

Toward a Historical Sociology of COVID-19: Some Research Agendas

Author: Sung Hee Ru

Institutional affiliation: Department of Sociology, State University of New York at Binghamton

Contact information: sru1@binghamton.edu

Abstract

Encountering the unprecedented social crisis of COVID-19, an increasing number of sociologists are calling for historical sociology to engage empirically with the dynamics of the COVID-19 crisis. I present the “path dependence method” and the “biopolitical approach” to interpret social life during the COVID-19 pandemic. By using the path dependence method, I show how the personal, social, and national problems created by the COVID-19 crisis initiate a new path and furthermore how this newly created path is justified in a society. A biopolitical approach leads us to raise intriguing questions relating to the COVID-19 crisis, like how individuals’ actions are linked to the governance of the state and are reborn as a docile body for state governance, and, in reality, what social problems these individuals have generated during the COVID-19 crisis. The overall aim of this research is to disclose effectiveness of historical sociology, to encourage researchers to use historical sociology, and to argue that linking historical-sociological knowledge to the COVID-19 crisis would be a positive step for an in-depth COVID-19 sociology.

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Introduction

When global pandemics emerge in human history, the implications are likely to take years (or decades) to play out, and to spiral in unforeseeable directions. Who would have predicted that the rapid spread of the novel coronavirus that began with the illegal wildlife trade would lead to the most extensive lockdown in modern history due to a disease, clashes between the United States and China over the pandemic, the worst global decline since the financial crisis of 2007–08, rigid border security, anti-Asian racism around the globe, and panic buying?

We are living in a world that is composed of a complex web of interrelationships, so things that seem to be unrelated to each other are sometimes linked by a social event. The outbreak of coronavirus disease 2019 (COVID-19) and its global impacts make us recognize the fact that social events for which there is not enough evidence to conclude a causal link are newly linked by the coronavirus pandemic. Within a highly connected but uncertain world, in this sense, it seems foolish to attempt to make confident predictions about what socioeconomic order will be created in the future.

To map a variety of COVID-19 social phenomena or events relating to the coronavirus, I will provide some historical sociology methods that are starkly distinguished from the historical approach, which often focuses on momentary or particular historical facts (or events) (Goldthorpe, 1991; Kiser & Hechter, 1991, pp. 10–12). I do not deny the historical approach's contributions of momentary and ephemeral values; historicism has often encouraged scholars to ask significant questions in limited research areas and to provide intensive and detailed explanations of well-defined themes of smaller areas of research in the short term. Yet, many of these incisive insights face difficulties because, first of all, the historical approach often specializes in “a particular problem,” which prevents it from “seeing [the problem] as a combination of elements with parallels in other places” (Subrt, 2012, p. 404). It seems inappropriate to make comparisons between different places afflicted by COVID-19 or elicit correlations or causality between them.

Indeed, the historical approach is likely to focus on past events, recognized through the lens of relationships between cause and effect, while ignoring new and immediate sociohistorical events. The so-called “history-as-lessons approach” embedded in the historical approach is only effective when the present event is closely related to past events or shows similar progress to previous historical events. However, as formulated thus far, the COVID-19 crisis itself is so new that it is difficult to find similarities to or causal relationships with past epidemics.¹ In terms of new heuristic value, the historical approach is not effective.

The habitual mode of thinking of the historical approach, highlighting a restricted temporal and spatial approach, is not likely to escape the relatively narrow scope of the research topic. In terms of fact-centered writings on the basis of archival data, the historical approach has often adhered to the comparatively narrow range of selected topics, while discounting the connections among the inter-state or transnational approach. However, the COVID-19 crisis is a worldwide problem and a big challenge that we should take up. For instance, COVID-19 first emerged in the Chinese city of Wuhan last December, and before

long, it spread to Asia, Europe, North America, Africa, and South America. By August 18, 2020, many countries (e.g., United States, Brazil, India, Peru, Mexico, Columbia, South Africa, Iran, Russia, etc.) had surpassed China in the number of confirmed COVID-19 cases and the death toll, although there are controversies over China's statistics and the origins of COVID-19. This implies that the limited space-time approach is not sufficient to analyze the coronavirus event.

This COVID-19 outbreak also partially challenges the sociological approach given that, first of all, "emerging diseases are sources of instability, uncertainty and even crises that can't make visible features of the social order ordinarily opaque to investigation" (Dingwall et al., 2013, p. 167). To paraphrase Ulrich Beck (1999), the situation of uncertainty and unpredictability in a risk society has turned up in the wake of the COVID-19 outbreak. The greater anxiety stemming from the uncertainty of COVID-19 is that it is difficult to check whether other people have the coronavirus or not, especially in the early stages of the infection. This has brought about the "horror of ambiguity" (Beck, 2009, p. 5), and this state of affairs surrounding the COVID-19 crisis also calls attention to the relationships between risks (*Risiken*) and hazards (*Gefahren*). Just as "one person's risk is another person's hazard" (Luhmann, 2008, p. 360), one coronavirus patient becomes a problem for all people.

Second, COVID-19 also produces institutionalized irresponsibility. Amid deepening conflict and the COVID-19 threat, some countries like the U.S. and China are using a crafty trick to evade their own responsibility (e.g., the blame game between the U.S. and China over the origins of the COVID-19 outbreak) and politicizing the COVID-19 crisis (e.g., political debates over social distancing, wearing face masks, and economic reopening). As the institutionalized irresponsibility surrounding the COVID-19 crisis has been recognized as a significant element of maintaining the sociopolitical system or its functioning rather than being perceived as a malfunction of the sociopolitical system, institutionalized irresponsibility, combined with political propaganda, has become a socially accepted norm without any social sanctions. Before long, it provided an incentive to give rise to institutionalized risks. Even though a large number of infected people in the U.S. have been reported, many popular tourist destinations are overcrowded, and internationally, transnational cooperation to combat COVID-19 has become increasingly difficult. Within a society where institutionalized risks are prevalent, all attempts at a solution bear in themselves the seeds of new and more difficult problems.

