

From 'Personal Coping' to 'Social Coping'. How to React to a Pandemic, a Proposal by Ethics

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Abstract:

In the light of the existing reflections on Covid-19 issues, the text proposes a new reflection on the consequences of a pandemic from the point of view of Christian Social Ethics, its strategies, and reactions in everyday life.

The author shows that common good, solidarity, and subsidiarity, fundamental principles of social ethics, are decisive in enabling authentic 'coping' to survive the pandemic aftermath.

The main implication of the contribution is to show an alternative way of overcoming the breakdown caused by the pandemic state.

The methodology the text uses is the theoretical-hermeneutical one proper to the humanistic sciences, leaving aside statistics because of their continuous changing.

Keywords: Covid-19, ethical response, coping, hope, resilience, Christian Social Ethics

The analysis of the ethical-moral developments of a global situation such as the pandemic we are experiencing in recent months calls for a much broader reflection than that limited to a simple comment on the voices emerging from civil society. It contains and links together a series of ideas and considerations that arise above all from the immediate externalisation of emotional reactions of fear and dread towards the unknown and uncertainty. They are caused above all by the unprecedented situation in which human beings find themselves living, and seeing their freedoms and, to put it to the extreme, their dignity restricted.

The aim of this contribution is precisely to try to go beyond the observation, attempting to present some insights on how to rethink the human being in the pandemic situation, especially from an ethical-moral point of view. It is not a question, therefore, of assuming an encouraging and/or compassionate attitude towards our current situation. It is rather based on presenting perspectives for a hermeneutic interpretation of the human being that can and must continue to live, even with all the limitations of the moment. In order to do this, we will attempt to answer one question in particular, posed amidst the insidious network of numerous opinions on the new life during and after the pandemic: How can we try to be, without being able to present ourselves to others in a social way?¹

¹ The author warns that the content of this article derives solely and exclusively from his interpretation of the statistical data and the many

The exegetes of the virus proudly told us that we were going to emerge from the pandemic stronger, better, and more united. Even without seeing the light at the end of the tunnel, far from being strengthened, we have been weakened as a social body, in our rights, yearnings, and vital expectations. In this environment, a revival of the plague was incarnated in the 21st century.²

Manuel Lázaro Pulido, in the prologue of his book *La pandemia del miedo*, provocatively warns of the illusions raised by the discourses of strength and social resistance against Covid-19. These illusions, which have emerged in most societies and are carried forward not only by governments but also by civil society, encourage every human being to endure the limits imposed by the pandemic and to support their neighbours, their fellow human beings.³ As the months have passed, however, the persistence of the crisis and the immediate worsening that has followed every unexpected relief has weakened human endurance and debilitated the social body. This debilitation has caused governments to lose the necessary direction for the containment and mitigation of contagions and men to lose confidence in a positive resolution of the situation. In addition, this is appreciable in practically every nation in the world. What to do, therefore? Who can take the responsibility of managing the critical situation of human beings who, if on the one hand bring into play all the instinctive techniques of survival, and on the other hand experience the disintegration of their capacity for patience? This contribution intends to answer this question, with the help of the alternatives presented by Christian social ethics, its principles, and values.

1. Self-evidence of the Pandemic

That we are facing a pandemic is easily observed from statistics freely available online. On the date of the last revision of this contribution, the Worldometers site indicated 116,616,674 total global cases of Covid-19, distributed over 221 nations or unrecognised independent territories, representing almost all nations.⁴ As of 8th February 2021, there are only 13 territories that have never been affected by the coronavirus: Cook Islands, American Samoa, Tokelau, Federated States of Micronesia (Yap, Chuuk, Pohnpei, Kosrae), Niue, Kiribati, Nauru, Pitcairn, Palau, Saint Helena, Tonga, and Tuvalu. These remote territories, apart from Saint Helena, are all located in the Pacific Ocean, are not prevented from speaking both at health and at political level of pandemic. It is a global phenomenon and, in a globalised world, it involves all men and, as the Social Doctrine of the Church teaches, any global thing ‘concerns the destiny of humanity’.⁵

From the point of view of human sciences, which unlike hard sciences can give voice to the content of human emotions, this global engagement imposes an enormous challenge. It consists in finding elements common to everyone, which allow the whole of humanity to accept the pandemic

voices analysed in assessing the ethical and social implications of the pandemic. The author's proposal is a cogent suggestion for reading the current situation, which is, moreover, ever changing and therefore potentially invalidating the theses of this article, conceived and written between January and March 2021.

