

## **Social Construction of a Pandemic. Medicalization of Social Life - Anxiety, Frustration and Ethical Risks**

**Antonio SANDU** <sup>1</sup>

<sup>1</sup> Professor PhD. in Sociology, Stefan cel Mare University of Suceava, Romania | PhD Student in Law, Titu Maiorescu University of Bucharest, Romania

**Abstract:** *The purpose of this paper is to analyze the social construction process of the Covid-19 pandemic from the perspective of the anxiety and frustration felt by the citizens as a threat to their own lives and health and to analyze the perceived severity of the Covid-19 infection during March-June 2020. The present research aims to understand the changes that society is going through in the context of the pandemic, to analyze the social construction elements of the pandemic and the infodemic, in the context of a public health crisis, and also to identify the social perception on the pandemic among the affected population.*

*Social anxiety can be understood: as a side effect of the process of social construction of the person's identity, thus being correlated with the cultural particularities of the social environment of origin, mainly related to the social distinctions between individualism and collectivism; as an instance for the social construction of the idea of pandemic; as a constructive instance for the medicalization of social life in the pandemic and post-pandemic period; as being socially constructed through the mechanisms of the interpretive drift of the meaning of role performance. The research was carried out between March and June 2020 and it was based on a qualitative methodology derived from Grounded Theory. Data collection was done through the technique of a semi-structured interview, applied online on a sample of 103 people, mostly in the N.E. Region of Romania using an opportunity sample based on the snowball method.*

**Keywords:** *pandemics; social construction; anxiety; frustration.*

**How to cite:** Sandu, A. (2023). Social Construction of a Pandemic. Medicalization of Social Life - Anxiety, Frustration and Ethical Risks *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 14(2), 165-197. <https://doi.org/10.18662/brain/14.2/450>

## **Introduction**

The aim of this paper was to analyze the social construction process of the Covid-19 pandemic from the perspective of the anxiety and frustration felt by the citizens as a threat to their own lives and health, due to the virulence of the virus transmission and the perceived severity of the Covid-19 infection during March-June 2020, as well as the unprecedented severity of disease prevention measures that led to the closure of most economic activities, the quarantine of some regions or cities, the limitation of any non-essential movements of the entire population, social distancing - later renamed physical distancing -, the obligation to wear a mask etc. We are talking about a phenomenon of social reconstruction, due to the significant impact of the way communications were made regarding the consequences of the disease and the pandemic itself, which led to a skeptical perception of helplessness, imminent danger and maximum severity, together with the broad limitation of personal rights and freedoms. All these elements, through the subjective perception that individuals have built on the idea of the pandemic, have had major effects on mental health, inducing anxiety, anguish and frustration.

The present research aims to understand the changes that society is going through in the context of the pandemic, the social construction elements of the pandemic and the infodemic, in the context of a public health crisis, highlighting and analyzing the manifestations of anxiety and frustration during the pandemic and the risks they pose to public health, and the identification of the social perception on the pandemic among the affected population.

That is why psychological measures to improve mental health are important, both those that were actually taken during the pandemic - for example, online psychological counseling - and those that will be taken in this direction in the post-pandemic period. In order to build an effective mental health policy in the post-pandemic period, it is necessary to know the dimensions of the phenomenon, as well as its magnitude, in the context of understanding the particularities of the social construction of the idea of pandemic.

### **Anxiety and frustration - meaning of the concepts used in the article**

By anxiety we mean the state of restlessness, tense waiting, accompanied by negative respiratory phenomena, which can be considered pathological when exceeding a certain threshold. Anxiety manifests itself

pathologically as an indeterminate fear, as anxiety for no apparent reason, a condition that is often accompanied by physiological disorders. Frustration means a state of deprivation that the subject feels - either because of limitations imposed on their rights or by some effective harm that is done to them, being often considered to have a sexual substratum, in which case it is connected with disappointment and deception.

Frustration occurs when, due to inhibitions or obstacles of any kind, the individual fails to fulfill a wish or satisfy a pleasure. Anxiety and frustration can be considered phenomena that occur frequently when there are - justified or not - changes in living conditions and the level of the quality of life to which the individual is accustomed.

### **Research context**

In the context of the pandemic triggered by the SARS-COV-2 virus, a number of measures have been taken, including the quarantine of some localities, the global lockdown of the population, the obligation of social distancing and wearing a mask, which limited access to health services - other than for the care of patients suffering from Covid-19 - etc. In this context, the emergence of individual behaviors generated by the fear of a deteriorating health and possible death are predictable. Also, the feeling of helplessness, but also the required stereotypical social behaviors - including social distancing -, can generate a large psychological crisis, which would be a real threat to public mental health.

The period of lockdown, which took place between March and June 2020 in Romania – and, in fact, in almost the whole world - caused a significant part of the population to experience phenomena of anxiety and frustration, that presented clear elements of pathological anxiety, thus representing a problem for the public mental health, that may prove to have long-term effects at least as severe as the Covid-19 pandemic.

The effect of the psychological crisis is considered by researchers like Salari et al. (2020) to be more intense in the case of patients who are in the early stages of mental disorders, in which case they can lead to psychological changes, including on a pathological level. The most likely pathologies are those caused by fear, anxiety, depression or insecurity.

More than a year after the first cases of SARS-COV-2 were reported, Romania is facing successive waves of this pandemic, characterized by shorter or longer, intermittent periods of local lockdown, but also by other phenomena, such as the rejection of vaccination, which can be attributed to

the frustration accumulated between March and June 2020 of the first major lockdown since the outbreak of the pandemic.

Confidence in public institutions and, at the same time, confidence in the public health system is minimized due to the excessive number of false news and partial information that appear, from those related to the synthetic origin of the Coronavirus to those related to the fact that we are in a situation of hybrid war between globalism and nationalism, carried out between globalizing vectors (be they transnational organisms or multinational corporations), and nation states, acting somewhat independently, presumably in the interest of their own citizens.

The lack of trust is exacerbated by the competition for medical resources, equipment, medical staff, a competition that takes place outside the cooperation between states, or even against it, in the context of a crisis of social communication that authorities cannot properly manage, and a distrust in real communication between states.

### **Research assumptions**

The research started from the following assumptions:

1. The Coronavirus pandemic had a negative influence on the mental stability of an important part of the population, and induced feelings such as: anxiety, anguish, frustration;
2. The lockdown measures imposed to limit the spread of the pandemic will influence the prosocial behaviors of individuals, depending on the severity of their anxiety during the pandemic;
3. The social, cultural and economic transformations that the society registered during the pandemic lead to the sharpening of the medicalization of social life and to a raised awareness that the current society is a risk society.

### **Theoretical approach**

Social anxiety can be understood as a side effect of the process of social construction of the person's identity, thus being correlated with the cultural particularities of the social environment of origin, mainly related to the social distinctions between individualism and collectivism. In collectivist cultures, social harmony takes precedence over the individual, who occupies a peripheral place in the development of the community. By opposition, in individualistic cultures, the person has a central position, as the harmony of the community is subordinated to the concerns for the personal well-being and social affirmation of the individual. These differences may explain a

number of reactions of individuals to stressors - such as the Covid-19 pandemic. Social anxiety is, in our opinion, an instance for the social construction of the idea of pandemic and, through the consequences of this social construct, a constructive instance for the medicalization of social life in the pandemic and post-pandemic period.

In our opinion, social anxiety is socially constructed through the mechanisms of the interpretive adrift of the meaning of role performance, in the context of approximating the cultural values of the society of which the individual is part and/or of anticipatory resocialization, in different cultural contexts.

### **The risk society and the medicalization of social life**

As socially constructed diseases - such as social anxiety - gain a significant impact on public health, and society reacts by accepting the pathological, we begin to talk about a deeply medicalized society. The idea of a medical society is very often connected with that of a risk society, when the medical risks which the society is partially unable to manage are involved in the discussion, other than emphasizing the pathological referral of any altered mental or social conditions, and this is made in order not to "miss" the goal of sustainable social development, which consists in providing specialized care to all those who are supposed to need it.

