo, Nicolaisen (1995) argues that in order to better understand how personhood is conceptualized and described across cultures, the classic definition of personhood as defined and described in terms of social properties has to be expanded and focus on "the cultural perception of the biological constitution of the human being itself" (39-40). For instance, among the Punam Bah studied by Nicolaisen (1995), an individual can only achieve full personhood through marriage and producing offspring. This has profound consequences for people with disabilities, who are deemed unmarriageable by local people (Nicolaisen 1995). As a result, adult people with disabilities are forever caught in the liminal stage between a child and an adult, and a less-than-full person since full personhood can only be granted to those who get married and have children (Nicolaisen 1995). Other researchers argue that people with disabilities often tend to be "infantilized and devalued" (Gammeltoft 2014:184) by non-disabled people. As a general rule, non-disabled people frequently fail to recognize people with disabilities as "full" persons (Gammeltoft 2014; Landsman 2009). For example, according to some researchers, Vietnamese mothers of children with disabilities often feel unable to offer their children a fully human life, while expectant mothers who anticipate the birth of a disabled baby believe that their child would never grow up to be complete (Gammeltoft 2014). In American culture the personhood of people with disabilities is often questioned and diminished. According to Landsman (2009), "such individuals have been viewed not only as incapable of giving, but as relying upon the gifts of others" (p. 146), a perception which echoes the attitudes toward people with disabilities in Vietnam as described by Gammeltoft (2014).

Anthropologists studying disability have documented how denying people with disabilities the status of a "full" person can also lead to a denial of one's humanity such that it becomes acceptable to end their life. For instance, in some societies children whose bodies looked different were sometimes neglected or killed (Gammeltoft 2014). Other cultures, however, prohibited the elimination of the weakest infants, even though they still considered babies with disabilities as "different". For example, the Chagga of East Africa believed that even babies with disabilities were created by God and since they were deemed as sent by spirits, they were granted a sacred existence (James 2000), although such practice would suggest that people with disabilities were not considered to be humans either. Dehumanization of people with disabilities has profound consequences for their level of access to medical treatment as well. David Abbott, a researcher who works with boys and men who have Duchenne muscular dystrophy, discusses how "the availability of health resources often devalues short lives, with Duchenne patients even deemed to be 'futureless persons'" (Johnstone 2020:n.p.). Other studies report that people with intellectual disabilities frequently experience mistreatment at the hands of hospital staff (Perry 2018). Stramondo (2020)

argues that such attitudes toward people with disabilities stem from "deeply biased quality of life judgment" (n.p.). He also points out that such judgments are often made by people, including medical professionals, who have never experienced disability, be it a physical or intellectual one, themselves (Stramondo 2020).

Elderly people often experience similar attitudes in their encounters with health professionals. For example, Minichiello, Browne and Kendig (2000) argue that medical professionals constitute a significant source of ageist treatment. Furthermore, Nelson (2005) reports that "doctors all too often think that because old age is unstoppable, illnesses that accompany old age are not that important, because such illnesses are seen as a natural part of the aging process" (p. 211). Nussbaum et al. (2005) observe that general internists and family physicians are often unwilling to provide primary care services to elderly patients. Moreover, some studies suggest that "physicians find older patients difficult to treat and would rather focus on younger, healthier patients" (Nussbaum et al. 2005:295).

Such ableist and ageist attitudes can be particularly detrimental to the health of elderly people, people with disabilities, and people with chronic illnesses in times of global health crisis such as the COVID-19 pandemic. A quick review of press articles covering the topic of the COVID-19 virus brought to the surface some unsettling news concerned with vulnerable populations in the midst of the crisis. In Spain soldiers drafted to disinfect residential homes have found elderly people "abandoned and dead in their beds" (Jones 2020:n.p.). In the United Kingdom Butler and Walker (2020) warn that the coronavirus emergency measures will put people with disabilities and elderly persons at risk. The *Guardian* columnist Frances Ryan (2020) points out that "phrases such as 'only the long-term sick are dying' come across as somewhat flippant about – or even accepting of – the risk to millions of people with heart problems, asthma or diabetes" (n.p.). Echoing these concerns, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in Australia issued "Statement of Concern" in relation to the global COVID-19 pandemic and possible measures that will be undertaken in order to tackle this crisis. The Statement (Royal Commission 2020) acknowledges that many people with disabilities are anxious about the COVID-19 pandemic and feeling that "they are being left behind or ignored in government and community responses" (p.1). In the United States disability rights organizations warn that in Washington and Alabama, in accordance with local disaster preparedness plans, people with intellectual disabilities are "a lower priority for lifesaving treatment" (Silverman 2020:n.p.). In Texas lieutenant governor Dan Patrick told Fox News that he believes that many elderly people in the United States would be willing to die from COVID-19 in order to avoid shutting down the entire country and to save the economy for younger generations (Beckett 2020).

Those news highlight the vulnerability of people with disabilities, elderly people, and people with chronic illnesses in light of the global COVID-19 pandemic. In many cases, they are treated by the public like second-class citizens, while their lives are considered expendable, disposable, and "futureless". As already mentioned above, the ethical discussions surrounding vulnerable populations' access to medical treatment in times of possible equipment and staff shortages are largely absent from the Pol-

ish public debate on COVID-19. There exist, however, a few reports suggesting that vulnerable people in Poland are not only more likely to become severely ill with the COVID-19 virus but are also at a higher risk of becoming neglected, abandoned or forgotten in the midst of the current public health crisis. For instance, it was recently revealed that 52 residents (and 8 members of staff) of a nursing home for people with intellectual disabilities in Niedabyl near Radom had contracted the COVID-19 virus (Klauziński 2020). Experts and social workers warn that residents of nursing homes are at a greater risk of contracting the virus, not only because many of them are elderly, have disabilities or preexisting medical conditions, but also because nursing homes employees are not properly equipped with masks and other personal protective equipment (Klauziński 2020). In light of the above, it is crucial to examine how Polish society "talks about" its most vulnerable members in the context of the COVID-19 crisis.

METHODOLOGY

For the purpose of this study I analyzed comments that were posted under 7 online articles concerned with COVID-19 that appeared in the news section of the popular Polish portal *Gazeta.pl* between March 4th and March 10th 2020. Due to time constraints I chose to analyze only those articles and comments that were published in the week following March 4th 2020 when the first COVID-19 case in Poland was officially confirmed. In order to collect the most relevant articles I used Google Advanced Search. On March 25th I typed in the This OR That window "koronawirus OR COVID-19" search phrase. To be more specific, I also selected the "page title" option in order to make sure that my search words appear in titles. Next, I selected "Polish" as my search language. Furthermore, by typing "https://wiadomosci.gazeta.pl" I specified that I was only interested in those articles that appeared in the news section of the *Gazeta.pl* portal. After I obtained the initial results I narrowed down the search date from March 4th 2020 to March 10th 2020. Ultimately, I obtained 78 results. However, one of the links was inactive and therefore I had to work with 77 results. Out of them, 47 links led me to articles concerned with COVID-19 in Poland, while the remaining 30 - to international news on COVID-19. In order to make my data set more manageable (the average number of comments was about 88 for articles on COVID-19 in Poland and about 6 for international news), I decided to analyse only those comments that were posted under an article with the highest number of comments on a given day. As a result of my selection, I obtained the following data set:

> March 4, 2020: "Prymas reaguje na słowa księdza o tym, że koronawirus to kara za homoseksualizm. 'Dziwna teologia'" [Primate reacts to the words of the priest who said that coronavirus is a punishment for homosexuality. 'Weird theology'] - 438 comments

> March 5, 2020: "Dr Grzesiowski: Jeżeli koronawirus dotrze do małych miejscowości, to zachorują tam wszyscy" [Dr. Grzesiowski: If coronavirus reaches small towns and villages, everyone there will get sick] - 341 comments

March 6, 2020: "Koronawirus w Polsce. Żołnierze i wojskowi lekarze są w stanie gotowości" [Coronavirus in Poland. Soldiers and army doctors are in full readiness] - 48 comments

March 7, 2020: "WOŚP przenosi ogłoszenie wyniku 28. finału ze Szczecina do Warszawy. Powodem koronawirus" [The Great Orchestra of Christmas Charity moves the announcement of the 28th final results from Szczecin to Warsaw. Reason? Coronavirus] - 56 comments

March 8, 2020: "Koronawirus. Nowe fakty ws. pacjenta z Raciborza. Przyjechał z Włoch ponad tydzień temu" [Coronavirus. New facts regarding the patient from Racibórz. He returned from Italy over a week ago] - 196 comments

March 9, 2020: "'Wzywam Bielana, by nie siał paniki'. Grodzki publikuje wyniki badań na obecność koronawirusa" ['I urge Bielan to stop spreading panic'. Grodzki publishes the results of his coronavirus test] - 400 comments

March 10, 2020: "Koronawirus w Polsce. Abp Gądecki apeluje do parafii o zwiększenie liczby mszy" [Coronavirus in Poland. Archbishop Gądecki appeals to parishes to increase the number of masses] - 973 comments.

In total, I read and analyzed 2,452 online comments for the purpose of this study. It is worth mentioning that all the articles in the data set presented above are concerned with the COVID-19 situation in Poland. In general, the articles covering the COVID-19 crisis worldwide were not as widely commented as the ones concerned with Poland only. I analyzed the articles available in the data set using critical discourse analysis. Since critical discourse analysis (CDA), as a tool for studying the role of discourse in society, "focuses on (group) relations of power, dominance and inequality and the ways these are reproduced or resisted by social group members through text and talk" (van Dijk 1995:18), I decided it is best equipped for studying how vulnerable populations (or, in other words, those who have "less" power under certain circumstances such as the COVID-19 pandemic, among others) are "talked about" in times of crisis.

