Social solidarity during a pandemic: Through and beyond Durkheimian Lens

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ABSTRACT

During a crisis, the degree of solidarity is the basis of endurance of any society. The COVID-19 crisis is one of the unprecedented challenges that the world is contending presently. This article views that 'social distancing' and other public health measures which state agencies prescribe during this period can be effectively practiced when 'social distance' between people is minimum. Social solidarity is the cementing force that helps in reducing the social distance that is increasing between people during this pandemic. We explore Emile Durkheim's theory of social solidarity in context of the COVID-19 crisis demonstrating cases from the Indian scenario. After more than a century, we are rediscovering the operational dimensions of Durkheim's ideas under the social transition that the COVID-19 pandemic has created. Though Durkheim initially believed that in the course of social evolution, mechanical solidarity in traditional societies would pave its way to organic solidarity in modern societies but traces of mechanical solidarity is discernible in this pandemic phase. Collective actions stimulate social solidarity, whereas severe inequalities in society undermine solidarity. The article concludes that social solidarity plays a pivotal role in bridging the social distance and reducing public health risk by developing a collective consciousness in society during a pandemic.

1. Introduction

Social solidarity is a much-celebrated idea in sociological discourse. Solidarity is the cementing force that binds individuals based on normative obligations that facilitate collective action and social order (Hechter, 2001). More than a century back, the famous sociologist, Emile Durkheim's classic treatment to the concept of social solidarity in the form of distinction between mechanical and organic solidarity appeared in his book, *The Division of Labour in Society* in 1893. In context of the present pandemic COVID-19, the theory of social solidarity by Durkheim can be reflected upon to reduce social distance, social exclusion, and stigmas which are generating due to health risks, prejudices, apprehensions, and rumors that rupture social integration. COVID-19 has displayed the repercussions of globalization (Toulan, 2020; Mas-Coma, Jones & Marty, 2020), which transformed the world into a 'global village' as Marshall McLuhan envisioned. The melting of borders along with compression of time and distance has led to the rapid dispersion effect of the coronavirus from local to global and vice versa. The globe is going through a humanitarian crisis and will be witnessing the cascading effects of the COVID-19 pandemic (Akhtar et al., 2020; Osotimehin & Popov, 2020). The article explores two fundamental questions: Why is there a need for solidarity during a public health emergency? What is the relevance of Durkheim's theory of social solidarity in context of the COVID-19 pandemic? As social interaction, the basis of solidarity takes an unprecedented turn with this public health issue; it is befitting to discuss the idea of social solidarity at this juncture of the COVID-19 crisis.

This article is divided into two parts: in the first part, we have tried to build the context showing the need for solidarity. Here, we show how in the time of social distancing there is an increase in social distance between people which challenges the basis of social solidarity. The second part of this article explores Durkheim's theory of social solidarity in the backdrop of the COVID-19 pandemic. Deviating from Durkheim, we argue the presence of mechanical solidarity in modern society during the lockdown period. Moreover, the actions for building solidarity and how inequality has an impact on solidarity are also discussed.

2. COVID-19: from disease to disaster

The world has been witnessing the ravage of a new disease known as COVID-19, which has now turned into a disaster. The novel coronavirus has spread its tentacles to most of the countries of the world, taking the lives of millions of people across countries. Realizing the gravity of the

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situation, the World Health Organization declared COVID-19 as a pandemic and a Public Health Emergency (WHO, 2020). Though the lethality of COVID-19 is low in comparison to SARS (Severe Acute Respiratory Syndrome), MERS (Middle East Respiratory Syndrome), Swine Flu, and Zika Virus, what makes it dreadful is the rate at which it is spreading (Raoult, 2020). As the number of deaths continues to skyrocket, scientists all over the world are racing against time to find vaccines and the best suitable drugs to treat the disease (Wetsman, 2020). Countries like India, South Korea, and South Africa have declared the outbreak of COVID-19 as a disaster. As of now (October 26, 2020), India is at rank two in terms of the number of COVID-19 cases trailing behind the USA, but it may soon surpass the USA as there is a huge surge in daily cases (Kashyap, 2020). The challenges emanating from the spread of the disease are new and seem to be multidimensional. However, in this article, we focus on the sociological interpretation of the issue with some observations from India.

