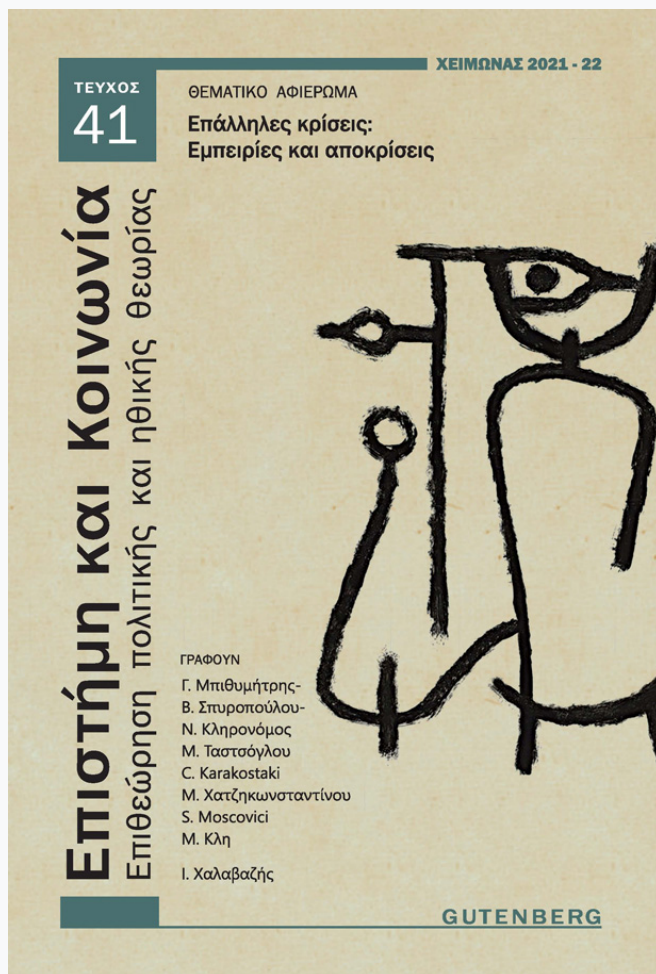


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Recording the first wave of the Covid-19 Pandemic in Greece: Expert knowledge, solidarity and effervescence

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RECORDING THE FIRST WAVE
OF THE COVID-19 PANDEMIC IN GREECE
EXPERT KNOWLEDGE, SOLIDARITY
AND EFFERVESCENCE

This paper aims to document the first wave of the Covid-19 pandemic in Greece. It discusses events that shaped the Greek public sphere and contributed to the formation of the collectively lived social experience. It examines the role of epistemic authority in the decision-making process during an emergency, outlines common attitudes and beliefs about the virus and reviews important debates and controversies in the early stages of the pandemic. The description and analysis are based on empirical elements, such as the State's daily broadcast, which also functioned as a ritual of collective effervescence, as well as important controversies that dominated in the public sphere. Our hypothesis is that citizens were able to respect drastic containment measures because they actually received informed knowledge about the pandemic. In that way, they were convinced beforehand that the strict guidelines were not the mere outcome of an authoritarian government, but primarily the result of evidence-based politics.

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Introduction

IF WE GO THROUGH medical but also social science literature on pandemics and epidemics, we will notice that many events, attitudes and practices which could be observed during the Covid-19 sanitary crisis have already been in some way predicted and were somehow expected. First and foremost, the outburst of the pandemic itself. For decades now, scientists and international health authorities have been warning that it was only a matter of time before a new virus would sweep around the world. They even pointed to China as the place where it all might turn up, since most influenza virus mutations can be traced there (Shortridge, Peiris, & Guan, 2003). Specifically, since the early 80s, virologists have suggested that Southern China in particular should be treated as a hypothetical influenza epicentre (Shortridge & Stuart-Harris, 1982), largely due to agricultural practices and human-animal proximity in rural areas (Shortridge, et al., 2000). The 90s and 00s confirmed this hypothesis with the manifestation of new infectious diseases which originated from antigenically novel influenza viruses and which managed to pass to humans from animals – like H5N1 (‘bird flu’) in Hong Kong in 1997 and subsequently in the rest of the world in 2005, the SARS coronavirus in China in 2002-2003, the A/H1N1 pandemic in 2009 (Keck, 2013; Bretelle-Establet & Keck, 2014) etc.

This does not mean, however, that all countries were equally prepared for the threat of a new contagious disease with a high mortality rate (Lakoff, 2007; 2017) or that they were immediately willing to embrace a martial-like attitude, as the one suggested by scientists who have been sounding the alarm since the very beginning. Surprisingly enough, we witnessed countries that are considered to be guided by the logic of preparedness (Lakoff & Collier, 2008), like the United States and United Kingdom, to remain inert, while others, like China and Japan that are not driven by the same insurance rationale, to

react more quickly. Singapore for example, which was severely impacted by the SARS epidemic in 2003, copied UK's preparedness plan, while the UK itself opted for herd immunity as a measure of protection (Calvert, Arbuthnott, & Leake, 2020).