ANALYSIS

Out of 2,452 online comments analyzed for this study, 57 referred to the situation of vulnerable populations (elderly people, people with disabilities, people with preexisting medical conditions) during the COVID-19 crisis. 1 comment appeared under the March 4th article, 4 comments - under the March 5th article, 0 comments under both the March 6th and March 7th articles, 6 comments under the March 8th article, and 1 comment under the March 9th article. The highest number (46) of relevant comments appeared under the article "Koronawirus w Polsce. Abp Gądecki apeluje do parafii o zwiększenie liczby mszy" [Coronavirus in Poland. Archbishop Gądecki appeals to parishes to increase the number of masses] published on March 10th.

Out of those 57 comments, only 1 referred to people with preexisting medical conditions only. 0 comments mentioned people with disabilities only. The vast majority of

the comments - 56 - referred to elderly people as those who are particularly vulnerable to becoming seriously ill from the COVID-19 virus.

In general, the authors of the analyzed comments are aware of the fact that elderly people and people with preexisting medical conditions are especially vulnerable during the COVID-19 pandemic. For instance, a user named marykownow (2020) points out:

> "Wszyscy ci w sile wieku, którzy jeżdżą teraz za granicę, muszą wiedzieć, że pewnie przeżyją, ale w praktyce zabiją swoich rodziców." (sic) [All those young people who are currently traveling abroad should know that they themselves will probably survive (the COVID-19 virus) but they will practically kill their parents.]

Only one comment echoes the concern expressed by Frances Ryan (2020), who observed that the language used by mass media and experts to describe those who are most vulnerable to getting severly ill with COVID-19 makes it sound like their lives are not important or worth saving:

> "Może zarówno media jak i eksperci przemyśleli by to co mówią - radosne pocieszanie, że ciężko chorują jedynie starsi ludzie obarczeni chorobami to potworność! (...)" (sic) [Maybe both media and experts should change the way they talk (about vulnerable people), (instead of) merrily comfort people (by saying) that only elderly persons with preexisting conditions get seriously ill (with COVID-19), because that (sounds) horrible!] (azalka12 2020)

Some readers express their concern for elderly people in their comments referring to the COVID-19 pandemic and related events:

> "(...) Ja mam starą matkę która cieszy się życiem,i chciałbym by to jeszcze potrwało (...)" (sic) [I have an elderly mother who enjoys life and I would like [her to enjoy it] a little bit longer.] (desnoran3 2020)

> "Zamiast zalecić starszym ludziom aby słuchali transmisji mszy w radiu lub telewizji oni zwiększają liczbę mszy w kościołach , matoły ." (sic) [Instead of telling the elderly to listen to a mass broadcast on radio or television they (priests) increase the number of masses in churches, idiots.] (rozterka47 2020)

The highest number of comments appeared under the article reporting on archbishop Gądecki who had requested that parishes increase the number of masses in order to decrease the number of churchgoers attending each mass and therefore to minimize the risk of COVID-19 infection (jagor 2020). A number of readers took it to the comment section in order to express their anger at the archbishop, priests, and Catholic Church in general as well as to castigate the archbishop for his perceived recklessness and greed. In addition, some readers suggest that churches should be closed in order to decrease the risk of COVID-19 infection among the elderly churchgoers:

> "Raczej powinno się zamknąć kościoły na 21 dni. Ponieważ najczęściej ludzie w podeszłym wieku tam chodzą a Oni są najbardziej narażeni na powikłanie po chorobowe." (sic) [(They) should rather shut down churches for 21 days. Because

it is usually elderly people who go there and they are at the highest risk of (post-COVID-19) complications.] (lolek1 2020)

"Zamknąć te siedliska zarazy w trybie natychmiastowym !!! Tym bardziej, że głównym targetem tej "firmy" są ludzie starsi, czyli najbardziej podatni." (sic) [Let's immediately close all those nests of pestilence! Especially since the main target of that "company" are elderly people who are the most vulnerable ones.] (Zygfryd Mamut 2020)

"GŁUPOTA SUKIENKOWYCH SIĘGNĘŁA ZENITU!!!!!!!!!!!!ZAMIAST ODWOŁAĆ, TO NARAŻAJĄ, SZCZEGÓLNIE EMERYTÓW NA NIEBEZPIECZEŃSTWO!!!!!!!!!!!!!!!!!!!" (sic) [The stupidity of priests has reached its heights! Instead of cancelling (masses), they endanger (people), especially pensioners.] (andrew-live 2020)

Other readers, however, express their satisfaction with the prospect of putting the elderly churchgoers at a higher risk of contracting the COVID-19 virus. Some of them refer to elderly people, especially those who frequent churches, by such derogatory terms used in reference to older people as "mohery" (a derogatory term meaning older ladies who are avid churchgoers) or "staruchy" (old geezers). Other suggest that those elderly pensioners who still go to church despite the warnings, will at least save the Social Insurance Institution (ZUS) some money, when they contract the COVID-19 virus and die:

"Społeczeństwo się odmłodzi, zlaicyzuje, ZUS zaoszczędzi. Same plusy." [Society will get younger, less religious, ZUS will save (some money). We will only gain.] (kalim13 2020)

"Przyoszczędzi się na emeryturach, w ZUS-ie strzelają szampany." (sic) [We will save on pensions. They are opening champagne at ZUS.] (qurczak 2020)

"Jeszcze procesje z kadzidlami niech robia! Wszystkie mochery do piachu. Ale siem oblowia." (sic) [(Let them have) processions with incenses! All "mohery" can go and die. They (priests) will get rich.] (zwierzoczlekoupior 2020)

Furthermore, some readers use the fact that older persons and people with preexisting medical conditions are more likely to become severely ill with the COVID-19 virus to get back at certain public figures, for instance Małgorzata Kidawa-Błońska (a presidential candidate who is sixty years old) or Rafał Ziemkiewicz (a journalist):

"Pan Ziemkiewicz ma cukrzycę. To niestety źle rokuje przy koronawirusie." [Mr Ziemkiewicz has diabetes. This is bad news when it comes to coronavirus.] (martha.wise 2020)

"A nie niepokoi ciebie Kichawa Końska wałęsające się po jarmarkach? W końcu w grupie ryzyka." (sic) [Aren't you worried that (Kidawa-Błońska - the Polish version contains an untranslatable and insulting word game based on her last name) still tours the fairs? I mean, she's in a risk group.] (soso_soso 2020)

CONCLUSION

This preliminary study indicates that a significant number of *Gazeta.pl* readers are aware of the fact that elderly people are especially vulnerable to getting seriously ill with the COVID-19 virus. In addition, some readers mention preexisting conditions such as diabetes as a risk factor in becoming ill with the COVID-19 virus. However, none of the comments analyzed in this paper mentions people with disabilities as those who are particularly vulnerable in the midst of the COVID-19 crisis. Some readers express their worry over elderly people but others mock them and talk about them as if they were expendable, which is particularly alarming in times of crisis. Unfortunately, due to time constraints I was not able to compare the *Gazeta.pl* comments with comments on COVID-19 that appeared on *Wirtualna Polska* as I initially planned. Moreover, since the data set analyzed in this paper is not very significant the results of this analysis are not by any means reflective of attitudes toward vulnerable populations in Poland and therefore should not be generalized. I believe, however, that this preliminary study offers some interesting data that could be used for further studies of such attitudes in Poland.

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BIOGRAPHICAL NOTE

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CRIME IN THE TIME OF THE PLAGUE: FAKE NEWS PANDEMIC AND THE CHALLENGES TO LAW-ENFORCEMENT AND INTELLIGENCE COMMUNITY

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ABSTRACT: The Paper explores the problem of fake news and disinformation campaigns in the turmoil era of the COVID-19 coronavirus pandemic. The Author addresses the problem from the perspective of Crime Science, identifying the actual and potential impact of fake news propagation on both the social fabric and the work of the law-enforcement and security services. The Author covers various vectors of disinformation campaigns and offers the overview of challenges associated with the use of deep fakes and the abuse of Artificial Intelligence, Machine-, Deep- and Reinforcement-Learning technologies. The Paper provides the outline of preventive strategies that might be used to mitigate the consequences of fake news proliferation, including the introduction of counter-narratives and the use of AI as countermeasure available to the law-enforcement and public safety agencies. The Author also highlights other threats and forms of crime leveraging the pandemic crisis. As the Paper deals with the current and rapidly evolving phenomenon, it is based on qualitative research and uses the most up-to-date, reliable open-source information, including the Web-based material.

KEYWORDS: COVID-19, Wuhan virus, coronavirus, fake news, deep fakes, nation-state influence, information warfare, Artificial Intelligence, law enforcement

INTRODUCTION

The 2019/2020 COVID-19 pandemic has – at the time of writing (late March 2020) - affected almost all of the countries and territories of the World. It has created unprecedented chaos and unrest and has taken a significant toll on human lives (CSSE 2020), mental and physical health, and wellbeing and – to an unparalleled extent – world economy (OECD 2020). One of the impacts the COVID-19 fallout has on the society, is the rise in cyber-enabled crime, terrorism, and information warfare including – but not limited to – disinformation campaigns and fake news propagation, that are undermining social fabric, causing civil unrest, and increasing the emotional consequences: fear, anxiety and uncertainty. This translates directly to the increased challenges for the law-enforcement agencies and institutions responsible for public security and safety.

