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The New Coronavirus: The Anomia Phenomenon

An Approach to the Impact of the Pandemic on Social Media Networks

ABSTRACT The concept of anomia is used as a theoretical reference to analyze the emerging social reality produced by the infiltration of the Covid-19 pandemic into the daily experience of the various discourses and practices as well as the perceptions with which we interact on social media as evidence of the processes produced by the repercussions of the outbreak of the pandemic at the social level. What matters in this paper is to understand the nature of the change that the pandemic has produced at the level of the individual's relationship with society, and how its sudden emergence has affected social institutions. This paper also asks whether the Coronavirus pandemic is in reality a type of social anomia. KEYWORDS Covid-19, Coronavirus, social anomia, pandemic, sociology of health, public space

INTRODUCTION

Humanity is living the impact of a health crisis that is the most acute in its history. It has produced contradictions and imbalances that have affected aspects of social organization and made it difficult to respond to the aspirations and basic needs of individuals. This has led to the emergence of a reality dominated by uncertainty and a feeling of dissatisfaction and disappointment, leading to a severe dysfunction which has led to the emergence of a state of anomia. Based on this, people concerned with the sociology of health and disease wonder about the possibility of analyzing this pandemic as a generator of social contradictions and changes that are taking place in the daily life of individuals. They try to do so by developing a series of perceptions that give meaning to what is seen as an infectious evil spreading in society and allowing it to break free from biological domination. This reality, filled with fear of evil, is reflected in society through family and kinship ties and the value system, and is manifested through irrational interpretations, a sense of conspiracy, so that the latter become the tools for reading events.

This is where the Coronavirus pandemic becomes a biological disease expressed in social pain.

This positioning reinforces the overlap between political and biological legitimacy, and enables medical knowledge to reproduce its moral authority. The patient is no longer alone in the need of medicine, but also the politician who has found himself forced to renew his covenant with medical authority in search of a way out without the side effects of the anomia situation produced by the Coronavirus. There is no doubt that the social dimension does not stop its continuous reformulation, and the decay of social practices gives way to the rise of other practices. This will be tackled in this study by analyzing the critical discourse and the wider debate that goes beyond the confines of the local context to the global discourse articulated on social networking sites. The latter is generated by the multiplicity of opinions and diverging positions, which has resulted in a difficult situation making increasing, exacerbating, and limitless requirements of individuals, in a situation of a collective sense of insecurity.

THE ANOMIA CONCEPT

The concept of anomia, or non-normality, is found at the heart of sociological thinking because it is concerned with the relationship between the individual and society. Discussion of this concept brings to light the historical factors that provide the context for this relationship. It also forms an ideal perception, where social norms dictate individual practices. In the case of a pandemic, as a disease phenomenon, the interpretation of practices leads us to an understanding of the biological and social overlap, with disease being the most individual, and at the same time, the most social expression. Since the Coronavirus pandemic, which is sweeping through societies, is primarily a social issue, the intellectual systems that define its features, its development, and address its dimensions will not go beyond the scope of what is cultural and social. This justifies, to some extent, the possibility of adopting this concept of anomia, which is still valid, although it has lost much of its glamor in a period dominated by the rise of psychological concepts. Based on this, we can return to its theoretical roots, which strengthened its position within contemporary sociological theoretical traditions through Talcott Parsons, who rediscovered it within the Durkheimian paradigm, although it was originally developed by Jean-Marie Guillot (1854–88). It is noteworthy that the concept had great merit over a whole generation of sociologists who used it to justify their identity (Besnard 1987).

The concept of anomia is characterized by a multiplicity of semiology, so even when an attempt is made to limit it, it still generates many meanings. According to Emile Durkheim, it denotes a situation in which there is a social order. It was later used as a criticism of the conditions in industrial society, and then it turned into a conservative concept indicating a lack of adaptation to the social system. This represents the thread that leads to testing the validity of this concept, which has many implications depending on various researchers and thinkers. In his *The Division of Labor in Society* (1893), Durkheim contradicted the definition provided by Guillot, who linked it to anarchistic individualism. Durkheim starts from a critical angle of the moral system and categorizes it within the pathology of the division of labor, to use it later as a factor in the social aspects of suicide in contemporary societies, as he linked it to the multidimensional crisis. He talked about anomia in its economic, family, and even sexual dimensions, all of which are expressions of symptoms of the crisis of social systems (Besnard 1987). In addition, there are no positive aspects of the division of labor, but there are satisfactory aspects that are produced by the pace of work and the complexity of relationships and their intertwining, represented by the anomic work, which occurs when the individual loses the meaning of the role he plays within the work group, and when non-standardization prevails, which leads to a state of disintegration as a result of this work, and to an economic, industrial, or commercial crisis, weakening collective sentiment.