The first lesson that can be learned from this pandemic is, subsequently, that even though the coronavirus threat was global and somehow expected, the 'enemy', i.e. the virus, could not be managed at a global level. It is revealing that even though the international community – at least at the highest institutional level (World Health Organisation) – managed at every stage of the pandemic to reach consensus on the right course of action (quarantine, social and physical distancing, wearing a face mask, school closure, general lockdown measures), there have been cases where, temporarily or more consistently, the designated scientific authorities recommended policies that deviated from the general pattern, as in Sweden or the United Kingdom, or cases where the experts' opinion was ignored or not fully heeded, as in the United States and Brazil. Much like traditional wars, at least in those early stages of the pandemic, long before the European Union promoted a common vaccination policy for its member states, the battle was fought on a nation-state basis, which means nothing else than on a political basis. Indeed, from an epistemic point of view, it is very rare to have so little disagreement among experts on a crucial matter of public health, which is also significantly novel, and at the same time so many political variations about the best course of action. The fact that the 'enemy' was actually 'invisible' did not make things easier. On the contrary, it made political variations more tolerable. Scientists on a national level had to persuade political leaders to adopt severe restrictive measures and political leaders had to convince people to comply with them. The stricter the measures, the better it was for society, they argued. And yet, the stricter the measures, the more difficult it was for governments to adopt them and for people to respect them.

The issue of extensive government intervention in European liberal democracies at the moment of this sanitary crisis and

the subsequent issue of compliance with (or defiance of) these measures remains one of the most fascinating issues from a sociological perspective. It can also function as an ideal entrance into studying the pandemic and the transformations it already brought in contemporary societies, as could be expected (McNeill, 1976; Snowden, 2019; 2020 [2006]). It is important however, to prioritise separate national approaches in order to highlight distinct characteristics of each country and the ways they coped with the restrictions on their own behalf. In this logic, the present paper aims to provide an insight into Greek experience of the first phase of the Covid-19 pandemic, precisely from the moment of the announcement of the disease (February 2020) until the termination of the lockdown (May 2020). Without seeking exhaustivity, it discusses events in relation to the virus that shaped the Greek public sphere and contributed in the caption of the collectively lived social experience.

The Greek case presents a particular interest for two reasons: First, because it was internationally acknowledged for having dealt with the first phase of the pandemic in a very successful way (Tugwell & Nikas, 2020; Giugliano, 2020). Indeed, the Greek government reacted quickly and took some of the most proactive and strictest measures among European countries. Thus, it managed to actively slow the spread of the virus and keep the numbers of deaths considerably low. Second, because Greek people displayed unparalleled obedience to a set of measures taken by the government at the suggestion of medical experts. The reasons for this attitude are sought here. We argue that the obedience shown all together by Greek citizens is multifactorial and related both to what we would call structural elements of Greek society and to contextual causes. In other words, we do not believe that the Greek people's obedience to the measures is due to trust in experts per se, even though Greece has become particularly familiar in recent years with the involvement of experts (especially when it comes to economic policy-making). Conversely, we argue that it was those experts that took centre stage and played a role in the manage-

ment of the pandemic, who inspired trust and strengthened general confidence in science.

Given that today we are already in the fourth wave of the pandemic, where the debate revolves mainly around vaccinations and the ways in which we have learned to live in a pandemic situation, with all that this entails (self-protection, individual responsibility, teleworking, flexible entrepreneurship, digitalisation, home-schooling, etc.), the study of the first phase is crucial as it will allow further comparisons to what followed.

Objectives and methodology

In the sections below, we track the path of the first wave of Covid-19 crisis in Greece based on the scope of the Greek public sphere. We begin by outlining common attitudes and perceptions during the first four months of the pandemic both from the political world and the society. Then we examine the role of epistemic authorities and the dissemination of scientific knowledge in the acknowledgment of the threat as a real danger and the subsequent compliance with the measures. We observe the rise of experts as new public figures and the emergence of new forms of intergenerational solidarity among members of society. Last but not least, we follow the main controversies that divided society but also discern novel experiences of collective effervescence.

The description and analysis of these topics are based on empirical elements such as the joint press conferences of the chief scientist in charge of the pandemic and the Deputy Minister of Civil Protection that were broadcasted on a daily basis, on Greek and international news reports, on the review of important debates and controversies held in traditional, alternative and social media, and finally, on polls and social surveys specially aimed at the experience of the Covid-19 crisis. On this account, this article aims to make a modest contribution to the debate about the social dimensions of the pandemic that still remain poorly documented.

The Virus as an Intruder

As the anthropology of epidemics has shown, contrary to chronic illness, that harms individual bodies from the inside, infectious disease seems to affect the entire social group on the outside (Rosenberg, 1992; Sontag, 1978). Its ability to pass from body to body challenges the established conceptions of society and exposes its weaknesses. As soon as the virus takes hold of the first body, the community tends to designate a culprit. By identifying the wrongdoer, it can momentarily expel the ‘evil’ and sooth the general sentiment of insecurity that the infection had caused (Bretelle-Establet & Keck, 2014). The news about a new contagious disease from China was reported in the Greek newscasts concomitantly with the rest of the world at the end of January 2020. The virus was still ‘far away’ and people didn’t feel threatened behind their screens. The first images that arrived from China captured scenes of extreme violence as police forces were grabbing ‘suspects’ of infection with nets on the street, while other people were collapsing inside metro stations gasping for air.