METHODS

The following paper provides the overview of the on-going developments in the problem domain. Due to the fact that it deals with phenomenon evolving at an extremely rapid pace, it is based on the qualitative analysis of the up-to-date open source data, in accordance with the International Association of Law Enforcement Intelligence Analysts and United Nations Office for Drugs and Crime (UNODC 2011) recommendations regarding the source evaluation (level A: no doubt regarding authenticity, trustworthiness, integrity, competence and history of complete reliability) and information evaluation (level 1: no doubt about accuracy) as well as source reliability (level A: completely reliable) and data validity (level 1: confirmed).

FUTURE CRIMES AND BLACK SWANS

In mid-July 2019, less than six months before the first reports on the new virus originating in the city of Wuhan in the Chinese province of Hubei appeared, the EUROPOL (European Union Agency for Law Enforcement Cooperation) published a report titled "Do Criminals Dream of Electric Sheep? How technology shapes the future of crime and law-enforcement" (EUROPOL 2019), where the Agency raised the alarming necessity of developing the foresight analysis capabilities arising from the increased threat of abuse of emerging and disruptive technologies. The Report covered the broad area of the so-called 'future crimes' and included the section on the new avenues of disinformation and fake news propagation. The Europol's Report coincided with the UK Parliament Report "Preparing for the Changing World" (UK Parliament 2019) which raised – in the chapters devoted to the new directions in cyber security and emerging computer technologies – the very similar concerns, stressing that cyber-enabled crime might significantly impact the landscape of law-enforcement and intelligence work. The UK Parliament Report stressed the problem of the undue influence of fake news on public opinion, indicating – among others – the cases where the disinformation campaigns touch the area of health-related information, indicating explicitly – quoting Broniatowski et al (2018) - the situations where the Russian bots, trolls and

'content polluters' have been agitating debate on social media platforms about the efficacy of vaccines. Both the EUROPOL and UK Parliament Reports were not referring to the potential threat of the worldwide pandemic (even in the context of the possible leverage of fake news campaigns) and focused primarily on other types of hazards and challenges. They both stressed however, that the economic costs of cyber- and cyber-enabled crimes are progressing massively, as further confirmed by numerous official national and supranational reports (EUCPN 2015; EPTT 2019; EUROPOL 2019a; UK Parliament 2019).

The Reports acknowledged above did not specifically address the global pandemic scenario, as it is an incident that – in theory - belongs to the category of High Impact – Low Probability Events (HILPs). Some types of HILP events are also referred to as the "Black Swans." According to the definition coined by Taleb (2010:xxii), a Black Swan is an event with the following three attributes: first, it is an outlier, as it lies outside the realm of regular expectations, because nothing in the past can convincingly point to its possibility; second, it carries an extreme impact; third, in spite of its outlier status, human nature makes us concoct explanations for its occurrence after the fact, making it explainable and predictable.

UK Parliament (2019) mentions the term of 'pandemic' in a specific context saying that their Report sketches out the implications of possible areas of change (some of them undesirable), and remarking that: "low probability but high impact events (...) such as the eruption of a super volcano or a pandemic, could make all such considerations irrelevant." The Blackett Review (Government Office of Science 2011), covering the High Impact Low Probability risks references the National Risk Register categories, listing pandemic human disease among other threats (such as coastal flooding, an attack on crowded places or on transport, a major industrial accident, or an outbreak of an animal disease), but still considers it to be a Black Swan type of an event.

Lee, Preston and Green (2012) cover the HILP events and say that they can be broadly divided into three types according to the general level of preparedness: "Black Swans" (events which are beyond the realm of normal expectations in history, science, finance and technology and therefore impossible or extremely difficult to predict), "Known and prepared for" (rare events which pose a significant threat (real or perceived), often as a result of historical experience or technological advance) and "Known but unprepared for" (rare events which governments and businesses may have identified as a potential threat, but where little or no action is taken to prevent or mitigate the impacts. The Authors list the "flu pandemics" under the category of "Known and prepared for" events. They say that in regards to such type of HILP event, "to a greater or lesser extent, governments and businesses invest in a wide range of preventative actions, warning systems and security measures to limit the impacts. (...) Evaluating the costs and benefits of different levels of preparedness is difficult, however, given that an event may not occur for years or decades."

It must be stressed though, that the current pandemic was not entirely the unforeseen or completely unpredictable scenario. The U.S. Department of National Intelligence (DNI) stated in January 2019 that "The United States and the world will remain vulnerable to the next flu pandemic or large-scale outbreak of a contagious

disease that could lead to massive rates of death and disability, severely affect the world economy, strain international resources, and increase calls on the United States for support" (Coats 2019). As recently as September 2019, the Global Preparedness Monitoring Board (GPMB 2019) said explicitly: "there is a very real threat of a rapidly moving, highly lethal pandemic of a respiratory pathogen killing 50 to 80 million people and wiping out nearly 5% of the world's economy. A global pandemic on that scale would be catastrophic, creating widespread havoc, instability and insecurity. The world is not prepared." Taking such clear warnings into account, the current situation (at the time of writing, that is in the end of March 2020) shows that the governments and emergency services worldwide were not prepared for the devastating scale of the developing pandemic and its catastrophic consequences.

DISINFORMATION IN THE TIME OF PANDEMIC

Some of the effects of the coronavirus pandemic that are generally overlooked at this early stage of the development of the global threat (when most of the focus is naturally put on the imminent, destructive consequences to health, life and economy) are the resulting developments in crime and terrorism. One of these threats is a rise of fake news and disinformation campaigns (distributed primarily on social media), bearing the characteristics of the nation-state sponsored, information warfare operations. By definition (Wardle 2018), disinformation is the information created and distributed with the express purpose of causing harm. Producers of disinformation typically have political, financial, psychological, or social motivations. Fake news may also have a form of misinformation that is information being false, but not intended to cause harm - for example, individuals who don't know a piece of information is false may spread it on social media in an attempt to be helpful. Finally, malinformation is genuine information that is shared to cause harm. This includes private or revealing information that is spread to harm a person or reputation.

According to the U.S. Department of Homeland Security (2019), disinformation campaign occurs when a person, group of people, or entity (a "threat actor") coordinate to distribute false or misleading information while concealing the true objectives of the campaign. The objectives of disinformation campaigns can be broad (e.g., sowing discord in a population) or targeted (e.g., propagating a counter-narrative to domestic protests) and may employ all information types (disinformation, misinformation, malinformation, propaganda, and true information). The target of a disinformation campaign is the person or group the threat actor aims to influence in order to achieve the campaign's objective.

The increasing prevalence of fake news and disinformation campaigns is characteristic for the catastrophe situations: the U.S. Department of Homeland Security (2018) states explicitly: "Rumors, misinformation and false information on social media proliferate before, during and after disasters and emergencies." The law-enforcement agencies and intelligence services should possess an established set of analytical tools, guidelines and strategies to combat various threats arising from or leveraging the disaster scenario. Such tools require calibration to specific needs and the scale of asso-

ciated hazards, but the Police services and organizations (both on national levels and on the international scale: EUROPOL, Interpol) shall be aware of the potential vectors of the attack or disruption and have the capabilities to pro-actively mitigate the risk, either by employing their investigative and enforcement powers, or by utilizing the responsible communication campaigns. The present situation shows that the Police and public security institutions worldwide (collaborating with academic think-tanks and working groups, as well as the Non-Governmental Organizations) are aware of these threats and aim to lessen the consequences of the information and telecommunication technologies' abuse; both the EUROPOL (2020) and the Interpol (2020) have employed the thorough communication strategy involving the information campaign directed both at the professional community and the general public.

As opposed to the earlier natural disasters (earthquakes, fires, volcano eruptions, tsunamis) or emergencies (such as the Fukushima Nuclear Power Station meltdown), even the ones having severe international impact, the current COVID-19 pandemic has spread quickly beyond its original Chinese source (Hubei province) and – at the time of writing – affected almost all of the countries in the World, on all continents apart from Antarctica, bringing unprecedented chaos, fear and uncertainty. It translates to the levels that disinformation campaigns can reach, as although they are never technically constrained to a specific region, they regularly tend to focus on a particular area or population group. The 2019/2020 Wuhan virus pandemic has a truly global range, enabling for the potential information warfare and other acts of state-sponsored terrorism to reach unparalleled levels.

There are numerous possibilities of who the potential instigator of disinformation campaigns could be. It could be nation-states aiming to influence the situation abroad; it could be rogue governments deliberately seeking to disrupt the life of the foreign population; it could be any group or entity intending to benefit economically or politically – be it terrorist organization, extremist group, or organized crime. Alternatively, it could be – as it frequently happens in the on-line environment – a group of non-state actors who run the so-called trolling campaigns for the sheer objective of spreading chaos and confusion.

Currently, in regards to COVID-19 pandemic, the intelligence reports point primarily to Russia and China as the main initiators of disinformation campaigns. The Russian influence in particular gained the worldwide attention with Reuters (Emmott 2020), Guardian (2020) and Deutsche Welle (2020) - among others – covering the news backed by the internal EU sources. Avast Security News Team reports that an internal document circulated among European Union officials alleges that Russia launched a „significant disinformation campaign" about the coronavirus in order to cause panic and worsen the impact of the outbreak on European countries. Created by the European External Action Service, the EU's foreign policy arm, the document claims Russia is servicing its end goal to subvert European societies by pushing disinformation online in English, Spanish, German, and French regarding the virus in order to confuse and hinder the EU's response to the pandemic. The campaign includes contradictory information and fake news such as the idea that the virus is a U.S. biological weapon (Avast 2020).

