



## *The New Heroes: Applause and Sensibilities in the Era of the COVID-19*

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### **Note of Editor-in-Chief**

This is the first Special issue of the journal *Culture e Studi del Sociale-CuSSoc*. The idea behind the special issue comes from this consideration: around the world, individuals are facing a critical moment, the COVID-19 pandemic and its consequences require some reflections on many topics, often forgotten by scholars. This is the reason why many Italian and foreign scholars have been invited to give their contribution. Furthermore, now more than ever, it is crucial to share knowledge coming from multiple disciplines and that's why it was decided to write an entire issue in English.

For scientific and intellectual correctness, the contents of single articles refer to the situation as in mid-May 2020. It is necessary to clarify that because this Special issue was published when many countries were starting to reduce their emergency measures to cope with the pandemic.

# *The New Heroes: Applause and Sensibilities in the Era of the COVID-19*

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## **Abstract**

Since the implementation of preventive and compulsory social isolation, every night at 9:00 p.m. thousands of Argentines applaud the health system personnel from their patios, balconies and windows in support of their daily tasks. The purpose of this article is to present a critical analysis of the applause that the Argentine population offers as an emotional support for workers in the health sector in times of Covid-19. To achieve this objective, the following argumentative strategy is followed: a) the relationship between heroes and spectators in a spectacularized society is described; b) second, a series of videos of different cities with structural diversity (social class, scale) from the virtual ethnography will be analysed; c) third, applause as an emotion is analysed according to the contexts of its production from the perspective of the sociology of bodies/emotions. Finally, the paper concludes with some questions about the relationship between public health and sensibilities in the post-Covid-19 era.

**Keywords:** Applause, Sensibilities, Public health, Sociology of emotions.

## **Introduction**

The COVID-19 Pandemic has become an event that has modified a set of social practices on a planetary scale. In some weeks during the past three months, more than 3,000,000,000 people were complying with various social isolation regimes, beginning to wear masks on a daily basis, and distancing themselves from other human beings by at least 1.80 metres. The big cities "closed", the planes did not fly, the passenger ships tried to return to port, the schools, temples and places of entertainment were temporarily closed. The health system, the security forces and all those services that were considered "essential" in each place were the only activities that did not stop and, moreover, increased their volume of activity, presence and social consideration.

In the aforementioned context, the custom of clapping on balconies, at the doors and on the patios of houses was established, thanking the work of all those who are caring for the victims of the virus. In the face of the enormous efforts of the people belonging to the health system (in some cases poorly paid and not valued) who care for the sick, and among whom many have died, citizens perform this gesture of approval, support and ovation every night: they are people who give their lives for others.

Argentina was not an exception, with an obligatory isolation since the first cases of contagion were known, and Argentines imitate the aforementioned gesture that was already common in Italy, Spain and England.

The objective of this article is to take a critical look at the applause that every day the Argentine population, from their windows or balconies, offer as an emo-

tional support to the health sector workers in times of the coronavirus. For this, the relationship between heroes and spectators in a spectacularized society is described. Then a series of videos from different cities (with different social levels) will be analysed through virtual ethnography. Thirdly, applause as an emotion will be analysed according to the contexts of its production from the perspective of the sociology of bodies/emotions.

A central aspect of what we presenting here is the methodological strategy used: virtual ethnography. For social research from different perspectives (both theoretical and disciplinary) the Internet is today a widely used source. Many processes, strategies and tools are implemented currently through the Internet: investigation through blogs, virtual ethnography, semi-structured interviews, and the use of YouTube, just to mention a few. As we explained in section 3, our strategy consisted of an ethnography through the use of WhatsApp with a snowball-type sampling.

The article ends by advocating the urgency of maintaining a critical gaze regarding the possible transformations that the pandemic is producing, but also and especially evaluating the opportunity to observe the appearance of new practices of association and reception of the other as close.

## **1. Society, heroes and applause**

In this section we synthesize some of the dimensions of the problem addressed, as considered from the perspective of a sociology of bodies/emotions that tries to conceptually contextualize the social structural processes that have taken place prior to 2020.

### *1.1 Society, enjoyment, and spectacle*

For some time now, we have been confirming the consolidation of normalization in immediate enjoyment through consumption in Argentine society. In this framework, we have explored, in various spatial and temporal contexts, the consequences of the structuring processes that were instantiated during the last twenty years.

The current situation of capitalism on a planetary scale, and emphatically in the Global South, is characterized by the existence of a large predatory machine that expropriates water, air, earth and, especially, bodily energy; the design and management of social support mechanisms and devices for regulating sensations framed in and through ghosts and social fantasies; and a global apparatus of repression, not only the military/police but also, and fundamentally, the one operating in everyday life: racialization, femicide, mass expulsion, etc.