3. Need for social solidarity: are we practicing social distancing or social distance?

Social solidarity is the cohesion between individuals in a society that ensures social order and stability. It underlines the interdependence between people in a society, which makes them feel that they can improve the lives of others (Durkheim, 1933). Social solidarity not only involves collective responsibility for the promotion of well being of members of the group and community at large (Paskov & Dewilde, 2012) but also emphasizes taking care of the needs and interests of the underprivileged members of the group (Reichlin, 2011; Stjerno, 2004). From the beginning of the COVID-19 crisis, the United Nations has been repeatedly underscoring the importance of solidarity and global cooperation in dealing with the pandemic (Modeer & Ryott, 2020; United Nations University, 2020). The World Health Organization (WHO) is urging the countries to implement the basic public health measures as there is no 'silver bullet' to end the pandemic soon.

As the structure of public networks and social interaction is dynamic, it affects the rate of spread of pandemic both at the individual and population levels (Maharaj & Kheczkowsk, 2012). So, until vaccines are ready, non-pharmaceutical methods and the strategies of public health measures like isolation, quarantine, social distancing, lockdown, and community containment are used (Wilder-Smith & Freedman, 2020) to prevent the transmission of the disease. In the wake of the COVID-19 pandemic, social distancing has become inevitable and a necessary mitigation strategy. Social distancing reduces interaction between people. According to epidemiologists, social distancing refers to a conscious effort to reduce close contact between people and suspected cases that may be capable of transmitting the disease (Tiffany, 2020). The robustness of social distancing lies in its timely implementation and maintenance for a longer period (Kelso et al., 2009). However, social distancing is different from social distance and it should not be synonymously used. While explaining the social distance, Robert Park tries to emphasize the degree of 'intimacy and understanding' (Huges et al., 1950). Social distance reveals the closeness that an individual or a group feels towards another individual or group. It also represents the prejudices manifested in the form of social stereotypes (Natraj, 1965). Social and physical distances make it difficult for people to sympathize with others (Paskov & Dewilde, 2012). In the present COVID-19 situation, though the increase in interactive social distance (physical aspect) due to adherence to social distancing measures may not be detrimental but increase in affective and normative social distance affects solidarity.

Studies have found that there is a correlation between infectious disease rate and explicit racial prejudices (O'Shea, Watson, Brown, & Fincher, 2020). Racial prejudices stem from the desire to avoid infectious diseases. Since the COVID-19 originated in China, it spiked hatred and xenophobic attitudes towards Chinese nationals (Mallikarjun, 2020). The similar racial profiling of the Northeastern Indians led to stigmatization and discrimination against them (Haokip, 2020). The Rights and Risks

Analysis Group (RRAG) which was monitoring hate crime and racial discrimination from 7th February to March 25, 2020, found an increase in discrimination against Northeast Indians. Intentionally or as a case of mistaken identity people from Northeast have become victims of name-calling, forced to leave apartments, restaurants, and people do not want to share transport with them (Chakma, 2020). They are being physically, verbally abused, and being blamed for bringing COVID-19 to India (Krishnan, 2020; "Double Battle", 2020). It can be observed that there was a typical amalgamation of racism and xenophobia where Northeast Indians were equated with Chinese foreigners.

Similarly, there was a communal depiction of the national health crisis when India was entering the lockdown phase in the last week of March 2020. The non-compliance of law and negligence by some members of Tablighi Jamaat, a fringe Islamist group were labeled against the entire Muslim community (Razzack &. Alvi, 2020; Trivedi, 2020). The labeling got amplified after the congregation of this group for an event turned out to be a prodigious source of contagion. There was reporting of incidents where Muslim *Gujjars* (a community) faced difficulties in selling milk. Some families were attacked by the people from the adjoining village (Singh, 2020). Fruits and vegetable vendors from the Muslim community were boycotted after the spread of fake news that they are intentionally spreading the virus through their products (The New Indian Express, Vendors", 2020). This aggravated the already existing social distance between the Muslim community and other people in India.

