

# Evolution of a pandemic:

Risk and Sense-making processes during the Covid-19 crisis

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## Abstract

The Covid-19 pandemic has put governments, societies, and people under massive strain. Italy had some of the highest infection and death rates in Europe and was the first on the continent to implement drastic measures of virus containment. The Italian population had to adapt to these extraordinary circumstances quickly, and the measures introduced resulted in great hardship. I argue that risk was the major driver of this pandemic and shaped approaches to it and experiences of it globally and locally. Using an ethnographic approach this work focuses on people's personal experiences of the crisis in the Italian region of South-Tyrol. I conducted 19 in-depth interviews with people during the isolation period in Italy. I was also in isolation in South-Tyrol myself and conducted autoethnographic research intending to explore how people perceived risks and how they made sense of the pandemic. I utilize theoretical perspectives on risk from Ulrich Beck, Mary Douglas, and Michel Foucault, analyzing people's risk perceptions on a macro and micro level, including current global developments, and cultural and symbolic implications for people's risk perceptions. I also outline the evolution of the pandemic and the processes which facilitated the drastic societal and cultural changes which have occurred throughout this crisis.

At the beginning of chapter one and six to eight, I wrote about my experiences and impressions of the pandemic. These parts are written in italic. The pictures used in this work are kindly provided by the photographer Othmar Seehauser who documented the crisis in Italy, and especially in South-Tyrol with his camera. The descriptions of the photos include just essential information to leave room for interpretations.



**Photo 1:** Alpine hut in the Texel-nature park, South-Tyrol

## Chapter 1: Introducing the Covid-19 pandemic

### What is normal?

*Normally I would have done my fieldwork about doctors' communication practices in a hospital. Normally I would have written my thesis in Amsterdam where I planned to live for the rest of the year. But what is normal in the times of a pandemic?*

*Because of the pandemic, my life changed radically within days. My research was canceled and all the work and efforts I had done were rendered useless. The vast swathes of information about the pandemic were overwhelming and it was difficult for me to understand what was happening around me and in the world at that moment. With all the contradictory discussions about the virus, its entailed risks, and threats, the situation became chaotic for me. I didn't know how to behave during this exceptional situation and the present and the future became uncertain. What should I do? Should I stay in Amsterdam, or should I move back to be with my family in Italy? Will I be in danger soon? And what about my thesis? What is important amid a pandemic?*

*At the same time, I felt excited. For many people, a pandemic entails a tragedy. Further, it represents a global crisis that puts millions of people in a difficult or even catastrophic situation. This pandemic is not a joke, and the global community will need decades to process this crisis. Nevertheless, as a trained doctor, and especially as a Medical Anthropology and Sociology student, a pandemic represents a unique possibility to research, experience, and analyze a global health emergency first hand. During the crisis a virus and its elicited disease became the trigger for a global change. The pandemic evoked a global medicalization, where life itself had come under medical dominion. Health, medicine, and disease intruded into all aspects of our lives. As such, everything I did became associated with the virus and the pandemic. How I related to other people changed because of the virus, and how I behaved and moved in public was shaped by the pandemic. In this light, the pandemic was not just a crisis to me, but it represented also an opportunity that I wanted to grasp.*

*I was talking to my friends in Italy where nationwide isolation was already implemented. I was impressed by this drastic measure, and curious how people reacted and experienced this extraordinary situation. Thus, I decided to write my thesis about the pandemic and the isolation, packed my stuff, and moved to Italy to experience this situation firsthand.*

*Being in isolation in Italy became the new normal. The new normal became staying at home for almost three months. The new normal was, in short, living through a global pandemic.*



**Photo 2: Two people walking during the isolation period near Bolzano**

### **Once upon a time in China**

Everything started in Wuhan, Hubei province China, where a cluster of pneumonia of unknown etiology emerged in December 2019 (Zhu et al. 2020). The causative agent was soon identified to be a novel single-stranded RNA coronavirus: Severe acute respiratory syndrome COVID-virus-2 (SARS-CoV-2). Allegedly, this virus derived from bats thus represents a zoonosis (Gatto et al. 2020). Another member of the corona-virus family, SARS-CoV-1, caused an epidemic in China in 2003 (Deng and Peng 2020). Thus, the Chinese government has experience with epidemics. At the end of December 2019, to avoid confusion with SARS-CoV-1 the virus was named Corona-Virus-Disease-19 (Covid-19). Within weeks Covid-19 cases continued to escalate exponentially not only in Hubei province but in whole mainland China (Wang et al. 2020). Soon the total number of cases and deaths exceeded those of SARS in 2003 and by January 30th, 2020 all 34 regions of China had registered SARS-CoV-2 cases (Zhengbao et al. 2020).

### **Some Covid-19 characteristics**

Certain characteristics of the virus made an exponential and uncontrolled spread in China and consequently globally more likely. For instance, the greatest number of people infected with Covid-19 seem to remain symptomless (Lazzerini and Putoto 2020). Nevertheless, the virus remains infectious in these patients and is transmittable from human-to-human via virus-laden respiratory droplets (Wang et al. 2020). The high number of asymptomatic patients, who disseminate the virus without noticing it, together with the high infectivity of the virus lead to an exponential propagation

of Covid-19 (Wang et al. 2020). Further, the virus can cause acute-respiratory-distress-syndrome (ARDS), which makes supportive lung ventilation indispensable for the survival of these patients (Zhu et al. 2020). An uncontrollable virus spread over the whole country forced the Chinese government to introduced radical measures to contain the Covid-19 outbreak (Zhengbao et al. 2020). Wuhan was put under lockdown on January 23th 2020, and soon this measure was extended to the whole country (Kraemer et al. 2020).

### **With an airplane to the rest of the world**

Through globalized travel, especially through air travel, the novel virus was able to spread around the globe within a short time (Chinazzi et al. 2020). Within one and a half months the virus was transmitted to 25 other countries, and soon almost every country on the globe registered a Covid-19 infection (Deng and Peng 2020). On February 20th, 2020 the first Italian Covid-19 case was registered in Codogno, Lombardy region (Grasselli, Pesenti, and Cecconi 2020). Within days, Lombardy evolved into a virus host-spot and Italy to one of the most affected countries in the world with ten thousand cases and thousands of deaths (Tuite et al. 2020). Soon Italy became the focal point of the virus outbreak in Europe to which many infections in other countries worldwide were retraceable. On March 11th, 2020 the WHO declared the Covid-19 crisis to be a pandemic (Organization 2020). This step is important for international coordination and collaboration to control a local crisis, which had now become a global emergency (Green 2020).

### **The Italian complications**

The conditions in Italy and especially in the Lombardy region evolved quickly to become catastrophic. The national health care system, and especially that of affected regions, was quickly under massive strains (Lazzerini and Putoto 2020). The Lombardy region has a total number of 724 intensive-care-unit (ICU) beds and whole Italy possesses 5200 ICUS beds (Armocida et al. 2020). It was estimated that these beds would be fully occupied with Covid-19 patients within weeks, which represents the collapse of the Italian health care system (Lazzerini and Putoto 2020).

Since 1978, Italy has had a universal national health system (NHS) (*servizio sanitario nazionale*). The Italian system is based on three fundamental principles (Remuzzi and Remuzzi 2020):

1. **Universality:** All citizens have equal rights of access to the NHS.
2. **Solidarity:** Every citizen contributes to financing the NHS based on their means through progressive taxation.
3. **Uniformity:** The quality of services provided by NHS to all citizens in all regions must be uniform.

Unfortunately, this universal health care system was fragmented during the last decades, suffering under financial cuts, deprivation of human and technical resources, and increasing privatization (Remuzzi and Remuzzi 2020). From 2010 to 2019 the Italian NHS suffered financial cuts of more than 37 billion Euros (Armocida et al. 2020). The consequences of these NHS cuts have become increasingly visible upon seeing its limitations during the pandemic. Essential ICU beds, technical and protective material, as well as medical staff were lacking. As a result, doctors were being forced to decide whom to provide with life-saving equipment and whom to let die (Rosenbaum 2020).

The infection numbers were increasing exponentially and with them, the patients admitted to the ICUs (Remuzzi and Remuzzi 2020). To prevent the spread of these circumstances to the whole country and the collapse of the NHS, the Italian government started to implement containment measures that were initially restricted to the Lombardy region (Cerami et al. 2020).

Ever-increasing infection and death rates were exacerbated by citizen behavior. Rather than following government guidelines, many fled to the southern regions before the northern regional lockdown (Raffaetà 2020). On March 10th, 2020 at 00:30 the Italian ministry of health announced the new decree *#iorestoacasa*, I stay home (Lazzerini and Putoto 2020). This decree limited the movement of individuals throughout the Italian territory unless they could prove – with a self-declaration document – that their travel was essential for health or work. Schools, universities, public places, social and recreational centers had to stay closed. Religious ceremonies, funerals, weddings, or any other public gathering was forbidden. Restaurants and bars were closed, and only shops selling essentials such as supermarkets or pharmacies were allowed to stay open if they could ensure customers maintained a social distance of at least 1m. Breaking the new laws was prosecuted and fined drastically (Salute n.d.).

Overnight, the Italian population was locked up, facing an unprecedented situation. Subsequently, the measures were hardened, and educational campaigns were launched to encourage people to adhere to the mandatory social distancing rules (Cerami et al. 2020). People could not continue life as normal because of governmental decrees in the face of a public health emergency. They had to change their habits, routines, and lifestyles and the government measures affected the productivity of the entire country (Cerami et al. 2020). The abrupt adaptation of the whole Italian population to these extraordinary circumstances exemplifies how quickly a society can change. The majority of society complied without major resistance, thus the government was able to control the situation in an almost authoritative manner. How did this affect citizens? What was their experience? What made them, for the most part, comply with the measures?



**Photo 3:** Venice during carnival before isolation was implemented nationwide



**Photo 4:** Train from Milan to Verona. The stations were deserted, a single passenger wears a mask

## Chapter 2: Behind the scenes

### What about crises?

The Covid-19 pandemic represents the biggest public health crisis since the Spanish-flu, with unprecedented consequences for individuals, nations, and the global community (Tomes 2010). Crises may be experienced by people as a threat which elicits uncertainties and fears (Alaszewski 2015; Zinn 2008). Such circumstances can put whole societies under collective stress, disrupting structures of social systems, and threatening its core values in an unforeseeable way (Rosenthal, Boin, and Comfort 2001). Throughout human history, disasters were perceived as deriving from the outside, considered external to that which can be controlled by humans. Modern crises differ from this traditional understanding of crises and are characterized by complexity, interdependence, and politicization (Rosenthal, Boin, and Comfort 2001; Beck 2009a).

The Covid-19 crisis is one of a series of crises of the last decades (Lupton, Mythen, and Walklate 2006). Economic, refugee, and climate crises have had major consequences on societies and how people live (Scott 2000; Beck and Levy 2013). Griffin (2010) argues that to regain control during a crisis political action is enforced. Such responses to crises are often enabled through the declaration of a state of exception (Griffin 2010). According to Agamben, Western societies find themselves in a permanent state of exception (Agamben 2005). Under such circumstances, governments are enabled to undermine laws and democratic principles to invoke exceptional measures in the name of control and security (Minca 2007). In Italy, the measures implemented were based on the state of emergency declared on February 21st, 2020 (Cerami et al. 2020). The constant crises of our times evoke a collective concern with risk and vulnerability which might have been also an important factor in societal and individual responses to this pandemic (Beck 2009b).

### Risk, what else?

Risk is a highly disputed topic in social science and elsewhere, with differing opinions and perspectives. For many authors, risk assumes increasing prominence in late modern societies (Lupton, Mythen, and Walklate 2006; Alaszewski 2015; Dean 1998). Beck (2009) suggests there is a new risk consciousness in late modernity. Accordingly, the risk is perceived as an important factor influencing individual conduct, and a major driver for the socio-cultural developments of modern societies (Scott 2000; Lash 2000; Oltedal et al. 2004; Petersen 1997). On the other hand, some authors claim that there is nothing out there that can be perceived or sensed as risk (Oltedal et al. 2004). On the other hand, Sjöber (1997) argues that risks might also be a reflection of a real objective risk, which he understands as a risk that exists independently of an individual's knowledge of it (Ulleberg and Rundmo 1996; Sjöberg 1997). Adams has also attempted to define risk (Adams 1999). He suggests it is strongly linked to safety: "*the probability of an adverse future event multiplied by its*

*magnitude*" (Adams 1995, p. 69). There are many different approaches and definitions of risk. Nevertheless, Adams' quote highlights an important characteristic of risk, which has also major importance in public health, and during this pandemic: the calculability and manifestation of risk through statistics and probability distributions (Dean 1998).

### **Calculability, and the issue with numbers**

Indeed, the calculability of risk might have been the trigger of this pandemic, as well as for other crises (Brown 2020; Dean 1998; Scott 2000; Beck 2009b). The probability of the consequences of the virus was represented and made tangible for people through graphs, statistics, and models (Rhodes and Lancaster 2020). The representation of the virus' risk was ubiquitous in public discourse. Terms from epidemiology colonized people's life-worlds (Segata 2020). For instance, the term "*flattening the curve*" became the crisis' theme and became almost as viral as the virus itself. Rhodes and colleagues argue that through these representations science became entangled "*into social practices, calculations into materializations, abstracts into affects, and models into society*" (Rhodes, Lancaster, and Rosengarten 2020).