Within this framework, in our investigations, we have confirmed the concreteness of what we have called the neo-colonial religion (Scribano, 2013, 2014). This amalgam to mimetic consumption, resignation and “diminished humanism” as dogmas that explain and “make sense” of a political economy of morality that socializes the pastoral in terms of a “sociodicy of frustration” is expressed in both apraxia, ataxia and social synaesthesia

Normalization can be understood as stabilization, compulsive repetition, nomological adaptation and contextual disconnection of the set of social relationships that the practices of individuals acquire in a particular time/space. In the sense of what has been affirmed and within the framework of the objectives of the present project, it is possible to understand how the normalization of the social is a conse-

quence, but at the same time also a generator, of the repetition in time of the social bearability mechanisms and the devices for the regulation of sensations. However, to properly characterize the “state” of the aforementioned societies, it is necessary to clarify the experience of immediate enjoyment as a privileged axis through which the elaborations of the possible normalizations pass. The operating centrality of the connections between consumption, enjoyment and normalization becomes a key to understanding the political economy of morality today. In direct relation with what we have indicated for normalization with respect to compulsive repetition, immediate enjoyment is the device by which the various and multiple ways of generating substitutes, replacements, and satisfiers through consumption are updated as a mechanism for the reduction of anxieties. The connections between consumption, enjoyment, and objects acquire the procedural structure of addictions: there is an object that releases moments of containment/adaptation to a specific state of sensibilities with such power/capacity that its absence demands its immediate replacement/reproduction. Without these objects, a break in the always undetermined emotional frames is verified in such a way that a lack is experienced, an experience that induces/produces the need for a new and immediate consumption of the referred object. It is in this sense that enjoyment can be understood as the complex and contingent resultant experienced as a “here-now” parenthesis, as continuity in time and that produces a state of subjective de-anchoring.

Thus, today we live in societies normalized in immediate enjoyment through consumption. We attend a permanent restructuring of the political economy of morality through the aforementioned enjoyment. Credits for consumption, subsidies for consumption, and “official” incentives for consumption intersect and overlap with the consolidated state and in the continuous development of capitalism in its contradiction of predation/consumption. Therefore, structured societies are produced/reproduced around a set of sensibilities whose elaboration context is the continuous efforts to “continue consuming” (Scribano, 2015). In this context we want to emphasize the follow structural components of society:

1. It is true that capitalism has been tied to consumption since its origins, and that the so-called consumerist society has been taken to its paroxysm in what are called post-material societies. What we intend to emphasize is that the politics of life, the inner experiences and intimacy are now not only objects of purchase and sale, but instead the sensibility regime is gaining the public status of religious belief. All social (and public) policies regenerate devices of sensation regulation that in their affective-cognitive imprint develop a public registration of mixed and mystified subjectivity of participation in a hypostatized totality through consumption.

2. It is also true that abstinence and ascetic saving processes have crossed the history of capitalism and that its opposites such as transgression and waste have occupied a central place in its reproduction. But in the current situation it is the sacrificial structure as a form that gains relevance. This is sacrifice neither as collective or individual effort to overcome scarceness, nor as a parameter for reciprocal exchanges: sacrifice is put at the centre of the scene of everyday life as a rite through which atonement of guilt, mystical participation in/of the totality and death are threaded. Trespassing its previous meanings, capitalism has emptied the meaning of death, defining it as necessary sacrifice and a constitutive part of the reproduction of life in consumption. The victims of the sacrificial structure turn into mediations for the reproduction of life. A life lived on the edge of death. These victims are both the billion human beings that experience expulsion and dispossession, as also the environmental assets that are preyed upon in the sacrificial pyre of progress understood as consumption of the few.

3. In the same direction, the processes of crisis and metamorphosis of capitalism have been associated to staging and spectacularity. From the Paris Fair of 1910, through the Hitlerian concentration camps, to NASA's launches, capitalism has always shown its power through public spectacles. Today, in the Internet era and live broadcasts for billions of subjects, the spectacularization takes (and re-takes) other features to gain importance and centrality. All that is lived must be represented in public, massively transmitted and recognized/approved by "many". The everyday of spectacle implies the appearance of a "reality show"-spirituality, where distances between Big Brother and the subjects that watch are annulled in direct relation to what we have argued above in 1.

4. Consistently, and as a consequence of what we have exposed, one of the most important features of the current metamorphosis of capitalism is to re-transform it into a Cultic Economy. This implies that the stabilizing profit rates of the mega-corporations have, in the spectacular sacrifice of exposed and coagulated lives, not only a "place" that assures its reproduction, but also a more appropriate modification of its political economy of morality.