2 ‘Los exégetas del virus nos dijeron ufánamente que de la pandemia íbamos a salir fortalecidos, mejores y más unidos. Aún sin ver la luz al final de túnel, lejos de robustecernos, nos hemos debilitado como cuerpo social, en nuestros derechos, anhelos y expectativas vitales. En este entorno, se encarnaba un revival de la peste en pleno siglo XXI.’ Manuel Lázaro PULIDO; Juan A. GÓMEZ GARCÍA y Raúl CANCIO FERNÁN-DEZ (ed.), *La pandemia del miedo: pánico, poder y derecho durante la crisis de la Covid-19*, Colección Ciencias Jurídicas, Madrid: Síndesis – Universidad Bernardo O’Higgins Ediciones, 2020, p. 1. Further readings of this kind could be: Giorgio AGAMBEN, *Sopa de Wuhan*, La Plata: Amadeo Editor, 2020; Keith LOWE, *The Fear and the Freedom*, London: Penguin Books, 2017; José Luis MOLINUEVO, *Humanismo y nuevas tecnologías*, Murcia: CENDEAC, 2009.

3 In this sense, it is enough to think of all the demonstrations of social solidarity born spontaneously in the first months of the pandemic in practically every country in the world.

4 Cf. © Worldometer (online), available at <https://www.worldometers.info/coronavirus/#countries>, cited 5th March 2021, at 23:40.

5 *Compendium of the Social Doctrine of the Church*, Edited by the Pontifical Council for Justice and Peace, LEV, 2004, §16.

danger and consciously prepare for the future, the so-called *aftermath*. This is even more difficult because, generally, such work is cooperative and, precisely because of the nature of cooperation, should be done together. However, in a time when we have to try to be without being able to present ourselves, what strategy is possible to adopt? In this contribution, I will try to present a strategy composed of three steps: I. recognising false flags, II. finding the *via media* of ethical *concordia*, and III. restoring hope and the conditions for resuming life.

The bases of this strategy are contained in a policy document prepared in 2007 by the World Health Organisation, *Ethical Considerations in Developing a Public Health Response to Pandemic Influenza*.⁶ Already from the title, it is clear that this document does not want to investigate from a medical point of view the development of a pandemic, but intends to draw up strategies of behaviour – therefore ethical – with respect to everyday situations that may occur during a pandemic situation. The general theoretical line that underlies the entire document recalls elements that have been repeatedly emphasised in our daily lives, such as correct information on the cause of the pandemic, a proper network of international cooperation among the various governments for a common and shared response, an equitable strategy that guarantees both the health and the freedom of citizens, and a careful consideration of the needs of individual nations, while respecting international protocols. Regarding these warnings, we have repeatedly witnessed a multiplicity of opinions and ideas on how to solve the pandemic, with attitudes that are more or less libertarian or restrictive of human freedom.

2. A Three-step Strategy: False Flags, Ethical *Concordia*, Hope

Step I. In this intricate net of opinions and proposals, it is necessary first of all to discern which are the correct ones and which are not, in view of the only necessarily posed objective: to face the pandemic, to solve it, and to lead people to restore their daily life to the conditions preceding the spread of the virus. In other words, one must beware of ‘false flags’. In this sense, it is necessary to identify the subject of such false flags. Firstly, it could be said that the areas of politics, administration, and economy are the subject of continuous false flags, since they are constantly engaged in ensuring the survival of a nation. Therefore, they are considered to be those domains in which the pandemic is considered an excuse to justify measures that would otherwise be unpopular and prevaricate regarding human dignity.⁷ Indeed, the representatives of these spheres are tasked with providing unequivocal and globally shared direction with the goal of stemming the socio-economic effects of the pandemic. However, they are only the result of the democratic agreement of human beings and, thus, they are only the secondary product of a nation understood as the set of citizens living in it. Moreover, governments, administrators, and economists must observe the guidelines of the supranational body that manages the crisis, in the Covid-19 case this being the WHO. Its 2007 document, presented above, indicates to individual nations the following questions to be answered in planning a response to a pandemic event. Who will receive priority access to medications, vaccines, and intensive care unit beds, given the potential shortage of these essential resources? In the face of a pandemic, what obligations do health-care workers have notwithstanding the risks to their own health and the health of their families? How can surveillance, isolation, quarantine, and social-distancing measures be undertaken in a way that respects ethical norms? What obligations do countries have to one another with respect to pandemic influenza