The non-normative imbalance means that work loses its moral character, causing conflict between individuals. Here, Durkheim believes that the phenomenon of non-standardized labor arose in European societies as a result of the emergence of the struggle between labor and capital, that is, between the working class and the capitalist class. Dysfunction is manifested in the economic and commercial crises resulting from the imbalance of social functions and the loss of unity and role of science, as a result of excessive specialization in which science loses its social role. Anomia is also a situation in which values are in conflict. For immigrants in the early stages of their residence in a foreign country with a different culture, they live through a similar situation, and after being uprooted from their origins, they face difficulties in accepting the values of the new culture. They feel lost and do not know what to do while facing problems at the psychological level. Thus, similar situations arise when someone finds himself/herself in a country where he/she does not know its language. If such an immigrant lives in a host country for a long time, he/she will even close themself off from their own culture. There is also

another case that leads to the same situation which is when there is a contradiction between the dominant values and reality.[1] In this sense the concepts of anomia and conflict between generations in modern society overlap. Youth feel they are alien to the world of adults and have no well-determined culture that they can refer to.

The concept of non-normality emerged in a more mature way from an epistemological point of view through the work of Robert Merton (Merton 1938), and the strategy of its use goes back to the theoretical model of the sociology of deviation. The function of this concept emerged between theory and empirical research, which associated it with several concepts and the conflict resulting from the loss of balance over a situation that paves the way for profound social changes. In light of this theoretical approach used by sociological analysis, in the context of phenomena associated with disruption in systems and patterns, this research tries to rehabilitate the concept of anomia, which is synonymous with social crises. This concept also denotes the absence, or lack, of organizations that ensure cooperation between the various, specialized social functions. This translates into economic crises and conflicts between classes when it becomes difficult to meet all the increasing, exacerbating, and unlimited needs of individuals. Others define it as individual feelings of insecurity related to social pathology, such as the high number of deaths and the disruption of the economic system in widespread pathological infection, as is the case with what is happening today as a result of the spread of the Coronavirus which is creating disorders and structural imbalances at social and economic levels. But what type of social pathology are we talking about? Is it the change resulting from a situation in which the social consequences of the pandemic are arising from the spread of fatal viral diseases?

THE CORONAVIRUS AS A SOCIAL EVENT

The pandemic becomes a social event when it becomes meaningful and is interpreted within daily life by actors according to their representations of the body and the social systems responsible for healthcare. The disease, according to Marc Augé, falls between two important biological moments

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1. Before the Cultural Revolution, China claimed that the state belonged to the peasants, while most of the children of workers and peasants believed that school was exclusively for the children of the wealthy. That is why anomia played a role in the launching of the Red Guards. This example shows that the results of this type of anomia can have a profound social impact because the first position concerns the largest number of people and affects the bases of society.

in a person's life, namely, birth and death (Al-Ibrahimi 2013). The pandemic becomes a source of social mobilization and symbolic discourses, influenced by the cultural and social models revolving around it. This makes the mobilization rhetoric about the Coronavirus pandemic on social media networks important empirically as it is comprised of reactions that confirm the socialization of this event. In this context, the results of a recent study on trends in social media interaction with Coronavirus concluded that the spread of interest in this pandemic via social media networks took place at a faster pace than the number of infections recorded in each country. This quantitative study showed that March 2020 witnessed the peak of interactions on the subject of the Coronavirus among different age groups and identities (Khalifa 2020). These data showed a multilingualism in the conversations, although the use of the Arabic language in tweets and comments did not register a wide presence compared with the use of English, Spanish, and French. The interest was focused on reading the content of the messages written in Arabic and the reactions to shutting places of worship and prohibiting public interactions with the application of home quarantine measures, social distancing, and halting all types of transport. Also, an emphasis was placed on aspects related to the treatment and evaluation of the different health systems.