I have already described the domination of the calculation of risk as well as risk itself in society. Peterson (1997) argues that epidemiology, which is based on the probabilistic rationale of risk, became almost synonymous with public health enterprise (Petersen 1997). Some authors claim, that a strictly biomedical epidemiological approach as seen in public health is also mirrored by emergency systems during epidemics (Atlani-Duault and Kendall 2009). Brown (2020) argues that this might have been also the case during the Covid-19 pandemic. Accordingly, the narratives about this pandemic were centered upon epidemiological models. Categories emerged from probability calculations which heightened the relative risk of certain groups, but neglected individual predispositions and experiences (Ayalon et al. 2020).

The prevailing quantitative representation of the crisis, with the domination of risk as well as technical terms in the media-driven understanding of the pandemic, might have homogenized the crisis' narrative, neglecting individual experience (Brown 2020; Rhodes, Lancaster, and Rosengarten 2020). Such a representation of the crisis might convey the notion that Covid-19 and its consequences might be the same everywhere, regardless of specific political and cultural backgrounds. Nevertheless, the Covid-19 pandemic differs from country to country, and the experiences of the crisis and the perceptions of risks may vary even between individuals. This work looks beyond numbers, statistics, and models and attempts to depict a qualitative representation of the pandemic centering the narrative around individual experiences of the crisis.



**Photo 5:** Highway near the Italian border at the beginning of the crisis: right side direction Austria



**Photo 6:** Temperature control and distance at the entrance of the hospital Bolzano

## Chapter 3: The problem and the questions

### Emerging questions

One major driver of the crisis seems to be how the calculable risks of the virus were presented to the public. Risk increased the fears and threats represented by the virus, which might have shaped people's behavior during the crisis. Further, calculated risks may also have affected governmental responses to the crisis. Thus, the analyses of this research are centered around risk perception and how this influenced people's experiences and behavior during the pandemic. For instance, the severity of the outbreak in Italy, with thousands of deaths, and the associated risk of the virus, enabled the government to react to the crisis in an unforeseeable way. Their response changed people's lives drastically within a short space of time, and soon the Italian population found themselves in an unprecedented situation of isolation, forced to stop their day-to-day lives for almost 3 months. The isolation measure in particular might have disrupted people's lives overnight. Most people couldn't go to work and, restricted to their homes, had to readjust their lives.

Interestingly, despite the hardships and the difficulties of isolation, people accepted the situation and adapted their lives to these exceptional circumstances. Societal and cultural structures may have been decisively changed by both the risk of the virus and the government's response. Religious rituals, social activities, sports, and recreation were forbidden, as well as handshakes, hugs, or close interpersonal contact. Nevertheless, people complied to the greatest extent with the measures throughout the whole period (Raffaetà 2020). Streets remained deserted, and people started to wear masks, maintaining distance from one another.

Experiencing the crisis and isolation myself, whilst perceiving major societal shifts and the direct impacts of political power and decisions, brought me to reflect more deeply on the situation I was living in. I was astonished by the population's collaboration and acceptance of the exceptional living conditions. My burning question became: How is it possible that a whole population complies with these new rules? Further, how is it possible, that social reality changes so radically in such a short space of time? This was the point of departure for my research.

### Searching for answers

An important factor might have been how the crisis was conveyed to people. There exists extensive quantitative data about Covid-19 which might have dominated the discourse of this crisis (Rhodes and Lancaster 2020). This information affected how certain categories, risks, and prognoses about the virus were depicted and conveyed to people. Accordingly, people's perceptions of the crisis might have been shaped by specific data and narratives. These perceptions and experiences are of particular interest to better understand what consequences this crisis and the measures might have

on individuals. Thus, investigating how people’s lives changed during the crisis, this work aims to explore people’s perception of risk and their experiences during the pandemic in South-Tyrol, Italy.

This research follows the crisis’ evolution and how the pandemic reached into people’s lives. It aims to answer: how did people make sense of the information they received and the pandemic they experienced, given the sheer amount of information available and the level of drastic change experienced? How did the fears, risks, and depiction of the crisis shape individual perceptions and behaviors during the pandemic? This investigation into how the government influenced people’s understanding and conduct during the crisis, aims to gain insight into individual experiences of the pandemic aside from risk-groups, numbers, and probabilities.



**Photo 7:** Usually much frequented street in Bolzano during the lockdown

## Chapter 4: Theoretical starting point

### The macro and micro of risk

This work uses different perspectives on risk to explore how people made sense of the pandemic and how they perceived risks during these exceptional circumstances (Lupton, Mythen, and Walklate 2006). Major attention is given to how people conceptualized and experienced risk individually during this period. This aims to analyze how the crisis and the conveyed risks shaped individuals' perceptions and behaviors during the pandemic.

Nevertheless, the Covid-19 outbreak involves the global community to an unprecedented extent. It exemplifies how global and local are intertwined, and highlights that individual experiences cannot be analyzed without considering the macro context in which they occur (Beck 2008). It has to be considered, that such global crises are always enacted from and in local contexts (Alaszewski 2015). The way the global community reacted, the type of decisions made, and how information was conveyed might have had a decisive influence on the local, as well as on the individual experiences of this pandemic (Beck and Levy 2013; Scott 2000).

Consequently, this work analyzes people's risk perception on two different levels. On a macro level, this research engages with Ulrich Beck's (2009) "*risk society*" theory. Beck treats risks ontologically, as real existing threats "out there", which are then incorporated into a social context (Dean 1998). Beck perceives these risks as side-effects of modernity and emblematic of our time, to which he refers to as "*reflexive modernity*" (Lash 2000). Further, according to Beck (2009), the societal and global changes of the last decades have to be considered in the analysis of risk. Thus, Beck's (2009b) *risk society* theory provides a framework through which development of risk can be identified within global changes of the last decades. Such recent transformations may have shaped how this pandemic was perceived and how the global community reacted to it. Nevertheless, the responses to these risks might be mediated through social and cultural processes that were explored on a micro-level (Lupton, Mythen, and Walklate 2006).

The micro-level, individual perception, and experiences of the pandemic, will be analyzed utilizing Mary Douglas' (1992) anthropological approach of risk (Alaszewski 2015), as well as Foucault's governmentality perspective of risk (Lupton, Mythen, and Walklate 2006). Douglas analyzed risk as inscribed in forms of life (Lash 2000). Her "soft constructivist" idea of risk is ingrained in cultural processes and perceived as a way of thinking. Further, risk and its sociological interpretation is not a phenomenon pertaining solely to modernity. Instead, Douglas argues that there may be elements of continuity deriving from any other period of human history (Wilkinson 2001). Hence, her approach analyses risk from the cultural system and the underpinned symbolic structures in which risk is

embedded (Oltedal et al. 2004). In this work, Douglas' perspective of risk was used to explore how risks were perceived individually and how they shaped people's behavior during the pandemic.

Foucault's governmentality perspective of risk might represent the strongest social constructivist approach of these three perspectives (Lupton, Mythen, and Walklate 2006). This approach emphasizes the importance of discourse for the construction of risk. Correspondingly, certain risks are singled out and become apparent and perceivable through their representation in discourses. For instance, during the pandemic, Covid-19 became the risk that received most attention through its representation in media, conversations, and political agenda. Further, similar to Beck, writers of the governmentality perspective of risk perceive risk as a central concept in modernization (Turner 1997). Also, Foucault's work contributed to the analysis of social control through which citizens are regulated by the government apparatuses (Nettleton 1997). The state disciplinary power had become an important feature of the pandemic and the isolation and might have shaped decisively people's experiences. Further, the control to which Foucault refers is not just enforced through authority and repression (Petersen 1997). Instead, through the construction of risks, individuals become encouraged to engage in self-control which targets people's body and their lives through biopower (Anderson 2012).

All three theoretical approaches to risk are in accordance with the aim of this work and are discussed in more detail below. They enabled an analysis of people's experiences of the pandemic and their perceptions of risks considering their constitutive macro and micro perspectives (Mythen 2007).

### **The world at risk**

The work of Ulrich Beck contributed to the increased attention towards risk in social science. Beck (2009b) focused on macro-structural changes that characterize late modernity. Accordingly, Beck argues, that the traditional industrial society was falling apart entailing decisive structural changes on a global and societal level (Beck 2009b). The new global principles of late modernity, which according to Beck are based on risk, penetrated societies on a local and individual scale (Beck and Levy 2013). Thus, Beck suggests, that societal changes on a local scale derive partly and are enhanced from macrostructural developments (Beck 2009b). Further, media places an important role in creating a "risk consciousness" (Wilkinson 2001). This might have major influences on how risks are perceived and may represent the link between global risk and local response. Thus the analysis of macro-structural changes and developments concerning risks are decisive for the understanding of social and political dynamics during crises (Beck 2009a).

As argued by Beck (2009b), threats of our time derive mostly from human error in the form of individual or institutional failures, thus, they are mostly avoidable. Because of the constant reflection

about decisions to control risks, not knowing what the right decision might be, insecurity becomes an existential state within reflexive modernity (Mythen 2007). Instead of relying on structuring phenomena like traditions, local knowledge, religious beliefs, as in pre-modern societies, people increasingly rely on and trust expert's identification and calculations of risks (Dean 1998). The trust toward the experts and institutions is not unconditional, and people become often suspicious of expert's judgments on risks (Zinn 2008). These developments increase the continual uncertainties about what information or advice to trust, and how to react to risks.

This work investigates how the pandemic corresponds to the claims Beck made for the risk society. Particularly, the role of uncertainty and trust during the crisis, and how this might have influenced people's compliance with the measures. What is the role of media, and how did the creation of a risk consciousness of Covid-19 influence people's experience and perceptions of the pandemic?

### **Making sense of symbolic structures**

Considering ten thousands of people who died on a Covid-19 infection, and the consequences this crisis has on millions of lives, there is no doubt that there are real perceivable risks and dangers attached to the virus. Nevertheless, people experience and react to the crisis individually. These personal responses may reflect a social-constructivist notion of risks, tied to ongoing processes of the particular culture and society in which risks become apparent (Brown 2016). Further, Oltedal et al. (2004) argue, that human behaviors and decision-making are influenced by their culture, which creates certain standards, principles, and perspectives with which humans acquire distinct ways to look at the world. Thus, how people react individually to the inputs received from their environment might be linked to their cultural beliefs, and the symbolic structures in which people are embedded, as argued by Douglas (Wilkinson 2001).

The individual perceptions of risks may reflect real, objective risks by ascribing meaning to them (Oltedal et al. 2004). In particular, assessing the social meaning of these risk phenomena by placing them into cultural norms (Lupton 2013). Further, Snowden (2005) argues that people might choose between different explanations, allocating significance to their experiences, and ordering their perceptions to known patterns to make sense of the world (Snowden 2005). Following this assumption, there can be a common-sense about objective risks deriving from Covid-19, which might have been the case during the pandemic. However, people reacted individually to this crisis and perceived these risks personally.

Of particular interest were the hidden meanings, which were not articulated verbally, but expressed through practices, attitudes, and assumptions about the pandemic (Alaszewski 2015). These perceptions of risks and the crisis were attempted to be revealed through the analysis of the

underpinned symbolic structures (Alaszewski 2015). Douglas's thoughts on risk derive from cultural meanings and are associated with the concepts of purity, pollution, and otherness (Wolff 2006). The analysis of these symbolic structures might offer insights into an individual, as well as the collective understanding of the world (Alaszewski 2015). How did such symbolic structures shape people's experiences of the crisis? How did people make sense of the pandemic through these structures and how did they influence their behaviors?

### **The moralization of risk**

All three authors perceive risk also as a political concept, which is linked to the allocation of blame and responsibility (Lupton, Mythen, and Walklate 2006). In this perspective, risk is not just perceived individually but shapes also people's behaviors. For instance, Douglas (2003) argues, that risks are morally charged and they reflect social and political relations within a group. Further, these groups and societies are contained through borders that need to be controlled and protected by physical and magical means, such as taboos, to maintain their order (Alaszewski 2015). Exceeding these limits can be perceived as deviant behavior which is linked to blame and might be punished with stigma and exclusion (Glasse 1969). The creation of risks and the practices to contain, control, or avoid them is therefore an important tool to maintain and create social cohesion within a social group. On the other hand, Scott (2000) argues, that already existing social divisions might be reinforced in the face of high risks through the allocation of blame which is strengthened by the entailed fears of dangers. How did risk influence social coexistence and how did blame influence people's perceptions and practices during the pandemic?

