

THE LANGUAGE OF THE COVID-19 VIRUS AND ITS VARIOUS PHENOMENOLOGY

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“*Sempre llega un momento en que no hay más remedio que arriesgarse*”
“*There always comes a moment when one has no option but to take a risk*”
José Saramago (1995)

Abstract

Our daily pandemic situation is continually traversed by different languages that try to tell us about the risk that we are going through. In this circumstance, this paper focuses on the interference between medical and mass media languages and tries to show how the difficult combination of two semiotics, which are often mutually untranslatable, does not allow for an easy interpretation of reality. Every one of us, as ordinary citizens, find it hard to navigate between statistics and care messages, with all the consequences for the real functioning of the social machine. Locked in our individual “information bubble,” we fragmentarily access a complex daily newsletter in which the otherwise invisible virus returns us to our fragility. This alternating information has led to a declassification of our value orders, which often implies an authentic social psychosis, with a progressive dematerialization of life, which is countered by a new plague with many concrete implications. To choose where to place ourselves, in this new horizon, it will be necessary to act on a communicative level, and return to a less ambiguous and oscillating narrative dimension.

Keywords: corona virus, languages, mass media communications, policy, ethics

1. COVID-19 AND SOME ABDUCTIONS THAT MAY BE USEFUL TO KNOW AND COMBAT IT

At a time when we are forced to *communicate in emergency* [1], the logic that guides the *diagnostic excavation* aimed at understanding the spread of COVID-19 infections is based on exceptional circumstances, since many of the infected show no symptoms. In a large number of cases, the virus was and is *invisible*, and this missing *phenomenology* has caused a generalized disorientation with little amount of control.

The virus *appears* without manifesting itself. There are no *zombies* in the streets, no Harlequins in vibrantly-coloured costumes, but many *healthy*, ‘normal,’ men, women, and children charged with a viral load, free to breath where they please, oblivious to their role as potential plague spreaders. In *Il contagio e il suo doppio* [*Contagion and its Double*], an essay on *Piccola riflessione sull’immaginario epidemico a partire da una lettura del film Nosferatu di Wilhelm Murnau* [*A reflection on the pandemic imaginary based on a reading of Wilhelm Murnau’s film Nosferatu*], Tarcisio Lancioni writes about vampires: “The contamination process that attacks ‘purity,’ and that of ‘contagion,’ that attacks the ‘health system,’ tend to blend, appearing as processes of interruption (creating continuities in the place of old discontinuities and separations) and processes of transformation of the collectivities that form, making implicit new forms of hybridization.” [2].

We are at Maurice Merleau-Ponty’s *Le visible et l’invisible*, although from a different perspective than that of the 1960s. That *visible/invisible* has taken concrete form in the time of our contagion. Merleau-Ponty wrote in 1964: “We see the things themselves, the world is what we see: formulae of this kind express a faith common to the natural man and the philosopher – the moment he opens his eyes; they refer to deep-seated set of mute «opinions» implicated in our lives. But what is strange about this faith is that if we seek to articulate it into theses or statements, if we ask ourselves what is this *we*, what *seeing* is, and what *thing* or *world* is, we enter into a labyrinth of difficulties and

contradictions» [3] The visible/invisible COVID-19 has certainly further complicated the phenomenological labyrinth of the *flesh* of our lives.

In this strange game of *blind man's bluff* the relief efforts began immediately, bringing along doctors, medics, virologists, biologists, pandemic experts and all kinds of scientists, who all shared their version/vision on the internet, the radio, and TV. Our semiotic adjustment, aimed at understanding/interpreting the virus, forced us to update our *dictionaries* and *encyclopaedias* [4]. The difficulties were many, as we know that many people got ill, and died, all over the world, in the way of the contagion's winding pattern. But when we had to understand *what COVID-19 was*, who had it and did not show it, many were unable to give an answer. We all understood that we had to wear masks, start working remotely, that we could not leave our houses, even for months at a time (for at least two months in 2020, from early March to the end of April) other than to buy food, go to the doctor, or visit/aid a relative. We all understood that our children and teenage sons and daughters could not attend school anymore, but had to sit in front of a computer (those who had it), or a smartphone, to log in to virtual learning spaces.