HORRIFIC EXPERIENCES WITH THE PANDEMIC

Contagion is an important topic in the sociology and anthropology of medicine and disease, as it is a comprehensive biosocial phenomenon that simultaneously binds the biological, the social, and the symbolic. It is one of the factors that deconstructs the sacredness of reality, and it is characterized by negative and lethal spread. Biological pain also affects social frameworks and leads to the decline of metaphysical and moral models, social representations, beliefs, and practices (Chevé and Signoli 2008). In the past, the pandemic was associated with divine punishment, and disease was considered an expression of a physical and moral abuse. The impact of the epidemiological phenomenon in Europe has been associated for centuries with the evil committed and the inflicted evil used to justify guilt committed by individuals. However, in modern societies, the pandemic became a medical and social challenge interpreted through rationality, socio-causality, and the economy.

Medicine has historically been associated with the development of the causal knowledge of pandemics, but the interpretation of pain has always

been referred to Heaven and then to other cultures, which for Western societies have represented a source of danger generating a series of beliefs, fears, and representations. The emergence of pandemics in many historical epochs also contributed to building humanity as a species and refining its experiences. It also affected its development more broadly than the economic, symbolic, and cultural aspects. Thus, pandemics left their mark on the collective psyche. After a grim history with deadly infectious diseases, humankind still evokes the suffering of the consequences of the latent fear that the plague left in 1347.[2] In addition to malaria, smallpox, tuberculosis, measles, and water-borne diseases in the nineteenth century, the collective conscience of humanity still remembers the confusion that AIDS (acquired immunodeficiency syndrome) caused in treatment policies and health systems around the world. The experience of cholera has been rooted in the collective memory for centuries. The infection spread to different parts of the world in the nineteenth century and unfortunately continues to spread today.[3] Facts indicate that smallpox killed 400,000 people each year in Europe at the end of the eighteenth century, and the world had to wait until 1796 to produce a vaccine (which is the oldest scientifically based vaccine). Yet the vaccine did not prevent the spread of the disease. In 1960, the disease killed two million people worldwide. Now, this is the only disease that has been eradicated and declared non-existent with the last recorded case of the disease being in 1979. The success in eliminating it was attributed to the effective vaccine that prevented the spread of the disease due to the inability of the virus to change its nature. As for yellow fever, it wiped out millions of people—entire villages and colonies during the Napoleonic era. Yellow fever is still present in regions of Africa and South America, although there are less severe infections.[4]

2. The Plague, or Black Death as it is known in history by many civilizations, including the Islamic civilization during the period of Prophet Muhammad and Caliph Omar bin al-Khattab, caused nearly 26 million deaths in Europe (about one-third of Europe's population).

3. Cholera: between three and five million cases and twelve thousand deaths each year. The largest and most recent outbreak occurred in Haiti in 2010, which claimed the lives of seven thousand people and has not yet been eliminated. In Iraq there are still outbreaks of the disease in different regions. As for smallpox, or the so-called Variola virus, in the sixteenth century it wiped out about ninety-five percent of the population of the Americas, and caused the death of an estimated 20 million Native American Indians in the years following the European invasion.

4. This fever is still posing a threat to people's lives. In 1793 in Philadelphia, United States, it caused the death of four thousand people within four months. This disease still exists and there are an estimated 200,000 cases of infection of yellow fever, causing thirty thousand deaths every year around the world. The number of yellow fever cases has increased over the past twenty years due to

As for the plague, or "Black Death" as it is usually called, it is a pandemic engraved in human memory. This disease wiped out entire population groups in Asia and Europe in the fourteenth century. The epidemiological strains of this disease still exist today, but thanks to the development of modern medicine, any cases are easy to treat in the early stages of the infection. Therefore, it is unlikely to again cause a huge number of deaths, except in the case of the possible classification of the disease within what is called today biological warfare. Finally, there is influenza of all kinds, which is a viral disease caused by a type of virus that makes it extremely difficult to develop an effective vaccine against. Modern history recorded one of the deadliest pandemics of this in history. The virus managed to kill millions of people (there is a variation in estimates from 20 million 100 million people), and it was also able to move easily from one country to another, especially due to soldiers participating in wars away from their countries then returning home, starting with World War I onwards.