The medicalization of society is practically the effect of the "risk society" (Williams & Calnan, 1996), the fact that society is more easily aware of the various risks that individuals feel threaten them (Conrad, 2007). It sometimes comes down to the idea of "medicalizing the human condition," which is nothing more than a "treatable disorder." The medicalization of social life, as we understand it, is "an overuse of tools originally from the medical field, but little or unscientifically adapted to everyday life, but which mark our daily lives" (Sandu, 2020).

The term risk society was proposed by Ulrich Beck (1992), and extends the traditional concept of risk, understood as the probability that an adverse event might occur, summed up with the magnitude of its consequences, to include the subjective perception of risk - which appears in intersubjective risk communication - as well as the social experience of living in a risky environment. Finally, risk society theorists claim that not only health and the environment are endangered, but also fundamental socio-political values: freedom, equality, justice, respect for individual rights and democracy (Ekberg, 2007). The management of the risk society is more

difficult to achieve, due to the fact that the population is more obviously aware of the risks to which it is subjected.

In the case of the current pandemic, this is one of the most important ethical issues is the social construction of trust in the health system as a whole. This is not necessarily a new issue, but the crisis caused by Covid-19 underscores the need for confidence in the measures taken by the medical system, including those restricting the autonomy of individuals and their fundamental freedoms. Basically, it is about trust in public health, which suddenly seems to become imperialist, partially subordinating its public policy systems, both at state and supranational level.

The medicalization of social life brings with it a lifestyle based on a sometimes-exaggerated care for the health condition, on an increased consumption of pharmacological products or, on the contrary, of natural products, which are supposed to have an almost miraculous effect in maintaining health.

### **Pandemics and social fear**

Social Anxiety Disorder is defined as a disorder in which social interactions generate a constant state of stress for the subject, which causes them to either avoid interactions and frequent social contact, or to experience these interactions in a painful way, due to a disproportionate fear of the real social context (Reynolds & Kamphaus, 2013). The basis of social phobias is the person's fear that they will not be able to properly cope to the situation, and will be negatively labeled by others.

The diagnosis of social anxiety must take into account, according to DSM-5, the cultural component of the personality and the way in which the individual constitutes the rationality of their fears, based on the dominant cultural experience of the society to which they belong. According to the textbook cited above (Reynolds & Kamphaus, 2013), culture refers to the system of knowledge, concepts, rules and practices learned and transmitted across generations, including language, religion, spirituality, family structures, life cycle stages, rituals and customs, moral and legal systems. In contemporary society, the individual is exposed to several cultures, which they use in the construction of their own identity, to build the meaning of their own experience. Various forms of social anxiety can be found today due to the cultural contamination and interculturality specific to the postmodern society.

Social fear has been directed, over time, at various subjective alterities, including the supernatural - with its forms: divine, demonic or magical -, but also the stranger - that is, a person who belongs to another

culture, religion, civilization, which individuals subjectively perceive as “different,” to whom interests contrary to those of the community are attributed. Included in this category are the dysmorphic – with real dysmorphic disorder (people with various disabilities or bodily dysmorphia) but also with imagined dysmorphic disorders (the gnome, the giant) and, last but not least, the sick - as a receptacle of celestial anger or as a bearer of the stigma of their own actions.

In the collective mind - both medieval and modern, the plague – and, by extrapolation, any form of pandemic - was correlated with two other scourges, war and famine, which increased the destructive power of epidemics.

The media's mention of pandemics such as the Spanish plague or the flu has caused the population to become more anxious, especially with regard to the virulence of the epidemic and the mortality involved. On the other hand, with the existing evidence on Covid-19 mortality, the same comparison with other historical pandemics has led to a minimization of the perception, among a part of the population, of the severity and risks involved in the pandemic and, implicitly, to the refusal to comply to protection measures or to the questioning of the legitimacy of restrictions placed on individual rights and freedoms on the basis of public good / health interests.

### **The social construction of the pandemics**

Sandra Maria Pfister (2020) draws attention to the fact that social events related to the pandemic - both current and, by way of memory, previous, or future ones, in the coming decades - are paving the way for a new branch of sociology, in general, and for medical sociology, in particular: the sociology of the pandemic. The emergence of this new branch of sociology will be delayed as long as social research on the pandemic is maintained at the instrumental level of studying the attitudes and perceptions of the population regarding it, without moving on to an in-depth analysis of the communicative paradigm generated by the pandemic. The social construction of the pandemic must take into account the symbolic dimension and the interactive ways in which the pandemic becomes a social reality, beyond a strictly medical reality (Dingwall et al., 2013).

Anthony Oliver-Smith (2022) points out that natural disasters, including those triggered by epidemics or pandemics, are mere games of chance, as long as they do not intersect with elements of anthropological

consciousness that give them meaning and distance them from the natural setting of events. a socially significant one. In this regard, the quoted author states that "The COVID-19 pandemic is a disaster, and disasters do not just happen" (Oliver-Smith, 2022).

The literature on the social construction of the Covid-19 pandemic emphasizes the role of the digital media and especially of social networks in the construction of the idea of the pandemic as a form of collective anxiety. W.T. Fesmire (2021) examines how comparisons are made between other known pandemics throughout history, especially recent history, and the Covid-19 pandemic, in the sense of a hyperbolization of the risk in order to strengthen the communicative power of the message transmitted to the public. This historicizing of the message determines a special form of communicative action (Habermas, 1985), in order to generate a consensus on the meanings of the term pandemic - as a new social status.

Practically, we are talking about a process of creating meaning, in which the intellectual elites and the significant ones from the communicative point of view create meaning through the construction of emotions that legitimize a certain type of discourse and a certain narrative that allows the individuals to familiarize themselves with an unprecedented social reality (Yeomans & Bowman, 2021).

## **Methodology**

The research, carried out between March and June 2020, was based on a qualitative methodology derived from Grounded Theory, and data collection was done through the technique of a semi-structured interview, applied online.

### ***Sampling and the actual conduct of the research***

The research was conducted on a sample of 103 people, mostly in the N.E. Region of Romania (67) as follows: Suceava (42), Botoșani (15), Iași (10), but also from other counties: Cluj (1), Bucharest (2). People from the Republic of Moldova (12) were also interviewed, as well as Romanian citizens residing in other countries such as: Austria (1), Spain (1), Italy (1), Belgium (1), Germany (1), Great Britain (1). There were also persons who did not declare their region / country of residence: unspecified (15).

The interviewees were female (62), male (31) and a number of 7 people did not specify their gender.

The age of the interviewed persons is between 18-24 years (47), 25-30 years (26), 35-45 years (14), 45-60 years (9), 60-90 years (3), unspecified (4).

As a source of origin, the interviewees belong to rural areas (42), urban areas (25), unspecified (36).

As a level of education, the participants in the research stated as formal education: higher education (63), secondary education (31), unspecified (9).

The following were highlighted as occupational profiles of the persons included in the sample: salesperson (7), medical staff (6), student (35) pupil (9), teacher (5), economist (3), clerk (1), civil servant (10), commercial worker (3), unemployed (4), housewife (6), retired (7), unspecified (7).

The sample was an opportunity sample, the selection of the sample was made based on the snowball method, and the analysis of the collected data took into account the need for the theoretical saturation of the proposed model (no new discursive categories were identified in subsequent interviews). In fact, the saturation of the model was achieved, in general, after the analysis of the first 20 interviews, but the analysis continued to identify significant subcategories that, although they did not bring new discursive categories, better configured the existing categories.

The research was conducted on the basis of unstructured interviews, made online or by telephone. The vast majority of the interviews were conducted via video conferencing applications and transcribed. A limited number of interviews were conducted through programs such as Messenger, Whatsapp - where both questions and answers took place in writing, the answers being given by the interviewees immediately after receiving the question - thus ensuring real-time communication. The interviews mainly focused on how the families of the students, as well as those of their friends and acquaintances, related to the situation created by the pandemic.

We mention that during the research period, both Romania and other countries where the respondents resided were in a period of lockdown, characterized by the closure of non-essential economic activities, limiting the mobility of people by imposing the obligation to make a statement assuming responsibility for the duration and route of any travel, a complete ban on travel between certain time slots or even a complete quarantine of persons suspected of being infected with SARS-COV-2 or of entire localities, where the infection rate was higher than the national average.

