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Contagion, Collectives and Boundaries: Simmel's Society in Camus's Plague

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Abstract

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Plague, an infectious disease, is a phenomenon that inflicts biological damage and creates social strife. While symptoms of disease often manifest physically, its social consequences demand an analytical methodology. George Simmel's (1858-1918) sociological framework analyzed society at the level of the individual, bringing to light the ability of social individuals to interpret objects in accordance to themselves and others. Applied to plague, Simmel's methodology is apt to analyze the social consequences of plague. Narration from the social individual is the primary means through which plague is constructed as a social entity. Textual analyses of Albert Camus's literary narrative *The Plague* demonstrate that plague is an element of, and should be considered as part of, society. When abstracted from the social realm that social individuals construct, plague is metaphorized as a belligerent collective that encroaches upon the boundaries of its victims.

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Introduction

...in the illustrious city of Florence, the fairest of all the cities of Italy, there made its appearance that deadly pestilence, which, whether disseminated by the influence of the celestial bodies, or sent upon us mortals by God in His just wrath by way of retribution for our iniquities, had had its origin some years before in the East, whence, after destroying an innumerable multitude of living beings, it had propagated itself without respite from place to place, and so, calamitously, had spread into the West.

– Giovanni Bocaccio, *The Decameron*

By the time the World Health Organization (WHO) declared the COVID-19 outbreak to be a pandemic on 11 March 2020, the novel coronavirus had 118,000 confirmed cases in 114 countries. The virus traced its roots to China's Hubei province in December of the year before, when a cluster of people linked to the same market acquired pneumonia-like symptoms. Reported cases grew to the hundreds, and Hubei's capital, Wuhan, was placed under lockdown on 23 January 2020. Two hours after midnight, authorities announced that public transportation would be suspended. Eight hours after that, buses, highways, railways, flights and ferries ceased operations, and Wuhan's residents could not leave the city without permission. Families were commanded to quarantine indoors apart from purchasing groceries or seeking medical treatment. WHO called the lockdown "unprecedented in public health history," the largest of its kind. The region's quarantine was meant to prevent the spread of disease from society to society; the household quarantines were meant to prevent the spread of disease from individual to individual. COVID-19 permeated these networks by crawling through connections among individuals to each other and their social ties. A lockdown sought to isolate the outbreak by severing this web. Although infections continued outside of the Hubei province and began to be diagnosed in other countries, the lockdown had appeared to curtail the bulk of the outbreak. Infections seemed to be sealed in living quarters and treatment centers that harbored the sick. COVID-19 seemed to be inscribed within Wuhan's physical borders.

The lockdown slowed the outbreak, but it did not stop it. Data from Wuhan's Railway Bureau showed that almost 300,000 residents had left the city the day before. These passengers left Wuhan for multiple reasons: to escape disease, to travel for work, or to celebrate the Spring Festival with their families. The failure to implement an airtight lockdown revealed the impossibility of separating inherently social individuals from their larger society. A week later, on 30 January 2020, worldwide cases had mounted to 7,794 confirmed cases in 19 countries. On that same day, WHO declared the outbreak to be a Public Health Emergency of International Concern (PHEIC), an "extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response" (WHO). A PHEIC signals a public health threat to the global community, calling for cooperation among nations to curb the spread of disease. Nations have a legal duty to respond to a PHEIC, which signals danger not only to the individual members of the international community, but also to the status of the international community itself. WHO had brought forth the reality that COVID-19 was a threat to international stability and its components; the outbreak was a threat to the nations within that international network, to the societies within those nations, and to the individuals within those societies. The declaration of a PHEIC was a realization that an infectious disease could not be inscribed or contained within entities anywhere on the spectrum of specificity from the globe to the individual. These entities occupied a shared space. COVID-19 had to be tackled with the premise that the outbreak would be situated in the relationships of players to a larger group, and of those players to each other.

The declaration of a PHEIC brought to light the networks, political and social, that COVID-19 threatened. In its address to the global community, the WHO urged nations "to enable regular information sharing and research" and "to demonstrate solidarity and

compassion” (WHO). Nations shared with each other accounts of the impact of the virus on their people. These accounts were subjected to varying judgments by other nations. Mediating their observations of a foreign nation’s outbreak with their interpretations of that nation’s own account, countries perceived the pandemic in different ways. Travel advisories were issued, and travel restrictions were placed upon nations that had the highest number of infections. Generally, nations that were able to direct a unified response to disease saw the best outcome. Richard J. Evans, a scholar of history and epidemics, notes that, regardless of a nation’s political structure, a major epidemic “demands very major government intervention.” States across the political spectrum that were relatively successful in combating coronavirus, such as the authoritarian China and democratic South Korea, imposed regulations and restrictions with force and swiftness. Evans continues that, in Britain, there was “massive public pressure for government to intervene in a more authoritarian way in society, in shaping public reactions and shaping public behavior” (Evans). Citizens clearly wanted their nations to draw guidelines. Underlying this desire was also an admission that government, a collection of people, has the power to shape public reactions and behavior. Nations were essentially called to interpret what the pandemic was and how best to characterize it.

Populations and individuals, too, acted based on their subjective accounts of the pandemic realized through their own values. Societies that commonly had multi-generational families with senior citizens, who are more likely to die from a COVID-19 infection, organized grocery delivery, medical services, and stringent quarantine procedures intended to protect the population’s most vulnerable individuals. To them, the severity of the outbreak was assessed in relation to its potential transmission from a group of lower risk to that of the highest risk. The subjectification of the virus took its most morbid form in Italy, where the number of COVID-19

cases requiring breathing assistance exceeded the number of ventilators. Consequently, the Italian College of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI) published guidelines suggesting that “the allocation criteria need to guarantee that those patients with the highest chance of therapeutic success will retain access to intensive care” (SIAARTI 3). That is, the lives of patients are leveraged against one another, with their chance of survival as the determining factor for whether they are given access to intensive care. Taking a utilitarian standpoint, the Italian College is “informed by the principle of maximizing benefits for the largest number” (SIAARTI 3). The number refers to two entities, the first being the patients themselves. That is, those with the highest chance of recovery are given treatment so that more patients can survive. The second entity encompassed in that number is society itself. By having more patients that survive, the survivors remain inscribed within their social network as participants, benefiting larger society by continuing to be participants. The relationship of social individuals to their selves and their society constructed the meaning and impact of COVID-19.

COVID-19 was new. However, the panic and fear surrounding the pandemic was not. As researchers scrambled to sequence the virus and find a cure, public health specialists and politicians dialogued to draft policies to reduce the outbreak’s harm. They looked back to public health crises in history, such as the 2003 severe acute respiratory syndrome (SARS) outbreak, and what those meant. Perhaps the most famous infectious disease outbreak was the fourteenth century’s Black Death, in which bubonic plague killed one third of Europe’s population. Death was normalized and centered in ports and cities, where rats and fleas could transmit the plague to humans and humans could transmit the plague to each other by coughing or sneezing bodily droplets. At that time, the process of infection was understood as a toxic gas that inflicted plague upon anyone it touched. Many victims died alone as family members and friends abandoned one

another for fear of inhaling the poisoned air. Reports from the time spoke of an unbearable stench that seemed to surround the infected (Ferreira). These reports, for all their accuracy of plague's smell, played into the popular belief that disease was an evil vapor that destroyed the body from the outside-in. Medieval historian Samuel Cohn notes that, when victims died in large numbers, "the stench of their bodies seeped through walls and floors; a clear indication of plague to villagers and western doctors alike" (Cohn). It was through a stench permeating an area that plague became manifest. But this vapor was foreign to the body itself. The Black Death, a phenomenon so catastrophic it seemed divorced of humanity, was thought to infiltrate the human sphere through miasma. It was not until the development of the social sciences in the nineteenth century that plague began to be considered intrinsic in rather than alien to populations and individuals.

Social science bloomed in the late nineteenth century as a response to industrialization and urbanization, and diseases that proliferated in these tight quarters were targeted as an area for human improvement. Inspired by the Late Enlightenment motive of likening human improvement to social improvement, social science aimed to develop a standard of rigorous empiricism by emulating the statistical and quantitative methodology of the natural sciences (Porter 63). In terms of epidemics, medical science became the social science of health. Dorothy Porter writes in *Health, Civilization and the State* that "nineteenth-century sociology was born out of a medical metaphor which compared the analysis of social order to the analysis of living organisms" (Porter 63). Physicians were seen as social agents of the sick, sowing individual health to reap social wellness. Framing public health concerns in terms of a "positive" social science, the metaphor of society as a living organism made of human individuals delegated the tasks of managing the population's health and the individual's health to the field of medicine

(Porter 64). Invoked as a systemic poison upon society's living body, disease no longer occupied the realm of nature, but of populations of people.

Social science's organic metaphor also embodied the notion that society had a healthy, normal state that could be differentiated from its diseased forms. Very much concerned with numbers of human aggregates, sociology before the nineteenth century presumed the presence of homogeneous individuals devoid of diversity and inequality. Oxymoronic in its nomenclature, homogeneous individuals serve as data points that made statistical social science possible (Porter 64). The reduction of populations to numbers abstracted human beings, society's components, of their individuality in favor of a search for a mechanism that diagnosed a diseased society. The analogy of society to a living being lent itself well to quantitative analysis of a single social order but ignored the ability of individuals to consciously arrange themselves in relation to their own constructed social orders.

For some thinkers, this model of studying society as a singular entity was unsuitable for analyzing the people within. Georg Simmel (1858-1918) argued that the social realm, composed not of homogeneous but of free social individuals, is best studied at the individual level in search of the emergence of social institutions rather than studying society in search of irreducible mechanisms. James Farganis writes that, "For Simmel, society is made up of the interactions between and among individuals, and the sociologist should study the patterns and forms of these associations, rather than quest after social laws" (Farganis, 133). By approaching social science from the viewpoint that the individual is society's most irreducible unit, Simmel posits that individuals and their interactions are the root of social phenomena. In terms of the metaphor of an infected population as a diseased body, Simmel's framework implies that sick individuals are the effectors of a sick society. The emphasis on individuals in the context of a larger social order

does justice to the analysis of plague by rooting the social consequences of infectious diseases in the purview of individuals. Rather than describing the widespread death and panic of plague as a product of a generalized social order, plague can be analyzed in terms of individual interpretations and reactions that form these social woes. These subjective interpretations take the form of narrative.

