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‘Making sense of COVID-19: beyond triumph and disaster discourses’


In the following I provide a socio-psychological account of two sensemaking discourses about COVID-19 in China and in the UK and to show where we “fell into a pit”, and where we might expect “a gain in the wit” (“a fall into a pit, a gain in the wit” / 吃一堑长一智 is a Chinese proverb).

My argument is as follows. As China combatted the virus and gradually took control of the situation, a triumph discourse emerged depicting the Chinese government as a powerful system of governance which introduced draconian measures to save people’s lives at all costs. In the UK this triumph discourse prompted anxiety and suspicion at the same time steering the UK government towards its opposite: a disaster discourse that predicted that the UK government can/should never act like the Chinese government in imposing stringent controls and sacrificing the nation’s economy.

Behind the disaster discourse was the melancholy tone that had begun long before the virus entered the UK: at the end of the day, there is only so much that a government could do to combat a natural disaster as vicious as COVID-19. It is this triumph-disaster binary framework that stops the UK from gearing up for the challenge of learning from the experience of other countries or regions which were taking different yet equally, or more successful, approaches to contain the virus, and to heed advice from its own civil society.

Looking back, it will be said that what entrapped the UK was not a natural disaster but the disaster discourse that the UK government had unconsciously embraced, and what made China appear successful was not the fact that China controlled the disease but the triumph discourse that enticed people to think according to the ‘either/or logic’ entailed by the binary framework. To make better sense of COVID-19, we need a framework that promotes a relational view that nurtures our capacity to think with AND.

The triumph discourse

The triumph discourse tells the story that the Chinese state-run system is not afraid to issue peremptory orders to save lives. It is now widely recognised that the Chinese government hid the disease until January 19th and that the Chinese people were enraged about the cover-up. To ease the anger and turn around the situation of turmoil, China’s mainstream news and internet
coverage on the COVID-19 outbreak carefully plotted a triumph discourse. It emphasised that the government created new regulations for disease control and applied fierce anti-epidemic strategies, including such extremes as lockdown.

In the meantime, the Chinese people were told to be prepared for “a people’s war against the virus” by pooling all the available resources under the leadership of a powerful, competent and responsible government. This triumph discourse has during the course of the outbreak been endorsed by the WHO. For example, Dr Tedros Adhanom Ghebreyesus praised China for the “speed with which [it] detected the outbreak and its “commitment to transparency”.

In a different context, the WHO maintained that on January 30 its emergency declaration was blocked because it did not yet have evidence of human to human transmission, despite having full knowledge that 12,167 persons had been infected through human to human contact. For many, the language that the WHO adopted in official health alerts, including the way it continued to praise China after being forced to declare the health emergency, was deeply troubling.

When the WHO called, hand in hand with Beijing, for the de-politicizing of COVID-19, it ignored an important fact – that the diagnosis, confirmation and cure of COVID-19 cases in China were nothing but political. For instance, Beijing managed daily to release news of a number of deaths that matched perfectly the 2.1% death rate the regime had announced would take place. This was at a time when hundreds and thousands of people on China’s social media accounts were crying out for help and in utter despair. Chinese researchers estimate that 59% of those who contracted the virus had minimal or no symptoms. China’s ‘Global Times’ newspaper also reported that the transmission risk by asymptomatic patients was similar to those with symptoms, yet it was not until well into April this year that the Chinese authorities finally shifted their focus to tackling asymptomatic carriers.

Facing the apparent failure of the Western countries to manage the outbreak and in view of the WHO’s unwavering endorsement for the Chinese government, more and more ordinary Chinese people started toquieten their suspicions and to accept and internalise the official narrative of “the victory of a state-run system”.

Fang Fang, a well-known writer based in Wuhan, told a very different view. She kept a diary about life under the lockdown and as early as January 31st raised the question: “How many people have died in Wuhan and had their families destroyed? But so far, not a single person has said sorry or taken responsibility. I have even seen a writer using the phrase ‘complete victory’. What are they talking about? Wuhan is in such a bad state, with people’s lives hanging by a thread. Where is the victory?” Not surprisingly, such strong language quickly got Fang Fang in trouble. Her Weibo account, with more than 3.8 million followers, was banned on the night that the whistle-blower, Dr Li Wenliang died after contracting the virus. Fang Fang’s detractors posted death threats online and blamed her for failing to be grateful to her motherland.

The disaster discourse
In the UK, the reaction to the triumph discourse was characterised by various degrees of anxiety and suspicion about the ‘heavy hand’ of China’s state-run system, as well as claims of a conspiracy between Beijing and the WHO. The disaster discourse came out in this context to proclaim that the UK government can/should/would never act as the Chinese government had done, with such disregard for personal liberty and the economy.

While it may be difficult to evaluate the use and effectiveness of draconian measures or to challenge upfront the conspiracy relationships between Beijing and WTO, it is certainly not so difficult to do what the UK has been doing over the years: keeping silence on WHO’s politicising practices (such as denying Taiwan’s membership) and on the suppression of freedom of speech in China because of its fear of losing the cash flow from there. This material-historical stance predicted that the UK’s position on COVID-19 could only be to bury its head in the sand much of the time, but take it out occasionally to mumble a few cynical words to pretend that it cares. This is the reason why we witnessed the UK government prioritising its ‘business-as-usual’ stance even when the outbreak was clearly at the door: UK’s celebration of BREXIT day extended far into February 2020.