The first domestic case was detected almost a month later in Thessaloniki, the second largest city in Greece located in the North. The victim was a woman who had just returned from Milan, where she attended Fashion Week, a hotbed of rapid transmission as it was later described, due to the overcrowding of travellers from all over the world. Some of her fellow passengers on the flight from Italy tested positive for the virus in Athens in the following days. Among them was an employee of a big systemic bank, her husband who worked at a big centre-right newspaper and her daughter who was a student at a prestigious private high school. A few days later, a private party in an affluent neighbourhood in the northern suburbs of the capital was blamed to be a fatal source for transmission. Among those infected were journalists, businessmen and other prominent high-society figures.

Despite the obligation not to release the names of these first victims in accordance with the principle of data protection, the press ran short reports revealing their profiles and their social characteristics. This was enough to set in motion the search engine for the culprit or, in other words, the scapegoat for the impending evil. A characteristic example of this attitude was the statement by a European deputy of the opposition party who implied, via his Twitter account, that the virus had the characteristics of a class society: by having the means to travel abroad, the ‘wealthy’ people had put the rest of the Greeks in danger by bringing home the enemy from afar. This statement has had both supporters and critics. However, it fitted perfectly into the pattern of the search for a malefactor. According to this perspective, the very first people infected were not seen as victims or as patients that had to be cared for, but rather as foes who played the role of a Trojan horse allowing the foreign enemy to invade the country.

This line of thinking is far from being a Greek or European characteristic. The US President was among the first to refer to the virus as ‘Chinese’ imposing severe restrictions to China, such as border closure and entry bans, soon after the announcement of the pandemic. But also, as researchers have shown, Asian countries in the past reacted in a similar way, when, for example, SARS entered Taiwan (Rollet, 2014). David Napier, who has been studying epidemics and immunology for more than three decades fostering a connection between biological and social sciences, invites us to reflect on the association of epidemics with xenophobia, as they both share common key characteristics (Napier, 2017). If anything, counter-pandemic hysteria favoured the circulation of scapegoat narratives and fostered xenophobic responses towards potential carriers. It wasn’t long before the ‘Chinese’ but also the more abstract classification of ‘travellers’ became a categorical ‘other’ in the face of the foreign threat.

Additionally, general uncertainty about the virus and the conditions of its transmission gave rise to conspiracy theories.

The belief that the virus had been ‘engineered’ then ‘leaked’ from a laboratory in Wuhan spread from word to mouth and it was even promoted by then-US President Donald Trump. At the same time, European societies started a conversation both in mainstream and independent media about the effects of human influence on the environment, and more precisely on the dangers of deforestation that favoured human-animal proximity as well as on the breeding and killing conditions of animals and their trade in wet markets. As a result, China ended up again being considered a foe, as it does not share the Western worldview and refuses to comply with the West’s environmental commitments.

Interestingly, however, a similar debate on animal husbandry and on the human influence on the environment has never been opened in the Greek public sphere, perhaps, among other reasons, because the country’s agricultural model is far from being industrialized. But neither did conspiracy theories last long in this first phase of the pandemic. More than anything else, the debate revolved around the course of action that had to be taken in order to respond to this novel threat.

Compliance with the measures and intergenerational solidarity

The Greek government reacted quickly adopting very early on some of the most proactive and stringent measures among European countries. As early as the end of February the health and state authorities issued precautionary guidelines, while ten days later the government decided to suspend the operation of educational institutions and to close cafes, restaurants, shops and other businesses and establishments. Ultimately, at the end of March Greek authorities announced restrictions on all non-essential movement throughout the country, allowing only six types of movement – involving going to one’s workplace, visiting a pharmacy or a doctor, going to a food store, assisting a

person in need, going to a ritual (wedding, funeral) and taking one's pet out or exercising outdoors – for each one of which people were obligated to send a mandatory text message and declare it in advance.

Despite the severity of the measures, citizens' compliance in this first phase of the pandemic has been remarkable, as evidenced by the images of empty streets. There are many hypotheses that can be made to explain this attitude. First and foremost, the uncertainty about the unprecedented nature of the situation made people cautious and at the same time eager to follow authoritative guidance. The medical knowledge available at the time emphasized that the risk for older people is much greater than for the younger ones. As a result, far more than getting sick themselves, people worried about passing the disease to a vulnerable family member, an elderly parent, a relative or friend with an underlying condition, or even a social acquaintance who, in turn, would pass it on to their elderly relative. The government's direct appeal for grandmothers not to babysit their grandchildren despite the school closure – a widespread Greek practice that masks other weaknesses of the welfare state – made clear that the danger of infection should no longer be perceived as a mere individual risk, but rather as a collective contingency. Thus, as half of society could be proved to be fatal for the other half, the concepts of individual responsibility, care and intergenerational solidarity entered the public debate, fostering behaviours that strengthened social cohesion, both at the family and wider society level. Also, bad weather certainly played a role. As it turned out later, the coming of spring and the improvement of weather conditions stimulated several corona parties in public squares. But at this early stage of the pandemic, the winter cold made staying home easier.

