The Globalization of an Interaction Ritual Chain: “Clapping for Carers” During the Conflict Against COVID-19

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Sociologists have long been interested in the theoretical possibility of a universal ritual. Despite a growing number of indicators of world society and globalization, there have not been attempts to observe and analyze the international reach of particular rituals. We propose an extension of the “interaction ritual chain” by theorizing how an interaction ritual might be created and diffused internationally. We look at the case of the COVID-19 pandemic, which created shared conditions of social distancing and emotional distress. We analyze a discontinuous chain of urban and national interaction rituals that focused attention on the efforts of healthcare workers fighting the virus. We count clapping and noise-making in 101 countries and 26 global cities. While we find similar ritual forms and international symbols of solidarity, there was also substantial evidence of conflict and particularism.

Key words: interaction ritual; diffusion; globalization; COVID-19; social theory.

FROM A UNIVERSAL THEORY OF RITUALS TO UNIVERSAL RITUALS

Classical sociology emerged out of two universalistic ideals (Picon 2003): to understand our common humanity (see Chernilo 2007) and to gather humanity through secular and universal rituals (Comte 1877; Durkheim 1959; Saint-Simon 1825). Durkheim (1995) distinguished the invention of a new religion from the study of the universal fact of religion. Yet, Durkheim (1964, 1969) was still interested in universal cults—most famously in the cult of the individual—an interest...
that was revived by later Durkheimians (e.g., Bellah 2005:54). Gathering the whole of humanity with a ritual is a largely unexplored way to accomplish globalization, that is, to make the world one place (Robertson and White 2007:63). Despite these high stakes, the possibility of universal rituals has long been considered a utopia.

This article reassesses this early interest of sociology—the universal ritual—as an increasing empirical possibility in a globalized world (Robertson and White 2007). More concretely, COVID-19 is exerting new pressure on contemporary social theorists to explain the similarities and differences in ritual practices that became observable during the pandemic, with its nearly universal scale. How did analogous ritual practices develop in each culture in response to COVID-19? More specifically, we assess a ritual's potential to become universally practiced. Did rituals connect individuals across nation-states during the pandemic and if so, how?

Durkheim developed a universal theory of ritual instead of a theory of a universal ritual. Today, theories of the ritual continue to apply the same analytic definition to all rituals. This is the case for Randall Collins, who defines the ritual as an “interaction”: a local situation in which individuals share a mood, a mutual focus of attention, and a rhythm to produce “a momentarily shared reality” (2004b:48). Collins studied interaction rituals (IRs) that circulate within a nation-state (Collins 2004a), and IRs which co-occur in multiple nations (on smoking in the USA/UK in Collins 2004b:297–344). IRs happen everywhere, in all time periods. Yet his theory has not addressed the other sense of the “universal”: the potential for individuals to build solidarity across national borders using one common ritual.

What are some of the key conditions for the globalization of a ritual from the national to the international scale? To answer our research question, our article extends Collins’ microsociology of the IR. We do this using Collins’ concept of the “interaction ritual chain” (IRC): when an IR is repeated over time and/or space (Collins 1981, 2004b). Furthermore, we take into account the emergence of a global culture using world society theory (WST), which characterizes cultural practices as moving through a network without a central state (e.g., Meyer, Boli, and Thomas 1997; Meyer 2010). By combining Collins and WST, we create propositions about the diffusion and the contents of the IRC.

We start at the moment of creation of an IRC in order to observe and analyze its evolution in time and in space (Collins 1981:986). IRs tend to emerge in response to crisis, when a group is menaced by conflict (Collins 2004a:42; Durkheim 1995:213, 386). Each conflict provides an occasion to study IRCs. Studying one of the largest international conflicts should allow us to describe and analyze the phenomenon’s upper limits.

The case of the COVID-19 pandemic has a number of characteristics which make it interesting for these purposes. It has been a crisis which has threatened human life across most nation-states. The virus is a non-human threat that has been framed as a “fight” and as a “war.” During the COVID-19 pandemic, gathering
people has been imperiled by lockdowns and social distancing. Therefore, while COVID-19 has been a larger-scale crisis, it has additional features that would theoretically limit the initial formation of IRs and their subsequent repetition as IRCs.

Yet at the initial surge of the pandemic, IRs formed over the course of several months, in many cities and countries around the world. One of the most common IRCs during the pandemic involved people making noise from their windows or front steps. We tracked the IRC’s rapid diffusion across 101 countries. This particular IRC was a discontinuous and evolving chain from Wuhan, China spanning across six continents (Asia, Europe, Africa, North and South America, and Oceania). Our aim is to describe how this international IRC happened during COVID-19, in order to theorize how IRs scale up from the national to the international context.

We use Collins’ theory of the IR and WST’s insights into global culture to develop three propositions about the creation, diffusion, and effects of an international IRC. Then we describe three intra-national IRCs to illustrate the properties of each as connected but distinct phenomena. Our data, drawn largely from news coverage and social media posts, allow us to elaborate the ways that our theoretically derived properties stand up to scrutiny. Finally, we conclude with a discussion of the implications of the international chain for sociology’s understanding of a universal ritual.

THEORIZING THE GLOBALIZATION OF AN IRC

From National to International IRCs

Collins (1981, 2004b) offers a theoretical solution to the transformation of micro-IRs into macro-level patterns. He uses the notion of IRC (Collins 2004b) in order to highlight the repetition through time and space of similar IRs. Based on Durkheim (1995) and Goffman (1967), Collins’ model of the IR is based centers on four specific ingredients: “bodily co-presence,” “barriers to outsiders,” “shared mood,” and a “mutual focus of attention.” The main thesis of Collins’ theory is that if a gathering is formed around these four ingredients, it is more likely to become a success. A successful IR produces four effects: “group solidarity,” “emotional energy in individuals,” “symbols of social relationship,” and “standards of morality” (Collins 2004b:48). A successful IR—with its positive effects on individuals and the group—is supposed to be repeated, in the same place or/and elsewhere. The initial IR, once repeated, becomes an IRC.

