

# “SEDUCTIVE ATTRACTION” OF “APOCALYPTIC DESIRE”: PANIC, TRAUMA NEWS, AND PATHOGEN ARMEGGEDONS

NATALIE D. BAKER  
Sam Houston State University, USA

## ABSTRACT

This paper uses the cases of Ebola and SARS-CoV-2 in the United States, and examines discourses within specific infectious disease outbreaks as apocalyptic crises in mediated popular culture (i.e. mass news media and social media). In 2014, the US was dealt its first cases of Ebola, a horrific virus not typically occurring outside of West Africa. However, an outbreak never materialized. In 2020, Ebola paled in comparison to the slash and burn global spectacle of SARS-CoV-2. Many approaches in US mass media took a certain doom orientation in different ways as the pandemic unfolded over time. With both Ebola and SARS-CoV-2, there was a politicization of science in tandem with apocalyptic spectacle within media discourses. It is argued, the SARS-CoV-2 pandemic filled a void of apocalyptic longing Ebola left unfulfilled. News coverage of both Ebola and SARS-CoV-2 uses manipulation of the idea public panic is common in approaching disaster situations. The concept of the “three acts of trauma news” is to explore these issues, especially with respect to the social construct of panic. Such spectacles are used in trauma journalism to heighten excitement and fear and are a fundamental element of security theater. Panic discourses underscore a problem of the human propensity for fantasy that undermines responses to disaster.

*Keywords: Ebola, SARS-CoV-2, coronavirus, emotions, three acts of trauma news, crisis communication, panic, spectacle, mediated popular culture.*

## 1 INTRODUCTION

“In his 1994 bestselling book *The Hot Zone*, Preston had focused on the most lurid and visually shocking symptoms of Ebola, such as the way that in the last stage of illness patients sometimes ‘bled out’, leaking blood and haemorrhagic fluids from their eyes, noses and intestines. Even though such symptoms occur in only about half of Ebola cases they helped fix the idea that Ebola was, as Preston put it, ‘a perfect parasite...[that] transforms virtually every part of the body into a digested slime of virus particles’. Through the imaginative use of flypapers marked with biosafety hazard warnings, Preston also reinforced the impression of Ebola as a potential biowarfare agent, one that could emerge from the jungles of Africa, or the laboratory of a deranged terrorist, to threaten global health security at any time” [1].

Medical fictions such as the *The Hot Zone* can be hyperbolic in descriptions of infectious disease. However, these stories have immense power. The blending of science with spectacle creates visions of hellish visions of possible futures. From the potential product of a laboratory to the eating of bats by humans, Ebola, and COVID-19, along with other infectious agents are often cast as existential threats to the United States, despite the fact they are not [2]–[4]. This approach has colored national security discourses since the anthrax attacks that occurred almost immediately after 9/11. Biosecurity and its bedfellow, counterterrorism, capitalized on and repackaged the remnants of societal dread of nuclear winter.

Without threats of communism and atomic annihilation, there was little left to reinforce American hegemony built on sociotechnical advancements in an obsession with containment in the post-WWII context [5]. While tragic and demonstrative of some of the worst behaviors of man, the terrors of 9/11 and anthrax in the fall of 2001 were perfect excuses to reinvigorate large-scale societal fears lost as the Cold War fizzled out. A host of threats under these



schemes after 2001 manifested to perpetuate burgeoning industries of homeland and biosecurity. In 2014, Ebola came to the United States as part of this cast of seemingly endless existential threats. Ebola is a deadly hemorrhagic virus that spreads via human-to-human transmission through bodily secretions. Even though outbreaks of the disease are almost exclusively confined to Central and West Africa, its arrival to the US *appeared* to have shocked the nation into panic.