The most important reason, however, is undoubtedly related to structural elements and weaknesses of Greek society which, on the occasion of the pandemic threat, came to the surface. More precisely, it quickly became clear that Greece was facing a major risk related to the national health system

(Petmesidou, 2020). After a ten-year crisis, hospitals, especially those in the province, were facing serious shortages. Intensive care beds were among the fewest in Europe, at only 6 per 100,000 inhabitants, while the European average was 11.5 (Rhodes, et al., 2012; Furlong & Hirsch, 2020). At the same time, testimonies from Italy describing major insufficiencies and explaining that people were dying because they could not get admitted to ICUs, rang the bell for what could go wrong in Greece as well. Images from around the world flooded the Greek media, showing loads of coffins stacked in hospital courtyards and refrigerated trucks carrying the bodies out of the cities. Every night, on the daily bulletin, Greek doctors working in Italian hospitals explained how elderly patients were dying alone because their ventilators had to be given to younger patients (Privitera, 2020).

Without being able to measure it precisely, these messages that permeated and largely shaped the Greek public sphere in relation to the virus from the very first weeks of its appearance were decisive for the attitude shown by citizens and society as a whole. But also, it can be argued that compliance may not have been as big, if following the rules has not been widely associated in people's minds with intergenerational solidarity at a family level.

As numerous researchers have shown, the Greek family is the place where conflicting interests but also complex power relations come together (Maratou-Alibranti, 2000; Matsagganis, 2011; Giannitsis & Zografakis, 2016; Panagiotopoulos, 2021). Especially during the recent economic crisis, family has been a topic of great interest, both for social scientists and policy makers, since it reflected long-term social protection system insufficiencies. As stated and amply documented, long before, but also after the onset of the crisis family functioned as an unofficial but extremely efficient safety net: family members took care of children and the elderly, assisted during the difficult transition from education to employment, financially supported the precarious youth or the long-time unemployed who still

lived at their parents' houses and/or with their parents' pensions (Lyberaki, Papadoudis, & Tinios, 2009; Panagiotopoulos & Vamvakas, 2013; Tsekeris, Pinguli, & Georga, 2015). During the crisis, this family function was magnified as youth unemployment rose and the pensions of the previous generation may have been a family's only disposable income. From this perspective, the invasion of the virus seemed to threaten the very foundation of Greek society. The discipline in the measures shown by citizens cannot be fully interpreted without considering the intergenerational and economic dependence aspect.

The role of experts in the management of the pandemic

The pandemic has also confronted society with yet another aspect of modern politics, namely its relationship with the scientific world and the epistemic division of labour, or what we most commonly refer to as 'the experts'. Greek politics appear in literature to have an ambivalent relationship with expert knowledge. Whilst the exercise of power increasingly relies on modern forms of governance and is driven by a declared bipartisan desire to modernize public administration (Spanou & Sotiropoulos, 2011), Greece is lagging behind the European trend of evidence-based politics (Ladi, 2013). This was particularly evident during the recent economic crisis, as state reforms kept stumbling on the lack of implementation (Balampanidis & Liakaki, 2018). Interestingly enough, although there is a long-standing tradition, which is more widely accepted, of filling the position of finance ministers by technocrat economists (Souliotis, 2021), a large part of Greek society remained sceptical about the participation of experts in the policy-making process, or what Frank Vibert calls the rise of the unelected (Vibert, 2007).

The expert knowledge that the Greek government sought and turned to during the pandemic, like so many others around the world, was that of physicians and epidemiologists, virolo-

gists, biologists and medical doctors of all kinds. As soon as Covid-19 began to wreak havoc in neighbouring Italy, the Greek government put in place a National Experts Committee on Public Health that actively advised the Prime Minister that drastic measures had to be taken quickly in order to stay one step ahead of the spread. Since then the advice of the committee has been followed reverently. It soon became clear that the measures taken were not the product of political will or ideological conviction but of informed knowledge. As it was suggested, it was one of the first times that evidence-based politics was followed in Greece to such an extent (Ladi, 2020).

For its part, expert knowledge had to be pitched not only to the government and political elites but also to a wider audience and was therefore expressed, as in the recent economic crisis, in a highly quantified form. Numbers, models and virus-related statistics, like the famous graph of the infected, recovered and deceased, led the pandemic narrative. Experts' opinions based on these quantitative data, were then projected in the news and reproduced in newspaper articles as well as in discussions among laypersons. As a rich and prolific school of social science led by Bruno Latour has shown, science and technology have enormous authority and influence in our society, yet their working remains little understood. The quantification of data aims, among other things, to make knowledge more accessible regardless of cultural, educational or geographical background of its recipients. However, the novel nature of the virus, which confronted all of humanity with an unprecedented condition, had also another impact on the way we understand science. The immediate reporting of new discoveries and latest findings in relation to the virus, the change of guidelines from one moment to the next, even the shift in experts' opinions on a particular matter, made it clear that science, which is widely regarded by outsiders as well organized, logical and a coherent ensemble, is in fact a process in motion which consists of infinite observations and out of which scientists struggle to produce order (Wolgar & Latour, 1986). But also, that science

is never conducted in a vacuum, but is instead largely determined by the social, political and historical context in which it is being done.

This reality, that Latour and his followers define as the social construction of science, became evident from the first moment of the pandemic, when medical expert knowledge pushed aside the hitherto dominant economic expertise, relegating it to a secondary position in the public debate. Expert economists were thus explaining the severe impact of the pandemic on the economy, in turn presenting their own graphs and quantified data both to the government and the media, but the bell they were ringing was not as capable, as it had been a few years earlier, of taking the lead in policy making. Another type of expert knowledge, which was prominently displayed in the media in the first wave of the pandemic even though in the past it rarely made it into public sphere, was that of social and health professionals. They discussed the psychological risks of confinement to the individual and gave instructions for self-protection, or they offered sociological analysis of the impending increase in gender-based domestic violence. This type of discourse soon led the state authorities to tackle a matter of social concern by promoting a television spot that encouraged women subjected to violent behaviour to report it and seek appropriate help.