Intimacies for sale, wholes theatrically presented, individuals and environmental assets sent to the fires and sacrificial altars of progress, consumption practices turned Decalogue for action are just some of the consequences of the changes and re-elaborations of neo-colonial religion as a current structure of the political economy of morality.

### *1.2. Heroes and Applause*

Hundreds of works have been written about heroism, it has generated many theoretical and empirical inquiries, and it has been the subject of various disciplines and theoretical views. Just as a very brief review let us recall some classic contributions.

Perhaps in one of the best-known studies on heroism, Thomas Carlyle approaches the figure of the hero in his first pages as follows:

We have undertaken to discourse here for a little on Great Men, their manner of appearance in our world's business, how they have shaped themselves in the world's history, what ideas men formed of them, what work they did;—on Heroes, namely, and on their reception and performance; what I call Hero-worship and the Heroic in human affairs. Too evidently this is a large topic; deserving quite other treatment than we can expect to give it at present. A large topic; indeed, an illimitable one; wide as Universal History itself. For, as I take it, Universal History, the history of what man has accomplished in this world, is at bottom the History of the Great Men who have worked here. They were the leaders of men, these great ones; the modelers, patterns, and in a wide sense creators, of whatsoever the general mass of men contrived to do or to attain; all things that we see standing accomplished in the world are properly the outer material result, the practical realization and embodiment, of Thoughts that dwelt in the Great Men sent into the world: the soul of the whole world's history, it may justly be considered, were the history of these (Carlyle 2001, p. 5).

A "great man" with a task, some ideas, possessor of special skills, a role model, someone to imitate, a creator and leader. The hero is social by "nature".

From another perspective, Otto Rank in his quest to clarify the "universal" connections between myth, hero and society in the field of psychoanalytic inquiries, described one of the ways of understanding the "hero's journey":



The standard saga itself may be formulated according to the following outline: The hero is the child of most distinguished parents, usually the son of a king. His origin is preceded by difficulties, such as continence, or prolonged barrenness, or secret intercourse of the parents due to external prohibition or obstacles. During or before the pregnancy, there is a prophecy, in the form of a dream or oracle, cautioning against his birth, and usually threatening danger to the father (or his representative). As a rule, he is surrendered to the water, in a box. He is then saved by animals, or by lowly people (shepherds), and is suckled by a female animal or by an humble woman. After he has grown up, he finds his distinguished parents, in a highly versatile fashion. He takes his revenge on his father, on the one hand, and is acknowledged, on the other. Finally he achieves rank and honors (Rank 1914, p. 22).

It is a circuit that starts from lost parenthood, goes through difficulties, until it reaches honours. The hero triumphs over adversity. In his well-known work on the hero, Joseph Campbell writes:

The hero is the man of self-achieved submission. But submission to what? That precisely is the riddle that today we have to ask ourselves and that it is everywhere the primary virtue and historic deed of the hero to have solved. [...] Only birth can conquer death—the birth, not of the old thing again, but of something new. Within the soul, within the body social, there must be—if we are to experience long survival — a continuous "recurrence of birth" (palingenesia) to nullify the unremitting recurrences of death (Campbell 2004, p. 15).

A central characteristic of every form of hero appears here: one is born dying. The hero must give his life to be such, but this is only possible if he is born recurrently; with the hero the entire "social body" is born and moves away from death.

Despite the multiple responses and the various responses in the second half of the 20th century, the theme of heroism has been a recurring topic. In 1954 Orrin Klapp wrote an essay entitled "Heroes, Villains and Fools, as Agents of Social Control" where he begins by systematizing social epithets for each of these figures for the hero, among which we can highlight: champ, big shot, smart operator, father of his country, protector, emancipator.

Among the various forms of messianisms, authoritarian and/or charismatic leadership, fascism, national socialism, and the multiple versions of populism that developed in the 20th century are clear examples of the "new" forms of heroes.

Already in the 20th century, and not long ago in the context of "natural" catastrophes, great fires, the global presence of terrorism and the failures of "expert systems" (sensu Giddens) translated into different types of accidents, heroism moved with force practices such as those of firefighters, nurses, etc. In their work "Lay perspectives on the social and psychological functions of heroes" Kinsella, Ritchie and Igou systematize the results of three studies carried out by them:

Independent coder analyses of lay conceptions (Study 1) revealed 14 perceived functions provided by heroes, for example, to inspire, to protect, to guide, to instill hope, and to motivate. Another sample rated each of the 14 function categories in terms of importance (Study 2). CFA established that our predicted three-factor model, including the factors protecting, enhancing, and moral modeling, fit the data well in comparison to a poorly fitting one-factor model. In Study 3 we asked participants to rate heroes, role models, or leaders across all 14 hero functions. The results illustrated that heroes were perceived as more likely to help, to save, to protect, to make the world better, and to do what no one else will (Kinsella, Ritchie and Igou, 2015, p. 8).

