

Masked mimicry: The way of neo-culturalism

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Suggested Citation:

Benharrats, S. S. (2021). Masked mimicry: The way of neo-culturalism. *Global Journal of Sociology: Current Issues*. 11(2), 45–51. <https://doi.org/10.18844/gjs.v11i2.5220>

Received from July 8, 2021; revised from September 14, 2021; accepted from November 25, 2021.

Selection and peer review under responsibility of Mustafa Gunduz, Cukurova University, Turkey.

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Abstract

Currently, the world is in the grip of a new health and social crisis linked to the coronavirus disease 2019 (COVID-19) pandemic. In this article, we opt for a descriptive and analytical sociological analysis of behaviours and reactions resulting from the introduction of barrier measures, imposed for the prevention of COVID-19 disease, in particular wearing of a mask, while focusing our interest on the Algerian society. The reactions are multiple and inform us about the issues and negotiation strategies for the integration of this new behaviour qualified as preventive to contain the pandemic: a societal phenomenon on a global scale which has triggered a process of normalisation through the integration of neo-culturalism of the Proxemic type with a pandemic character. According to the recommendations of the study, a Proxemic neo-culturalism is in the process of spreading in a pandemic manner, to establish an interactional balance through the emergence of a new social dynamic made concrete by the adaptation of 'honest signals'.

Keywords: Facial mimicry, mask, COVID-19, protection, social distancing, neo-culturalism.

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1. Introduction

The evolution of the cultures of the societies around the world reveals to us and informs us on the utility and the modes of using the mask. It is sometimes used to hide the face and sometimes to represent or imitate another. It is used for various purposes; it is an integral part of the samurai warrior's armour to protect his face and to terrorise the enemy; it is also used to intimidate the opponent during *Lucha libre* fight; it masks the face during funeral cults of the pharaonic era or certain festive carnivals as in certain African or European traditions (Allard & Lefort, 1984). In Algeria, and until the present day, Tuareg men keep their dress ritual by masking their faces by using the cheche.

However, the mask is not only integrated in the daily dress, ritual, festive or fun. It was introduced from the 19th century, in the protection measures, including protection for health purposes against the transmission of infectious agents responsible for diseases, as is the case of coronavirus disease 2019 (COVID-19). The forms and types of protective medical masks have evolved over time, adapting to the virulence and the nature of exposure of pathogens. Thus, the names are different but the protective objective is unique. Depending on the use, the market proposes surgical masks and filtering face piece ones (called also FFP1 and FFP2) (Grandbastien & Lepelletier, 2020).

In view of the current health circumstances linked to the COVID-19 pandemic, the world is facing a situation of both health and social crisis, with a risk of contamination on an international scale that can be qualified as a disaster difficult to contain. This pandemic has modulated and shaped certain daily habits and practices of societies, in order to acquire a new balance and a new form of adaptation to protect oneself from the spread of the disease and the risk of the consequent social breakdown. Among these behaviours is wearing a mask which has become a health and preventive obligation (WHO, advice on the use of masks in the context of COVID-19, 2020), a quasi-compulsory use, with a single goal which is to protect oneself or others from the probable contamination of this '*invisible enemy*' (Cipolla, 1992).

For a better analysis of this new social behaviour in the fight against COVID-19 contamination, we headed up a descriptive and analytical–qualitative sociological study centred on the analysis of discourse and the observation of the behaviour of the participants in the interviews, in relation to barrier measures, mainly the wearing of masks. The selection of the participants is heterogeneous according to gender, age, public and liberal professions, in particular health professionals. Finally, the heterogeneous participants are people with or without deafness.

2. 'Masked' communication

The mask is a foreign object which has been grafted onto social practices. It conceals the face, the first part of the body explored during any communication or social interaction. The face (or faces) is the carrier of non-verbal bodily communication, through the expression of facial mimicry. The latter is the vector of an idiosyncratic form of communication. It is the 'mirror' of the soul, which carries without a word the contents of the thought and the psychic state. This is one of the keys to understand the *socius* and the psyche of the individual, which can be '*a primitive form of articulated language*' (Wundt, 1975; Schiaratura, 2013). In general, it is the way of the subjective interpretation of language.