This research looks at the effectiveness of historical sociology as a tool for understanding COVID-19. Apparently, there is no affinity between COVID-19 and the approaches of historical sociology, in that historical sociology has a tendency to explain the relationships between historical events in the past and social agency (or agents) or to analyze the short-term or long-term social contexts of historical events. However, as Lachmann (2013, p. 140) discussed, one of the most important tasks in historical sociology is to present a (historical) description of social changes.

While there is no doubt that causal and systemic analysis of a society's turbulent situation is one of the main purposes of historical sociology, the social changes that are dealt with in historical sociology do not refer only to the fixed or past histories that feel like fossils to us. The social changes of historical sociology cover not only the past, but also the social

events we are facing and plausible predictions about the future. By using “metacognition,”² historical sociologists not only analyze the past social events we have experienced but also look at the significant events we are going through and what we are going to do, in contrast to historians, who are negatively defined as a “great machine for looking backward” (Taleb, 2010, p. 12). The COVID-19 crisis requires the metacognitive abilities of historical sociology in that we need to analyze past epidemics and a comprehensive and critical awareness of the many social events that are taking place in the global village and possible social events that have not happened yet. As an approach of historical sociology that requires metacognition, I present the path dependence method. The path dependence method clarifies the relationships between social events that occurred in the past and the current COVID-19 situation, which enables us to make reasonable inferences about events that may occur in the near future.

Furthermore, we must carefully observe the political ideologies contained in the renowned sociohistorical facts relating to COVID-19. The discourse of the coronavirus pandemic has been continuously produced by an intermixture of scientific facts, a torrent of propaganda provided by the governmental apparatus, deliberate misinformation, and unreliable theories, so we are faced with many confused coronavirus stories. Given that the well-known facts surrounding the COVID-19 crisis are mixed with various forms of political-social ideologies, and we thus need to approach these COVID-19 facts carefully, the sociological imagination is requested. Michel Foucault, a historical sociologist, presented a genealogical approach to grasping and eliciting the hierarchical order and ideological explanations and the power effects on individuals in the various social, political, and scientific discourses.

“That this institutionalization of scientific discourse is embodied in a university or, in general terms, a pedagogical apparatus, that this institutionalization of scientific discourses is embodied in a theoretic-commercial network such as psychoanalysis, or in a political apparatus – with everything that implies – is largely irrelevant. Genealogy has to fight the power-effects characteristic of any discourse that is regarded as scientific” (Foucault 2003: 9).

Foucault’s genealogical approach takes a theoretical approach to historical sociology³ in that it allows us to debunk and trace the inherent power effects hidden in the discourse of truth we believe. The sociopolitical discourses over the COVID-19 crisis are no exception. Infiltrated by crafty and complicated power effects, these discourses changed our daily lives in a very short time. To reveal the power effects hidden in the COVID-19 discourses, I will use Foucault’s biopolitical approach.

In sum, as an exploratory and heuristic approach, I will discuss how, after the outbreak of COVID-19, each country’s coronavirus warning, response, and information-sharing have progressed; how our social routines have changed since the rise of COVID-19; how a society regulates individuals’ social actions in the name of controlling COVID-19; and the racial hatred and interstate conflicts over the COVID-19 crisis that happened in the U.S. and the rest of the world. To this end, I will provide two different approaches to historical

sociology (path dependence and the biopolitical approach) and reveal how sociological issues of COVID-19 are effectively analyzed and reinterpreted through the lens of historical sociology.

Path Dependence

Many historical sociologists who presume that past events affect future events have largely used the path dependence method to explicate causal relationships among historical events (Clemens, 2007, p. 538). As Stinchcombe (1987, p. 103) defined, path dependence occurs when “an effect created by causes at some previous period becomes a cause of that same effect in succeeding periods.”

Because there is an underlying proposition that the first event affects a series of subsequent events, historical sociologists using the path dependence method are prone to consider the first event to be the most important factor and assume a linear causality between the first and last events. Departing from this conventional methodological approach, recent historical sociologists like Goldstone (1998) and Mahoney (2000) have stressed “objective claims about the existence of path dependence” (Mahoney, 2000, p. 508) and employed a more sophisticated path dependence model.

Goldstone (1998) argued that the initial condition only affects the choice of subsequent events stochastically, which contrasts with the well-known assumption that the initial conditions have an absolute effect on the overall circumstances and the final outcome. Thus, early historical events may not have “decisive importance for the final outcome of the sequence” (Mahoney, 2000, p. 511). In addition to this, according to Mahoney (2000), there are two types of path dependence in historical sociology. One is “self-reinforcing sequences,” and the other is “reactive sequences.” In the case of self-reinforcing sequences, because the benefits of a series of structuralized patterns are greater than the cost, the pattern that was initially formed is continuously reproduced without substantial structural changes. The reactive sequences are a reaction to early events and thus create new directions different from the directions that early events pursued or change the existing path. In this regard, “inertia” in the self-strengthening sequences may produce a backward reaction (or counterreaction) in the reactive sequences. For a comparative historical approach to COVID-19 to recognize regional differences in how policies and social life are affecting the spread of infection, we take advantage of this path dependence method.