The apprehension of infection is likely to increase social distance. According to a recent survey conducted by Seoul National University's School of Public Health in South Korea, 62 percent of people are more afraid of the social consequences of getting infected with COVID-19 than the potential health risks associated with the disease (Lee & Rai, 2020). In India, reports show that COVID-19 patients, suspected cases, recovered patients, essential service providers like public health workers, and even people with regular flu are victims of a new form of social exclusion. Family members, rent owners, and community members stigmatize them. In the state of Madhya Pradesh in Central India, a group of five doctors entered the neighborhood of a confirmed COVID-19 patient to quarantine his contacts. There the doctors were lynched, insulted, and pelted stones by the mob (Sekhar, 2020; "Health team pelted", 2020). Strains in society in the form of social exclusion, racism, xenophobia, and communalism are upsurging as the social by-product of the pandemic. Perceptions, suspicion, fear psychosis, and trust deficit are responsible for this to a large extent. Social distancing measures have heightened the social distance that was already existing in our society and has challenged the basis of solidarity. However, the moot question is: In the time of this COVID-19 crisis, how can we contribute to the collective good? Here, it is pertinent to bring the theory of social solidarity by Emile Durkheim in context of the present pandemic to find an answer.

4. Social solidarity and Emile Durkheim

Emile Durkheim's intellectual quest to find what holds people together in a society culminated in his theory of social solidarity. Durkheim developed the dichotomy between mechanical and organic solidarity to decipher the shift in social bonds that glued people in societies together (Ritzer, 2010). Mechanical solidarity is present in traditional societies where there is likeness between individuals, and organic solidarity is seen in modern societies having people with differences and following different pursuits. Collective conscience governs mechanical solidarity in traditional societies, while organic solidarity is the offshoot of division of labor and interdependence in modern society (Durkheim, 1984; Evans & Evans, 1977). The fundamental question that how there is a transformation of social solidarity and how its state and degree can be determined is described by Durkheim in his book, *The Division of Labour in Society* published in 1893 (Evans & Evans, 1977; Martindale, 2013).

Ambiguity shadows Durkheim's arguments that either both mechanical and organic solidarity is inversely related or increase in one does

not lead to a decrease in another form of solidarity (Pope & Johnson, 1983). Durkheim finds advancement of the division of labor as the cause of an increase in solidarity in modern society during normal times. However, in *The Division of Labour in Society*, he mentions that the crisis in modern society affects social integration, which means that organic solidarity decreases at times. If organic solidarity in modern society is affected in pathological conditions, then what thrives the growth of the total sum of solidarity in modern societies? The answer perhaps is the underlying mechanical solidarity that supplements and sometimes overtakes organic solidarity in modern society. The existence of both the solidarities in modern societies need not be in a zero-sum relationship but a complementary existence of both kinds of solidarity.

Durkheim asserted that solidarity increases during the course of social evolution, while moving from mechanical to organic solidarity. In his view, organic solidarity is stronger than mechanical solidarity in modern societies (Pope & Johnson, 1983). The importance of mechanical solidarity gets reduced as we move from simple to complex society, but that does not get eliminated as a unifying element, even though organic solidarity paves its way in modern society (Hart, 1967). Although he initially ignored the persistence of mechanical solidarity in the modern world, his later works covertly reflected it more prominently than organic solidarity. According to Parsons, Durkheim towards the end of life regarded common values and norms as the basis of solidarity in all groups and societies (Hechter, 2001). Therefore, it is not the organic but the mechanical solidarity that unfolds itself and flourishes in the modern world (Schiermer, 2014).

4.1. Attributes of mechanical solidarity in modern society

Very few scholars like Scheimer (2014) have theoretically argued the existence of mechanical solidarity in modern society. We also support this view, in contrary to the existing compartmentalization of the types of solidarity in traditional and modern societies. The novelty of our article is that we have tried to back this view with some empirical shreds of evidence witnessed during the COVID-19 pandemic. The extraordinary circumstances under the pandemic reveal the presence of mechanical solidarity in modern society in the time of this humanitarian crisis. The following points explain the distinguishing features of both the solidarities i.e. mechanical and organic solidarity. We have focused on the appearance of the features of mechanical solidarity in the COVID 19 lockdown period, excluding exceptional situations.