THE BIOLOGICAL THREAT DEEPENS THE NON-NORMALITY OF THE HEALTH SYSTEM

The time of the pandemic is perceived as a time of anomia, bodily injury, weak institutions, and social imbalances. It is also an event in which the social is represented by the meanings that individuals give to pandemics and contagion. It is a situation in which the interpretive systems of politics and medicine open the way to new accumulations of conflict dimensions as professionals who administer treatment find it difficult to adapt to it. Thus, the Coronavirus pandemic moment will not pass without leaving its imprint on the system of values and standards for disease and treatment. This is depicted on daily bases through social networks, rituals, and linguistic expressions about pandemic diagnosis, the effectiveness of treatment, the legitimacy of the therapist, and the difficulties that confront the health systems in societies that are constantly affected by the rapid fluctuations. This has stimulated the emergence of panic and even hysteria relating to the deadly pandemic and political and economic imbalances. Diagnostic rhetoric was not unanimous among medical professionals regarding cases of contestation against the rules of the prevalent medical authorities. The Coronavirus, as an emergency event, has brought about changes in modern medical standards,

reduced population immunity to the disease, deforestation, urbanization, population movements, and climate change. There is no specific treatment that guarantees a cure for yellow fever.

including diagnostic mechanisms and determining effective treatment to ward off the threat. The standards set for individuals and social institutions prove that the medical knowledge is capable of finding a cure, and stopping the specter of death that is killing thousands of people every day across the world (Al-Ibrahimi 2013). In addition to the inability to find a consensus on a specific treatment between medical professionals and those who set health policies, the survival, disappearance, or re-emergence of the new Coronavirus deepens the imbalances that medical authorities are suffering from, and render it essential that anomia individuals adhere more to precautionary and preventive measures.

The sanctity of the healer becomes at stake when his symbolic significance recedes and his field of intervention comes to be restricted. Many types of viruses have remained unknown to medical knowledge to this day, although they cause structural imbalances for societies, so that these fears return again at a time when medicine is supposed to have made progress that enables it to anticipate such situations and find solutions to enhance its position and authority. But the growing fear expressed through social media interactions shows the extent to which the healer's sanctity is affected by rapid change. The daily comments and tweets have expressed a decline in the trust that society has in medicine, opening the way for religious interpretations. The differences in the scientific discourse about the spread of infection have led to a widening of the uncertainty expressed through social media networks that doubt and articulate suspicions about the possibility of finding an effective treatment, or even a vaccine that billions of people are waiting for. Hence, understanding strategies to overcome such situations is what allows us to understand what the development of the epidemiological situation will lead to.

The sharp differences within the political and scientific arenas, regarding the drugs that were previously prescribed to reduce the effects of some diseases such as malaria, raise questions about the therapeutic efficacy that is currently available. They also shed doubt on the measures adopted to confront the increasingly ambiguous situation. It is as if we are facing a dilemma similar to the same situation that medicine faced against AIDS in the 1980s and 1990s when it did not have a remedy for this virus. The spread of the pandemic raises another important issue related to medical practice, which is the urgency generated by the difficulty to control the situation. In the sociology of organizations, medical urgencies are associated with daily interactions, and their function cannot be limited to medical

remedies, but they are primarily related to social action. Hospitals are also considered dangerous as medical staff mix with patients and their friends and relatives, of all social and cultural levels, who might carry disease symptoms.

In case of the spread of the pandemic, the problems increase and the hospital structure has to adapt to the changes caused by the state of emergency by recruiting more medical staff and reorganizing hospitals to accommodate the new reality. Comments on social networks showed the regulatory impact of the spread of the pandemic on medical practice, just as it did in the past when other deadly diseases spread. The same perceptions and regressive attitudes, stereotypes, and prejudices towards pandemics are today being updated. Therefore, we find ourselves forced to rebuild our relationship with the disease according to the developments to which we are subject. These situations make us raise questions about the nature of the fear that afflicts humanity today due to the spread of the new Coronavirus. Is it the fear of the virus itself, or the fear of a new situation where humanity will not be able to rely on medicine to confront biological threats?

THE SYMBOLIC INTERPRETATION OF CONTAGION

The pandemic is considered a social affair and its symbolism is embodied when it becomes a source of discourse beyond scientific controls. Society plays a fundamental role in the symbolic construction of the pandemic in terms of its ability to explain and interpret its causes and consequences. This necessitates perceiving the pandemic as a deviation from the functional perspective, where it is considered that the affected body is dysfunctional in relation to the norm. This is to do with the concept of infection (*La Contagion*) as it is presented with its historical dimensions, striking deep into social experiences and imagination, because of its effects on the symbolic balance of society. The importance of change in the representations of ordinary individuals in relation to the disease is also highlighted via their multiple experiences with the pandemic which are reproduced in symbolic forms. Culture contributes to their promotion, such as evoking the time of plague and cholera, and how the victims are treated. Violation of the medical standards becomes a deviation in the sense that the infected person is not an individual who only loses his social role, but he is also a source of infection and unbalances medical standards. Hence, social controls should assume the role of the healer. This is expressed by the change that occurred in funeral rites and the way the corpses of Coronavirus victims are buried,

based on a set of preemptive and precautionary measures. This has generated widespread discussions on social media about the status of the patient in society. The world is facing an unusual situation and it is not a matter of a disease that is subject to medical control but a pandemic that symbolically and dramatically transforms the patient into a contagious body and a source of threat to others.