Confronted with that system of objects (Baudrillard 1968), our children, our young women and men, are experiencing a continuity between physical and virtual realities in the new hyperreal *semiosphere*. In an almost paradoxical way, but with a return to classic Newtonian physics and its narrative on the speed with which light travels, Jean Baudrillard in his *Le crime parfait* of 1995 reminds us that this *keeping a distance* from 'things,' our constant being deferred, is not necessarily a bad thing: "Fortunately, the objects which appear to us have always-already disappeared. Fortunately, nothing appears to us in real time, any more than do the stars in the night sky. If the speed of light were infinite, all the stars would be there simultaneously and the celestial vault would be an unbearable incandescence. Fortunately, nothing takes place in real time. Otherwise, we would be subjected, where information is concerned, to the light of all events, and the present would be an unbearable incandescence. Fortunately, we live on the basis of a vital illusion, on the basis of an absence, an unreality, a non-immediacy of things. Fortunately, nothing is instantaneous, simultaneous or contemporary. Fortunately, nothing is present or identical to itself. Fortunately, reality does not take place. Fortunately, the crime is never perfect." [5].

We must adopt a *Kantian* approach and keep a distance from the *things themselves*, unless they jump at us, and in order not to let them jump at us, we tried living inside our *diving bells* with our *butterflies* (*The Diving Bell and the Butterfly*, the 2007 film directed by Julian Schnabel). If those *diving bells* then prevented us from hugging and kissing, separating us from the realities of our relationships of love and hate, we decided it by complying to a *biopolitics* supported by the media systems that communicated and informed it. Spinoza's reflection in the Third Part of the *Ethics*, proposition VIII is then valid: "The endeavour, wherewith everything endeavours to persist in its own being, is nothing else but the actual essence of the thing in question." [6]. We will probably carry on living like this for an indefinite amount of time stretching beyond that of the pandemic, a time from which we will not be able to go back. And if already at the end of the 1960s, we learned from McLuhan that the world is a *global village*, via Bauman we understood that this village is and will be home to the *solitude of the global citizen* (Bauman 1999). Our devices, our pandemics, our ways of communicating accentuate and will accentuate, amplify and will further amplify, these distances, stretching us (McLuhan 1964) until we will not understand what the others are saying to us anymore, because we will not be able to hear/listen to the words of the Other, even of that absolute Other that many of us once used to call God (Levinas 1978).

But what this virus was, where it came from, what it looked like, how it killed us, whom it killed, and with what frequency, all that remains trapped in a bubble of uncertainty. *Every wanderer has his shadow* and this shadow was not lit up by the interviews with the experts, because they too fumbled in the dark, like every scientist confronting an unknown event for the first time. Like in the best Piercian semiotic tradition, an open sequence of deductions, inductions, and especially abductions, applied as we sought relationships of similarity between the new virus and those that were known and for which a cure already existed. The mistakes and the delays were inevitable – it could not go otherwise – because it was a scientific and semiotic problem and we all grope around when we confront a new

'language,' in the same way as those who encountered a strange animal they named *platypus* and whom they began to examine in search of similarities with other known animals [7]. On the heuristic value of the search for similarities, on abductive processes, analyzing icons and hypoicons [8], the fight against the virus took the first steps toward victory, which we will however be able to declare only *in the long run* [9].

This is what happened with COVID-19, the *new platypus* that appeared in the air that we breath between the end of 2019 and the beginning of 2020, and is still among us in June 2021: an intruder, a virus. A stranger? We cannot say. But how do we communicate with it, how do we talk about and explain it, how do we give news about it? It was a medical, semiotic, media, communicative challenge. Carmine Castoro points at a first emerging trait: the virus was inscribed in the rhetorical and narrative register of a *thriller movie*, following a TV pattern developed in the late 1970s. Castoro observes in *Covideocracy. Virus, potere, media. Filosofia di una psicosi sociale [Covideocracy: Virus, Power, Media. Philosophy of a Social Psychosis]*: "The dominant language is psychiatric-judicial, punitive and moralistic or, worse, aimed at extracting the most morbid and spectacular elements of a tragic event, presenting it as a *divertissement* almost recalling Cluedo, or the hunt for the killer in a *thriller movie*" [10]. On the same page, Castoro shifts the focus on emotion and actual participation, reading Susan Sontag, who describes "compassion" as an "unstable emotion" that would need "to be translated into action, or it withers." But what strikes reading Sontag is what she writes: "To designate a hell is not, of course, to tell us anything about how to extract people from the hell, how to moderate hell's flame" (Sontag, *Regarding the Pain of Others* 2003, p. 100)" [11].