Firstly, according to Durkheim, the basis of solidarity in the premodern societies was likeness, and in modern societies, it is differences. When we look into the COVID-19 pandemic, it has affected both rich as well as developing countries. The virus does not confirm the manmade distinctions based on race, religion, region, caste, creed, or language before striking (Press Trust of India, 2020a; "COVID-19 does not discriminate",). Nearly half of the world population is under lockdown ("Pandemic Grows", 2020). Our territorial confinement through lockdown has brought some sort of homogeneity in our society. The lockdown condition and social seclusion have made the overall lifestyles of people similar, which was vastly different earlier. The resemblance of the people also lies in the fact that we all are putting up a common fight against the pandemic.

Secondly, Durkheim argues that individuality and expression of self-interests are the antitheses of solidarity (Cotterrell, 2017). Mechanical solidarity in traditional societies was devoid of individualism, whereas individualism characterizes organic solidarity. The individualistic framework in which our lives are acquainted is molding to a large extent where social distancing and lockdown are strictly followed. With COVID-19 pandemic in the backdrop, many individuals have willfully surrendered their privileges, rights and are accepting new laws of the states and norms led down by proximate groups in the apartment complex, village, and even in the family. Here, we would cite an example of a Bengaluru apartment called 'Century Saras' in South India which formed a task force when the lockdown was announced. They took various

actions for the safety of the residents. The domestic workers and housekeeping were given paid leave. The residents did not invite guests and common facilities like gyms, and pools were locked. The members voluntarily took the responsibility of providing essential services. They disinfected and mopped their respective floors as a display of community spirit. They also extended their support to the migrant workers of their area as a part of their social responsibly (Prabhu, 2020; Akshata, 2020).

Thirdly, premodern societies were marked with collective consciousness while division of labor is a prominent feature of modern societies, both being instruments for social solidarity in their respective societies. The division of labor to Durkheim is a powerful means to procure social solidarity. Division of labor refers to the differentiation of work within people or groups in which work is assigned based on specialization. To pick a quote from Durkheim ([1893] 1933),

"Social harmony comes essentially from the division of labour. It is characterized by cooperation which is automatically produced through the pursuit of each individual of his own interests. It suffices that each individual consecrate himself to a special function in order, by the force of events, to make himself solidary with others."(p. 200).

The Division of Labor produces organic solidarity by creating a greater degree of interdependence based on the specialized division of labor (Barnes, 1966, pp. 158–175). Non-specialized, simple division of labor characterizes early societies in which the basis of interdependence was kinship, blood, territory, etc. (Kemper, 1975). According to Durkheim ([1893] 1933),

"To cooperate, in short, is to participate in a common task. If this is divided into tasks qualitatively similar, but mutually indispensable, there is a simple division of labour of the first degree. If they are of different character, there is a compound division of labour, specialization properly called" (p. 124).

Under organic solidarity, the division of labor became the source of solidarity. Nevertheless, the extent of solidarity it produces will decide whether it is an essential or ancillary factor to solidarity (Durkheim, 1984). Hence, he opens the room for the probability of division of labor being a secondary source of solidarity in modern society.

Social distancing and lockdown during the present public health emergency have decreased the interaction between members of society for the production process and the compound division of labor. India went for 21 days complete nationwide lockdown with effect from March 25, 2020, and it brought 70 percent of activities to a standstill (Press Trust of India, 2020b). During this period only essential service providers with specialized roles like health care professionals, administrators, political officials, law and order machinery are actively working at forefront while many people are working from and in homes. This resembles the features of simple division of labor that existed in the pre-industrial societies if we compare it to the varieties of services that were operational in the pre-pandemic period.