The Daily Appointment with Science: A moment of collective effervescence

The concept of expertise was personified, more than anywhere else, in the face of Sotiris Tsiodras, a very charismatic and low-profile Harvard-educated doctor specialising in infectious diseases, who was appointed head of the National Experts Committee on Public Health and took on the role of reporting on the virus on behalf of the Ministry of Health. Specifically, everyday from the 16th of March to the 1st of May and then every two days until the 27th of May, at six o'clock sharp, the

Ministry of Health organized a live televised press conference with updates on the progression of the pandemic in Greece and worldwide. The briefing was held jointly by him and Nikos Chardalias, Secretary General at first, then Deputy Minister, of Civic Protection and Crisis Management. The structure of the briefing was as follows: Sotiris Tsiodras, the medical expert, began by giving a cold, emotionless recording of the course of the coronavirus, first in the world, then in Greece, announcing with a standard phrase and a somewhat monotonous voice the number of cases and deaths recorded each day. Then, according to what was at stake at each stage of the pandemic, he made a brief commentary on the effect of the containment measures on tackling the pandemic. He displayed empathy towards the victims, discussed international research progress, answered to indirect criticisms, countered conspiracy theories and refuted fake news and always reserved a special mention to the nursing staff and their unwavering dedication. Then he gave the floor to the Deputy Minister of Civil Protection who dealt with practical questions, gave clarifications on the containment measures, explained state guidelines and did not hesitate to challenge the attitude of some citizens engaging into non-solidarity behaviour by defying the measures. At the end, both representatives answered questions that journalists had submitted in advance, prolonging the discussion a bit longer.

This daily briefing of the two men, which looked a lot like a good cop/bad cop performance and a well-orchestrated scientific/political recital, quickly became an event not to be missed. Almost every channel held special live talk shows immediately afterwards in order to discuss their statements and comment on them. People, who were all staying at home due to the lockdown, ceased all other activity and watched the live broadcast with reverence every day at six. In many ways, the day-to-day press conference took the extraordinary form of ritualised interaction in the midst of the quarantine, but also became a ritual of solidarity (Collins, 2004 ; 2005). For a moment there, people were syncing to their screens and followed

the medical briefing. In that way, they ceased being alone and became reunited with the rest of society. In addition, this ritual helped them acknowledge that their quarantine was part of a greater purpose. While others were on the front line of the battle (doctors, nursing staff, supermarket staff, etc.), people who were simply asked to stay at home, felt like contributing to the greater cause and took courage to endure loneliness and confinement. From this point of view, the simultaneous watching of the medical broadcast by the vast majority of the society, offered a rare moment of ‘collective effervescence’ in the most Durkheimian sense, and contributed to the formation of a collective consciousness (Durkheim, 1975), one that tied the group together and promoted social solidarity towards the most vulnerable.¹

As it was suggested in several articles in the press, the ‘emotional arousal’ that the daily briefing offered to its viewers, could be attributed, at least to some extent, to the appeal of the chief physician, who quickly became a symbol of the coronavirus combat (Kefalas, 2020; Stevis-Gridneff, 2020). Specifically, his biggest contribution was his ability to offer informed knowledge that allowed people to follow the scientific reasoning. As scholars of the relationship between democracy and expertise have shown, accompanying political decision-making with narrative story-lines that provide factual information ensures democratic legitimacy and citizen support (Fischer, 2009; Kurki, 2014; Kitcher, 2011). Thus, the medical jargon he used and the clarifications he tirelessly gave, explaining which data supported the political action to be taken, made people feel included in the deliberation process (Holst & Molander, 2017). Consequently, citizens were very willing to fol-

1. Contemporary sociological research has shown that the term ‘effervescence’, associated in classical theory with all kinds of rituals and celebratory events can serve as a first-order explanatory and analytical tool for contemporary phenomena of social cohesion, such as the participation in mourning events in improvised places of prayer or on the internet after terrorist attacks (Truc, 2016).

low strict containment guidelines as they had been convinced in advance that they were not simply the result of an authoritarian government, but primarily the outcome of evidence-based politics.

As a further result, the involvement of science in the policy-making process during the Covid-19 crisis changed the attitude of Greek people towards their political institutions. As reflected in polls and social surveys, after a decade of economic crisis, during which the citizens' trust in governance and the state was very low, it started to rise again. All state institutions appeared to enjoy significantly more trust than two years ago. More specifically, in the DiaNEOsis survey conducted in the midst of the pandemic, trust in government rose to 65% (compared to 51% in 2018), in the institution of the Prime Minister to 70% (compared to 56% in 2018), and in the welfare state to 57% (compared to 41% in 2018). Also, in the same survey conducted during the first lockdown, which is the period being discussed here, trust in science and technocrats was measured for the first time. The score on this question was an impressive 85%: Scientists and Technocrats appeared to be the third most trusted 'institution', just behind Family and Armed Forces (that are constantly in the first two positions) (DiaNEOsis, 2020).