Castel discusses the role of risk as a political concept in modern, "*neo-liberal*" societies through Foucault's governmentality perspective (Burchell, Gordon, and Miller 1991). In these societies risks and dangers have to be anticipated and prevented. Neo-liberal societies decrease governmental control and regulations, enforcing free markets, individual freedom, and autonomy (Klein 2008). The neoliberal approach emphasizes the capacity of an individual to care for themselves through self-governance and to own the responsibility to protect oneself from risks and dangers (Oltedal et al. 2004). According to Peterson (1997), this preventive, avoiding approach to risk was incorporated in the health care system of modern, neoliberal societies. For instance, people are informed about the risks and dangers of smoking. Consequently, the responsibility for potential consequences lies not with the government or the tobacco industry. Instead, the consumer is informed about tobacco's risks and takes the responsibility for this danger when deciding to smoke. Thus, Foucault's perspective offers an ideal microanalysis, focusing on local requirements, micro-politics of surveillance, and control (Turner 1997). How was responsibility distributed during the pandemic and how was this perceived by the informants?

## Chapter 5: Methodology

### Particular circumstances

The Covid-19 crisis created particular circumstances for this research. To conduct fieldwork, and to experience the isolation in Italy myself, I moved to Bolzano, South-Tyrol, in March, when the isolation measures have already been implemented. Consequently, during the fieldwork period, I was prohibited from leaving home barring very specific conditions that had to be spelled out in a self-declaration document that I would carry with me when leaving the house. Further, because of containment measures, I was not allowed to meet anyone in person. Thus, it was not possible to conduct participatory-observations. Nevertheless, I experienced lockdown as an insider. My reflections of this period were recorded in a "*Corona-diary*" and these analyses were incorporated in this work (Clayton and Thorne 2000). Further, I attempted to capture an impression of the situation in Italy, with a focus on South-Tyrol, through the consumption of digital and analog media (Ardévol and Gómez-Cruz 2013).

### The site and the people

South-Tyrol is a bilingual region, where the majority of the people belong to a German-speaking minority (Eichinger 2002). This research didn't focus on ethnic particularities between the German and Italian speaking South-Tyrolean. The Covid-19 crisis was analyzed as a global event. Thus, it was assumed that the experiences of the pandemic were not driven decisively by ethnic belonging to one of the two language groups. Rather, other factors such as age, place of residence, or media-consumption are considered to have shaped how people perceived risk and experienced the crisis more decisively. Further, informants were recruited from both language groups. Since I speak Italian and German, the interviewees could choose the language in which they felt most comfortable.

In this research, I focused on the experiences of people in South-Tyrol during the isolation-period. I conducted nineteen interviews ranging between thirty minutes and one hour and fifty minutes. Six interviews were conducted in Italian, thirteen in German. The first interview was performed on March 16th, 2020, and the last on April 15th, 2020. This period included the core time of the strict isolation in South-Tyrol. Because of the Covid-19 crisis, and the entailed measures in Italy, it was not possible to meet the informants personally. Thus, the nineteen informants were recruited from acquaintances via phone call, where they were informed about the research and asked for informed consent (Calvey 2008). An appointment for the interviews was fixed and subsequently conducted via phone or video call and recorded with a recording device. Notes were taken during the calls. Further, because all people in South-Tyrol lived in isolation, the pandemic and the measures discussed in informal conversations with friends more generally were also included in this research (Forsey 2010).

I aimed to make my spread of informants as varied as possible to depict as a diverse picture of people's experiences as possible. Thus, informants have different educational and professional backgrounds. Five of the informants were male and fourteen female, all between the age of seventeen and seventy-seven. The group included people with a university degree, school graduation, education, and vocational training. The professions included teacher, retiree, journalist, social worker, artisan, farmer, administrative employee, self-employed, unemployed, incapacity to work, and student. Three of the informants have chronic diseases, sixteen have children. Five of the parents live together with their minor kids. All participants live in South-Tyrol, five of them live in the countryside, the rest lives in Bolzano. Inevitably, recruiting the informants from my acquaintances might be limiting and certain groups remained outside of the picture. For example, the perspectives and experiences of homeless, migrants, or vulnerable groups were not included. Given the time pressure under which this research was conducted, and the exceptional circumstances during the pandemic, it would have been difficult, if not nearly impossible to reach out to groups outside my network of people.

A mixture of in-depth and semi-structured interviews was conducted (Ritchie and Lewis 2003). At the beginning of the interview, I invited the informants to tell me how they perceived the crisis chronologically beginning from when they first heard about the virus. This enabled me to better understand, how people's situations were before the isolation, and how their lives might have changed through the pandemic and the measures. Informants reported in detail about the transformations they experienced during this period. Subsequently, depending on the content, I deepened the conversations into specific topics. The conversations were mainly about people's perceptions and experiences of risks, the isolation, the Covid-19 crisis, and trust. Further, how their lives changed during the pandemic, and about their feeling during this period.

### **Position and ethics**

I was born and grew up in Bolzano. As such, I knew most of the informants before this research through friends and relatives. I decided to recruit the informants from my acquaintance because it would have been difficult and complicated to contact strangers people during the pandemic. Furthermore, the creation of a relationship of trust via phone and within the short time I had for fieldwork would have been hard with unknown informants. I didn't ask close friends or relatives for participation. Relatively close relations might have impeded unconditional conversations and might have biased analyses. Talking to people I know well may have thrown in my expectations about their experiences and opinions of the pandemic. Because of the acquaintance to the informants before this research, it was possible to contact them easily which was especially important during the lockdown. The established trust I had with the informants before beginning research was also

important for the conversations we had. It created an informal atmosphere, which made people feel comfortable to speak with me, even though interviews were mainly conducted via telephone. Consequently, people spoke openly about their experiences, opinions, worries, and fears. Informants gave consent for the interviews and the use of the data in this research (Ritchie and Lewis 2003). The informants didn't represent a vulnerable group, nor have they expressed sensitive information during the interviews which could have detrimental consequences for them if published. During the interviews, and throughout the whole fieldwork, a no harm policy was maintained (Green and Thorogood 2018) Nevertheless, some informants spoke about sensitive topics such as their fears. Anonymity was granted and at the beginning of the interview, I made clear that the interview could be stopped at any moment the interviewee felt uncomfortable (Ritchie and Lewis 2003). This never happened, on the contrary, people expressed positive feelings when talking with me about their current situation. Also, informants were happy to have the possibility to share their feelings, and thoughts with me, since the isolation represented a difficult period for some.

Coming from South-Tyrol, and knowing the participants through my acquaintance influenced my objectivity during the analysis. Having certain preconceived ideas about informants, their living conditions, and their way of life, will have biased my analysis. Further, my view and my experiences of this crisis are biased by my background as a trained doctor. Speaking to friends working in hospitals, my professional medical knowledge, and through the readings of medical articles about the virus made me comprehend Covid-19 as a concrete health risk. Further, being in isolation myself, confronted me with similar experiences to my informants. As such, there was little concrete distinction between 'life', and 'fieldwork'. I felt like an observer and observed at the same time. The isolation-period was not an easy time and accompanied by multiple hardships. I perceived this period as suffocating, and onerous. I felt extremely limited by the measures and I had several experiences with authoritative bodies, such as the police, which I perceived as repressive. Further, I was intimidated by the surveillance-system which was implemented to control the compliance with the measures. These experiences might have influenced my view of the measures, and consequently the analysis of this research. On the other hand, these perceptions and thoughts about the measures and the pandemic can be considered as auto-ethnographic data, since they derive from my personal experiences of the Covid-19 crisis (Spry 2001).

## Chapter 6: The prelude of a pandemic

### *Not expecting the unexpected*

*In February I had dinner with some friends. During this time the pandemic was still far away, somewhere in China, thus we didn't perceive it as a threat. The distance, and the fact that we receive a lot of information about probable threats and crises made us somehow immune to the acknowledgment of this potential new pandemic as a real danger. Critically we discussed the rigorous Chinese quarantine and concluded that such drastic measures were unimaginable for us in Europe. We argued that only authoritarian governments can implement such radical methods to contain the virus. Further, we were talking about the dramatization of the situation in the media and public. We had already experienced similar situations with the avian flu, the swine flu, SARS, and MERS. In these cases, the news reported on a potential pandemic capable of killing a lot of people, but in the end, the apocalyptic scenario had to wait. A friend interrupted the conversation and claimed: "This Coronavirus is just a hype! Just an invention and as fast as it has begun it will disappear..." Just two weeks after this dinner I had to pack my belongings and leave Amsterdam abruptly taking one of the last available airplanes before the borders in Italy closed completely. Unfortunately, the hype and the unimaginable became all too real...*



**Photo 8:** Students using the last opportunity to walk through the border to Italy, here at Brenner

## From local to global (and back)

The first official Covid-19 case was registered in Wuhan in December 2019 (Zu et al. 2020). At this moment it was difficult to foresee the impact this novel virus would have on the world. Subsequently, a local health emergency became a global risk, with local effects on the individuals in South Tyrol. At the beginning of the pandemic, informants registered the crisis as far away, occurring somewhere on the other side of the globe. At that point, it was difficult to determine if the threat caused by the virus was local to China, or if it might expand to the entire world, including people in Italy. For instance, Doris, a self-employed working as a graphic designer and living in Bolzano, followed the news about the virus. When she first heard the reports about the situation in China, she didn't perceive any risk associated with the crisis for herself and didn't think that the virus would ever concern her life. Instead, she understood the crisis as a "*Chinese phenomenon*". That changed over time, especially through the implementation of the measures.

During the initial phase, before the isolation was implemented, the pandemic was assessed similarly among the informants. For instance, Mary, who lives in Bolzano and works as director of a youth center explained:

*I followed the news, but everything seemed so distant. First, it was in China, then in Lombardy... But I didn't realize the risk of the virus for us here [in South-Tyrol].*

As Mary described, during the initial phase of the pandemic, people couldn't imagine the impact this crisis would have on their lives within weeks. Consequently, they felt overwhelmed when the infection rate increased rapidly in Italy, and measures were implemented abruptly. Before these developments, the virus was not perceived as a potential risk or danger. People perceived the Covid-19 outbreak in China as one of many news in a world full of potential risks and dangers, as Beck argues in *World at risk* (2009). Alex, 27-year-old with diabetes-mellitus type I, who lives in a village in the countryside recounted his perceptions during the beginning of the crisis:

*(..) 2-3 weeks ago I heard about the virus in China. But because it was so far away and as many things which concern someone just to a certain point I never thought that it will affect me personally.*

However, Covid-19 multiplies in a nonlinear way. Within a short period, the virus spread exponentially from its origin in Wuhan around the globe. At that point knowledge about this novel virus was scarce. Positions of scientists and politicians about the management of the situation in Italy and around the globe were not fixed, and many times contradictory (Raffaetà 2020). International and national news started to report extensively about the virus and a confusing situation about this crisis emerged. Consequently, it was difficult for people to grasp what was happening in real-time

with the virus in the world and around them locally (Pisano, Sadun, and Zanini 2020). Finally, together with the proclamation of the Covid-19 pandemic by the WHO the risks and dangers of the virus became "*cosmopolitanized*" (Beck 2008). Correspondingly, a local health emergency in China that resulted from local circumstances at Wuhan's wet market rapidly became a concrete risk that concerned the global community.

Countries all over the globe had soon to react to this exceptional crisis. The responses of health professionals, politicians, and the general population influenced how the crisis was managed and constituted in the course. The responses of governments and people took on local characteristics, which shaped how the crisis was perceived and experienced by the people. These responses to the virus are influenced by local situations, histories, and different institutional processes in risk management (Hale et al. 2020). Thus, the reactions and the handling of the crisis might be particular to each country. Further, as Brown (2020) states, the responses may entail self-perpetuating logic of their own, representing specific political and scientific actions on a local scale. In that sense, the virus became "*contextualized*" along the lines of specific local circumstances. One could say that it was not so much the virus itself causing the crisis, but governments and politicians with their statements and policies responding to it.



**Photo 9:** Brenner at the Italian border, Austria closed the borders to Italy early

## Making the invisible visible

Medical sociologists argue that diseases don't exist independently of the society in which they manifest (Conrad and Barker 2010). Instead, diseases are socially constructed and through discussions and debates, people agree-upon specific disease categories (Brown 1995). Through these categories, diseases receive their "identities" which influence how diseases are perceived by society (Taylor 2013). Similarly, Rosenberg argues that diseases are "*invested with a unique configuration of social characteristics, thus triggers diseases-specific responses*" (Rosenberg and Golden 1992, xviii). Accordingly, how Covid-19 was discussed and portrayed by the global community, and by the Italian society shaped how people understood and responded to the crisis individually. This was especially evident at the beginning of the outbreak when little about the virus was known.

A decisive characteristic of Covid-19 on which I want to focus in this section is the invisibility of the virus. Soon after the announcement of the pandemic, people, media, and officials referred to the virus as the "*invisible enemy*" (Porubanova and Guthrie n.d.). Additionally, Covid-19 is not just invisible for the human eye, but its effects on the human body may also remain hidden in many cases since they display no symptoms (Gao et al. 2020). The latter aspect created the category of the "*asymptomatic carrier*" which shaped decisively people's behavior during the pandemic. This characteristic was also framed as the *Achilles' heel* of the virus control (Gandhi, Yokoe, and Havlir 2020).

