

Why COVID 19 is a Pandemic: Seeking Answers from “Sociology of Knowledge and Social Construction”.

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Abstract:

COVID 19 pandemic is a top priority for researcher’s community of the world. An alarm raised by world class institutions has engendered collective effort to mitigate the emergency besides raising the existential fears among nation states. And why not, expert declarations are destined to raise alarm, as societies are conditioned to take expert alarms seriously.

We don’t negate the seriousness of the pandemic, rather we argue that why at least equally important emergencies confronted by world are not emergencies of the first order? why same intensity of effort has not emerged over the other important issues like global hunger, terrorism, armed conflicts and more fatal diseases like cardiovascular(being number one killer disease) and environmental deterioration threatening society existentially. We explore ‘sociology of knowledge’ and ‘social construction of reality’ approach to address the above questions.

We adopt a synthetic approach, to integrate findings from covid 19 and tenets of social construction of reality to arrive at a sociological explanation of the pandemic. This study also raises certain research questions to be explored, hence incubates potential research efforts in social sciences in general and sociology in particular.

Key Words: Covid 19; Pandemic; Social Construction; Sociological Explanation

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I. INTRODUCTION:

Every phenomenon which originates from and/or affects society, demands a sociological enquiry. Pandemics are no exception to this. Though, relatively little sociology is conducted around phenomena which are labeled as biological, off late an awakening to social nature of pandemics has emerged, and apparently biological issues, are grind in sociological Mills.

Noval Corona virus disease (COVID 19) is being subjected to some social enquiries, however almost no effort has been made to reconstruct the infectious disease from macro- theoretical perspective. This study has attempted to interpret Covid 19 pandemic in the context of social construction, thereby raising the questions as to how a disease comes to be labeled as a “pandemic” and why some other at least equally important problems are not such socially constructed, so that they may raise same sense of urgency to act as that of Covid 19 pandemic.

We contend that, reality of pandemic is socially constructed one. Once society designates an event as an emergency of first order (like a pandemic), the repercussions in terms of immediate response, unprecedented interventional measures, global cooperations follow. Looking at the statistics of other diseases especially their death rate (not the after death social-economic crises for the families and societies), questioning the “now only” temporal emergency response to a pandemic becomes imperative.

“It is our contention, then, that the sociology of knowledge must concern itself with whatever passes for ‘knowledge’ in a society, regardless of the ultimate validity or invalidity (by whatever criteria) of such ‘knowledge’. And in so far as all human ‘knowledge’ is developed, transmitted and maintained in social situations, the sociology of knowledge must seek to understand the processes by which this is done in such a way that a taken-for-granted ‘reality’ congeals for the man in the street. In other words, we contend that the sociology of knowledge is concerned with the analysis of the social construction of reality.”(1)

Berger and Luckmann; p-15

Methodological Issue:

The study approaches the pandemic in a way which is atypical of social sciences. A "synthetic approach" has been followed post-literature review using google scholar database. The need of a synthetic approach arose because of the very nature of this study. We have good amount of scientific studies available with respect to sociology of knowledge and social construction- which, although, have not problematized pandemics and on the other hand we have sociological studies emerging on COVID 19 not focusing on its relationship with theories. Thus sadly and unfortunately, we don't have scholarly literature available as of now, to interpret Covid 19 in terms of established sociological theories.

No attempt has, hitherto, been made to examine and interpret COVID 19 Pandemic by situating it in a Theoretical paradigm and making a sociological interpretation in a potential way- which could either generate a new scholarly debate or contribute towards rediscovery and rejuvenation of already established sociological perspectives as that of the "theory of Social Construction". Thus the "synthetic approach" employed here consists of, reviewing the old and new, followed by an interpretative insight grounded in theory (here social construction), leading to synthesis.

Interpretation of COVID 19 from the perspective of social construction:

The concepts of normality, abnormality, illness, disaster, and a whole gamut of concepts employed across established disciplines are embedded in a social context. Divorcing of these concepts from social contexts, abjures them of their existence as they come to lie in vacuum.