Plague narratives are human accounts of a plague outbreak. As narratives stem from a unique individual, they are subject to the stains of conscious interpretation. Theorist Hayden White observes that “the idea that narrative should be considered less a form of representation than as a manner of speaking about events, whether real or imaginary, has been recently elaborated within a discussion of the relationship between discourse and narrative that has arisen in the wake of Structuralism...” (White 2). Narration is a process of chronologically relaying events under “a certain number of exclusions and restrictive conditions” (White 2). While this definition includes linguistic restrictions such as the omission of the first-person to assert the authority of the speaker, it includes the biases of the human observer. This human observer approaches plague by interpreting and subjecting it to a current sense of self and society. Priscilla Wald, in *Contagious: Cultures, Carriers, and the Outbreak Narrative*, gives an overview of the SARS epidemic in 2003 to introduce how narratives shape the interpretation of infectious diseases. The public management of SARS, an ailment caused by a coronavirus strain preceding COVID-19, relied on knowledge of previous epidemics that “allowed experts to make sense of a new situation” and “shaped what they saw and how they responded” (Wald, *Contagious* 16). Narratives incorporate history neither as a snapshot of a moment in the past nor as a guide to navigate the present. Rather, they form part of the present by influencing individual and social

interpretations of disease. A current outbreak or infectious disease is brought into reality through historical accounts mediated by the narrator's interpretation.

Albert Camus's *La Peste*, translated from the French by Stuart Gilbert, is a classic plague narrative notable for its interpretation of infectious disease by a narrator who at once lives through and recounts a fictionalized plague epidemic in Oran, a coastal city in French Algeria. The narrator is the primary witness of events in a plague narrative. As a human, he is a participant in his account of plague, himself a social individual who engages with plague and his society. *The Plague* constructs a representation of plague by subjecting it to the witnessing and judgment of the narrator. The disease is not described in a reductionist manner by outlining the microbe responsible for plague and the development of a cure. It is described as a dually biological and social phenomenon that infects individuals within a society, producing collective emotions such as panic and helplessness. Published in 1947, *The Plague* proceeds from more than half a decade of science and philosophy centering humanity as the ultimate object and subject of life. Its status as a plague narrative testifies to the necessity of infectious diseases to be analyzed in terms of free, social individuals in the context of a larger collective. Without reading plague at Simmel's level of individuals, the larger social consequences of plague are unsolvable abstractions.

Chapter One: Becoming Plague

With the breakthrough of germ theory in the 1880s, microbial diseases like plague had their destruction traced to their pathogenic perpetrators. Originally named *Pasteurella pestis* upon its discovery by the Pasteur Institute in 1894, the bacteria responsible for bubonic plague was renamed *Yersinia pestis* in 1944. Historical and colloquial nomenclature for the bubonic plague include the black plague, the black death (when capitalized, The Black Death refers to the fourteenth-century epidemic that killed one-third of Europe's population) and simply plague. Plague could now be described in closer alignment with the language of modern medicine as a proliferation of a pathogen in a host body. Plague was no longer the nebulous affliction perceived purely as an encroachment of foreign traders and their poisonous goods on a clean region as was the case with The Black Death. Nor was it the wrath of a deity upon an unpersuadable leader's population as in the Judaic Exodus. Although rhetoric continues to metaphorize plague in these terms, plague began to take form in a modern medical context. These stigmatizing interpretations and their social consequences exist alongside germ theory. The HIV/AIDS pandemic, which began in the 1980s, is rhetorized with conversations surrounding the supposed damnation of the homosexual community and intravenous drug users. Perhaps most recently, and despite quick determinations of the outbreak source in an exotic animal market and the virus's genome, hegemonic and physical Western violence against East Asians continues to fuel the discord of the COVID-19 pandemic (Chandra). Groups have used both pandemics as vehicles to remove individuals with undesirable identities from society. Nonetheless, as plague's effect upon the individual began to be understood through the lens of reductionism and leveraged with rather than against social symbolism, Simmel's approach to studying the social individual in relation to society lends itself well to analyzing epidemics.

Plague, as a biological and social phenomenon, necessitates a methodology capable of analyzing both the bodily damage it inflicts on the individual and the pain produced in a larger population. Camus's writing of *The Plague* in 1947 proceeds from almost a full century that encompassed the creation of the social sciences, the development of germ theory as a result of scientific reductionism, and the looming presence of the modern city, written in the direct aftermath of a war in which metropolitan societies seemed to sprawl with universal death and fervent nationalism. In particular, the ascent of Neo-Kantianism in the late nineteenth century among Continental philosophers proved to be a boon for defining social individualism and society in relation to oneself and others. By the time of his death in 1918, German sociologist and philosopher Georg Simmel drew from Kant's philosophy to frame reasoning within the social sciences. Idealism, as framed by Kant during the Enlightenment, insists that objects do not exist in and of themselves, but are forms of human consciousness. While objectivism demands that objects exist immutably in a single reality, idealism implies that objects are instead brought into a reality constructed by an observer's sensory and mental processes. An observation of an object produces a representation of that object. In the late eighteenth century, Kant relied on idealism to refer to the natural world – it was not until the Neo-Kantian movement about one hundred years later that Simmel would apply the same school of thought to humans. Twentieth-century social scientists held Simmel's style of metaphysics in disdain and reframed the discipline to align its methodology away from that of the humanities and towards that of the natural sciences. However, the codependency and mutuality of plague's personal symptoms and social symbols in subjectification fit in a space mutually occupied by Kant's and Simmel's concepts of nature and society.

Simmel began with an antipositive approach to sociological methodology, discussing how his analysis of society is similar to Kant's analysis of nature before delineating their differences (*Unterschied*). Antipositivism is a theoretical framework that the investigative methods of the natural sciences cannot be applied to the social sciences. Alluding to the operative question Kant often engaged ("How is nature possible?"), Simmel wished to pioneer a perspective from which to analyze society in his 1908 essay, "How is society possible?" Starting from the Kantian premise that objects independent of observation are unknowable, Simmel said that nature for Kant "was nothing but the representation of nature," an array of "given perceptions of color, taste, tone, temperature, resistance, and smell" that "pass through our consciousness in the accidental sequence of our subjective experience" (Simmel, *On Individuality and Social Forms* 6). That is, nature cannot be known without subjugation to human subjectivity. Consequently, nature as an entity removed from observation is unknown. The qualities labeled as nature, such as sight and smell, are perceptions created by the biological functions of vision and olfaction, interpreted by the mind and experienced by the whole human observer. Through this process, these perceptions "become nature" (Simmel, *Individuality* 6). The observer's consciousness constructs nature.

Simmel stemmed his analysis of society from Kant's nature argument. He notes that he must begin from the same "aprioristic conditions" where "we find individual elements" that "are synthesized into the unity of society only by means of a conscious process which correlates the individual existence of a single element with that of the other, and which does so in certain forms and according to single forms" (Simmel, *Individuality* 6). Like Kant's analysis of nature as an interpretation of pieces processed by an observer, Simmel's view of society too is a set of elements that are consciously organized in relation to one another by a subject. These elements

are individuals. What differentiates the formation of society from the Kantian view of nature is that the process of bringing forth nature through the subject or observer and society, while still a conscious process, “needs no observer. It is directly realized by its own elements because these elements are themselves conscious and synthesizing agents” (Simmel, *Individuality* 7). People, the members of society, are at once objects and subjects, integrating themselves and others in relation to one another to form a unified society. It is based on this distinction that society’s elements are self-synthesizing that Simmel claims there is “a methodology which is wholly different from that for the question of how nature is possible” (Simmel, *Individuality* 8). This methodology must be rooted in a contrast between an element’s perception of self, its perception of others, and its perception by others, the former two stipulations absent from Kant’s view of nature.

The distinction that Simmel draws between his definition of society and Kant’s definition of nature proves particularly useful in describing plague as a dually individual and social phenomenon. Simmel argued that the primary element of society, the individual, functions as both a subject and an object. In an effort to delineate his methodology from that of the natural sciences, he writes in his 1900 work *The Philosophy of Money* that “the distinction between subject and object is not as radical as the accepted separation of these categories in practical life and in the scientific world would have us believe” (Simmel, *The Philosophy of Money* 60). In context, Simmel is speaking of humans as the subject, who observes, and the object as humans or another entity. He approaches the distinction between object and subject from a psychoanalytic and metaphysical standpoint with the premise that “consciousness is filled with impressions and perceptions” and that “the bearer of these contents has still not detached himself from them” (Simmel, *Philosophy* 60). Much as nature “becomes nature” through the creation of a

representation birthed by subjectivity, the essence of an entity as it truly exists without observation is unknowable as the “impressions and perceptions” of the subject taint the object and obscure its essence. However, Simmel moves to close the gap Kant had left between objects and subjects by claiming that the identities of the object and subject are inherently intertwined, the subjects attaching themselves to the subjective frame they used to create a representation of an object. As detachment is nonexistent in an individual’s self-reflection, the distance between object and subject vanishes, and the creation of self in society is mutually determined by the object-observer and other observers. An infectious disease is an affliction upon a social individual and an affliction upon society itself. So, the representation of plague manifested in an infected individual is constructed by considering sick individuals in relation to their effects on the group and vice versa. Attempting to establish the disciplinarity of the social sciences in 1908, Simmel wrote in “The Problem of Sociology” that a collection of human beings “becomes a society only when the vitality of these contents attains the form of reciprocal influence; only when one individual has an effect, immediate or mediate, upon another, is mere spatial aggregation or temporal succession transformed into society” (Simmel, *Individuality* 26).