### ***Analysis of results by Grounded Theory***

For the interpretation of the data, the qualitative analysis methodology called Grounded Theory (G.T.) was used (Corbin & Strauss, 2008; Creswell, 2007; Goulding, 1999). The method consists in a process of

systematic generation of conceptual categories, aiming to obtain an increasing level of generality, which would explain the researched topic. The approach is an inductive one, through successive stages of work, starting from the information provided by the interviewed subjects. The research is generally exploratory, being used when investigating a unique psycho-social phenomenon, about which there are not enough data in the literature or for which theories that already exist in the literature are no longer applicable, due to the change of the socio-cultural contexts in which the social phenomenon takes place.

Due to the exploratory nature of the method, it aims to create a new theoretical corpus and less to validate a set of preliminary hypotheses (Corbin & Strauss, 2008; Goulding, 1999; Sandu, 2010). The hypotheses may exist in the form of presuppositions, which derive either from the literature or from a first empirical analysis of the studied social phenomenon, but the research does not have a proper confirmatory value. This type of research being limited to highlighting possible causal links, without being able to effectively confirm them and without being able to specify exactly the causal dynamics of the social phenomenon.

The results thus obtained will be summarized in the form of a model, the constituent elements of which, formulated in the form of possible causal relationships, may constitute working hypotheses for future research. These would clarify the resulting model as well as the extent of its validity.

The data coding was performed in two successive phases: the initial coding and, respectively, the selective coding - focused coding (Adam, 2009) - which we called, according to Cresswell (2007), axial coding. The purpose of these successive inductive stages is to identify significant discursive themes or categories, followed by the construction of a theoretical model explaining the social phenomena that accompany anxiety and frustration, which appeared as an effect of the pandemic, but also of measures to prevent Covid-19 infection. The aim was to classify the "codes" or categories they were obtained and to group together the initial categories, which are semantically adjacent. In the first stage, open coding was used, followed, in the analysis process, by axial coding (Corbin & Strauss, 2008). Thus, from the thematic axes that were analyzed, resulted a series of theoretical constructs with explanatory role in the elaboration of an instrumental model of understanding the perceived dimensions of the social phenomena related to the pandemic, but also the possible pathologies generated by anxiety and frustration.

## Results of research

### *Discursive categories obtained in the open coding stage*

#### 1. Information on the Covid-19 virus / pandemic: origins, cause, manifestation, treatment

Interviewees have an ambivalent view of the pandemic, most of them consider themselves to be *sufficiently informed* (S.D.B.) by using the online environment (A.A.), (D.A.B.), (G.F.C.), but also the traditional media (L.B.), (G.F.C.), (B.S.A.). Some of them show that they consider themselves sufficiently informed about the symptoms that Covid-19 infection may present: fever, dry cough (AA), while others show that they know only about the severity of the disease, but not about the its symptoms: I only know that it affects the body very strongly (D.A.B.).

A credible source of information on the manifestations and symptoms of the disease is, for some respondents, *communication with infected people* and especially with those who have gone through the disease and managed to overcome it. In this case, the information obtained can be a source of *optimism and confidence* that the disease can be overcome (I.E.). The same is not true when a close person infected with Covid-19 have lost their lives. Then, the interviewed subjects are deeply aware of the *risks* that the SARS-COV-2 infection can bring, both for them and for those close to them, especially if they are elderly or suffering from comorbidities (S.P.).

To avoid *misinformation* due to the abundance of information sources, many of which are contradictory, some people have decided to select the sources of information, giving credibility especially to medical and scientific sources, as well as to the personal accounts of recent patients (I.E.).

#### 2. Personal experience of infection with the Covid-19 virus

A significant experience that the interviewed subjects mentioned was that of their own infection with the Covid-19 virus and, respectively, of the situations in which close people became infected with this virus. When there were people close to them who lost their lives due to the virus infection, the described experience was one of anguish for their own health and, especially, for those close to them (S.P.).

#### 3. Experience communicating with persons infected with the Covid-19 virus and the perception on the experience of these persons

A number of *communication experiences with people infected* with the Covid-19 virus (L.B.) have been highlighted, with manifestations of varying intensity and severity, from people who have gone through this

experience easily and recovered, to people who suffered physically and mentally, having suffered a **traumatic experience** by getting infected. The interviewed subjects showed that they also had people who lost the fight against the virus among the more or less close acquaintances (A.A.).

Feelings of **empathy** and even **joy** are shown towards infected people when they prove to be **cured** (A.A.). It is worth noting answers like *Yes, I have acquaintances who have had such people in their family and have had to be quarantined, but this has not changed my behavior in any way. Everything remained exactly as before, the virus can't change who you are* (L.B.). Such statements are true pleadings against **discrimination** of infected persons - discrimination that may occur, on the one hand due to the **social fear** of infection and infected persons, but on the other hand may also be induced by the **severity of quarantine measures**, both of individuals (quarantined individually, as mere contacts) and of communities (where the virus spread is higher than the national average).

**Direct contact with an infected person**, especially when that person's case appeared in the media, becomes a source of anxiety and even **despair**, the interviewee being concerned about his **own health condition**, but also about the possibility that he himself may be **a vector of virus transmission**. *When I realized that this virus had reached the place where I live, I was quite scared because, first of all, I had contact with a person who had contact with the first case of Covid from the locality. [...] Social distancing affected me primarily during that two-week period when my family and I were isolated, because I thought I had come in contact with the person I mentioned earlier* (B.A.G.).

#### 4. The subjective experience of quarantine, social distancing and lockdown measures

Respondents indicated that they feel affected by the pandemic on several levels - personal, social, professional, emotional, material, mental etc. (C.J.).

**The subjective experience** of quarantine depends on how individuals perceive the risks that the disease for which quarantine has been imposed may pose to their own lives and those of their loved ones, and only then the harm it brings to their own freedoms, lifestyle and agent capacity. People who feel more vulnerable - due to age or **comorbidities** - may be more inclined to accept stricter quarantine measures or even to adopt a quarantined lifestyle for themselves and their loved ones, that precautionarily exceeds the minimum measures required by authorities (G.G.).

**Lifestyle change**, whether in a pleasurable or unpleasant way, is representative for the subjective experience of the interviewees when it comes

to quarantine, social distancing, and lockdown measures: *I had become accustomed to a certain lifestyle, and now everything is different* (E.L.). The period of lockdown was considered by some people as **a time of respite** in daily activities, which allowed them to engage in **hobbies** or recreational activities that they would not have allowed themselves to indulge in during a normal period.

Many of the interviewees believe that they have been affected by the **restrictions imposed**, one of them stating that *he has not seen his family for two months* (A.A.). Mentions of missing or diminished relationships with family members or loved ones during the quarantine or lockdown period appeared in most interviews. The reason why some of the interviewees agreed with the measures imposed and respected them was the protection of those close to them and was linked less to their own protection.

The constituent elements of a normal life were affected in the case of some of the respondents, including relationships with friends and, implicitly, their sociability (*a.n.*), *generating a need to spend more time outdoors* (L.B.). Congruent to these statements, some interviewees considered the lockdown period as one in which they had the opportunity **to spend more time with family and loved ones** (G.N.). This changed the **quality of relations** between family members living in the same household, either in the sense of **strengthening solidarity** between its members (due to increased communication) or in the sense of leading to a **depreciation of these relations** - due to the escalation of latent conflicts and a **mandatory long lasting cohabitation**.

There were also confessions of dissatisfaction related to the impossibility of organizing the **special events** of life that represented unique moments for individuals in a normal manner (S.D.B.), (S.D.). The impossibility of practicing certain **religious rituals**, including those related to funeral practices, was called into question. **The restriction of religious freedom**, leading to a total ban on public religious services, even during religious holidays of the highest importance for believers of all religions, was considered a serious cause for concern regarding the respect for **individual rights**, but also a source of emotional trauma for some deeply religious people. *The hardest time during the isolation was the Easter holidays. We, in the village, have our habits, we go to church, to the cemetery, we could not get used to the idea that we are forbidden to do so* (M.T.). However, there are also voices welcoming this measure, considering it **beneficial for limiting the infection rate** (P.I.2).