6 The document could be downloaded at: https://www.who.int/csr/resources/publications/WHO_CDS_EPR_GIP_2007_2c.pdf.

7 Cf. Manuel LAZARO PULIDO, *La pandemia...*, pp. 15-65.

planning and response efforts?⁸

Beyond the remarks generated by a possible specious thinking aimed at an unconditional attack on the representatives of public institutions, it is not to them that we must look. They engage and confront each other to ensure the survival of public life and the men and women who participate in it. If, on the one hand, their role is clear, on the other, to the people they represent they appear nebulous, and they are often the object of speculation and misinterpretation concerning their actions. For this reason, it is necessary to defend ourselves from false flags about us human beings who, catapulted without any previous experience into an event like the one we are experiencing today, are unable to express our fears and our existential discomfort in the face of the 'new living'. We need to rethink ourselves and the reality that surrounds us, changing our perspective and trying to understand who we are within the horizon of the pandemic. In this regard, Soraj Hongladarom writes that:

It is scarcely imaginable that a pandemic is actually upon us, killing hundreds of thousands and potentially many more. Those of us who are not in the healthcare field seem to have been led to believe that, given the current advance in medical technology and knowledge in public health [...], a local epidemic that can be contained in a short time, endangering thousands only [...]. Let us focus on the old first. What is now happening across the globe is that various countries are developing ways to fight the virus in their own way. I don't think this is surprising, given that countries reflect the mindset and the culture of the people [...]. And what about the new? Apart from the fact that the virus and its disease are new to science, the pandemic situation has shown that there are many things that have not been experienced before.⁹

The challenges of the new pandemic 'give' us the experience of two aspects of humanity never considered before: a comparison between the health systems of different countries with the need for unitary coordination and the new experiences of human beings in health emergencies. While the first aspect can easily be addressed by comparison with previous health emergencies (including local ones), the second deserves more attention, since we are all dealing with something never seen before. This unawareness of the never-seen-before and at the same time dangerous leads us to assume an attitude towards the virus that, borrowing from Søren Kierkegaard, we could define as 'fear and trembling'. Our relationship with the virus is one of complete subordination and, if we look at it as pervasive in our lives, they will be conditioned by the virus. Thus, the pandemic is not only a health issue, but it becomes a real ethical issue, confirming what Hongladarom feared in his article. The consequence of this problem is more interesting than we might think if we put into play the freedom of choice of man. He can adhere to the indications of national and supranational bodies (rationally or out of fear) or deliberately disregard them, thus generating a further ethical and healthcare difficulty, opening the way to the continued spread of the virus.

There are two ways, that of underestimating the virus and that of overestimating it. In the first case, the human being considers himself superior to the virus, a non-rational entity and therefore incapable of understanding human defence mechanisms, and able to overcome any obstacle that comes between him and his realisation; in the second case, man considers himself incapable of understanding nature to its full extent and succumbs to the virus, declaring the impossibility of

8 © WHO, *Ethical Considerations in Developing a Public Health Response to Pandemic Influenza* (online), available from: https://www.who.int/csr/resources/publications/WHO_CDS_EPR_GIP_2007_2c.pdf, p. 1, cited 25th February 2021.