Reciprocal influence or mutual determination (*Wechselwirkung*) is the concept that unilateral interaction from one party to another is actually bilateral, affecting both parties. For a group of individuals to ascend to a society, there must be a form of interaction between members. The sprawling network constituted by citizens in a city, whose persons emanate from and interact with one another without overt suspicion like strangers overhearing one another’s conversations in a marketplace, leads to intentional and unintentional interactions. Illnesses transmit themselves easily from one victim to another as the temporality and spatiality of personhood

carry the disease-causing agent, spread through the air or on surfaces touched by the infected person at some point in the past.

Abundant reciprocal interactions in society and the germ theory of disease centered the social individual as the vehicle of plague. The solidification of germ theory in the 1880s led to the scientific dissolution of the miasma theory of disease, which had centered nature as the source of disease. From the ancient Greek meaning “pollution,” miasma was understood as a spatial source of disease, taking the form of a toxic vapor produced by environmental factors such as foul air and water. Elements of nature perceived as dirty, which are represented more frequently in areas with less wealthy inhabitants, such as swamps and marshes, were thought to generate disease. Echoing Kant and Simmel, these elements do not exist as objects that are inherently polluted, but “become polluted” when epidemics require explanations. In the 1850s, British Parliament appointed a committee to study London’s cholera epidemic. The committee claimed that the “choleraic infection multiplies rather in air than in water,” insisting that miasma from River Thames was responsible for the disease (Committee for Scientific Enquiry 21). At the same time, industrialization and urbanization brought poor air conditions that were used as evidence for the popular and scientific support of miasma theory. London’s cholera outbreak and the representation of disease as foul air led to an interpretation of nature that presupposed its pollution to occur in one place or another, so that the River Thames “became polluted.” And though physicians through the nineteenth century disagreed whether disease was solely inherent in the air or also passed through physical contact, the rise of the urban city supported both variations. The proximity of individuals in London allowed for numerous, prolonged contact with others in the former case and reduced air filtration in the latter. Social interactions seemed to impede disease management within the framework of both schools of thought as the space of

the individual appeared to be encroached upon by other entities, whether it be the infected or miasma.

While miasma theory was defunct by the 1880s, the same relativist, metaphysical process of perceiving nature in a way that makes it “become polluted” began to be applied to human disease vectors. Although miasma metaphors continue to this day, they generally describe the dangers of human constructs, ranging from Chernobyl to a city’s homeless district. These locations, a failed nuclear reactor and a congregation of the socially undesirable, trace their roots to humans. Contagionism, which stipulates that human contact is the primary source of disease proliferation, meant that the infected social individual could now encroach upon the health of the larger society. In disease theory, the concept of a “source” was transformed from a zone that emanated from a natural element with distinct physicality to an individual’s set of actions that had “become polluted” with contagion and could, in turn, pollute others. The wane of miasma theory replaced the primary perpetrator of plague from a natural element to a human element. The shift of focus from an element outside of society to the social individual caused plague to emanate from the individual to society as the pollution was now inscribed within the same social circle. Plague no longer solely became manifest in the form of a *Y. pestis* infection. People, too, became plague by spreading the disease so that the individual at once harbors infection and is the infection itself.

Simmel sought to define the relationship of the individual to the social structure of the urban center in his 1903 essay, “The Metropolis and Mental Life.” Defining the limits of an individual’s personhood, Simmel writes that “a person does not end with the area to which his physical activity is immediately confined but embraces, rather, the totality of meaningful effects which emanates from him temporally and spatially” (Simmel *Individuality* 335). Simmel states

that people's personhoods extend beyond physical limitations into the "totality of meaningful effects," a vague definition of social interactions that is qualified by describing them as temporal and spatial. Thus, a person is more than that individual's body. A social person exceeds the "immediately confined" physical actions of the individual, themselves a function of time and space. Like miasma's emanation from an element of nature, personhood emanates from the element of the individual, taking on a spatial quality distinct from a physically perceptible boundary. While miasma as a representation of a natural element is mobile, its source is not. The spatiality of a person, however, moves with its element as the individual travels through time and space. As a person becomes a carrier of plague, the disease too emanates temporally and spatially from the individual. The decline of the miasma theory of disease shifted the identity of disease from a natural identity to a humanistic one rooted in an individual's relationship to their own self and their society.

With the rise of germ theory, plague began to be understood with the identity of the infected social individual. Plague was no longer a bounded, concrete entity. This framework that superimposes plague on the social individual as its element cannot capture the plague as an essential object but signifies the affliction in relation to the human individual and their surroundings. Simmel writes in *The Philosophy of Money* about the failure of money, a universal standard used to measure value, to extract the isolated essence of an individual phenomenon, "in that its entire significance does not lie in itself but rather in its transformation into other values" (Simmel, *Philosophy* 53). Money, a constructed system, is so far removed from the objects it seeks to measure that it only supposes the integration of the object into its system. The object's significance lies in its transformation into a value related to a system that is not inherent in itself. The essence of plague itself is irrelevant and already conceded in relativistic metaphysics as

unknowable. Further, an approach that does not otherwise relativize plague with humans remains separate from humans and is no longer a human entity. Treating plague as a social phenomenon creates an intertwined dynamic. When humans become plague and plague becomes human, the integration of an infectious disease into a social system is as significant as its consequences upon that social system.

The two parties in the human-plague dynamic cannot be isolated because they reveal the significance of one another. Simmel writes of the relativization of an object's value, saying that "value is never a 'quality' of the objects, but a judgment upon them which remains inherent in the subject. And yet, neither the deeper meaning and content of the concept of value, nor its significance for the mental life of the individual, nor the practical social events and arrangements based upon it, can be sufficiently understood by referring value to the 'subject'" (Simmel, *Philosophy* 60). Though originally referring to the value of material goods, Simmel's theory of an object's value as a judgment upon it by a subject resonates with plague. An individual's interpretation of plague necessitates a valuation rooted in the individual's relationship to self and society. Individuals with a strong relationship to their social network value plague, a highly infectious disease that indiscriminately kills, as costlier than those who are not tied as deeply to their society. Similarly, a cure for the disease is more valuable bestowed upon those who seem to contribute the most to the larger group. Simmel continues to say that "neither the deeper meaning and content of the concept" nor the value can be understood through the subject's judgment because the subject is attached to the object in the same manner of object-subject duality as the social individual is part of society and also the observer of society. While the concept of a value, being a subjective construct, is unessential to the object itself, this value is manifested in its relation to its subject. These subjects hold power in their judgment of how objects come into

reality as events unfold. As the primary observers, humans are the interpreters of plague's reality and their own reality tied into the larger context of society. Literary narratives approach plague, a human entity, by telling of its consequences on self, in the form of a narrator, and society. These narratives provide insight into the consequences of witnessing plague as an element within society as well as the danger of reading plague as an outside antagonist.

Chapter Two: Witnessing Plague

A narrative is an account of events. Although a successful narrative recounts events in a manner that is generally believable to an audience, the events as they are recalled through the narrative are nonexistent before the audience is exposed to them. Audiences that did not witness the events first-hand presuppose an existence of the events, constructing their own hypothetical interpretations of what had occurred. Audiences that did witness the events first-hand or were exposed to another narrative account of the same events construct different realities based on their interpretations of the events or their interpretations of a subjective account of the events. There are layers of mediation from event to witness, witness to narrative, and narrative to audience that all construct different realities. Separate realities are constructed because every element of the narrative sequence aside from the object, the event, is a social individual that interprets the event.

Narratives are inherently subjective and devoid of objectivity. Key to the narrative is the narrator, a human observer and social individual whose judgment values all the objects in the narrative. These objects do not exist outside of the narrative. A narrator's description of the objects brings these entities into reality. Because of the intimacy of the narrator to these objects, whether they be events, concepts or physical beings, the narrator shares a part of his self with the objects. The narrator interprets these objects in relation to his self as a social individual. By leveraging them with his own personhood and the collective personhood, the narrator judges the objects' values subjected to himself and society. He then communicates the objects through description, with language as the primary vehicle in which objects are constructed.

Narratives, then, are useful not for the impossibility of knowing an entity in and of itself, but its relationship to humans and society. Plague narratives take on the particular role of

describing plague in the way it affects a social individual physically and mentally in relation to self and society. History and literature are two forms of narratives. The two genres can blend together when history borders on the mythic or unbelievable, or the literary narrative asserts a false objectivity. *The Plague* is often read as an allegory for the consequences of inaction and an inability to realize the gravity of a grave situation. It breaks the boundary between history and literature through a fictionalized account of a catastrophic epidemic on the city of Oran and the narrator's fervent assertions of his own impartiality and objectivity.

Canonized as an existentialist, Camus believed that, because of human mortality, meaning is created by a struggle against death and suffering. To Camus, life's meaning does not exist in and of itself, but is constructed by each unique individual. In Simmel's terms, meaning is the value mediated by the self's own subjectification. The meaning of plague, the biological and social phenomenon, and *The Plague* the narrative is constructed in five parts. These five parts form a complete story arc capturing the early days of Oran's epidemic to its waning. They are recounted by the same narrator but vary markedly in tone and substance, each one a distinct element that synthesizes into a whole narrative. The narrator mediates the formation of the narrative from these elements, mimicking the own reality of plague he creates as an affliction that panics a population, subsists in a state of normalcy, and declines from Oran with time. Part I is distinguished as the onset of the plague and features scenes of urgency as plague shocks the citizens of Oran into fighting to escape the city. Part II closes Oran's gates, and the narrator's tone lessens in intensity as he recounts the normalization of death witnessed as time bleeds into a continual spectrum of illness and death throughout Oran. Part III captures the climax of the plague, when the city is saturated with disease and the summer heat. Part IV describes Oran in a state of lethargy, a form of learned helplessness ubiquitous among its citizens. Part V draws the

waning of the plague, the bolstering of the citizens' hope and the absurdity of continual death in spite of plague's retreat. The narrator's technique in partitioning his narrative is in itself an interpretation of plague. To lend authenticity to his interpretation, the narrator constantly seeks to obscure his own subjectivity.