The pandemic becomes deadlier in its symbolic dimension when it drives the individual to withdraw from society and exhibit behaviors of rejection. This appears in the form of an ethno-central tendency that stimulates individuals to feel that they are victims and justifies their accusations of others of being a source of evil and conflict. This is what the comments expressed on social media networks show, which has become a space for expressing reactions, mostly in the form of complaints from those who consider themselves victims of a situation for which they are not responsible. This is articulated in the form of conspiracy theories, as is the case in tweets and comments in Arab countries about the source of the virus and the effectiveness of the health system. The comments were not limited to social media. The Coronavirus has reminded people of the history of pandemics, considering them as a source of affliction and punishment. Those pandemics that were often transmitted by cargo ships had an impact on health, social structures, and politics in both Arab and European societies (Al-Adwani 2010). This was what strengthened the theory of "Asian" viruses on social media. Modern societies, with their scientific superiority and monopoly on medical knowledge, remain vulnerable to infection originating from other societies. It is biopolitical prejudges inherited from the colonial age that claimed that it was saving indigenous societies from pandemics, while its real aim was to eradicate the Other. This originated in desires based on an ethnocentric background and a racist tendency stemming from the collective psyche of mainstream Western culture.

Other forms of speech appeared on social media in Arab societies. Some perceived the pandemic as a curse and collective punishment imposed as a result of deviations from the ordained value system. They evoked experiments related to theological practices to justify imposing social controls and precautionary and preventive measures. This ethnocentric tendency is evident in the incorporation of individuals into value-based and normative systems giving them meaning for their actions and justifying their attitudes and practices. This approach is found in some theories that view the individual as a prisoner of society, forcing him to obey its rules (Addi 1999). The

discussions on Arab social media promoted the idea of affliction and divine punishment, while discussions in the West revolved around conspiracy theories and the idea that Western countries were being subject to biological warfare. In these contrasting narratives, the ethnocentric prejudices stemming from the influence of the center on debates on social media networks are clearly evident. One's upbringing conveys a sense of conformity with ways of thinking, but some things are down to human nature. Since societies have their differences but human nature is one, each individual is forced to believe that others are the ones who do not accept their humanity. Accordingly, ethno-centrality is the mindset that allows measuring the degree of deviation that exists between various cultures and human nature, as each society tries to monopolize this tendency. Individuals propagate the values of their own society as being the best, considering that the Other has to adapt to them. They consider that the world is hierarchical, and that the society they belong to lies at the top of this hierarchy on the moral level, and is in full conformity with human nature. This is clearly demonstrated through the accusation of the Other as being the source of calamity, and that salvation lies in holding accountable those who caused this health disaster.

Augé believes that the disease has a specificity as it is an acutely individual and social thing at the same time and cannot be separated from the symbolic system (Augé and Herzlich 1984). This makes us interpret the nature of the discourse about the pandemic on social media as wavering between two fields: of the social being and of the individual being, with each having its own interpretation of the effects of the pandemic on the body, on social institutions, and on forms of conflict or solidarity. Individual representations of contagion stem from the influence of cultural systems that go beyond being abstract entities to the level of experiences upon which the meaning of the pandemic epidemic is reconstructed. Discourses, at the level of interacting networks, comprise interpretations with specificities and differences between one culture and the other.

The Coronavirus pandemic bore several names and meanings as a symbolic challenge, legitimizing its social presence and its effects on daily life. The pandemic has many symbolic connotations, indicating confusion, decay, outbreak, panic, control, and resistance to control, and all the symbols that bear these meanings. These labels, which are strong in their content, do not limit individuals' representations of the pandemic to the causes of its outbreak, but also to the methods of resolving the crisis and avoiding infection through contrasting discourses, including those stemming from professional

knowledge that is manifested through the circulation and exchange of information and accurate medical scientific terms in multiple languages, including what is expressed by individuals who are not medical professionals, and who express messages orally pass them on in various ways.