George is 63 and lives alone in Bolzano. He is a musician and teaches Thai Chi in the parks. During the isolation, he couldn't perform any of them. George reported how he perceived the virus at the beginning of the pandemic referring to his invisibility:

*This thing is new! The enemy is invisible. You can't see the virus, but if they [authorities] say look, you have to do this or that you understand that the situation is serious and you follow their recommendations.*

During the pandemic, the imperceptibility of the virus became part of its identity. The allocation of mostly human characteristics to non-human entities like the virus is called anthropomorphism. Such personifications may help people to make sense of complex and unpredictable situations like the Covid-19 outbreak represents (Porubanova and Guthrie n.d.). The invisibility of the virus made it difficult for people to grasp the dangers and risks which it entails. This was especially evident during the initial phase because of the lack of knowledge people had about the virus. The pupil Sonja is 17 years old and lives in a village. She reported about the virus' invisibility and the doubts and inner conflicts the uncertainties that the virus elicited:

*It is the fear of the invisible! That's why I can't assess this fear. Sometimes I think the virus doesn't exist, and other times I think, it exists.*

During the initial phase of the pandemic, the invisible virus needed to become apparent to make the crisis perceivable to the people. This visibility was important for the acknowledgment of the pandemic's severity and consequently, populations' cooperation during the crisis. The virus became visible in different ways. For instance, before measures were implemented, the virus was made apparent through numbers and statistics. Through the "*flatten the curve*"-graph the crisis and the necessity to react to it became evident. Additionally, death and infection-rates, as well as disturbing prognoses about possible consequences of uncontrolled dissemination, influenced people's perceptions of the crisis. These quantitative data about the virus made the abstract risks and dangers caused by this little RNA piece become tangible for the informants. Emely is 58 years old and works as a social worker in Bolzano, where she lives. Talking about the necessity to implement measures for the virus containment she argued:

*This is a real disease (...) and the infection risk is radical! All the numbers and graphs mean something! This is not a joke, not just a hyped thing.*

Further, the reality of the virus was made visible through the images of dying people connected to ventilators and health-care workers from hospitals in Lombardy. These pictures contributed to make people understand, that this virus is dangerous and deadly. Many of the informants referred to these pictures when talking about virus' risks and dangers, even though most infections remain asymptomatic or mild.

Media played an important role during the initial phase and especially in the process of making the invisible visible. It delivered information about the virus and the crisis which contributed to the process to make the crisis a reality for most of the people. The influence of the media can be seen in the following quote of Rachel, who has lived with Parkinson's disease for two decades and lives in a remote part of the countryside. In answer to the question of if the virus felt real for her, so said:

*The virus is real, but not in my village. It only comes here as reality via media. Only when I turn on the radio or the TV.*

Also, new objects and practices, like masks, or the disinfection of public places, which were introduced at the beginning of the pandemic, reminded people of the virus' presence. This is well described by Clara, who lives on a remote farm in the mountains. At the beginning of the crisis, the infections were concentrated in the city. Clara's village had zero cases, consequently, people may not have been as concerned with the crisis as people in the city. Clara explained that she didn't perceive

the crisis in the beginning phase, everything was still business-as-usual for her. Similar to Rachel, she got to know the crisis through the media. Further, she argued that this would have been different if she would go to the city. "*There I could see the crisis*", she stated. Further, Clara reported:

*"We don't have the virus here, (...) I haven't noticed the fear [of the virus] which is governing the city. My son who works in the city told me, that the virus is down in the valley because all people are wearing face masks there."*

After some weeks the first case was registered in her village and then she said:

*"Now we have the virus here because people wear masks in the store."*

Finally, the presence of the virus in her village became evident to her through the masks people wore in the store. Clara explained, that because of the potential presence of the invisible enemy, she started to feel uncomfortable when going to the store. Consequently, the presence of the virus, or its perception through objects and practices, was important for informants' realization of the crisis as real, and as a potential personal risk.



**Photo 10:** New objects appeared in the streets, while people disappeared, here center of Bolzano

## The shock experience

With the geographical approximation of the virus to South-Tyrol, and the following governmental reactions people's perceptions of Covid-19's risks and dangers started to shift. In South Tyrol, the global risk of Covid-19 became particularly noticeable to the informants through the implementation of the measures like the lockdown. According to the informants, the measures had the greatest impact on their experiences of the crisis. The restrictions interrupted informants' everyday lives and were the major trigger for the changes people underwent during the pandemic. Before the announcement of the decrees, the situation was quite confusing, and people assessed the situation differently. Consequently, some were already aware of the virus' dangers and others were still not sure about how to react to the situation around them. Mary worked a full-time job in the youth home, and during isolation became responsible for homeschooling her two kids.

*I followed the news, but everything seemed so distant. First, it was in China, then in Lombardy... But I didn't realize the risk of the virus for us here [in South-Tyrol]. Then I saw on the news, that from tomorrow on the schools will remain closed. It felt like my world was falling apart! I realized that the situation was getting serious. Until then our lives were quite normal.*

During the initial phase informants predominantly perceived the urgency of the crisis through the implementation of measures such as the school-, border-closing, or the national lockdown. Through these, people's attention was drawn to the risks and dangers caused by the virus.

The Covid-19 pandemic and the entailed measures in Italy introduced a drastic transformation of people's lives. All of a sudden they had to face an unprecedented situation. These changes evoked fears and uncertainties among the informants. Laura lives in Bolzano and finally found a work placement that was rescinded because of the crisis. She spoke about her feelings during the initial phase:

*The feeling of destabilization, uncertainty... Not knowing about the future, nor about the present... (...) It was not clear to me what the virus was. What does it make, what are the real risks? Not having this clarity, remaining in this aura of mystery made me feel anxious (...).*

These feelings were enhanced by the unpredictability of the impact, development, and length of this crisis and the possible health consequences the virus might have. Julia works as an artisan and has a young son who she lives with in Bolzano. She described the beginning-phase as a fast-evolving process. One measure after the other was announced in a short period and it was difficult to maintain an overview of the situation. Finally, the Italian government announced the national lockdown. This restriction was experienced by informants as the most drastic measure with the greatest effect on people's everyday lives during the crisis. Such a radical measure, restricting the

freedom of movement of the Italian population, was unimaginable for the informants before the crisis. Thus, its implementation was a shock for the informants. Julia reported:

*(..) at some point, the situation changed quickly. More and more things were closed, first just in the evening and then during the whole day. (...) Then from one day to the other Conte closed everything across Italy! That was shocking in the beginning...*

Using Giddens' term, the conditions people faced during this initial phase through the deployment of the measures can be understood as a *critical situation*. This represents "a set of circumstances which (...) radically disrupts accustomed routines of daily life" (Giddens 1979, p. 124). Correspondingly, after the deployment of the isolation people's routines and plans for the future had to be re-examined. For instance, Laura couldn't start her new job, thus, she fell back into the uncertainty of being unemployed. Thus, additional to the hardships caused by the Covid-19 crisis Laura perceived the distress of an existential crisis.

The decrees introduced a wide range of bans and orders in Italy. People's behaviors and attitudes had to be adjusted to these exceptional circumstances. For instance, in public people had to have a distance of at least 1m to each other. Many couldn't go to work anymore or had suddenly to work from home. Churches, clubs, and restaurants closed and public life was interrupted. Interestingly, the initial phase of the pandemic was experienced quite similarly by most of the informants. All participants explained that through measures like the lockdown, school-, and border-closing they realized that the crisis is real. Mary, the director of the youth home, was still going to work during the isolation. Nevertheless, her life changed radically through the restriction of movement. She responded to the question of how she experienced the initial phase with:

*The radical changes, at home and work, started from the 9th of March when Conte announced the decree, which forced us to stay at home.*

The implementation of the decree *#iorestoacasa* interrupted people's lives literally overnight. Similar to Bury, referring to chronic illnesses, the experience of the implementation of the measures was not only a shock to the informants, but it also disrupted their structures of everyday life and the forms of knowledge that underpin them (Bury 1982). Overnight, people had to rearrange their lives to be carried out primarily from home. For instance, Mary and her husband had to support their kids in homeschooling, which none of them had ever done before. She took the governmental order seriously and her kids did not leave the house during the whole isolation-period. In the first week, her kids begged to exit the house as they were used to. After one week they stopped asking. We see here how people had to adapt to these new circumstances instantly which might have been

perceived as stressful. Nevertheless, this disruption also opened new possibilities and times of reflection.



**Photo 11:** Shop during the lockdown before Easter in Bolzano center



**Photo 12:** Mass with the bishop during the lockdown which was screened online in the cathedral of Bolzano

## Chapter 7: Becoming reality

### *Unsafely safe*

*The isolation in Italy was already implemented for more than a week while in Amsterdam we could still move freely and continue as if the Corona-crisis was not existing. I was worried about the situation in Italy and had tight contact with my friends and family there. They told me about the circumstances in Italy, the dramatic situation in Lombardy, the deserted cities, and the precautions they adopted to prevent a Covid-19 infection. And in Amsterdam? The university and the gym were still open, I had been to a concert at the weekend and I was still meeting friends. The situation in Amsterdam was different, but I became worried. Listening to the stories from Italy, and other countries already in lockdown, made me feel I could see into the future. There was no doubt for me, that the crisis was serious, and that we would soon have Italian conditions in the Netherlands. But here, everything was still normal! I became nervous, and started to doubt: Is the virus already here? Are we not doing enough? Should I stay at home, disinfect my hands? Am I safe?*

*Finally, the first measures were implemented in the Netherlands. University, restaurants, clubs closed. Was this enough? I was still observing people in the parks, who weren't social distancing. I was uncertain about how to behave. I knew how Italy sought to prevent Covid-19 dissemination and in my eyes, people in the Netherlands were not doing enough! I became anxious when I imagined the situation the Netherlands might face in some weeks and me being stranded in isolation in a stranger country. Further, European borders started to close. The anxiety and uncertainty about the current situation and the future brought me to make an irrational decision. From one day to the next I decided to move back to Italy, which was not the safest place to be at that moment. Italy had the highest death and infection rate, and the strongest implemented measures in Europe. I thought, at least in Italy I will know how to behave during the pandemic.*



**Photo 13:** The triage at the hospital of Bolzano, at the beginning of the crisis.

### **Covid-19 an infectious agent**

With the implementation of national lockdown, a new period of the pandemic started in Italy. Through the restriction of movement, the informants perceived the Covid-19 crisis not just as a distant threat, but as a personal experience, in a quite similar way. From this point on the crisis became central in most informants' lives. The evolutionary biologist Dawkins created an analogy from biology to understand the dissemination of culture (Kitcher 2001). In his essay "*Virus of the Mind*" Dawkins argues that culture, such as religion, is transferred via memes, which are ideas, beliefs, and behaviors. Further, these memes circulate from one person to another by imitation (Dawkins 1993). According to Dawkin's *meme theory*, human minds get infected by memes like a virus and are copied from one mind to another influencing the behaviors of people who acquire them (Boyd and Richerson 2000). Similarly, during the pandemic people's minds got infected by the memes of Covid-19. The ideas, behaviors, conclusions about the crisis were transferred from person to person, from one brain to the other which consecutively influenced people's thoughts and behaviors.

The isolation increased the process of people's "*mental infection*" by the virus. With the lockdown and the restriction of movement, the crisis intruded into almost all aspects of people's lives from work to health and social life. People's main conversation topic became the virus. The media was

essentially saturated by the crisis memes about Covid-19, shaping people's thoughts and conduct. Alex, the young diabetic, spoke about this *mental infection*:

*"(...) in my group of colleagues, we speak a lot about the virus. I sometimes think, guys, there are other things we could talk about. (...) Then you start to be influenced by the virus. You perceive, that people are speaking more and more about it, which also infected me..."*

Through the ubiquitous presence of the virus in media, social interactions, and everyday life, Alex's reasoning and practices began to be shaped by memes about the virus. The *mental infection* is influenced by the measures and the narratives about the crisis which were (re)produced by the public discourses and which might have shaped people's perceptions and experiences of the crisis. After people's mental infection with memes about Covid-19, informants started to incorporate the presence of the virus into their rationale. For instance, Alex had a cold before the isolation started. Normally, a cold doesn't affect his decisions or behaviors decisively. However, during the pandemic, having a cold became something much more influential to his behavior and interaction with his surroundings. Consequently, the Covid-19 crisis became important for his decision making, as will be discussed in the next section.