Church vs Science

To assess the rate of acceptance that science has gained in Greek society, one only need look at the controversy that erupted at an early stage of the pandemic at another high-value institution, the Greek Orthodox Church. The greatest challenge for religious authorities was indeed to find the right balance between the realm of transcendence, constitutive of their identity, and the new social order that required conformity to the secular nature of the measures against the pandemic. Thus, immediately after the announcement of the first public health precautionary measures intended to prevent the spread of the

virus within the country, the Church found itself in a very difficult position. The reason was the discussion about the health hazards of Divine Liturgies and more specifically of the Holy Communion, since according to the ritual, the communion of the faithful must be administered with a single spoon for all, that must not be washed. However, the clergy refused to acknowledge the danger of contamination through the spoon of Holy Communion, because this would be tantamount to a desecration that would eliminate the transcendent character of the ritual. Hence, despite the general prophylactic measures, some priests continued to encourage the faithful to practice their religious duties, such as kissing the icons, and taking communion, since for the Church, the spoon and other items involved in rituals were blessed and could by no means be harmful to believers or source of transmission of the virus.

As measures escalated, the debate between the church and medical experts became more heated. And yet, there were many doctors who were reluctant to publicly disapprove of the divine communion. In a country where the vast majority of citizens profess to be religious, no one wanted to take the risk of appearing blasphemous by stating outright that the risk of contamination by communion was indeed very high. They continued to recommend avoiding crowding and physical proximity, as well as all activities that would allow droplets from the nose and mouth to pass from one person to another, but no one dared to openly state that the communion was a source of possible transmission. Finally, when the Permanent Synod decided to retain Sunday Services and continue to offer Holy Communion, the infectious disease expert in chief, Sotiris Tsiodras, strongly advised the Prime Minister to suspend all Divine Services. As of March 16, services were suspended in all places of religious worship of any religion or denomination.

This institutional prohibition was perceived as state interference in religious matters, but was nevertheless respected without opposition. This attitude, which was in contrast to the reactions of the previous days, could be explained in personal

terms. As was immediately known, the person responsible for the closure was again the head doctor. However, at the same time and while his popularity was rising, details of his personal life became known revealing that he was in fact a deeply religious man. In particular, he was not only a believer who not only went to church every Sunday, but was additionally a cantor in his parish. Without being able to pinpoint the exact causal relationship here, this revelation was able, to some extent, to change the believers' view of prohibition and increase their confidence in science. Whereas up to that time religious authorities had been fiercely opposed to the findings of medical expertise, for the first time there was a public figure who combined both. He could be both a recognised doctor and a believer, and his expertise did not in any way compromise his religious faith. This incident prominently confirms the social epistemology's assumption that trust is the basis of even scientific reason (Gilbert, 2000; Origi, 2008). As Hardwig suggests, it is first through trust that empirical data and logical arguments can be made available (Hardwig, 1991). In many ways, the doctor's personal faith acted in this case as a means of persuasion and a source of trust in science.

Consequently, when, three weeks later, the government was forced to 'abolish' the celebrations for Orthodox Easter, perhaps the most emotionally charged celebration of Orthodoxy and certainly the biggest, which manages to attract even atheists to the churches, there has been hardly any reaction. The faithful certainly regretted not being able to go to church, but remained at home, following the evidence-based state guidelines and watched the liturgies on television. On the evening of the Resurrection, at midnight, people experienced once again a rare moment of collective effervescence. They went out on their balconies, holding their candles in their hands, as the custom prescribes, and exchanged wishes with their neighbours, in the hope that in the following year they would be able to hug their loved ones.

Conclusion

The chronicle of the first phase of the Covid-19 pandemic in Greece is more a story of successes than failures. Since the end of the period covered in this paper up to the present day, another year and a half has passed and three more waves of the pandemic have followed, with successive lockdowns and various confinement measures. At the end of May 2020, the number of deaths was 175, while at the time these lines are written they are approaching the fourteen thousand mark. The development of the vaccine and its distribution in the countries of the European Union is yet another victory for science and political determination. Nevertheless, the vaccination of the population is progressing slowly and not without resistance, suspicion and controversy. Fake news and conspiracy theories are spreading, tarnishing the high level of confidence in science and experts recorded in the first phase of the pandemic. At the same time, the devastating effects of the measures on an already shattered economy will continue for some time. However, the manner in which the first phase of the pandemic was lived through and dealt with in Greece resulted in avoiding a tragedy similar to those experienced by other countries around the world. From this point of view, the atypical Greek case is a European exception from which we can draw interesting conclusions and attempt comparisons both in terms of time and internationally.

In this article, we examined the changes in both attitudes and behaviours in Greek society during the first phase of the Covid-19 sanitary crisis. We showed how the threat of the pandemic was perceived as an invasion from an invisible enemy and triggered classical patterns of behaviour such as finding a culprit. We placed particular emphasis on the relationship between politics and expertise in the decision-making process. We discussed the hypothesis that trust in medical knowledge enabled the ‘scientisation’ of politics, which in turn stimulated

trust in political institutions. Greek citizens complied with the state's regulations and containment measures to combat the pandemic, while at the same time showing a great surge of solidarity. Finally, we discussed the controversy within the Orthodox Church over the health risks of liturgies, which resulted in the state suspending all religious services, including the Orthodox Easter. By adopting a national case study approach, this paper aims to support further comparative studies on attitudes and behaviours in other European societies during the pandemic and also to contribute to the issues of evidence-based politics as a means of achieving civic obedience.