Re-emerging protection, example, the role of guide, and hope emerge as traits of heroic practice. In a similar vein, very recently Kristian Frisk in his article "What Makes a Hero? Theorising the Social Structuring of Heroism" debates four leading outlooks in the sociology of heroism: the study of great men; hero stories; heroic actions; and hero institutions (Frisk, 2019).

As is easy to see, there is a clear connection between hero and social approval, between heroic life and heroic practices, between the life of the hero and the life of those who identify, approve and follow him. It is here that the applause plays a relevant role that links theatrical representation with the hero's course.

The Cambridge dictionary defines applause as "the noise or action of people hitting their hands together to show they have enjoyed something"<sup>1</sup>, making visible the connection between applause, emotion and approval.

The applause, understood as a practice of expression of emotions that motivates the action of another person, is a key component of normalized society in enjoyment where the spectacular and sacrifice are one of its keys.

Along the same lines in these societies, the place of heroes in the context of sacrifice and the scenes of legendary struggles, especially in recent years due to the "Marvel effect", occupy a privileged place in the politics of sensibilities. The Covid19 pandemic has given rise to a set of practices that reconnect applause and heroes. In the first place, for the use of a warlike rhetoric to designate sanitary actions, and secondly for the high degree of spectacularism that such actions imply.

In the social sciences and humanities there is a long tradition of studies on applause; let's synthesize only very few of them.

There are numerous investigations of applause, its meaning, diversity and scope. Aesthetics, rhetoric, sociology just to name a few, have dealt with this phenomenon. For example, Pam Wells and Peter Bull (2007) carried out a study that sought to identify the key similarities and differences between the affiliative behaviours of the audiences with political speakers and comedians through the rhetorical devices used.

Another of the studied aspects is the influence of the proximity/distance of those who applaud on the beginning, development and intensity of the applause, trying to investigate the weight of the contagion. Mann and his colleagues report that:

Unlike studies focused on visual information, where local transmission of information is between local neighbours, we find in our experiments that spatial proximity is not important. This is probably the result of attention to a less localized acoustic cue (i.e. the volume of clapping) instead of the behavior of local neighbours. While the individuals were found to be increasingly likely to stop clapping as their clapping duration increased, we find that overall, global social influences appear to be more important than internal information in the decision to stop clapping (Mann, Faria, Sumpeter and Krause, 2013, p. 4).

From another point of view, Heritage and Greatbatch suggest that:

Recent work in conversation analysis suggests that audience responses to political speeches are strongly influenced by the rhetorical construction of political messages. This paper shows that seven basic rhetorical formats were associated with nearly 70% of the applause produced in response to 476 political speeches to British party political conferences in 1981. The relationship between rhetoric and response is

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<sup>1</sup> <https://dictionary.cambridge.org/dictionary/english-spanish/applause>



broadly independent of political party, the political status of the speaker, and the popularity of the message. Performance factors are found to influence the likelihood of audience response strongly (Heritage & Greatbatch, 1986).

Another feature of the applause that interests us is linked to its history in the theatre as a massive and anonymous “approval management” about a performance, in that sense can be read on a website about the theatre:

In comparison to vocalizing approval through speech, clapping is easier, louder, and more anonymous especially in crowds. You can't tell much about a person through their clap, like whether they're male or female, or where they're from. Clapping is even considered more democratic, since stomping your feet can be too disruptive, and not everyone can snap their fingers. Taking it way back to 6th century BC, lawmaker Kleisthénés of Athens made it so that audiences would have to clap in approval of their leader, since there were too many people to meet individually. Through this came the “applause”, the unified voices of all these people in the form of clapping together in admiration (Theatre in Paris, 2020).

As we have advanced, the applause is the emotional expression that confirms the acceptance of the practice of another or other people. In the context of the Covid-19 Pandemic the approval, ovation, and encouragement in and through the applause to the health personnel globally became one of its characteristic signs. In order to analyse the applause practices in Argentina of the Covid19 we will establish, in the next section, as an informative outline some basic features of the Health services in the country in both scenarios.