The narrator remains anonymous through the bulk of *The Plague*, constructing the illusion that he is removed and omniscient. He introduces the events of Oran, pondering the popular perception of plague as either a natural or an unbelievable entity. Countering both these claims, he says that "a narrator cannot take account of these differences of outlook. His business is only to say: 'This is what happened,' when he knows that it actually did happen, that it closely affected the life of a whole populace, and that there are thousands of eyewitnesses who can appraise in their hearts the truth of what he writes" (Camus, *The Plague* 6). Introducing himself as a disinterested spectator, the narrator argues that his role is to give an objective account of Oran's plague epidemic. But despite his dismissal of the popular opinion of plague, his language teems with emotion. The narrator plans to discuss plague through the lens of personal afflictions and its effects on a populace, describing a broad spectrum of participants who surely hold many unignorable "differences of outlook." He draws his ethos from the countless witnesses who "appraise in their hearts" the truth of his narration, a subjective source informed by feeling and perception. These sources root plague as an object brought into reality only through subjectification. The narrator seeks to present an account of the plague that is simultaneously intimate and objective.

Enhancing the historicity of the narrator's storytelling is an assertion of his impartiality. Although Gilbert's translation says that "a narrator cannot take account of these differences of outlook," the original French reads: "un chroniqueur ne peut tenir compte de ces contradictions"

(Camus, *La Peste* 12). Here, instead of using “narrateur” in his self-description, the narrator refers to himself as a “chroniqueur,” a cognate that translates directly to the English “chronicler” and aligns itself closer with “historian” than “narrator.” A chronicler is particularly important because the role emphasizes an unambiguous chronology. His word choice strengthens his argument that he historicizes the events in Oran. “These” and “ces” both refer to the plague and how, “to some, these events will seem quite natural; to others, all but incredible” (Camus, *The Plague* 6). The viewpoints are mutually exclusive. They cannot be simultaneously natural and incredible. The narrator “ne peut tenir compte,” or cannot take into account, these opposing viewpoints. “Compte” is derived from the Latin *computus*, meaning a calculation or bank account, and is often used in reference to monetary quantities. Thus, the narrator presents his arbitration of the contradictory viewpoints as an objective methodology rather than an impulsive judgment. These “contradictions,” as the original French text states, are translated into “differences of outlook” instead of its cognate form. The French pronunciation of “contradictions” [kon·tra·dik·syons] lacks the hard, consonant emphasis its English pronunciation has, characterized by two soft “s” sounds rather a strong and abrupt “k” in English [kaan·truh·dik·shns]. Gilbert’s translation accounts for this through the softened “s” sounds in “differences.” In both languages, the narrator’s meaning is achieved in softening the impossibility of multiple realities facing the plague. These “opposing viewpoints” are not mutually exclusive. They are legitimate constructs based on an event that could not be described objectively. The conflict between popular opinion as to whether Oran’s plague is natural or incredible is diminished into a difference of outlook, an inherently personal point-of-view that posits multiple truths, instead of an outright contradiction, a claim that lends authority to the narrator as the ultimate arbiter of reality. The narrator’s move to create a singular reality is to

feign objectivity for the sake of historicity, an attempt that is impossible because the narrator is human and focuses on the plague as a humanistic affliction.

The narrator's account of plague focuses on the human condition. Notably, *The Plague* opens with observations of infections of non-human entities. Rats, which are rapidly dying in the streets of Oran, are ignored as an omen of an epidemic. The first victims of the plague, rats are initially ignored by the narrator because they are not humans. In the opening scene of *The Plague*, the physician Rieux steps on "a dead rat lying in the middle of the landing" after performing a surgery, kicking "it to one side and, without giving it a further thought, continued on his way downstairs" (Camus, *The Plague* 7). Later that day, Rieux observes a "big rat coming toward him... it moved uncertainly, and its fur was sopping wet. The animal stopped and seemed to be trying to get its balance, moved forward again toward the doctor, halted again, then spun round on itself with a little squeal and fell on its side. Its mouth was slightly open and blood was spurting from it" (Camus, *The Plague* 8). Rieux kicks the first rat aside because its value as vermin is nonexistent. To him, it is a minor inconvenience that impedes his progress down the stairs, and he offers it no further thought as the rat's interaction with him is short-lived and seemingly inconsequential. Rieux's motives are centered on himself as a social individual. Reaching his destination down the stairs is his goal. The life of the rat, a non-human entity, is secondary. The second rat, however, "moved uncertainly" and was "sopping wet," descriptions that point to the rat losing control of its body. This rat is characterized dynamically. While the narrator labels it as an "animal," its incongruent movements in different directions and the way it "seemed to be trying to get its balance" are images of a slipping consciousness that personifies the rat with human elements. The rat's physicality emanates spatially from its stochastic steps and loss of control as the plague forces the rat's body to whirl in space. It dramatically perishes

while moving towards Rieux, establishing a directional link between the plague rat and a human subject. The second rat's death draws a connection from an animal to a human, representing the suffering of an individual through similar motions of suffering. The rat's personification and movement towards a human are salient to Rieux because it puts him, the human self, as the target of the plague rat's movement. This begins the narrative by implying an intimacy to a human affliction, and the narrator begins to juggle his dual identity as a social individual of Oran and a historian.

The narrator superimposes himself as an omniscient entity and human witness of plague, granting him historical and emotional authority. He introduces himself with a promise that he will reveal his name, saying that, "In any case the narrator (whose identity will be made known in due course) would have little claim to competence for a task like this, had not chance put him in the way of gathering much information, and had he not been, by the force of things, closely involved in all that he proposes to narrate. This is his justification for playing the part of a historian" (Camus, *The Plague* 6). With a promise that he will reveal his identity, the narrator humanizes himself as a key player in the events of Oran's epidemic. He insists that his purpose in narration is not self-motivated, but by the random circumstance of being present during Oran's epidemic. Saying that he has "little claim to competence for a task like" giving his narrative and "gathering much information" by circumstance, the narrator positions himself as a historian by fate rather than choice. There is once again a disconnect between history and perception that the narrator takes advantage of to assert himself as an authority. The phrase "force of things" is a purposefully vague description of plague that at once obscures storytelling and implies a supernatural, inexplicable event. Consider "closely involved," a phrase the narrator uses to place himself intimately in contact with the plague. It contrasts a promise of describing the

inexplicable with his intimacy to the epidemic, deifying the narrator as omniscient. This knowledge is, however, limited to the process of human observation to which the narrator subjects the events in Oran. The narrator's move to humanize himself by offering his identity gives him credence as a first-hand witness, asserting his subjectification as valid.

Witnessing plague is a form of subjective mediation that constructs the biological plague as a social entity. By assuming the position of the historian, the narrator mediates the interpretation of the plague. He is the primary observer of the disease. Though he occasionally refers to documents from other characters, he interprets them of his own accord and asserts his own point of view. Because he establishes himself as an omniscient witness, in a position of power, each observation the narrator makes of an event appears to be unilateral. However, the status of the narrator as a social individual inscribed in the events of Oran means that his own self, and therefore his subjectification of the plague, is mutually determined (through a process of *Wechselwirkung*) by him and the inhabitants of Oran. His roles as an omniscient narrator, civilian witness and respected physician align to equip the narrator with a high degree of credence to both his audience and the infected. Therefore, his words hold weight not only as descriptions of the plague, but also as a physical, primary documentation of the disease. The narrator's interpretations of illness are the processes in which plague qualities are created, which are symptoms of the plague in and of themselves. Observations made through interactions between the narrator and the infected are the primary producers of plague, bringing the disease into reality.

Describing the plague as the "force of things," the narrator paints the plague as an abstract entity. Jennifer Cooke notes in her essay, "Writing Plague: Transforming Narrative, Witnessing, and History," that abstraction is a "central concept" in the description of the disease

(Cooke 5). Popularly interpreted as an allegory for “the almost unimaginable destruction of life wrought by the Nazis,” a claim against which Camus argued fervently, the theme of abstraction fits neatly into the narrative that language fails to capture the pain and terror of a tragedy. Plural in both Gilbert’s translation and the original French, “things” refers not only to the plague itself, but to the panic, loss and grief that words cannot accurately compartmentalize. History is not written through events, but through the recording and interpretation of those events. The failure of the narrator’s language to grasp the full concept of plague as a social phenomenon means that the social and human consequences of plague are un-historicized and forgotten. His deliberately abstract labeling of these consequences as “things” disregards the weight of suffering not from fever or buboes, but from the unwavering paranoia and unyielding loneliness of living in an epidemic. The force of these “things” is overwhelming, and while plague as a disease can be described in terms of microbes and symptoms, plague as the entity that decimates Oran is described by characters through the narrator as an abstraction because social unrest, panic and the witnessing of death remain unrecorded by most citizens.

