



Covid-19 as cultural trauma

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Abstract

This paper has two aims. The first is to introduce the concept of compressed cultural trauma, and the second is to apply the theory of cultural trauma in two case studies of the current covid-19 pandemic, Greece and Sweden. Our central question is whether the pandemic will evolve into a cultural trauma in these two countries. We believe the pandemic presents a challenge to cultural trauma theory, which the idea of compressed trauma is meant to address. We conclude that, while the ongoing covid-19 pandemic has had traumatic consequences in Sweden and Greece, it has not evolved into cultural trauma in either country.

Keywords Compressed cultural trauma · Covid-19 · Sweden · Greece

Introduction

This paper has two aims. The first is to introduce the concept of compressed cultural trauma and the second is to apply the theory of cultural trauma in two case studies of the current covid-19 pandemic, Greece and Sweden. Our central question is whether the pandemic will evolve into a cultural trauma in these two countries. We believe the pandemic presents a challenge to cultural trauma theory, which the idea of compressed trauma is meant to address. We begin with a short presentation of cultural trauma theory, and then discuss the idea of a compressed cultural trauma before moving into our two cases.

There can be little doubt that the ongoing covid-19 pandemic poses a global threat that has created crisis on many levels, from local communities to states and

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nations. As Eric Woods et al. (2020) puts it, 'It has significant potential to trigger multiple, cascading crises in nearly every aspect of our lives. In addition to the presence of a threat, crises typically involve systemic disruption, uncertainty and stress'.¹ A cultural trauma is a form of crisis, a crisis of identity that affects individuals and collectives. Both Greece and Sweden experienced severe crisis during the first stages of the pandemic yet neither, to this point, have developed into cultural traumas. No matter how severe, not all crises become cultural traumas and the point of our comparison is to explain why.

A cultural trauma occurs as the taken-for-granted foundations of individual and collective identity are shattered, setting in motion a discursive process to understand what happened, assign blame, and find pathways to repair an interpreted situation. In this ensuing meaning struggle various actors propose answers to these questions, articulating trauma narratives that compete for attention and acceptance. Cultural traumas are not the aggregate of individual traumas, nor are they determined by gradations of suffering. Cultural trauma is a specific form of collective trauma, affecting collective identity, where groups of individuals feel similarly affected by a fracturing of the existential security that a firm sense of identity affords. A step towards regaining that security, a human requirement, is to understand what happened and who or what was responsible, and then to act accordingly. Cultural traumas imply anxiety and suffering, but also opportunity. The latter stems from the human capacity to learn and adjust to new conditions, to remake the world as well as to live in it.

Cultural traumas are usually studied in retrospect from a distant point in time, allowing one to isolate a point of origin, often a cataclysmic incident, and then trace the ensuing meaning struggle through a range of forums and media, toward memorialization and the impact with regard to collective memory. It is also possible, though more speculative, to study cultural trauma as it is occurring. An example is Neil Smelser's essay on 9/11 that appeared as an epilogue in *Cultural Trauma and Collective Identity* (Alexander et al. 2004). Written just months after the event, Smelser (2004, p. 280) suggests that the distinctive culture of the United States shaped the cultural trauma process in a way that was 'fused, telescoped and undifferentiated'. Explaining this, Smelser writes: 'with respect to the dimension of time alone, the traumatic process was truncated... The moment of the attacks to the recognition that they constituted a national trauma was a matter of short days, if not hours... The scope of the trauma and the identity of the victims were established immediately... there was an instant consensus that it was a trauma for everybody, for the nation... there was no significant divergence in the reactions of government and community leaders, the media, and the public in assigning meaning to the events as a national tragedy and outrage... there was little evidence of social division around the trauma' (Smelser 2004, p. 280).

In this article, we look at the ongoing covid-19 pandemic through the lens of cultural trauma theory, asking what kind of trauma is this, for whom, and what are the possible outcomes? We will illustrate this further through the examples of Greece

¹ (<https://onlinelibrary.wiley.com/doi/pdf/10.1111/nana.12644>).



and Sweden, addressing the issue raised by Smelser about how national cultures and a compressed time/space postmodern condition shape the trauma process.

The covid-19 pandemic. Testing the limits of cultural trauma theory

Heuristically speaking, the pandemic covid-19 erupted as a total social fact manifested as an unexpected chain of ruptures (Kasuga 2010) in all socioeconomic, political and cultural institutions and every aspect of everyday life at local, national and international levels. Millions are experiencing the greatest disruption of their lifetimes. Even during WWII businesses and schools remained open, restaurants served customers, major cultural and sporting events took place and life went on. There has never been anything affecting modern daily life as the current pandemic. It is imposing itself physically and virtually, as an image, with unprecedented and expanding force, condensing time and space worldwide in the most critical way, a phenomenon known as ‘time–space compression’ (Harvey 1989). Some historians assure us that the coronavirus is a juncture where the river of history changes direction that could lead to the best of times or to the worst of times (MacMillan 2020; Garton Ash 2020).

As total social fact, the pandemic forces itself into existence in at least four inter-related ways:

- (a) It is global: It encompasses almost half of the world’s population since 3 trillion people are under lockdown as we write.² Due to international transportation and trading this virus has been transmitted with unusual speed in all continents causing very serious damage to most national economies and world finance markets. Also, it deepened the antagonism between the USA and China with regards to 5G technology, the discovery of the vaccine, and the blame game over the cause of the pandemic.
- (b) It is risky and uncertain: The pandemic instantiates the quintessence of risk society; a hazardous situation systematically spread through global interconnectivity. It is individually experienced as an anticipated threat to be realized or not, eliciting negative and positive emotionality: anxiety, fear, sadness, and grief, for one’s own vulnerability. At the same time, it evokes a sense of loss and anger; feelings of resentment, hope, confidence and trust in a government’s efficiency or its opposite. For the time being, insofar as the genomic attributes of the virus are not fully discovered, we claim that the pandemic generates an emotional climate of uncertainty, not as in ‘we know that we don’t know’, but as in ‘we don’t know what we don’t know’.
- (c) It is highly mediatized: In variable proportions, individuals form a synthetic experience of the pandemic; either as infected or as locked down at home. They live the pandemic through firsthand experience and through the information

² <https://www.theguardian.com/world/2020/may/13/coronavirus-world-map-which-countries-have-the-most-cases-and-deaths>.



disseminated by the communications media. The aesthetics of media coverage (dramatization, personalization, fragmentation) are likely to affect the way viewers perceive the health crisis and the concomitant risks. With a lack of effective medical care and the much sought-after vaccine, an individual's need for orientation increases all the more. This *need* for orientation is contingent upon the relevance of an issue for that individuals' life interests, and the degree of certainty they have concerning their knowledge about it. Whenever an issue is highly relevant to one's personal agenda and one's information and knowledge about it is limited, the need for orientation increases. Therefore, a person's media dependency increases and the media agenda setting effect rises with conspiracy theories being a possible side effect. With both the radical diversity in media access and representation, the conflict over what happened and who is responsible intensifies, adding more uncertainty with regard to orientation. Who is one to believe?