IRCs can fail and stay micro, that is, being short-lived and happening only in a small number of places. Conversely, an IR can be relatively successful and be repeated for years in many different places. Collins’ analysis has already been useful for following the temporal diffusion of gatherings (2004a; 2004b:297–344). But his notion of the IRC also enables us to think about the spatial diffusion of IRs, that is, from one place up to every nation-state and major city in the world.
In this article, while we evoke the temporal dimension of the IRC, we are principally focused on the spatial dimension.

To analyze the creation and circulation of an IRC across national contexts, we rely on the foundations laid out developed by Collins. But we also take into account that most ritual studies are restricted to the “local or national levels” (Meyer, Boli, and Thomas 1997:148). That is why we cross-fertilize Collins’ theory with a theory of international culture. WST explains cultural homogenization by emphasizing the importance of supranational organizations in influencing the behavior of individuals, nation-states, and other organizations around the world (McNeely 2012). From our discussion of Collins and WST, we emerge with three propositions about international IRCs—on their creation, diffusion, and effects—that we test using our case study.

The Creation of IRC

Following Durkheim (1995:213, 386), Collins suggests that one of the origins of IRs is conflict. The first days of a conflict are “dramatic,” and create highly focused attention (Collins 2004b:55). Moreover, they create intense emotions—sometimes negative and depressing—that are opportune transformed by IRs into shared collective emotions. WST also emphasizes the role of conflict in spreading global culture, locating the intensification of globalization in WWII, that is, an international conflict par excellence (Cole 2017:91; Meyer, Boli, and Thomas 1997:163; Meyer 2010:6). After WWII, the mitigation of inter-state conflicts and nationalistic competition—as well as civil wars—was a mutual focus of attention. Ending the crisis could have been achieved with the creation of a world state or an empire, but that did not happen (Meyer 2008). On the contrary, WST describes the emergence of relations between nation-states, supranational entities, and NGOs (see also Wittmann 2018). These many entities form a multi-centered network (Meyer 2008; Pope and Meyer 2016).

This network configuration creates the need to coordinate a high number of actors—from individuals to groups and organizations—in the case of a global conflict (Meyer 2010:6–7). “Disinterested” third parties are specifically tasked with the mitigation of global crises (e.g., pandemics), like international organizations (e.g., World Health Organization [WHO]), NGOs (e.g., Red Cross and Red Crescent), and professional groups (e.g., epidemiologists); they diffuse anti-nationalistic—i.e., universalistic—norms and behaviors on international and local scales, as well as modeling national answers to the crisis (e.g., health as a universal right and not only as a national good—see Meyer 2010:9). Furthermore, there are temporary spaces which periodically bring together representatives of the world’s nation-states (e.g., United Nations conferences—Lechner and Boli 2005).

From our discussion, WST might offer hypotheses about the creation of an international IRC. First, the connections between nation-states and other organizations are catalyzed by a global conflict that acts as a “focus of attention.” Second, WST would suggest that an international conflict is solved through the coordination of multiple actors, and especially those working on a world scale,
based on knowledge, values, and behaviors that are considered universal. Finally, because of the high number of actors involved and the coordination across multiple scales, the diffusion of the IRC would take a network-like shape.

The role of emotions in diffusing cultural practices is not directly addressed by WST, even if they are present. After all, we know that the threat of a world war and fascism were deeply felt, not only intellectual. Conversely, Collins’ theory requires that conflicts create contagious emotions as a key condition for an IR (e.g., 2004b:76–78). If we extend this argument to the world scale, international actors participating in an IRC would need to share the same negative or positive mood. We can infer that emotions, particularly during global conflicts, circulate between local actors and across international boundaries. Consequently, the emergence of an international IRC requires similar emotions to be felt in response to a global conflict.

Proposition 1: An international conflict is an opportune moment for the creation and subsequent international diffusion of an IRC in a network-like shape by the coordination of multiple actors.

**Contagion and Imitation in the International IRC**

Global conflict does not, on its own, create a global IRC. Collins’ analysis of the upscaling of IRs into chains is based on the success of IRs through contagion, which motivates future repetition and spill over to many localities. Following some initial event, two or more people assemble. This event can be quite “natural” and unscripted—like crowds gathering after a sporting victory; in more “formal” settings, people can be called together to perform scripted ritual actions, like in a Catholic Mass (Collins 2004b:49). In both cases, to achieve a successful IR, there needs to be “bodily co-presence” (Collins 2004b:48). Moreover, those who are gathered together need to produce “rhythmic entrainment” to share a mood.

Collins implicitly views diffusion as a process primarily based on bodily co-presence (Collins 2004b:152). Therefore, to explain how rituals “spill over” into completely new situations, Collins’ modeling of diffusion focuses primarily on individuals who diffuse IR occurrences in multiple locations. WST also looks at individuals, typically working within organizations, as actors of diffusion. But WST does not rely on physical co-presence. It identifies two major ways to explain why societies are looking more and more similar even without direct bodily proximity between populations.

First, global actors and elites are educated according to similar principles and values in the world-spanning university system (Frank and Meyer 2007). The result is a global culture that favors specific reactions and behaviors. Even if global actors act independently, they can display the same behaviors because they share a similar culture. This theory offers one powerful reason for why an IR might be invented simultaneously by several actors who are “uninformed by the activities or choices of others” (Strang and Meyer 1993:488).

Second, many international actors, like supranational organizations, consultants, NGOs, and related individuals, conform to practices circulating
from country to country in order to appear legitimate. Imitation between organizations is often conscious and strategic (Meyer 2010:13), which is contrary to the “emotional contagion” which Collins sees as primary (e.g., 2004b:76). Even nation-states, acting as locally situated organizations, adopt “cultural forms specified in the global environment” (Meyer, Boli, and Thomas 1997; Meyer 2010:12). Diffusion can lead international cultural forms—e.g., the model of the national anthem diffused at international sport events—to be integrated into national cultures and be experienced as nationalistic (e.g., the American anthem for U.S. citizens).