2. SOME THINGS THAT WE LIKE TO DO CAN BE HARMFUL TO US

Immediate solutions? Let us listen to the *Le parole della cura [The words of care]* by Umberto Curi (2017), who writes about those who *care for* someone and how they should do it. Curi tells us that each *therapeia* implicates an obedience and this *obedience* entails putting oneself "in the service," which is a way of "listening," an *ob-audire* those whom we want to assist [12]. It is a free choice. The *cure*, in the Latin version of the Greek noun *therapeia*, is a "*prendersi pensiero*," taking up the thought of someone/something. The Germans use *Sorge*, an expression studied by Heidegger in *Being and Time* that means to "stretch out toward something". Curi writes that the time has passed and we have moved on in the history of medicine from *caring* to a more sterile *curing*, which entails a therapeutic prescription and a "statistical," impersonal trend in treating the ill. All this did not strictly happen during the pandemic, when, in spite of the surging number of infections, the doctors never lost their caring attitude (or at least this is what we have been told). They stayed next to, listened to the stories and attended to the body of each *individual* (Kierkegaard 1843) [13] patient, since each of them had his/her own story, his/her own body, his/her own way to get ill, which depended on each one's body.

Has the media shown the same care, or has the inner logic of their system prevented it? Furthermore, how has the encounter between the media and medical communication unfolded across TV, the radio, and the internet, where it took place? How did the union of two very different ways of relaying events to people function? Is it true that the two subjects of communication are so different, in the end? A first answer is that this distance exists, but it diminished, as some recent studies demonstrate. This issue takes up the title of Belinda Lewis and Jeff Lewis' book *Health Communication. A Media & Cultural Studies Approach* [14]. Some pages can help us look for answers, if you look at the scenario of our new virus and its communication on the media.

But let us proceed in stages and approach a 'rhetorical' problem relating to the relationship between communication (even media communication) and medicine. A first, controversial moment happened in recent times, when the almost-forgotten HIV pandemic made it necessary to communicate the message that wearing a condom stops it from spreading during intercourse. That pandemic, whose contours remain unclear to this day, involved everyone, with small exceptions, even if at some point the message was almost that it was circumscribed only to the LGBT community. We know now that this is not how things went: HIV was, and still is, 'democratic,' making no distinctions when it comes to sexual orientation.

Now, both the HIV and COVID-19 pandemics have to do with ‘pleasure.’ Erotic pleasure coincided with HIV. COVID-19 too has a relationship with pleasure, although a more complex one, since it is the pleasure of living with others, meeting people in the street, or at lunch/dinner, at school and university, spending time with one’s schoolmates, or colleagues. There is pleasure in going to the gym, the pool, the cinema or theatre, to kiss each other, hold one another’s hands, or simply hug someone.

What has COVID-19 ‘told’ us? And what have the radio and television, the internet and our smartphones told us? They told us that pleasure was ‘suspended’ *sine die*, until one or more vaccines would be found that would protect us: for the time being, everyone had to stay inside his/her *diving bell* with his/her butterflies. Like with HIV, we had to *protect* ourselves from COVID-19, putting on a condom, wearing masks. We had to wash our hands every time we entered an indoor space – a bar, a supermarket, a shop. Was it biopolitics? Maybe, or maybe not, not necessarily. Certainly, in both cases our bodies were covered, carnivalized, in a macabre masked ball that saw us being greeted by people in the street that we could not recognize, reciprocating all the same, in spite of it. We covered ourselves and dressed up, donning our *diving bells* to preserve a modicum of *Lustprinzip* [15] and preserve our lives.

