

On the need for a critical theory of the pandemic: revealing new practices imposed by uncertainty and emerging forms of participation

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The possibility of a pandemic was clearly anticipated, yet COVID-19 has struck many countries by surprise. This contribution will consider 3 research gaps to address in order to develop a critical theory of the pandemic that reconstitutes the crisis as a more encompassing subject of knowledge within an epidemiology of signification (Anderson 2021) and assembling more participants for crafting matters of concern.

[Gap 1] Current public crisis management systems strongly focus on locally delineated, single emergencies as unpredicted and brief exceptions to the normal order. The adopted logic of planification, training and mobilisation is less apt to address “outside the box crises” (Lagadec 2009). These imply a more creative approach in a process of experimentation with due questioning of the epistemic conditions of the situation. Subsequently changes in crisis preparedness are needed: e.g. integrating a psychological model in pandemic preparedness plans and paying due attention to vigilance, the ability to be alert, based on collective and contextual intelligence.

[Gap 2] Further work is called for studying “social resilience” as conceptualised by Lorenz (2013), to help better embrace uncertainty by considering the decisive role of interpretation and intentionality in social systems. From this perspective, emergency response in a long-shadow crisis should be considered a task for society at large, taken up by a wide network of groups whose constellation, roles and responsibilities are inevitably in constant flux. At this point a society’s participative capacity, as a crucial supporting factor of societal resilience (Lorenz 2013, Voss 2008), explicitly comes to the fore, to enforce plurality of expectations and perspectives, and to consider unequal distribution of social capital while supporting self-organisation.

[Gap 3] Learning about pandemics from low- and middle- income countries. Many (Northern) countries underestimated the pandemic threat, assuming their strong health systems would be prepared to respond effectively. A recent literature review (Brown et al *forthcoming*) shows the tendency to consider health systems of low- and middle- income countries (prone to epidemics and with limited health systems capacities) as a threat for global health security, whereas the literature covering Europe or North America mostly deals with efforts limiting the spread of infectious diseases from abroad (e.g. Ebola or Zika) through ad hoc focused interventions with limited attention for the weaknesses of their own public health systems and prevention policy (Jones & Hameiri 2021).

How differences matter in emergency, risk and crisis management