Fourthly, for Durkheim, social solidarity is abstract and intangible, but law is the visible symbol of solidarity (Lukes, 2013). To resolve the issue relating to the measurement of the relative importance of both forms of solidarity, Durkheim affirms that law can be the compass which will guide us to find the form of solidarity that is prominent in a given point of time (Hart, 1967). Durkheim has classified laws into repressive and restitutive laws to investigate which type of solidarity corresponds to them. Repressive sanctions are characterized by penal laws that involve punishment for injuring the group sentiments. Restitutive sanctions are based on cooperative laws and civil laws correcting the violation. Societies based on mechanical solidarity relied on repressive laws (Giddens, 1971), whereas restitutive laws were identified with organic solidarity. Durkheim fails to perceive the restitutive aspects of the laws existing in primitive society and repressive elements of modern law (Sheleff, 1975). Laws that are enforced during the COVID-19 period as preventive measures have been based on repressive sanctions to prevent the spread of the disease. The actions of individuals, events that were earlier never

counted as contravening like freedom of movement, social gathering are now considered as an offense. *Lathi* charges, arrests, use of grueling and humiliating punishments have been found where curfew and lockdown are under strict implementation ("Teargas, Beatings and Bleach", 2020). The article does not question the intentions behind these sanctions as it is for public safety but wants to reflect on how the situation has led to the revival of repressive sanctions in modern society similar to that of the pre-industrial society.

Fifthly, the traditional societies owing to its homogeneity resulted in strong collective conciousness. Collective conciousness refers to the totality of the beliefs and sentiments common to the average members of a society forming a determinate system with a life of its own (Durkheim, 1984). These shared beliefs, ideas, and interests act as a binding force of the society and ensure its solidarity and stability. It places society above individual interests. The idea of individuality ceases to exist in these societies. To Durkheim, society transcends the individual. The growth of individualism and the concomitant decline in collective conscience was inevitable in modern society (Hechter, 2001). However, Durkheim said that though there is an enfeeblement of collective conscience in modern societies, it does not vanish because of the division of labor (Durkheim, 1984). The exemplary exhibition of voluntarism has also been evident in this period all over the world. The typicality of this crisis emphasizes the importance of collectivism. The public safety measures can be effectual when there is concurrence of minds and reflection of collectivity in actions.

4.2. Collective consciousness and public health

As discussed earlier, Durkheim rejected the notion that collective morality will necessarily wane in modern society. To him, common consciousness or collective consciousness which Durkheim uses interchangeably, cannot be absent even in the most advanced society. Durkheim's *'cult of man'* is his only expression of mechanical solidarity found in modern society. It denotes the idea that 'traces of common consciousness' in modern societies are based on the concurrence of minds (Marske, 1987; Schiermer, 2014). Durkheim ([1893] 1984) mentions:

> "Doubtless all trace of common consciousness does not vanish because of this. At the very least there will always subsist that cult of the person and individual dignity about which we have just spoken, which today is already the unique rallying-point for so many minds." (p. 333).

The moral basis of solidarity in modern society is moral individualism or rational individualism. As moral constraints lay the foundation of social life, moral and rational individualism needs to be collectively shared. We need to understand that moral individualism is not individualistic in nature and even moral rationalism relies on non-rational commitments to rationality (Collins, 1985). Religion was the basis of common conciousness and hence, fostered solidarity in traditional societies. Similarly, Durkheim believed the *'cult of individual'* or *'cult of humanity'* would perform the functions that were accomplished by traditional religion (Dew, 2015; Marske, 1987). In this differentiated society what holds us together is a common thread of humanity. The cult of humanity 'would be based on rationality and science but have a function that science alone is unable to perform-to act as a moral regulation to constrain anomic desiring'(Dew, 2012).

Even in rural India, where religious and superstitious beliefs predominate the practices of the villagers, many of them have been led by moral individualism and are giving support to science and law. Villagers from rural India in Haryana are guarding their villages and managing checkpoints to prevent outsiders from entering their villages (Nandy, 2020). Inhabitants of tribal villages in Purulia, West Midnapore, Bankura, and Birbhum of West Bengal have voluntarily initiated measures of social distancing and isolation to fight against the spread of disease (Das, 2020). The group solidarity of the villagers in rural areas has helped them

in taking collective actions for their community. On the other hand, the response that the villagers are showing to the Village Development Committees to prevent their respective villages from COVID-19 has built a sense of solidarity and goodwill among the community members (Screwvala, 2020). Here, group solidarity and collective actions are mutually reinforcing each other. Adopting these rational practices through collective actions require a "non-contractual basis of contract" which is common value and norms (Hechter, 2015) to fight against community spread of the disease. Therefore, public health as a moral force can be considered as a *'cult of humanity'* (Dew, 2015) in dealing with COVID-19.