3. THE APPROPRIATE WAY OF COMMUNICATING IN AN EMERGENCY

The rhetoric that accompanied our transfiguration had a marked ‘promotional’ character, addressing also a very young population, which complied with all the restrictive recommendations. The same scientific and media rhetoric put a spotlight on the risk-pleasure couple, with moralizing, perhaps inevitable, and often oppressive, judgments. It addressed a public of readers, spectators, and users who were reduced to potential ‘evaders/subverters,’ in an exceptional context of national and global securization. The government took the stage for the first time in many years, doing it in an ‘end-of-the-world’ scenario. Meanwhile, the pharmaceutical industry refined its communication and social marketing strategies, relying on influencers. Those who, like *Astrazeneca*, neglected their ‘communication’ while the vaccines were being rolled out and administered, suffer the consequences to this day.

What works in this *Big Brother*-like scenario? The meticulous and often under-the-radar work of individual communities. The HIV experience and the way that the LGBT and other communities managed that pandemic set a precedent where we can begin. Social media communicate, as do radios, and television channels. But what are they missing that makes them less effective? The sense of a community that is ‘truly’ close, able to come to our aid with advice, via a door-to-door type of work. At the time of need, when caring prevails, those who wanted to/could set off in search oxygen for those who needed it. The communities scattered across our cities and towns, our countryside and mountains, did not lack a sense of proximity, the caring attitude mentioned by Umberto Curi. There was a real therapy, because it was carried out via face-to-face communication, by listening and reaching out to the other, like Patroclus towards Achilles and vice versa, at every moment of the fight, regardless of age difference. Belinda Lewis and Jeff Lewis write about “participatory approach” [16] and “Health Activism” [17].

In a way, although from a different perspective, Sara Bigi and Maria Grazia Rossi’s volume *Comunicare (nel)la Cronicità* [18] analyses medical communication and questions the ‘good family man’ approach. This is often adopted by doctors in hospital contexts, recommending a more articulate dialogue with the patients (we are, once again, reminded of Curi’s caring approach), beyond the limits connected with such an opening, since it is true that many patients entertain a client-patient/professional-provider relationship with their doctors in their private practices. Such a relationship needs to be mitigated, otherwise a logic of *I pay, therefore you devote your time and cures to me* will prevail. Distances remain and must be cut down. The doctor-patient relationship also remains a communication problem, one of interpretation and translation between languages that refer to the same illness in very different ways, from different perspectives (the doctor’s and the patient’s).

Contacts, convergences, and more reciprocal trust are needed, especially when communicating during an emergency.

Marco Lombardi's book *Comunicare nell'emergenza* focuses on emergencies that entail reflecting on "risks, emergencies, and communication," and the possible "information catastrophes" and "strategies of changes of perspective. In 2008 Lombardi wrote: "[...] [I]n a description of the emergency based on the waves model, even the request for information behaves like any question posed by the hit system. It undergoes the same quick growth that we described and, at least at the individual level, we saw how the adaptive response was correlated to a number of specific features of the transmitted message: its context, the source that transmits it, and the frequency of transmission. The persisting of the question beyond routine levels marks the time of emergency. From this perspective, then, the emergency continues until communication channels are able to broadcast sufficient data to produce the kind of information – which is the computed, meaningfully-rich data – that stimulates the adaptive response. After all, the excess of data – like their above-mentioned lack – may equally characterize the emergency. Data overabundance is such that the generated complexity cannot be managed by the operating cognitive models, to the point that they get configured as a disaggregated mass of bits. In the wave model this is the case where the curve of the answers traces an area bigger than that of the questions, producing information redundancy. In both cases, opposed as regards the quantity of transmitted data, the result is the same: lack of information. In the former case that is due to the fact that the model with which the data is cognitively elaborated in a process of attribution of meaning has no material on which to operate. In the latter case, that is due to the fact that the same model is insufficient to manage the excessive information wave produced by the emergency" [19]. The centrality of the semiotic issue thus remains a foundation of necessary *adaptive processes* that would otherwise be missed.

4. BUT HOW DID THINGS GO IN COMMUNICATION TERMS?

The narrative of COVID-19 struggled to establish a memory map of what was going on because everything proceeded as in a drama, relying on the *expressive* register that is essential to media narratives, which carry on by bits and shocks, leaving no time for scientific explanation. After all, it is known that radio, television, and the internet lack the space to engage in deep arguments that may even entail *abstractions*, since everything must be down to the *concrete events* that are relayed [20]. In any case, we witnessed the constant inversion and pseudo-dialogical mixing of experts' and common men's opinions, in the tight round of exchange.