- (d) It is traumatic: Several hundreds of thousands of people around the world are grieving due to the unexpected and sudden loss of loved ones. Those deaths often occurred under dire circumstances, in poorly equipped and crowded hospitals, or isolated and abandoned in caretaking facilities. In many countries, normal grieving rituals are prohibited for fear of further contagion. Millions of middle aged or elderly people infected by the coronavirus are at home, vulnerable, insecure and isolated, while many others, tired of 'social distancing', harbor anxiety about the upcoming months and an uncertain future. Photographs of empty and unpopulated metropolitan areas, in New York, London or Paris, may be comprehensible, yet also inconceivable. This is certainly a situation full of traumatic potential. Who could imagine the long lines of trucks carrying coffins in Italy or the innumerable makeshift caskets stored in refrigerated vehicles outside New York hospitals, or the unclaimed victims buried in mass graves? One can rightly ask, is this Europe? is this America?

Covid-19 and cultural trauma theory

As we noted at the outset, studies of cultural trauma are carried out in retrospect, at the end of a process where discursive themes and central actors can be identified and studied over time. The covid-19 pandemic is ongoing, but as a total event, it already has many of the characteristics that circumscribe cultural trauma. These include a fundamental disruption of the taken for granted in daily life, a potential loss of trust in leaders and social institutions, negative attribution in the media, a contentious meaning struggle to determine what happened and who is responsible, with many competing accounts aired in various forums. There is constant reference to collective memory, the search for comparable historical incidents, as grounds for understanding, and various carrier groups have formed to articulate and defend their



interpretation.³ This is certainly a collectively aggregated trauma: innumerable people are experiencing the pandemic as traumatic, characterized by a loss of existential security, a biopolitical condition that can potentially create new modalities of subjection and subjectivation, shaping both collective and individual subjectivities.⁴

The global dimensions of a public health crisis, its rapid expansion, and the instant circulation of images depicting deep human tragedy have already initiated a trauma drama process. The public discourse about the coronavirus and its effects is multifaceted, antagonistic, and replete with emotionality; it revolves around the meaning of normality, discipline, and self-discipline, trust, confidence and distrust toward institutions and political authority. In many countries, the covid-19 trauma drama has triggered new forms of artistic expression, such as online concerts, musical and theatrical performances, humorous offline and online creations, the production of books about pandemics throughout the centuries, novels and poetry. Blame attribution and the politics of fear through the designation of the virus as ‘invisible enemy’ and bellicose metaphors of the efforts to cope with it as ‘war’, permeate public discourse in the same way warfare language was used to tame TB and cancer in the nineteenth and twentieth century.

Globalization and the accompanying ubiquitous presence of the internet and digital social media have contributed to an intensified time–space compression, whereby the trauma drama that is the core of cultural trauma phenomenon is deepened. In previous theorizing and comparative analysis, cultural trauma studies have noted a belated reaction to a triggering incident or series of incidents that leave indelible marks on collective memory and group identity. As with 9/11 and Hurricane Katrina, this seems no longer the case with regard to covid-19, should this be generalized it would expand the trauma potential of related incidents. In many places, a sense of crisis, with a trauma potential, began immediately.⁵ Under what is identified as time–space compression, some—if not all—elements of the tenets of cultural trauma are visibly present at once: (a) emotionality (mostly negative); (b) blame attribution (carrier groups, media claims etc.); (c) identity formation processes; (d) defense mechanisms (artistic creation). If the indelible marks on social body (i.e. change in personal and group identity, alteration in value priorities) are always noted at a later time, then the coronavirus crisis is not a cultural trauma proper. The ‘period effect’ (Inglehart 1990, pp. 78–79; Norris and Inglehart 2019, p. 88) of the health crisis has to be traced retroactively, not in anticipation.

Another issue to cope with is the distribution of the disease and its trauma potential. At first glance, the pandemic seems to be inherently universal because it threatens everyone, irrespective of class, ethnicity and religion. It might also be possible to be perceived differently from the way individuals perceive existential threats, war

³ https://www.washingtonpost.com/world/2020/05/11/shadow-world-war-ii-hangs-over-coronavirus-age/?utm_campaign=wp_todays_worldview&utm_medium=email&utm_source=newsletter&wpisc=nl_todayworld.

⁴ <https://identitiesjournal.edu.mk/index.php/IJPGC/announcement/view/44>.

⁵ In this vein, Thomas Elsaesser (2014), overwhelmed by the unprecedented force of the attacks on the World Trade Centre in New York, argues that deferral and belatedness are no longer suitable for understanding trauma in the post 9/11 world insofar as the attacks marked a sudden return of referentiality.



and terrorism for example, which are unambiguously anthropogenic and particularistic. However, the extant differences in death rates and different patterns of the disease dispersal⁶ inevitably poses once more the question ‘trauma for whom?’ and at what level.

As already mentioned, the pandemic reveals the dynamics of risk society. Yet, we should take heed of the fact that despite the genomic indeterminacy of the Sars-cov-2 there is a background assumption and a reasonable expectation about the upcoming cure and protection after a vaccine becomes readily available. The current pandemic is encountered by disease-experienced lay people and a knowledgeable community of experts. As a species, we are more or less confident that this is not a repetition of the Black Death. The covid-19 is not entirely surrounded with horrible and unsolvable mystery and it is not regarded as a totally intractable and capricious disease like TB or cancer before finding their cure (Sontag 1978, pp. 5–6). This might mitigate the prospect of the pandemic to become a future point of reference for collective and/or global memory. Not infrequently, harsh pandemics leave no trace in social memory. Although the pandemic influenza virus identified in Hong Kong in 1968 caused one million casualties, it passed almost unnoticed, since people in many countries had other priorities (Keck 2020; Keck and Lachenal 2019).