Contrary to WST, Collins emphasizes the role of the media in spreading emotions and diffusing a set of cultural practices. In describing rituals after 9/11, local and national print media and television played an important role in “enhancing” the in-person elements (Collins 2004a:67). We can extend this claim to the international scale, especially if we take into account the role of the Internet. Broadcasted events lack bodily co-presence, which will diminish the range of the sensations and the intensity of the IR’s effects for individuals who are distant—while keeping some emotional connection intact (see Collins 2004a:61, 67). Emotional connection is especially achieved by a focus on faces (Collins 2004a:67), and by the communication of sound (Collins 2004b:55). In other words, certain IRs can scale up through “mediatization” (Cottle 2006).

Therefore, we propose that an IRC on an international scale would be diffused following three forms of imitation: emotional contagion through co-presence, conscious and rational imitation of IRs, and mediatized emotional contagion. The upscaling of an IR relies on the diffusion of emotions beyond bodily co-presence, which stretches and transforms the key ingredients described above (boundaries, rhythmic entrainment, shared mood). The COVID-19 pandemic provides a strong test for each of these mechanisms of diffusion, especially the importance of physical proximity.

Proposition 2: The international diffusion of the IRC requires emotional contagion through physical co-presence and through mediatization, as well as the conscious imitation of the IR at-a-distance.

Shared Meaning and Symbols in an International IRC

According to Collins, successful IRs produce symbols, that is, “visual icons, words, gestures” (2004b:49). We see this clearly in the case of 9/11 with the increased display of the American flag following the first weeks of intense media coverage of the attacks and public gatherings (Collins 2004a). Collins observes that as an IR expands its reach, a “simplification and concentration” of symbols occurs (2004a:69). In the case of 9/11, ceremonies tended to focus on a few groups—victims and firefighters of the New York City attack—and those groups were sacralized.

Whereas Collins focuses on national culture, WST speaks about a global culture. They suggest that if international symbols are used or produced during IRs, it is because they are already widely shared by the global culture (Schofer,
Hironaka, and Frank 2012; Wittmann 2018). They further specify what elements of global culture could be used as shared symbols in an IRC. These include symbols originating from the West and known to global elites. At the same time, because there are many global actors, many symbols may emerge (Schofer, Hironaka, and Frank 2012).

Furthermore, WST would expect symbols created during IRs to be promoted with universal claims, not framed as private interests. Symbols shared widely across national boundaries need to be “at considerable distance from any concrete particularities” (Frank and Meyer 2007:288), and highly general (see Strang and Meyer 1993:493). Empirical case studies by WST highlight claims based on objects which are regularly sacralized through IRs: science, human rights, progress, and rationalization (Boli and Thomas 1997; Meyer 2010:11; Pope and Meyer 2016:281). Consequently, WST would expect a small number of highly meaningful symbols to be selected along an IRC.

WST tends to focus on similarities across contexts created by the global culture, but it also notices and explains local variation. The effects of the global culture are reframed in each context. Generic symbols coming from another country can be made more particular by the many actors who participate. Therefore, an international IRC can produce connected symbols which refer to diverse nations and cultures. To spread beyond the local context, symbols need to be simple and concentrated. We add that symbols with these properties are easier to adapt in local contexts, too.

Proposition 3: The more international an IRC, the more its symbols will be simple and concentrated.

METHODS FOR DESCRIBING AN INTERNATIONAL IRC

How can we test these three propositions empirically? We used and expanded Collins’ (2004a, 2004b, 2020) methods for studying IRCs, with many of the same issues. Collins typically uses observation and participant observation involving the counting of concrete aggregations. When Collins analyzed the diffusion of IRs immediately after 9/11, he quickly created a method in order “to give a larger picture of all the participants on the scene” (2004a:13). He created “indicators of solidarity” consisting of counts of symbols displayed in places that he could easily observe (people, vehicles, buildings, neighborhoods) (Collins 2004a:56). He used his own travel itineraries to observe multiple sites (e.g., travelling from his home to his university office, observing in between) and collected other observations outside of his daily routines. Second, he used media reports, testimonials, and pictures extracted from newspapers and television. Collins (2015) began supplementing his direct observations with videos from media and CCTV. More recently during COVID-19, he used comments from social networks like Reddit to theorize the impact of “social distancing” on face-to-face encounters (Collins 2020).
We made observations using a combination of videos, news reports, academic literature, and data from Google Trends. We applied Collins’ methods to observe an aggregation of IRs. We used the Internet and “digital methods,” which are already an increasingly accepted source for archival material and observations (Bonilla and Rosa 2015; Orgad 2009; Rogers 2013). To understand the degree to which the IRC was diffused across national borders, we searched Google News for evidence in all 193 UN member nations. When we did not access news articles about the IR in a given country, we turned to other sources for any evidence of the clapping. We used Google Trends to count the volume of search terms related to the clapping over time in particular geographic areas. Based on our initial global survey, we selected three cases that we describe at greater length and which offer relevant comparisons with adequate documentation. These descriptions give both local detail and make it possible to compare across nation-states.

Compared with Collins, we have data on a larger spatial environment, but with less information on very local places (shops, cars, etc.) over time. That is the reason why we cannot draw hypotheses on the popularity of the IRC from neighborhood to neighborhood. Furthermore, our digital research was always circumscribed based on our location and the languages we speak (fluency in English and French, with proficiency in Italian, Dutch, and Spanish). By comparison with WST, which studies international policies with administrative datasets, our dynamic event required us to find new ways to make global comparisons between nation-states. Therefore, we have a greater range of materials and multiple scales, with different limitations.