There is a deficiency in plague’s meaning when the narrator insists on his objectivity yet is incapable of discussing plague in concrete terms. Arguing with the journalist Rambert, Rieux insists that citizens must be quarantined and unable to leave Oran to find their families. Rambert counters Rieux, saying that “you can’t understand. You’re using the language of reason, not of the heart; you live in a world of abstractions” (Camus, *The Plague* 87). At the end of the novel, the narrator reveals himself as Rieux, so Rambert is actually accusing the narrator of making decisions based on pure reason rather than empathy. Rambert implies that the “language of reason” inhabits the “world of abstractions,” linking the necessity of emotion to a comprehensive understanding of the plague. According to Rambert, by using the language of reason, Rieux fails

to bring plague into the real world. Instead, he has categorized the entity into the world of abstractions. The failure of bringing plague to a social world is intertwined with the language of reason ignoring the lived feelings and connections that the social individual has for others. Heart and feeling towards plague supposedly solidify the abstract, conceptualizing the full, complex condition of human suffering in the presence of plague. Within the context of this scene, Rieux's assertion that citizens must be quarantined and prevented from coming into contact with their family members is rooted in his position toward the plague. Seeing that the plague is virulently contagious, Rieux's primary concern is to prevent the spread of disease. His feeling towards plague is that it is an affliction that dooms the infected, necessitating containment. Conversely, for the sick, their feeling towards plague is that because it limits their lifespan, they must pursue their relationships with loved ones before they expire from illness. These interpretations are antithetical, as Rieux the physician insists on limiting human contact, while the sick insist on engaging in human contact. Nonetheless, Rieux's occupational prestige and position as the narrator-historian raise his interpretation to the level of sole truth, an interpretation born of the exchange of information between him and the sick. Rambert, then, is critiquing Rieux because the physician, an occupation associated with empathy, can solidify a plan to limit the spread of plague but lacks the ability to comprehend the desires of humans. Rambert's rebuttal in the original French reads: "Vous parlez le langage de la raison, vous êtes dans l'abstraction" (Camus, *La Peste* 83). A key difference between the French and the English text is that the former accuses the narrator of living directly in abstraction rather than a "world of abstractions." By living directly in abstraction, the narrator cannot capture the reality of plague as a social phenomenon because he lives in a region unoccupied by others. Because the narrator expends much of his introduction cementing his identity as a historian, a role requiring him to relay a story through

reason, placing him in abstraction is a sharp critique of how he cannot fully comprehend plague without centering human experience, namely the fear that citizens will not be able to see the family and friends they have. That is, the original French emphasizes that it is neither the plague epidemic nor the city of Oran that is abstract, but that the narrator's interactions assign abstract qualities to a multifaceted disease. The narrator's interpretation makes the plague abstract to the audience. This abstraction is a product of exchange between the real world of Oran and the narrator's mediation. For literary scholar Shoshana Felman, author of "Camus' *The Plague* or a Monument of Witnessing," reason and quantification without human-centric witnessing lend themselves to historical interpretations of the Holocaust as sets of numbers that try to capture the unimaginable amount of death as statistics. She writes that, what "the Plague, above all, means is a *mass murder* of such scope that it deprives the very loss of life of any impact, reducing death to an anonymous, depersonalized experience, to a statistical *abstraction*" (Felman 97-98). The narrator's abstraction of plague deprives the "loss of life of any impact" in his lack of empathy for those who wish to see their loved ones because it prevents the ill from finding social fulfillment before they die. When a life, a multi-faceted experience of a unique individual, is reduced to a mechanism of infection or tally, their lived experiences and desires are erased and turned into an abstraction.

Despite the narrator's identity as Rieux, a key player in the epidemic, his insistence on his status as a historian requires him to relay its events as abstractions. While understanding necessitates human experience, it is not completely emotive, or "of the heart," as it would seem. Notably, the contrast between reason and the heart is absent in the original text, as the English translation implies that only the language of the heart can solidify an abstraction ("Vous parlez le langage de la raison, vous êtes dans l'abstraction," and "You're using the language of reason, *not*

of the heart; you live in a world of abstractions,” italics added for emphasis). Lacking the comparison between reason and heart means that abstraction is not eliminated only through an emotive mechanism, but that interactions with the ill based on reason alone produce an incomplete picture. These actors are not mutually determined because this kind of determination fails to define the narrator as the social individual. Interactions based on reason alone are devoid of sociality, as they treat the object as an element that lacks subjective faculty. The narrator as Rieux admits that “he did not know if he was using the language of reason, but he knew he was using the language of the facts as everybody could see them – which wasn’t necessarily the same thing” (Camus, *The Plague* 87). Reason, facts and the heart are all juggled as separate entities, and although it seems that facts (“l’évidence”) and reason readily align themselves, the narrator thinks that facts change based on how “everybody could see them,” a phrase absent from the original text. Facts are concrete and confirmable by different observers. Mentioning that his facts are easily seen by others in Oran is a defense that the narrative is not abstract – it is truthful to the biological and social reality of the plague. However, facts and evidence are indisputable and independent events, and reason is used to draw a narrative between individual facts. Reasoning comes from the narrator’s interpretation of every interaction he has in Oran. Thus, he creates a narrative that constructs a reality based on his own interpretation of events in Oran. This reality, while created in a realm separate from social considerations, still relativizes the reality of other objects.

As the narrator constructs plague abstracted from its social consequences, the epidemic’s impact is still palpable in the way it distorts the valuation of plague medication, demonstrating its connectedness to the structure of society. Italy’s shortage of ventilators during the COVID-19 pandemic and the subsequent triage of urgent care to the patients with the highest chance of

survival exemplifies how the graveness of disease and the leveraging of social relationships both inform the valuation of medical treatment. Plague produces a similar process of valuation. When the disease appears in the first few human victims of Oran, one of the primary tasks for officials is to triage the distribution of the insufficiently supplied serum. The attitude towards plague serum, or the perceived value and impact of medication, shifts based on the necessity of the treatment and the pain of the plague. During the initial outbreak, plague medication for the infected “arrived by plane,” and “there was enough for immediate requirements, but not enough if the epidemic were to spread” (Camus, *The Plague* 62). The plague serum is first brought to Oran in quantities insufficient for an epidemic because the plague is perceived to be less severe than it really is. This primary valuation of serum is tied to the valuation of plague as inconsequential. When this supply runs out while the disease continues to spread, it is made public “that the emergency reserve stock was exhausted, but that a new supply was in preparation” (Camus, *The Plague* 63). It is not until the death toll of Oran begins to rise that the plague serum begins to be seen as more and more valuable. Unfortunately, Oran is quarantined before the new supply can reach the city. This lack of supply necessitates the medical trials of a serum developed inside the city as people continue to die. Attitude towards serum takes a stark shift as the epidemic progresses and the narrator begins to describe plague as a social issue, as a new “anti-plague serum was tried” without evidence of its efficacy. Although it remains untested on human subjects, “it was Rieux’s last card. If it failed, the doctor was convinced the whole town would be at the mercy of the epidemic, which would either continue its ravages for an unpredictable period or perhaps die out abruptly of its own accord” (Camus, *The Plague* 211). The value of the new plague serum is high despite its status as a work-in-progress because plague has produced an emergency. Though there is optimism in the hope that the plague will die

“abruptly,” the temporal uncertainty of how long it will last leads the narrator to relativize the serum as invaluable. The infection of the magistrate Othon’s son supports the relativization of the value of the serum through plague’s effect on individuals. After the boy is quarantined, the narrator “became convinced that the case was hopeless. The infection was steadily spreading, and the boy’s body was putting up no resistance. Tiny, half-formed, but acutely painful buboes were clogging the joints of the child’s puny limbs. Obviously it was a losing fight” (Camus, *The Plague* 213). Rieux illustrates the boy’s condition as hopeless, painting it not only as an inevitable death but a drawn out, excruciating process. The boy puts up no “resistance,” and the infection is a battle between plague and a young individual fighting to claim regions of the body with buboes or healthy flesh. However, the battle is a “losing fight” that creates circumstances where “Rieux had no qualms about testing Castel’s serum on the boy” (Camus, *The Plague* 213). Perhaps the most poignant example of how the feeling towards an object shapes exchange, the narrator deems the condition of the boy to be dire enough to warrant the use of an experimental serum, turning the child’s body into a test trial of the medication. This serum’s potential heightens in saliency to the narrator as plague makes them seem more and more difficult to achieve.

Although the changing valuations of serum require abstraction from a social scale, the narrator’s interactions with the dying boy produce realities that erase the human individual. History and the language of facts do not do justice to the personhood of a victim because they fragment the individual into a series of plague symbols. These plague symbols manifest or represent plague, such as buboes, fever and rapid weight loss. These symbols are the primary products of interactions with the sick. French philosopher Henri Bergson argues in *The Creative Mind: An Introduction to Metaphysics* that analysis of an entity involves fragmenting it into

symbols that cannot fully capture the absolute uniqueness of the entity. That is, when the narrator analyzes a plague victim, his interpretation necessarily reduces the totality of the human individual into a series of symptoms. The description of the death of Othon's son when a new plague serum is tested captures the reduction of the child into plague symbols that interact with each other, the son and the witnesses:

When for the third time the fiery wave broke on him, lifting him a little, the child curled himself up and shrank away to the edge of the bed, as if in terror of the flames advancing on him, licking his limbs. A moment later, after tossing his head wildly to and fro, he flung off the blanket. From between the inflamed eyelids big tears welled up and trickled down the sunken, leaden-hued cheeks. When the spasm had passed, utterly exhausted, tensing his thin legs and arms, on which, within forty-eight hours, the flesh had wasted to the bone, the child lay flat, rocked on the tumbled bed, in a grotesque parody of crucifixion. (Camus, *The Plague* 215)

The boy's death lacks details, establishing him as a unique individual, focusing on the consequences of plague upon the human body in general rather than the boy's body. Notably, the description of the death of Othon's son could describe any child – the boy himself is unnamed. A “fiery wave broke on him” for “the third time,” a symbol of fever repeatedly coming over the child. The clause is constructed such that the “fiery wave” is the subject while the child is the object, presenting plague and its metaphor of fire as focal point of the narrator's interaction with the boy. By commenting that the fire lifted the boy, the narrator interprets that the child is devoid of bodily control, his motions set to the whim of his symptom of fever. When the boy does become the subject, he had “curled himself up and shrank away to the edge of the bed,” movements that emphasize how his physicality diminishes in the presence of plague symbols. The next movement, the restless “tossing” of his head, is a loss of bodily control to the plague. These movements harken to the initial infections of rats, who lose control of their bodies as they succumb to the plague. The boy's thrashing symbolizes plague's primality, describing the child in social isolation as he is reduced to an animal. Symptoms continue to manifest themselves

through the inflammation of the eyes and the withering of the flesh. An observation that it took forty-eight hours for the child's flesh to waste "to the bone" shows one way that a human life is translated into another plague symbol: a statistic that counts the amount of time it takes for a victim's body to become malnourished. Each of these observations illustrates how plague symbols are produced by depriving a human body of its own individuality. The production of plague symbols is an abstraction of human individuality. The symbol of fire is used to describe the uncontrollable shaking of the spasms, the puffiness of the eyes, and the aching pain of plague, reused to metaphorize different symptoms of plague. When "the spasm had passed," the narrator's description hastens with more commas and monosyllabic words, with the rhythm collapsing at the end of the boy's life as if plague formulized the death of its victims. After the suffering and death of the child, his body lies in "a grotesque parody of crucifixion." The narrator relays the position of the corpse through a religious symbol. It parodies Christ's sacrifice in that neither knowledge that Rieux and Castel's plague serum worked nor knowledge of the boy as a patient was begotten through the boy's death. This is the one reference in these plague symbols of the boy's connection as a social individual to larger society. His death is ironic in its descriptive detail because, as relativized with its consequence on society, it serves no purpose.