This way of analysing the emotional and psychic expressions of the individual oscillates between hypomimia and amimia (Tribolet, 2006). Anyway, these are seen as an expression that can be the source of social interaction or an element of analysis during the psychological examination of the person in front of the therapist (Guelfi & Rouillon, 2017).

The 'protective' mask masked the facial mimicry of the individual, thus reducing it to a single probable expression which is 'amimia'. This situation was at the origin of another social crisis of an interactional nature, which generated protean actions and reactions, tinged with revolt or submission to the instructions of wearing this 'protective' mask. Thus, we are faced with a social crisis generated by the new health crisis, because disease or health is not only a biological state but also a social reality (Abdmouleh, 2007).

Among these social realities is the constraint of wearing a mask which has been reported by people suffering from deafness. These people rely on communicating with gestures, movements, attitudes and facial expressions. It is about posturo-mimo-gestural communication (Delaporte, 2002), which is the key element of facial mimicry. We speak of facial mimicking language of deaf persons, where the expression of this language is not only linked to objects, but it is a real translation of verbal language (Oléron, 1952).

The language of facial mimicry in a global way is not exclusive to people suffering from this handicap disability, although it is an integral part of their communication. In addition, it gives to any form of communication, whether verbal or not, a better understanding, which simulates a form of economy of the use of certain verbal words. By masking the face, the reading of facial expression is hampered, and people suffering from deafness can no longer resort to mental support through the use of lip reading (Cathiard, Gavard-Boitier, Moniot, Rebière & Fluttaz, 2015) or reading facial mimicry of the interlocutor. Thus, another handicap disability is added to the initial one. In this case, the subject is faced with a double disabling situation, visual and auditory.

With no gesture or words, one smile could infect the other. This phenomenon is referred to as the effect of mirror neurons. In the 1990s, *Giacomo Rizzolatti* and his research team revealed the discovery of these neurons and their effects on the cognition and behaviour of the individual, emphasising the impact of the facial mimicry effect on his/her psychosocial development (Lacoboni & Mazziotta, 2007; Rizzolatti, 2006). Facial mimicry has a great impact in this phenomenon as largely influenced by the facial expression of the speaker, but when the same facial expression is hidden, much of this communication is affected. To this effect, we are facing a crisis both medical and social.

3. Wearing a mask: a *neo-culturalism*

The injunction to wear a mask was qualified as a 'symbolic social distancing' at the origin of a communicational handicap noticed in a large number of people. This was at the origin of the reinforcement of the 'social distancing' imposed by the lockdown and later by the unlockdown, while respecting the social distances of safety against the contamination, which were ordered by the health authorities (WHO, COVID-19 advice for the public, 2020) (MSPRH, Portail Coronavirus COVID-19, 2020b). This 'social distancing', known as barrier gestures, imposes respect for a space gap of at least 1 m between two people so that the virus responsible for the COVID-19 does not spread, a way of containing the pandemic (MSPRH, Note numéro 13 du 31 mars 2020 relative aux mesures de prévention et de protection en milieu de travail face à l'épidémie du COVID-19, 2020a).

The barrier gestures of prevention and fight against COVID-19 disease, including wearing masks, were hardly accepted to introduce in the daily life of any individual. These are new behaviours that have unbalanced long integrated social rituals. This situation was considered as a sociofugal phenomenon, which reorganised Proxemics (Hall, 1968). Now, the latter is not a choice but an obligation infiltrated *de novo* into the cultures of societies in a 'pandemic' manner.