The New York Times (2020) highlights the involvement of both Russia and China in disinformation campaign related to coronavirus pandemic, saying specifically that both powers have both seized on the novel coronavirus to wage disinformation campaigns that seek to sow doubts about the United States' handling of the crisis and deflect attention from their own struggles with the pandemic. According to the Diplomat (2020) magazine, as the COVID-19 pandemic aggravates all over the world, a coronavirus-related disinformation campaign from China has been on the rise globally. The Diplomat magazine says: "this is true of China's offensives against Taiwan as well. The Investigation Bureau of Taiwan has substantiated significant increase in the dissemination of disinformation regarding the coronavirus outbreak in Taiwan. The disinformation campaigns often spread through social media platforms and are promoted by a variety of fake accounts through either posts or comments. Not surprisingly, most of the contents can be traced to Chinese online forums."

Such observations are further backed by the official Special Briefing of the U.S. Department of State (2020), where Lea Gabrielle, the U.S. Special Envoy and coordinator of the State Department's Global Engagement Center (GEC), says that since January the GEC has been tracking narratives promoted by Russian, Chinese, and Iranian-sponsored sites or different platforms related to the coronavirus. The U.S. Envoy further explains that „Russian disinformation campaign is a known Russian tactic of perpetuating disinformation by capitalizing on the chaos and the uncertainty that health scares and pandemics engender, and we are still seeing the Kremlin continue its reckless attempts to propagate disinformation, endangering global health by undermining the efforts of governments, of health agencies and organizations that are in charge of disseminating accurate information about the virus, such as the World Health Organization. We're also seeing Russia's ecosystem promoting narratives advanced by China and Iran, often ones that were first advanced by Russia." Ms. Gabrielle states: „during the crisis, we've seen Russian, Chinese, and Iranian state disinformation and propaganda ecosystems all converge around some disinformation themes intended to promote their own agendas. So on China, over the course of the crisis we've monitored a couple of narrative tracks. One is malign disinformation to falsely blame the U.S. as the origin of the coronavirus and the second has been China's effort to turn the crisis into a news story highlighting supremacy of the Chinese Communist Party (CCP) in handling the health crisis. What we've seen is the CCP mobilizing its global messaging apparatus, which includes state media as well as Chinese diplomats, to push out selected and localized versions of the same overarching false narratives." The Envoy also says „COVID-19-related topics account for about half of the content pushed by official Chinese accounts since the outbreak in early January in the Western Hemisphere. And we've seen China – they are relying on essentially a unified messaging apparatus. The PRC officials that we saw in Africa shifting their narratives, we've also seen that happening in Italy as well. So PRC officials have become really active and are showing concerted effort to systematically cater their messages to global audiences using hash tags, increasing their social media followers to convince people that they're acting responsibly, rather, and providing aid." Finally, the Global Engagement Center representative states that „we see Russia and Kremlin platforms pushing out false narratives, those false narratives being repeated by other state actors, including Beijing,

and then Russia re-tweeting them again and pushing them out as though they originally came from those state actors."

Of course, not all of the disinformation campaigns use the same strategies or agenda. As Avast Security News Team (Avast 2020) reports, the Bleeping Computer (2020) cyber security experts findings indicate the increase in coronavirus-related spear-phishing attacks, where a state-sponsored threat actor is attempting to deploy the Crimson Remote Administration Tool (RAT) onto the systems of targets via a spear-phishing campaign using Coronavirus-themed document baits disguised as health advisories. This nation-backed cyber-espionage is suspected to be based and operating from the territory of Pakistan. The group, active since at least 2016, is known for targeting Indian defense and government entities and for stealing sensitive information designed to bolster Pakistan's diplomatic and military efforts. Bleeping Computer has reported on other nation-backed hackers seizing the moment to push their agendas, including groups based out of Pakistan, North Korea, and China. Additionally, non-political hackers are launching their own COVID-19 scams in the hopes of making money off of the global panic. Avast (2020) advises that the general public should not trust any information that they cannot verify, and shall always look for the source of the information and only trust official websites like the World Health Organization and the Centers for Disease Control and Prevention.

ARTIFICIAL INTELLIGENCE – A DOUBLE-EDGED SWORD

Although it is not yet an alarming problem (at the time of writing), we still need to take into account the upcoming developments in the disinformation-enabling technologies. During the "Artificial Intelligence & Future Crimes" workshop organized in February 2019 by the University College London (UCL) Dawes Centre for Future Crimes (the only formal research center in the World devoted specifically to the study of the problems related to the hazards associated with the emerging Information Technologies being used as tools by the criminal offenders), we were confronted with 20 scenarios of AI-enabled crime. The participating Subject Matter Experts were asked to rate them according to four factors (harm, profit, achievability, profitability) and to rank them in regards to the necessity of potential intervention (ignore, watch, act). At the very top of scenarios that we selected was the abuse of Artificial Intelligence for the purpose of creating AI-authored fake news and audio/video impersonation. At the time of the workshop, the participants were not discussing the potential exploitation of AI to create and spread disinformation during the disaster scenarios of the COVID-19 magnitude, but it was acknowledged that the opportunities for AI-enabled content manipulation are very high and the potential market for its propagation is broad.

Artificial Intelligence allows for creation of the so-called deep fakes (that are not – contrary to the common misconception – a synonym to 'fake news'). By definition (Wardle 2018), deep fake is the term currently being used to describe fabricated media produced using Artificial Intelligence. By synthesizing different elements of existing video or audio files, AI enables relatively easy methods for creating 'new' content, in

which individuals appear to speak words and perform actions, which are not based on reality. Although 'deep fakes' are still in their infancy, it is likely we will see the term 'deep fakes' used more frequently in disinformation campaigns, as these techniques become more sophisticated. It was acknowledged at the aforementioned 2019 UCL Dawes Centre workshop, where the Subject Matter Experts acknowledged that the high quality of the content produced with AI and Deep Learning technologies (including audio and video impersonation) is highly deceiving and convincing.

According to the European Parliament (2019) Report, it can be argued that 'deep fakes' present an even more difficult problem than manipulated textual content, as they are more likely to trigger strong emotions than simple text, and are less likely to be critically assessed before being 'consumed'. It is also worth noting, that – according to Nemr and Gangware (2019) - detecting altered photos and videos at scale is difficult, and rapidly advancing AI and deep learning technology is making synthetic media (manipulated or artificially-created video and audio content) easier to produce. As AI technology progresses, synthetic video and audio will appear increasingly authentic to the public and will become significantly easier to manufacture. This will lead to the migration of disinformation content from being largely "static" (memes, fake articles) to "dynamic" (video and audio). For example, the video mapping of one person's face onto another, (a "deep fake") is already widely available through public apps. Video to video synthesis technology can create realistically looking artificial video content based on a set of inputs.

Taking into account that the evolving and emerging cyber-threats (including deep fake technologies) are progressing at an unprecedented pace, the law-enforcement agencies and intelligence services must consider the possibility that the AI-enabled disinformation vectors (utilizing Machine Learning, Deep Learning and Reinforcement Learning techniques) might be used even during the current COVID-19 pandemic.

There is no universally accepted policy regarding the potential legal regulations of the AI-enabled disinformation, but there is a need for the empirically-based and widely consulted (with legal experts, law-enforcement practitioners, Subject Matter Experts and the representatives of the IT industry and Artificial Intelligence developers) de lege ferenda strategy addressing these issues. On the other hand, there is in fact the report providing the contextual analysis of the use of Artificial Intelligence to limit the spread of disinformation online: the European Parliament study authored by Marsden and Meyer (2019) titled "Regulating Disinformation with Artificial Intelligence", which questions some aspects of the use of the technology, as it might interfere with the freedom of speech and might result in AI-generated censorship, if used without strong human review and appeal processes.

In my opinion, substantiated by over a decade of study of the developments of both cyber-enabled crime and terrorism, and the Artificial Intelligence technologies, the readily available IT tools, as well as the emerging technologies are a double-edged sword which can be used by both sides of the conflict: the perpetrators of crimes and terrorists on the one side, and representatives of law enforcement and intelligence services on the other. Both sides compete for domination on the "Internet Battlefield" (Gradon 2013), and the law enforcement techniques, tactics, strategies, and method-

ologies must take advantage of the available technology (including Artificial Intelligence) in order to proactively address the present and upcoming threats. Naturally, such approach has to involve handling issues of civil liberties, privacy laws, and personal rights and freedoms with utmost care. The philosophical and legal conflict of two basic rights protected by law— to privacy and to safety—must be balanced and addressed as well. Marsden and Meyer (2019) state that automated technologies are limited in their accuracy, especially for expression where cultural or contextual cues are necessary. Although I agree that this could be a serious impediment in precise detection of disinformation campaigns and fake news, I believe that the rapid developments in Artificial Intelligence and Deep & Reinforcement Learning technologies would soon overcome such limitations. Close collaboration of all stakeholders, including AI industry, legislators, policy-makers, academia, Subject Matter Experts and end-users (law-enforcement and security practitioners) would allow for the design and secure implementation of tools that would enable the enhanced detection of disinformation, while maintaining civil liberties and human rights. It is necessitated by the societal costs arising from the fake news propagation (as illustrated by the consequences of disinformation spread during the on-going coronavirus pandemic).