## 2. The pre-pandemic scenario

The Covid-19 Pandemic operates as a large magnifying glass, as a lens that allows us to see in detail the situation of previous social processes, it is a factor that makes the pre-existing structures emerge with full force.

The applause that we will analyse occurs in the context of a narrative of war against the virus, and in a scenario whose components are the result of long years of neglect and delay. Doctors, medicine, and the Argentine public health system that enjoys international prestige and is one of the most extensive in its coverage in Latin America, have suffered from endemic neglect.

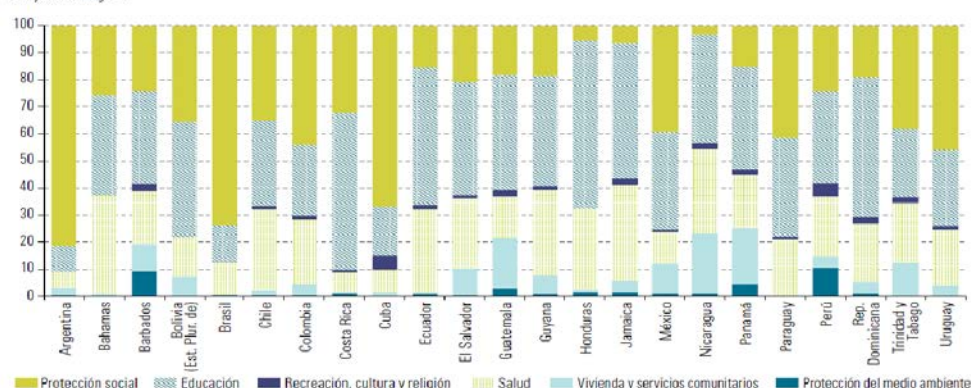
Regarding Total expenditure on health for the year 2015 as a <sup>2</sup>percentage of gross domestic product, among Latin American countries, in Argentina this stands at 6.8%, well below Brazil with 8.9%, Uruguay with 9.2%, and Cuba with 10.9%, and above Venezuela (Bolivarian Republic of) with 3.2%, or the 4.2% of Saint Vincent and the Grenadines; and similar to Haiti with 6.9% or Colombia with 6.2% (CEPAL, 2019b). In this vein, it is possible to notice the distribution of spending in Argentina: 81.1% corresponds to spending on social protection, 9.7% to education, 6.0% to health, 2.8% housing and community services and 0.4% protection of the environment, as seen in graph 1.

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<sup>2</sup> WHO, Global Health Observatory data repository [online] <http://apps.who.int/gho/data>. a Estimates have been computed to ensure comparability across countries; thus they are not necessarily the same as the official statistics of the countries, which may use alternative rigorous methods

Graph 1 - Distribution of central government social spending by functions in Latin America and the Caribbean

América Latina y el Caribe (23 países): distribución del gasto social del gobierno central, por funciones, 2018<sup>a</sup>  
(En porcentajes)

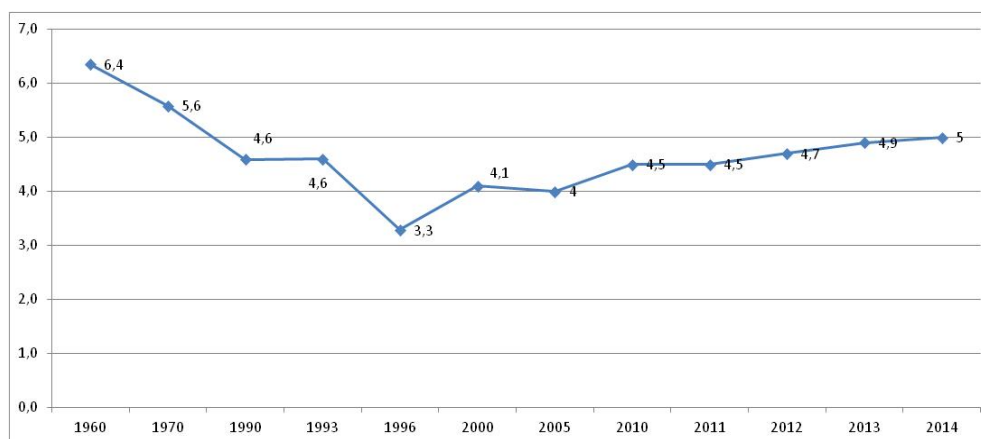


Fuente: Comisión Económica para América Latina y el Caribe (CEPAL), sobre la base de información oficial de los países.  
<sup>a</sup> Los datos de Bolivia (Estado Plurinacional de), Guyana y Panamá corresponden a 2017. La cobertura del Estado Plurinacional de Bolivia corresponde a administración central y la del Perú a gobierno general.