The statistical measure of things was off. Camus: "Yet here too the public reaction was not immediate. The announcement that there had been 302 deaths in the third week of the plague did not stir the imagination. On the one hand, perhaps not all of them died of plague. And on the other hand, no one in the town knew how many people died every week in ordinary times. The town had a population of two hundred thousand inhabitants. People had no idea if this proportion of deaths was normal. There are the sort of facts that no one ever bothers with, interesting though they clearly are" [21]. In the alternation of the figures, the communication system that revealed the pandemic experienced a twist of abstraction. The always-missing dialogue between the numbers and the logic of the behaviors that people were meant to adopt ended up overlaying these behaviors on the figures that were communicated, with clear standardization effects [22]. Things were decided in the lacerating and rapid "chronotope" (Bachtin) of the event's space/time.

Certainly, an effort was made to avoid the *confusing regime of truth* [23], which we were always at risk of, since the timeline of research (happening in *the long run*) had to be attuned with that of television and many scientists, upon being interviewed, had to declare that 'there was still a lot to be clarified.' In such cases, the place on the *rhetorical tribune* that many of the same doctors/scientists had to occupy did not help. They are always already forced to take it because they provided their opinion in an asymmetrical relationship with the patients, and the TV scenario only worsened this situation, leaving no space for any real conversation. The distance between people and scientists was

further amplified and yet, as in an enlightened phase and out of a paradox, the scientific and political discourses entwined again.

‘Governance’ was revealed to be only a “Macedonia word” [24], because power confirmed that it tends *never to intervene*, as it is inclined to *exercise itself spontaneously and noiselessly*, because it *prefers building a mechanism with interlinked effects* [25]. Foucault’s factories, prisons, schools have become our homes, where the “choices of membership” were docile because they were strictly monitored by the police and the *carabinieri* across our streets. At the same time, perhaps, those who were in line at the supermarket, or on their way to it, got insulted, accused, by persons occupying new daises, the balconies of those who respected the law by staying locked inside their own ‘hotels.’

Our sensory organization hyper-activated within a semiological danger logic [26]. An articulated *signage* guided our steps in space and time, while the sense of responsibility prevailed categorically in each of our choices. Our bodies were reduced to *data* [27], our mirror neurons forced to see the same behavioral lines over and over again. The discourses traversing us dissected us [28] (with biopolitical surgical precision, leaving each of us with the task of holding the pieces together. Thus, a daily self-evaluation practice superimposed on the diagnosis of one’s health, together with an assessment of the fairness, correctness, and criminality of our behaviors. A strong sense of alienation generally prevailed, due also to health reasons, which amplified the already-realized digital alienation. We were all shut inside our information *Filter Bubbles*, full, this time, of contradictory news. For months, the media were dominated by an “economical world” that relied on a series of *worst-case scenarios* [29]. We accepted a “transparency” (Baudrillard) that had already been verified and realized by our digital surfing.

The *solitude of the global citizen* remains a terminal for his/her continuous *activation*. Our skin, already exposed to the “digital environmentalism” that it breaths, would have necessitated the balm of a word that does not yield to simplification [30]. Instead, the terrorist *continuum* of information, at least in its first phase, contributed to a disorientation [31], resulting in a tangible cognitive failure in the time of technologically-advanced telecommunication. The time of the pandemic coincided, in fact, *with our feeling of inferiority toward ourselves in matters of feeling*, since we could no longer control our emotions and each of us experimented his/her own vulnerability. Certainly, if we remained immersed in a continuous emotional discourse [32], then it was possible for the ‘others’ to treat us like children in need of a rational guide instructing them on what to do and think. We live in the *risk society* [33], in an exasperated extroversion. We are all summoned on the more or less small scene to speak our mind, where each of us is left to his/her heuristics [34]. We are tasked with holding on to a *status quo* made of unstable values, more or less conscious that “[e]ven if technology enables us to know the risk, it cannot eliminate or solve the problem of having to choose whether or not to accept the risk”. And so they “aggregated” us, validating our group memberships, or establishing new solidarities” [35].