In 2014, various mouthpieces of American society such as media, experts, politicians and members of the public manufactured a reality where stateside Ebola became just as bad, if not potentially worse, than the large outbreak that was happening in West Africa [6]. Misinformation abounded. As an example, the WHO stated, “Americans were told that the United States’ national security would be threatened by both an Ebola-triggered state collapse in Africa and a large number of panicked people (some of whom also carry the virus) flooding into the United States from Central and South America” [7]. Such statements provoke an imaginary where hordes of the diseased invade the country from areas not even touched by the virus, spilling wells of blood from every orifice, infecting all within their path. Ebola as a “global killer” rhetorics had been advanced in American mass media. This was prior to the virus crossing the Atlantic as press focused attention on the rapid spread of the disease in Africa [8]. Once US patient zero presented with the virus in Dallas on 20 September 2014, the mass outbreaks in West Africa did not seem to matter as much within press circles. Rather, major news networks did not disappoint for heightened drama. Headlines such as, “Ebola, the ISIS of biological agents” [9] or “Ebola victim thought dead comes back to life minutes before cremation” [10] underscored a quick turn to spectacle through a legitimate source of information for people [11]. The virus was portrayed as impending doom by certain factions of US news media, health providers and politicians [12].

Despite media spectacle, there were a total of 10 infected with Ebola [13], most of whom were brought to the States for treatment within a population of 320 million, according to the US Census. Thus, there was virtually no risk of an outbreak. Americans, at least according to mass discourses, were terrified by the prospect of Ebola [14]. Whether this is true or not, is much more complicated [15]–[18]. While people can be legitimately worried about the threat of emerging pathogens, the notion there is mass panic in the face of potential or actual pandemics is not well-established [19]. Books and movies such as *The Hot Zone*, *Outbreak*, and *Contagion* have come to influence views of how infectious disease works in reality, as much, if not more than scientific information, a panic is portrayed as a common feature in these media. The Ebola situation in 2014 foreshadowed a similar, but different approach to SARS-CoV-2 (COVID-19). This new virus presented as potential pandemic in the United States in early 2020. As the prospect for a massive outbreak unfolded, there were similar theatrical approaches in media towards the virus, as there were with Ebola. Whether or not this adversely affected the response to the pandemic in the United States is not the focus of this paper. Rather, it is the spectacle, and the panic discourses evoked in similar ways as Ebola that are central here. There are obvious differences, but in both cases, there was a distinctly American brand of sociocultural catastrophe fulminated by media largely divorced from reality on the ground.

This paper uses Ebola and SARS-CoV-2 in the US to understand how pandemics, or their prospect, reinforces aspects of the security state. It is argued, panic discourses of SARS-CoV-2 filled a void of apocalyptic longing Ebola, unrealized as a pandemic, left unfulfilled. This is common with approaching disaster situations, however why this is the case is less clear beyond the obvious answer of selling stories. The paper uses deconstruction to examine panic discourses as framed through the “three acts of trauma news” as discussed by Ochberg [20].



## 2 LITERATURE REVIEW

Before SARS-CoV-2, the framing of a possible outbreak of the Ebola virus in key political, public, and mass media discourses foreshadowed the social reaction to COVID-19, although the political climate was different. Science, when it comes to issues elevated to the level of controversial, can become politicized (e.g. climate change or vaccinations) [21], [22]. This makes it challenging to meaningfully deliberate on alternative viewpoints and approaches, as politics can work to dichotomize science – as was seen with both Ebola and COVID-19. In the case of Ebola, the virus became either certain doom or a non-event, where absolutist versions of science and facts, or nationalistic rhetoric [18] were used to justify a variety of responses deemed appropriate under the umbrella of particular political logics. When a disease is “foreign” it exacerbates this issue, and made worse when a need for global health security is built on the fact that an “envisioned outbreak must remain on the near-term horizon” [23, p. 300]. One of the mechanisms by which this is transmitted is mediated popular culture, or in the case here, mass news media.