On the other hand, it might be plausible to argue that even if the number of deaths will not be comparable at all, for example, that of the Great Influenza or AIDS, it will mark collective memory and identities because it forcefully damaged the illusion of invulnerability modern science can confer. By turning a spotlight on the dark sides of the present-day Technocracy and Technopoly (Postman 1993), this pandemic may point to a threshold in the ‘imaginary institution of society’ creating an anticipation of human extinction. Building up a ‘pandemic imaginary’ drawn from the ‘apocalyptic catastrophism’ of risk society, people are seen as unable to self-create as before (Lynteris 2020, pp. 17, 139); as a total social fact, this pandemic like other pandemics and epidemics in the past, instills a feeling of being ‘lost in the world’ and as such is deeply traumatic.

A pertinent question is whether we should think of the pandemic not only as a total social fact, but also in terms of a trauma-ridden ‘historical event’; namely, as a ramified sequence of rupturing occurrences that is recognized as notable by contemporaries, and that results in a durable transformation of structures (Sewell 2005). Currently, at least as far as most of the EU countries and the USA are concerned, it seems that the pandemic meets most of the criteria Sewell (2005, p. 245 ff) identified as relevant in the conceptualization of historical events: dislocation and re-articulation of socioeconomic structures; cultural-aesthetic transformation; heightened emotionality; institution of rituals; conducive ‘structure of the conjunction’. These are traits to be found in the accelerated trauma drama already unfolding in terms of time–space compression and ensuing presentism. The case in point, however, is not only the pace but also the depth and the possible duration of these traits, as we will discuss in our case studies.

⁶ For instance, mortality rates among African-Americans are two and a half times higher than those of white Americans (one in 1850 for African-Americans as against one in 4400 for whites).



How then does this compression affect an unfolding trauma drama? Eyerman (2019, p. 6) identified several factors that influence the development of a cultural trauma: timing, political context, performance of authority, mass-mediated representations, carrier groups, and collective memory. The relative weight of these factors is determinant in the appearance of cultural trauma.

Timing

Refers to the relative proximity of triggering incidents, the closer in time the more chance of a cumulative collective emotional response. Under the conditions of compressed trauma, the triggering responses are continuous, with local, national and international reports of cases and deaths flowing together, intensifying anxiety and fear.⁷ Everything seems to be happening at once and threats everywhere, undermining the existential security of individuals. The very air breathed cannot be trusted, turning family members and neighbors, as well as strangers, into potential carriers. Basic notions of humanity, morality, and empathy are undermined; all that's solid melts into air.⁸

Political context

One of the first casualties of the pandemic was the cooperative relations between nations. If by globalization, one refers to the systematic interconnectedness and in-depth interdependency of nations, the pandemic revived the nation-state as the natural site of collective reference. Similar to the way the outbreak of the First World War fragmented the international socialist movement in a wave of emotional nationalism, the first response to the pandemic was to withdraw behind national borders, to turn inward for protection. This was especially prominent in the European Union, where borders were shuttered and international travelers looked upon with suspicion. Like city walls built to keep out the plague, airports and train stations were manned with border guards. As the enemy was invisible, national identification became the main means of determining purity from danger. Nevertheless, the cunning of history herein consists in the extant global cooperation between bio-laboratories and pharmaceutical big companies for the production of a vaccine, on the one side, and, on the other, the instant global transmission of news items about the disease which leaves room for empathetic feeling and acting towards distant others.

⁷ This makes for the 'structure of the conjuncture' referred to above.

⁸ That Wolfgang Schäuble, the President of the German Parliament, as well other major conservative politicians in other countries declared that, in view of the coronavirus crisis, life shouldn't be taken as the ultimate value is indicative of the biopolitics of contemporary risk society: He disagreed with subordinating all other concerns to the goal of saving lives, claiming that 'this in its absolutism is not correct,' as the German constitution's right to human dignity' does not exclude the possibility that we must die.' (<https://www.euractiv.com/section/politics/news/schauble-says-saving-lives-should-not-be-paramount-concern/1459381/>).



In polarized political contexts, such as the U.S. the possibility of radically different accounts is more likely to appear. This is aided by the presence of alternative means of communication to distribute such accounts. As a rule, whenever there is dispute among elites over a public issue the media are prone to disseminate divergent accounts of it.

Public authorities

Central to the pandemic are public health authorities, usually medical professionals and epidemiologists who, more often than not, are represented as professional heroes. How well they argued for various control measures and how they interact with political authorities is crucial; as is the quality and availability of health care systems. In antagonistic political cultural contexts and discordant public spheres, the performance of national authorities and the relative strength of traditions of confidence in the institutions they represent call for more attention as drivers of cultural trauma.

Mass-mediated representations

There is frequent use of war metaphors, bombast and fear mongering on the one side and cold, factual, scientific representations on the other. The general public is dependent on media for information and on authorities for dealing with an invisible and unknown enemy. It is through such means that what is happening and who is responsible is articulated and transmitted. The mass media create story lines, highlight victims and heroes and generally construct meaningful accounts of what is happening.

Carrier groups

Articulate the alternative narratives, to interpret what is happening, who is responsible and what is to be done. Besides the authorities mentioned above and those working in the mass media, important actors here are professional organizations, trade unions and other interest organizations that speak in the name of their members. In polarized contexts, the relative strength of these carrier groups, their access to mass media, and their support from political and religious authorities is crucial.

Collective memory

Those nations that have experienced trauma appear to be better prepared, provided with a memory and a means to deal with crisis (Keck and Lachenal 2019, pp. 28, 30). ‘This’ is like ‘that’, we survived that and can survive this. In the process, various historical instances are recalled through previous trauma, from earlier pandemics to AIDs. Such associations are meant to offer hope as well understanding.



A short comparison: Greece and Sweden

We can illustrate the interplay of these factors under the intense conditions of ongoing compressed cultural trauma through two short case studies. We chose these countries for practical reasons, from firsthand knowledge and because they represent varied responses to the pandemic. Both countries had the advantage of some advance knowledge of the virus and the means of its spread. Sweden has been held up as a unique approach, for some exemplary, for others dangerous. However, despite initial high levels of anxiety the pandemic did not evolve into cultural trauma in either, even with an exceptionally high death rate in Sweden and the great difference in trust in authority that distinguishes the two countries. We hope to explain why.

Greece

Like many South and East European countries,⁹ Greece was much less exposed to global transactions during the 2019–20 winter and that might be a reason why the disease spread and the death toll remained at quite low levels compared to other EU countries. The first covid-19 case was diagnosed in Greece on February 26th. The virus came through those returning from travel to Holy Sites in Jerusalem and from a group of fur trade businessmen who visited Milan a few days before. Contact tracing was initiated on the first and all subsequent confirmed cases, with all contacts being tested and isolated.