The significance of public health has been prominent in the collective consciousness like never before (WHO, 2020). Even the outcome of COVID-19 crisis management depends on our collective consciousness. Durkheim says that true solidarity comes when the belief and practices of a group are consistent with one another. Every individual has their roles to play because the thought and action of an individual not only affects her/him but also has an impact on the lives of others. A simple example of this is: if a person does not wear a mask, it puts her/him at risk of getting infected and if the person is already infected it increases the probability of spreading the infection to others. The pandemic has disrupted the existing order of society and hence, developing a collective consciousness becomes imperative to face it.

5. Bridging social distance through solidarity

Solidarity involves concerns for the well-being of others (Davies & Savulescu, 2019) and an understanding that one can maximize one's well-being by improving others' conditions (Stjerno, 2004). People connect with "we feeling" or "we-ness" in the community (Baum, 1974), which produces solidarity. Higher the social distance (not social distancing), lower is the solidarity. To practice social distancing (physical distancing), we as community members need to reduce the social distance first. In the great Chicago heat wave 1995, social isolation was a significant risk factor, whereas social connection was associated with chances of survival of the residents (Healy, 2005). The public perception of social distancing shows community-mindedness in the form of recognition of duty not to infect others. It also acknowledges the prevalence of strong self-interest in some people (Baum, Jacobson & Goold, 2009). Here, the responsibility is twofold. The patients and suspected cases need to practice social distancing and isolation to avoid the spread of the disease. On the other hand, the general masses need to refrain from stigmatizing the patients, essential service providers, vulnerable sections for their possible exposure. Stigmatization eventually affects the identification, treatment of patients (Lee & Rai, 2020) as well as the lives and livelihood of people providing essential and emergency services (Sekhar, 2020; Singh, 2020). In this crisis, social solidarity can reduce the social distance between community members and promote public health (Klinenberg, 2020).

6. Social solidarity in the time of social distancing

In the crucial time of social distancing, how can we be together by staying apart? Durkheim's concept of 'collective effervescence' has a link to it. Traditionally, the religious experiences were carried through rituals and mediated through symbols (Ōno, 1996). When individuals performed religious rituals together, it produced collective effervescence. Collective effervescence is a feeling of belonging and integration when people come together and participate in group activities (Durkheim, 1915). Analyzing Durkheim's account of modern effervescence, Schiermer (2014) writes that in modern effervescence 'whole people' do not meet physically, yet it 'pursues the same end.' Modern effervescence is decentralized, where people do not gather geographically but share the same thoughts across distance. During this period, the world is witnessing thanksgiving, balcony singing, solidarity flash mobs, and other events in different forms from different places. Many people across India took

part in two collective events on a particular date and time from their homes. These events are popularly known as *Thali Bajao* (collective clapping through hands, banging utensils) to express solidarity with the corona warriors and *Diya jalao* (switching off electric lights and lighting up earthen lamps, candle, etc.) as a mark of fight against the COVID-19 crisis. .

Similarly, Odisha, a state in eastern India that was combating the cyclone Amphan and COVID-19 at the same time, made a call to the Odias across the globe to sing along the state song *Bande Utkal Janani* to show solidarity and boost the morale of frontline COVID-19 workers (Das, 2020). According to social scientists, the benefit of these collective rituals for social bonding and group solidarity outweighs its costs (Rappaport, 1979). These collective events stimulate a sense of solidarity among individuals amidst the crisis.