References

- Balampanidis, I. & Liakaki, S. (2018). 'Evidence-Based Policy Making in times of crisis: the case of Greece'. Paper presented at the 2nd International Conference in Contemporary Social Sciences / ICCONSS, *Public Policy at the Crossroads: Social Sciences Leading the Way?*. June 15-16, University of Crete, Rethymno. <http://icconss.soc.uoc.gr/images/BALABANIDIS-LIAKAKI.pdf> (accessed 18 October 2024).
- Bretelle-Establet, F. & Keck, F. (2014). 'Les épidémies entre "Occident" et "Orient"', *Extrême-Orient Extrême-Occident: Penser les épidémies depuis la Chine, le Japon et la Corée*, 37: 5-19.
- Brzozowski, A. & Michalopoulos, S. (2020). 'Catholics take measures against coronavirus while Greek Orthodox Church "prays"', *EU-RACTIV.com*, March 9. <https://www.euractiv.com/section/health-consumers/news/catholics-take-measures-against-coronavirus-while-greek-orthodox-church-prays/> (accessed 18 October 2021)
- Calvert, J., Arbuthnott, G. & Leake, J. (2020). 'Coronavirus: 38 days when Britain sleepwalked into disaster', *The Sunday Times*, April 19.
- Carassava, A. (2020). 'Greeks rein in rebellious streak as draconian measures earn them a reprieve', *The Sunday Times*, April 5.
- Collins, R. (2004). 'Rituals of Solidarity and Security in the Wake of Terrorist Attack', *Sociological theory*, 22(1): 53-87.

- Collins, R. (2005). *Interaction Ritual Chains*. Princeton: Princeton University Press.
- Durkheim, E. (1975). *Textes 2, Religion, morale, anomie*. Paris: Minuit.
- Fischer, F. (2009). *Democracy and Expertise: Reorienting Policy Inquiry*. Oxford: Oxford University Press.
- Furlong, A., Hirsch, C. (2020). 'Charting Europe's capacity to deal with the coronavirus crisis', *Politico.eu*, March 28. <https://www.politico.eu/article/charting-europes-capacity-to-deal-with-the-coronavirus-crisis/> (accessed 18 October 2024).
- Goergakopoulos, T. (2020). 'How Greeks live during the pandemic?' *DiaNEOsis.org*, https://www.dianeosis.org/wp-content/uploads/2020/04/covid-19_survey.pdf (accessed 18 October, 2021).
- Giannitsis, T. & Zografakis, S. (2016). *Ανισότητες, φτώχεια, οικονομικές ανατροπές στα χρόνια της κρίσης [Inequalities, Poverty, Economic Reversals during the Crisis Years]*. Athens: Polis.
- Gilbert, M. (2000). *Sociality and Responsibility: New Essays in Plural Subject Theory*. Maryland: Rowman & Littlefield Publishers.
- Giugliano, F. (2020). 'Greece Shows How to Handle the Crisis', *Bloomberg*, April 10.
- Hardwig, J. (1991). 'The Role of Trust in Knowledge', *The Journal of Philosophy*, 28(12): 693-708.
- Holst, C. & Molander, A. (2017). 'Public deliberation and the fact of expertise: making experts accountable', *Social Epistemology*, 31(3): 235-250.
- Keck, F. (2013). 'L'OMS et ses sentinelles. De la grippe pandémique à la grippe aviaire', *Sciences Sociales et Santé*, 31(4): 65-71.
- Kefalas, A. (2020). 'L'infectiologue Sotirios Tsiodras, nouvelle coqueluche des Grecs', *Le Figaro*, March 20.
- Kitcher, P. (2011). *Science in a Democratic Society*. New York: Prometheus.
- Kurki, M. (2011). 'Democracy through Technocracy? Reflections on Technocratic Assumptions in EU Democracy Promotion Discourse', *Journal of Intervention and Statebuilding*, 5(2): 211-234.
- Ladi, S. (2013). 'Evidence-Based Policy Making in Greece', in P. Sklias & N. Tzifakis (eds.), *Greece's Horizons. The Konstantinos Karamanlis Institute for Democracy Series on European and International Affairs*. Berlin, Heidelberg: Springer: 71-78.