The news reflects many aspects of a society and its cultures, but it also shapes them. Luhmann [24] argues mass media in general, is a social system created through recursive, self-referential modes of communication rather than objective truths. As media is a public sphere [25]–[27], it is a “communicative space in which ideas, information, discourses and opinions find public representation and elaboration, and thereby help constitute civil societies” [28, p. 20]. News functions as an outlet where “cultural struggles over meaning are carried out” [28, p. 59], and it enables the creation of multiple realities and truths [24]. Media is one way how modern societies reflexively construct illusions of reality. Information constituted through the production and mass consumption of news disguised as authoritative knowledge can actually constitute multiple realities, rather than a set of objective truths by which audiences make rational decisions [29]. Audiences, in many ways, believe in the authority of news and make decisions about the world based on knowledge obtained from this medium. As Schäfer [30] suggests, this does not just include civilians, but also government officials. Thus, the influence of media on lived reality can be very problematic given the extent of its trustworthiness.

Problems arise when news acts as conduits of authoritative knowledge. This is because there are often major discrepancies between expert knowledge and how related information are portrayed in such mediums [31], [33]. One issue is reports tend towards oversimplification to sensationalist narratives because they sell stories [30]. Publics are then exposed to content that can distort the meaning of relevant and important information [32]. Knowledge creation through news is also informed by preferences and values that work to evoke emotion [33]. Fear is one such emotion mass media uses to frame the concepts like threats and security. This is a major way in which “fear culture” is both created and reconstituted.

A socio-cultural disposition whereby people use anxiety to respond in a world positioned as threatening is known as fear culture. Scholars like Furedi [32] and Altheide [33, p. 26] argue, “fear does not just happen; it is constructed and manipulated by those who seek to benefit”. Similarly, Guzelian [37] claims rapid communication of risk through the Internet, for instance, shapes societal fear more than actuality of threat. Thus, the media, as a major societal system, has a role in crafting and re-creating fear [36]. For potential threats, doubt helps shape how people understand risk and informs resultant actions [37]. Uncertainty becomes troubling when “what appears to be certified and objective knowledge is transformed into decisions in a highly selective and often seemingly irrational manner” [38,



p. 25]. Uncertainty and fear are crucial components in the construction of modern risk societies.

Situating fear within the larger context of risk society enacted in the United States is germane to pandemics. Viruses like Ebola and SARS-CoV-2 both threatened the nation and produced the pretence of panic as an “emergency trap” [39] among government actors, medical professionals, and the public. This is a feature of risk societies, which is perhaps best known through the works of Beck [40], [41] and Giddens [42], [43]. Risk society is an omnipresence of low probability, high consequence risks that heighten a collective conscious of anxiety. The risk society is constituted around dual notions of risk and safety [44]. An ominous appearance of pandemics, which existed well before Ebola and COVID-19, is situated within the larger bioterrorism/counterterrorism approach within American culture defined as risk society. Masco [3] explains:

“Biosecurity policies now anticipate foreign-born infections and mount national media campaigns amplifying the worst-case outcomes for a global contagion, and thereby mobilizing experts and publics in advance of the disease. This anticipatory commitment to disease outbreaks is enabled by advances in the real-time surveillance of infectious disease and scenario-driven calculations of potential risks” (p. 182).

Biosecurity as an extension of counterterror, engages in “scripting futures as well as of responding to contingent fears: it is a world-making project, but one structured at every level by apocalyptic institutions and commitments” [3, p. 146]. Masco also suggests that institutional attempts to manage future terrors make these very terrors seem as if they are real and always on the horizon. Thus, the very institutions intended to “create” security and safety on the societal level are built entirely on the prospect of future crises. The cases of Ebola and SARS-CoV-2 reiterate this point.

Here, Derrida’s deconstruction [45] is a way to explore discourses of pandemic in US media. Hansen [46, p. 372] adds, “Deconstruction shows how dichotomies are crucial to the construction of meaning by first identifying the hierarchical relationship between the two concepts of the dichotomy, secondly, reversing the hierarchy, and thirdly, by this procedure, undo the pairing”. This “anti-method” method permits an examination of contestation in meanings embedded within master-dichotomies that run through discourses in the public sphere.