7. Collective actions and social solidarity

Apart from these 'symbolic solidarity' events, solidarity involves the sharing of responsibilities for the less privileged and marginalized people (Stjerno, 2004). Community kitchens have become active in many parts of the country. The members of 7127 women Self Help Groups (SHGs) of Odisha provided over 15.6 million meals to the underprivileged, and 1242 SHGs prepared more than 4 million masks during the lockdown period while maintaining social distancing (Press Trust of India, 2020c). Likewise, the community kitchens in Kerala are serving 2,80,000 food packets a day. A huge portion of the food packets was given free of cost to the weaker section including the migrants, homeless people, and destitutes (Press Trust of India, 2020d; D'Costa, 2020). Goa has started an initiative "grocery on wheels" under which buses are transporting groceries and essential items to the shelter homes of migrant workers ("Community Kitchen," 2020). A new form of solidarity is being witnessed where the organizations those who were not into relief activities are contributing in whatever form they can. Even the staffs and volunteers engaged in these activities come from the vulnerable age groups (Sridharan & Rawal, 2020). In another instance, despite facing the burnt of lockdown, a farming community of Kedia village in the state of Bihar in India and an NGO is preparing ration for migrants and daily wage laborers to ensure nutritious food to the vulnerable communities (Greenpeace India, 2020). These initiatives are significant and timely as there are millions of people struggling with food insecurity and health risks simultaneously during this pandemic.

As we exit the lockdown phase, apart from social distancing, mass masking is a cost-effective technique for the prevention of COVID-19 infection. Although the extent of effectiveness of using masks is unknown, people are still using it, not just for personal protection but also for not transmitting the infection (if at all present) to others. This small gesture portrays altruism and social solidarity for community members to fight against COVID-19 (Cheng et al., 2020). But how can people maintain solidarity where social distancing is a distant dream for them? If we look into the urban slums in India, it is impossible for the residents to follow social distancing (Ghosh, 2020; Sur & Mitra, 2020; Wasdani & Prasad, 2020). Issues like overcrowding, low level of hygiene, sanitation problem, engagement in the informal sector, and social dependency are some factors that put slum dwellers at high risk of getting infected (World Bank Group, 2020). Despite all these problems, Asia's largest slum-'Dharavi' in Mumbai was able to turn itself from coronavirus hotspot to a successful containment model (Kumar et al., 2020) which was also appreciated by WHO (Hindustan Times, 2020; Singh, 2020). Along with proactive contact tracing, screening, testing, engagement of private doctors,and social workers, a strong focus on community engagement was also a key component of the containment model (Golechha, 2020). The local community leaders were appointed as *'Covid yodhas'* (Covid warriors) to address the concern. It conveys that community participation and collective solidarity are crucial for containing the spread where there is an exponential growth of the virus ("Explained: How Mumbai", 2020; Kumar, 2020). These explicit actions and their tangible results can

give confidence to the slum dwellers that they can combat COVID-19 if they stand in solidarity with their community members.

8. Impact of inequality on solidarity

Durkheim (1893/1964) cautions that severe inequalities undermine solidarity. Income inequality increases social distance and henceforth, weakens the sentiment of solidarity with fellow beings (Paskov & Dewilde, 2012). In a diversely stratified society like India, social and economic inequalities intersect with each other. The migrant workers' conundrum in India highlights the risks faced by the vulnerable sections of society. Due to their economic marginalization, the migrant workers who were away from home to earn their livelihood had no other option but a compulsion to return to their home states. Some of them have died while walking or cycling hundreds of miles back to their homes amidst lockdown (Bose, 2020). They are struggling for food, shelter, and ways of returning to their nativities. After returning to their states, they become victims of discrimination and stigma. The workers and their families face ostracization and harassment in their villages even after completing the prescribed quarantine period. Their communities view them as carriers of the virus (Kumar & Mohanty, 2020). This social cleavage aggravates the already existing economic inequalities. It also heavily challenges the earlier solidarity based on kin, clan relationships. Some experts view that this sudden displacement could lead to a notable decline in long-distance migration. Many migrant laborers may not return to the cities for work (Srivastava & Nagaraj, 2020) or do the jobs they are skilled in like plumbing, electrification, masoning, brick making, textile work, and other activities. They might work in the agriculture fields or nearby towns (Narayanan, 2020) or get employment under the social security scheme Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (Goswami, 2020). In the post lockdown period, this may lead to what Durkheim calls as *Forced Division of Labor*, where workers may be forced to take up employment against their will and skill in the absence of alternative occupations.