As the COVID-19 virus spread around the world, the different countermeasures of each country attracted attention (The Washington Post May 28, 2020). For instance, Sweden has a relatively loose control policy, unlike East Asian countries, even if physical distancing and measures to protect nursing home residents are enacted. In Sweden, elementary and secondary schools have not been closed, and shops and cafés have operated normally. This quarantine policy has had scary outcomes. As of May 14, 2020, there were 28,582 cumulative COVID-19 cases, of which 3,529 COVID-19 patients had died. According to the United Nations’ statistical data (May 14, 2020), Sweden recorded 342.6 deaths per one million population. Though this record is less than that of Spain (579.7), Italy (514.5), England (488.9), and France (414.8), it is much higher than that of neighboring countries like Norway

(42.2) and Finland (51.3).

The country that has suffered the most from a loose control policy is the United States. It was not until 10 days after the first confirmed COVID-19 case was reported that the Trump administration began to control those who came from or visited China. However, during the first 15 days (from mid-January to the end of January), the number of people entering major U.S. cities like Los Angeles, San Francisco, and New York from Wuhan reached 4,000. And “in January, more than 1,300 flights from China arrived at 17 U.S. airports. That month, about 381,000 passengers arrived from China, according to U.S. Department of Commerce data” (The New York Times April 4, 2020). Indeed, although coronavirus infections spiked in Europe at the end of February, President Trump began to ban visitors from Europe in early March.

On January 22, Trump made his first comments regarding the COVID-19 outbreak in the U.S. When CNBC’s Joe Kernen asked Trump about the threat of COVID-19, he replied that it was “totally under control” and would be fine soon. During a speech at a Michigan manufacturing plant (January 30, 2020), President Trump also said that “we have it very well under control. We have very little problem in this country at this moment.” Despite the continued presence of dozens of new confirmed COVID-19 cases, the Trump administration claimed that the COVID-19 crisis was under control, and shortly afterwards, the confirmed cases would be down close to zero. However, in reality, widespread testing was not even available until February 2020, which hampered “the ability to identify people who were COVID-19 positive” (Peckham, 2020).

The Trump administration did not declare a national emergency even though the number of daily confirmed cases exceeded 1,000 on March 10 (CBS News April 3, 2020). Later, when the number of new confirmed cases reached 2,200 on March 12, Trump declared a state of emergency on March 13. And it was not until March 15 that the American people were warned to beware of large (social) gatherings of more than 50 people by the Centers for Disease Control and Prevention (CDC) (ABC News July 28, 2020). On March 17, confirmed COVID-19 cases appeared in all states in the U.S., and on March 20, more than 15,000 confirmed cases were officially reported in New York state. On March 26, the United States had more confirmed COVID-19 cases than any other country. As of February 14, 2021, 27,229,862 cases have been reported and 473,699 people have died from coronavirus in the U.S. The number of Americans killed by the coronavirus surpassed that of U.S. soldiers killed in World War II (USA Today, January 19, 2021).

In contrast, Taiwan and South Korea, which previously experienced the severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) epidemics, respectively, had faster responses to the threat of COVID-19 and implemented strong centralized disease control policies (An & Tang, 2020). In fact, Taiwan, which experienced 346 confirmed cases and 37 deaths during the 2003 outbreak of SARS, was keen on COVID-19 as it emerged in China (Lin et al., 2020). Having suffered severely from SARS, the Taiwanese government barred entry to Chinese people on January 26, five days after confirming that the first COVID-19 patients had been to Wuhan, China. On January 24, the Taiwanese government temporarily prohibited foreign exports of face masks in order to meet the demand for face masks for its own people. On February 6, the Taiwanese government also

instituted a mask rationing system, which gave local residents easier access to masks with little social disorder, which served to maintain the supply–demand balance of face masks. From the beginning of February, Taiwan’s Central Epidemic Command Center even dispatched Taiwanese troops to the face mask production facilities to accelerate the mass production of face masks (Taiwan News February 2, 2020). As a result, Taiwan was able to produce 9.2 million surgical face masks per day, and by the end of March, its output had increased to 13 million (Focus Taiwan March 31, 2020). The Taiwanese government’s fast and bold countermeasures against the COVID-19 crisis continued to reduce the number of new confirmed COVID-19 cases. In fact, although the cumulative number of confirmed COVID-19 cases reached 100 on March 18, and 300 on March 30, after March 27, the number of new confirmed cases gradually decreased. As of September 11, 2020, furthermore, in contrast to other countries like New Zealand, South Korea, and Vietnam, which succeeded in early quarantine but are suffering a second wave of the COVID-19 outbreak, Taiwan has not seen any cases of local COVID-19 transmission for the fifth consecutive month. Until recently (February 13, 2021), Taiwan had recorded only 937 infections and nine deaths.

Similarly, in South Korea, the number of MERS patients increased nationwide within a short period of time after the first MERS patients were officially reported on May 20, 2015. This epidemic resulted in 186 infected patients and 36 dead by late July. At the time of the MERS crisis, South Korea experienced how fatal a viral epidemic characterized by interpersonal transmission was in the highly populated Korean society. Deeply frightened by the MERS case fatality rate and its rapid propagation, South Korea radically reformed its laws and institutional systems, which enabled it to have faster and better organized countermeasures at the time of the COVID-19 outbreak.

