

The SARS-CoV-2 virus, which began to circulate around the world at the end of 2019, has triggered a global health crisis. Due to the highly transmissible and pathogenic nature of the coronavirus, the measures to contain its spread in Switzerland and elsewhere relatively soon had an impact upon more fields than just health. Even the media coverage and political discussion leave little doubt that the COVID-19 pandemic and its management is a phenomenon worthy of Marcel Mauss' concept of the "total social phenomenon", drawing attention to the interrelation and interaction of different spheres of society. The social turmoil associated with the health crisis confirms, if it were necessary, the extent to which illness and both individual and institutional responses to it constitute central categories in the analysis and understanding of a society, as medical anthropologists long have shown.

The Board of the Swiss Sociological Association has kindly charged the Sociology of Health and Medicine Research Committee with coordinating this issue of the thematic bulletin on the COVID-19 pandemic. We launched a call for contributions in our network and within the short period available (a mere few weeks) received several texts. These contributions have in common that they draw on research activities initiated shortly after the first cases of COVID-19 were confirmed in Switzerland in February 2020 and aim to inform a broader audience rather than specialists about the social dimensions of the health crisis.

Sociology can understand the current crisis as a moment in which structural conditions, trans-

formations and tensions become more apparent and, at the same time, groups of agents' beliefs in institutions undergo a change (cf. Bourdieu 1990). From the point of view of the sociology of health and medicine, a variety of particularly interesting sociological issues can be identified, of which we are able to highlight only a few in the following (for more, see Lupton 2020; Matthewman & Huppertz 2020; Ward 2020):

- › First and foremost, the problem of social inequalities with regard to health: There is increasing evidence that underprivileged groups are being disproportionately affected by COVID-19 and COVID-19 related deaths (e.g. Azar et al. 2020; Clouston et al. 2021; Dragano et al. 2020; Brüningk et al. 2020). Investigations into this phenomenon beyond classical epidemiological indicators are necessary to show the social significance of these socially determined inequalities (cf. Siff et al. 2020; Wachter et al. 2020).
- › Second, the problem of the social consequences of public health measures: Contrary to the assumption that public health interventions are essentially positive and, at worst, ineffective, the measures to contain the circulation of the virus show in an unprecedented way that public health measures may also cause social and mental harm. And, it's again underprivileged groups that have been generally most affected by this (e.g. Hövermann 2020; Kohlrausch et al. 2020; Witteveen & Velthorst 2020; cf. the contributions in this issue by Höglinger & Heiniger and Schwegler). Sociology is well equipped to analyze the social conditions of this suffering and thus to contribute to a

* Zurich University of Applied Sciences

** University of Applied Sciences and Arts Western Switzerland

sound understanding of the social and mental consequences of health-promoting measures.

- › Third, the related phenomenon of the disaffection of parts of the population with public health measures, as can be observed, for example, in demonstrations against protective measures and negative attitudes toward vaccination. In this regard, the social conditions of this shattered belief in public authorities during the public intervention against the pandemic would merit thorough investigation (also taking into account the side effects of health care measures; for a first attempt see: Demertzis & Eyerman 2020). In addition, the issue of risk perception seems to be a promising avenue, showing that the understanding of the situation and its evolution involves a complex set of factors, including personal experience of risk and values (Brown 2020; Dryhurst et al. 2020).
- › Fourth, the problem of the health crisis as a battleground for health care provision renegotiation: From the beginning of the pandemic, measures to contain the spread of the virus have been set in relation to other priorities (economy, education, etc.), but at least since the first lockdown, leading politicians' concerns have been focused more on the economy and public finances than on consistently containing a virus that mostly affects underprivileged groups (cf. Lessenich 2020a; Lessenich 2020b). On the other hand, history shows that major epidemics that did not stop at class boundaries (pest, cholera) promoted the improvement of health standards even among the lower classes of society (cf. Goudsblom 1986). Investigating the ongoing struggles for the definition and shaping of health care provision (cf. the interview with Burton-Jeangros) thus seems to be of prime relevance, not least against the backdrop that

Switzerland's (prospective) upper classes show relatively little awareness of social inequality (cf. the contribution by Abel and Benkert).