On February 27th, the annual carnival in Patra (an event which draws large crowds from all over the country) was cancelled. On March 10th, with officially 89 cases and 0 deaths, all schools and universities across the country were closed. On March 12th, libraries, movie theaters, gyms and courtrooms were closed. On March 13th, with 190 confirmed cases and 1 death, malls, cafés, restaurants, bars, beauty parlors, museums and archaeological sites were closed. On March 14th, supervised beaches and ski resorts were also closed. All stores but big food markets were closed four days later and on March 23rd, a nation-wide lockdown was enforced, whereby citizens could leave their house only for specific reasons and with a special permit and under strict time limits.

As we write confirmed cases amount to 4477 since the start of the outbreak with the death toll at 206. As a country that was pulling out of a decade-long financial crisis, Greece is considered surprisingly successful in containing the pandemic. With its national health care system weakened by the crisis and with one of the oldest populations in the EU the outbreak of the disease alarmed the authorities and the majority of the people to the extent that Greece would be the next Italy or Spain. At the outset, a gloomy atmosphere of fear and anxiety was documented in numerous opinion polls. Soon after the curve began to flatten, hope, pride and confidence

⁹ <https://sarajevofunkytours.com/coronavirus-covid19-in-the-balkans/>.



improved in the emotional agenda of the public sphere. Since May 5th the lockdown measures are gradually loosening in view of approaching the Greek summer.

Political context

To avoid overcrowded hospitals with a limited number of intense care units, public authorities acted in a very cautious and unusually efficient way. Mobilization had to be very fast because the health care system could not have otherwise handled the outbreak. The government has been strictly following the strategic directions given by a committee of experts in public health, composed of prestigious professors of epidemiology and other disciplines. The pandemic has been handled by a rather strong center-right government that took office in July 2019, with a good number of technocratic members. In a polity traditionally permeated by fierce antagonism, apart from minor reservations opposition parties raised no substantive objections to the lockdown measures. There were however disputes and skirmishes on resource allocation policies, especially in view of the expected economic fallout caused by the pandemic. However, there has been consensus over the need to keep tourism alive during the summer 2020 in order to shield the 10 per cent drop in GDP, a dire prospect that would make the Greek economy the hardest hit across the entire Eurozone.¹⁰

Performance of the authorities

The necessity of the lockdown measures was also reinforced by the extremely poor reserves of test kits for the general population. Until substantive amounts of kits were imported, less than one percent of the population had been tested for the virus. Testing was focused on people admitted to hospitals with symptoms and those closely connected to confirmed cases, as well on all those returning from abroad. This raised concerns about the accuracy of the case numbers announced during briefings held by Sotiris Tsiodras, the president of the experts committee, a soft-spoken, infectious disease specialist at the University of Athens, and Nicholas Hardalias, the deputy minister for civil protection. Since the death toll was small, concerns were alleviated and these two became the most trusted authorities and their briefing became a sort of news event, thus crediting television with a trace of its old rhapsodic fun action (Fiske and Hartley 1990).

Consecutive opinion polls during the Spring of 2020 indicated an impressive increase in public confidence towards most social and political institutions of the country, as well as the raising popularity of political figures. For a good many years—if not decades—political institutions and the political authorities in Greece were much discredited and this change in public mood might be taken as a signal of

¹⁰ <https://www.euronews.com/2020/05/11/coronavirus-as-shops-reopen-in-greece-owners-fear-second-wave-and-second-lockdown>.



the remaking public trust in the face of a collective trauma. Yet, that upswing was brought about more because of an ensuing ‘rally round the flag’ reaction, and was not a sign of a regained and restored institutional credibility. If anything, as documented by a social attitude research directed by Nicolas Demertzis in May 2020, the covariance between institutional credibility and social trust was limited ($r=0.22$), which means that amidst the trauma drama there was a paradox of trustworthy institutions and a misanthropic-like attitude.¹¹ This paradox is contingent upon the duration of the rally round the flag effect. In this respect, if a deep recession is imminent, much of the confidence in political and social institutions will evaporate and the trauma drama will deepen, especially because any new economic crisis will overlap with the previous one, occurring no more than a year ago.

After the crash test of the gradual removal of restrictions in May 2020, the ‘stay home’ message of authorities was replaced by a ‘stay safe’ logo. Yet, in many instances social distancing and other safety measures were not observed. In some cases where young people from extremist social networks initiated festive gatherings in public spaces violating any precaution, police had to intervene. In Greece’s over-politicized public culture, these incidents were enough to trigger grievances and controversy. More or less, however, they sprung more from spontaneous reactions to stringency and not as organized massive protest like the mobilizations in the USA, Australia, Poland, and Germany, where lockdown is viewed as an unjustified tyrannical policy.

Carrier Groups

It is striking that due to the customarily weak civil society in Greece (Demertzis 1997), organizations representing the elderly and pensioners haven’t been given (or taken) the opportunity to get involved in the debate concerning the repercussions of social distancing. After all, the chief objective of the entire strategy was to avoid a massive loss of older people who, nevertheless, in Greece are not placed in care homes due to strong family ties. National and international NGOs are at pains to warn authorities about the risk of the disease spreading among the overcrowded clusters of asylum seekers in identification and reception centers. Although the living conditions in these camps are unacceptable, according to official sources only a few tested positive. Yet, right-wing voices often decry them as ‘health-bombs’.

Apart from the community of doctors and experts whose voice are respectfully heard, other carrier groups include think tanks organizing webinars on the socio-economic impact of the pandemic, major cultural organizations like the National Theater, the National Opera, the Onassis Foundation and the Stavros Niarchos Cultural Center delivering a vast number of artistic creations and performances online. Another influential carrier group has been the Greek Orthodox Church. Drawing from the Byzantine tradition of lesser caesaropapism and its legendary role as the

¹¹ At any rate, Greece exhibits strong association with regards to social capital and quite low as far as bridging and linking social capital is concerned (Paraskevopoulos 2010).



only religious and juridical-political institutional mediation of the Orthodox populations under the Ottoman rule, the Orthodox Church accommodated itself to the Greek nation-state as a claimant of the national identity. We cannot delve into its impact and to Greek religiosity except to stress its perpetual stronghold on public life to roughly understand the fierce dispute between political parties, secularized civil society groups, health experts groups, and religious cycles when the Greek Orthodox Church announced on March 9 that coronavirus could not be transmitted by communion wine or water. As the Greek Easter approached, a dispute grew with the government hesitant to ban public rituals due to its political cost, especially when Orthodox hardliners and rogue bishops made public declarations and followed practices undercutting government efforts to come to grip with the pandemic through social distancing in the first crucial weeks in March.¹² Eventually, the government regulated the issue and Easter church services were held without the participation of parishioners.