FACT-CHECKING AND COUNTER-NARRATIVES

It is still too early to provide the thorough analysis of the disinformation campaigns connected to the new coronavirus pandemic, as the situation develops rapidly and we learn about the new forms and avenues of fake news daily. There are numerous well-established fact-checking organizations devoted to finding, investigating and de-bunking fake news distributed in the on-line environment. Some of these organizations belong to the International Fact-Checking Network (IFCN), a unit of the Poynter Institute dedicated to bringing together fact-checkers worldwide. IFCN currently runs a website dedicated to the COVID-19 pandemic (https://www.poynter.org/covid-19-poynter-resources) including the database of over (at the time of writing) 1500 fact-checks from more than 60 countries in 15 languages (Poynter 2020). Other notable examples include Agence France Presse Fact Check website (https://sprawdzam.afp.com) available in several languages (AFP 2020) and Snopes Fact Checking website (https://www.snopes.com/collections/new-coronavirus-collection) offering its services since 1994 (Snopes 2020). It is beyond the scope of this Paper to provide the selection of case studies of fake news that are currently distributed on-line in connection with the COVID-19 pandemic, but the aforementioned fact-checking organizations offer a comprehensive and constantly updated listings of such cases, covering fake news related to the coronavirus origins and spread, prevention and treatment, national and international response, conspiracy theories and predictions, memes and misinformation, viral videos, business, industry and entertainment-related fakes associated with the current pandemic.

The fact-checking websites mentioned above and the proper information campaigns offering the clear, fact-based information and counter-narratives supported by the well-established institutions such as national health services, national and inter-

national Police agencies and reputable organizations such as the World Health Organization and the Centers for Disease Control and Prevention, are crucial to mitigate the devastating effects of the fake news propagation.

FAR-REACHING CONSEQUENCES

What are the consequences of disinformation campaigns on the general public? The immediate effect that the fake news propagation has on the society affected (especially in such extreme circumstances like the one we experience now, during the COVID-19 pandemic) is the disruption of social fabric and trust, by increasing the feelings and emotions of fear, anxiety, uncertainty and anger. Unfortunately, as Nemr and Gangware (2019) observe, the same emotions are the very characteristics that increase the likelihood a fake news message will go viral. They stress, that even when disinformation first appears on marginal sites outside of the mainstream media, mass coordinated action that takes advantage of platform business models dependent upon clicks and views helps ensure greater audience dissemination. Bot networks (set up to facilitate the amplified spread of disinformation) comprising of fake profiles intensify the message and create the impression of high activity and popularity across multiple platforms and rating algorithms.

Widespread distribution of fake news has also a significant impact on the law-enforcement and security communities and the first responders, as they need to move some of their personnel to communications and counter-narrative duties, de-bunking and demystifying the disinformation. More importantly, they have to waste their valuable resources on mitigating the effects that the fake news brings to the physical world. The panic and unrest arising from not only from the pandemic itself, but also from some of the outcomes of disinformation, misinformation and malinformation - as defined by Wardle (2018) - may cause the real consequences necessitating the use of Police force. The examples include: the increased disturbance of public order during the waves of panic-buying; physical attacks on people – as in the case reported by the BBC (2020) where the Ukrainian protesters attacked buses carrying China evacuees (according to Ukraine's security service (SBU), a fake e-mail claiming to be from the Health Ministry falsely said some evacuees had contracted the virus); a rise in cybercrime illustrated by the 350% rise in phishing attacks between the beginning of January and the end of March 2020 – the reason for that being the COVID-19 outbreak has greatly increased the usage and reliance on the Internet, giving hackers more opportunities to scam people with malware and phishing attacks (PC Magazine 2020); store looting – where in Mexico, the criminals robbed stores that were closed and posted calls on social media for people to ransack businesses (Reuters 2020). Such forms of crime and disorders are of course not new and they existed long before the COVID-19 crisis, but it is essential to stress that the law-enforcement resources are limited and must be allocated properly, according to the most crucial needs related to the strategies implemented in order to contain the pandemic.

THE CRIMES THEY ARE A-CHANGIN'

It is important to note, that disinformation and fake news distribution are not the only forms of cyber-enabled crime that take advantage of the pandemic-related crisis. Criminal offenders adapt to change and as Tilley (2015:151) notes, in the complex world of policing, change and adaptation are chronic: the law changes, communities change, the organizational arrangements for policing change, technologies change and offenders adapt and learn from one another. It is true now, when the fear, panic and unrest make wide segments of the society especially vulnerable to exploitation and attacks. The EUROPOL (2020) stresses that criminals have quickly seized the opportunities to exploit the crisis by adapting their modes of operation or developing new criminal activities. The Interpol (2020) warns that offenders see the virus outbreak as an opportunity to increase or diversify their activities.

According to the information campaigns prepared by both agencies (EUROPOL 2020 and Interpol 2020), offenders abuse the demand people have for information and supplies, by using the coronavirus crisis to carry out social engineering attacks (in the form of phishing emails), distributing malware and executing ransomware attacks. According to the UK National Fraud & Cyber Crime Reporting Centre (Action Fraud 2020), there have been 105 on-line fraud reports (related to the COVID-19 scams) to Action Fraud between 9 February 2020 and 18 March 2020, with total losses reaching nearly 970,000 British Pounds. The first report relating to Coronavirus, or COVID-19, was received on 9 February. There were 20 more reports that month. Since then, there have been 46 reports between the 1 March and 13 March, and 38 reports in just four days (14 March – 18 March).

EUROPOL (2020) also informs about the increased online activity of sexual predators who exploit children whom they expect to be more vulnerable due to isolation, less supervision and greater online exposure. Interpol stresses the increase in online fraud and sales of fake or counterfeit medical items such as surgical masks, hand sanitizers, antiviral medication and vaccines and fake COVID-19 test kits. Both agencies (EUROPOL 2020 and Interpol 2020) mention the modus operandi leveraging the coronavirus crisis in the classic "grandson" or "nephew" scam, where caller who pretends to be a relative currently being treated at hospital contacts the elderly by phone, asking to pay for the cost of the medical treatment by transferring money or by paying cash to fake public health representatives.

France24 news network (France24 2020) reports that Italian organized crime groups such as Cosa Nostra, 'Ndrangheta in Calabria and Camorra are carefully planning ahead to when the economy will start to be rebuilt, so that they could be prepared to take advantage of the business opportunities in several sectors of the industry, where they already invested, such as cleaning, disinfection, waste recycling, transportation, funeral homes, oil and food distribution. Furthermore, France24 stresses that the redirection of police resources over the crisis could also contribute to the mafia blossoming, as officers already weighed down by new roles may have to face public order problems, such as potential riots in southern Italy - fomented by organized crime groups - should the virus epicenter move from North to South. France24 informs that

the organized crime groups were allegedly believed to have orchestrated revolts in jails across the country early on in the epidemic, with prisoners fearful of catching the disease in overcrowded facilities demanding early release. Over 2,500 prisoners had been released since February 29 to ease overcrowding. (France24 2020).

The EUROPOL (2020) also draws the attention to the fact that with the increased remote work using the unprotected or under-protected access to company systems, there is a much higher possibility of cyber attacks on business and institutions, including the critical infrastructure. According to the ZDNet business technology website (ZDNet 2020), the Brno University Hospital (one of the Czech Republic's biggest COVID-19 testing laboratories) in the city of Brno, was targeted by the cyber attack during the COVID-19 outbreak. "The hospital was forced to shut down its entire IT network during the incident, and two of the hospital's other branches, the Children's Hospital and the Maternity Hospital, were also impacted" ZDNet reported. Critical national infrastructure (industries such as healthcare, energy systems and power grids, telecommunications, emergency services, finance systems, food supply, water treatment, transport, chemical and nuclear industries) are high-profile targets for coordinated attacks. As Weed (2017) notes, the key aspects of critical national infrastructure issues in cyberspace are the industrial control system (ICS) and supervisory control and data acquisition (SCADA) systems, and the primary causes of ICS and SCADA vulnerabilities fall into three general categories: insecure design, the human element, and configuration issues. As the attack on the Brno hospital indicates, there is a possibility, that cyber criminals (representing terrorist organizations, rogue governments or other state actors) might seize the opportunity that EUROPOL (2020) mentioned and leverage the COVID-19 crisis to exploit system vulnerabilities, especially by using various forms of social engineering, phishing or malware attacks on critical infrastructure employees working from home on inadequately protected computer systems.

CONCLUSIONS

Taking into account the rapidly developing situation (while this Paper has been a work in progress, that is between March 24th and March 31st 2020, the number of total confirmed cases of COVID-19 has risen worldwide from 418 thousand to over 840 thousand cases and the number of fatalities – in the same period – from less than 19 thousand to almost 42 thousand deaths, according to Center for Systems Science and Engineering at Johns Hopkins University (CSSE 2020)), it is difficult to provide a detailed analysis of trends in crime linked to the anxiety, unrest and chaos resulting from the coronavirus pandemic. The sheer pace of the events limits all research dealing with such dynamically evolving problem. The main objective of this Paper was to offer the overview of the potential threats arising from the abuse of modern Information Technologies and to raise the awareness and understanding of the ongoing and upcoming trends that the law-enforcement community and the general public would have to deal with in the near future. The Author hopes that the practitioners and stakeholders would benefit from this research by receiving the most up-to-date, preliminary threat assessment, allowing them to design strategies oriented on pre-

vention and mitigation of the negative consequences brought by the evolution and application of the known types of crime, terrorism and disorder to the new criminal landscape arising from the COVID-19 pandemic. The aim of this Paper is also to educate the general public about the vectors and strategies that disinformation, fake news propagation and cyber-enabled crime take, as being able to recognize and understand the threat is the major, most important step to render the malicious strategies used by the criminals useless.