Photo 14: South-Tyrolean newspaper announcing an increase of deaths in Brenner

## Who doesn't know, trusts

After the mental infection, everyday life decisions, like how to behave in public, or how to protect oneself changed. From now on the possible presence of the virus had to be considered. The crisis was an unknown situation for the informants. Most of them followed the recommendations of the experts and the government, especially during the beginning phase. To continue with Alex's story, as a diabetic he perceived himself and was perceived by his surroundings as a member of an at-risk group for COVID-19. This group was defined by experts according to the latest research results and was diffused through public discourse. Consequently, Alex's self-perception as diabetic, as well as his opinion about his workplace, shifted during the crisis. The meme about diabetics as risk patients evoked specific information and pictures. Alex and his colleagues aligned their thoughts and behaviors with these memes. Thus, during the chaotic initial phase, where people didn't know much about the virus and its consequences, Alex acknowledged the assertion that he might be in the risk group. Further, Alex works in a refugee home, where 80 people live in a tight space, with limited sanitation provision. In the new situation of the pandemic, his workplace, meant to be a safe place for him and the refugees, became suddenly a dangerous and risky place for both. Alex explained how the mental infection and memes shaped how he perceived a cold during the pandemic:

*"I had the impression that it [the pressure] comes from outside. You get influenced by that. Then I started to think, shit, perhaps I am indeed in a risk group, and maybe I need to be cautious. (...). Before that, I was not concerned about coughing and sneezing, it was like a normal cold. I didn't want to disseminate something in the home. I noticed that when I sneezed everyone became anxious and I caused disruption at the shelter. Consequently, I decided to take sick leave."*

During the Covid-19 crisis coughing and having a cold received a different meaning and elicited disquiet at his workplace. Alex was in doubt if he was at risk, and if he represents a risk to others when having a cold. Such uncertainties can be experienced as paralyzing. Nevertheless, Petersen (1997) argues, that people rely upon uncertainty-management, through which individuals make "fateful" decisions to overcoming such paralyzing feelings. These decisions involve complex issues of choice and have to be made in an almost reflex-like manner (Petersen 1997). Alaszewski argues, that the late modern society is characterized by complexity, and lack of time and knowledge, to enable rational decisions in everyday life. Feeling uncomfortable with the doubts he had at work, Alex accepted the recommendations about risk-groups and decided to take a sick leave. To evaluate the situation and make decisions as Alex did is especially difficult when risk balancing activities around unknown situations. Similarly, George, the musician who cannot work because of the measures,

spoke about his handling of the unknown situation during the pandemic and highlighted the trust he had in experts:

*We are not used to comprehending what it means that a virus is circulating, right? It's an invisible thing! We have to rely on and trust the scientists.*

Throughout the unprecedented situation of the pandemic, George, like Alex, relied on experts' knowledge and trusted the government. Both explained, that before the crisis they never experienced such a trust towards the government or experts. These feelings were new to them and triggered by the uncertainties during the crisis, which were especially evident during the first weeks of the pandemic. According to Zinn (2008), decision-making in such uncertain situations requires an increased level of trust. He argues that aside from rational and non-rational decision-making to manage uncertainty, there might be a third "*in-between*" way, including features of the former two strategies (Zinn 2008). Luhmann (2000) highlights the importance of trust in the management of uncertainty. He suggests that trust is especially needed when knowledge for decision-making is limited (Luhmann 2000). Further, Zinn adds that "*in-between*" strategies can also be effective in situations with an overload of knowledge and heightened complexity. Both situations may apply during the pandemic. People didn't know much about the virus or may have been overwhelmed by the wave of information and controversial debates about the crisis. In such situations, exemplified by Alex and George, individuals trust in people or institutions, and experts who own the necessary knowledge and skills, helping to make decisions during uncertain times (Alaszewski 2015).

This new trust toward the government and experts was observed within most Informants' responses during the initial phase. During this period, levels of uncertainties and fears were high. Consequently, trust was essential for people's compliance with the measures and helped them to make decisions during these exceptional circumstances. Ilena is a retired teacher and lives alone in Bolzano. She described herself as a rebellious character and reported about her relation to the government:

*"I trust the government, that everything will go well. It's strange because normally I am a person of resistance, but I have to admit, I don't have this feeling now. I trust, and I think that the measures are ok even though I am wondering about the speed at which the measures were implemented."*

Like Ilena, informants didn't know how to react to the uncertainties and the potential virus' risks. Thus, they trusted the government and experts who sought to guide the Italian population safely through the pandemic, providing recommendations and leadership. Further, during the first weeks of the pandemic people were quite compliant and amenable towards the measures. Most people found

them reasonable for the control of the pandemic. This was experienced similarly by most of the informants during the first weeks of the lockdown and facilitated the acceptance of the measures.



**Photo 15:** New introduced border control at the Austrian border in Brenner

### **Everything is gonna be alright**

In the first weeks of the pandemic, most informants perceived the isolation as an important measure for the virus containment in Italy, given that infection and death-rates were still rising. This perception and the expressed trust toward the government and experts facilitated their adaptation to the tough circumstance in isolation. Nevertheless, isolation represented exertions to most informants. The elicited fears and uncertainties by the crisis were enhanced through the shock of the implementation of the isolation. The normality they were living before the crisis was disrupted, and they had to adapt to extensive changes. Due to the lockdown, many people lost their jobs or had to work from home, and social life occurring in public was now only possible via telecommunication systems. People started to feel lonely and in many, existential fears increased because of the unstable economic circumstances. Further, hobbies and activities practiced in groups and outside were prohibited and people's freedom of movement became restricted. Laura who lost her workplace because of the crisis recounted the difficulties she faced at the beginning of the isolation:

*It's really difficult. I am missing so many things, mostly leaving the house (...). That what makes me suffer most, is not to feel the liberty of choice. I want to go out but I can't do it.*

Despite the experienced hardships and disputes around how reasonable the measures were, people mostly complied with the decrees. Further, when the isolation started, most of the informants saw the isolation as necessary for the virus control and exhibited understanding for this governmental approach. *#iorestoacasa*, I stay at home, went viral on the internet and people were singing together from their balconies as an act of solidarity. The media showed pictures of deserted cities and squares from all over the country and repeated mantras like: *andrà tutto bene*, everything will be fine. People held distance meticulously to each other in front of shops and waited patiently until they were allowed to enter. During the initial phase of the isolation, informants perceived an atmosphere of solidarity and unification, which might have helped people to cope with the difficulties experienced during isolation. Julia, the young mother, and artisan reported on her impressions at the beginning of the isolation:

*It seemed to me that there was a sense of solidarity. Everyone was saying like, ok, we take responsibility for our lives and the lives of others, and behave so that it might not be harmful to others.*

This sense of solidarity and unification was present at the beginning of the isolation. It was an important emotion for people providing support. Further, the media invoked the message to care for others during the isolation, a narrative that was repeated throughout the crisis and which will be discussed in more detail in the next chapter.



**Photo 16:** Fresco in Glurns from the last defeated pest paying homage to the god

## Time to think

Informants adapted quickly to the new circumstances. The impact of the measures on informants' lives differed between each person. This might depend on different factors such as socioeconomic background, age, or family circumstances. The isolation made inequality-structures, risks, and threats visible (Lancker and Parolin 2020). Now it became important which working-contract you have, where and how you live, or what your socioeconomic circumstances are. Being locked up, and leaving the routines of everyday life made people reflect on their position. The isolation made them recognize the possible privileges they have. Reflecting on these privileges, such as a spacious apartment, a certain age, or a nice family, made informants think about people who they didn't perceive as privileged. Perceiving oneself in a privileged position during such difficult times, and acknowledging that other people might be worse off, may have helped informants to make this extraordinary situation bearable. Asking George, the musician, how he perceived the isolation he answered:

*I say to myself, I'm still doing okay, I am lucky. I try to compare myself to people who have it extremely hard, and who are not able to improve their situation. (...) I mean, yes it's hard, but there is much worse. This helps me to accept this situation.*

As such, the disruption of the "normality" informants were living before the crisis made them reflect on how they were living and how they want to live. Similar themes emerged amongst other informants. The memes of the clean canal in Venice and the dolphins swimming close to Italian cities were repeated by the informants. Further, informants talked about human fragility and vulnerability, climate change, deceleration, and natural conservation, to name a few key issues. The crisis made evident the fact that nothing should be taken for granted. Informants discussed their relation to nature and how humans should live. Kathrin lives in a village and spent the whole isolation period alone. She reflected on what might have caused or enhanced the crisis and suspected social inequality, overcrowded cities, and destruction of nature. She argued that "*similar to animal-friendly husbandry, people have to think about "human-friendly husbandry" to have a "good life"*", since Covid-19 hotspots were found in areas, with concentrated industry and population. Informants perceived the crisis as an alarm call and as a chance for change. Julia, the young artisan reported:

*Maybe it is a chance for the people to understand, how we can live together in solidarity, the whole of humanity! I hope that something positive will arise from this crisis.*

The impact of the measures depended also on how much informants' lives changed through the crisis. Informants whose lives mostly take place outside their homes experienced a greater impact compared to informants who already lived a restricted life. For instance, Anna, a 77-year old diabetic,

spent already most of her time at home because of her health condition. Further, most of her social-life occurred already digitally. Anna's life didn't change much through the measures, consequently, she didn't perceive them as restrictive. Rachel who has Parkinson's disease and who lives in the countryside answered to the question about her feelings during the isolation with:

*There were just minimal changes in my everyday life. I don't feel restricted at all. Instead, I felt more like-minded with society, because I was already impaired because of my health condition.*

Rachel explained, that because of her health-condition she was already living a restricted life before the measures were implemented. She experienced a lot of hardship and stigma because of her disease. Leaving the house spontaneously was never a matter of course for her. Rachel said that in the public people were usually insensitive to her impairment. Interestingly, Rachel and Anna, both chronically ill, perceived the isolation with an increase of solidarity and understanding of their living conditions. Different aid-organizations, as well as Anna's daughter, are now assisting her daily needs with grocery shopping and medical care. As such, Rachel thinks perhaps the new measures will make those previously ignorant more empathetic to what it means to live with restrictions on going out. She explained:

*Now people might feel how it is, not to be able to leave the house whenever you want and to be restricted in movement. With the restrictions, I felt like now people can feel how I feel. Thus I felt like-minded, more integrated into society.*

Consequently, the crisis changed people's lives decisively. Nevertheless, people adapted quickly and despite the hardships which came with the isolation, informants also perceived the crisis as a chance for change. For Anna and Rachel, these exceptional circumstances made them feel societal solidarity for their health conditions, which they never experienced before in such way. Through the collective experience of the difficulties and hardships entailed by the measures, a sense of solidarity and shared understanding emerged, which might have had a positive influence on people's experience of the pandemic.



**Photo 17:** Highways in South-Tyrol remained mostly empty during the isolation



**Photo 18:** University square in Bolzano during the isolation

## Chapter 8: Restructuring normality

### *Becoming cautious*

*During my travel back home to Italy, I noticed decisive changes in my environment and within myself. When flying back home to Italy I noticed for the first time that my behavior had changed. In Italy, I would live together with my parents, who are both in the at-risk age category. I certainly didn't want to put them at risk by bringing the virus from my travels with me. Thus, I wore a mask, gloves, and sanitized my hands when possible. Further, I became cautious in maintaining social distance from others and irritated when people didn't respect this distance. I realized that it was the risk of bringing the virus back to my parents brought me to adopt these new behaviors and feelings.*

*The arrival in Bolzano was shocking for me. People who experienced the change gradually, might not have perceived any big change in the city. I, who just arrived from Amsterdam, where almost no measure was yet implemented couldn't recognize the city I knew. It was a Wednesday afternoon and the streets were deserted and disturbingly silent. At the doors of shops hung a paper saying don't enter if you cough or have a fever. Park benches were taped and the only sign of life was the Italian flags waving in the windows and balconies. It seemed to me like a scene from a dystopic movie, where the whole population was extinguished. Am I the only survivor?*

*Further, normally when I arrive at my parents' apartment they would welcome me warmly in the staircase of their house. This time things were different. The door was still closed when I arrived at the last floor, and I had to knock. When my family opened the door, I couldn't believe the picture I was seeing: my parents and my brother were standing in a triangular position with one meter of distance from each other. There was no smiling, or hugging, just their suspicious gaze. I realized that they were perceiving me as dangerous, something that could put them at risk when entering their safe space, represented by the apartment. They didn't let me in before they had not done their ritual. The Master of the ceremony was my brother, who disinfected me from head to toes with alcoholic-spray. Then I had to put all my belongings to the balcony and wash myself and my stuff. Only then I was tolerated in their apartment, but still no hug. Instead, one meter of the distance was enforced between each of us.*



**Photo 19:** Taped benches and playground at the central park of Bolzano.

### **Making sense of the pandemic**

The high level of uncertainty and fear predominant at the beginning of the pandemic, and the shock caused by the abrupt implementation of the measures, was paralleled by trust toward experts and the government as discussed in the previous chapters. Most of them complied with the novel bans and orders without major resistance. After some weeks of isolation, the situation started to change. Being in isolation and being amid the Covid-19 pandemic became the new normal for many people, as apparent in the discussions with my informants. They adapted their lives to the exceptional circumstances of the crisis and didn't perceive the elicited uncertainties in the same way as at the beginning of the crisis. The shock subsided and with it the trust towards experts and governments reduced. As described in the previous chapter, people restructured their lives to the new normality. Many resumed old hobbies, or novel routines emerged. Julia, the artisan, and young mother spoke about this habituation process:

*The situation felt surreal in the beginning. It took me 2-3 days until I understood what was happening, that you realize, it is real! In the beginning, it was strange, but in the meanwhile, I got used to it, it is already the second week in isolation. Now it's getting normal.....*

After some time, the experiences of the crisis and the isolation became more individualized among the informants. People started to reassess and make sense of the crisis and the circumstances under which they were living. Past experiences and individual knowledge were added to the information about the crisis deriving from their environments. For instance, Emilie is a social worker and lives in Bolzano. Her husband had a tumor and had undergone chemotherapy. Due to his weakened immune system, Emilie's family was extremely cautious not to infect him. She was used to wearing masks and being careful not to infect others, which became important for everyone during the pandemic. Consequently, it was no effort for her to adopt the measures, and she fully understood its importance.

