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Social Research: An International Quarterly, Volume 87, Number 2, Summer 2020, pp. 271-277 (Article)

Published by Johns Hopkins University Press



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# **Misunderstanding a Viral Pandemic: The Social and Cultural Contexts of COVID-19**

IT IS RARE THAT SOCIAL THEORY CAN SAVE LIVES, BUT THE CONCEPTUAL framework through which viral pandemics are largely understood costs lives by failing to include key insights based in social theory. In this paper, we employ a cultural contexts of health approach to show how the ways in which viral transmission is conceptualized, and misunderstood, affect how society deals with pandemics.

As we write this in early 2020, the SARS-CoV-2 virus is spreading across the world, upending economies and lives. One-third of the world's population is under stay-at-home orders, an instance of bio-social coordination unprecedented in scope or scale. At a time when trust in many traditional institutions is at an all-time low, political leaders and the general public have placed great hope in scientific laboratory solutions, namely tests and vaccines. This is important and necessary work, but we cannot fully understand how the virus works—or combat its effects—just by looking through a microscope or sequencing the genome. Flattening the growth curve of transmission also requires a deep understanding of the social and cultural aspects of the viral pandemic. In fact, the devastation of COVID-19 results from social norms, cultural practices, and political decisions as much as from biological causes.

Let us be clear: we are not using “culture” here in the way it is often invoked in the public health literature, as a polite shorthand for stereotypes about groups of people based on age, gender, and racial or ethnic background. By culture we refer simply to shared conventional understandings of any type, including those shared by institutions and professions (Napier et al. 2014). Culture is not opposed to science. It is not just beliefs and prejudices that counter scientific facts. It refers to our often local, and sometimes global, taken-for-granted assumptions, as well as our strongly held and consciously recognized beliefs.

The idea that social and cultural contexts are key to health and well-being is not a new idea, even if it was often forgotten in the twentieth-century surge of modernist scientific and technological innovation. Studying the devastation wrought by the 1848 Silesian typhus epidemic, Rudolph Virchow concluded that promoting public health requires seeing medicine as a sociocultural, as well as a biological, science (Taylor and Rieger 1984). Following Virchow’s example, we may draw several lessons from analyzing the current COVID-19 pandemic as a cultural and social phenomenon.

FIRST, VIRAL TRANSMISSION DEPENDS ALMOST ENTIRELY ON THE WAYS WE socialize, norms of conviviality, and the requirements of making a living. The timing of the outbreak in China fatefully coincided with celebrations of the Lunar New Year, when hundreds of millions of people return to their ancestral villages for feasts and festivals with family and friends. These cultural practices led to rapid and widespread transmission. Moreover, it is commonplace activities, and not just exotic customs, that facilitate transmission. Habits of work, large family meals, social and religious gatherings, and holiday travel—everywhere the virus has spread, it has been along social and cultural pathways.

But all is not grim in this regard. Cultural norms can also protect and encourage us. Healthcare workers daily risk exposure, showing us the better sides of our common humanity. And many who are

not endangered by limited periods of isolation have used time in retreat for reflection on life's purpose. Provided a certain level of trust and stability prevail, such mindfulness can engender a productive hope that insecurities will not be fueled and inflamed by inequality and that governments themselves do not excuse their own public health neglect by blaming outsiders.

SECOND, THE WAYS WE CONCEPTUALIZE VIRUSES—OUR CULTURAL AND mental models—affect how we are able to deal with them. Certainly, there are devastating consequences of the counterfactual narratives promoted by national leaders, including the United States' Donald Trump, Brazil's Jairo Bolsonaro, and China's Xi Jinping. In a March 2020 survey conducted by the Pew Research Center, almost 30 percent of respondents thought COVID-19 was developed in a laboratory as part of a larger conspiracy (Schaeffer 2020). But the most insidious misconceptions do not come from a social media-fueled fringe. Science, not common knowledge, has led us to believe that viruses invade us, which they do not.

Viruses are not living organisms, at least not in the traditional sense, as they lack a metabolism. That is why antibiotics handily kill living bacteria but are impotent against inert viral microbes. In fact, viruses are strands of information that our bodies' cells bring to life—information that we in turn share with one another as social beings. Viruses are like malware: potentially malicious, but only when installed and run on a machine. Thus, viruses do not actively invade us so much as we infect others by passing on viral information through a handshake, a hug, or other forms of contact. This distinction may appear subtle, but its implications are far more than semantic.