Another issue that affected the population during this period was **technical unemployment** due to the **temporary closure of the company** in which they had their job, which situation turned into a source of anxiety including for the future economic situation (A.B.), (G.F.C.).

*The fact that for loved ones were placed in quarantine* is also a source of anxiety and frustration, especially when those people are the main / only providers of income for the family, and they do not benefit from technical unemployment or other forms of social work: *I am concerned that my husband, who is in a foreign country heavily affected by this virus, faces various obstacles in returning to normalcy. [...] My husband has already been in quarantine for a month and a half, and is not guaranteed any financial support, such as technical unemployment, the situation is equally unclear as regards the resumption of activity* (N.A.).

A source of concern about deteriorating health during the pandemic and the indirect effect of the pandemic is *the issue of mental health*, which is considered to be impaired by the *lack of direct communication* with others, the *monotony of activities* and *mental fatigue* (G.N.). *Home isolation made everything difficult and depressant* (L.A.E.). Among the effects mentioned by the respondents were those related to the *decrease of the quality of life* in general and the general well-being, including health, as *sleep dysfunctions* were noticed (A.B.), which, once they become chronic, can lead to the exacerbation of already existing health conditions or to the new disorders. Also, *the subjective quality of life* was affected by lockdown measures and *the obligation to stay at home* was perceived as a severe restriction on freedom of movement (G.F.C.).

*Restricting freedom of movement*, achieved either by quarantining certain areas or by traffic bans at certain time intervals, is considered a source of concern, but also of frustration, in the context of imposing on people to sign a *declaration assuming responsibility* for their travel itinerary, along with the purpose and duration of their travel outside their house premises. This measure has a profound *negative impact*, as it is associated, in the *collective mind*, with the *state of siege* and the imminence of catastrophes - in this case, for public health. *Having no experience of such situations in the past, I had to think, to be careful if I have the statement with me, if I have completed it, if I am in the proper range and so on* (V.A.R.). Restricting freedom of movement in itself *undermines the dignity of the person*, style and way of life, personal freedom, guaranteed by the Constitution and international conventions, which in the collective mind of a country that has not long ago had a communist regime, such as Romania, may suggest the installation of a dictatorship - called by some sources *"White Dictatorship"* or *"Medical Dictatorship"*. Especially in the case of minorities who have historically been persecuted, such measures can trigger *negative emotional stimuli* related to *personal security*, especially in the context when images of law enforcement agents who were enforcing lockdown measures have been accessible, at least online, and were quite viewed by the public. The impact of these images was

exacerbated by the communications - whether desired or not – issued by the authorities, who, through the "Military Ordinances", emphasized the martial capacity of the State and less its solidarity with the population. ***The "guilt of being infected with Covid-19"*** was induced in the population as an idea, even if the purpose of the restrictive messages was attributed to the desire to protect the population.

***The vulnerability of the population*** to a ***repressive system*** was highlighted - even if this was not the intention of the measures - even in the case of a democratic society, which accepts and respects human rights, as is the case for Romanian, where the present research was done. Social fear, such as pandemics, coupled with inappropriate reactions from the authorities, can lead to a setback in freedom, but also an increase in the aggressive mentality of vulnerable populations - as is the case of patients infected with Covid-19. Extending discrimination to anyone with suspicious symptoms - see temperature gauges in all public places - can be an impetus for ***social segregation***, with physical distance being replaced by ***real social distancing***, not just in terms of maintaining a safe distance, but also in the sense of limiting sociability.

In some cases, a distinction is made between centrally designed measures, which might be appropriate, and the way they are enforced in counties and localities, which appears to be erroneous, ***unadapted to the particular situation***, thus causing the dissatisfaction of citizens, especially in quarantined localities, for whom ***additional restrictions*** have been introduced, supplementary to those faced by the entire population of the country. Regardless of the level and size at which the pandemic affected the population, in the end the ability of each individual to ***cope*** with this ***particular form of stress***, not previously encountered, can be defining for overcoming the inconveniences of the period – and, implicitly, anxiety and frustration. It is the resistance to anxiety and anguish that is a coping element, which can help those who approach such an attitude overcome more easily the aforementioned states of mind and any other forms of discomfort, if they stay mentally positive (T.S.).

The report on the *lockdown* can be drawn in terms of ***social fears***, abundantly present in virtually all sources of information to which the population has access, or in terms of the ***moment of respite***, interruption of daily agitation, ***return to introspection***, to things that otherwise individuals did not have time to contemplate, deepening their relationship with themselves and with those whom they had to quarantine with.

***Privacy*** is seen as related to family, friends and, in general, emotional stability, and less to the career and ***social expectations*** of the

individual - which are perceived as secondary, on the *periphery of the core of personality*. We can assume that there is, at least among young people from certain socio-economic backgrounds, a distance from the social model based on the evolution on the social ladder and *job security*, the person's interest shifting to *emotional security*, experiencing the present moment and the immediate satisfaction given by everyday life.

As such, we can say that, at least in certain situations, we are not only witnessing a medicalization of the social life, but also the emergence of a "*society of personal development*", correlated with the *dissolution of social solidarity*. *The interest for oneself* and for those close to them takes precedence over the interests of society, and jobs are only an alienating element, which disturb the focus on the person. On the other hand, we can notice the emergence of a *culture of precariousness* and *the focus on the immediate*, in which individuals refuse long-term planning, to the detriment of experiencing the immediate.

There were also opinions that the pandemic could be considered a *divine punishment* for the sins accumulated by humanity in general or by the community in particular, and the responsibility for the pandemic should be assumed in line with a possible *feeling of guilt*. The divine sanction can, in some situations, be thought of in its apocalyptic dimensions, especially since at least one of the signs of divine wrath is represented by such pandemics in the collective mind (A.O.). Divine intervention, for those who thus see the current pandemic, may have a punitive purpose, as I have presented, but also an educational one, corrective for humanity (D.I.).

On the other hand, *the belief in divine help* is a reason for courage and *overcoming the uncertainty* that arises related to the sudden and radical change of lifestyle for an uncertain period of time (P.A.).

5. The perception on the restrictive measures imposed by the authorities during the pandemic

In most European Union countries, the authorities have taken measures to prevent infection, such as lockdowns, social distancing, the obligation to wear masks and gloves, restricting travel outside home, the obligation to sign a declaration assuming responsibility regarding the purpose, duration and route of travel, etc. All these measures aimed at reducing the rate of infection of the population and, in addition to its direct protection, also had the role of avoiding *overcrowding the hospitals* with patients infected with Covid-19, thus leading to the impossibility of providing medical care to all the persons who required it.

The interviewees have an *ambivalent perception* of the measures taken by the authorities, some of them considering them *beneficial* for the prevention of diseases and the uncontrollable spread of the virus (DAB), and others insisting that these measures *were not effective*, that they did not really contribute to the reduction of the risk of infection (L.B.). *The disproportionate nature of the sanctioning measures* imposed in the cases of non-compliance with quarantine, compared to other punitive measures, in other situations of law violation is accentuated, and even ridiculed, but also the ability of law enforcement personnel to impose these sanctions: *thieves and rapists don't do time, do you think that those who do not respect isolation will? It's a lie, just to scare those who came in the country recently* (V.C.).

Those who stated that they *accepted and even appreciated the protection measures* requested by the authorities, stated that they respected them (A.A.), (N.I.). Respondents also observed *social distancing* as a measure to prevent infection (D.A.B.), (G.F.C.), (A.M.). The use of disinfectant and other *hygiene measures* is also presented as a form of a symbolic distancing oneself - even if people are unaware of it - from the other, when the interviewee wants to specify that, following the hygiene measures indicated by the authorities, he disinfects his hands when he touches objects that were touched by other people (N.N.2). Even if, strictly speaking, this practice reduces the risk of infection, the subjective perception of this gesture strengthens the belief that any person - even if they are not present - can be a *threat*, by simply *touching objects*. If such a habit is beneficial and salutary during an epidemic in the phase of its maximum outbreak, the long-term perpetuation of this habit leaves room for a *perpetuation of social fear regarding the other*, as a source of risk to their own health or well-being. It will also strengthen the perception that the *current society is a risky one*, that not all measures are taken in order to prevent all risks, which accentuates the *medicalization of social life*, by accepting the *inevitability of negative effects when coming into contact with others*. *Every day I was in quarantine I felt like a prisoner at home, I was afraid to leave the house and, if I went shopping, I always wanted to avoid other people, because I was afraid I might get this virus* (N.N.2). *The feeling of being imprisoned in one's own home* is not only related to the restriction of certain rights and freedoms, which is somewhat understandable in a time of crisis for public health, but also to feelings of *self-blame or blaming others* for one's own condition and the perception of *the medicalization of social life as a radicalization of oppression*, in the name of dangers perceived as uncertain.