CITY AND NATIONAL PATTERNING OF AN INTERNATIONAL IRC

COVID-19 was declared a pandemic by the WHO on March 11th with 118,000 confirmed cases in 114 countries. At that point, the virus was well on its way to becoming the “number one worry” in the world in April 2020.1 Surveys done by international agencies such as The Harris Poll found heightened levels of anxiety, depression, and concern for others.2

Before becoming a pandemic, COVID-19 began with a rupture in the Chinese city of Wuhan. The city’s quarantine and lockdown on January 23rd, 2020 stopped life as it was normally experienced. By January 29th, there were over 6,000 reported cases of COVID-19 in China, and images and videos circulated in The New York Times (January 23) of chaos in local hospitals. With focused attention

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on Wuhan, a video of the city’s residents shouting “Stay Strong Wuhan”\(^3\) from their apartments rapidly diffused on social media in China, and in mainstream and social media abroad. No institution or individual took credit for starting the chant, though the response was subsequently discouraged by the government—a first hint of contestation in the trajectory of the IR (Collins 2004b:297–344). In this first documented response to a localized crisis, participants in the ritual focused on existing local and national symbols to transform negative emotions into effervescence and solidarity, despite social distancing and lockdowns.

A month-and-a-half later, and closely connected to lockdowns in Milan and Madrid, there were a series of responses in these cities reminiscent of those in Wuhan: “Italians from the southern islands to the Alps sang the national anthem and played instruments” from their balconies, roofs, and in the streets. There was also clapping and clanging of pots and pans. The surge in the pandemic and emotions of uncertainty were structural prerequisites that elicited a response, with the re-appropriation of music that is embedded in local culture and noises that are less attributable or specific to any one national culture. The shared situation across cities and nations—of widespread and heightened anxiety, depression, isolation and uncertainty—was one point of departure for the chain of IRs that followed. In one month, from Milan to Washington, D.C., the clapping was rapidly diffused in at least 26 global cities (Sassen 2001) spread over five continents.

Table 1 describes the IRC of making noise. It also highlights the similarities and differences in the foci of attention. Even when the referents were the same—i.e., healthcare workers—they were adapted to local settings (city or national). The originators of these related IRs acted on social networks and in the media. First, they discovered the new, emotional rituals not by being co-present, but by seeing videos and reading newspaper articles of foreign occurrences of the IRs. Second, they spread the practices across national borders. Overall, those who started the noise-making were often already skilled in organizing IRs in their roles as community activists, non-governmental organizations, media, PR companies, and politicians.

It is necessary to further illustrate the existence of this IR at the intra-national level in order to explain its mechanics as an international IRC. We focus on two national cases—India and England—and one global city—New York—which represent different continents, and political landscapes. Ordered in the sequence of the first noisemaking recorded in each territory, these three cases partially illustrate the evolution of the intra-national chains and the diverse properties of the IRs in these places.

\(^3\)The chant hinges on the Mandarin word “jiayou,” which has been used across China to show solidarity in the wake of the 2008 Sichuan Earthquake, as well as during the Olympic Games.
<table>
<thead>
<tr>
<th>Cities</th>
<th>First ritual</th>
<th>Promoters of the local ritual</th>
<th>Mutual focus of attention</th>
</tr>
</thead>
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<tr>
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<td>Unknown</td>
<td>City of Wuhan</td>
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<tr>
<td>Milan</td>
<td>14 March</td>
<td>Fanfaroma Music Band, Virginia Raggi (Roma Mayor)</td>
<td>Sound and music without referent, Italy, localities, healthcare workers</td>
</tr>
<tr>
<td>Madrid</td>
<td>14 March</td>
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<td>Spanish healthcare workers</td>
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<tr>
<td>Amsterdam</td>
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<td>Mothers and carers of disabled “Applaud Corona out of children (Facebook group)</td>
<td></td>
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<tr>
<td>Paris</td>
<td>17 March</td>
<td>Rachid Zerrouki (school teacher) and Raphael Glucksman (French European Representative)</td>
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</tr>
<tr>
<td>Brussels</td>
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<td>Facebook group, anonymous in the street</td>
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<tr>
<td>Vienna</td>
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<td>Buenos Aires</td>
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<td>Narendra Modi (Prime Minister)</td>
<td>Indian healthcare workers</td>
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<td>London</td>
<td>26 March</td>
<td>Annemarie Plas (Dutch communication worker)</td>
<td>UK healthcare workers</td>
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<td>Sydney</td>
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<td>Jonesy and Amanda (radio presentators show hosts)</td>
<td>Australian healthcare workers</td>
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<tr>
<td>New York</td>
<td>27 March</td>
<td>Karla Otto (PR company)</td>
<td>NY healthcare and essential workers</td>
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<tr>
<td>Chicago</td>
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<td>Hello South Loop (Facebook event)</td>
<td>Chicago, Chicagoan healthcare workers</td>
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<tr>
<td>Shanghai</td>
<td>27 March</td>
<td>Unknown</td>
<td>Unknown</td>
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<tr>
<td>Bangkok</td>
<td>29 March</td>
<td>Bangkok Prep School British International School</td>
<td>“All frontline workers across the world”</td>
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</tbody>
</table>
India reported its first case of COVID-19 on January 30th, 2020. Over the following couple months, new cases were reported daily in the national news. During the first national lockdown, a survey of Indians reported “comparatively higher” levels of depression, anxiety, and insomnia (Gaur et al. 2020). The Lancet, in its early reporting of the situation, described the “spread of misinformation driven by fear, stigma, and blame” as well as “rising levels of violence against health-care workers and stigmatisation of people with or suspected of having COVID-19.”