Before the narrator witnesses Othon's son's death, he has felt the death of children "in, so to speak, an abstract way," as he "had never had to witness over so long a period the deaththroes of an innocent child" (Camus, *The Plague* 214). Strangely, Rieux the physician has yet to encounter first-hand the death of a child, a person "innocent" of crime and suffering. His lack of experience in witnessing the death of sick children creates another abstraction. Because the narrator has not seen a child die from plague minute by minute, he only knows of the death of children in a removed sense. "Abstract," here, takes the form of the physical rather than the

ideological, as it is used to denote a space between the narrator and a sick child that he has not crossed. It can seem that the abstraction is made real by plague symbols through the witnessing of a child's death. Here, however, abstraction takes on the dual meaning of imagination produced from the inexperience of seeing a child die and the eclipsing of the boy's role as an innocent human being by plague symbols. Though these plague symbols necessarily stem from victims of the plague, the narrator creates them by his first-hand witness of the ill.

In the case of Othon's son, the production of truth is mediated by two channels: the death of the child in front of Rieux and Rieux relaying that information. This is a form of exchange between two parties: the scene of death and Rieux as a witness. The exchange takes the form of the boy's death disseminating information that is observed by Rieux and Rieux processing his observations into plague symbols which are assigned to plague victims. Production of plague symbols is facilitated by a witnessed interpretation, such as the metaphor of flame for painful spasms. The narrator fragments an event into these symbols and communicates them as truth to the audience, metaphorizing malnourishment as wasting away and death as a fruitless finality. The interpretation of the boy's death as a "grotesque parody of a crucifixion" is poignant not only through its religious symbolism, but by assigning him no purpose in an unnecessary and excruciating death. When Rieux must observe Tarrou as he succumbs to the plague, Rieux "could follow the vicissitudes of the struggle only in his friend's eyes, now open and now shut; in the eyelids, now more closely welded to the eyeball, now distended; and in his gaze fixed on some object in the room or brought back to the doctor and his mother" (Camus, *The Plague* 285). Rieux the narrator describes Tarrou in terms of plague symbols. There is an expectation of spasms and compulsions, and although Tarrou's body does not flail violently, the narrator interprets the fluttering and movement of Tarrou's eyes as a telltale symbol of plague. Tarrou's

identity is relabeled as that of Rieux's "friend," a label that implies a human-centric relationship but nonetheless fails to capture Tarrou the individual. The narrator once again uses the symbol of flame in the witnessing of Tarrou's shrinking eyelids, saying that they were "welded to the eyeball." Each of these individual interactions is a judgment of the narrator upon a victim. Through this judgment, plague is produced in the form of plague symbols from selfhood and social relations.

Chapter Three: The Plague Collective

Narration produces realities of plague through a continuous interpretation from a social individual in relation to self and society. This interpretation is sustained through a process of relativization that synthesizes an understanding of plague as an integrated element of society whose identity intertwines with the group's components.

When devoid of a social narrative, plague is often defined in singular terms as a contagious, biological affliction, limited in its scope of analyzing a cohesive social impact. This case is also apt to produce an interpretation of plague in which the infected transmit disease unilaterally to the uninfected. Plague, here, is still centered upon a human guise. However, it is no longer socially salient to include the infected as members of a larger society, and people are partitioned into opposing groups. Under this divide, perpetrators are grouped under a collectivized identity that supposedly impinges upon boundaries individuals set around themselves. Plague's transgression is made treacherous through the individual's expanded boundaries, made most evident by the tying of selfhood to either the disease or society, but not to both. Its propagation is a wave of death that induces the exchanged relativization of medication as an invaluable physical object.

In the absence of cohesive social relativization of self and society, plague is perceived in terms of perpetrators and victims. Priscilla Wald notes in *Contagious* how Western media shape the stories of epidemics, described by her as outbreak narratives, as tales of encroachment in the form of antagonized carrier groups passing diseases to uninfected individuals. Notably, there is a clear distinction between the infectors as a group of the damned and uninfected as social individuals. While once synthesized into a single unit, these groups are fragments in which the identity of disease usurps integration into a cohesive society. In recent decades, the HIV/AIDS

pandemic neatly illustrates the unilateral attitude held towards disease transmission, whereby new infections are read as transgressions of the condemned collective against “clean” human beings. The process of subjecting plague as an outside entity paves a one-way road that violates a victim with a virus and an expiration date and represents the infected as faceless adversaries.

The narrator’s account of plague into Oran is interpreted as that of an outside power forcing its way into society. He describes plague as a group entity in Part II, when the disease is “coming to the culmination” and “gathering all its forces to fling them at the town and lay it waste” (Camus, *The Plague* 139). Descriptive words like “culmination,” “gathering,” and “forces” are collective, instilling the notion that the plague is a group bent on attacking the town. The kinetic action of the plague “flinging” itself at the town is unilateral, as the plague performs the action against Oran, imprinting itself on an unwelcome space and impinging on the area of uninfected individuals. “Coming to the culmination” subscribes strongly to the metaphor that the plague is increasing its volume as a group entity while the collection of the infected exponentiates. As a social individual of Oran, the narrator characterizes the disease and its victims as a group of others. The town of citizens is ostensibly the group with whom the infected are at battle, and defensive diction captures the opposition. An uninfected citizen like Rambert fights to “prevent the plague from besting him” (Camus, *The Plague* 139). The narrator’s account of Rambert implies that he stands defensively against an adversary. Though the real practice of plague transmission is the passing of a contagion from a carrier to an individual, the identities of the infected are effaced and umbrellaed into the group entity of the plague, while the identity of Rambert remains intact. Rambert stands solo against the plague, struggling to ensure it does not “best him,” spotlighting Rambert as an individual in a reactive position against the plague. When the narrator is unable to grasp that the plague is part of his own social group, he

constructs a narrative that an infected group actively seeks to violate the defensive spaces of social individuals.

Rambert's personal battle against plague offers an example of an element of society reacting to an abstract adversary, but the boundary exists on the group level in society. Overstepping that boundary is a transgression of both individuality and cohesion, made particularly egregious by the personification of plague as an evil party. While plague has spread to epidemic proportions throughout the city, Oran's citizens live in fear that "plague may lay its cold hand on their shoulders" (Camus, *The Plague* 199). The disease has already been inscribed within the same boundaries as citizens, being now a part of Oran. However, it is still presented as distinct from citizens themselves despite its personification of human touch. Plague, again characterized through its own name rather than that of the infected, transmits disease through the metaphors of touch and temperature. "Laying" a hand on a shoulder, unlike shaking hands, is not a symbol of mutual acceptance between two parties, but an unwelcome encroachment on personal space by a perpetrator. This violation is targeted towards the group of the uninfected, described in plural to denote a group composed of different individuals rather than the singular hand of plague. In the case of plague, the group identity of the disease usurps the identity of the infected, lacking identification with the physical space of Oran itself.

Every transmission of plague from group to individual emanates temporally and spatially, and the propagation of plague is seen as an expansion of an unwelcome foreign space. Mappings of the fourteenth-century Black Death as well as the 1918 flu pandemic draw the spread of these diseases from a central location as they spread outward. To the individuals within the boundaries of these epidemics, the toll of the infected rises with the overlapping of plague's space with their society. And while plague occupies that same social boundary, the danger lies in its othering

within those constructed confines. In the midst of the epidemic, the narrator observes that the “plague was among us” (Camus, *The Plague* 132). His interpretation of plague as an entity that exists alongside, rather than within, the collective “us” of the uninfected paints plague victims as strangers to Oran. Because the plague has entered the boundaries of society but remains conceptually unintegrated as a component of its individuals, the infected are the unfamiliar. Through this identity change, the boundaries of plague efface the ties the infected have as citizens of Oran. This shared identity of disease that the infected possess is alarming through its forced imposition on social individuality.

Being a part of Oran allows individuals to intertwine their identities with that of society, each of them a unique element that arranges itself in relation to others. The narrator views plague as an entity that pulls people out of this structure and compartmentalizes them into a single disease. Commenting on being an individual composing a society in a city, Simmel says that “it is our irreplaceability by others which shows that our mode of existence is not imposed upon us from the outside” (Simmel, *Individuality* 335). That is, the salience of society is the mutuality of existence in which individuals rely on unique aspects of self and others to form an identity in relation to a broader purpose. Individuality is thus reliant on a sense of being irreplaceable. The encroachment of plague is an outside imposition, a foreign power that penetrates the boundaries of the individual and pulls them into a collective. In this collective, everyone is perceived to have a single purpose: to infect. The plague collective expunges individuals of being irreplaceable, so that they are often referred to as an abstract entity rather than one composed of different elements. The consequences of viewing plague as a foreign collective are two-fold. The first effect is the dehumanization and ostracization of the infected. The second effect is the characterization of the infected as inherently malicious. To the healthy in Oran, the plague

collective exists with the goal of further imposing themselves on their boundaries. When the boundaries of plague overlap with the boundaries of the individual, their modes of existence are redefined in a single characteristic as an infection.