Such a perception may give rise to **widespread mistrust in public health systems**, as vectors of oppression that were once blamed exclusively on politics or economics.

There is also criticism of the measures taken by the authorities, considering that *they were not necessarily effective, with an emphasis on appearances; the situation could have been handled much better* (L.B.). We cannot fail to draw attention to this view that the **authorities have reacted to appearances** that can be speculated in mass communication - such as wearing masks, social distancing, temperature checking - instead of focusing on **protecting healthcare professionals**, ensuring necessary and appropriate equipment and technology.

Some criticisms of the state explicitly refer to the lack of medical equipment, which should have existed in hospitals regardless of the current state of emergency or not (A.B.). This makes respondents **distrustful of the state's ability to manage the crisis** - neither regarding health issues, nor on an economic and / or social level.

Authorities are believed to have taken on an **authoritarian but benevolent attitude**, effective in the first period of the pandemic, but **quickly eroded by public distrust** and diverted to the idea of a **"white dictatorship"** or public health dictatorship. It is interesting that an attitude of **refusal to comply** with the preventive measures imposed was mentioned even by the interviewees who stated that they showed symptoms, but refused to get tested, but also by people who, being positively confirmed as infected, **refused to get admitted in the hospital** - although at that time it was mandatory -, mentioning the fear of an **aggravating suffering** from the state of the Romanian health system, considered to be deficient.

A source of dissatisfaction with the measures taken by the authorities to increase the care capacity of patients with Covid-19 is the transformation of many hospitals into "exclusively Covid" hospitals - which care only for patients with Covid-19 - **leaving risky and difficult patients with conditions other than Covid-19 untreated** or forcing them to travel, endangering their health and even their life (PI2).

6. The perception on the existence of resources needed to overcome the pandemic

A concern of the interviewees is the **ability to cope with the pandemic**, from the perspective of the existence or non-existence of medical, human, material, financial resources - both at the individual level and at the collective / community or even societal level. Confidence in the existence of resources diminishes the anxiety generated by the pandemic,

while the prospect of insufficient resources can be a source of collective panic.

There have been frequent reports of people *overstocking* up on food and medicine, but this panic has been halted when the permanent supply of food and especially pharmaceutical stores has been established (G.G.). The lack of basic food items and, above all, the fear of the complete closure of stores, including food stores, or the impossibility of supplying them were sources of panic declared by several interviewees (P.M.).

On the other hand, the lack of protective masks and medical equipment - including for medical staff - has been a source of anxiety, especially for those who came into direct contact with patients, but also for society as a whole. Concerns have been expressed about the *lack of medical staff*, especially when they are at increased risk of infection in the hospital setting, given the lack of protective equipment and the absence of a specific medication or vaccine (at the time of the interviews there was not no vaccine available on the market – *a.n.*) (P.I.2).

*The distrust in the Romanian medical system* is considered by the interviewees who chose to answer on this topic, to be a result of an *inconsistency of the political factor*, but also of the *inefficiency of communication during the crisis*, shown by the authorities (A.M.). Compared to the answer mentioned above, we cannot clearly distinguish the effects of frustration with the pandemic from *the need to find a person responsible* for the situation of discomfort, or from the political opinions of the interviewees - but the two types of discourse, the political and the personal one, converge in the case presented above.

#### 7. Impact of news on the pandemic

The interviewees expressed their views on the *impact of the pandemic news*, which is *mostly negative*, but there are also people who showed that they were *not extremely affected* (P.I.2). There are also voices emphasizing the positive role that the media should play in such a situation - to encourage the population to comply with the necessary protection measures and, at the same time, to inform the population about possible *slippages from normality* (A.C.).

#### 8. Perceived effects of the pandemic

**Positive effects:** Some interviewees stated that the Coronavirus pandemic also had *beneficial effects*, including *appreciation of important things in life* and time spent with loved ones (D.A.B.), (I.A.B.), (A.S.B.). Another important thing, considered to be a positive effect of crossing

through this pandemic, is, according to one of the respondents: we started to love life more (L.C.). **Acute awareness of the fear of death** means that other elements of dissatisfaction, related to the standard of living, quality of life, etc., are no longer viewed with such importance, in relation to the **value of life itself**. There are, among the interviewees, some respondents who appreciate the positive role of the pandemic in the **social construction of responsibility** towards one's own health, towards others and towards the environment (N.N.4), (I.E.).

People who appreciated the beneficial effects of the lockdown referred, among other things, to the development of a **capacity for self-control over daily routines**, more efficient organization of activities and the **adoption of a responsible lifestyle** (A.M.).

**Adverse effects:** Among the negative effects of the pandemic, there were mentioned: the **deterioration in the long-term health** of many people (length of convalescence, **sedentary lifestyle** imposed by the pandemic - which predisposes to a weakened immune system and the vitality of the body), but also **the loss of human lives**. The lack of bodily exercise is also discussed - at least outdoor (B.S.A.), (A.B.). The risks of **mental disorders** are highlighted in the context of discussing the reduction of hobbies and, especially, outdoor activities (A.M.).

The interviewees express their hope that the experience of the pandemic will also have **transformative effects**, in the sense of changing the attitude / behavior of people towards the environment, and not only (L.B).

The very **risk of undue death** of patients with Covid-19 is discussed, as well as other collateral causes, such as the **lack of access to health services, the lack of basic care** for the elderly and, why not, the **severe deterioration of the health condition for psychiatric** patients and people belonging to vulnerable categories: *This crisis makes the elderly remain locked in the house and perish* (PI2).

There is also a **perceived risk of social marginalization** (D.B.) of various sections of the population affected by both the health and economic crisis, associated with a lack or reduction of material resources - especially against the perception of lack of resources, which was generalized within society, but especially at the state level, to overcome the economic and social crisis, which is perceived as a severe one.

**The negative impact** on the population was also felt by **restricting the right to work** and limiting the right to free movement, a situation described by one of the interviewees as generating a *state of helplessness* (D.M.C.).

Another element perceived as a generator of anxiety and frustration was ***the obligation of self-quarantine*** (D.B.) of those who carried out their professional activity in medical, social or medical-social care institutions. This situation has often been perceived as a form of deprivation of liberty (L.C.) and, implicitly, ***a violation of fundamental rights***. Also in this context can be included the ***lack of treatment*** of people suffering from various pathologies - other than Covid-19 - and the limitation, by the ***military ordinances*** in force, of the development of medical acts considered non-essential.

Another effect, this time perceived at the level of the ***economic environment***, is the ***imminence of the bankruptcy*** of many small and medium businesses, but also of some large companies, caused by the temporary closure of activity, lack of liquidity, inability to pay, etc. (G.S.).

#### 9. Credibility of information sources and infodemia

Respondents pointed out that the ***available sources of information***, especially the media, ***are not generally credible*** - they are manipulative (L.B.) - and therefore the respondents cannot be fully, correctly and especially credibly informed from these sources. The increase in the number of fake news was also a source of stress and anxiety for citizens, the interviewees showing that they felt threatened by the explosion of the number of ***fake news*** (A.B.). This was attributed to the media's desire to confuse them with so much information (A.B.). There are people who have pointed out that in such situations, such as those in which the state of emergency is active, taking measures to restrict freedom of expression - in order to control false and, in particular, alarmist news - is welcome (G.G.).

#### 10. Perception on the post-pandemic period

Many of the interviewees believe that sooner or later the ***situation will return to normal*** (D.M.C.) in terms of epidemiology and public health, many of them being rather concerned about the evolution of the economic and social situation. ***The hope of returning to normal*** is, from our point of view, ***the attempt to humanize the pandemic experience*** (all interviews were conducted during the period when the state of lockdown was established in Romania; as such, the interviewee expresses a desire for the moment when these measures will be relaxed – a.n.) (DC).