Before the first national lockdown, as the number of confirmed COVID-19 cases surpassed 500, Prime Minister Narendra Modi asked all citizens to observe a 14-hour curfew on Sunday, March 22nd from 7 a.m. to 9 p.m. In a prime time address to the nation on the subject of the curfew, Modi referred to other national lockdowns in Europe. He urged Indians to work from home and introduced the idea of social distancing, followed by a call to clap hands, beat plates, ring bells, and blow conch shells for healthcare workers. Modi gave explicit instructions for this to happen at 5 p.m., for 5 minutes.

The coverage from The Indian Express on the evening of the curfew compiled evidence of the clap from across the country. There are 10 short video clips

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lasting between 20 seconds to over two minutes, and a half dozen images. Four of the videos feature politicians, surrounded by a small group of others, usually spaced evenly apart, clapping or ringing bells with a high degree of uniformity and formality. These more rigid and staged scenes are contrasted with footage from around the country. One of the videos is of an administrative building with a courtyard in which the clapping echoes. Another scene is of a rooftop with a dozen or so people gathered, clapping and talking as the camera pans around. Finally, there are several street scenes showing people standing outside, making noise which is audible but not overbearing. A final video was filmed outside of the Jama Masjid Mosque in Delhi with a close-knit group waving Indian flags. These videos were supplemented by several photos: of a prominent political leader, a Bollywood actress and her family perched on their house’s roof dressed in white, and a multi-storied building with small figures on balconies. The article’s contents display a rich set of responses at 5 p.m.: from clapping, to banging pots and pans, to ringing bells, whistling, setting off firecrackers, and blowing conch bells.

We can examine the comments section of videos on YouTube to surface types of reactions to the IRC by Indians. First, many comments focus on the nation; this is not surprising considering the center of the IRC is the Prime Minister. One commenter remarked: “Makes me cry to see Indians finally standing together, as a nation [...]” and another said “Proud of my country.” But these patriotic sentiments are contrasted with criticism focused on politics, as one observer commented: “Corona works beautifully for the current govt and [Prime Minister] modji [sic] after the blunder they made of the economy.” Modi, as originator of the national IRC, was highly divisive and so was the ritual.

The 5 p.m. clap also focused attention on the virus and the role of essential workers. One commenter described the clap as sounds of “solidarity” to recognize the “many Indians fighting to protect us all [...] against Corona.” Another commenter focused more concretely on those working in hospitals, while still trying to be inclusive of “others”: “Salute to all doctors, nurses, all medical staff and others who are helping us all in this critical time.” A self-identified nurse from the Tamil Nadu region wrote “it gave me more positive vibes ...towards my work...” Yet the same focus of attention could be viewed critically, as one commenter asked if the clap was “enough,” going on to write that “they deserve more at least a small incentive from our central or state government.” Furthermore, controversy turned to the meaning of the clap itself when rumors spread that the act of clapping could kill the virus; fact checkers on social media and news agencies tried to dispel this claim.

A third set of reactions to the mediatized products of the 5 p.m. moment came from its audience beyond Indian borders. In the comments’ section of one video,5 Aisa wrote “PLEASE GOD HEAL HELP AROUN [sic] THE WORLD

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FROM PHILIPPINES.” Jamie wrote “Beautiful to see the whole nation as one. The coronavirus-COVID-19 is still here waiting for a host...Respect from UK.” These comments, signed with the commenter’s self-declared country of residence, emerged on many videos.

It’s clear that the success of this IRC varied on the local scale. One commenter from the city of Indore boasted that the noise-making lasted 30 minutes, and another commenter claimed that the police shut down the event because it was so loud. Comments described tears of pride and unexpected unity. But some settings, especially the mediatized ones with prominent figures or politicians, suggest heavy staging and high formality, which created barriers to reach entrainment. Furthermore, the divergent interpretations and criticism in the comments suggest fragmentation and conflict of a stratified international ritual. The success of the IRC as a whole would be difficult to assess because it was intended as a single event. We could not find documentation of repetition or commemorations of the IRs in India.

**England: Weekly and National Claps**

The pandemic surfaced in England on January 31st, 2020 with the first two confirmed cases. On March 5th, the news reported the first death from the virus. On March 20th, schools shut down and a city-wide lockdown began in London, with a stay-at-home text message sent to all citizens on March 24th.

In the Southwestern part of London, a Dutch woman, Annemarie Plas, a marketing specialist, was moved to action. On March 20th, she posted on social media platforms with a flyer-style image prominently showing the National Health Service (NHS) logo, the hashtag #ClapforOurCarers, a website, and a message, all in blue lettering:

> “During these unprecedented times [carers] need to know that we are grateful. Please join us on: 26th of March at 8pm for a big applause (from front doors, garden, balcony, living room, etc) to show all nurses; doctors; gps and carers our appreciation for their ongoing hard work and fight against this virus. Please share this message, so we can make sure, the word spreads and reaches all to join!”

Plas learned about the clap that was happening in the Netherlands on a WhatsApp (messaging application) group. Despite having a relatively small following on social media platforms, Plas’ post spread quickly, with more than 5,000 shares on Instagram. Major news coverage promoted the event. However, the initial responses to her message were not all positive. A Twitter user wrote: “As much as I respect and appreciate those on the front line, there's no way in hell this will happen. No one wants to be [the] only idiot clapping at their open window.”

a street lined with a row of houses, with each resident at their stoop clapping and whooping; a set of high rises with many residents at their windows clapping with a slight echo; a socially distanced group of police officers at what looks to be a hospital with their car lights flashing; and a city scene with skyscrapers and the distant sounds of car horns and blow horns. The IR was a national, highly mediatized, mass event like in India. The Queen and a number of well-known individuals participated, including Prime Minister Boris Johnson. After the first clap, the NHS wrote on its official Twitter account: “that was emotional,” with hundreds of thousands of positive responses denoted by the “heart” feature.