- Ladi, S. (2020). 'Regaining Trust: tackling the coronavirus in Greece'. April 13th <https://blogs.lse.ac.uk/greeceatlse/2020/04/13/regaining-trust-tackling-the-corona-virus-in-greece/> (accessed: 18 October 2021).
- Lakoff, A. (2007). 'Preparing for the Next Emergency', *Public Culture*, 19(2): 247-271.
- Lakoff, A. (2017). *Unprepared Global Health in a Time of Emergency*. Oakland: University of California Press.
- Lakoff, A., Collier, S. J. (2008). *Biosecurity interventions. Global health and security in question*. New York: SSRC-University of Columbia Press.
- Lyberaki, A., Papadoudis, G. & Tinios, P. (2009). 'Οικογενειακή συνοχή και κοινωνικοοικονομική κατάσταση. Μια πρώτη διερεύνηση' ['Family cohesion and socio-economic status. An initial investigation'], in A. Lyberaki, T. Filalithis & P. Tinios (eds.), *Ζωή 50+. Υγεία, γήρανση και σύνταξη στην Ελλάδα και στην Ευρώπη* [*Life 50+. Health, ageing and retirement in Greece and Europe*]. Athens: Kritiki: 347-370.
- Maratou-Alibranti, L. (2000). *Οικογένειες και κράτος πρόνοιας στην Ευρώπη* [*Families and the welfare state in Europe*]. Athens: EKKE-Gutenberg.
- Matsagganis, M. (2011). *Η κοινωνική πολιτική σε δύσκολους καιρούς: οικονομική κρίση, δημοσιονομική λιτότητα και κοινωνική προστασία* [*Social policy in difficult times: economic crisis, fiscal austerity and social protection*]. Athens: Kritiki.
- McNeill, W. H. (1976). *Plagues and Peoples*. Garden City, New York: Doubleday/Anchor.
- Napier, D. (2017). 'Epidemics and Xenophobia, or, Why Xenophilia Matters', *Social Research: An International Quarterly*, 84(1): 59-81.
- Origg, G. (2008). *Qu'est-ce que la confiance?* Paris: Vrin.
- Panagiotopoulos, P. & Vamvakas, V. (2013). 'Acrobats on a rope. Greek society between contemporary European demands and archaic cultural reflexes', in B. Temel (ed.), *The Great Catalyst: European Union Project and Lessons from Greece and Turkey*. Lanham: Lexington Books: 113-134.
- Panagiotopoulos, P. (2021). *Περιπέτειες της μεσαίας τάξης. Κοινωνιολογικές καταγραφές στην Ελλάδα της ύστερης μεταπο-*

- λίτευσης [*Adventures of the middle class. Sociological recordings in Greece in the late post-independence period*]. Thessaloniki: Epikentro.
- Petmesidou, M. (2020). 'Health Policy and Politics', in K. Featherstone & D. A. Sotiropoulos (eds.), *The Oxford Handbook of Modern Greek Politics*. Oxford: Oxford University Press: 505-520.
- Privitera, G. (2020). 'Italian doctors on coronavirus frontline face tough calls on whom to save', *Politico.eu*, March 9. <https://www.politico.eu/article/coronavirus-italy-doctors-tough-calls-survival/> (accessed 18 October).
- Rhodes, A., Ferdinande, P., Flaatten, H., et al. (2012, July 10). 'The variability of critical care bed numbers in Europe', *Intensive Care Medicine*, 38: 1647-1653.
- Rollet, V. (2014). 'Framing SARS and H5N1 as an Issue of National Security in Taiwan: Process, Motivations and Consequences', *Extrême-Orient Extrême-Occident*, 37: 141-170.
- Rosenberg, C. (1992). *Explaining Epidemics and other studies in the history of medicine*. Cambridge: Cambridge University Press.
- Shortridge, K. F. & Stuart-Harris, C. H. (1982). 'An influenza epicentre?', *The Lancet*, 320(8302): 812-813.
- Shortridge, K. F., Gao, P., Guan, Y., et al. (2000). 'Interspecies transmission of influenza viruses: H5N1 virus and a Hong Kong SAR perspective', *Veterinary Microbiology*, 74(1-2): 141-147.
- Shortridge, K. F., Peiris, J. S. & Guan, Y. (2003). 'The next influenza pandemic: Lessons from Hong Kong', *Journal of Applied Microbiology*, 94: 70-79.
- Snowden, F. M. (2020[2006]). *The Conquest of Malaria: Italy 1900-1962*. New Haven: Yale University Press.
- Snowden, F. M. (2019). *Epidemics and Society: From the Black Death to the Present*. New Haven: Yale University Press.
- Sontag, S. (1978). *Illness as a Metaphor*. New York: Farrar, Straus and Giroux.
- Souliotis, N. (2021). *Επαγγελματίες τεχνοκράτες στην ελληνική πολιτική σκηνή [Technocrat economists in the Greek political scene 1974-2019]*. Athens: Alexandria Publications.
- Spanou, C. & Sotiropoulos, D. A. (2011). 'The odyssey of administrative reforms in Greece, 1981-2009: A tale of two reform paths', *Public Administration*, 89(3): 723-737.

- Stavis-Gridneff, M. (2020). 'The Rising Heroes of the Coronavirus Era? Nations' Top Scientists', *The New York Times*, April 5.
- Tsekeris, C., Pinguli, M. & Georga, E. (2015). 'Young People's Perception of Economic Crisis in Contemporary Greece: A Social Psychological Pilot Study', Crisis Observatory, Research Paper No 19, Athens: Hellenic Foundation for European and Foreign Policy (ELIAMEP) http://crisisobs.gr/wp-content/uploads/2015/11/Ερευνητικό-Κείμενο_19_Tsekeris-ENG.pdf (accessed 18 October 2021).
- Tugwell, P. & Nikas, S. (2020). 'Humbled Greeks Show the World How to Handle the Virus Outbreak', *Bloomberg*, April 16.
- Vibert, F. (2007). *The Rise of the Unelected. Democracy and the New Separation of Powers*. Cambridge: Cambridge University Press.
- Wolgar, S. & Latour, B. (1986). *Laboratory Life: The Construction of Scientific Facts*. New Jersey: Princeton University Press.