Another idea, which also leads to the construction of a ***post-pandemic normalcy***, is that it means the return of the freedom of movement, at least outside one's home, without the risk of being stopped by the police and questioned about the destination, duration of travel, etc.: *I will*

*be able to go where I want in the city, without being afraid if the police would stop me* (N.I.). **The humanization of everyday life** is the key goal for the post-pandemic society. In this humanization of everyday life, a particularly important element is the **elimination of fear** from the forefront of relating to social life.

Basically, the pandemic is also seen as an **invitation to responsibility** - both to the immediate responsibility of everyone and to the long-term responsibility of individuals and communities. Immediate effects, such as **increasing the level of hygiene of individuals** and communities, **reducing emissions with polluting effects** were examples of responsible attitudes that can become long-term social habits. Without them, even if the pandemic ends, their effects could last much longer (T.C.). The post-pandemic society is seen by some respondents as one of **an increased responsibility installed in the collective mind** (for example, in the form of wearing a daily mask): *I see the future with many people with masks on the street, but more careful than ever. [...] There will always be ill people* (N.N.1). This responsibility towards the other and towards one's own health condition is, in our opinion, a marker of the acceptance of the post-pandemic society as a risk society and of the accentuation of the medicalization of society, in the sense that the human condition will be perceived as a disease, a *treatable disorder*, and the encounter with the Other will be perceived in the sense of an encounter with danger - in this case, with a possible source of infection. *Unfortunately, we will avoid each other. We will all be a danger to all* (B.R.). **The depreciation of the relationship with the other** through the deculturalized and deculturalizing presence of the mask, if it becomes a defining element of the post-pandemic society, will be able to destruct sociability to a point where the **uniqueness of individuals** can no longer be compensated by communication processes, thus accentuating the tendency towards an **individualistic and, ultimately, selfish society**. A dissociated society generates **an anxiety of the other's presence** as a possible source of infection and that goes so far as to deny them their presence in one's immediate vicinity, the subject itself can become the source of anxiety, related to an impaired quality of life in relation to health.

There are also opinions that **it will be impossible to return to "normal"**, the virus will continue to exist, as there are other dangerous viruses, and **society will get used to living with the threat of new pandemic waves** (A.M.). Those who say that life in the post-pandemic period will be different or even radically different from the one before the first outbreak of the pandemic, believe that the style and way of life will be different, but the population will adapt.

## 11. The post-pandemic **immediate**

A widespread opinion among the interviewees is that at the end of the lockdown, the **recovery of sociability** will have to be made a priority. Measures of social distancing, although aimed at creating a safe space around the person, bring with them restrictions in terms of sociability or, more precisely, the **social rituals** with which individuals are accustomed, which radically change: shaking hands, hugging, kissing cheeks - these are as many gestures with the value of social ritual that are not only forbidden, but also acquire a **value of social risk**, even when we are not talking about strict quarantine and travel is possible in certain areas, even with a statement, the number of people in a group, the number of people who can attend an event, the duration of meetings and, most importantly, performing these social rituals with the value of expressing solidarity and sociability. Their recovery is seen as a **recovery of the essential** (C.C.). From the statements of the interviewees, **sociability transpires as a fundamental ethical and cultural value** for the subjects, the communication with those close to them being considered as an element of maximum importance for their subjective well-being. The desire for normalcy is expressed in the form of a return to everyday life, a part of life that was perhaps the most affected during the pandemic: *I will walk with my loved one in the park* (D.C.).

## 12. Virtualization of social space

Some interviewees pointed out that the **work from home or home schooling which were imposed** have **radically changed their work schedule**. This is true in many professional areas, where companies or institutions have chosen to switch to work from home / online activity. A significant case, in which all the activity was transferred online, is that of **education**, in which from the beginning of the pandemic until the end of the state of emergency, but also after its end, the activity was carried out exclusively online, which **significantly disturbed both the work schedule as well as the lifestyle** - both of the pupils and students, and of the teachers (B.S.A.). *At the beginning, my whole program was turned upside down, I lost track of my usual days, time and routine, I had to force myself to go back to the original period and reorganize* (A.M.). The development of online learning is hampered by the lack of feedback from students, but also by the relative novelty of this style of teaching / learning. The lack of direct and personal interactions between teachers and pupils / students is another reason for dissatisfaction with online education, which is therefore considered to be much more difficult (B.S.A.). In this context, some people point out that going online is

a **source of discomfort**, and can even lead to various forms of migraines and even impaired health (S.D.).

**The massive virtualization of social interactions** - in this case the educational ones - during the lockdown period took many by surprise, therefore in the beginning, when all the courses took place online, they were not at the better educational standards, as students are accustomed to on site courses, for which the mechanisms of online study have not yet been properly and fully developed (A.M.).

The transition to the virtual environment of many economic and educational activities is seen as ambivalent, on the one hand **saving the time and effort** of students, teachers, employees, etc., on the other hand **requiring an adaptation** of professional activities and **behaviors** in the virtual environment (M.A.).

**A positive effect of the virtualization of social space** is represented by the **possibility of communicating** with people at a distance, people with whom otherwise the interviewed persons are less often connected when the activity takes place mainly in the physical environment. Some interviewees indicated that they **keep in touch with those close to them** through **social networks**, as it is impossible for them to meet them physically, due to the isolation and self-isolation measures imposed (A.S.B.). In such times of lockdown, when socializing actions are transferred to the online environment, **physical distances are suppressed by online communication**, and physical proximity is no longer necessary to maintain or rediscover relationships. *I've talked to all the people I've probably never talked to so often before, or I've never talked to so many* (A.M.).

13. Protection and reporting measures during the pandemic, proposed by the interviewees

According to some measures imposed publicly by the authorities, the interviewees also emphasized **the importance of preventive testing** for the detection of infected, but asymptomatic people, **the existence of disinfectants and hygiene products** (these measures are already in place and in every public space disinfectants are made available to people, but at the time of the interview, in Romania there was a shortage of disinfectants, which were missing from the market – *a.n.*), of drastically limiting public meetings and events (B.S.A.). There have been rumors that there is a need to improve **triage measures** in hospitals or care centers (B.R.). Some interviewees recommended that everyone **stay calm and lucid** (D.M.C.) in order to be able to more easily overcome problems during this period. **Religious experience**, but also **daily routines** are other measures that

individuals consider useful ***to reduce the psychological effects of the pandemic***, which may be associated with methods to reduce the biological effects of virus transmission.

An interesting suggestion for overcoming stress during this period is to write down thoughts, ideas, experiences lived during the pandemic in the form of a ***diary***: *I wrote on paper what bothered me and so I can say that I did not fall on my knees out of fear* (I.E.). Another solution to overcoming stress and anxiety caused by a pandemic is ***the presence of pets*** (B.A.).

#### 14. Pandemic and Coronavirus conspiracy theories

There are people who say they are ***convinced of the non-existence of the SARS-COV-2 virus*** and the disease it causes, and the so-called "pandemic" is, in their view, ***a global conspiracy***: *it is nothing more than a worldwide conspiracy. It is a total invention, this virus does not exist* (V.C.). Consistent with his own point of view, the person shows that he ***refuses to comply with the protection measures*** imposed by the authorities and violates the quarantine. In the public debate, especially in the alternative media and on social networks, the acceptance or denial of the existence of the virus becomes a fact of faith expressed by phrases such as "I believe / do not believe in Covid". This attitude towards Covid-19 is related to the ***trust in science***, the authorities and the various sources of information to which the individual has access.

The existence of ***inexplicable elements or that are incorrectly explained by the authorities, contradictory messages*** and radical prevention measures, which seem to be overestimated compared to the perceived situation in the immediate vicinity of people, which is in contrast to that presented by the media, makes those who, for various reasons, show distrust in the authorities, adhere to denialist views, conspiracy theories, which question the existence of the virus or, on the contrary, places it in the category of ***weapons of mass destruction***, used by ***occult forces to reduce population*** etc.