Novel Corona virus Disease (COVID 19), a pandemic of devastating potential, is shaping scientific discourses with far reaching consequences. This infectious disease is not a first time occurrence in Human history as infectious diseases are a part and parcel of human social system(2). Since the times of enlightenment, scientific explorations and explanations have dominated the human psyche. Diseases especially epidemics and pandemics are seen as an exclusive field of inquiry solely to be practiced by microbiologists, virologists and practitioners in public health(3) . Popular perception is such conditioned as to see a disease from biochemical viewpoints only i.e. these are seen as having a well established cause and effect in terms of physiological imbalances and following a molecular path.(4). Such assertions, we argue, betray a basic lack of understanding of how medicine and biomedical science relate to the world in which they exist.(3) Furthermore, problems come to medicine and biomedical science along socially constructed pathways and are delivered into the world by other pathways: knowledge or technology transfer is a social process.(3)

A pandemic is the worldwide spread of a new disease.(5), pandemic is a type of epidemic that has spread to at least three countries within the WHO region.(6). Sociologically we can ask, who defines covid 19 as a pandemic? And the answer is Social organizations consisting of people, who are socially recognized as 'competent practitioners' within a division of labor.(3). Such practitioners are "taken for granted experts" in their fields, where this "taken for granted" status is itself a negation of the need of scientific exploration- a bracketing of the very nature of scientific research. Taking for granted is end of exploration. It is however necessary to analyze how people cope with expert knowledge.(7). How they make sense of and construct meaning of technical terms like Pandemic.

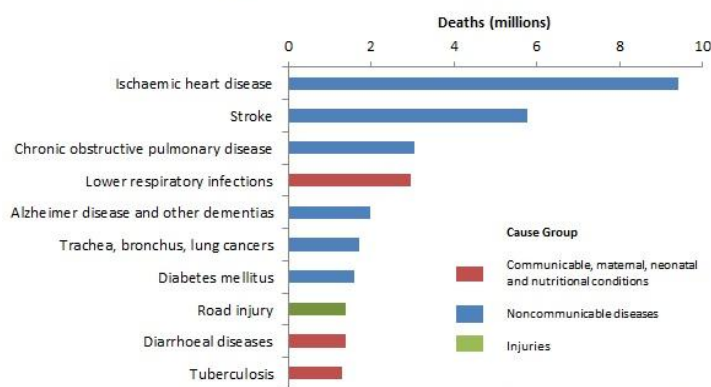
Societies construct meanings of pandemics, and social construction of meaning engenders social consequences. With the declaring Of COVID 19 as a pandemic came its interpretation of meaning,- meaning often associated with diseases - fear, because fearfulness appears to have become a way of life in modern society(8) As the sociologist David Altheide has argued, 'fear does not just happen; it is socially constructed and then manipulated by those who seek to benefit' (9)

There are many more diseases with global prevalence and much more mortality, not being designated as pandemics. Globally, about 3.4% of reported COVID-19 cases have died(as on march 03-2020)(10). By comparison, "Of the 56.9 million deaths worldwide in 2016, more than half (54%) were due to the top 10 causes. Ischaemic heart disease and stroke are the world's biggest killers, accounting for a combined 15.2 million deaths in 2016. These diseases have remained the leading causes of death globally in the last 15 years. Chronic obstructive pulmonary disease claimed 3.0 million lives in 2016, while lung cancer (along with trachea and bronchus cancers) caused 1.7 million deaths. Diabetes killed 1.6 million people in 2016, up from less than 1 million in 2000. Deaths due to dementias more than doubled between 2000 and 2016, making it the 5th leading cause of global deaths in 2016 compared to 14th in 2000.

Lower respiratory infections remained the most deadly communicable disease, causing 3.0 million deaths worldwide in 2016. The death rate from diarrheal diseases decreased by almost 1 million between 2000 and 2016, but still caused 1.4 million deaths in 2016. Similarly, the number of tuberculosis deaths decreased during the same period, but is still among the top 10 causes with a death toll of 1.3 million. HIV/AIDS is no longer among the world's top 10 causes of death, having killed 1.0 million people in 2016 compared with 1.5 million in 2000.