The perspective of deconstruction holds any duality must be unpacked so that oppositions (e.g. good versus evil) can provide insight into what the polemics of interest hide. In this case, safety and its associates (e.g. security and rationality) are believed to be superior to opposite states (e.g. danger and panic), as they are dependent on the exclusion and marginalization of their subordinate counters [47]. Danger and unpredictability, as fundamental to threat, crisis, and panic is unacceptable and should be eliminated, much like evil should be vanquished in the advancement of good, for example within a state built on a premise of security in the face of good versus evil [48]. What happens, then, if the polemic is collapsed? If it is asked, what happens if safety, rationality and even panic exist on a continuum, as opposed to a polemic as opposites from each other? This is an antenarrative of safety and all of its synonyms.

The focus is on tearing apart polemics, specifically those induced by the prospect of panic, as this was a focus within discourse surrounding Ebola and SARS-CoV-2. The battle over what the viruses meant to the overarching safety of the nation, and by extension the World, represented in a clash of different versions of reality. Ultimately, what such contestations of



meaning suggest about modern American society beyond the obvious in the application of a deconstruction of pandemic master-narratives into antenarratives [49]. The prospect of public panic as an expected, normal response to threat is of interest here.

### 3 METHODS

A key consideration of this project was how mediated popular culture positioned both Ebola and SARS-CoV-2 and resultant projections within mediated culture. The research was an immersing into news reports and articles, as well as associated commentaries during the SARS-CoV-2 pandemic as well as Ebola situation in 2014. The analysis built on a prior study of Ebola [18] upon which data and findings for were expanded on for COVID-19. Initial considerations were to explore how news media and other relevant actors position pandemics as polemics (e.g. threat or not). As Brummet [50, p. 4] argues, “understanding how social issues may be disguised in discourse is an important goal. If we need to disguise social issues, we should do so with awareness, and we should especially be aware of how those issues may be disguised in the messages we encounter”.

Data was extracted from a variety of sources. A major portion of the research consisted of online news (e.g. CNN, FOX News, Al-Jazeera America, among others). Multiple search terms were used, (e.g. Ebola in the US, Ebola panic, SARS-CoV-2 in US, coronavirus panic) in websites to find data (with reader commentary). Data for the Ebola study were constrained from September 2014 to January 2015 as this was the height of the scare. Data for COVID-19 were more expansive for obvious reasons, as the temporal period of the pandemic was much longer. Theoretical sampling was used to guide data collection and analysis [51]. As data analysis occurs simultaneously with collection, subsequent steps were based on emergent analysis.

Analysis occurred until theoretical saturation was achieved, or when no new codes emerged and major themes that informed findings were solidified after iterative rounds of theoretical memoing [51]. There were well over 400 articles alone analyzed for this project. Codes and themes for the two viruses differed slightly in terms of aspects such as how threat and panic was positioned. This stage elicited major themes that represented the predominant ways of constructing pandemics in the public sphere. These were called “threat, crisis, and panic”. Because there was not much in between within these representations (i.e. Ebola and COVID-19 were either cast as threatening or not, or there was panic amongst the public, or not) the postmodern critique [52] was appropriate given what came out of the initial analysis were categories of distinct dichotomies.

### 4 THE DECONSTRUCTIVE PROCESS

The deconstructive process is not black and white (no pun intended). However, as a deconstruction focuses on texts, and this paper was a reading of mediated texts focused on pandemic threat, relevant data in this case, were mediated forms of information [53]–[55]. Thus, this required the analysis to ascertain central themes of textual outputs. The main theme of texts centered around the presentation of both Ebola and COVID-19 as legitimate threats to the United States and its overall quality and pre-existent way of life, by and large. Of course, the extent to which each virus was characterized as threatening was different, however both were positioned as potentially existential. This theme is crucial here.