9 © Soraj HONGLADAROM, *Ethics and COVID-19: What's Old and What's New* (online), available from: <https://medium.com/@sonamsangbo/ethics-and-covid-19-whats-old-and-what-s-new-39e9967b8db8>, cited 25th February 2021.

a return to a pre-pandemic humanity. Both attitudes, it should be noted, have both pros and cons that are quite understandable. In the case of underestimation, there would be an easing of measures that would apparently have positive effects on people's lives: present and future income would increase, unemployment would be reduced, mental health would improve (reduction of suicidal tendencies and loneliness), trust in governments would be maintained, and schooling would be restored. On the other hand, such a loosening would cause an increase in fatalities caused by Covid and, subsequently, also by other untreated diseases due to the overcrowding of hospitals. In addition, as the number of people on the road increases, so do the side effects that we would all point to as responsible for human drift on this earth: commuting, globalisation, accidents, pollution. All of these things, on closer inspection and according to different sources,¹⁰ have been good for the planet that we inhabit and for all its residents, whether more or less rational. For this reason, an overestimation of the pandemic risk would be preferable. The tightening of measures would potentially decrease the time of the closures to favour a decrease in the circulation of the virus, but again does not deal with the aftermath. In the face of this scenario, in which it seems all positive or all negative, can there not be a middle way, a way that respects the social life of individuals in society and, at the same time, already preserves and builds its future?

Step II. Assistance in this direction is provided by Richard Layard, who in his study *When to Release the Lockdown*¹¹ notes that the attitude towards the virus does not have to be dualistic. You do not necessarily have to choose sides between those who are either afraid of the virus or those who are not alarmed by it. A study conducted by Layard himself between January and May 2020 in England would show that individuals' satisfaction and well-being reached a minimum peak when, after a few weeks of living with the virus, governments had not imposed any lockdowns; then, from April 2020 onwards, with the introduction of restrictive measures, British citizens began to feel hopeful and have a more positive perception of life. This suggests to us that, probably, when individuals feel supported and pushed to believe that a change of direction might be possible, they start moving and acting again regardless of their relationship with the cause of the pandemic.

Thus, in order to find an ethically agreeable way, it would seem necessary to move from a social type of 'coping' to a personal type.¹² That is, it is necessary to take care of the human being, of the individual. First, he must be primarily abstracted from the societies to which he belongs and, subsequently, reintegrated into the context in which he lives, making him understand the responsibilities he has upon himself. The feasibility of such a change of target in coping is offered to us by a reinterpretation of the classic scheme of social assistance supported by Christian social ethics. As is well known, Christian social ethics is based on four principles (dignity, common good, subsidiarity, solidarity) and four values (truth, justice, freedom, love). The union of these principles and values, in accordance with the norms and traditions of a given society and its international

10 At the following links there are a large set of sources, freely available, on every aspect of the pandemic: https://www2.brill.com/COVID-19_Collection?fbclid=IwAR01ZfjObYL7Jl1VMt6ho7H6CCf6gFY4vNPt3h8GHvH4zXVS52ra5MjeR8Q; https://www.nejm.org/toc/nejm/382/13?query=article_issue_link&fbclid=IwAR2iH1yFT76Tl4z9zj1Ocvr_aPvezoq7x7DF7mN75otrFLdHU1kwPOwLbP4; https://taylorandfrancis.com/coronavirus/?utm_source=website&utm_medium=banner&utm_campaign=B003164_mr2_2cx_6dp_d656_coronavirus&fbclid=IwAR0FOLjymUJs_eO4quV8D7-rnI72EeIOG_X31y_cEncvYQ_DvoS5PuqaPwA. All of them were consulted between December 2020 and February 2021.

11 Cf. © Richard LAYARD, *When to Release the Lockdown* (online), available from: <https://www.iza.org/publications/dp/13186/when-to-release-the-lockdown-a-wellbeing-framework-for-analysing-costs-and-benefits>, cited 25th February 2021.

12 For a brief understanding of coping cf. Sarah BANKS, *Ethics and Values in Social Work*, London: Palgrave MacMillan, 2012 and Lester PARROTT, *Values and Ethics in Social Work Practice*, Wadenswil: Learning Matters.

relations, restores the possibility for individuals to live a worthy life and to act well, in accordance with what is just and noble for all.¹³ In standard social conditions, the recognition of the dignity of each individual generates the concept of solidarity, according to which each individual has the responsibility to take care of fellows who are in a state of difficulty; the concept of solidarity is immediately linked to that of subsidiarity, according to which a relationship of mutual aid is established between the different parts of a society; human collaboration by means of solidarity and subsidiarity generates the common good, which allows for the shared well-being of all parts of society in the national sphere and of all societies internationally. All of this is governed by the principle of true, just, free and loving action, that is, founded on charity, which is the form of love that distinguishes us as *imagines Dei*.