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BIOGRAPHICAL NOTE

Kacper Gradon is an Associate Professor at the Faculty of Law and Director of the Centre for Forensic Sciences at the University of Warsaw (Poland). He is also the UCL Honorary Senior Research Associate at the Department of Security and Crime Science and Visiting Fulbright Professor at the University of Colorado Boulder – Center for the Study and Prevention of Violence. His research expertise includes multiple homicide, criminal analysis and counter-terrorism. His current research deals with the application of Open Source Intelligence and digital & Internet forensics and analysis to forecasting and combating cyber-enabled crime and terrorism (including fake news and disinformation campaigns). He has 20 years of experience of consultancy and cooperation with Police and Intelligence services in Poland, UK, US and Canada. Graduate of the London Metropolitan Police Specialist Operations Training of Hostage Negotiations, the National Cyber-Forensics Training Alliance and the FBI "Dark Web Investigations" and the International Association of Law Enforcement Intelligence Analysts "Open Source Intelligence" courses. Lectured and held visiting professorship positions in the UK, USA, Canada, India, Australia, New Zealand, Brazil, Botswana, Japan, the Netherlands, Spain and Germany. Participated in over 200 academic and Police conferences and events worldwide. He was the UoW Primary Investigator in the 2014-2017 European Commission FP7 project PRIME (Preventing, Interdicting and Mitigating Extremist Events) dealing with lone-actor extremism and terrorism.

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USING BREATHING AND MEDITATIVE TECHNIQUES TO DEAL WITH UNCERTAINTY AND ANXIETY: A PERSONAL EXPERIENCE

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ABSTRACT: The scale of disruption caused by the COVID-19 pandemic is expected to adversely affect the mental health of a large number of people. In this Note, the author shares her strategies for dealing with uncertainty and anxiety. Recounting her personal experiences, she reveals how simple breathing exercises and meditation practices helped her accept and respond to a traumatic experience as well as an unexpected illness. A number of studies appear to support the view that breathing exercises and meditation can help people manage anxiety. It is suggested that these studies highlight the relevance and value of these practices in the current distressing conditions.
KEYWORDS: anxiety, COVID-19, meditation, breathing, mindfulness

The coronavirus (COVID-19) pandemic is having a profound impact on our social, economic and political lives. It has disrupted our normal ways of living, restricting freedoms and social interactions that we had taken for granted. Many are losing financial security, and many are being challenged with new working conditions and arrangements. Businesses are shutting their doors for an unknown period of time, and employers are making heartbreaking decisions to lay off their workers in the midst of a crisis. Hundreds of thousands of people are being treated for COVID-19, while others are traumatised by the possibility of becoming infected. Many have lost family members and friends to the mysterious new illness, while countless others have been separated from their loved ones, potentially for months. All the while, news of the misery unfolding throughout the globe is available at our fingertips. Amidst these testing times, stress and anxiety are common experiences of people across the world.

As the COVID-19 pandemic forces us to accept our unexpected losses and adapt to an unfamiliar and potentially lonely lifestyle within a very short period of time, we have to be wary of the toll these unplanned transitions might take on our mental health. Indeed, the Australian Government recognised the threat that COVID-19 poses to the mental health and wellbeing of people when it announced a $74 million package to boost mental health services during the crisis (Australian Department of Health 2020).

The uptake of these professional mental health services by those struggling with stress, anxiety, trauma and other mental health illnesses should be encouraged. However, as the availability and accessibility of such services will vary from place to place (and country to country), not everyone will be able to take advantage of these crucial resources. Many may not be aware of the help that is available, and many will not access the services until things start to get out of hand. Cultural and social stigma may also deter people from seeking timely help.

During these turbulent times, it helps to develop some resilience and coping strategies for the present-day adversities. Doing so on an individual basis can foster a more adaptable and healthier society, thus reducing the burden on our health and welfare systems.

I personally have found breathing exercises and meditation practices to be helpful in dealing with anxiety and trauma. I first learnt basic breathing and meditation techniques from a relative in 2016. He taught my husband and I some simple breathing exercises and generously offered to guide our meditation on a few occasions. The relative pointed out our tendency to develop shallow breathing as we grow out of our infancy, and explained the benefits of slowing and deepening our breaths. My husband tested the theory using his smart watch – his heart rate reduced after a minute of deep breathing. He later used a blood pressure machine to test the impact of deep breathing, and again found a positive result. We were convinced by the immediate benefits we were seeing and feeling.

I started practicing these techniques three to four times a week. I started slowly – I spent 10 minutes doing breathing exercises and 10 minutes on meditation. I immedi-

ately started to feel more relaxed and lighter. The practices enhanced my mental clarity, helping me resolve mental blocks while I was undertaking my doctoral research. My sinuses and asthma also improved. The benefits I was experiencing motivated me to continue the practices on a more regular basis, and to expand the amount of time I dedicated to these exercises.

The most powerful benefits were felt during times of my own crisis. About three months after I had been introduced to breathing exercises and meditation, I witnessed a horrific incident. While having lunch with a colleague on a beautiful Melbourne summer day in 2017, we watched in horror as a car mowed down people on a footpath on the opposite side of the road. Loud thumping noises, people flying in the air. Within seconds, the car had disappeared. My colleague and I crossed the road to offer assistance to the injured, but it was a lot to take in when we got there. A person was already deceased, while others were lying on the ground in shock and pain. At that point we did not know if this was a terrorist attack, a drink and driving case or an innocent accident. Because we were only at the tail end of the homicidal driver's carnage, it took a while for emergency services to arrive. People around me were distraught, including my colleague who desperately ran from one injured person to another to offer help. Crowds were building. Some were frantically trying to call the ambulance, while others were trying to contact their family and friends. For a long time, we remained on alert because we did not know if someone would return with knives and guns. At this point, I remember shifting my focus to my breath.

I slowed my breathing, which helped me calm my mind. I remember telling myself to accept what had just happened, even if it was really unpleasant and made no sense to me. Once I was able to accept that this awful incident had occurred, I was able to move to a responsive (rather than reactive) state of mind. The pause also allowed me to distinguish between things that were in my control and things that were not in my control. In that chaotic setting, I then started making calculated decisions about my own welfare, how to support my colleague who was clearly very distressed, when and how to communicate with my family and alleviate their panic, and who I would reach out to for my own support.

The days that followed were challenging. Flashbacks kept me awake at night. They subsided within weeks, but my fear and discomfort in public places lingered for a while. Even in places that cars could not access, I would constantly keep an eye out for escape routes. Again, in such situations, I kept shifting my focus to my breath. I kept introspecting and found that watching my thoughts and emotions in these moments stopped them from running wild. I kept reminding myself that I did not need to be defined by this experience alone. I motivated myself to remain upbeat and joyful, because I knew my family would suffer if I did not get through this. I consciously chose not to watch or read the news for some time, as the incident kept being replayed for a number of days. Gradually, the impact of the incident on me started to diminish. I had promised myself that I would seek professional counselling if I was not coping, but fortunately, I did not end up needing that level of help.

More recently, I was again reminded of the benefits of meditation and breathing exercises during times of uncertainty and pain. After several invasive but unhelpful

scans, I was diagnosed with severe endometriosis in 2019. By then, my menstrual pain had reached the point where it prevented me from walking even a few meters with a straight back. While I knew there was a good explanation for it, I was not expecting such a dramatic diagnosis. A scan at a specialised clinic was able to tell me very quickly that my endometriosis had spread to my bowel. What made things more difficult is that I was left in a position of uncertainty. My surgery was a good few months away, and my gyneocologist and colorectal surgeon were not able to tell me what my treatment and prognosis would be until they actually carried out the operation. I was told that depending on what they would find during the surgery, recovery would take either a week or two months. The latter outcome had obvious implications for my employment and quality of life.

I had to prepare for the worst while hoping for the best. Again, meditation and breathing exercises helped me accept the uncertainties and inconveniences that came with my diagnosis. The exercises calmed my mind whenever I found myself worrying about all the different possibilities that may or may not eventuate. It also helped put things into perspective. My husband and I made a conscious decision to have open conversations with our family and friends about my diagnosis to help break the taboo about women's health issues. We were humbled by how our family and friends, including the males, responded and rallied around us for support. Life did not stop, and ironically, some of my best memories were formed in that period of uncertainty. When I wasn't in pain, I made sure I was making the most of my mobility by indulging in my hobbies and spending as much time as possible with loved ones. I realised the impact that a smile on my face had on my loved ones. Even as I was being taken into the surgical theatre, I made sure I turned around and gave a cheeky smile and wave to my husband, leaving him with no choice but to smile back.