More interestingly, Korea effectively created successful strategies for testing, quarantine, and public communication without taking radical measures such as closed borders or a full lockdown. In this regard, Korea’s coronavirus quarantine has recently attracted the attention of many researchers (Kim et al., 2020; Oh et al., 2020; Yang, 2021). Among these, Korea’s institutional structure and social culture was often considered as an effective means to control and manage the COVID-19 crisis (You, 2020). After the MERS crisis, the Korean government’s quarantine system was newly rebuilt around the Korea Centers for Disease Control and Prevention (KCDC). The head of the KCDC was promoted to the vice-minister level and set up an emergency office. The increased number of epidemiologists enabled the KCDC to respond quickly to infectious diseases. In addition to this, the fundamental principle of the disclosure of information about the epidemic has been changed from selective disclosure to full disclosure, which allows the public to get as much epidemic-related information as possible. The Korean government offered guidance and advice to the Korean people on the use of masks, social distancing, and an appropriate way of self-quarantining for suspected cases of COVID-19 when the first confirmed COVID-19 cases appeared in Korea.

Not long after the discovery of the first COVID-19 patient, the number of confirmed COVID-19 cases in Korea increased rapidly due to the Shincheonji Church incident. On February 16 (2020), a 61-year-old woman carried the COVID-19 virus into the Shincheonji Church in Daegu. The woman identified as a Shincheonji Church believer had symptoms, but refused the medical staff’s request for examination, and joined a worship. The next day saw

20 additional confirmed cases, and mass confirmed cases began to occur, centering on members of Shincheonji Church in Daegu and Gyeongbuk province.⁴ Also, due mainly to another mass COVID-19 infection caused by participation in a large-scale antigovernment protest by Sarang Jeil Church members and large-scale communities (e.g., long-term care facilities, religious facilities, and an e-commerce warehouse) that are vulnerable to COVID-19 infection, Korea faced second and third waves of COVID-19 infections (Reuters August 21, 2020; The New York Times December 10, 2020). As of February 14, 2021, Korea had recorded 83,525 infections and 1,522 deaths.

Although this unexpected event rattled government officials and the public, and the number of COVID-19 cases and deaths increased sharply, the number of confirmed COVID-19 cases per 100,000 people in Korea was 111.26, which “placed the country 36th out of the 37 OECD countries” (The Korea Herald January 1, 2021). Indeed, the Korean government reacted quickly to the second and third waves of the COVID-19 threat. The KCDC updated the COVID-19 situation every day, encompassing the number of confirmed cases and deaths, the confirmed COVID-19 cases’ movements, the government’s countermeasures, prevention rules, action plans for suspected COVID-19 cases, and reports of the status of overseas entrants, including confirmed overseas entrants. Furthermore, by introducing convenient testing techniques like drive-through COVID-19 testing, the government actively encouraged locals as well as foreigners to get COVID-19 diagnostic testing, which led to a stunning number of daily testing results (approximately 20,000 tests per day) (BBC March 21, 2020; The Washington Post March 17, 2020). Local governments also publicly announced the number of COVID-19 diagnoses and deaths, and information about the movements of the confirmed cases on a daily basis.

Individuals wear cloth face coverings in public spaces (Feng et al., 2020).⁵ If a person is suspected to have COVID-19, he (or she) tries to follow the self-quarantine guidelines provided by the Korean government. In the case of those who broke the rules of self-quarantine, the local or central government inflicted legal punishments on them. The media have harshly scolded the selfishness of those who violated self-quarantine and became super-spreaders. This led South Korea to record lower numbers of confirmed cases and deaths due to COVID-19 than many European countries, North American countries, and neighboring countries like Russia and Japan.

Due to its previous painful experience of a rapidly spreading epidemic (the MERS crisis), South Korea prepared for an all-out response to the spread of the epidemic. Along with quarantine measures by the central and local governments and hospitals, this past crisis brought about changes in individuals’ perceptions of infectious diseases. This is in accordance with the “re-active sequence” and “self-reinforcing sequence” of path dependence methods. On a personal level, the contingencies of the earlier event (MERS crisis) presented three options to the Korean public: (A) You must wear a face mask. (B) You don’t need to have a face mask. (C) Wearing a face mask is a personal choice. Most Korean individuals chose option B or C; this made people vulnerable to human-to-human transmission of MERS, and it quickly spread around hospitals and local communities. After experiencing the deadly MERS crisis, the Korean people could see how deadly a human-to-human transmission virus could be. In 2020, when COVID-19, another type of human-to-human transmission virus,

appeared, many Korean individuals chose option A. The social consensus that a face mask should be used in public spaces has been widely formed in Korean society. Indeed, social campaigns for wearing face masks and social distancing took place nationwide.