Source: ECLAC, 2019<sup>a</sup>, p. 137

Following the World Bank information<sup>3</sup>, the number of hospital beds (per 1,000 people - graph 2) available for hospitalizations in public, private, general and specialized hospitals and rehabilitation centres<sup>4</sup>, in Argentina between 1960 and 2014, a steady decline is observed. In 1960 it had 6.3 beds per 1,000 people, yet for the year 2005 the smallest number was registered with 4 hospital beds per 1,000 people, later increasing to 5 for 2015. Thus, according to information provided by the Institute of Latin American Studies, the COVID-19 pandemic found Latin America in general, and Argentina in particular, in an unfavourable situation in terms of resources in the health system (Table 1).

Graph 2 - Number of beds per 1,000 people in Argentina



Source: Own elaboration based on information from the World Bank

<sup>3</sup> Retrieved from [https://datos.bancomundial.org/indicador/SH.MED.BEDS.ZS?end=2014&locations=AR&name\\_desc=false&start=2014&type=shaded&view=map&year=1960](https://datos.bancomundial.org/indicador/SH.MED.BEDS.ZS?end=2014&locations=AR&name_desc=false&start=2014&type=shaded&view=map&year=1960) (Accessed, April, 20, 2020).

<sup>4</sup> In most cases, both beds for acute care and beds for care of chronically ill patients are included.

Regarding health professionals, a report from the Federal Observatory of Human Resources for Health (RHUS) indicates that the number of doctors per inhabitant remained constant between 2013 and 2016, in the case of nurses, although the number remains low, their level of training has been improved.<sup>5</sup>

Therefore, they indicate that

The total number of doctors as of December 31, 2013 is 166,187. The ratio of doctors to population in Argentina is 3.94 doctors per thousand inhabitants. In the international comparison, it appears positioned at the same level as several European countries such as Spain, Switzerland, Italy, and also Australia. In relation to the other countries of the American continent, with the exception of Cuba that heads the list of the number of doctors and Uruguay, Argentina is in a very advantageous situation in the region, doubling the number of doctors for every thousand inhabitants that Brazil has, for example, and almost quadrupling those of Chile and Peru, according to the information provided by WHO for the year 2013 (MDS-RHUS, 2015, p. 7).

Table 1 - Health systems indicators for select countries in the Americas

Country	Health spending per capita in US \$ *	Health spending as percentage of GDP (Public) **	Health spending as percentage of GDP (Private) **	Physicians (per 10,000 people) **	Nurses (per 10,000 people) **	Hospital bed density, per 10,000 people (2012) ***	Ventilators per 100,000 people ****
Argentina	1,325	5.6	1.9	39.9	6.7	47	13.05
Brazil	929	3.9	5.2	18.9	12	23	25.23
Canada	4,755	7.7	2.8	27.2	79.5	27	
Chile	1,382	5	3.5	9.1	6.9	22	9.63
Colombia	459	3.7	2.1	21.1	12.7	15	12.83
Costa Rica	869	5.6	1.9	30.7	23.9	12	
Cuba	988	10.9	1.3	84.2	54.5	53	
Dominican Republic	433	2.8	3.3	14.1	3.5	16	
Ecuador	518	4.3	4.1	22.2	12.9	15	
Mexico	495	2.9	2.6	25.5	29.2	15	12.96
Panama	1,112	4.8	2.4	15.9	14.4	23	
Peru	333	3.3	1.8	8.2	10.5	15	5.12
USA	10,246	14	3.1	26.1	145.2	29	
Venezuela	94	0.8	2.4	17.3	20.1	9	

Source: Institute of Latin American Studies. Retrieved from <http://ilas.columbia.edu/>

\*data from WHO Global Health Expenditure Database;

\*\* data from PAHO Core indicators 2019, health trends in the Americas;

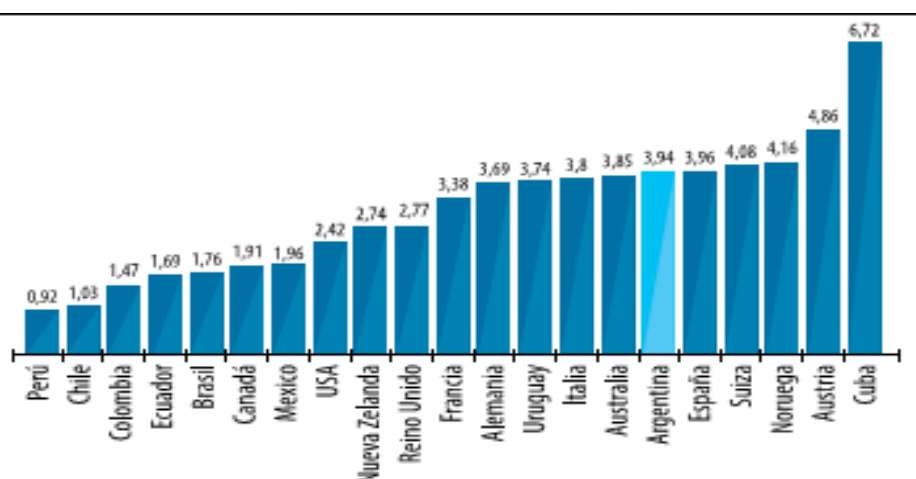
\*\*\* data from WHO Global Health Observatory data repository;