Among the interviewees there are some that consider the Covid-19 virus is ***a biological weapon designed to reduce the number of people in the world*** (L.C.). The interviewee comes to this conclusion precisely because of the way the virus spreads, which allows it *to spread its traces very quickly* and thus *endanger the entire universe* (L.C.). Indeed, there is a widespread tendency - among those who are followers of various conspiracy theories about this virus - to hyperbolize the spread of the virus to give weight to their claims, the global spread being extrapolated to the entire universe. The idea that ***this virus is of synthetic origin*** is widespread, being maintained even by statements of

some political officials, influential people in the media, but also representatives of the medical community.

Another approach, which may be related to conspiracy theory, is that the measures taken by the authorities are not really aimed at reducing the number of infected people, but at generating and exacerbating the already existing economic and social crisis (L.C.). The idea of the virus, but also of the crisis caused by the pandemic, in general, is put by some interviewees on the existence of an ***unconventional war*** - either between the great powers of the world or between supranational organizations that use biological terrorism and biological weapons, possibly out of control, to generate panic and to create economic, political, but also military instability globally. This position is sometimes accentuated by ***the idea of reducing the population***, a common idea in many conspiracy theories, but there are also answers that underline the economic impact of this crisis, which generates economic and political instability, and may even lead to ***a New World Order*** (D.S.), to restoring the military balance, but especially economically, globally: *this virus was designed to affect the world economy* (P.I.4).

***The contradictory nature of the news*** in the media and especially in the new media has upset public opinion, making the ***infodemia*** - or epidemic of fake news - sometimes considered more serious than the pandemic itself. Censorship of communication on various online channels, under the pretext of "violating community standards", has been applied to some voices in science and politics, the case of censoring Donald Trump's speeches being eloquent. Although the measure of ***censoring messages*** that generate anarchy and panic is beneficial to a certain extent and absolutely necessary to achieve ***social balance*** in a time of crisis, large sections of the population have felt the return of censorship, and especially citizens of former communist countries associate it with left or right ***dictatorships*** (N.G.).

## 15. Perception of the pandemic

Regarding the general perception of the pandemic, which the interviewees experienced, it refers to issues such as severity, impact, emotional referral, lifestyle changes, all of which are included in other specific categories or subcategories. In this category, we have retained those references to the perceptions of the subjects that could not be included in other categories, but which we cannot ignore, due to the informational load on how the subjects create a meaning on the situation they face. We notice an interpretive adrift of some concepts that the subjects perceive as

ambivalent, in terms of their relation to the pandemic as a life situation - beyond the created psychological states, perceived or estimated effects, etc.

A first such subjective perception of the pandemic concerns *its violent and unexpected nature*. What interests us, from the perspective of this category, is *the personification of the pandemic as an almost anthropological force*, which seems to be credited with its own will and its own mode of action, which leads us to think of the personification of the forces of nature in the form of gods or benevolent or evil demons: *I perceived it as a storm coming out of nowhere, which struck the Earth* (I.E.). This *subjectivized autonomy* of the virus makes the subject relate to it not as a random genetic event (genetic mutation in the viral structure), but as an energy or force that makes its presence and potency felt, seeming to have a purpose - obvious or imperceptible - and against which *a magical / mystical approach* is needed, or at least an animistic one. In general, people who, consciously or not, have this tendency to totemize such topics, will be more likely to *reject the scientific approach* (genome sequencing, creation of a vaccine through synthetic biology, etc.). Such an attitude can be understood as a "re-enchantment of the world", as a reaction to *the apparent failure of technology*. In a world where hidden and intentional meanings are attributed to such events, scientific neutrality is "sanctioned" as the result of a "plan" - that is of an occult intentionality, thus giving way to conspiracy theories. However, in this context, we must mention that the interviewed subject quoted above, although somewhat personifying the appearance of the virus, does not refer to elements that could lead to the thought of a theory on the synthetic origin on the virus, and remains in the register of an anthropomorphization of the nature, of a magical, even shamanic battle with this invisible force (I.E.).

In parallel with the animist attitude, another subjective perception of the pandemic is *teleological* - all life events, including this pandemic, *have a purpose that may or may not be deciphered*. The existence of a deep, sometimes even evolutionary purpose of events - or at least the belief in this existence - helps the person to cope psychologically with anxiety generated by situations perceived as absurd and which the individual cannot easily oppose, such as: anxiety in the face of death or terrible suffering, anxiety in the face of loneliness and the impossibility or limitation of communication with others, the limitation of the capacity and freedom of action, etc. All these anxieties, in the face of the various limits of the human condition, have been evoked by this pandemic, and the reaction of assigning it a purpose, along with an intention, helps people who adhere to the faith in an animated Universe of unseen forces - Divinity, subtle, demonic presences

- to give meaning to events and thus to free themselves from the burden of their own ineffectiveness, placing the pandemic at the will of the Universe or of some forces whose efficiency is unsuspected and unknown.

A remark made by an interviewed person caught our attention, as we consider it an exercise of reflection on the essence of the human condition, when humanity is placed in a situation that seems to be extreme - not so much by its dramatic dimensions, but especially by its novelty, which leaves room for imagination to create monsters or open doors to evolution, in the sense of awakening responsibility and awareness of one's place in society, as well as of a particular community in the ecosystem in which it exists. *I hope that we will give up this species-specific arrogance and understand that even though we are many, almost 8 billion, we are neither so strong, nor so intelligent, nor so well organized, nor as prepared as we like to believe.* (O.N.).

### **Axial coding. The theoretical model generated by the anxiety and frustration felt during the pandemic**

Following the axial coding stage, the results obtained from the analysis of the interviews were recoded in the form of axial categories and thematic axes, which allows us to propose a theoretical model on the impact of the pandemic, from the perspective of the anguish and anxiety felt by a large part of population.

#### ***1. The analysis of the obtained results. Axial coding***

The main axial categories we propose are:

- **Fear generated by the perceived risks of the pandemic** (high rate of morbidity and even mortality). The concept of a risk society takes into account the fact that, during this period, the subjects are more aware than previously of the risks that appear in the daily life and to which they have to adapt, for a good social functionality. The first risks highlighted were those related to one's own health and life.

- **Distrust in the authorities' ability to manage the pandemic and the refusal of hospitalization.** Many of the respondents showed that they are afraid for their own health, which is why they refused to be hospitalized, even when they had suspicions - confirmed or not - of being infected with Covid-19, because the Romanian health system does not react well under the pressure that the pandemic is placing on this system.

- **Awareness of the increasing medicalization of society, awareness of today's society as a "risk society".** The medicalized society is the society in which each of us finds ourselves as potential patients.

- **Distrust of the real dimensions of the pandemic** and the ease of accepting fake pandemic news, amid the ambivalent attitude of the authorities.

- **Distrust in science** - especially in medical science - due to the appearance of contradictory news about possible treatments or therapeutic schemes, which were later invalidated. Another source of mistrust in science is the partial non-compliance with ethical standards in research on human subjects when creating vaccines.

- **Distrust in public health systems and health authorities** - which is due to causes such as: the lack of selection criteria for prioritizing patients, violations of patients' rights - through lack of treatment, involuntary hospitalization, violations of the rights of health personnel (with direct reference to the situation of Suceava County Hospital); possible discrimination based on the medical condition and health, the risk of abuse related to medical practices (temperature measurement, wearing a mask); the existence of the risk of authoritarian behavior, interpreted as a "white dictatorship". All these infringements are committed in the name of the right to health and the public good, but are not sufficiently explained during public communication.

- **A general distrust in public authorities** - due to violations of rights such as the freedom of movement - by closing borders, proposing a health passport, imposing quarantine - including some measures insufficiently explained to the population; violations of religious freedom and freedom of conscience - including a ban on attending Easter services and other religious, public or private ceremonies, weddings, baptisms, funerals.

- **Virtualization of the social space** - online transfer of educational, professional, medical activities.

- **Destructuring sociability** - the symbolic transfer of the mask, from a simple sanitary mask to a social mask.

#### **Validation of research hypotheses and (bio)ethical reflections on the medicalization of social life**

Within the ethical discourse we have two main directions, in the first stage a normative one (which is, in fact, a component of the professional status of the corpus of medical or professional knowledge in general), while another component refers to the acceptability (ethical and, ultimately, social) of the way in which a medical phenomenon influences social life through the medicalization of society.