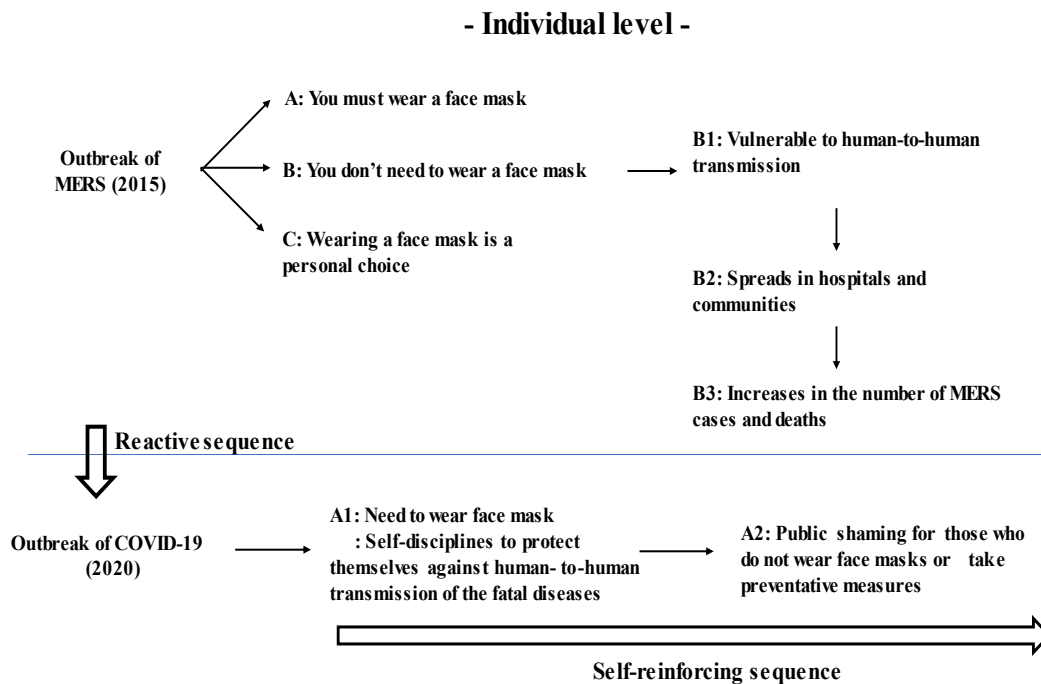


Figure 1. Individual Level

By the same token, the Korean government's actions also can be understood with the same path-dependence logics. When the MERS outbreak reached epidemic proportions, the Korean government chose option B among three options: (A) Public health and full information disclosure are more valuable than personal privacy and limited information disclosure. (B) Protecting privacy rights is important, and limited disclosure of information is much more effective to take countermeasures and to prevent social unrest. (C) Both A and B are equally important. The government set much value upon personal privacy and shared a minimal amount of MERS-related information with the Korean people. However, as government measures did not stop transmission of MERS in local communities, local governments became unable to trust the central government's actions. Despite the increased number of confirmed MERS cases and the death toll, the Korean government's restricted disclosure of personal information of patients with MERS infections, their movements, and hospitals where those patients were had created groundless rumors, which caused people's deep mistrust of the government.

To avoid repeating the past failure of the MERS countermeasures, the government changed its policy direction to make public safety more important than privacy protection and decided to share information of human-to-human transmission diseases and patients with these diseases with the public. The government also reformed the public health system to

have consistent quarantine guidelines. As a result, when confirmed COVID-19 cases appeared in Korea, the KCDC provided COVID-19 medical countermeasures and safety guidelines to the Korean people and announced COVID-19 details such as personal information of confirmed COVID-19 cases and their movements, and which hospitals contained COVID-19 patients, on a daily basis. Whenever individuals went against or refused the government’s quarantine policy or countermeasures, they were punished accordingly.

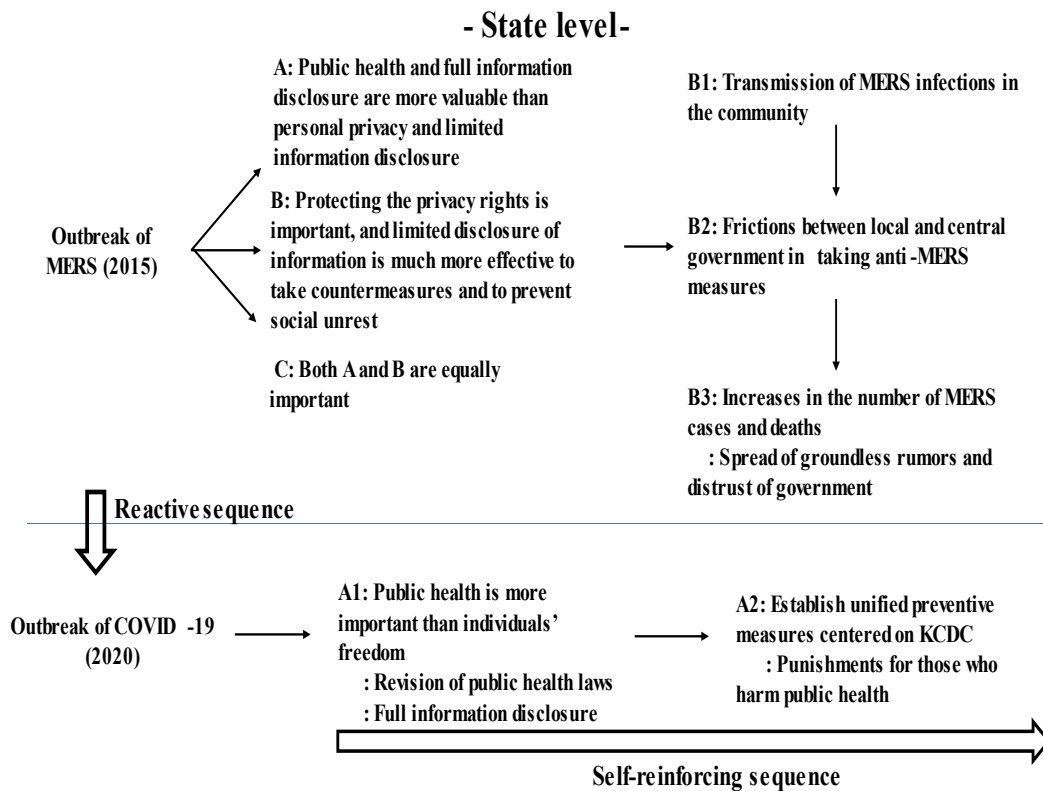


Figure 2. State Level

At the social level, until the outbreak of the massive human-to-human transmission disease MERS, social concern about public health tended to focus on measures that were created after the event. Imposing social measures related to public health guidelines on individuals is done very cautiously, for these could be interpreted as strong controls of individual behaviors. Moreover, even if preemptive actions were taken by the government, unless these actions were enforceable, there was a clear tendency for individuals to ignore the government’s guidelines. However, during the MERS crisis, Korean society realized how a belated response to a deadly disease created blame games between the central government, local governments, and individuals, which consequently undermined social trust. In reaction to the way the Korean society had experienced the past MERS crisis, as COVID-19 emerged in Korea, Korean society showed strong enthusiasm for the preemptive actions of the public health guidelines.