At the beginning of the crisis Alex, the young diabetic considered himself at risk. He took sick leave because of a cold, which normally would have not to be given much attention. After some weeks he started to reflect upon his situation. He reconsidered his position as a presumed person at risk, which shaped his behavior in the initial phase. Alex's reflections exemplify a sense-making process. Accordingly, informants live under different circumstances, have different backgrounds and possibilities influencing their experiences and perceptions of the crisis. Based on these differences, informants tried to make sense of the pandemic. These individual processes shaped informants' opinions and behaviors during this period. Snowden (2005) argues, that through the sense-making process humans react to the world around them. By choosing between multiple explanations of sensory and other inputs, people seek to align their individual experiences to the reality around them (Snowden 2005). Accordingly, people's perceptions and opinions of the crisis are different, even though they experience the same pandemic. Similar to the sense-making processes articulated by Snowden (2005), Alex reflected on his feelings and his situation. He concluded that he was still young, and like his peers, less likely to be at high-risk. Consequently, his attitude and his practices during the crisis shifted and were no longer driven by the perception of the virus as a threat to his health. Instead, an experience he had in the supermarket started to influence his behavior. Alex reported:

*"(...) you perceive, how it (the crisis) starts to elicit something in the people. (...). In the supermarket, a woman got crazy and complained massively because I was not wearing gloves. First I thought: what is going on here, is this person serious? Until that moment I hadn't realized that people are stressed out because of the crisis, which is understandable. I didn't want to start to argue with her, and I just thought, ok, if she has these fears, I will respect them. Since then I've worn gloves when I go shopping, so everyone is calmer."*

It was no longer Alex's fear to get infected by the virus, dominant in the initial phase, which made him change one of his everyday practices. Instead, it was Alex's empathic attitude towards the fears

and worries of other people which made change his stance toward the crisis. According to Louis (1980), people seek explanations using retrospective accounts, when they experience a situation they didn't expect. Unpredictable moments, such as the pandemic or the situation Alex experienced in the supermarket, might not correlate with the predictions people made for their future (Louis 1980). Thus, like Alex, people interpret unknown moments by assigning meaning to unpredicted circumstances by aligning the inputs they receive into known patterns.



**Photo 20:** Shopping street in the Bolzano's center after the lockdown was loosened

## **Mediatization**

To make sense of the pandemic people started to evaluate and interpret the situation they were living in. These sense-making processes shaped their everyday practices and their attitudes toward the imposed measures. Media plays an important role in conveying information to people who are then interpreting through sense-making processes. Strömbäck argues that media represents a *"social and cultural system of production and dissemination of symbols, signs, messages, meanings, and values"* (Strömbäck 2010, p. 368). As I discussed earlier, media contributed to the processes of making the virus's risks and threats real for the people. According to Lupton (2006), mass media plays a central role in conveying information about risks to laypeople. Further, she argues, that

certain phenomena would not have been perceived by people if the media would not depict them as major risks (Lupton, Mythen, and Walklate 2006). In the case of the Covid-19 crisis, certain memes were (re)-produced by media, which consequently shaped people's attitudes during the crisis. For instance, the images of the military trucks around Bergamo, driving coffins to the cemeteries influenced people's perceptions of the crisis. According to Beck (2008), the mediatization of risks, such as the risk represented by Covid-19, creates a "risk consciousness", which mobilizes forces on different levels. These forces influence people's perceptions and are capable of even changing politics and policies as seen during the pandemic (Beck 2009b). Thus, through the mediatization of the virus' risks, the pandemic became dominant in people's perception. People received inputs about the crisis from different sources, which all contribute to their sense-making processes. For instance, Laura who unfortunately lost her job because of the crisis says:

*I try to listen to different sources. TV, articles from virologists, and doctors, attempting to listen to many sources. Then I made my choices because much information was also contradictory. At a certain point, I decided to draw my own line.*

Laura didn't just consume and reproduce the inputs she received through media. Instead, she constructed her perspective about the crisis aligning different information through sense-making processes, in dialogue with her own situation. Laura perceived the risk as real and feared the possible health consequences an infection might have. Thus, she recognized the measures as decisive and not as restrictive.

Making the situation understandable for themselves, informants foregrounded aspects which they perceived as important. Max lives with his wife and two little kids in Bolzano. He has relatives in Germany with whom he spoke extensively about the pandemic. The different situations and approaches to control the virus in Germany made him reflect and come to another conclusion about the measures as Laura did. He stated that Germany had a more scientific approach to the crisis and aimed to explain the situation. Accordingly then, he didn't perceive the virus as a threat to his family. Instead, he perceived the measures and the control as restrictive endangering his children, because they inhibited their ability to spend time outside. He argued:

*Sure, it's necessary to close the schools and universities. (...) But I can't understand why I can't go with my kids to a green area.*

These opposing views of the measures and the differing behavior during the crisis are in line with Wilkinson's (2001) critique of Beck's notion of risk consciousness. Wilkinson (2001) argues, that with the mediated risk consciousness it is not solely the public's general awareness of risks which is relevant for people's reaction to hazards. Further, media coverage doesn't indicate the extent to

which the public is concerned about the risks since people's preoccupation with certain topics depends on their social contexts of day-to-day life (Wilkinson 2001). In other words, being aware that a certain risk exists does not mean that people perceive themselves to be at risk, as the "impersonal impact hypothesis" claims (Tyler and Cook 1984). The general risk consciousness does not always comply with people's perceived risk in the same way, as illustrated by the aforementioned example.



**Photo 21:** The beginning of temperature controls on the Austrian border at Brenner

### **The clash of realities**

Above all, after some weeks under lockdown, it was the perception of risks that differed most among the informants and led to diverging behaviors and opinions around the crisis. For instance, Anna and Rachel are over 60 years old and both have chronic diseases. Thus, they are considered as people at risk for a complicated Covid-19 infection. Nevertheless, their behavior and their stance toward the isolation differed significantly. Anna has diabetes and lives in an apartment in Bolzano and had her social life limited to the internet already before the crisis. Rachel who has Parkinson's disease lives remotely in the countryside in a house with a garden. Anna perceived the virus as a real risk for herself and demanded even stricter measures and rules for virus control. Living in an apartment in the city, where population density is high, and where the most Covid-19-cases were registered in

South-Tyrol, infection felt even more probable. On the other hand, Rachel lives a significant distance from the virus hotspot in the countryside and so engaged with the crisis mostly via media. Consequently, Rachel didn't perceive the virus as a personal threat to the same extent as Anna. Instead, Rachel identified the measures and the governmental approach in handling the crisis as dangerous for the people. She argued that the isolation, the bans, and rules were unacceptable and deprived people of their autonomy.

These opposing perceptions of risk elicited different understandings of the crisis and how to behave during the pandemic. This exemplifies Douglas' understanding of risk, as connected to cultural beliefs (Brown 2020). In this view, risk perception is embedded in a cultural belief-system that gives risks meaning and legitimizes organizational forms and actions (Malsch, Tremblay, and Gendron 2012). Consequently, pertaining to a risk group, like Anna and Rachel, was not necessarily the key factor in determining their response to the virus. Further, differing interpretations of the crisis, and the distinct perception of the virus's risk and dangers, lead to frictions among the population.

After the disruptive experience of the implementation of the measures, different risk perceptions and understandings of the crisis started to clash. Many people, like Max and Rachel, didn't perceive the virus as a risk for themselves but rather worried more about the consequences of the isolation measure. Being locked up at home can represent a threat for different reasons. Domestic violence, precarious living conditions, or mental health concerns may be reasons for people to need to leave their homes. For these people, staying at home might represent a greater risk than the virus infection does. Further, the invisibility of the virus and the presumed high number of asymptomatic patients embodies in every stranger a potential threat. The atmosphere on the streets started to change. Suspecting others to be a potential threat, hostility and suspicion among the population grew. Ilena, the retired teacher who lives alone in Bolzano, used to walk daily in the forest. During the pandemic, the situation changed for her too and she reported:

*The previous week the few people I met greeted friendly. (...) Then people started to take 2m of distance. One day I was with two friends and we were standing in a row. A woman came and scolded us: If we all would do like you do! (...) Now, when you go to the streets, nobody looks at you, everything has darkened. Nobody greets, and people don't know each other anymore. It's going in a negative direction, full of panic and fear.*

For the women who scolded Ilena and her friends, following the governmental recommendations may represent a solidary act. Accordingly, if we follow the rules we will reach the goal of ending this crisis. Not to comply with the measures became an unsolidary act and was perceived as deviant

behavior. This was reinforced through media reports about illegal meetings, and people leaving their municipality which was forbidden.

Nevertheless, Wilkinson (2001) speaks about the importance of solidarity arguing that a collective representation of risk has an integrative function for the maintenance of social solidarity (Wilkinson 2001). The solidarity and the supposed social cohesion fighting a common enemy was enhanced by media with slogans like #iorestoacasa (i stay at home), and #andratuttobene (everything will be alright). The internet was brimming with celebrities, politicians, scientists urging people to stay at home and follow the measures. They argued that each of us had to make a sacrifice during this crisis to combat the virus and save other lives. Douglas writes, that the "*public perception of risk is treated as if it were the aggregated response of millions of private individuals*" (Douglas 1992, p. 40), like these claims in the media demonstrated. They homogenized people's situations, neglecting individual necessities, circumstance, and possibilities. To give a clear example, it might be easy to stay at home, if someone has a home. Media conveyed this narrative of social cohesion, enhancing Italian nationalism, and creating virtual solidarity. Nevertheless, on the streets and in daily life people acted suspiciously and with hostility towards one other. For instance, Alex, the young diabetic who works with asylum seekers, was worried about his clients. Comparing his circumstances with those of his clients made him realize the privileges he has. Alex explained, that his clients fought for years to get a job, and to construct an everyday life. However, for them the crisis would mean three steps backwards. Alex claims, that people like his clients were completely neglected by the public discourse during the crisis and remarks on how he perceived the atmosphere:

*On the one hand, you have this inflated solidarity on the internet: Italy united, così bella, but on the streets, you have people who control each other, and who blame you for not wearing gloves. This is inconsistent (...). You perceive how everything is romanticized on the internet. On the streets, there is real life.*

Scott (2000) argues, that the perception of high risks, like Covid-19, enhances already existing social divisions. Douglas states that "*it may be a general trait of human society that fear of danger tends to strengthen the lines of division in a community*" (Douglas 1992, p. 34). The constant presence of Covid's risks and the fears elicited by the crisis influenced people's attitude in this sense. Further, Douglas understands risk as a political concept through the attribution of blame and responsibility to ill events (Lupton, Mythen, and Walklate 2006). In such situations, people or groups in already marginalized social positions become associated with dangers and misfortunes and are often situated as responsible for the risks threatening the majorities (Scott 2000). Thus, during crises and situations of high risk, people search for scapegoats, who are then blamed and marginalized. Lash argues that risk culture always starts from blame, with the question of who to blame (Lash 2000).

During the pandemic, different groups and individuals were blamed for not following the measures and made responsible for the ever-rising infection and death rates, even though this might not be true. This scapegoating enhanced the hostile atmosphere within society. Kathrin, who lives alone in a village talked about the marginalization and blaming processes during the pandemic:

*The sort of marginalization, that people try everything to blame the other... In the beginning, they blamed the Chinese, then they closed the border. Consequently, those coming from Lombardy, and now they blame their neighbors. One is always looking for a scapegoat as if an individual might be responsible for the dissemination of the virus.*

Already marginalized groups are the easiest and most frequent target of blame. For instance, the station-park in Bolzano is notoriously referred to by populist politicians as a place of "degrado", meaning social deterioration. Different marginalized groups reside in the park such as homeless people, drug addicts, or asylum seekers. During the isolation, politicians and the media repeatedly blamed these groups for not complying with the measures, rendering them responsible for the continuing virus dissemination.

The majority of people stayed at home and complied with the measures. Not following the measures, such as leaving the house, or not wearing a mask, was perceived as deviant behavior and those who didn't comply were blamed by the majority. This perception of blame was also a major driver for people to comply with the measures. Consequently, the Covid-19 crisis represents a double-edged sword. On the one hand, as Douglas argues, impending catastrophes and a common enemy enhances social solidarity, which was observable during the crisis (Haller and Hoyer 2019; Wilkinson 2001). On the other hand, risk enhances social division through the blame of already marginalized groups. As solidarity was predominant in the initial phase of the crisis, hostility and conflicts dominated the latter part of the pandemic.