After the gradual loosening of restrictions on 5 May, church attendance was permitted as long as social distancing was observed. However, despite its marginal and grotesque character, it is striking that on 17 May a media-based former bishop excommunicated the prime minister, the minister of education, and the deputy minister for civil protection. Although this would have been much more serious if that gesture was undertaken by an ordinary bishop or the Archbishop himself, it is indicative of the spiritual and political power the Church entertains during the pandemic trauma drama.

Sweden

Sweden's current statistics as of July 31, 2020 were 80,422 tested positive, 5743 deaths, of a population of 10.2 million. Sweden's death toll, with 56.40 deaths per 100,000, remains among the worlds highest. Most of these deaths, 89%, were persons over 70 years of age, many living in state run care facilities. By comparison, Greece's population is 10.7 million, 4477 cases and 206 deaths, or 1.92 deaths per 100,000.

Sweden has experienced few traumas of national proportion. It remained neutral during the two world wars and, as opposed to Scandinavian neighbors, avoided the trauma of occupation and as opposed to Greece its handling of recent financial crises has been exemplary. The two political assassinations that rocked the nation in 1986 and 2003 did not shake the foundations of collective identity as similar events did in the US and the Netherlands (Eyerman 2011).

The virus came to Sweden through those returning from travel (over 1 million returned to Sweden during these early weeks), many from ski vacations in Italy and other parts of Europe, as this was winter sport vocation for students, and from China. The news of the treat however preceded the arrival. Once the source was identified,

¹² Similar arrangements took place in other Orthodox countries. See <https://balkaninsight.com/2020/04/27/communion-and-the-coronavirus-covid-19-triggers-deep-orthodox-divisions/>.



identification, tracking of contacts and isolation was put in place. Sweden's land-based access to the European continent closed when Denmark shut its borders on March 14, setting up roadblocks on the bridge made famous by a television show. International rail and air traffic shut down for all travel deemed 'unnecessary'. The many Swedes who commuted to work in Denmark were forced to show proof of the necessity of their daily commute. The same was true for truckers carting food and other goods into Sweden. Effectively cut off from the rest of the world, Swedish authorities designed their own path of response to the internal spread of the virus, though communication with other members of the European Union continued. Close contact with other Scandinavian countries was also maintained.

Political context

At the center of this strategic planning was the National Public Health Authority (Folkhalsomyndigheten) working in close contact with elected political authorities. As distinctive from other countries, even its Nordic neighbors, there exists a very tight institutional connection between health and political authorities in Sweden. However, there also exists distinctive regional autonomy. Through its daily press conferences, Anders Tegnell, the 'state epidemiologist', became the public face of this strategy. At these televised press conferences, Tegnell and other authorities offered statistics over the 'state of the Cov-19 virus' in Sweden and the rest of the world. Interviewed for the journal *Nature*, Tegnell described the daily planning sessions and meetings with regional authorities that lay the foundation for the Swedish response to the pandemic.¹³ At this point (April 24) he noted that the death rates amongst older Swedes was not yet 'traumatic', indicating that there was some critical threshold, presumably connected to public sensitivity, where a response by the authorities would become necessary.¹⁴

Sweden is unique in the sense that officials held fast with this strategy of containment, with a minimum of enforced restrictions. The idea of managing the spread of the virus and 'flattening the curve' so that hospitals never became overwhelmed was generally discussed, including in the United States. However, most countries changed to much stricter restrictions after death rates in Italy and Spain climbed seemingly out of control. Along with strict restriction of movement, Germany and other countries began general testing in order to identify new cases and then trace contact networks in order to isolate those infected. Such measures were accompanied by strict hygiene measures, such as wearing masks in public places. What was (perhaps wrongly) called the 'South Korea solution' was followed by many European countries.

¹³ Just how clear and worked out this strategy was has become a subject of public debate.

¹⁴ <https://www.nature.com/articles/d41586-020-01098-x>. This recalls the sensitivity to 'body counts' during the Vietnam War and the awareness of the American leadership about thresholds of public concern to their rising numbers.



Performance of the authorities

Sweden did not waiver however; it followed the original strategy of minimal restriction to manage the spread without overwhelming the health care system to reach ‘herd immunity’.¹⁵ At the same time, after considering who was dying in other countries recommendations were made to protect those over the age of 70. Defined as a risk group, those over 70 were cautioned to stay at home, with food shopping and other essential activities suggested for special hours of the day. These were recommendations however, with no enforced restrictions or penalties, as in other parts of Europe. This stems in part from the stipulations of the Swedish Constitution, which prohibit restrictions on mobility, but primarily on the belief that citizens would follow the stipulations, especially social distancing, on their own.

As the very young appeared the least at risk, day care centers and grade schools remained open. An additional rationale was that those who worked in the vital health care system, doctors, nurses and others, were likely to have young children and in need of child care. High schools, colleges and universities shut down and their activities shifted to the internet. Stores and restaurants stayed open, with social distancing requirements put in place. Several restaurants were temporarily closed for not following social distancing recommendations. Crowds of over 50 persons were banned, thus cancelling sporting events, though teams were permitted to practice and, later, to play to empty stadiums. People were encouraged to exercise, especially outdoors, gyms, voluntarily closed at first, soon re-opened. As death rates climbed to alarming proportions compared to neighboring countries, it became clear those working in care facilities as well as those they cared for were especially vulnerable and visitors were forbidden. The specificity of the death rates, especially in care facilities, remains unclear and a matter of concern. A formal inquiry is now ongoing.

As for testing, Sweden began by opening public booths to administer tests, but soon abandoned this policy in favor of testing only those displaying specific symptoms, as well as professionals working in the care sector. There is no general testing policy or program, in part because general testing was deemed unreliable, as well as costly. Anyone showing symptoms was advised to call a hot line and to stay at

¹⁵ In an op-ed in the major national newspaper *Dagens Nyheter* in April 2020 signed by 22 researchers with the headline ‘The National Board of Public Health has failed, now it time for politicians to step in’ (<https://www.dn.se/debatt/folkhalsomyndigheten-har-misslyckats-nu-maste-politikerna-gripa-in/>), it was argued that the strategy being followed was not working and that elected officials ought to step in to change it. The authors pointed to Italy as evidence, arguing that Sweden should follow other European countries in imposing stronger restrictions. The public health authorities met this criticism by denying that reaching ‘herd immunity’ through such callous means was their strategy, rather the aim was to flatten the curve, to slow the spread of the virus but not eliminate it. The issue of herd immunity was the subject of another article in *Dagens Nyheter* on May 15. The paper’s science editor defined herd immunity as a state where a sufficient number of a community is immune to an illness to prevent further spread. This can be reached, she pointed out, by vaccination or immunity from having the illness and carrying antibodies. The issue with covid-19 is twofold, one that it remains uncertain if one can become immune through having the virus and 2) even if the body does produce antibodies, it is still uncertain how long they last. The article points out that the price of achieving this state too quickly is the death of many elderly.



home until symptoms became acute. The population was told that the vast majority of those who fall ill with the virus will have only mild symptoms, and that the real danger is infecting others.