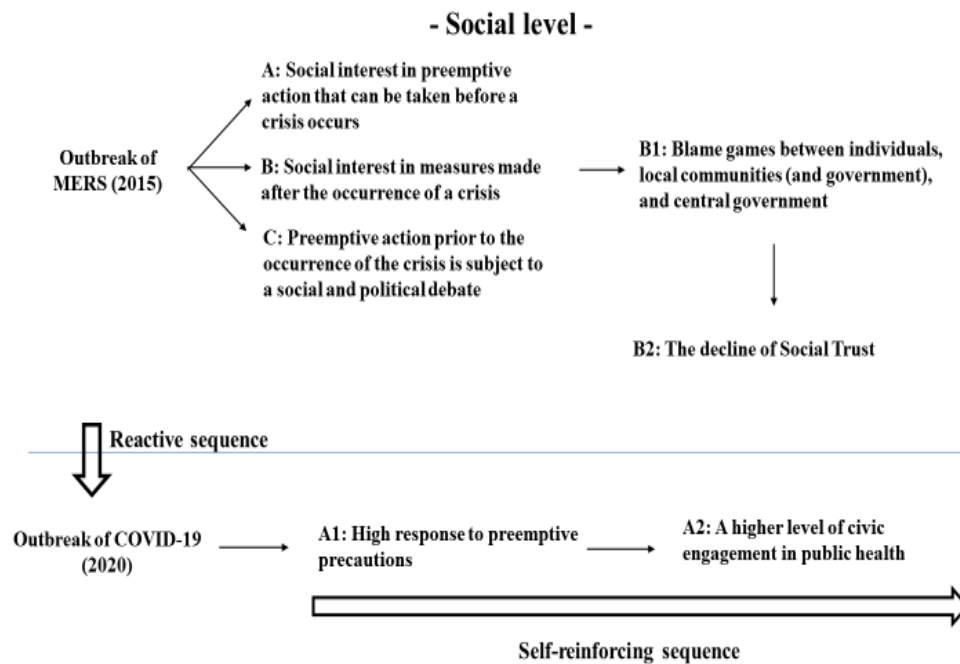


Figure 3. Social Level

In sum, the “re-active sequence” and “self-reinforcing sequence” of the path dependence method allow us to see how the new manuals that were created after fatal human-to-human transmission diseases (e.g., SARS and MERS) appeared have created a newly generalized response pattern during the COVID-19 crisis.

Biopolitical Approach

The COVID-19 crisis, as a sociopolitical event, confirms how individuals’ freedom of residence and movement is controlled by the state’s governing practices (Przeworski, 2020). The theoretical concept of biopolitics provided by Foucault usually refers to a strategy that draws human life into the field of politics. Before the advent of modern society, the state’s control of individuals was deeply related to “the right to take a person’s life through physical force” (“the old power of death”; Foucault, 1978, p. 139). However, since the rise of the modern society, the power to kill has been turned into the power of “the administration of bodies and the calculated management of life” (Foucault, 1978, p. 140). This indicates that the maintenance and management of human life has become a major power base for the state, and the governance of territory and population based on the power of life represents the essentiality of the modernity of power. In the name of maintaining individuals’ lives, the state can legitimately and rationally govern its own population, which is referred to as “governmentality.”

Such a state’s governmentality has two characteristics. One is used to refer to a new power relation between the state and individuals that has emerged since the 18th century. Unlike the definition of power provided by Max Weber, that “power can be defined as every chance, within a social relationship, of enforcing one’s own will even against resistance, whatever the basis for this chance might be” (Weber, 2019, p. 134), Foucault insisted that the

power that the state imposed on individuals refers to a particular mode of action, which encompasses consensus and coercion (Foucault, 1982, p. 221).

The other is individuals' voluntary self-discipline. By abandoning traditional and old customs or belief systems that do not fit the state's ruling techniques or by converting them into a means of governmental technique, the state's governing rules permeate into individuals' bodies, socializing and politicizing them in order to make them conform to governing politics. The techniques of domination were gradually identified with social and political norms that should be followed, which developed into internalizing modernistic discipline (Foucault, 1993, pp. 203–204). When the dominant ruling principles of a society were naturally accepted in the individuals' cognitive system, the individuals were reborn as social and political beings with docile bodies (Lemke, 2002, p. 52). Foucault thus argued that the birth of the modern subject can be confirmed by looking into the core ruling principles of the modern state.

After the 18th century, the governmentality in modern European society has often been embodied in two forms: disciplinary power and biopower. Disciplinary power and biopower manifest in different fields, according to Foucault. Disciplinary power comes from places like schools, factories, hospitals, and prisons. Conversely, biopower emerged in spaces related to the control and management of population like the birth rate, mortality, and life expectancy.