\*\*\*\* data from Americas Market Intelligence (AMI) Report on How Prepared is Latin America to do Battle with Covid-19

As it is possible to notice, the situation prior to the “arrival” of the pandemic was not the ideal, and this is the scenario in which we will now see the behaviour of the public and the context of appearance of the new heroes.

<sup>5</sup> Retrieved from <https://www.argentina.gob.ar/salud/observatorio/datos/fuerzadetrabajo> (Accessed, April, 20, 2020).

Graph 3 - Medical rates per thousand inhabitants. Year 2013. International comparison



Source: MDS-RHUS, 2015, p.7

Table 2 - Number of doctors and nurses of active age in Argentina

Profession	2013		2014		2016	
	Quantity	Rate per 100,000 inhabitants	Quantity	Rate per 100,000 inhabitants	Quantity	Rate per 100,000 inhabitants
Total doctors	166,187	39.3	No data	No data	172,502	39.6
Total nurses	179,175	42.4	183,370	42.7	192,829	44.2

Source: Own elaboration based on RHUS report

### 3. Applause for the new heroes

In Argentina, as in other countries, every day at 9:00 p.m. the population is invited to go out to their balconies, terraces, room simply at the door of their house, to applaud the health personnel who are working in the times of coronavirus. The origin of the event lies in social networks through which a "campaign was launched to support all Argentine doctors, nurses and auxiliaries in their fight against the pandemic (...) the anonymous national initiative, which was also disseminated through WhatsApp, (...) for March 19 (...) invites all citizens to applaud from home"<sup>6</sup>. In this context it was decided to make a video of that moment (between March 27 to April 9, with a duration of 1 to 2 minutes) in two provinces of Argentina: Buenos Aires and Córdoba. In Buenos Aires they were taken in the City of Buenos Aires (in different neighbourhoods) and in Greater Buenos Aires. Then in the city of Córdoba and Gran Córdoba. In total, 50 videos were produced. For analytical purposes, we have classified cities according to the following criteria: a) by size (large, intermediate and small cities), b) degrees of urbanization, taking into account access to infrastructure and health services such as electricity, gas, means of transport, sewers, internet, nearby hospitals, paved streets, among other indicators (high and medium/low) and c) by type of demonstration.

Large/intermediate cities with medium and low levels of urbanization are located in Greater Buenos Aires, the most populated area, each of the municipalities

<sup>6</sup> This is reported by the newspaper Clarín. Retrieved from, [https://www.clarin.com/viste/coronavirus-argentina-convocan-aplauto-masivo-apoyo-profesionales-salud\\_0\\_NyCrU3JX.html](https://www.clarin.com/viste/coronavirus-argentina-convocan-aplauto-masivo-apoyo-profesionales-salud_0_NyCrU3JX.html)

has 182,000 to 1,800,000 inhabitants (INDEC, 2010). 23 videos were taken considering the north zone (Vicente López, San Isidro, San Martín) with better socio-economic conditions and the south zone (Berazategui, Quilmes, La Plata and west (Hurlingham, La Matanza, Tres de Febrero) with worse socioeconomic conditions (INDEC, 2020). The Autonomous City of Buenos Aires, capital of Argentina with 2,700,000 inhabitants, and the City of Córdoba, capital of the province with 1,400,000, were considered as large cities with high urbanization (INDEC). In the City of Buenos Aires 23 videos were taken in the different neighbourhoods (north, south and west) and in the City of Córdoba 4 videos were also taken in different neighbourhoods