The pandemic was subjected to a *grammar of medical discourse*, in an already complex scenario marked by *misinformative contagion* and “infodemics” (https://www.treccani.it/vocabolario/infodemia_%28Neologismi%29/). The convergence of the two phenomena of viral spread and infodemics took the physical form of actual collective rites of news journalism, and more. In every case and at every time, a doubt assaulted us: how do you calculate something invisible and mutating? The paradox of our times, the exponential growth of *data*, prevailed on everything, without yielding any *real comprehension* of the situation. Every habitual discourse was interrupted and, like in all exceptional circumstances, we took part in an “anomic declassification” [36], with a breakdown of the belief system. Our daily lives became *liminal*. The European scenario lacked a disposition to build a *scientific narrative towards a more resilient Eu Society*, during the last financial meltdown and again in this pandemic situation. The *symbolic variables* are belly-up and we have taken polarized positions with respect, paradoxically, to the nuanced ways that the sick and the healthy, and those adopting good and bad behaviours, were differentiated. If we will be able to clarify the meaning of ‘feeling good’ e ‘feeling bad,’ then perhaps we need to multiply the languages that will have to take “care” of us, keeping pace with the mutations of the virus and of our lives that still await us.

The paths taken by the *communication in emergency* got fixed in knots, remaining plastic and flexible, as they had to accommodate any possible message. Our relations were confirmed as *connections*. The *non-places* [37] of our encounters (train stations, airports, metros, supermarkets) became sites of contagion. Meanwhile, the virus travelled with the same speed/mobility of our mobile devices, even as the latter were unable to map the worlds, times, and spaces of contagion when we most needed it.

Finally, and to conclude, in the time of the return of nationalisms and closed frontiers, the virus, which is a manifestation of the natural communication among things, took over, infecting everything and enacting a new form of globalization. The other global language of connection, which is successful when it becomes viral, went together with the new pandemic, annihilating language. The hyper-individualism of the artificial/digital self's centrality has thus become the solitary powerhouse of all of us, imprisoned by our *fears*: men and women confined in their domestic and work-related prisons could still 'communicate,' thanks to the virtual connections that had already imprisoned them in their global solitudes. But in the end, confronted with these strange digital and viral convergences Simondon would say that "the network is the encounter of technical possibilities and natural existence" [38]. In these limitations, each of us remained immersed in the *non-language of things*.

5. ON SOME POSSIBLE CONCLUSIONS THAT DO NOT MEAN TO BE CONCLUSIONS

But, now trying to come to a conclusion, how have we confronted the language of the virus that spoke to us, in practice? How have we spoken about it? Our intentions were devoted to invoking *sacrifice* continuously, a sacrifice that entailed choosing between those who had to be *saved*, and those who had to be *buried*. We were invested by a Calvinist request of *efficiency*, almost as if each time we had to demonstrate to be healthy, able to work, to bear sacrifices and endure renunciations (adults and children alike). Some had to 'accept' to lose even their job, with a widespread sense of *fragility*, amplified by a confrontation with the *system of objects* [39] that, online, calculates the sense of our actions/reactions [40]. We are immersed in a *responsive* dialectic that is at the core of our networked connections with a system of *solicitations* that has gotten worse: everything seems to happen in the framework of a "constant and destination-less wandering that has the same power of the beyond" [41].

The pandemic and those who reported it triggered processes of "disaffiliation" [42] in those who did not join the chorus, unable to hide between the lines. In any case, we had to pick up a new semantic of the "fragility that is in us" [43], because the virus spread its annihilating shadow over physiological and psychological aspects that had been left out of the equation until that moment. We know that it is right to keep many things hidden, but the pandemic did not allow it. But beyond any legitimate secret is a discourse that equally addresses children, teenagers, youngsters, adults, and old people possible? This generational confrontation made of needs of survival and freedom involves subjects that are willing to listen to each other for very little time. How is such a discourse possible without a provision to translate that would bring people together? The slow time of tales may perhaps hand back to us the *care* of the relationship with others and, more generally, guide us to regain a balanced relationship with our life experience, for a return to the world that is not totally subject to the functional logic of efficient jobs. Without a sense of history, without memory and the possibility to create a new narrative each time, authentic therapy is not possible [44]. Having the time to take care of oneself and of others implicates the act of constantly attaching meaning to the things that we do and think. After all, to be able to take care of something, one needs to give him/herself the time to observe it and thus, at least at first in an iconological sense, it means allowing oneself the time to create new relationships of similarity that would expand our medical and non-medical semiotic encyclopedias.

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