In social conditions such as those generated by a pandemic, it is more fruitful to reverse this process, since the standard direction goes from the individual to society, while in the pandemic phase it is necessary to make the individual understand what he can do to be truly useful to the welfare of his surroundings. Therefore, it is not important for the individual to underestimate or overestimate the virus, but to act in such a way that with his contribution it is possible to support and rebuild the society in which he lives. The reversal of the scheme thus leads the individual to the understanding that the most important objective is the well-being of all societies, which with the common good they share allows all parts of society to be subsidiary to one another; having established the relationship of subsidiarity, it will be easier to be in solidarity with one's neighbours, since every relationship of solidarity is supported by mutual social help; every society, thus composed of individuals who recognise their importance in it, can find shared practices of action and every effort made to fight the virus will have the support of its members, managing proportionally the public good and private spaces:

Wellbeing of all societies → common good → subsidiarity → solidarity → dignity (of all societies)

This inversion finds support from what the WHO states in the document on ethics in the pandemic, because:

preparedness planning for an influenza pandemic involves balancing potentially conflicting individual and community interests. In emergencies, the enjoyment of individual human rights and civil liberties may have to be limited in the public interest. However, efforts to protect individual rights should be part of any policy. Measures that limit individual rights and civil liberties must be necessary, reasonable, proportional, equitable, non-discriminatory, and in full compliance with national and international laws.¹⁴

This perspective opens the way to the third step of our proposal, that of restoring hope and re-summing life.

Step III. Once the strategy of approaching the human being in the pandemic has been established, being managed between the necessity of preserving his freedom and guiding him in the acceptance of efforts aimed at the common welfare, it is necessary already in the pandemic phase to grant the individual the possibilities to hope for restarting life and to prepare the conditions for a return to pre-pandemic life. This process consists primarily of five progressive steps: social awareness, right

13 Cf. James KOMBO, *The Doctrine of God*, Leiden: Brill, 2007.

14 © WHO, *Ethical Considerations in Developing a Public Health Response to Pandemic Influenza* (online), cited 25th February 2021, p. 3.

to health, understanding despair, assessing resilience, and encouraging development.

In the first phase, that of the development of social awareness, each individual must know what strategies can be used to contain the spread of the virus and understand his role in them. This is a programmatic phase, in which processes of sharing and mutual aid are established between individuals and the rest of society, in the belief that a society must survive the pandemic event and needs the cooperation of all its members.

In the second phase, that of the right to health, it must be shown that the main objective of a pandemic health response is to heal everyone. This healing process involves respecting, protecting, and realising the health of each individual. A society is only safe if all individuals in that society are safe. There is no interest in a particular social group; the goal is the healing of every individual, through a subsidiary and solidary process to which the rest of the social partners are called to contribute. This mechanism is not only national, but also international, with individual nations assuming the role of 'individuals' who have the right to health and to be fully healed. This is even more necessary because of the very definition of a pandemic and because the globalised world no longer has clear boundaries between nations.¹⁵

The third phase, that of the awareness of despair, is probably the most important and decisive phase. It has to do with hope, an 'ethical method' through which we have the possibility to understand ourselves and others, both in the present and in the future. It allows us to 'find ourselves again'.¹⁶ An easy objection that could be made in this regard derives from the observation of our daily life in the pandemic era: with the continuous lockdowns we are deprived of any freedom and, in the name of the health emergency, all we can hope for is to find food and drugs available and good weather to take a nice walk. In this framework, added to the daily dose of uncertainty about the progress of the pandemic, possessing hope to the extent presented here is not easy to achieve. As it is driven precisely by uncertainty, to some extent hope is not 'hopeful'. Formally, we could say that

1. S desires that p.
2. S believes that p is possible.
3. S is not certain that p.

An individual who hopes that something will happen, in this case that the pandemic will end and we can return to pre-Covid normality possesses a belief that this event can indeed occur. However, since this event possesses a certain degree of uncertainty – one does not know when the pandemic will end – it automatically invalidates the whole process of having hope and acting accordingly. In order to make hope possible a fourth factor is introduced, we must make hope 'hopeful':