There, during the first clapping, the logo of the NHS was displayed on thank you signs, t-shirts, and in tweets. The blue color—both of the NHS logo and the lights of emergency vehicles—was exhibited through the use of blue candles and blue lighting on many buildings. The “NHS” category was a clear illustration of the nationalization of the foci of attention of the IR and subsequent symbols. The sanctification of the modern health system was clearly present even before the pandemic. “Davies (2015:18) has gone as far as arguing that the NHS has largely supplanted the Church of England, the official state religion, by becoming ‘its own form of life-care system’, encompassing ‘all aspects of family life’ from ‘cradle to grave’” (cited by McCormick 2020:337). This sacred quality was renewed during the pandemic.

Unlike in India, there was a successful call for the clap to be repeated. Annemarie Plas responded to a public Twitter message from someone asking to “please make it weekly” with a promise: “we will!” Each Thursday at 8 p.m., the nation turned its attention to the clap. The BBC, the most popular television station in the country, stopped all programming at the appointed hour, posting a 2-minute timer. They also sent their production crews all over the country, live streaming Britons making noise in streets, from apartment buildings, in factories, and in front of hospitals.

The act of clapping was contested from the start. One commenter on a YouTube video of the first national event noted the risks associated with the clap: “I’m totally for applauding NHS workers but I’m wondering, is it wise for loads of people to be in the street at the same time clapping and cheering?” Furthermore, new IRs appropriated the clap towards different ends that were more specific, and therefore less shared. For example, a “clapping for Boris” took place after the Prime Minister was infected by COVID-19, linking the action of the clap more explicitly to political support. There was also a media campaign called “You Clap for Me Now,” which was launched to recognize healthcare workers specifically from minority backgrounds, linking the clap to a particular social movement. With this background of ritual contestation growing, Plas said that the 10th week would be a “good time for it to end” while it was still at its “peak.”

In order to save the ritual from becoming completely obsolete, Plas proposed an annual “Clap for our Carers Day” to be held on March 25th, 2021. Over the following nine months, several occasions revived the IRC. This is another form of repetition that distinguishes England’s IRC from India’s. First, Boris Johnson
took the opportunity of the 72nd anniversary of the NHS (July 5, 2020) to call for a national clap, inviting Plas to join him. Johnson again called for a clap for Captain Tom Moore on February 3rd (2021). In contrast, when Plas called for the premature revival of the clap on January 7th, 2021, rebranding it as the Clap for Heroes, she quickly pulled her support for the idea after receiving strong criticism. In the end, the slated annual clap did not materialize at the mass scale, likely having been discouraged by the unenthusiastic January attempt. While it is likely that some clapped on these occasions, the IRC did not take on the proportions it had in the first 10 weeks.

**New York City: Daily Claps in an Epicenter**

COVID-19 impacted American society, with a significant rise of symptoms of depression (Ettman et al. 2020). Approximately half of U.S. citizens surveyed in mid-March reported self-isolating “most of the time and leaving the house only to buy food and essentials” (Nelson et al. 2020). By March 13th, 2020, President Donald Trump declared a national emergency. New York City was the epicenter of the virus worldwide when it went into lockdown on March 22, 2020. At the time of the lockdown, which lasted until early June, there were thousands of infections in New York state.

It was under these conditions of crisis that a first mass IR was created in the USA in the pandemic’s local epicenter. We trace its origins to Karla Otto, a public relations firm with offices in 12 global cities. A press release that they sent to several news outlets highlighted several key elements. First, the release stated that the “successful” claps that had taken place in Europe were the inspiration for the proposed clap. Second, it included an open list of referents or symbols as the ritual’s focus, with doctors being mentioned first, followed by other healthcare workers, essential workers, and extending to “whoever else” is deserving. Third, there was a time and timing—7 p.m., for 2 minutes. Fourth, a rhythmic and entraining activity was suggested: applause. Over the next 24 hours, word about the event spread. The use of a hashtag—#ClapBecauseWeCare—allowed the anticipated event to become more visible and to spread on online channels, with hundreds of public tweets over the course of the next 24 hours and multiple online groups and events created to promote the clap.

Starting on March 27th, the clap occurred daily across many of New York City’s neighborhoods for several months through May. Over those first weeks of repeating the IR, the noise gained in volume and intensity from a little before 7 p.m. to its peak at around 7:01 p.m. This is illustrated by data from the SONYC project at New York University (Bello et al. 2019). A half-dozen videos that we found on YouTube show that in certain areas of the city, the noise-making could

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last longer: upwards of three to five minutes. In a multi-media compilation of videos assembled by *The New York Times*, there was a mixture of claps, cowbells, whooping and cheering, car horns, and songs blasting over speaker systems. The 7 p.m. moment added six decibels on average to the noise of the city. In small streets, the noise could be overwhelmingly registered on audio recordings, while those positioned in high rises tended to offer a more muted soundscape. These elements are reminiscent of our observations of the IRC in India and England.

The clapping performance was, on its own, not explicit enough to indicate the focus of attention of the ritual (see Rappaport 1999:72). In New York City, one woman testified that she thought the neighborhood was clapping for her, before remembering a Facebook notification about the clapping from earlier. In the initial and successive IRs held in New York, the focus of attention of the ritual was broadly conceived as healthcare workers. Focus was turned toward hospitals and healthcare workers—or to their representations—online and on homemade signs. However, we see variation. In a Google Trends report on English search terms related to the pandemic, the search term “clapping for” was followed by, in order of popularity, “healthcare workers,” “first responders,” “NHS,” “nurses,” and “essential workers.” Some attention ended up being directed to the “essential workers,” a much larger category—more popular in the USA than in the UK (based on the results of Google Trends from March to July 2020).