The main purpose of disciplinary power is to render individuals docile and govern them within the ruling boundary. This calls attention to Agamben's (1998, p. 11) statement that "the production of a biopolitical body" enabled individuals to internalize "the original activity of sovereign power." A variety of disciplinary techniques such as monitoring, training, and punishment are used to transform frenzied or irreverent bodies into subordinate subjects. For instance, the state separates what we often call madmen from the community, puts them in mental hospitals, and defines them as abnormal persons.⁶ Biopower, on the other hand, is related to the regulation and management of humans as a whole, like a population, rather than the control of each individual. To take a typical example, health care or population policy is suited to a certain kind of biopower:

"... this technology of power, this biopolitics, will introduce mechanisms with a certain number of functions that are very different from the functions of disciplinary mechanisms. The mechanisms introduced by biopolitics include forecasts, statistical estimates, and overall measures. And their purpose is not to modify any given phenomenon as such, or to modify a given individual insofar as he is an individual, but essentially, to intervene at the level of their generality. The mortality rate has to be modified or lowered; life expectancy has to be increased; the birth rate has to be stimulated" (Foucault 2003: 246).

After the end of the 18th century, the modern state began to discipline people not by directly intervening through forced regulation or oppressive control but by creating and formulating social conditions, which were later developed into a social safety net and health care system. According to Foucault (2009), the social rules of the state that can sustain the lives of the people and make them prosper are called a "security mechanism."

For the obvious reason that Foucault's idea of disciplinary power and biopower

provides an important theoretical contribution in analyzing the relationships between individuals and a modern state, it is a central concern in the revived interest in the COVID-19 crisis. As Foucault noted, a human body is shaped by a social and political subject combined with self-control.

As docile and obedient biopolitical subjects, many individuals began to wear face masks, follow social distancing, and practice a curfew before the government imposed compulsory instructions. Curtailing socioeconomic and political activities and restricting our freedom not because of practices of the governmental apparatus but because of individuals' own self-discipline quickly enabled them to switch from a normal state to a state of exception during the COVID-19 pandemic.

Furthermore, as individual social life was subordinated by bio-security in the moments of the COVID-19 crisis, these biopolitical subjects began to engage not only in the control of their own activities but also in the control of others' activities. In South Korea, for example, even before the government took action, the public agreed and asked to disclose the information of COVID-19 patients like personal information about coronavirus carriers and information of those who came into close contact with COVID-19 patients (DongA.com May 18, 2020). As Baca (2020, p. 305) noted, South Korea's pandemic model displayed "the most troubling features of surveillance-based innovations in the economy and government."

As state-led COVID-19 control tightened, the body of individuals has even been changed to a nation body that embodies a nationalistic identity.⁷ Amid the COVID-19 epidemic in the U.S., the body of individuals with patriotism and racialism grew quickly sympathetic to hatred and prejudice against Asians (CNN April 10, 2020; White, 2020). Racial assaults against Asian people, including the later-generation descendants of immigrants in North America, continued to appear after the onset of the COVID-19 crisis. According to the BBC's statistical data ("Reported incidents linked to anti-Asian discrimination during the Covid-19 pandemic in the US and Canada"), about 120 anti-Asian attacks have been officially reported (BBC May 27, 2020). Asians in North America have been exposed to various types of harassment and assault like vandalism, verbal abuse, physical attacks, and cyber-attacks. On March 14, "three Asian American family members including a 2-year-old and 6-year-old" in Midland, Texas, were stabbed in a supermarket. The suspect implicated that "he stabbed the family because he thought the family was Chinese, and infecting people with the coronavirus" (ABC News March 27, 2020).

As such, the bodies of individuals transformed into the nation body prioritize homogeneous values (same ethnicity and same citizenship) over values of differences and are engrossed in a dichotomous view that separates me from others. To paraphrase Carl Schmitt ([1996] 2007, p. 35), a nation-state's extreme concept of sovereignty, as a dichotomous view that distinguishes our country from other countries (enemies), has been projected to biopolitical individuals during the COVID-19 crisis. For that reason, Foucault's statement is worth listening to: "I think it (racism) functioned elsewhere. It is indeed the emergence of this biopower that inscribes it in the mechanisms of the State" (Foucault, 2003, p. 254).⁸

Not only that, but state-led countermeasures against the large-scale epidemic enable government agencies to monitor and control people's social actions.

“Against the plague, which is mixture, discipline brings into play its power, which is one of analysis. A whole literary fiction of the festival grew up around the plague: suspended laws, lifted prohibitions, the frenzy of passing time, bodies mingling together without respect, individuals unmasked, abandoning their statutory identity and the figure under which they had been recognized, allowing a quite different truth to appear. But there was also a political dream of the plague, which was exactly its reverse: not the collective festival, but strict divisions; not laws transgressed, but the penetration of regulation into even the smallest details of everyday life through the mediation of the complete hierarchy that assured the capillary functioning of power” (Foucault 1995: 197-198).

In fact, the increase of surveillance mechanisms and extensive control over personal behavior were often conducted in the name of public health and prevention of COVID-19. For instance, since the Chinese Communist Party officially acknowledged the fact of the emergence of COVID-19 patients and the human transmission of COVID-19, the Chinese government has taken full steps to control and prevent the spread of COVID-19.

In a matter of weeks, Chinese authorities began massive control and surveillance to restrict movement of the Chinese people. Wuhan, the city where the first COVID-19 patient in China is believed to have appeared, was forced to lock down for more than two months. In addition, Chinese authorities have operated sophisticated surveillance technologies to monitor and trace people’s movements (Reuters May 26, 2020). As a result, the number of COVID-19 patients has ebbed sharply (The Guardian March 19, 2020); nonetheless, China suffered backlash against the government’s unilateral and coercive anti-COVID-19 measures.