The BBC repeatedly broadcast news of the hospital built in 10 days in Wuhan under different headlines. The sentiment aroused in the news and other coverage was largely admiration. In one of its pieces, the BBC quoted a senior fellow in global health at the Council on Foreign Relations: “China has a record of getting things done fast even for monumental projects like this”, which emphasised that despite being an authoritarian country, China “can overcome bureaucratic, natural and financial constraints and …mobilise all of the [required] resources”. The UK, which can turn to a deep sense of self-doubt and self-inadequacy, can in no way do anything like that!

When German experts lauded the German health system as “one of the best in the world” which “could handle the outbreak without major problems”, they probably expressed their confidence, if not complacency. But when the UK government expressed similar views on the NHS, it was talking about a system that had been creaking at the seams for years, thanks to financial cuts and failed personnel policies and this augured ill for its ability to deal with a pandemic. This is perhaps why the UK government first announced “herd immunity” as a national strategy and then changed direction in a statement made by the Health Secretary, Matt Hancock, who on the government’s website denied any intention of this kind.

Regardless of whether “herd immunity” should be treated “as a by-product of a natural phenomenon” or “COVID-19 [should be seen] as a seasonal flu”, the melancholy tone underlying government policies meant only one thing. Unlike the Chinese government, the UK government was in no position to determine a top-down mobilisation. The problem is, first, that mobilisation does not have to be top-down, and, second, that the UK surrendered too early for fear of seeming incapable, until its people, doctors, nurses, citizens, scientists, and social scientists, decided otherwise: not to be daunted by the threat but to become organised through coordination and collaboration.

Treating triumph/disaster discourses as two imposters
As outlined above, the triumph and disaster discourses are in fact two impostors which should be treated exactly the same. Speaking of China’s “victory”, we should not forget that China’s slow response to the virus clearly created conditions for the global pandemic. China's failure to share information with the WHO and the WHO’s apparent pandering to China’s interests only aggravated the crisis. It is possible that China under-reported its total number of COVID-19 cases due to political pressure from the Chinese Communist Party to declare the epidemic under control and to “look good”.

These faulty statistics matter because what happened in Wuhan is now unfolding tragically in other places. China’s refusal to be transparent about fatalities and infections has made it even more difficult for the other nations of the world to predict their own trajectories. The war metaphor has been used frequently during this outbreak. When China called it the “people’s war against the virus”, it never acknowledged that the war could have been avoided or managed on a much smaller scale if the local government in Wuhan had not pretended nothing was amiss during the People’s Congress in early January.

Still, we have to remember that, even in a war, one side can always suspend the course of events, at least temporarily, by surrendering to the other. In the war with COVID-19, this was not an option. The virus will not become more merciful even when a sovereign state decides to wave a white flag. Trapped in a disaster discourse, the UK government was torn between fantasies of miracles, i.e. that the virus has been contained by China and will not affect the UK, and its constant self-doubt and self-negation that there is not much that the UK can do to fight an invisible enemy.

In fact, other countries have done a far better job. In Asia, South Korea, Singapore and Taiwan stand out as models. And in the West, Germany and Canada are faring better in the protection of both their people’s health and their economies. Not every country adopted the measures that China did. In fact, those measures as extreme as China had taken should be treated as an exception.

Most countries that fared well have implemented different social distancing measures that aimed at a balance between health/safety and economic survival. If the UK was concerned about the lack of political legitimacy to implement lockdowns, especially in the absence of WHO’s belated pandemic alert, it could have stored up pharmaceuticals, personal protective equipment, and hospital supplies earlier, and tried out measures that promote better and more effective testing, tracing and isolation.

As a Taiwanese researcher En-Chieh Chao aptly reminds us, Taiwan’s robust civil society is made up of thousands of journalists, health workers, lawyers, scientists and social scientists, who endlessly debate the cost and benefit of each and every step that the government takes. Reducing the success of Taiwan and other countries to lockdown is not only wrong but also derogatory. The UK, in contrast, viewed COVID-19 as natural phenomenon, letting a limited number of privileged scientists, as opposed to the bulk of civil society, especially social scientists, make sense of it.

So what’s next? Despite the UK government’s underestimation of the importance of and the national capacity for action, the NHS Nightingale Hospital was fitted out in just nine days. British American Tobacco (BAT)’s US bio-tech subsidiary is developing a potential vaccine for COVID-
19 by using its new fast-growing tobacco plant technology, and is now at the stage of pre-clinical testing. More than 750,000 people are pitching in as volunteers to help older and more vulnerable Britons. If lockdown and top-down mobilisation are not our responses to COVID-19, then what about collaboration and innovation, and the constructive interactions between civil society and the governments? The pit is an either/or option and the wit is our capacity to thinking with AND – that we can have both economy AND health and we can have both government-initiated AND decentralised mobilisations.

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Image: Sleeping Forces