Road injuries killed 1.4 million people in 2016, about three-quarters (74%) of whom were men and boys”.(11) (24 May 2018 report)

Top 10 global causes of deaths, 2016



Another question we can pose sociologically is why these top ten killer diseases of the world are not pandemic? Simply because “taken for granted” expert opinions do not define them as such. Experts have legitimacy to define and for that matter not to define a situation as pandemic. They use legitimacy processes to produce legitimacy constructs.(12)

And then social construction of a disease as a pandemic has social repercussions especially in the form of resultant global cooperation-to fight a collective fight. With the declaration of COVID 19 as a pandemic prevailed the sense of urgency in the world-world coming into a constructed combatant mode - to direct global social response. Response comes at multiple levels with international fora as WHO delineating guidelines for member states(13); state governments preparing action blueprints(14); people practicing social distance and other non pharmaceutical measures; and scientific community looking for control and eradication tools (15)-all possible because of heightened sense of urgency. The World Health Organization called on Member states in South-East Asia Region to urgently scale-up aggressive measures to combat COVID-19, as confirmed cases cross 480, and the disease claims eight lives.(16) Further, “The situation is evolving rapidly. We need to immediately scale up all efforts to prevent the virus from infecting more people,” said Dr Poonam Khetrpal Singh, Regional Director, WHO South-East Asia Region.(16) Human society has not witnessed the same sense of urgency quantitatively and effort of same magnitude to control the disease which are empirically most dreadful and for that matter the grave ‘other concerns’ like climate change(17,18), hunger, terrorism and world wars.

The status of hunger Mortality:

Pandemics are not persistent phenomena, since they strike occasional, but hunger is. Every year, around 9 million people die of hunger, according to the international relief agency Mercy Corps. That's more than the death toll of AIDS, malaria and tuberculosis combined(19).

The status of terrorism and armed conflicts Mortality:

In 2017, an estimated 26,445 people died from terrorism globally. Over the previous decade the average number of annual deaths was 21,000. However, there can be significant year-to-year variability. Over this decade the global death toll ranged from its lowest of 7,827 in 2010 to the highest year of 44,490 in 2014.(20)

The status of war Mortality:

In 2012, an estimated 164 000 people died related to war and conflict, corresponding with about 0.3% of global deaths, and increasing to over 200 000 conflict deaths in 2014. These estimates do not include deaths due to the indirect effects of war and conflict on the spread of diseases, poor nutrition and collapse of health services.(20) The total number of military and civilian casualties in World War I were about 40 million: estimates range from around 15 to 22 million deaths and about 23 million wounded military personnel, ranking it among the deadliest conflicts in human history(21) World War II was the deadliest military conflict in history. An estimated total of 70–85 million people perished, which was about 3% of the 1940 world population (est. 2.3 billion).(22)

The status of Environment Mortality:

An estimated 12.6 million deaths each year are attributable to unhealthy environments(23)

The status of Covid 19 Mortality:

The deaths caused due to Covid 19 stand at 331,475 as on 23 May 2020(9:32AM)(24)

The figures associative of these socially constructed routine issues, are not a routine of human societies everyday life. However what labels them as "not to worry about" is simple because they are not socially constructed as global emergencies of the first order.

II. CONCLUSION:

Pandemics are inherently social in nature, in so far as they operate in human world. Most of social science research has focused on socio-economic implications of corona virus disease, steering research enterprise to move unidirectionally. The present study has attempted to locate the pandemic in theoretical paradigm of social construction, opening the door to further situating it in other alternative perspectives. An interpretation of pandemic was sought from synthesis approach.

The study finds marginalization of important contemporary global issues like hunger, conflicts and environmental concerns etc. at the cost of pandemic, purely on constructional basis of importance and urgency. This study has sought reinventing relevance of Peter L. Berger and Thomas. Luckmann to contemporary challenges by situating new realities in older contexts. The study forecasts that emergence of other issues on the stage will diminish the hold of the pandemic upon social group mind depending upon how important and unsafe they are labeled by following construction approach. In other words, what will be next hot issue for globe will emerge out of constructional criteria used.

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