- › Another issue the COVID-19 pandemic brings to the center of attention are the working conditions in the health sector, especially those of the non-medical professional groups, above all nursing (the contribution by Antonini et al. ties in here). The rich empirical and conceptual heritage of sociology allows us to arrive at a sound understanding of the social and political conditions underlying the working conditions of health professionals.
- › Regarding the impact of the health crisis on the medical world itself, another interesting question seems to be the extent to which an event as wide-ranging as a pandemic affects the structure and the functioning of medicine. Medicine is indeed a relatively autonomous social sphere, but as the policies to manage the health crisis show, political intervention in this field may also change (at least temporarily) the priority accorded to different specialisms (with virology and critical care medicine coming before surgery). Here, the concept of the "medical field" (cf. Pinell 2005; Pinell 2011) may help to identify the struggles over resources and prestige between the medical specialisms and professional groups.

The following contributions take up aspects of these research perspectives. They provide valuable data and thus both contribute to the understanding of the complex phenomenon of the COVID-19 pandemic and inspire further research. These contributions are conceptually and empirically quite varied, reflecting the diversity of research perspectives in the sociology of health and medicine. This variety also reflects the studies' different institutional origins, with the stronger affinity of university output

to theoretical issues and the stronger orientation of the output of universities of applied sciences to issues of the medical field and public health not atypical of the field of sociology of health and medicine in Switzerland.

The contributions

In their contribution, Thomas Abel and Richard Benkert (Bern) analyze how perceptions of pandemic-related uncertainties and complexity issues are related to social characteristics. They surveyed students from four Swiss universities in April/May 2020, and the results show that a considerable proportion of these students do not have an accurate perception of the complexity and uncertainty of prevailing key issues. Of particular sociological interest is the fact that an inadequate awareness of social inequality in this pandemic is most evident among students from less educated family backgrounds, pointing to class-based differences in perceptions of the pandemic. This study reflects a line of research in health sociology based on Pierre Bourdieu's concept of cultural capital that highlights the importance of class-related cultural resources for inequalities in health, and complements work on perceptions of economic and health risks (Holst et al. 2020) and class-dependent exposure to the pandemic (see above).

The contribution of Marc Höglinger and Sara Heiniger (Winterthur) provides insight into the social and public health impact of the pandemic. Based on data from their *Covid-19 Social Monitor* project, they report selected findings about quality of life, mental health and social isolation in Switzerland since April 2020. The findings indicate that the lockdown in spring and the containment measures in November/December led to increased stress and an increased psychological burden for the population and that it is especially young

people aged between 18 to 29 who were affected by high rates of loneliness during these times. It is hoped that thorough and refined analyses will not only provide a sound understanding of the issues in question, but also feed into discussions on the underlying social mechanisms.

The next contribution is a short interview with Claudine Burton-Jeangros (Geneva) conducted by Raphaël Hammer (Lausanne). Claudine Burton-Jeangros was involved in and contributed to the edited volume *COVID-19 – le regard des sciences sociales* (Gamba et al.) published in June 2020, which was one of the first major attempts to assess the COVID-19 pandemic in sociological terms. Burton-Jeangros argues how the current political management of the pandemic is underpinned by a medical definition of health which tends to overlook the importance of a more global or social definition of health. The interview aptly shows how necessary a sociological perspective is for societal reflections and political debates in the current crisis. Claudine Burton-Jeangros also highlights the significance of the opportunity for theoretical discussions on the way our societies have responded to the COVID-19 pandemic in comparison to previous similar pandemics.

The contribution of Matteo Antonini et al. (Lausanne) provides insight into nurses' and health-care assistants' experiences with and perceptions of the pandemic. The authors present partial results of a study at eleven hospitals in western Switzerland. The findings indicate that nurses and healthcare assistants had a fairly positive opinion of the way their respective institutions handled the emergency and generally intended to remain in their current workplace, although more than half reported an increase in their workload and one third doubted their institution's ability to deal with another crisis of this nature. This not only reflects a pronounced

commitment from employees who were very stressed during the crisis. It also expresses the fact that, due to the exceptional nature of the situation, workload does not have a 1:1 effect on the intention to leave the profession. This contribution needs be understood against the background of the recent dynamics of the Swiss universities and the academization of the health professions.

Guy Schwegler's (Lucerne) contribution explores the question of the differential effects that the lockdown in spring 2020 had on the everyday lives of university students with and without an academic background. He draws on qualitative interviews and diary entries from 25 students. The findings indicate that the closure of the universities particularly limited the opportunities and motivation of students without an academic background. From a life course perspective, Schwegler also recognizes possible effects on health that are independent of the current situation. By highlighting the importance of social origin, Schwegler focuses on an aspect that attracted little attention in previous studies on the consequences of the lockdown, which were primarily interested in the effects on student's performance (cf. Gonzales et al. 2020; Grewenig et al. 2020).

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