Migrant Workers Solidarity Network (MWSN) has come up with Migrant Workers Resistance Map which documents the resistance of migrant workers' groups. It reveals the location and size of the protest. From the map, it can be inferred that a countrywide sporadic resistance was reported since the announcement of the lockdown till May 20, 2020 (Bhattacharya, 2020). MWSN has documented 158 protests by migrant workers in India and it estimated the total number of protestors to be 100,110 (MWSN, 2020). Migrant workers belonging to West Bengal and Bihar protested in Jaipur. They gathered on roads to demand transport facilities to go back to their home states as they were left jobless and were struggling for food and shelter. They raised slogans flouting social distancing norms and staged protests without masks (Iqbal, 2020). In some places like Surat, the protests have spiraled into violence where migrant workers pelted stones where ten police officers got injured. Tear gas shells and *lathi* charge were used by the police to disperse the protestors (PTI, 2020). In a way, the in-group solidarity of the migrant workers has helped them in demanding the State's responsibility for resolving their issues, while on contrary, these protests have also turned into a platform for collective violence which puts the lives of protestors and officials at risk.

During adversities, vulnerable groups experience inequalities both as cause and consequence (DoH, 2015). The impact of the COVID-19 pandemic has exacerbated the impact on women due to the already existing gender inequalities. The warning of the 'shadow pandemic' of domestic violence that the United Nation gave in the early pandemic phase is turning evident. As women are locked inside the house with their abusers, they are unable to seek help and social support (Campbell, 2020). There has been an increase in domestic violence and intimate partner violence worldwide during the lockdown period in comparison to 'the pre-lockdown time (Boserup et al., 2020). Ravindran and Shah (2020) research reveals that domestic violence and cybercrime increased in the Red Zone areas which were under strict lockdown. There was a

significant increase in online search for 'domestic abuse' and 'domestic violence helpline' in the mid-March and was at the peak in April and May 2020 in India. The restricted mobility is affecting the circle of solidarity that women has outside the family for seeking help in distress condition from relatives, friends, neighbors, and other social networks. The COVID-19 upheaval has not only unfolded the unpreparedness of global health infrastructure but also shown that we are inadequately equipped to cope with the ancillary outcomes. Durkheim believes that in the time of rapid social change, social justice, and equality (of opportunity) are essential for sustaining solidarity (Paskov & Dewilde, 2012). Therefore, interventions and support from State and Non-State actors become inevitable to address the socio-economic inequalities amidst the growing pandemic.

9. Conclusion

Thus, we conclude that Durkheim's theory of social solidarity holds relevance to be discussed during the COVID-19 pandemic. Going beyond Durkheim's view, we have attempted to show the presence of mechanical solidarity in modern society during the unusual COVID-19 situation. The idea of this classical sociologist can be reflected upon to avoid the pandemic's risks and make the society resilient in the post-pandemic period. Along with fighting a pandemic like COVID-19, society needs to fight against the syndromes of social distance, exclusion, and individualism. For this collective conciousness should be developed to overcome this crisis. Social solidarity can motivate people to follow social distancing, insulate the patients and the stigmatized ones from mental trauma, reduce the rate of infection, and promote public health. Disseminating physical precautions through collective efforts and collective empathy can help in the well-being of maximum people. In a social crisis, social solidarity is a powerful response to absorb shock. Social distancing needs to be coupled with social solidarity to be an effective tool for curbing the impact of the pandemic. Institutions, individuals, and communities have an indispensable role to play as a centripetal force of society to resist the centrifugal tendency of the novel coronavirus. It depends on us and the contribution of our collective efforts to the solidarity pool in dealing with this disaster.

Conflict of interest declaration

We have no conflict of interest to declare.

CRediT authorship contribution statement

Chinmayee Mishra: Conceptualization, Writing - original draft, Formal analysis, Writing - review & editing. **Navaneeta Rath:** Conceptualization, Supervision, Formal analysis, Writing - review & editing.

Acknowledgement

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