Sweden's death rate is significantly higher than its Scandinavian neighbors and they have been some of its most vocal critics. The alleged 'herd immunity' policies were called immoral and utilitarian. While opening its boarder to Germany, Denmark has refused to do the same with Sweden; Greece announced an opening to European tourists, but excluded Sweden as well. In defense, Swedish authorities have publicly acknowledged failures with regard to elderly care facilities and new policies and finances are promised. The Swedish prime minister explained the high death rate as 'communications problem' within the care sector, rather than a problem stemming from the overall strategy (interview in *Sydsvenska Dagbladet* 3 July 2020: A6). Public debate has begun addressing this issue, though at this point relative political unity prevails even with a weak coalition government in place. All parties remain united behind the leadership, even the anti-immigrant party (though its leader has called the death rates among the elderly a 'massacre').¹⁶ Trust remains high and the daily press conferences of the public authorities are exemplary in their fact-based seriousness. These civil servants and the science-based expertise they represent continue to be held in high regard (though polls noted a 10% drop in approval between April and June), and the approval ratings given the Social Democratic Prime Minister have been rising, with an 8.7% increase since the last survey in November 2019. If the death rates continue to rise however, how long this trust in leadership and collective solidarity will last is an open question. At this point the feared 'second wave' has not occurred.

Even at this date, one can identify stages in an ongoing trauma drama. Concerning the question of who is to blame: there was first denial, the hope that the virus could be contained in Asia or other parts of the world. With the sudden rise in Italy, there was the recognition that it could come to Sweden. The presumptive early carriers were Swedes returning from vacations and business travel; thus, they could not be outwardly blamed or stigmatized as outside carriers, however there were a few reported incidents of harassed Asian travelers and immigrants as outside carriers. The right-wing internet has focused on immigrants as carriers and what they consider their 'over representation' in the number of cases. Another form of denial, with the fact of rising death rates in Sweden, is the claim that other countries are less accurate in their reporting, or that they are 'at a different place in the curve' and will soon catch up. Both such claims have been made by Swedish health authorities.

Following denial came acceptance. Swedish authorities turned to modeling science and to managing the spread of the virus from that standpoint. It is a form of bargaining with natural forces and predicting that most of the cases will be mild, that primarily only the elderly are seriously at risk. This freed most of the population from some anxiety, but could induce guilt or worry about older relatives, who

¹⁶ Public support for the anti-immigrant party has declined during the pandemic, while support for the governing Social Democratic Party has risen. At the same time, the anti-immigrant rhetoric has heated up on the internet-based right-wing websites.



were being ‘sacrificed for the herd’, which is to say, the nation. The greater good for the greatest number. Given these assumptions, daily life proceeded almost normally for a good portion of the population.

There are several features of the Swedish national culture that have influenced this strategy and its general acceptance. The first is a tradition of identification and trust in government and representative authorities in general. Sweden lacks the strong opposition between the people and the state that exists in some other countries. There is also an underlying faith in science and technology and a good health care system available to all. All of which have contributed to a general following of the suggested regulations. The regulations are viewed as rational responses to an exceptional incident, not as restrictions imposed by an alien authority over the natural rights of individuals. Swedish political life builds around consent and consensus and the general populace has been willing to give up some of the most basic human interactions, including the possibility to grieve their dead. Survey results concerning trust in the authorities (https://www.msb.se/contentassets/01163f676a3348cfa68491c617b5e1d0/1544449-msb_resultat-coronaundersokning_200510.pdf) With the highest ranked being the Health care system (81% positive), the National Public Health authority (77%) the police 70% lower down the government at 59%.¹⁷

One exception that became apparent during the pandemic can be found in some immigrant communities, where there remain traces of different social traditions of communication and interaction. An example is that of the tightly knit Somali community in Stockholm that was overrepresented among those infected, that either did not receive or ignored the imposed regulations. There is also evidence that trust in political authority is lower in immigrant communities. All this has been fodder for the extreme right and their anti-immigrant rhetoric, at least behind the scenes, on the internet, and on social media. The problem of social segregation has been further illuminated through the pandemic; one recent study revealed that death rates among middle-aged and older immigrants from Syria, Iraq and Somalia were 220% higher for the months during the pandemic than for the same period last year. The differences for ethnic Swedes for the same period was very much less (cited in *Sydsvenska Dagbladet* 3 July 2020 A:2). In answering the question ‘trauma for whom?’, one would look to immigrant communities and minority groups, both for their being stigmatized as well as being disproportionately impacted by the virus itself. As in many parts of Europe, immigrant groups and minorities work in some of the most vulnerable and exposed occupations, under the most precarious conditions. Like the elderly, they are a group at risk, but unlike the elderly (an abstract category), they, as a stigmatized and stereotyped group, are not as respected.

There are also specific demographic factors that have affected the levels of contagion in Sweden, including the countries low population density, high share of single person households (not the cross generation extended family of Italy or Greece for example), generally high life expectancy, low level of chronic illness, low levels of

¹⁷ A new essay collection sponsored by *Dagens Nyheter* Corona: 19 Forfattare om Krisen (Corona: 19 Authors on the Crisis) contains an essay by the Swedish writer Elisabeth Asbrink, who raises the provocative question, is this really trust or could it rather be called ‘passivity, dread of aging, or laziness’.



obesity (13% as compared to 40% in the US, and low rates of diabetes (6.9% as compared to 9.1 in the US).¹⁸ The high death rate however remains to be explained and public debate has begun. Faith in the system and its representatives remains high, for covid-19 to lead to cultural trauma the sense of existential security in the general populace would have to be fractured. For the moment, the pandemic is viewed as a public health crisis, not a threat to basic values or collective identity(/ies). For that to happen trust in leadership and institutions and faith in science-based medicine would have to be broken.