These have infiltrated the discussions about the pandemic through the circulation of information stemming from non-professional knowledge and are derived from societal particularities, as a symbolic expression that transcends the body to include social, economic, and political conditions. The urgent situation has contributed to reconstructing power and its distribution to allow the dominance and imposition of values of those who have the remedy. The uncertainty prevailing in social media has created elementary forms of protest caused by doubt. This was best expressed by calls for adopting various types of alternative treatments, as is the case in the call for reviving traditional medicine and therapeutic methods.

ANOMIA OF THE PUBLIC SPACE

This section analyzes the social repercussions of the decline in the role of public spaces due to the spread of the pandemic and the effects of restricting social interactions due to the preventive and precautionary measures. Public space enables the expression of the problematic relationship within a micro-social system. It is also these interactions that allow the production of the social, or the results of individual behaviors which are the products of society. This raises the issue of the role of public space in the upbringing of individuals, and building the dynamics of contemporary societies. It is not necessarily a space for interaction. Rather, it can be a space of confrontation and conflict, whether being in the house, neighborhood, street, shopping center, or other areas of cities. They are all major arenas in which links are made between various actors. Here one can see the representations of interactions between people on social media related to their daily life at home, due to the quarantine imposed on them, expressing the change in the ties that bind people together, leading to a reconstruction of social relations. From a functional perspective, home confinement can be considered an anomia situation and an erosion of the basic functions of society. Thus, the social implications of quarantine should be viewed from multiple angles to understand the new reality that embodies the "death" of the public space in the time of Coronavirus pandemic.

The economic necessities, social contradictions, and important role of the modern media effects play the role of mediator in the formation of social in

security and stability-inducing situations. However, in anomia situations, pathological forms are generated (Lebaron 2008). These are defined by Durkheim as the disruption of the community or group, such as the deterioration of health conditions that are exhibited in the form of symptoms of an anomia situation affecting public spaces (shutting down airports, abandoned commercial spaces, closed schools and universities, etc.) by which we mean physical spaces, or those socially structured cooperative geographic patterns, in which instability is manifested in the urban space as a result of a crisis situation. According to Durkheim, the uses of physical space structures reproduce the social world. In the case under discussion where interactions in physical spaces are prevented due to the outbreak of the Coronavirus pandemic, the fear of others empties the spaces of their content and leads them to a search for alternatives.

Habermas's sociology of public spaces considers that the development that led to the abolishment of the boundaries between public and private spaces was reflected not only in internal architecture but also in urban planning, and then extended to art, sculpture, architecture, and interior architecture and design of public institutions and places of public gatherings and meetings (Hayssoun 2015). However, during crisis situations, the boundaries between private and public space are reproduced, so that the public space is transformed by threats of various kinds into a product of what Gustave Le Bon calls the psychological public (Le Bon 1991).

This does not necessarily require the presence of individuals at the same time in one location, as was the case after the outbreak of the pandemic, because individuals who are separated from each other can form a psychological crowd at some point under the influence of violent emotions and a big national event (Le Bon 1991). This makes the fear of infection transform into a pathology, which stimulates the emergence of cultural entities due to intense interaction in virtual spaces as an alternative to public spaces that become increasingly restricted due to a fear of contracting the disease.

PRECARIOUS ADAPTATION TO THE PANDEMIC

On the functional level, the pandemic can be considered as one of the disasters that affects homogeneity and integration between social systems, and weakens their role in meeting the needs and aspirations of individuals (Le Bon 1991). It is a wave that sweeps through the foundation of stability and often leads to the emergence of many behaviors, practices, and responses

depending on the situation, in addition to complex networks of representations. This makes us examine the inclusiveness of the pandemic as a phenomenon in relation to the socio-pathological reality that is reflected in the infection of the population with viruses, and the consequent imbalance resulting from this. Based on this collective phenomenon, the body could be presented as a whole form, or in its individual and collective forms, through a growing sense of fear from infection and subsequent forms of chaos and death. The French writer Albert Camus, in 1947 during the period of the spread of the plague, reflected on the time of contagion and considered that it was a world that was swept by fear and violence as an embodiment of the biological, historical, and symbolic reality.