**Photo 22:** Anti measure demonstration in Bolzano after measures were loosened

## Cleaning, controlling and other magics

During the sense-making phase of the pandemic, the opinions began to differ about the reasonable nature of the measures. The living conditions, as well as the perception of risk, shaped people's stance toward the measures. Nevertheless, the virus had to be contained and the dissemination controlled. For this reason, the government, who perceived the virus as a major threat, implemented new orders for containment of the virus. Day after day new decrees were launched, novel rules defining "correct" behavior implemented, and another self-declaration introduced. According to Douglas, contemporary responses to risk, like during the pandemic, are not founded on modern conditions (Douglas 1992b). Douglas emphasizes that part of the cultural meanings of risk is a continuation of earlier societies from other periods of human history (Wilkinson 2001). Douglas' thoughts on risk are linked to the cultural concepts of purity, pollution, and otherness, and the protection of dangers coming from outside the community or body (Lupton, Mythen, and Walklate 2006). Further, Douglas' idea of risk consists of a shared understanding which is based on pre-established cultural beliefs and symbolic structures, helping people to make sense of risks.

Douglas' cultural understanding of risk is also relevant to this pandemic. Especially the distinction between inside/outside and the construction of borders to control the threats deriving from outside became evident during the crisis. Accordingly, soon after the infection numbers in Italy became perceived as a threat, the border controls were reintroduced, and subsequent national borders closed. Throughout the lockdown, everyday life got reduced to staying home. The distinction between private and public spheres became predominant. People were only permitted to enter public spaces for necessities, such as groceries, emergencies, or helping others. Thus, it was not allowed to meet people, rest on a bench, or stop for a casual conversation. Further, the virus resided outside, and the only possibility to get infected was when leaving the house. These circumstances intensified the feeling, that the public sphere, the outside, was a dangerous and hostile place. Kathrin who lives alone reported how the atmosphere in her village changed, which used to have a strong village community:

*Now I perceive how fast the cohesion within a group can change. People encounter me with distrust and distance. The outside world became an enemy territory. As soon as you leave the house you are controlled by public authorities, but also by other people controlling you if you break the rules.*

Despite the scapegoating and blame of vulnerable groups as a reaction to high-risk perceptions, Scott (2000) refers to another response to risk especially evident in individualistic societies. Scott (2000) argues that individuals seek a personal solution, like buying themselves out of risky environments, or panic buying (Scott 2000). Further, people don't seek to face the problem collectively. Instead, they

respond to it by protecting their private space and themselves. Consequently, people tend to perceive their "own private spaces as oases within a hostile environment" (Scott 2000, p. 40). Laura who lost her workplace and who perceived Covid-19 as a risk for herself and others explains how she experienced the division between inside/outside:

*At home, I feel safe, outside I don't feel safe. (...) I started to wear masks, to cover my eyes, to wear gloves. I felt disquiet, so I started to implement protection tools against the uneasiness I felt outside. I just exit the house unwillingly, and when I come back I have to do all these rituals, change my clothes, take a shower, wash my shoes, clean the house. (...) I see these [rituals] as a precaution for my health.*

Continuing with Douglas' ideas of risk, these private oases needed to be protected, maintaining purity and order, keeping the threat outside. Exiting or entering these safe spaces were now linked to rituals. Not all of the practices informants reported were mandatory from the government.

Nevertheless, informants might have felt safe in performing them. For instance, before leaving the houses, the self-declaration form had to be filled out, identity-card and hand sanitizers pocketed, and the body itself was protected with gloves, masks, and glasses. According to Douglas, the human body, like communities, also has boundaries and a distinction between inside/outside which needs to be protected and controlled (Glasse 1969). Thus, the mask, which became an omnipresent object, and a decisive tool for people to reduce their risk perception during the pandemic, symbolizes the control and the division between inside and outside of the body. Further, to maintain order within the home and thus its purity; the dirt and the threat had to remain outside. Things that crossed the doorstep had to be purified through cleaning rituals. Anna, who is chronically ill and lives in the city reported, that she installed a small "triage" in her home's entrance, where she prepared herself for entering or exiting her house. Accordingly, everything needs to be purified when entering the house, even purchases were disinfected meticulously.

The probability of getting infected with Covid-19 through the contact of a contaminated bag of crisps is judged low. Further, expert opinions differed on whether masks would actually reduce the spread of the virus. Thus, these cleaning rituals and new practices may be partly incongruent with the evidence available about the infectivity of the virus. Thus, not knowing how to act under such uncertainties, as reported by Laura, lead to ritualized and partly irrational practices that could be called "magic" (Roth 1957). Another example of such magical practices is the disinfection of public spaces. During the nights, municipal employees circulated through the streets with a noise blower with which they disinfected the streets. The efficacy of the "disinfection" of public spaces to reduce Covid-19 infections can be questioned. It had a more symbolic character, showing that the municipality was acting, purifying, and reordering the outside public space. Moreover, according to

Alaszewski (2015), such magic gives people confidence in the face of uncertainty, when they can't accurately evaluate the likelihood of possible outcomes (Alaszewski 2015). Brown argues that such magical practices are common in the handling of uncertainty and risks, providing control through rituals involving objects or the body (Brown 2020). These practices were mostly performed by informants, who perceived the virus as a personal threat. For these people, the measures didn't represent a restriction or a curtailment. Instead, staying at home might be comprehended by them as a ritual to reduce the fears and uncertainties elicited by the pandemic.



**Photo 23:** New measures and practices for entering a hospital in South-Tyrol

### Is it my fault?

During the isolation period, the greatest part of the Italian population stayed at home and complied with the measures. People adapted quickly and there were no major protests in Italy against the governmental approach, as seen in other countries like Germany, the USA, or Brazil. The virus was perceived by all informants as an objective realist risk (Beck 2008). The extent to which people perceived the virus as a personal threat differed. These perceptions were shaped by the media and public discourses. Especially the creation of categories of people at high risk, and the images of the realities in the cemeteries and hospitals influenced people's opinions about the crisis (Brown 2020).

Nevertheless, people who didn't perceive the virus as a personal threat still complied with the measures. Thus, it was not just the fear or the risk perception of the virus which made people comply with the measures.

Since many infections occur without symptoms, especially in young people, many maintained social distance and stayed at home to prevent infecting others. This conduct was reinforced by the constant repetition in public discourse to behave as if you were infected. Consequently, responsibility became an important topic in public discourse, influencing people's behavior and opinions about the measures. People felt responsible for others, especially those in high-risk groups. They thought it better to comply with the measures, even though it was difficult, instead of feeling responsible for the death of others. Moreover, by preventing infections, you act solidarily and protect the collective, maintaining social cohesion (Wilkinson 2001). For instance, Laura who lost her workplace because of the crisis perceived herself as a healthy person, and not at risk for a complicated Covid-19 infection. Nevertheless, she didn't perceive the measures as restrictive. Instead, she perceived remaining at home as an act of care, protecting others.

*I don't comply with the measures just for me. It derives from solidarity thinking. I do it for everyone! I could be infected without symptoms and transmit it to others. Thus, I have to be careful with others, not just be cautious of myself.*

Living together in a society means that any of your actions might affect others. This is something that became evident during the pandemic. People started to think about and care for others. They wanted to avoid infecting a person who might be at risk. The thought that you care for and protect others when complying with the measures, taking responsibility for your actions, facilitated informants' acceptance of the restrictions.

Further, the situation in hospitals was in some places catastrophic and the health care system nearly collapsed in some regions. The dramatic situation was conveyed through the images of people connected to ventilators and hospitals overcrowded with sick people. These reports made the precarious conditions under which healthcare workers had to work almost ceaselessly visible to the collective. This reality elicited strong empathic feelings towards health-care workers in society. Soon they became national heroes, fighting at the front lines for the collective good of the nation. Thus, complying with the measures was not just protecting people at risk, but also supporting the national heroes and preventing the healthcare system from collapsing. Emilie's husband had a tumor some years ago. She knows the healthcare system quite well and appreciated the work they did for her family. Consequently, she felt responsible to support the workers who were making such efforts for the collective.

*The healthcare system nearly collapsed and so many doctors have died already! This makes it important to wear a mask because the healthcare workers make all this effort and everything that we do falls back to them.*

Thus, it became important helping to protect vulnerable people as well as the efforts of healthcare workers. Nevertheless, this might be just one part of the story. During the pandemic, the Italian government emphasized citizens' responsibility to control the virus spread and prevent the health care system from collapsing. Further, statements like "*liberty mean responsibility*", which were launched in South-Tyrol after the isolation ended, might have evoked the notion that the responsibility to end the crisis lay in the hands of individuals. This might be in concordance with Peterson's (1997) analysis of neoliberal societies. These societies emphasize the capacity of an individual to care for themselves through self-governance. With this approach, the government takes a back seat, fragmenting the welfare state, minimizing state control, and deliberating markets (Klein 2008). Further, individuals become self-responsible for control and to diminish risks and dangers (Oltedal et al. 2004). Although, in principle, people have a certain responsibility to control the pandemic, at the same time the emphasis on individual responsibility obscures the structural deficiencies of the health care system and governmental responsibility to control the pandemic.



**Photo 24:** Elderly person walking on the victory square in Bolzano during isolation

## Eyes everywhere

There were only a few informants who spoke about governmental failures to handle the situation. These informants didn't perceive the responsibility to handle the crisis to be in the hands of individuals. Instead, the cuts to the public health care systems of the last decades, increasing privatization in health care, and underpaid jobs in the care sector were identified as the trigger for the uncontrolled virus dissemination. For instance, Max, who perceives the measures as dangerous for the wellbeing of his family questioned individual responsibility. He perceived the measures as repressive and restrictive. His kids in particular suffered under the restrictions. According to Max, they are the least to blame for what was happening. Max argues that if the Italian government had reacted earlier and invested more in the health care system, they might have not been forced to implement drastic measures. Thus, he blamed the government for not having done its duty to prevent the crisis while passing on the responsibility and effort to control the crisis to individuals.

*I don't understand, why kids and everyone have to bear these restrictions while the government didn't close elderly homes earlier, has not done enough testing, not enough doctors, nurses, and protective equipment for this crisis. Without these political failures, we would have to suffer less as a consequence of the measures.*

Max explained that the major motivation to stay at home for him was the fear of getting caught by the police and getting fined for doing something which in his eyes his family should have the right to do: exiting the house for a walk. His fear was enhanced by the apparatus which was installed to control people's compliance with the measures. Police and the military patrolled through the streets in Bolzano, checking the mandatory self-declaration people had to carry with them. Helicopters circled over the city and civil protection cars drove through the streets with megaphones announcing: "Due to the corona crisis, you are not allowed to leave the house". These circumstances made it clear to people that the government was taking the situation seriously and that it ensures its citizens are compliant. Further, people started to police each other, and call authorities if they suspected someone breaking the rules. When the police stopped Max, they told him that people called them because they saw him walking in the park with his kids. This was still allowed at this time, but people overreacted and reported him to the police. Additionally, the news reported about people who called the police because their neighbors were having guests.

These developments: blaming others, handing the responsibility to protect high/at-risk patients and the healthcare system to individuals, heightened the moral value of certain behaviors. Consequently, a good citizen was perceived as the person who complies with the measures, staying at home and wearing masks, and deviant behavior was perceived as breaking the rules, such as exiting the house and not maintaining distance. This development is decisive for the governmentality perspective of

risk. Lupton (2006) argues that Foucault's governmentality perspective on risk adopts a strongly constructionist approach. In this sense, risk needs to be constructed through discourse, as it was the case during the pandemic (Lupton, Mythen, and Walklate 2006). In the news, deviant behavior was made responsible for ever-rising infection- and death-rates and depicted as working against the community effort to end this crisis. Mary, the director of the youth home, who took the measures seriously, reported about these deviant behaviors:

*We follow the rules and then, just because of one person who is not complying with the measures, we all have to remain locked up. If everyone would act like them we would have a big problem. Thus, everyone should do as much as possible and follow the measures.*

In Mary's eyes, one person could be responsible for the aggravation of the situation of an entire country. Further, having this responsibility in mind, she perceives exiting the house as deviant behavior. Lupton (2006) emphasizes the importance of the discourses that surround and construct risk. Risk became a major apparatus for the regulation of people through disciplinary power in modern societies (Lupton, Mythen, and Walklate 2006). Foucault argues that in these societies populations are not regulated and governed only through an overtly repressive system. Instead, moral values become attached to certain behaviors through public discourse. For instance, running became a deviant and subversive activity, through the repetitive blaming of joggers to be responsible for the virus dissemination during the lockdown. Accordingly, like Mary, people internalize certain practices voluntarily in pursuit of being a good citizen and avoiding public blame (Petersen 1997). Thus, people are not (just) governed through repression, but (also) through self-governance. During isolation in South-Tyrol, the self-governance to comply with the measures was fortified through the ubiquitous surveillance-system in the form of authorities and vigilant neighbors. The notion to be observed and controlled constantly during the isolation created a "panopticon" situation, as described by Foucault (Foucault 2008).