Luckily, despite being in surgery for four and a half hours, I did not end up requiring any severe surgical procedures. The first thing I remember doing when I gained sufficient consciousness was to focus on my breathing. Throughout the day, I kept checking my breathing and practicing deep breathing. Nurses were impressed with my blood pressure for the duration of my stay in hospital. They helped me stand on my feet within hours of the surgery, even if it was just for a few minutes. The nurses were also really happy with my pain management. They were comfortable sending me home the next day without prescribing any painkillers; over the counter pain medication was sufficient for my pain. Maybe my condition had not been that bad after all. In my follow-up appointment a week later though, my gynaecologist explained the scoring system they use to categorise the severity of endometriosis. Anything over 40 is considered Stage Four, the most severe. The score he gave me was 114.

I am not suggesting that deep breathing and meditation alone helped manage my anxieties and pain during the entire process. There were other lifestyle factors that probably played an important role. I exercised regularly in the months leading up to my surgery. Diet is likely to have played a role as well. However, it is hard for me to deny the impact of my breathing and meditation exercises.

Of course, the conclusions I have drawn from my own experiences have not been scientifically validated. Nevertheless, a number of studies do support these ideas. Some

studies have found a reciprocal relationship between breathing and anxiety disorders (Paulus 2013). There is evidence suggesting that breathing therapy and retraining reduce breathing frequency (Han et al 1996) and improve breathing patterns (Tweedale, Rowbottom and McHardy 1994). *Deep breathing or relaxation breathing* exercises have been shown to reduce anxiety levels in range of different contexts, including hospitalised older adults (Neeru et al 2015), asthmatic children (Ching et al 2009), burn patients (Park, Oh and Kim 2013), adolescents (Joshi 2014), cancer patients undergoing chemotherapy (Hayama and Inoue 2012), children sitting for tests (Khng 2017) and musicians delivering stressful performances (Wells et al 2012). *Controlled breathing* exercises have been found to reduce anxiety and depression in chronic obstructive pulmonary disease (COPD) patients (Valenza et al 2014). When combined with meditation, breathing exercises have been found to have reduced the anxiety of social work interns (Decker et al 2019). Breathing exercises, combined with walking, has also reduced anxiety in COPD patients (Lin et al 2018) and heart failure patients (Teng, Yeh and Weng 2018). There is still a lot that needs to be scientifically understood in terms of the relationship between breathing and anxiety symptoms (Tiwari and Baldwin 2012; Paulus 2013), and the role that other factors, such as personal expectations, play in determining the outcome of undertaking breathing exercises (Kim, Roth and Wollburg 2015). However, the data that is currently available does provide some validity to the experiences of people like me who feel they have benefited from breathing exercises.

Similarly, encouraging results have been produced in studies examining the effects of meditation. Regular practice of meditation has been associated with reduced levels of anxiety (Delmonte 1985; Carpena, Tavares and Menezes 2019). Different types of meditation have been shown to reduce anxiety in a variety of contexts, such as in full time workers (Manocha et al 2011), drivers (Mitrofan 2014), nursing students (Chen et al 2013; Stinson et al 2020), adolescent psychiatric patients (Blum et al 2019), heart disease patients (Taco´n et al 2002), cancer patients undergoing radiation therapy (Kim et al 2013) and musicians (Lin et al 2008). Meditation has been found to reduce depression and improve concentration (Leite et al 2010; Menezes and Bizarro 2015). Meditation combined with an exercising regime has also been found to lessen anxiety symptoms (Edwards, Rosenbaum and Loprinzi 2018). Further, meditation has been associated with improved occupational functioning and decreased absenteeism (Hoge et al 2017). As with scientific literature on breathing exercises, there are still gaps in existing research that warrant further investigation (Toneatto and Nguyen 2007; Hussain and Bhushan 2010). Fortunately, meditation is increasingly becoming the subject of scientific and medical inquiries (Hussain and Bhushan 2010).

It is perhaps in light of these studies that reputable organisations such as Headspace (2020), Havard Medical School (2020) and the United Nations (2020) are suggesting meditation and controlled breathing as strategies for coping with COVID-19 related anxiety. These strategies will not replace the professional mental health services. Rather, they can play a supplementary role and hopefully reduce our reliance on services that are subject to finite government funding.

Where does one get started, particularly at a time when sitting in a classroom has become extremely difficult, if not impossible? Thanks to the digital age, there are a range of resources that are easily accessible. Experts and various groups, inspired by both spiritual and secular practices, provide a wealth of information as well as guided meditations through various online platforms, such as websites, ebooks and YouTube videos. Guided meditations can additionally be accessed through numerous mobile phone apps. Some meditation teachers have also started online classes in response to the COVID-19 lockdowns. Or, like myself, some people may benefit from speaking to a relative or friend who may be able to provide an introduction to simple breathing and meditation techniques.

While the term meditation might imply a single methodology, there are several different types and goals of meditation (Delmonte 1985; La Torre 2001). Some people close their eyes to meditate, while others use visual tools. Some focus on a particular point in their body, while others focus on the more subtle breath. Some incorporate sounds into their practice, while others aspire for silence. Some run their fingers through rosary beads, while others strive for stillness. Some meditate to empty their minds, while others meditate to concentrate their minds on something. Some use meditation to become more aware of their thoughts and emotions, while others meditate for a higher spiritual purpose. Some meditate on the notion of "zero", while others meditate on the idea of infinity. Some prefer to meditate in groups, while others embrace solitude.

The vast range of approaches and schools can be intimidating. Many people prefer to strictly follow a specific technique, enabling them to progress with their practices in a steady and disciplined manner. I, on the other hand, keep myself open to new approaches, as I tend to struggle when I box myself into a particular category. By taking a flexible approach, I find something new to learn and adopt from every technique. Others may benefit from experimenting as well, at least until they can find a method that works well for them. The important part is to set aside some time to make a start.

Whichever means and methods one selects, I hope it enables greater acceptance, adaptability and resilience in this new world we are suddenly finding ourselves in.

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PERSPECTIVE OF SUSTAINABLE DEVELOPMENT IN POST-PANDEMIC WORLD: SURVEILLANCE CAPITALISM AND HOPES

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ABSTRACT: The current coronavirus pandemic is not only a health/healthcare crisis, it will also greatly influence other spheres of life, including social relations, the shape of economy and working models, and natural environment. Sustainable development that relies on the previously mentioned pillars (economy, society, environment) is going to be strongly affected by the virus outbreak. There is a threat that the process of recovering from the corona crisis will accelerate and legitimize the dynamics of surveillance capitalism. A really interesting case is going to be the labor world, where thanks to modern technologies, suppression of personal freedoms and triumph of total surveillance might be particularly easy. However, good scenarios are also plausible. The first 21st century pandemic of that scale may force societies to redefine their current modus operandi and shift capitalism into a more sustainable, humanistic model.
KEYWORDS: sustainable development, surveillance capitalism, post-pandemic world, utopia, work, humanistic management

INTRODUCTION

The multi-faceted concept of sustainable development encompasses a multitude of socio-economic-natural factors that affect the implementation of its principled objectives to varying degrees. The basic concept of sustainable development is to maintain a balance between economic, environmental and social factors. Although these aspects are well known and diagnosed, still many of them affect sustainable development in a negative way. Therefore, a new element that has not been taken into account so far may lead to a regression or even halt the implementation of sustainable development. Coronavirus and the current pandemic constitute a factor of this kind. Assuming that sooner or later the plague will pass, the question has to be asked: what impact will it have on social and economic relations and nature, and thus how will sustainable development goals be achieved in the post-pandemic world, and will it be possible at all?

In our analysis we will have a closer look on the concept of surveillance capitalism, and on how it, in the post-pandemic reality, will influence the way we work. Obviously, the corona-crisis will highly change the work models; and it is not only because of the remote work, which had been popular before, however, on much smaller scale. It is a major chance but also a significant threat for the labor world – we will either achieve what Rutger Bregman stated in his *Utopia for Realists*, or quite the opposite, the post-pandemic workplaces will turn into panopticons.

THE PANDEMIC AND SURVEILLANCE CAPITALISM

Like the climate change, coronavirus does not discriminate against anyone, it is unbelievably democratic. Social class, gender, race – all these are not important, however, for some people this pandemic is more dangerous than for others. Not because they were in the wrong place at the wrong time, but because the pandemic is managed by capitalism combined with human fear of death. The dynamics of capitalism tends to capitalize global suffering, the fear of death triggers people's irrational beliefs and actions that are harmful to society, and all this leads to the introduction of new forms of surveillance, to the rule of surveillance capitalism. The current pandemic is to surveillance capitalism what until recently the figure of "plague" was for all disciplinary projects - a dream situation, "a dream about a disciplined society".