Table 3 - Type of expression and manifestations in type of cities

Type of expression	Large cities high urbanization	Large/intermediate cities with medium and low levels of urbanization
Sustained applause with intensity	Nuñez, Parque Patricios, Villa Lugano, Palermo, Recoleta, Flores, Belgrano, Boedo, Retiro, San Nicolás, San Cristóbal, Caballito, Villa Lugano, Montserrat. Nueva Córdoba	San Isidro, Vicente López
Applause	Montserrat, Liniers	San Isidro, San Martín, Tres de Febrero, San Justo, Vicente López, San Justo (La Matanza)
Applause and National Anthem	San Nicolás	
National Anthem	Recoleta, Olympic neighborhood Villa Soldati	González Catan (La Matanza)
Applause, National Anthem, screams, whistles	Recoleta, Palermo	
Silence	Barrio San Vicente and center of the City of Córdoba.	Berazategui, Hurlingham, Vicente López, Tres de Febrero, Quilmes, Gonnet (La Plata), Virrey del Pino, Villa Luzuriaga, González Catan (La Matanza)

Source: Own elaboration

The first feature is that the variety of ways of “applauding”, the ovation, support, the expression of approval, transcends the clapping of hands - other means of “making yourself felt” are incorporated, such as the national anthem, shouts, whistles, etc.

As it is possible to observe, the different performances are connected with the types of cities and neighbourhoods, from which it follows that there is a geopolitics of the applause where the “bigger” cities, and perhaps more “pressed” by the effects of the Pandemic, are the most active with “sustained applause with intensity”

A third element is that sustained applause is homogeneous throughout the city where there is a high degree of urbanization, all neighbourhoods applaud equally, they are not differentiated by “traditional” class barriers.

Finally, silence: it is “stronger” in the poorer areas of the metropolitan area and in the Province of Buenos Aires. A hypothesis for our strong criterion is that the intensity and presence of applause vary according to the degree of urbanization.

In the framework of the warlike narrative, of the mass media presence (and in the social networks, of the death threat) and the contagion effects associated with the situation of isolation, the applause varies according to the “degree” of urbanization.

An important element is anonymity: applause (which is always anonymous) is

also offered to someone anonymous: they have no face, no name, they are the people of the health system.

#### 4. Final Opening

When we were finishing writing this work, the news came out that Banksy, the famous street artist, had drawn a tribute to the heroes of public health. The artist turns an NHS nurse into a superhero in a black-and-white work that he has gifted to Southampton General Hospital. In this context, a good part of our conclusion was modified because we consider that this work offers a unique opportunity to exemplify some of the central components of what we intend to discuss here.

The work consists of a kneeling boy who holds, in a gesture of the typical game of “making dolls fly”, a nurse with his hand extended forward (almost like Superman), wearing the characteristic uniform of the profession with a cape that by his movement and shape gives the feeling that it was flying. Below and to the left of the drawing is a garbage can where you can see the Batman and Spider-Man dolls. Game Changer. as it appears in the work by way of identification, obviously has millions of likes given that Banksy is followed by more than eight million accounts. The drawing has more than interesting details that for reasons of space we do not address here, where we only want to rescue the following: a) The game is changing, the sensibility of billions of people has accepted that “we are at war”, b) the heroes of the normalized societies in the immediate enjoyment through consumption are displaced by a “simple nurse”, c) The health system is more heroic than the superhero productions of Marvel, and d) a child plays with his gaze fixed on that character, he now embodies your admiration and identification process.

It is precisely this tension between gratitude and identification and handicap and dependency; it is the contradiction between spectacle and passivity that this applause leaves, which, before the deserved, shared and necessary gratitude, express the construction of new heroes that allow shifting responsibilities and autonomy.

The applause celebrates that someone replaces us in a battle that we are too weak to fight, and said replacement must have at least some form of spectacularity and sacrificiality according to the “game” that Banksy perceives has changed. The new heroes bear witness to what the war metaphor contains as a strategy for managing information and sensibilities: there are others who die for us on the “front line” and our tribute is to applaud as in the theatre, given that we witness it in the mass media and via social networks.

The applause speaks of a part of the old game where the participation was that of the spectator, the commitment of the consumer and the values of the number of people who attend the show. Marvel never thought that what was forming was the “claque” of the health system. The applause is ultimately what unites us to the heroes, linking us to the war when we came out of the confinement to applaud, as an Italian meme aptly put it in the first days of the confinement: “our grandparents were asked to go to war, we are us we are asked to stay on the couch.”

Now, there is a level of understanding of the applause that is beyond what is expressed: the need to recognize the anonymous caregiver and incorporate him as a neighbour emerges strongly. The people to whom the applause is addressed took care of our loved ones before dying, saved the lives of many of them, comforted everyone in moments of despair, all were operators of different, more radical and profound “sensibilities”: this changing who we call the other.

The correlations between health policies and politics of sensibilities that are be-



ing verified may be possible traces for a world with other ways of understanding those around us.

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