For instance, when the Chinese government lifted the lockdown in Wuhan on April 8, Wuhan citizens were traumatized by their experience of the pandemic. Worse, the information disclosure during the COVID-19 crisis and amateurish governing ability during the lockdown in Wuhan left many Wuhan citizens with a strong distrust of the city government (The New York Times May 18, 2020). The Chinese government’s actions against the COVID-19 crisis also caused deep mistrust of foreigners in China because China’s COVID-19 countermeasures included racial discrimination (ABC News April 29, 2020; BBC April 17, 2020).

In sum, theoretical concepts of Foucault’s, like the macro level of disciplinary power, such as state-led quarantine manuals, and the micro level of biopower, like individual-led self-discipline for the quarantine, contribute to situating palatable COVID-19 narratives in the context of historical sociology and disclosing hidden conditions of sociological and historical discourses about COVID-19. Given that his primary interest was to explain why these discourses contained sociopolitical ideologies and state governance, his theoretical concepts are effective in analyzing how discourses have been colored and recolored by the external sociopolitical environments.

Synthesis and Discussion

Research surrounding the COVID-19 crisis is certainly a new challenge for sociologists. In this paper, I have suggested two different methods employed in historical sociology and revealed

how these methods are useful in analyzing the social events of COVID-19. To provide valuable insights into real-time analysis of the tough and urgent social crisis of COVID-19, I have focused on the sociohistorical narratives of new agenda-setting. As I have shown so far, these two methods of historical sociology help us to analyze the origins and emergence of novel and unprecedented pathogens and their socioeconomic impacts.

Yet, as Go (2020, p. 91) aptly noted, all social theories or methods are not universal. Given that “all social knowledge is provincial” (Go, 2020, p. 91), I do not deny the fact that other methods or theories in historical sociology may be privileged to understand convoluted COVID-19-related social phenomena. In fact, social events caused by the COVID-19 pandemic can suddenly appear or disappear in a short time, be atypical, and transform private or public relationships between individuals and states. This strongly implies that these social events cannot be explained fully by only two methods of historical sociology. My study in this regard is closer to a heuristic and problem-posing approach than a problem-solving approach.

In addition, coping with the COVID-19 crisis and its impacts on societies in historical sociology does not mean that “one is ‘best’ to the exclusion of others” (Goldstone, 1998, p. 843). To analyze the complex social realities of the COVID-19 world, what we really need is an integrated and open-minded approach in historical sociology.

ENDNOTES

1. Of course, there are some common features (e.g., the extraordinary speed of the disease's spread, its heavy toll on mental and physical health, and the practices of social distancing and quarantine initiatives as countermeasures of each state) between the COVID-19 pandemic and the Spanish flu pandemic of 1918–19; nonetheless, the differences between the two are more pronounced than the similarities. For instance, although we do not take into account the biological differences between the flu and the new coronavirus, the Spanish flu had a shorter incubation period than COVID-19. The longer incubation period of the COVID-19 has resulted in a higher hospitalization rate and greater socioeconomic influence. While soldier mobilization was deemed to have spread the Spanish flu during World War I, large population movements and mass gatherings became a major contributor to the spread of COVID-19. Plus, in the social and political context, "COVID-19 reminds us how different in their social dynamics and political reverberations one is from the other" (Arnold, 2020, p. 570).
2. As Metcalfe and Shimamura (1994, p. 16) noted, metacognition encompasses not only "retrospective monitoring (e.g., a confidence judgement about a previous recall response)" but also "prospective monitoring (e.g., a judgement about future responding)." A keen insight of Max Weber – the emergence of an iron cage in an advanced modern society as an increased formal-instrumental rationality inherent in social life and structure – could be a prime example of using metacognition.
3. For Foucault, "using history as a critical resource in this way can be perceived as a theory-led approach to date" (Power, 2011, p. 47).
4. On February 18, some people attending a mass worship service at Shincheonji Church in Daegu city turned out to have COVID-19 (Kim et al., 2020), and those who were subsequently in contact with them were also infected with COVID-19. Since then, the number of confirmed COVID-19 cases and the death toll have increased steeply. Starting with 51 confirmed cases on February 19, the number of confirmed cases increased to 3,150 by February 29 (death toll: 17) and the number of confirmed cases was 10,000 on April 2 (death toll: 174).
5. In fact, the proportion of people wearing face masks during the MERS crisis was 30%; however, this proportion increased to 80% during the COVID-19 crisis (DongA.com February 8, 2020).
6. In the *Disciplinary and Punish*, Foucault (1995) suggests that there are disciplined individuals in the modern world. Foucault goes on to argue that disciplinary punishment leads to self-policing by the populace, as opposed to the brutal displays of authority from the Monarchical period. As an example of a disciplined individual, he suggests Jeremy Bentham's "panopticon" design for prisons.
7. When it comes to the formation of a nation body combined with a strong nationalist identity, see Gopinath (2020) and Weiss (2002).
8. Of course, the view that individual freedom needs to be restricted to survive and sustain the community may be more important than an emphasis on disclosing self-discipline as a state's control or surveillance of individuals. During the coronavirus crisis, situations appeared in which individual deviant behavior threatened the community

(Chicago Tribune May 15, 2020; The New York Times March 9, 2020). Nonetheless, it is also important to consider the process by which the nation body is created during the COVID-19 crisis.

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