It is not until plague overwhelms Oran and its citizens that the narrator accounts for a reality that plague is part of society. In his analysis, however, the narrator perceives the plague collective as overwhelming and consuming Oran rather than the city assessing how the disease exists as an element of Oran and its citizens. This attitude further antagonizes the disease and produces hopelessness. The narrator notes in Part III, when the direness of plague is manifested through its ubiquity, that there are no longer “individual destinies; only a collective destiny, made of plague and the emotions shared by all. Strongest of these emotions was the sense of exile and of deprivation...” (Camus, *The Plague* 167). His comment demonstrates that plague has erased the uniqueness of individuals and their relationships to Oran. Instead, all people are connected to themselves and each other through the shared identity of plague. The narrator subjectifies that shared identity as a “collective destiny” of being othered through an overbearing “sense of exile” that demonstrates a disconnection from the original, free society of Oran. While the daily lives of citizens continue, their distinctness as individuals begins to disappear.

In the human-to-human interactions of Oran, plague melts individuals into a collective identity. Citizens begin to go to the brothels in masses, and the narrator describes how “they would plunge together into the dark crowds filling the streets at night; how they mingled, shoulder to shoulder, in the black-and-white moving mass lit here and there by the fitful gleam of a street-lamp; and how they let themselves be swept along with the human herd toward resorts of pleasure whose companionable warmth seemed a safeguard from the plague’s cold breath” (Camus, *The Plague* 197). These citizens seek to escape the anguish of the epidemic. There is a

contrast in the darkness of the crowd in that there is a collective, but the people within are indistinguishable from one another. The epidemic removes their selfhood, and the citizens begin seeking escapism, sacrificing their individuality willingly under a group identity by “plunging” into the crowd. By being “shoulder-to-shoulder,” the people in the crowd mingle in close proximity to one another, merging into a mass that seems to be its own entity. That is, the crowd is devoid of individual will. Each participant within is simultaneously “swept along” and sweeping other people alongside them. The action of pushing induces another push, perpetuating the same action throughout. The “companionable warmth” of the brothels uses temperature to metaphorize the transgression of personal space, as the uninfected mass seeks to protect itself from the “cold” perpetration of the biological plague into its boundary. These citizens are unafflicted by biological plague. However, plague’s social consequence has already occurred by pushing them into a collective. Plague robs them of their individualism and condemns them to the shared feeling of helplessness, seeking moments of escapism in the brothels. Although plague has not infected everyone, through the observation that it has overwhelmed Oran, the city’s uninfected group evinces a willful self-effacing of identity to create group security.

When plague is perceived as separate from a society and characterized as an antagonist that dissolves individuality and sociality, panic is produced. Panic, in a social group, is a widespread, uncontrollable fear that induces irrationality. The primary form of panic in *The Plague* manifests itself in individuals being cut off from leaving Oran to visit or communicate with outside friends and family, suggesting a fear of being severed from a larger social network when the plague encroaches upon them. Evaluations of selfhood, too, depend upon a character’s connection to loved ones. When plague first spreads through Oran and quarantine seems imminent, the narrator notes that “a feeling normally as individual as the ache of separation from

those one loves suddenly became a feeling in which all shared alike and – together with fear – the greatest affliction of the long period of exile that lay ahead” (Camus, *The Plague* 67). The consequences of plague are personal and social. Although disease can sentence a victim to death, another effect is identification with the infected group, a transfer of personhood from the well to the unwell. As the healthy are made to remain within a separate social sphere than the infected, the “exile” of being grouped with the latter becomes an exile from being in unity with their loved ones. The separation manifests itself through the quarantine of Oran, instilling fear in the citizens that they will remain removed from the outer world. Plague produces a panic that people will be cut off from their relationships, and “one of the most striking consequences of the closing of the gates was, in fact, this sudden deprivation befalling people who were completely unprepared for it” (Camus, *The Plague* 67). The “closing of the gates” comes from the plague, and this quarantine of Oran suddenly shifts the values of its inhabitants. With plague closing the gates, citizens are removed from the outside world, and plague relativizes each citizen’s sense of self-worth by removing them from their loved ones:

Mothers and children, lovers, husbands and wives, who had a few days previously taken it for granted that their parting would be a short one, who had kissed one another good-by on the platform and exchanged a few trivial remarks, sure as they were of seeing one another again after a few days or, at most, a few weeks, duped by our human blind faith in the near future and little if at all diverted from their normal interests by this leave-taking – all these people found themselves, without the least warning, hopelessly cut off, prevented from seeing one another again, or even communicating with one another. For actually the closing of the gates took place some hours before the official order was made known to the public, and, naturally enough, it was impossible to take individual cases of hardship into account. It might indeed be said that the first effect of this brutal visitation was to compel our townspeople to act as if they had no feelings as individuals. During the first part of the day on which the prohibition to leave the town came into force the Prefect’s office was besieged by a crowd of applicants advancing pleas of equal cogency but equally impossible to take into consideration. (Camus, *The Plague* 67-68)

The surprise of the quarantine causes the sudden “deprivation” of the citizens, and the narrator observes and comments upon the pain of Oran’s inhabitants. Opening with a list of intimate,

human relationships of “mothers and children, lovers, husbands and wives,” the narrator networks the connections of citizens within to their families outside Oran. His network maps a global web of human relationships. The parallel between individuals to Oran and individuals to the larger group identity of a global humanity draws layers of social order within each other from which plague removes the individual. Repetitions of the expected brevity of separation in that the family’s “parting would be a short one” and that they would be “seeing one another again after a few days” are parted by interjected commentary and dependent clauses, reinforcing the sense of being led astray from their native group as deprivation builds in the narrator’s voice, a way he communicates the reality of panic. The visual imagery of “seeing one another again” neatly parallels the symbolic visualization of “our human blind faith,” as the exchange of plague has blinded the actors in Oran, foreshadowing their confinement to a collective. The writing panics with the citizens, as when the removal is found “without the least warning,” the commentary hastens as phrases and comma use border on excessive. The narrator’s panic only slows when he finally reveals in an uninterrupted breath that “the closing of the gates took place some hours before the official order was made known to the public,” again cementing the sudden “deprivation” of Oran’s citizens. The slowing of the narrator’s expression represents the citizens’ closure that their city is put under lockdown. Lastly, the narrator philosophizes “that the first effect of this brutal visitation was to compel our townspeople to act as if they had no feelings as individuals.” The “brutal visitation” of course refers to plague, and one of its consequences in the infected is a destruction of the victim’s individuality by pulling them into the plague collective. However, even in the case of the uninfected townspeople, the plague produces panic by severing the relationships of citizens to their loved ones, evinced by the war imagery of “besieging” the Prefect’s office with requests that are “equally impossible to take into consideration,” illustrating

the futility of the citizens' passionate pleas. With citizens acting "as if they had no feelings as individuals" by banding against the quarantine, panic begins to eclipse their roles as social individuals. The plague collective's primary weapon is instilling panic.

Plague's production of panic slowly subverts the townspeople's humanity by removing the obligations of social individuals to one another. "In the early days" when plague and panic had not yet reached their zenith, "a favored few managed to persuade the sentries at the gates to allow them to get messages through to the outside world. But that was only at the beginning of the epidemic, when the sentries found it natural to obey their feelings of humanity" (Camus, *The Plague* 68). The few who are able to send physical letters outside of Oran persuade the sentries to let their messages through by taking advantage of their empathy. This is implied by the sentries' "feelings of humanity," which evince shared emotions between them and the citizens. Notably, the sentries "found it natural" to follow their humanistic impulse, demonstrating that their intrinsic motivation is to support others. This support is made real by helping others sustain their social relationships outside Oran. However, as there exists "the risk of letters' carrying infection outside the town... when these same sentries had had the gravity of the situation drummed into them, they flatly refused to take responsibilities whose possible after-effects they could not foresee" (Camus, *The Plague* 68-69). With knowledge of the plague firmly cemented into the sentries' minds, they refuse to send any more letters outside of the town. The presence of plague expunges outside communication regardless of how "natural" it is for sentries to empathize with the quarantined. The salience of the plague overrides the sentries' "feelings of humanity," and they are compelled to prevent responsibility on their part for furthering the spread of plague. Notably, they cannot "foresee" the far-reaching consequences of sending the letters, reiterating the metaphor of blindness that Oran's inhabitants feel. With the letters being

confined within the perimeters of Oran, the city is cut off as an element to the outside network. The narrator concludes that “the first thing plague brought to our town was exile” (Camus, *The Plague* 71). Exile pushes the loneliness that each citizen in “our town” feels in their lack of relationships to one another, eroding human connections within its walls. The original French further highlights the connections Oran’s citizens feel to one another before the plague appears. This text reads: “Ainsi, la première chose que la peste apporta à nos concitoyens fut l'exil” (Camus, *La Peste* 69). Gilbert translates “nos concitoyens” to “our town,” but the original text emphasizes more strongly that the plague brought exile “to our fellow citizens.” Having both “nos” (our) and “concitoyens” (fellow citizens, from “con” and “citoyens”) doubly highlights the familial relationship Oran’s citizens have with their neighbors. Further, the object of the plague is no longer Oran, but the human inhabitants within. Thus, the exile brought by the plague is even more surprising, as it focuses on the citizens’ solidified ties to each other. These ties are relativized as an object that sits in importance under the plague. The plague produces exile in Oran, blinding the citizens to their humanity.

The plague’s production of widespread social exile is a not only a physical quarantine from fellow humans but is also an emotional quarantine. As grief spreads through Oran, comfort through communication becomes useless:

If, by some chance, one of us tried to unburden himself or to say something about his feelings, the reply he got, whatever it might be, usually wounded him. And then it dawned on him that he and the man with him weren't talking about the same thing. For while he himself spoke from the depths of long days of brooding upon his personal distress, and the image he had tried to impart had been slowly shaped and proved in the fires of passion and regret, this meant nothing to the man to whom he was speaking, who pictured a conventional emotion, a grief that is traded on the marketplace, mass-produced. Whether friendly or hostile, the reply always missed fire, and the attempt to communicate had to be given up. (Camus, *The Plague* 76)

Speaking to a neighbor about feelings elicits a reply that “usually wounded” the speaker. The sadness they express is perceived to be one that “is traded on the marketplace, mass-produced.” That is, as citizens seek to express their feelings, they are responded to in turn by empty platitudes. Comparing these responses to an industrial product shapes them as identical to one another. Emotions and conversations are no longer seen as expressions of individuality that are forms of socialization, but recycled artifice. Individuals fail to engage with others despite sharing the same emotions, hinting at through a shared, singular collective. Thus, the response misses the mark of the speaker's sadness, and the speaker is left feeling in exile from their original society. The presentation of the speaker's grief is “from the depths of long days of brooding” and “slowly shaped and proved in the fires of passion and regret,” demonstrating an intense feeling of isolation that is shaped over a long period of time and is deeply personal to themselves but seen as artificial to other observers. A failure of individuals to discern one another's grief and engage with it is evidence of severance from a society. Plague's panic physically isolates Oran from the rest of the world while quarantining individuals within from identifying with their native society.