Foundational issues, such as what it means to be a Swedish citizen and the relationship between individual freedom and responsibility to the collective have been opened by the pandemic. An example being the need to follow directives that restrict individual mobility for the collective good. Also being debated is the question of who should bear for the extra (financial, political, and moral) burden in a health care in a system where there are wide differences between regions affected by the virus; are localities where there are few cases of the virus responsible for those where there are many; should those living in southern Sweden where there have been relatively few deaths be held accountable (by other countries) for those in other regions where there have been many? Sweden is a nation very much aware of how it is viewed by the rest of the world. With its handling of the pandemic now the subject of global discussion and the resulting stigmatizing of Swedish citizens as dangerous, potential carriers, strikes at the heart of the basic trust in political and expert authority and the relationship between state and citizen. If trusting authority leads to others distrusting Swedish citizens, what then?

Conclusion

With the proviso that the pandemic crisis and responses to it continue to change from day to day, we argue that the covid-19 pandemic can be usefully studied as a cultural trauma, but with modifications. Previous studies have been retrospective accounts of the cultural trauma process, while here we offer a means to use the framework for a trauma that is ongoing. In this final section, we summarize these modifications, ending with comments on the outcome. In retrospective studies, timing has to do with the sequence of incidents that initiate and propel the trauma process. The flow of information is constant and confusing but the distance of time (and theory) one knows what to look for. In studying the trauma process as it occurs one does not have a clear notion of an underlying logic or an end in sight. In the current pandemic, nations face the future with uncertainty. There is no surety concerning the immunity of those who have been ill and no sure knowledge with regard to the availability of a vaccine. Strategies of containment have had relative and varied success, but deciding when to end restrictions, to open borders and permit international

¹⁸ https://www.nytimes.com/interactive/2020/05/15/world/europe/sweden-coronavirus-death-s.html?algo=top_conversion&fallback=false&imp_id=406361455&imp_id=249728155&action=click&module=Most%20Popular&pgtype=Homepage.



travel is a guessing game, with frightening consequences. The fear of new waves of infection and rising death rates is real and most be included in all proposals. As in war, one needs exit strategies. All this increases uncertainty and anxiety amongst leaders and within the general population bringing to the fore a painful interplay between normality and exceptional. Added to this is the prospect of future pandemics of similar consequence though with different cause, raising the possibility of cumulative affect with regard to collective trauma.

Retrospective studies can isolate relatively distinct incidents; compressed trauma faces the simultaneity of incidents without clear order or value. It is not only the fear of infection and death; there is also the collapsing economies and rising rates of unemployment that create another level of fear and anxiety within a population. These fears must be balanced in the strategies formulated by elites and is conditioned not only by levels of trust and faith in leadership but also by the type of rule. Authoritarian or competitive authoritarian systems have a different relation to those they represent than democracies, where election cycles are an important rhythm and consideration in the choices made by those holding power. Sitting leaders do not have the luxury of trial and error to the dimensions available in authoritarian systems, adding to the pressure imposed by time. In the midst of the pandemic, many countries have experienced collective solidarity and political unity, a real question is how long this will prevail?

As a global historical event, the covid-19 pandemic appears as facilitator and accelerator of structural calibrations¹⁹ and cultural shifts. In all likelihood, it condenses social time and identity formation processes within the terms of late modern time-space compression. As with 9/11 and Hurricane Katrina, it triggered a trauma process from the very beginning giving us the opportunity to comparatively study it in vivo with the aid of cultural trauma theory. Yet, a caveat to keep in mind is necessary at this point; time-space compression is both a result of technological and informational globalization and a globalizing driver of shifting our sense of time towards presentism. It brings about a 'nowist culture' (Bertman 1998), the 'tyranny of the moment' (Eriksen 2001), and an experience of a 'continuous present' in the sense that, severing the present from history. One lives in a 'flat collection and arbitrary sequence of present moments' (Bauman 1998, p. 24). Therefore, it is not only a pandemic induced trauma that is deeply inscribed in the time-space compression, but also those commentators (like ourselves) who are hermeneutically dealing with it. This might express itself in hasty postures like those of Giorgio Agamben who, on February 26, 2020, denounced the measures taken by the Italian government as 'absolutely unwarranted', as a pretext to the imposition of a state of exception.²⁰ To avoid the error of theorizing too quickly under the pressure of presentism, it is better to consider the pandemic as cultural trauma in the making.

¹⁹ The International Labor Organization (ILO) warns that the consequences of covid-19 will be such that child labor will increase for the first time in 20 years (<https://tinyurl.com/ycexkpw>).

²⁰ <https://positionswebsite.org/giorgio-agamben-the-state-of-exception-provoked-by-an-unmotivated-emergency/>.



The lure of presentism can cause one to jump to conclusions, even if all the components of cultural trauma—with the possible exception of collective memory—appear at hand. A possible conceptual means to avoid hasty theorizing is to look at the pandemic not only as compressed, but also as virtual cultural trauma. As long as it ‘is not the result of an event but the effect of a sociocultural process ... the result of an exercise of human agency’ (Alexander 2012, p. 15), cultural trauma is not meant to be historically realized, but rather socially constructed. Ontologically it is understood as a *status nascendi*, the specificity of which is conditioned by the interplay between virtuality and actuality (Lévy 1995). Contrary to the predetermined correspondence of potentiality to reality, where all possible attributes of the real are already inherent in the potential, virtuality is replete with openness and contingency so that the actual outcome of an historical event emerges from unpredictable agentic action.²¹

As historical constructs cultural traumas may or may not emerge out of the discursive mediation of abrupt fractures of the societal fabric, and in this respect, as a compressed shocking experience, the pandemic trauma process signals a virtual cultural trauma. Relatedly, as customarily held, traumas break and remake societal bonds regarding in-group and out-group relations. Among others, the social marketing campaign for diminishing the pandemic in Greece was a first-class opportunity for the restitution of the damaged national pride driven by the 2010 debt crisis. For nearly ten years Greece was depicted in the international media as the black sheep of Europe but now, with the successful handling of the first wave of the pandemic and employing an ‘we and them’ schema, a repetitive message campaign claims that ‘this time others can learn from us’. In a retroactive way, the present trauma drama presents an opportunity to symbolically heal the past trauma of economic collapse.