Therefore, the bioethical discourse should be outlined in a debate in the social sphere, but in which not only specialists in the medical field, but also in other branches should participate - such as the sphere of public policy, that of the sociology of health and quality of life, philosophy, political science and, why not, law.

We note not only the role of bioethics in times of crisis, but also the deep crisis of bioethics, which today has failed to maintain sociability, while society has failed to respect the principles of bioethics: the principle of beneficence, the principle of non-maleficence, the respect towards personal autonomy, social justice.

Regarding the hypotheses / assumptions from which we started in outlining the paper, following the analysis of the interviews, it is was found that:

✓ Contrary to the assumption that the appearance of anxiety and anguish during the pandemic should be very common and we can detect various explicit symptoms of these conditions - possible anxiety disorders -, many answers were received by which the subjects stated that they were not affected by the pandemic. Later, however, some of them recounted and showed that they actually had distressing and stressful experiences during the pandemic, but did not identify them as such - in the form of suffering or disturbance - as the subjects did not manifest clearly symptoms of anxiety, which by externalization are perceptible both for the subject and for those close to them, because they only noticed changes in their mental state or mood, which did not affect self-expression on the outside. This can express a resistance to frustration, which would temporarily allow good coping, but which would generate long-term effects, in the form of possible phobias, resentments, etc.

✓ The main sources of anxiety highlighted were related to the interruption of daily activities, quarantine, the fact that people were forced to stay away from those close to them - which is, in our view, an extension of the idea of social distancing, to limit physical proximity, to limit social communication.

✓ The hope of returning to normal is, from our point of view, the attempt to humanize the pandemic experience. The humanization of everyday life is the key goal for the post-pandemic society. In this humanization of everyday life, a particularly important element is the elimination of fear from the forefront of relating to social life.

## **Conclusions**

The responsibility towards the other and towards one's own health condition is, in our opinion, a marker of the social construction of the post-pandemic society as a risk society and of the accentuation of the medicalization of society, in the sense that the human condition will be perceived as a treatable disorder, and the encounter with the Other will be perceived in the sense of an encounter with danger - in this case, with a possible source of infection.

A dissociated society generates an anxiety of the other's presence as a possible source of infection and that goes so far as to deny them the presence in the immediate vicinity, the subject itself can become the source of anxiety, which is related to an impaired quality of life in relation to health.

The medicalization of society is an effect of perception on postmodern society as a risk society. In the risk society, community members are more easily aware of the various types of risks that individuals feel threatened by. When the medicalization of society becomes a mass phenomenon, one can come to the idea of medicalizing the human condition, the humanity of individuals being considered a treatable syndrome.

The general conclusion of this research was that we have moved on to another epoch, based on what we call the virtualization of social space and interactions, and this virtualization affects family life.

Life in a medicalized society can at some point be an escape from any risks, but once it reaches its climax, it can eliminate the subjective quality of life, for the sake of a so-called objective quality, measured in an apparent state of health, translated by the absence of an acute infection, but with the permanent presence of social or psychological dysfunctions.

## **Acknowledgement**

The paper has been presented within the 16<sup>th</sup> World Congress of Bioethics (WCB) - Basel, Switzerland, 20-22 of July, 2022

---

## References

---

- Adam, S. (2009). Profesia de cadru didactic între reprezentare socială și vocație individuală [The teaching profession between social representation and individual vocation]. *Revista de Cercetare în Științe ale Educației* [Journal of Research in Education Sciences]. [http://www.rcsedu.info/index.php?option=com\\_content&view=article&id=17:profesia-de-cadru-didactic-intre-reprezentare-social-i-vocatie-individual&catid=10:sociologia-educaiei](http://www.rcsedu.info/index.php?option=com_content&view=article&id=17:profesia-de-cadru-didactic-intre-reprezentare-social-i-vocatie-individual&catid=10:sociologia-educaiei)
- Beck, U. (1992). *Risk Society: Towards a New Modernity*. Sage.
- Conrad, P. (2007). *The Medicalization of Society: On the transformation of Human Conditions into Treatable Disorders*. The John Hopkins University Press.
- Corbin, J., & Strauss, A. (2008). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (3rd ed.). Sage Publications.
- Creswell, J. W. (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions* (2nd ed.), Sage Publications.
- Dingwall, R., Hoffman, L., & Staniland, K. (2013). Introduction. Why a sociology of pandemics?. In R. Dingwall, L. M. Hoffman, & K. Staniland (eds.), *Pandemics and Emerging Infectious Diseases. The Sociological Agenda* (pp. 1-7). Wiley-Blackwell.
- Ekberg, M. (2007). The Parameters of the Risk Society: A Review and Exploration. *Current Sociology*, 55(3), 343–366. <https://doi.org/10.1177/0011392107076080>
- Fesmire, W. T. (2021). *The Social Construction of COVID-19 Through Historical Comparisons to SARS and Other Epidemics in News Media Coverage, 2021* [Unpublished doctoral thesis]. Vanderbilt University.
- Goulding, C. (1999). *Grounded Theory: Some Reflections on Paradigm, Procedures and Misconceptions*. In K. Gilbert (Ed.), *Working Paper Series, Wolverhampton Business School, Management Research Centre* (pp. 5-25). University of Wolverhampton. <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.116.3233&rep=rep1&type=pdf>
- Habermas, J. (1985). *The Theory of Communicative Action, Reason and the Rationalization of Society*. Beacon Press.
- Oliver-Smith, A. (2022). The Social Construction of Disaster: Economic Anthropological Perspectives on the COVID-19 Pandemic. *Economic Anthropology*, 9(1), 167-171. <https://doi.org/10.1002/sea2.12236>
- Pfister, S. M. (2020). Theorising - the Social Definition of the corona Pandemic. *Pandemic (Im)Possibilities*, 1(45). <https://www.europeansociology.org/european-sociologist/issue/45/discussion/f172f619-bb73-4d07-a6c5-8c31cc6dec83>

- Reynolds, C. R., & Kamphaus, R. W. (2013). *Generalized Anxiety Disorder*. Person Clinical.  
[http://images.pearsonclinical.com/images/assets/basc3/basc3resources/DSM5\\_DiagnosticCriteria\\_GeneralizedAnxietyDisorder.pdf](http://images.pearsonclinical.com/images/assets/basc3/basc3resources/DSM5_DiagnosticCriteria_GeneralizedAnxietyDisorder.pdf)
- Salari, N., Hosseini-Far, A., Jalali, R., Vaisi-Raygani, A., Rasoulpoor, S., Mohammadi, M., Rasoulpoor, S., & Khaledi-Paveh, B. (2020). Prevalence of Stress, Anxiety, Depression Among the General Population During the COVID-19 Pandemic: A Systematic Review and Meta-Analysis. *Globalization and Health*, 16. <https://doi.org/10.1186/s12992-020-00589-w>
- Sandu, A. (2010). Freedom as a Hermeneutical Pretext. *Revista Românească pentru Educație Multidimensională*, 2(3), 5-24.  
<https://revistaromaneasca.ro/freedom-as-a-hermeneutical-pretent/>
- Sandu, A. (2020). *Bioethics in Crisis or a Crisis of Bioethics? An Anthropology of the Pandemic in the Medicalized Society*. Lumen.
- Strong, P. (1990). Epidemic psychology. A model. *Sociology of Health and Illness*, 12, 249–260. <https://doi.org/10.1111/1467-9566.ep11347150>
- Williams, S. J., & Calnan, M. (1996). The ‘Limits’ of Medicalization?: Modern Medicine and the Lay Populace In ‘Late’ Modernity”. *Social Science and Medicine*, 42(12), 1609-1620. [https://doi.org/10.1016/0277-9536\(95\)00313-4](https://doi.org/10.1016/0277-9536(95)00313-4)
- Yeomans, L., & Bowman, S. (2021). Internal crisis communication and the social construction of emotion: university leaders' sensegiving discourse during the COVID-19 pandemic. *Journal of Communication Management*, 25(3), 196-213, <https://doi.org/10.1108/JCOM-11-2020-0130>