The next step in a deconstructive form to identify binary oppositions within texts. As one could imagine, there were an abundance; too many to recount here. Prior analysis of Ebola data indicated relevant dichotomies also discussed with COVID-19 (e.g. foreign disease dangerous/homeland safe, broken down further, foreign equals danger, home equals safe). While these polemics are fascinating, the focus here is on panic discourse, and what its binary



opposites indicate about American society. If there were concrete steps to deconstruction, the last would be to provide a critique of a body of texts based on what it attempts to assert as taken for granted and the meaning that is being asserted. The purpose is to create new meaning in the destruction of the original polemic. Panic discourse for the two viruses was examined through a lens of the acts of trauma news [20]. The reason for its use was given in the following questions:

“Why do we, collectively, overdose on some elements of trauma and fail to digest others? Is there a better way to communicate facts and feelings after a horrifying event?” [20, p. 1]

The examination of panic discourses for an imagined pandemic, and a very real one that vastly affected everyday life, is undertaken to get at those questions still left unaddressed. An illustration of a deconstruction along the lines of the three acts of trauma news is undertaken below.

#### 4.1 Act One: If it bleeds it leads

The first act is demonstrated in the following quote:

“Competition for audience attention is part of media business, and we the audience attend to violence. We always have, always will, and MUST. Act One of any factual story about crime, cruelty, violence or trauma will create arousal, interest and paradoxical emotion. The only time a trauma story is pure horror is when it is about us” [20, p. 3].

Press over Ebola and COVID-19 by and large, mostly fall within the realm of Act One. This point is important. With respect to panic and Ebola, the role of mediated culture was to shame the public for its apparent panic over the virus, and then argue the fact the public were panicking. The polemic here was thus “panic/composure (or antonyms of panic)”. The public were simultaneously panicked, but also non-panicked in the eyes of the media. Therefore, both states of public behavior happened at once, creating two versions of reality. A panicked public and a not-panicked public. One quote from an expert as interviewed in CBS News demonstrates [56]:

“Public health professor Andrew Noymer studies infectious diseases at University of California, Irvine. He says people do not need to be afraid of Ebola in the U.S. ‘I would say the panic is harder to contain than the spread of the disease itself’, he said. ‘People are focusing on that it’s a scary disease from far away, and they see scary images of people caring for sick people with protective gear, and it looks frightening’”.

To highlight panic, news reports would discuss actions undertaken to prevent disease exposure, such as stories of unnecessary school closures, people frightened about contracting the virus, and government actions (e.g. quarantines or calls for border closures). Diametrically opposed, was a denial of panic, the argument being it was not a reality, that more Americans, for example, were afraid of “witches” than the virus [57]. One case was the derision CNN and Joe Biden received from critics in their reference to Ebola as the “ISIS of disease” [58]. The quote below demonstrates:



“Is Ebola the ISIS of biological agents? Is Ebola the Boko Haram of AIDS? Is Ebola the al-Shabaab of dengue fever? Some say Ebola is the Milosevic of West Nile virus. Others say Ebola is the Ku Klux Klan of paper cuts. It’s obvious that Ebola is the MH370 of MH17. But at some point, the question must be asked whether Ebola isn’t also the Narendra Modi of sleeping sickness. And I don’t mean to offend anyone’s sensitivities, but there’s more and more reason to believe that Ebola is the Sani Abacha of having some trouble peeing”.

References to panic saturated discourses surrounding the public reaction to the threat of Ebola – where not in between – or more nuanced discussions of human behavior in the context of this situation were explored. Panic or not, as the story, was in itself, a media creation. And this dichotomy works to create a version of reality for people, when the reality of lived life is probably nothing like what is portrayed in media.