The Greek government and the party in power are doing their best to regain trust through this success, however as mentioned above, this is a precarious and ephemeral enterprise due to the long-standing distrust of the Greek public with regard to political institutions. If anything, according to certain estimations,²² implemented policies against the pandemic were more successful in low-trust societies than in high-trust nations. Although efficient coping with the pandemic is a multi-variable task, the cases of Greece and Sweden seem to support this estimation. In the main, Greeks complied with the stringency rules because they were afraid that a discredited political and administrative system would be unable to protect them. Ultimately, Greeks began feeling confident in the system as soon as it worked efficiently. This resulted from elites addressing the public in a convincing manner and keeping the death toll at a relatively low level. To the contrary, the allegiance of the Swedish populace to the loose restrictions was premised on their prior well-established confidence in political institutions and scientific discourse. Should the death toll continue to rise dramatically, the likelihood is that distrust will increase in Sweden, as well

²¹ For Hegel (1975, p. 200), the actual (actuality) is premised on will and free choice, and as such partakes of an essence on its path towards self-realization. On the idea of virtual cultural trauma, see also Demertzis (2020, pp. 35–37).

²² <https://www.economist.com/europe/2020/05/02/do-low-trust-societies-do-better-in-a-pandemic>.



as instigate a contentious political debate; yet this short-term entropic tendency will likely be counterbalanced by the long-term culture of trust in national institutions. As explained above, quite the opposite could be expected in Greece.

Comparatively speaking the countries are almost entirely different: high trust versus low trust tradition; economic success and security versus the opposite; rational and secular value orientations versus traditional and religious. There is also a sharp contrast in their death and infection rates, with Greece incredibly low and Sweden the reverse. Unless major upheavals in public trust, economic performance, and the number of deaths occur, the likelihood of a cultural trauma unfolding in either country is small for however different reasons. The compressed condition stemming from covid-19 is unlikely to end up doing serious harm to habitual value patterns and collective identification in either these two countries. How do we explain this?

With regard to Sweden, one can point once again to long-standing traditions of trust in national authorities and institutions. The performance of these authorities in articulating and managing the crisis potential was swift and transparent. With the pandemic framed and understood as a public health emergency, not a political crisis, the management of the threat was turned over to non-partisan health authorities. Their televised press conferences, organized around factual presentations and preventive recommendations, were models of authoritative representation in their non-dramatic tone and format. These daily performances had a large and receptive audience. Those entrusted the public good spoke with one voice. That the policy recommendations were minimally invasive and appeared to work was essential to their being followed. As the unusually high death rates became apparent, these were acknowledged as policy failures, with accompanying explanation and the promise of reparation. That these deaths could be explained as largely restricted to identifiable groups, the elderly and ethnic minorities, also freed the majority of the population from a degree of anxiety. That all political parties and mass media outlets accepted this definition of the situation is also an important factor in explaining the absence of collective trauma. Had there been political contestation and mass-mediated rhetorical challenges to the prevailing framing, the trust in leadership and the management of the threat would have been more difficult. This is to speak of cultural trauma at the national level. There is greater potential for such trauma at the group level, most particularly amongst the elderly, immigrant groups and minorities, those, that is, that bear the statistical brunt of the virus. The isolation felt by the elderly, especially those in care facilities, has not been remedied and a sense of uncertainly remains as restrictions have not been lifted, nor has any time frame been noted. This, however, is largely a group without voice and representation, a statistical rather than social or political group. It is also a fleeting group, with little possibility for narrative collective identification or collective memory formation. This is not the case for ethnic minority groups, where the impact of the virus is great and where marginalization and stigmatization are prevalent. Here there is more potential for individual trauma to find collective voice and representation.²³

²³ There exists also the possibility of a generational consciousness forming amongst those of 'impressionable age' in the general population.



Finally, with regard to collective memory, one can ask if the pandemic will leave an indelible mark on collective memory. The Spanish flu left little or none.²⁴ The theory of cultural trauma is a heuristic framework that offers little grounds for prediction. That said, given the secular nature of Swedish society and the absence of strong commemorative traditions, there mostly likely will not be any collective memorialization for those who died of the coronavirus. A recent national recognition of the dead occurred after the 2004 Tsunami, where over 500 Swedish tourists died. In 2014, the Swedish church and embassy organized a 10th anniversary ceremony and a memorial has been erected in Stockholm. At a ceremony marking the 25th anniversary of the Estonia Ferry Disaster of 1994, the Swedish Prime Minister called it 'a trauma for the entire nation' and representatives of the Swedish royal family offered flowers during the memorial ceremony. The individualized deaths resulting from the covid-19 pandemic, visible primarily through statistics, do not appear to lend themselves to collective commemoration in the same way. Against this however, one should point out that in both the other cases initiative for the memorial celebrations and national recognition of the victims came from the bottom up, from survivors and family members. The emergence of such carrier groups cannot be excluded in the covid-19 case.

As for Greece, the low death toll is unlikely to make a traumatic impact on public memory since it is represented as a mark of elite success, to further boost the rebound of the economy predicted for 2021. Most probably, any traumatic memory will be set aside in public discourse and mourning made a private matter, as is the case with the 102 people who suffered to death amidst a wild fire in Attica on July 2018 after a blatant failure of civil protection. Albeit in that incident, there was clearly someone to blame for the hecatomb of burn victims, yet no indelible mark was left on social identity or public memory; this time there is virtually nowhere to place blame. Insofar as losses remain low, individual family tragedies will not turn into a collectively shared suffering that could initiate a cultural trauma. A collective trauma might virtually arise if families were to lose the grandparents living at home. As family ties remain very strong in Greece, living in care facilities or on their own is the exception, not the rule as it is in Sweden and other countries. In a country with a shame-oriented culture, the mass loss of generational predecessors would inflict painful shame and guilt, strong emotions that when shared shatter individuals and collectives alike. Such might be sufficient cause for the unfolding of a cultural trauma, especially if a reform in the protection measures was not forthcoming. For the time being however, in Greece as in Sweden, there has been a basic consensus among the elites regarding the handling of covid-19; therefore, the mainstream media were unable to amplify strategic differences and polarize public opinion. In Greece however, this served to regain national pride, while in Sweden it preserved it.

We are not claiming an absence of trauma in these countries. As we indicated, despite great differences in the number of cases and the death tolls, both countries have their victims and large segments of the population that face the future with great anxiety. These are troubles confined and maintained in the private

²⁴ <https://www.nytimes.com/2020/05/14/business/1918-flu-memorials.html?searchResultPosition=2>.



sphere. By and large, albeit references to ‘trauma’ are made in both countries, on a societal level the covid-19 is perceived and framed in terms of crisis and crisis management, rather than a traumatic catastrophe that fractures value priorities and collective representations. Compressed cultural trauma means that the trauma drama begins immediately, but makes not prediction that it will result in indelible marks on the social body. If anything, the core idea of compressed cultural trauma idea is its virtuality, implying that the constellation of meaning making processes will shift when and if societal variables change.

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