Certainly, viruses do exert an influence on the world, with cells following their RNA instructions. SARS-CoV-2's material reality pushes back against certain social constructions and politicians' alternative narratives. Our point here, however, is that conceptualizing viruses as living, infectious agents prevents us from accounting for the symbiotic relation between human populations and the viral data

that circulates through our social networks and cultural pathways. In fact, the immune system functions as much to assimilate difference as to defend us from a foreign “other”—a “search engine” of diverse antibodies we ourselves produce that allows us to adjust for better or worse (Cossu et al. 2017; Napier 2003, 2012, 2017). Eliminating viral threats—at least thus far—has proven impossible, so we must learn to manage them as best we can, through vaccinations when we have them and through social, political, and medical engagement when we do not. Viral epidemics are profoundly social matters, and our *lack of social understanding*—our inability to involve social science seriously—has greatly altered the epidemic landscape. Our survival depends on incorporating this microbe (or a vaccine proxy) into our immune systems, not on killing it before it reaches us. The only question is how we do that, and at what cost.

Building on a faulty understanding, politicians and public health officials have adopted the language of a foreign invasion to describe the COVID-19 pandemic, calling for unprecedented military-like mobilization to expel this biological enemy from their territories. Tedros Ghebreyesus, director-general of the World Health Organization, calls for “solidarity” in the face of the coronavirus threat (<https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-full-press-conference-12feb2020-final.pdf>). And the secretary general of the United Nations, António Guterres, describes “a common enemy: COVID-19.... It attacks all, relentlessly” (<https://www.un.org/en/un-coronavirus-communications-team/fury-virus-illustrates-folly-war>). It is this very approach that can fuel xenophobic sentiments in already fearful populations, giving them a veneer of medical justification. Viewing COVID-19 as a foreign invader leads us to shut some categories of people out and shut others in, even if closing borders, according to WHO’s own guidelines, is generally unwarranted and counterproductive.

In the current crisis, countries have closed borders when viral information is already present within their populations, and asymptomatic carriers express fear of foreigners because they believe the

disease stems from outsiders. Given that roughly one in seven people on the planet is a migrant, it is likely that inequality and social unrest will only grow if we continue to portray the pandemic as a form of foreign invasion perpetrated by outsiders. The world does not get bigger, so living closer together as populations grow and people migrate more is something we must work on with purpose. Containing people because of their national origins, ethnicity, or other group membership may make governments appear in control, but such actions will only marginally slow the movement of viral information, not reverse its proliferation. Ultimately, we will all have to incorporate this microbial Other in one form or another into our immune systems in order to survive individually and collectively.

THIRD, AND PERHAPS MOST IMPORTANT, SOCIAL TRUST AND FAITH IN institutions are crucial for the collective action required to halt viral transmission. However, if social sacrifice is not honored, or if burdens are not carried equally, the potential for chaos becomes frighteningly real. In such crises, we have to coordinate our actions in ways that are uncomfortable, inconvenient, and even painful to individuals, but crucial to collective well-being. To see what happens in a pandemic in the absence of social trust, look at the 2014–2016 Ebola epidemic, when Liberians stormed containment centers to release relatives from harm's way because they did not trust systems of quarantine. In early 2020, we see widespread acknowledgement of the importance of physical distancing. But when the coronavirus no longer seems so threatening, governments will have a difficult time convincing citizens that they have to continue putting their lives on hold, their jobs at risk, and their relationships under stress. Sacrifice will, then, prove particularly challenging in places where governments do not have the trust of their citizens. Here, leaders showing selfish traits will find themselves increasingly at risk and may respond combatively. Moreover, thinking of COVID-19 as a common enemy only encourages us to believe we have defeated it once its immediate threat desists.

SARS-COV-2 IS SURELY NOVEL, BUT EPIDEMIC CHALLENGES TO POPULATIONS and societies are not new, as the focus of many of the original papers in this volume demonstrates. Since human populations are both a biological and a social collectivity, cultural understandings are just as important as sequencing genomes in tackling viral pandemics. The social health of the population is as important in pandemic responsiveness as is its biological condition. Our cultural understandings and conceptual models of viral pandemics need to account for the fact that they are social as much as biological phenomena. Treating as secondary the social dimensions and cultural contexts that drive a pandemic will ensure that we are poorly prepared for future events. If we react by naming both viruses and outsiders as “others,” we risk seeking short-term self-preservation at the expense of the common good and the very diversity that is essential for our survival.

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