In relation to a discussion about representations, some conversations on social media expressed narratives of a battle against the pandemic through diversified reactions that induced feelings full of fear of extermination as those experienced among ancient peoples after the collapse of the physical and moral dimensions in cities when they were overtaken by health disasters and the danger that these upheavals presented for the stability of society. The practices, which deviate from known standards, such as the spread of fake news, treatments, and prejudices rejecting the situation, have transformed social media into an extension of anomia and chaos. This is at a time when the health policies and censorship imposed by capitalist states present the only opportunity for salvation from the evil that threatens humanity. It is a kind of salvation that requires controlling health policies and addressing the pandemic and contagion in their political context, as Michel Foucault defines it: "a biological policy" (Foucault 1984). For it has the capacity to transform the victims into criminals whenever it becomes incapable of providing alternatives for health conditions that are characterized by inequality between individuals. This was expressed by the rhetoric calling for the extension of quarantine and restrictions on people's mobility as one solution with no alternatives considered.

The increasing number of cases of infection and deaths was not the only focus of daily discussions on social media, they also tackled issues related to cures and treatment, highlighting the high level of awareness among individuals of the seriousness of the situation and the changes in behavior. Health and disease will always lead to complex systems and practices where the material and symbolic interact together whether on the individual or collective, economic, political, environmental, religious, or value levels. The spread of the Coronavirus has caused differences and aggravated disparities in

attitudes towards the role of social institutions in protecting the individual, and unveiled the symbolism of the pandemic, and the representations of treatment and healthcare, considered by Augé (1984) as the "the place of the disease in the social conflicts that evolve after the biological imbalance" (19). As it is related to power and legitimacy in society, the dissatisfaction resulting from the inability to meet increasing social demands is in reality a set of selective mechanisms related to health practices in emergency cases. In parallel with the spread of the disease, the lack of capabilities is of keen concern due to strong imbalances at the level of health structures.

It is a given fact that the business sector dominates the production and distribution of medicines, making health part of the process of the distribution of goods, going beyond the national to international levels. It depends on the spread of the virus over a wide geographical area. Hence, this increases the difficulties faced by the governments of poor countries in containing the effects of the spread of the pandemic because of economic and political considerations. This is why most Arab countries suffer from imbalances in their health systems and lack the necessary capabilities to cope with the cross-border viral spread of the virus. This is where one of the symptoms of the anomia situation emerges and is expressed, that is, in inequalities in confronting the pandemics and diseases, which is not new in a world that does not respect the health policies enshrined in international law and which aim to reduce inequalities on treatment between rich and poor, while taking into consideration changes in health concepts that admit the existence of disease and the psychological, social, and cultural dimensions of it.[5]

FIGHTING AGAINST UNCERTAINTY

The pandemic puts societies up against great challenges that expose their weakness, shed a light on their strength, and determine to what extent they have learnt from history and painful experiences of deadly diseases. The fear of the potential outcome constitutes questions that are circulating on social media whether in relation to educational, economic, commercial fields, or in relation to stocks and shares or the financial market. This is because the spread of the pandemic has obscured our view and has led to a mix up

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5. During the World Health Organization's (WHO) conference in Alma-Ata, Kazakhstan, in 1978, the concept of health was expanded to include psychological, social, and cultural aspects, and new phenomena such as slum diseases, poor housing, drugs, occupational diseases, delinquency, domestic violence, and child maltreatment were incorporated.

between health and individual and group interests. French sociologist Claudine Herzlich says that health is present in all, and all is present in health (Herzlich 1982). When health conditions are under threat, all systems are affected more so than during the major financial, economic, and political crises witnessed during the past century.

The disease is not considered a physiological or a psychological condition, but rather a complete change that occurs in the habits and the relationship of the individual with himself and with others. Hence, it becomes an event that threatens social organizations. The impact of the Coronavirus has been more comprehensive than the impact of economic and political crises, as people have entered a period of health crisis. The collective feeling among people has led to fear from infection, and from uncertainty. It has led to rethinking ways to preserve the will of life and build hope at a time when anomia is prevailing, resulting from high levels of a perception of danger. In such cases, the mobilization of various resources becomes the only option for the struggle against the situation of uncertainty, through the elimination of activities that do not conform to the requirements of the new situation, with a reliance on resources of an interactive nature. Confronting infection also requires realizing the differences between physical and social statuses and re-creating daily life by supporting the capabilities of individuals to face the state of uncertainty imposed by the anomia situation, by reviving forms of solidarity acknowledged in the history of social thought that provide individuals with the will for survival and perseverance. ■

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