As hopeless the plague collective's panic and exile appears to be, the presence of a social threat produces groups that find purpose in reconnecting with their lost sense of cohesion. While plague produces exile and erodes basic means of human interaction, an individual's life can find purpose in trying to reinstall society. This comes in the form of makeshift sanitation groups

which, despite their perceived lack of success in stopping infection, find solace in uniting people through a common purpose. While the permeation of plague through Oran seems evident, the narrator inserts in his otherwise hopeless account in Part II that the character Tarrou is inspired to, in order to curb infections, wash the dead bodies of victims. He thus “set to work and enrolled a first team of workers, soon to be followed by many others” (Camus, *The Plague* 131). The narrator comments extensively on Tarrou’s altruistic plight, summarizing his claim by saying that he does not wish “to ascribe to these sanitary groups more importance than their due” (Camus, *The Plague* 131). The importance that the narrator measures of these sanitation squads is their direct impact on the number of infections that are prevented, saying that he is unsure if Tarrou has made a significant contribution to fighting the biological plague. However, it is clear that the willingness of workers to unite under him and the inspiration felt by similar citizens to join synthesizes a network where aiding another human being is central. Tarrou being “set to work” implies that he seeks to use his time in a manner that he believes serves a purpose, even if it is social rather than medical. Making the desire for a sense of social obligation even sharper is Tarrou’s status as an outsider to Oran who had only arrived as a vacationer before the quarantine. That social purpose, although read by the narrator as inconsequential, becomes a model for future ones, and those newly formed sanitation squads saw “no such great merit in doing as they did, since they knew it was the only thing to do” because “the unthinkable thing would then have been not to have brought themselves to do it. These groups enabled our townfolk to come to grips with the disease and convinced them that... it was up to them to do whatever could be done to fight it” (Camus, *The Plague* 132). That is, because the citizens have their relationships robbed from them by the plague, they feel induced to do what they perceive to be useful in fighting the plague. The townfolk that had “come to grips” with the disease see plague not as an abstract

adversary that seeks to attack their space, but as a source of death to individuals and society. To them, the most sensible action is to form and strengthen bonds in lieu of the ones plague has seemed to eliminate. When people join in a group effort, the plague “revealed itself as what it really was; that is, the concern of all” (Camus, *The Plague* 132). With every individual a victim of personal grief that appears to be indistinguishable from person to person, they group themselves under the purpose of inclusion rather than leaving others to be excluded by the plague. In the face of the existential threat of plague, many characters respond with the construction of another society in full gear to serve their members.

Social consequences of plague are largely produced through its identity as a belligerent affliction foreign to the boundaries of society and seeking to consume its inhabitants. Society is fragmented into different groups, each separate from one another. As the infected are grouped under a plague collective that erases their social individualism, the hopeless within Oran panic when their relationship to the outside world is cut. The hopeful find purpose in creating an inclusive and supportive community fueled by altruism.

Conclusion

The Plague is a narrative that mediates the definition of plague with its social consequences. Seeing the disease as a foreign enemy, the narrator characterizes plague as a collective composed of the infected. The plague collective takes on a spatial form as it encroaches upon the boundaries of Oran and forces its citizens into a state of panic.

Plague the disease has traditionally been realized as a biological affliction absent of any social considerations. Its full consequences are only brought to light when mediated in the network of individuals to each other and to their society. The narrator practices mediation by relativizing plague's insertion into the social order as an element that is a part of, rather than removed from, the larger society. Plague and infectious diseases are objects with realities constructed again and again by observers, each narration a new construction that hints at, rather than obscures, the nature of an epidemic.

Narratives are powerful. They wield weight in determining not only what an infectious disease is, but how it engages with individuals and society. Simmel, for all his pessimism as to how a densely populated city subverts the role of any single dweller, was clear in arguing that individuals have enormous influence over how they piece themselves and one another into a society. It is through this process that individuals bring forth and realize the consequences of a disease integrating into this order.

The narrator of *The Plague* describes plague, especially in its onset, as if it were barred from integration into Oran's citizenry. Plague is metaphorized instead as an abstraction, an entity so far removed from the social order of humanity that it can only be understood as a disjointed series of symptoms belligerently pulling people away from their livelihoods and selfhoods. This

metaphor damages the relationship of the infected and the uninfected, both groups composed of humans complete with the social faculties of individuality and empathy, by pitting them against one another as adversaries rather than a single, cohesive network. The metaphor is particularly harmful to the infected, who are vacuumed into an antagonistic aggregate hellbent on encroaching upon and conscripting the uninfected. Susan Sontag writes in *Illness as Metaphor* that “the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking” (Sontag 3). Sontag refers to the way metaphors of diseases, particularly of tuberculosis and cancer, applied to the sick overshadowed not only the identities of the illnesses but also the identities of the sick. In a way, the sick became the disease as their personhood became fragmented into shards that mirrored the affliction. This transformation subverted the humanity of a social individual into the same abstraction that plague is to the narrator.

If the most truthful way of thinking of illness is a process removed from a judgment upon the individual, then a frame of thinking must do justice by including disease as a component of, rather than replacement, of the individual. It is through this perspective that subjecting disease to selfhood and society can be made possible instead of excluding the infected individual from society for the comfort of the populace. A framework that includes disease as an element of society is apt to value illness not as a curse cast upon distinct people, but as an affliction that necessitates collective responsibility and empathy.

The danger of turning humans into a component of a larger disease collective rather than thinking of disease as a part of a larger human picture does not end with its damage to the individual. Individuals compose societies, and the line of thinking that delineates disease from the social sphere harms entire populations by separating certain groups as aggressors and others

as victims. The Biblical Exodus, one of the earliest narratives of plague inflicted upon an entire population, ensured that plague attacked the wicked and spared the moral. Recently, the COVID-19 pandemic has demonstrated the consequences abstracting disease from humanity and placing it upon a distinct population. Due to its first recorded cases being sourced in China, Asian expats experienced incidents of physical and verbal violence in higher frequency as many perceived the disease as a foreign body trespassing on their societies. Criminals accused Asians as an aggressive collective that emanated disease rather than as unique individuals with varying backgrounds and unique identities. COVID-19 also began to be referred to as the “Chinese Virus” by certain media outlets and politicians. The colloquial nomenclature of tying a region or ethnicity to a disease constructs the implication that the disease is an other, an entity removed from the rest of humanity. As the disease is no longer inscribed within that human circle, its victims are no longer part of that realm, and distinct compartments are formed that group humans into the collective infected or the defensive uninfected. Language labelling disease that implies its presence in a group is particularly dangerous because it presupposes groups in the first place. Nomenclature that targets or includes a group constructs division before conversation surrounding the disease even begins to take place, evinced in the 1980s by the popular reference to the HIV/AIDS outbreak as a “gay disease.”

Infectious diseases bring about ethical dilemmas that can only be tackled in terms of their social consequences and relativizing values through the mediation of individuality and society. While the disease’s biological consequences can be ameliorated through the development and distribution of medicine, the identity of a social individual as one with irreplaceable and distinct selfhood whose personhood is felt and reverberates through a larger population needs a humanistic consideration. The value of a life, while best understood in these terms, can still

remain elusive, and solutions to the social problems of disease are often ambiguous. When the supply of plague serum, the only known cure in *The Plague*, disappears and its manufacture is impossible within the confines of Oran, physicians develop an experimental serum whose efficacy and side effects remain unknown. Rieux comes to the difficult decision of using the serum on a dying boy, concluding that it is better to at least attempt to save his life under the medical philosophy of compassionate use, an application of an unapproved treatment when no other treatments are available, rather than let him die. The hoped-for outcomes of treating the boy are two-fold: it might prevent the death of the boy and prove the efficacy of the serum. The only negative outcome that Rieux foresees, whether the boy is treated or not, is the boy's death. These considerations are abstract relative to the boy's suffering, and the experimental serum subsequently does not perform its intended purpose, instead magnifying the pain of the boy's dying moments without having any therapeutic impact.

A unique selfhood forms a bond with itself and its population, and this link raises problems stemming from the relationship between individuals and society. When it became clear that Italy's medical centers would run out of ventilators for all the COVID-19 patients that required them to survive, medical experts came to the difficult decision of triaging the distribution of ventilators to patients with the highest chance of therapeutic success. This decision was rooted in the belief that, while the pandemic will do undeniable harm, it is the role of medical professionals to mitigate this harm to people in a way that prevents damage to the greatest number of people. Implicit in this belief, because people are members of society, is that this process will prevent the most damage to society. Implicit too is the belief that all lives hold value, and the best process for retaining as much value as possible is to save as many lives as possible. An individual, according to this way of thinking, is considered as a container of value,

and society is the sum of these values. This conclusion is formed on the basis that disease impacts this equation.

Diseases are afflictions with destruction so heavy that their full scale appears to be unintelligible to human witnesses. They kill indiscriminately and damage the physicality of human bodies and the mentality of human faculties in manners so alarming they seem to be alien to the very definition of humanity. Perhaps that is why it is easy to think of disease as separate from society, because it sits outside the understanding of the social individual as a self-synthesizing subject able to observe and judge phenomena in their relationship to a whole. But despite the difficulty in integrating disease as an element of society, it bears witness to infectious diseases as fully fleshed components of humans that produce social consequences. Without regarding disease as a part of the social equation, it becomes an abstraction, free to fester as a monster outside the realm of comprehension.

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