In the comments of one article in *The New York Times*, “In Praise of Quarantine Clapping” (April 9, 2020), readers shared their own stories of the clapping. One described the “fresh breeze that energizes” as they stood outside listening to the noise at 7 p.m.. Commenter “E. Tan” from Long Island City described their the daily contribution to the clapping with their husband, concluding that “[i]t is so healing we are moved to tears every time.” In comment sections for other articles and videos, individuals would identify their neighborhood’s degree of participation in the IR with varying precision: Upper East Side, Brooklyn, East 11th Street between Avenues A and B. These comments could point to a sense of unity: “We are a paltry bunch, but make some good noise. And it also makes you remember that your neighbors are there, even if we don’t see one another.” Others felt disappointed that their neighborhood wasn’t participating: “Wish my neighborhood did this. I haven’t heard anyone yet :(.” So we see variation in the IRC at the urban level.

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Online behaviors happened in conjunction with the performance. Before, during, and after the 7 p.m. clap, participants and commenters signed onto social media platforms. Despite the ritual’s core definition around the actual practice of clapping, digital media multiplied reproductions of the IR. Users were creating and sharing calls for clapping and videos; displaying noise and facial expressions; and mimicking the clapping with hashtags and emoticons.

The Internet offered a place for the IRC to spread, but also a place for contestation of the ritual. From comments on news stories about the clapping, we can observe numerous kinds of criticisms. One commenter asked whether New Yorkers could start “booing” for Mayor Bill de Blasio. Others criticized the ritual’s noise and its timing, suggesting that hospital workers might be sleeping or could not hear the clap. Yet another criticized the gesture as equivalent to “applauding a broken healthcare system” and as “self-righteous displays of virtue signaling.” Many of these criticisms closely resembled those that we found in England and India.

The public attention indicated roughly using Google Trends shows the IRC’s arc in New York City. Peak interest was shown on March 29th and stayed relatively high until May 1st. The New York Times published an opinion article on May 23rd which asked, “Is it Time to Stop Clapping for Health Care Workers?” Social media activity around the clapping continued to decline in June, with one video posted on YouTube on June 17th that featured the remnants of clapping at a local scale. A radio broadcast of This American Life from May 16th, 2021 highlighted one residential block in the borough of Manhattan where the IRC has continued daily, uninterrupted, for over a year.

THE CREATION, DIFFUSION, AND SYMBOLS OF AN INTERNATIONAL IRC

Proposition One: The Creation of an International IRC

Earlier in our article, we asked how successful IRCs—and more specifically international IRCs—emerge. Conflict appears decisive for the creation of rituals, but conflict requires a threat. COVID-19 was very quickly perceived as a global threat. It has been framed using terms like “war” by the WHO director. The IR’s earliest promoters in each of our three case studies described COVID-19 as something to fight against. COVID was framed as a conflict, even if with the use of a rather metaphorical lexicon, and the IR was spread within and across nations.

Yet how shared was the framing as a global conflict? In each case that we studied, private and public actors contested the IR at the national scale. They denounced the inefficacy of the clap and its irrational character (e.g., contrary to better funding the healthcare system) (Collins 2004b:297). Criticisms could also be based on the supposed originator of the clap, like India’s Prime Minister. Other actors appropriated the clapping, like when English groups clapped to highlight the threatened status of immigrant nurses and doctors. IRs are effective
at reinforcing a “focus of attention,” and can be used strategically to contest and “specify what in society is of special significance” (Lukes 1975:301). We find that while a conflict temporarily creates group solidarity, national politics play an important role in limiting the participation in the IR. Observers and participants reframed the conflict not as global, but as a national or political conflict.

We counted the IRC in many cities and 101 countries (figure 1) with clear connections between many of the IRs in each of our three case studies. Given the diffuse nature of this conflict, there was no central place, and no central actor, organizing the clap. The global diffusion of the IRC, as predicted by WST, came in the form of a network of people and places. Consequently, no actor could monopolize the IRC or create a “barrier to outsiders” (Collins 2004b:48). This inclusivity appears consistent with global actors’ claims of universal ideals.

Even if the spread of the virus was quasi-universal, there were some countries that did not participate in the clap in the time frame that we observed. We offer four initial hypotheses for the limited reach of the IRC. First, the clearest effects of the crisis (COVID-19) at the source of the renewal of world society were not found everywhere and all at once; a few islands in the Pacific did not declare cases of COVID-19.

FIGURE 1. Map of the nation-states in which clapping for healthcare workers was reported in online newspapers and on social networks (March 14th to July 13th, 2020).

12In the cases of New York and England in particular, we found the clapping was more widely subscribed to for between two and three months. This finding of intra-national patterns of IR repetition suggests interesting parallels with Randall Collins’ description of the temporal evolution of solidarity after 9/11. More work can be done on the temporal dimension of the clapping.
until the beginning of 2021. Second, even if COVID-19 was present, some countries were not sufficiently connected to participate in a world society; in North Korea, the population is officially unconnected to the Internet, which is one important site for emotional contagion and imitation. Third, in countries where there were multiple ongoing crises, it would be harder to frame COVID-19 as a defining conflict. Fourth, the symbol of healthcare workers might not have been meaningful enough to warrant the clap in countries with high levels of distrust of the medical professions.

To conclude, while the pandemic has been widespread and created an international IRC, we note limitations. First, intra-national politics challenged the pandemic’s universalistic framing. Second, national variation in experience led some countries not to participate.

Proposition Two: The Diffusion of an International IRC

Paradoxically, we found that while co-presence was necessary for IRs, “social distancing” was a condition for diffusion throughout whole cities. During the clap, members of a household could make noise very close to each other, while being somewhat close to quite far from the nearest household. As a result, the communication of emotion was based on relative physical proximity, and also on exaggerated gestures, signs, and loud noises aimed to create a “shared mood” at-a-distance. It was a minimalistic but effective way to create “rhythmic entrainment,” which could modify the soundscape of the entire city of New York. Clapping at-a-distance, therefore, satisfied the criteria for diffusion set out by Collins. It also shows new limits of, and possibilities for, creating co-presence and the ingredients of an IR without a crowd.