A similar situation occurred with the SARS-CoV-2 virus, however in different ways given how vastly different this was from Ebola. Panic discourse was delayed as there was much uncertainty about how the virus would affect the US. When it became clear SARS-CoV-2 would indeed make a significant impact on the nation, there were two ways panic discussions in media came about. The first was toilet paper panic buying that occurred in the early stages of initial lockdown in the US. What happened though, was people purchased emergency supplies in advance of an event they perceived as threatening – a reasonable response to an impending disaster and one in line with legitimate preparedness actions – not panic. Instead, articles available on the Internet and reported in news reflected the following sentiments:

“Don’t panic. It’s what our mothers and neighbors are telling us, newspaper headlines are announcing, and public health officials are urging. It’s excellent advice in any situation, and is especially apt as we learn to adjust to the collective changes we’re making to slow the spread of COVID-19. However, if you look around at some of the ways many are responding, including rushing to local supermarkets and big box stores to stock up on food, cleaning products, and paper products, we see behavior that looks an awful lot like panic” [59].

These sentiments saturated reportage of the SARS-CoV-2 virus, even though political orientation of an outlet did reflect how seriously the virus was taken to some extent. It must be underscored, purchasing supplies in advance of a foreseeable disaster is not panic.

Visual imagery did not help with either Ebola or COVID-19, where the spectacle of viral apocalypse was made more possible through a focus on biohazard suits, patients on ventilators (for COVID-19), body bags, microscopic images of the virus, all heightened the trauma of both situations, and in fact spectacularized both to their detriment. This is all part of the leading story of trauma news – Act One. The macabre focus on crafting chaos and destruction as experiential reality. This is the fundamental purpose of Act One.

#### 4.2 Act Two: The stages of trauma and recovery

“The later scenes of Act Two have a sadder, wiser tone. A person reflects upon loss but is thankful for friends. Spiritual themes emerge. The survivor considers the meaning of life. People note their attachments and their desire to help others” [20, p. 3].



There were no examples of Act Two for Ebola. It disappeared once it was evident there was no outbreak or apocalypse in the States. With COVID-19, there was a slight hint at Act Two. These are the “lessons learned” pieces, the reflecting on those lost, and the more in-depth examinations of how the pandemic has changed the course of life. Panic disappears in Act Two.

While Ebola was short-lived, COVID-19 was not. Thus, Act One was running simultaneous to Act Two and ate up much more of the coverage than the latter. There is an attempt by media to keep going the doom and gloom of the first act to supplant the moral lessons and melancholy of the second. Namely, because what bleeds does indeed lead. Panic becomes constantly replaced with the numbers of the dead. Not so much attention to those who recover. There is no need to focus on public unrest when horror is so easy to come by.

#### 4.3 Act Three: Abandon hope all ye who enter here

“In Act Three there is no meaning, no moral, no transcendent truth” [20, p. 4].

The lesson of Act Three with respect to both Ebola and COVID-19 in terms of media had dissipated. Ochberg [20, p. 4] again elaborates

“I believe there are Act Threes, but they are rare. Act Three is an idea rather than a set of scenes that follow Acts One and Two. It is the idea in the mind of a witness (a direct witness or one who ‘witnessed’ the recorded word) that a destructive act was so extreme, so complete, that no light escaped. Nothing good came of it, or came out of it. It made no sense and left no helpful legacy”.

There was a sense of nihilism reflected in media stories more outside of the regular 24/7 news cycle for both Ebola and COVID-19 [60]. Again, the panic element is decentralized and/or non-existent. Nihilism in COVID-19 emerges as a direct contrast to panic. Visceral fear is filled with action, whereas the nihilism of something purported to be an apocalyptic experience of death (which it was not) was relegated to inaction – suffering at home, in lockdown, isolated from everyone, and poor mental health outcomes. Not a soul wants to read about Act Three. It is a futile existence, a shadow of apocalypse of inaction – perhaps just as much created by the media as its diametric – panic was as well.

## 5 CONCLUSIONS

“We have been systematically educated in a way that makes violence enjoyable” [61].

The modern US state, in many ways, has a bit of a flair towards the oppressive. And similarly, also needs crises and horror to construct its identity to continue to oppress [62], [63]. Thus, crises are both generated by, and generative of, a state, which is also an imaginative set of structures [62], [64] and spectacles. We see this also with infectious diseases such as HIV/AIDS [63], [65]–[67]. Safety expected of the developed world presents a crisis of meaning where the dominant culture is “seduced” [46] in part, by an adrenaline of fear and existential ends. Panic discourse is crucial here.