Surveillance capitalism is a large-scale process of collecting, analyzing and processing data for profit. Its essence is the constant gathering by large tech companies of "behavioral surpluses", i.e. traces from searching and browsing history of the websites by users. Each 'like', logging time to an app, time and place of shopping (not only online), voice search, all this information (and all the rest of our online activity) are registered. Then, these data are subjected to predictive analysis - the process of extracting information from existing data sets. Its purpose is to define patterns and predict future events and trends. Surveillance capitalism transforms human experience into a free resource, which, as behavioral data, becomes "surveillance assets" transformed into surveillance capital. Man is exploited as sources of precious metal ores, with the difference that all fossil resources become depleted with time, while the

current growth of the human population seems to be limitless (even the numerous pandemics in its history have not stopped this growth). Within surveillance capitalism, a person changes from client / consumer to client / resource. Capitalism itself is also taking a new shape. Production capitalism first evolves into "overproduction" capitalism (Deleuze 2015) to ultimately become surveillance capitalism thanks to the continuous development of technologies, especially digital ones. The owners of the means of production, who change into the owners of the "means of behavior modification", undergo a similar metamorphosis. Referring to Karl Polanyi and his concept of fictitious goods (Polanyi 2012), today's owners of surveillance capital announce the birth of the fourth fictitious product. Just like once lush meadows and forests, today such a virgin area for capital is the sphere of all our experiences. In the surveillance capitalism, not only human bodies are being exploited, but also thoughts and feelings. The encirclement of the body by the authorities is not anymore overwhelming, persistent and meticulous, as was the case from the eighteenth to the mid-twentieth century. Since the end of the 1960s, impressive disciplinary regimes such as schools, hospitals, barracks, housing estates, and families have been gradually softening, which does not mean that control and surveillance are disappearing, but that their form becomes more subtle (Foucault 2013: 348). Surveillance capitalism does not need instruments of direct discipline. Surveillance capitalism is not afraid of the rebellion of modern proletarians once they realize that they are treated by capital as nothing more but a unified mass devoid of individuality beyond the diverse ability to increase the value of capital (Arrighi 1990: 93-94). This is because surveillance capitalists saw in commodity work, in addition to the ability to increase the value of capital, also the potential of people's conviction of their individuality and autonomy. Speaking in the language of Foucault - surveillance capitalism can thoroughly examine what body is needed by the current society (Foucault 2013: 348), and then anticipate and program its further needs.

Because of the coronavirus outbreak, the direct relation between biological aspects of life and political interventions is in its peak (Esposito 2020). The same applies to biological life subject to the supervision of capitalist regime. The only difference is in the techniques of achieving the goals. Governments use direct disciplinary procedures, which in the case of a pandemic is manifested, inter alia, by the militarization of areas affected and the pursuit of a state of emergency. The consequence of such actions, which may turn out to be the norm in the post-pandemic world, may be a permanent change of political procedures of democratic states to procedures which are norms in authoritarian states (Agamben 2020). The question may be asked, how can democracy function if a citizen cannot? This, what in the name of security, political power does during a pandemic to weaken the functioning of a democratic society, surveillance capitalism began to practice long before its outbreak. The 'means of behaviors modification' of surveillance capitalism are a threat to personal freedom, and in the same time, they weaken democracy. Without autonomy in action and thinking, the ability to evaluate moral and critical thinking disappears, which is a sine qua non condition for a democratic society. Surveillance capitalism represents a new type of power which, unlike governments, operates remotely, using subliminal guidance engineering, social

comparison dynamics, rewards and punishments, as well as a variety of enforcers who shape behaviors consistent with its commercial interests (Zuboff 2020).

Surveillance capitalism is a completely new force in socio-economic history, and although we already know well the mechanisms that it operates with - it is based on tremendous contempt for social norms and laws (Zuboff 2020) – and we have no clue what its legacy will be. Industrial capitalism, whose legacy is climate change, developed at the expense of nature, while surveillance capitalism developed at the expense of human nature. We can only hope that in the post-pandemic world these costs will not be as high.

WORK IN POST-PANDEMIC WORLD

Each crisis is like a magnifying glass which makes more visible contradictions of the social and economic status quo. The financial breakdown of 2008 revealed the weaknesses and contradictions of modern capitalism. It was after 2008 that books such as The Capital in the Twenty-First Century (Piketty 2013), Post Capitalism: A guide to our future (Mason 2015), or Utopia for realists. And how we can get there (Bregman 2017), and many similar were published. Although written from a bit different perspective and on various topics, they all embrace the criticism of modern capitalism and the belief that the recent crisis has opened a window to a new social and economic order.

Alongside with those ideas, the significant social and demographic changes have occurred. Richard Florida, in his The rise of the creative class, describes the emergences of a new social class, creative specialists, who, according to him, play the predominant role it the modern economy. In his study, he presents the set of values shared by the creatives, which highly influence their working style:

- opportunities to learn and grow
- quality of manager
- quality of management
- interest in type of work
- opportunities for advancement (Florida 2010).

The way the American theorist pictures this new class is similar to what sociologists see in the Y generation. Millennials, how some authors also describe them, include people born between 1980 and 2000. According to several studies, this generation is focused on self-fulfillment and satisfaction. Other core values, especially visible in the working environment, include respect, recognition, continuous development, fairness, tolerance, and equity (Sonnet, Kralj, and Kandampully 2012). Regardless of the label, sociologists agree that this generation is not mainly money-driven and that above mentioned values play more significant role to them in a workplace than the height of their salary (Florida 2012). To better understand this phenomenon, let us recall here the famous World Values Survey of Ronald Inglehart. What we know from

his study, is that generations raised in welfare are less willing to make trade-offs and sacrifice their individual autonomy for the sake of economic and physical security. They take this security for granted and focus on being self-fulfilled and living up to their values (Inglehart 1977).

Since companies do not leave in a void, they naturally started looking for a new way of managing and organizing. It is important here to underline, that our attention was focused on the 'creative class' sector, so, obviously, a very privileged one. However, the choice was not random, as nowadays organizations operating in these certain economic and social structures have been searching for (and have been forced to by the employee market) implementing new management and work organization models.

The new organization ways which we will discuss here are variations of a broader concept of humanistic management. Humanistic management can be described as a trend that places people at the center. Humanistic approach to management was expressed very accurately by Emilian Orzechowski:

> If we assume that the basic motive (and sense) of activity in any sphere of social life is to act for the good of man and the human groups that create this structure, bringing the essence to an economic dimension is total nonsense. (Kostera 2016)

It must be remembered, however, that classical management does not stand, or at least should not, in contradiction with humanistic management. What we are talking here about is the restoration of the main role in the organization of an employee. Monika Kostera (2016), one of the most important propagators of humanistic management in Poland emphasizes that thinking in economic terms is important not only from the point of view of the generated profit, but also for achieving goals of the general social dimension (such as providing jobs). This is an obvious reference to Adam Smith, who in the Theory of moral feelings postulates the use of reason not only for getting rich, but above all for respecting moral principles (Smith 1989). Quoting again Monika Kostera (2014),

> This trend (humanistic – K.K) has three fundamental aspects. First of all, the goal of humanistic management is man (…). Secondly, humanistic management uses the legacy of the broadly understood humanities, understood as knowledge, culture and sensitivity. (…) Thirdly, humanistic management deals with human experience.

In this sense, humanistic management is very much aligned with the concept of sustainable development, as a compromise between the economic and social factors.

Let's have a closer look at two popular new management models, which are part of the humanistic shift.

(1) Agile management – agile management is a methodology, which has its source in software development. In 2001, seventeen developers published Agile Manifesto, with an aim to improve and ease software engineering processes. It is based on four core values, and twelve principles. The agile set of values is composed of the following:

a) Individuals and interactions over processes and tools.

b) Working software over comprehensive documentation.

c) Customer collaboration over contract negotiation.

d) Responding to change over following a plan. (Web-02)

Jurgen Apello, in his Management 3.0, summarizes agile development in these words: "Agility is about staying successful in ever-changing environments" (2011: 376). Even though agility as a concept dates before 2008, as a broader management methodology has been gaining popularity in the recent decade.

(2) Holocracy: is a method of decentralized management and organizational governance, in which authority and decision-making are distributed throughout a holarchy of self- organizing teams, as opposed to the traditional, hierarchical systems. It based on the principles of flat hierarchy and self-governance (Web-03).

"Corona crisis" has occurred in the above described reality – in the times of social and economic changes that are results of the previous financial breakdown. This current pandemic will be a great test to the new management models. Are they able to practice what they preach?

Many of the creative class sector companies promise fulfillment, flexibility, development, and freedom. However, still before the pandemic crisis, the reality has been often far from that. According to the Gallup's study, only 10% of the adult fulltime employees are satisfied with their job. Also, the same number of working people are engaged in what they do. Most of them fulfill the orders with no mental nor emotional engagement in their tasks (Web-04). Many of the companies with the new management models actually offer to employees, what David Graeber called bullshit jobs. Those jobs, contrary to what they promise are alienating, and employees are forced to constantly work over-time for the reason of falsely understood engagement and flexibility (Graeber 2018). The corona era is going to be a great test for these models. It's a perfect time (due to mostly remote work) to finally give employees these stated: trust, freedom, flexibility. However, it can also reveal the weaknesses of many organizations and concepts, which instead will use new technology to obsessively control and deprive the employees from independence and security. It is obviously too early to know how the situation will evolve for the creative class. This is a preliminary analysis, and we need time to conduct a longtime research.

SUMMARY

History has repeatedly shown that outbreaks of new epidemics have always been associated with profound socioeconomic changes - according to some commentators, the appearance of the coronavirus is the end of the End of History (Jones 2020). Certainly, the current epidemic crisis will lead to many changes, including with high probability changes in models of political governance, social relations and labor relations. It is difficult to predict how (and if at all) the goals of sustainable development will be achieved in the new global order, but it will face the same change that has taken place in social, economic and environmental space. It will be a test of whether global justice

and responsibility will still be possible under the new conditions (Ciążela 2006, Kuzior 2006, Harrari 2020). The most important thing is that the only alternative in the post-pandemic world would not be our regression to survivalist violence or barbarism with human face (Zizek 2020). Maybe it is enough for us to start thinking and valuing beyond the conditions imposed by capitalism. And this is not about throwing the shackles of capitalism just to get into a communism, but that in a Kantian way humans would always constitute ends in themselves for each other.

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