Noise could also stimulate people through media recordings. The use of smartphones and social networks allowed the local IR to be reproduced and diffused widely. National broadcasts on English television and radio, for example, made it possible for individuals to participate even if alone. These demonstrate that if the IR is supposed to be based on a real gathering of at least two people (Collins 2004b:34), online methods can create the conditions of possibility for an IR with only one participant. Further participation after the diffusion of the video opens up the possibility of totally asynchronous participation.

In addition to emotional contagion, we also observed conscious imitation. This helps to explain why the diffusion of the clap spanned the course of weeks, and why the IRC was a non-continuous chain instead of a singular event. Table 1, paired with our tracing of the ritual over time, is revelatory. First, the clap was a parallel invention in a few countries. Then, it was consciously imitated. This was made especially clear in the cases of England and New York, where promoters of the clap knew and communicated that they were adapting already existing IRs from other countries. This was similar to what WST would have predicted based on its understanding of how culture spreads. But many of the originators were individuals using social networks, not representatives of organizations, which suggests the important role of individuals in spreading international phenomena.

Proposition Three: Simple and Concentrated Symbols of an International IRC

Beginning from Collins’ observations in the aftermath of 9/11, we expected to see a set of simple and concentrated symbols emerge at the local and national
levels that offered a meaningful framework for participation in an IR. In England, emblems were associated with the NHS, the publicly funded healthcare system. There, during the clapping, the logo of the NHS was displayed on thank you signs, t-shirts, and in tweets. In India, participants supplemented clapping with a blow into a conch shell, which is important in Hindu ceremonies; in New York City, Frank Sinatra’s rendition of “New York New York” was played during the 7 p.m. clap. These were particularisms which were simple and concentrated at the scale of the city or the nation.

But we also found simplification and concentration that connected the many distinct IRs on the international scale. If there were many possible foci of attention, these were turned into a smaller set of widely recognized symbols. Healthcare workers became the primary focus of attention (see the analysis of Google keywords). The hashtags and calls to action across countries, including in England, tend to highlight this group. We found symbols of healthcare workers which are quite suggestive of universalism: artworks composed of healthcare workers bearing the Earth in their hands or on their shoulders, in an Atlas-like or Saint Christopher-like position. In these images, the health of the world population was identified with the world; without healthcare workers, the world would fall apart. These images highlight the primacy, i.e., the sacredness, of the healthcare workers.

Clapping, which began as a method for valuing healthcare workers, became a symbol. It emerged from a whole host of noise-making and gestures as a simple and concentrated symbol of the IRC. The language of calls to action typically centered on clapping, which is an abstract form that is already associated with positive appreciation. In the three case studies, clapping was supplemented by other gestures and noise but remained central both during the IR and in its subsequent diffusion. On April 7th, 2020, on World Health Day, Twitter tweeted an emoji of hands clapping accompanied by the message: “Tweet some for all the amazing healthcare workers around the world.” This message was re-tweeted—i.e., imitated—by various actors (the Oscars, the Premier League, UNESCO, etc.).

In sum, we found that the “clapping for carers” was an international and discontinuous IRC. It focused attention mainly but not exclusively on healthcare workers, tending to create urban and national symbols, and sometimes world symbols. It spread at the initial surge of the conflict with COVID-19 using several mechanisms, including emotional contagion at the local level and at-a-distance imitation that could be accessed by global actors through media and social networks.

IRCS AND UNIVERSALISTIC RITUALS

This article begins to describe and explain how a micro ritual can become international, and might even become universal. This is not to suggest that the case of “clapping for carers” was universal, or that it made the world “one place” (Robertson and White 2007:63). Nor did our case study conform to Durkheim’s
model of the international ritual, defined as multiple nations gathering regularly in one central place (Durkheim 1995:288–98). The ritual became international via a chain of IRs that was discontinuous and which happened over a period of several months.

Collins (2004a) already described a large, national, and largely spontaneous IRC lasting a few months when he analyzed the USA after 9/11, notably public ceremonies and displays of the American flag. That IRC connected most American cities. In our case study, the spatial process is similar: the international diffusion of the clap for healthcare workers took a network-like shape. It connected major global cities and the majority of the world’s nation-states, though attention was primarily focused on neighbors, the city and the nation.

Beyond the international character of the IRC that we studied, Collins’ (2004a, 2004b) earlier work and ours differ in two respects. First, the conflict leading to the creation of our chain involved a non-human entity. The “war” against the Coronavirus has been closer to a metaphor than to an actual conflict in the strictest sense. Our case study supports the hypothesis that if humanity is to unite, it will be around conflict with a non-human entity (Featherstone 2006:390).

Second, contrary to Collins’ account, simple and concentrated symbols were not totally achieved as the IR’s scale increased. Generic and potentially universal symbols were mostly reframed as national, even if the chain was international. So people might have been clapping for Indian nurses in India, even if the nurse is a universal figure shared across the chain of rituals. As a result, this IRC could not lead to the experience of the world as one place through ritual practice.

Still, the limitations of our case study should not lead to the conclusion that an international, and even a universal IRC is impossible. A universal IRC might well happen after a global conflict, if the chain of IRs takes the shape of a network connecting every nation-state. As envisioned by Saint-Simon, Comte, and others, a universal IRC might even happen through a shared appreciation for sciences: like medicine and healthcare in our case study. In our multi-centered world context, we propose that an international IRC can arise according to a threefold model:

Proposition 1: An international conflict is an opportune moment for the creation and subsequent international diffusion of an IRC in a network-like shape by the coordination of multiple actors.

Proposition 2: The international diffusion of the IRC requires emotional contagion through physical co-presence and through mediatization, as well as the conscious imitation of the IR at-a-distance.

Proposition 3: The more international an IRC, the more its symbols will be simple and concentrated.

These three propositions open the path to further research. First, we can use these propositions as criteria to compare international IRCs. Second, we can analyze the contemporary conditions of possibility for universalistic secular and religious rituals.
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