Media treatment of both viruses provided a glimpse into an American brand of sociocultural catastrophe. The SARS-CoV-2 pandemic would come to fill the void of apocalyptic longing, or a morbid human desire for the end of all things [68] Ebola left this unfulfilled. News coverage of both Ebola and COVID-19 uses manipulation of the idea





public panic is common in approaching disaster situations. This is highly unsupported in empirical research. It is argued here, panic discourses are used to heighten excitement and fear in support of the production of security theater [69]. This is a collection of institutions and practices that enact security for audiences – and it is only a performance – rather than meaningful creation of societal safety (e.g. the TSA or sanitation practices during COVID-19 [70]). This played out in dramatic fashion as the US response to the coronavirus deteriorated and the pandemic became politicized to its detriment. There was an explosion of polemics within the positioning of the virus as threat or not, or similarly crises or not, which lends to discussions of people enacting panic or not. Panic discourses, in the prospect and/or experience of pandemic, were used to heighten excitement and fear and completely constrained as a first act of trauma news. Panic discourses underscore a problem of the human propensity for fantasy that undermines just responses to disaster.

The paper does not take a stance on whether or not Ebola or COVID-19 threats were “real or not” as it fits within the postmodernist tradition. Here there is an inherent “skepticism about the human capacity to grasp or define what is ultimately and totally real” [47, p. 13]. Deconstruction helps reveal the social consequences of polemics in a meaningful way to show what is suppressed and marginalized in master narratives. News of both Ebola and COVID-19 both used manipulation of the idea public panic is common in approaching disaster situations as existential threats. Crisis can both foreshadow intense disruption or indicate its arrival. As kin, threat and crisis are built on urgency that safety is no longer guaranteed. Panic, as the presumed default human behavior is assumed a natural response to threat and/or crisis. All are incestuous descriptions of chaos; their implied opposites are safety, predictability, peacefulness, and security, or more simply put, order. Order is the supposed desired state.

This antenarrative [49] to the assumed contiguousness of social order as defined by safety, is that threat and danger are fundamental characteristics of the natural state of human social interactions and their resultant worlds. An antenarrative produced within a deconstruction, is a story about representations “told without the proper plot sequence and mediated coherence, as ‘they are too unconstructed and fragmented to be captured by retrospective sensemaking’” [49, p. 2]. Thus, the normality of threat, crisis, and subsequent panic are the antenarrative within this reversal; here safety is no superior to chaos.

Given this argument, deconstruction does not suggest it is one end of a polemic that is an accurate representation of reality, or that an antenarrative is the one truth, or that there even exists such thing as a one truth in the social world. Rather, there is insight here into “otherwise fragmented and multi-layered experiences of desire” [49, p. 2] that deconstruction reveals about associates of safety.

Public panic about both Ebola and COVID-19 was a myth imagined in media discourses. People tend to act reasonably in disaster situations, as is the same in normal life. Mostly, the concept of crisis lives within a collective imagination of harms to the future, but reinforces a need for security in the face of harm. Or as Ochberg [20, p. 4] profoundly states:

“When we, the audience, tire of the formulaic, repetitive treatment of trauma in the news, the formula will change. But we may not tire. We may be destined by biology to feed endlessly on other peoples’ horror, distorting our perception and understanding of reality”.

The labor of both sanitizing and pushing back death is fruitless for certain – it comes anyway for, “Normal life is the grim reaper who’s almost certainly going to get you sooner or later” [71]. It comes as a passing in one’s sleep after a life toiling away at meaningless



work. Or, for the unlucky, a sluggish and unrepentant torture. However, it is pretty much assured we will not die panicking in some version of an apocalypse as much as we scream about it in the unremitting supply of mediated popular culture.

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