Consequently, avoiding blame from others, or because of the fear of potential police controls, people remained mostly at home, even though it was allowed to exit the house for a short walk. Thus, people reinforced the restrictions by limiting themselves. Like Mary, many didn't utilize the right to leave their house for a walk; they would have felt uncomfortable while conducting "deviant behavior". This self-governance and disciplinary power was a major driver for compliance with measures. Young people suffered particularly under the restrictions, not only because their lives were curtailed massively because of the measures, but also because they were exposed to the risk assessment, and control of their parents. As the pupil Sonja reported, it was not the risk of the virus which made her and her friends remain at home, it was the fear of getting caught by parents and the

police. Thus, Sonja and her friends met in the forest, hidden from the eyes of police and concerned citizens:

*I feel safe in the forest because there are no people, and I can't get fined there. Also, my friends told me, that the biggest fear is that we get caught by the police, not that we get infected by the virus.*

Consequently, it was not just the risk entailed by the virus which made people comply with the measures. Depending on how people made sense of the situation, they foregrounded specific risks, which were then decisive for them. For instance, for Anna, the chronically ill person, the risk to become infected was the major driver for her behavior and stance toward the crisis. Max instead experienced the police and the restriction of movement as the most significant risk for him and his family. Nevertheless, the surveillance system and the politicization of risk, as described by Douglas and Foucault, may have contributed decisively to the compliance with measures, even in people who didn't perceive the virus as a risk.



**Photo 25:** Town hall square in Bolzano after the lockdown was loosened

## Chapter 9: Conclusion

### Part 1

At the moment of the outbreak in China, not much was known about the virus. The consequences of the crisis were unforeseeable for people. People's risk perceptions and understanding of the pandemic was influenced by different factors such as numbers and statistics and had to be constructed through discourses in media and public (Alaszewski 2015). With the progressive dissemination of the virus around the globe and subsequently in Italy, the crisis became cosmopolitanized and people's understanding of the pandemic started to change (Beck and Levy 2013). Controversial debates about the virus's risks and dangers emerged, and people couldn't grasp what this crisis might mean to them.

The invisibility of the virus and the asymptomatic course in many patients became an important characteristic of the crisis which influenced people's reactions to it. New practices, like the disinfection of public spaces and objects like the mask, were introduced, reminding people that they are amid a pandemic. As Clara explained, she perceived the crisis via the media first, and later through the masks, people wore in her village. Otherwise, she would not have perceived the pandemic in her immediate surroundings. The catastrophic circumstances in Italy, symbolized by images of Lombardy hospitals, contributed to people's understanding of the virus as a threat. Such circumstances elicited particular governmental and individual responses that are specific to the Italian context in which this crisis emerged (Hale et al. 2020). Thus, how the virus was represented and how information was conveyed shaped people's perception of the crisis and the entailed risks.

The overload of information, the fast-evolving situation, and the deteriorating circumstances in Italy increased people's uncertainties and fears. They were unsure which information to believe, how to behave properly, and how to protect themselves and others from a Covid-19 infection. Nevertheless, most people continued with their daily lives as usual. Only through the implementation of the isolation measure did people start to perceive the crisis as real and as a threat to themselves in a collective way. This measure affected everyone, but to differing extents. Further, people experienced the initial phase and the thoughts and perceptions it entailed quite similarly. Subsequently, people's lives changed radically through the restriction of movement and this shocking experience disrupted people's structures of everyday life and the forms of knowledge that underpinned them (Bury 1982).

### Part 2

With the implementation of the measures, the crisis intruded into all aspects of people's lives. The virus and its entailed risks and dangers became the central topic of conversation, and the pandemic was constantly present in media. These specific ideas, beliefs, and information about the pandemic

conveyed through discourses can be regarded as memes, that infect people's minds like a virus (Dawkins 1993). These memes were (re-)produced by people and shaped their behavior, and thoughts during the crisis (Kitcher 2001). This affected people's risk perceptions, and like Alex, the young diabetic, people started to incorporate the information and images about the crisis into their decision-making processes. Risk and mitigating risk connected to the virus became an important driver for people's behavior. For instance, risk group classifications were internalized, precaution measures were adopted, and daily practices like buying groceries became dominated by the presence of the virus.

People experienced the beginning of isolation in a relatively similar way, and the critical situation they were living enhanced feelings of fears and uncertainty (Giddens 1979). Not knowing how to behave, and what is going on might have hampered people's daily decision making. This can be experienced as paralyzing (Petersen 1997). To overcome this uncertainty people trusted the government, and experts, and complied with the measures without major resistance (Alaszewski 2015). Trusting these institutions was for some informants, such as for Ilena, a novel experience, which was just elicited during the crisis and by the implementation of the isolation. As argued by Zinn (2008) and Luhmann (2000) trust plays an important role when knowledge for decision making is limited, or when people experience an overload of information. Both circumstances might have played a role during the pandemic. Zinn (2008) framed this process as an "in-between" strategy for decision making. Thus, trusting experts to overcome uncertainty, was quite evident during the beginning of the isolation, and was important for people's compliance with the measures.

Nevertheless, the measures represented hardship for many people. People started to restructure their everyday lives from home which represented an additional burden to the ongoing pandemic. Like Mary, who had to work full time, manage her household, and care for and teach her two little kids. Moreover, deprived of daily routines, people had the time to reflect on their position and what might be important in their lives. Interestingly, similar topics such as deceleration, nature-protection, and climate-change emerged as topics of reflection amongst the informants. These reflections made them perceive the crisis as a chance for change, which might have helped people to cope with the hardships. Further, the collective representation of risk enhanced a sense of solidarity, like Anna and Rachel described, who experienced increased support and empathy towards their experiences living with chronic illness. This highlights the integrative influence of risk for the maintenance of social cohesion as argued by Wilkinson (2001).

Further, the isolation made inequality-structures, risks, and threats visible and people realized the circumstances in which they lived (Lancker and Parolin 2020). Many became aware that they might be living a privileged situation. Comparing their situation with circumstances elsewhere that were

presumed to be worse helped some people to accept the current situation in isolation, such as described by George. Further, people have different possibilities and live in distinct circumstances, which thus shaped the amount of stress and difficulty experienced during the isolation as well as their risk perception. For instance, living in the countryside, distant from the visibility of the virus made people perceive the virus's risks and dangers as less intense compared to those living in the city. Thus, at the beginning of the isolation people's risk perceptions were influenced by the memes about Covid-19. People trusted the government and experts, and the integrative influence of risk was evident. This situation changed after some weeks of isolation and the risk perceptions started to differ from each other.

### Part 3

After some weeks people got used to the isolation and crisis became the new normal for them. The shock and uncertainty subsided and people started to reassess the situation they were living in. The risk perceptions and how people perceived the crisis started to differ from each other. Through sense-making processes, previous experiences, knowledge, and backgrounds were aligned with the information people received from their surroundings (Weick 1995). This is exemplified by Alex, who first perceives himself to be in a risk group by trusting and adopting the recommendations of experts. However, he reassessed his situation after some weeks and concluded that he might not be at higher risk compared to his peers. Distinguished to the beginning of the pandemic, where the risks entailed by the virus was in the foreground, people's risk perception started to differ from each other after some weeks. This led to distinct opinions and behaviors during the pandemic and frictions between people.

As argued by Lupton (2006), the media plays an important role in conveying risks linked to Covid-19 and facilitated the creation of a risk consciousness for the pandemic (Beck 2008). This shaped people's awareness during the crisis, focusing their attention on the risks entailed by Covid-19. Nevertheless, the collective awareness of risk does not mean that people perceived risks in the same way. People's preoccupation with certain topics heavily depends on their social contexts of day to day life (Wilkinson 2001). Further, opinions about the reasonable nature of the measures became more diverse over time. Thus, it was not only the risk of the virus which made people comply with the measures but also other risks. For instance, Max did not perceive the virus as a risk for his family, but rather the measures and the police. Thus, the isolation was not reasonable for him, and compliance with the measures was ensured more by the risk of the fine than that of the pandemic. On the other hand, people like Anna, who perceived the virus as a real health risk, demanded even stricter measures to control the virus. Therefore, like Wilkinson (2001) argues, the general awareness

of certain risks does not indicate the extent to which people personally perceive this risk as dangerous.

These varying risk perceptions influenced people's behaviors. For instance, some wore gloves and masks in the streets and others were not maintaining distance to each other. This evoked tensions between people, blaming other people for not doing it right, and producing a suspicious and hostile environment in the public spaces. This was enhanced by the politicization and moralization of risks (Lupton, Mythen, and Walklate 2006). Exiting the house was perceived as deviant behavior and blame was attributed accordingly within the public discourse. With slogans like #iorestoacasa the responsibility to control the crisis was placed in individual hands (Petersen 1997). Not complying with the measures meant acting against the collective effort to end this crisis. This politicization of risk enhanced existing social divisions as argued by Scott (2000) and influenced decisively how people behaved during the crisis.

These individualized risk perceptions highlight the constructivist aspects of risk, which embeds risk in a system of cultural beliefs (Alaszewski 2015). Practices and rituals emerged to control or protect oneself from risks and diminish uncertainty as argued by Brown (2020). For instance, Anna constructed a triage at her house entrance where everything that crossed her doorstep needed to be purified through disinfection (Glasse 1969). Further, aspects of (self-)governance and control became evident and shaped people's risk perceptions and behavior during the pandemic (Nettleton 1997). To conclude, risk perceptions remained an important trigger for people's behavior during the pandemic, even though it was not necessarily the risks attributed to Covid-19. All informants perceived the virus and the crisis as real and perceived a necessity to control the dissemination. However, approaches to the crisis differed from each other and were linked to their risk perception as exemplified by Max and Anna. Further, different risk perceptions, such as of the virus, or the governmental repression, contributed to people's compliance with the measures.

## **Final words**

This work aimed to explore the individual experiences of the Covid-19 pandemic and the measures implemented to control it, considering the macro and micro perspectives of the crisis in northern Italy in 2020. This is decisive since, despite its global character, people's experiences of the Covid-19 pandemic cannot just be analyzed as a global event. They have to take into account local structures and individual circumstances. The global developments of the last decades and the globalization processes pointed out by theorists like Petersen (1997), Wilkinson (2001), or Lupton (2006) shaped this pandemic decisively. Risk has been central to understanding and approaching of the pandemic in Italy as well as globally. This aligns with Becks (2009b) risk society, whose concepts of cosmopolitization and risk consciousness were both evident during this pandemic.

Media and the mediatization of the crisis significantly influenced the cosmopolitization of this crisis on a macro level and shaped people's understanding and risk perception on a micro-level. How Covid-19 and the crisis were depicted, categorized, and which information was conveyed shaped people's risk perception especially at the beginning when little was known and people were experiencing the shock of rapidly changing circumstances. Numbers and statistics, the creation of specific risk-groups, or images from Lombardy hospitals conveyed to people the seriousness of the situation and that the risks of Covid-19 were real. Further, people's understanding was influenced by information, such as the asymptomatic transmission, or reproduction numbers. Thus, the information conveyed to people created a specific narrative of the crisis which decisively affected people's understanding of the crisis and its risks. After some time the risk perceptions started to differ from each other. People interpreted and made sense of the pandemic by aligning their knowledge, experiences, backgrounds to the information deriving from media. Thus, the risks caused by the virus were perceived as objective and real, but the management of these risks and the extent to which something was perceived as a threat varied among the informants. Consequently, people agreed on the objective risk of Covid-19, that it represents an individual and a collective threat to the entire country. This was essential for people's compliance and acceptance of the measures and facilitated the drastic societal and cultural change we lived during the pandemic. Therefore, against a view on risks as calculable, and quantitative, the risk is not uniformly perceived and has to be seen as constructive in nature (Lupton, Mythen, and Walklate 2006).

During the pandemic, risk became politicized, especially through the attribution of blame and responsibility as argued by different authors (Turner 1997; Douglas 1992a; Lupton, Mythen, and Walklate 2006). Further, risk represents a double-edged sword: On the one hand, as argued by Wilkinson (2001) risk has an integrative function, enhancing social solidarity and cohesion, perceivable especially during the beginning of the isolation. On the other hand, through the politicization of risk social division, and marginalization of specific groups increased through the perception of high risk (Scott 2000). This latter aspect dominated especially during the later part of the isolation, where people were under strains for some time, and differing perceptions of risks collided. The negative atmosphere resulting from the contrasting and varying perceptions of risk and danger during this crisis may have had detrimental consequences for the social cohesion in South-Tyrol, even when measures were slackened. The victims of these developments seem to be parts of society who are already marginalized and were neglected during the pandemic. Thus, the double-sided perspective, and especially the sharpening of social division and conflicts through risk has to be considered in political decisions, especially if risk becomes the major reason for these decisions.

Throughout the pandemic, a particular representation of Covid-19 became predominant and the control and reduction of specific risks was the major goal for political actions. There was not much room for alternative approaches to handling the pandemic. The moralization of certain behaviors and the politicization of risk made such discussions even more difficult. Contradicting the mainstream narrative of the crisis and its risks might partly have seen in itself as responsible for increasing deaths and infection rates. Within this discourse around the crisis, other risks, perceived as more dangerous to people, might have been neglected. This might include risks that had already been present before the pandemic, such as chronic diseases, socioeconomic difficulties, and risks that emerged from the crisis and the implemented measures. Such risks and consequences deriving from the hardships and difficulties elicited through the isolation measures include domestic violence, psychiatric diseases, and in particular a dramatic rise of suicides in South-Tyrol. The individual perceptions and experiences of risks, as well as a more diversified discussion about the crisis and its social implications, may have consequently been neglected in the public health approach to virus containment. As such, these individual experiences and perceptions of risk have to be considered in policies concerning risk reduction. The harm caused by the reduction of risk should never increase the damage elicited from an objective risk.

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