4. S believes that the corresponding determining factor is good.

The individual must become aware that the introduction of the determining factor, that is, the computation of actions that make possible the mitigation and progressive elimination of the pandemic, is decisive if society is to cope with the pandemic crisis. Only in this way, with a hope 'that hopes' and with an individual who is aware that everything he is suffering and that seems limiting his freedom is instead fundamental, the process of personal coping can be said to be satisfactory. By turning his insecurities into awareness, the individual will have no problem taking care and

¹⁵ Cf. Judith ASHERT, *The Right to Health*, Leiden: Brill, 2010.

¹⁶ Janette MACDONALD, *The Resilience of Hope*, Amsterdam: Rodopi, 2010, p. 4.

being taken care of, because he will have realised the importance of his thoughts and actions towards the progress of society against the pandemic.

In this way we can enter the fifth phase, that of the evaluation of resilience, in this case of the capacity that a society possesses to recover from the damage suffered by the pandemic. In the aftermath, the same individuals will find themselves almost stunned by the possibility of resuming daily social actions and, for this reason, it will be necessary to evaluate with great care the ways in which they will return to life. Connected to this, there is also the need to check for possible post-traumatic stress, typical of all the 'less human' moments in history, which recur with lower frequency and interrupt the normal course of our lives.

Clearly, this the sixth phase, we need to foment development. This seems obvious and self-evident in the direction of continuous progress, but here it has a rather different meaning. It may happen, in fact, that some individuals, encouraged and put in front of the possibilities of contributing to the common good of their society, are unable to imagine a positive solution. We are in the scenario of 'What if...?' Stuck between 'non-hoping' hope and fear of the recursiveness of the 'new' present, the individual will not be able to free himself from the duality of overestimation/underestimation of the virus. Therefore, he must be motivated even more strongly by highlighting the positive results of the attitude of 'hopeful hoping'.

Appendix 1 – Highlights of the paper proposal

Three-steps strategy:

- Step 1: recognise false flags
 - Problem 1: human response to pandemic: overestimation or underestimation of the risk.
 - Solution 1: find a *via media* through which the focus is not on the risk, but on individuals.
- Step 2: find a *via media* of ethical *concordia*
 - Problem 1: evaluation of lockdowns on individual and social well-beings.
 - Solution 1: recognising the coping of individuals and of societies: from social to personal.
 - Solution 2: reversing the Christian Social Ethics scheme on the link individual-society.
 - Classic: Dignity (of all individuals) → solidarity → subsidiarity → common good → wellbeing (of all societies)
 - Reverse: Wellbeing of all societies → common good → subsidiarity → solidarity → dignity (of all societies)
- Step 3: restore hope and resuming life conditions
 - Problem 1: how to come back to a pre-pandemic lifestyle.
 - Solution 1: restore hope and resuming life in five progressive phases.
 - Phase 1: Social awareness in individuals.
 - Phase 2: Right to heal everyone.
 - Phase 3: From despair to 'hopeful' hope.
 - Phase 4: Restore life and evaluate resilience (individual and social).
 - Phase 5: Elaborate worst-case scenarios ('What if...?') to be evaluated.

The set of these six phases then imposes on us three fundamental questions about the concrete possibility of starting to build a new-old society: 1. How does the recovery process affect the social, economic, and political scene of communities? 2. How do pandemic-affected communities interact and collaborate with institutions during the transition from relief to recovery? 3. To what extent can reconstruction processes affect the lives of survivors?

Do we have to be necessarily Kantian from the point of view of hope, or can we try to develop successful strategies to overcome the pandemic already now? This contribution has aimed to show one, partly the result of the author's thought, partly a synthesis of micro-theories already working in their independence. Unfortunately, if we want to be exact, the situation is constantly evolving and we must constantly change and adapt. However, if you look closely, this is our strong point: as much as the virus can be biologically faster than us, we (vaccines aside, perhaps a really decisive element in this struggle) will always know how to adapt our lives to what happens to us.

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