The mask was the source of stress and anxiety for some people. Multiple complaints were expressed, including the feeling of suffocation, the lack of oxygen or the difficulty in verbalising some words, the fear of being misunderstood by the other and the difficulty in distinguishing what the other wants to say. As a consequence of this, a form of revolt has been noticed, qualified as negligent conduct by the health authorities, where the mask is worn in various ways, sometimes on the forehead, sometimes under the chin or simply carried in the hand, rarely hiding the nose and mouth. Others have even expressed their gene regarding individuals who wear it properly, asking them to lower it during discussions so that they can see their facial expressions.

‘Anti-mask’ movements were rampaging in different countries to protest against this new authority qualified as a political conspiracy not as a preventive measure, and even denying the real existence of the pandemic and its severity. The ‘anti-mask’ movement expresses refusal to submit to instructions considered ‘anti-social’, because they oppose any normalised social conduct. Indeed, this protest movement created a form of dichotomy in different societies without ethnic or geographic predilection, where two groups of individuals stood out, those who wear the mask and those who do not.

Being among those who wear the mask is a sign of belonging to a new social group that is excluded and stigmatised, because wearing a mask is a sign of illness. In this sense, the example of Algeria has been quite marked, where those who wear the mask have been mocked and denied by those who do not. They were considered the ‘pro-states’ because they easily submit to state injunctions and the instructions of the said prevention. They were the accomplices of the ‘political conspiracy’. Here, it is not the disease or its carrier that is stigmatised or excluded from society, it is the wearer of the mask who is.

For this new so-called preventive behaviour to be integrated into societies, it must go through the process of social normalisation. *A priori*, based on our observation focused on Algerian society, the normalisation process has gone through a few stages, which are not yet completed. Initially, the wearing of masks was denied, to a certain extent copying the anti-mask protest movements experienced by certain societies, especially in Europe. These movements are very noticed in social networks.

Gradually, the wearing of the mask was integrated in a very modest way, by the media movement that the nursing body has undertaken to fight against the spread of the disease. With the aim of establishing ‘mechanisms of interindividual convergence of judgments towards a standard central value’, which is the wearing of a protective mask (Colmellere, Jakubowski & Vannereau, 2015). This approach was not very effective on its own, because the constraint of the sanction took over to integrate this ‘normality’ of wearing a mask. It is in fact a conformity to a new behaviour in the daily life of social practices.

However, some continue in spite of everything to deny this conduct and dodge this injunction by means of adaptation and circumvention, despite the risk of being infected or infecting others with the probable disease. The latter are considered the deviants of society, or the ‘Outsiders’, according to Becker (1985). They will be rejected and then in turn stigmatised. The process of normalising the wearing of masks that Algerian society is going through has not yet arrived at this stage of ‘rejection’ of those who do not comply with protection guidelines. On the contrary, there is a clear dichotomy, there are those who wear the mask and those who do not, where some try to accept and adapt to the behaviour of the other with sometimes the effect of reciprocal influence.

The influence effect is materialised by behavioural contagion behaviours, by seeing other individuals produce a behaviour, encourage those around them to reproduce the same gesture or increase its frequency (Langley, Bijmolt, Ortt & Pals, 2012). Indeed, when the person who wears the mask is with those who do not wear it, he easily gets rid of this mask, even in spite of the conviction of his 'preventive' interest. Thus, this mask is either worn on the chin or on the hand, especially not in the manner recommended by specialists in the health sector. The opposite is often valid for the one who does not wear the mask; if he is surrounded by those who wear it, a discomfort is quickly noticed, to the point of asking for one to wear it, even if he is convinced that he has no 'preventive' interest.

The conformism in wearing a mask has been reflected in the innovation of forms and modes of use of the mask, mainly in fashion. Sometimes the mask has been adorned with pearls or embroidery, sometimes tinted with unique, bright and attractive colours or graphic designs, thus taking various shapes and colours, without a 'protective' effectiveness of this mask recognised by the WHO (WHO, Advice on the use of masks in the context of COVID-19, 2020). This making of masks of different colours and different designs, adapted to gender and age, touched the different classes and age groups of Algerian society, to the point that even children would rush to have a personalised mask, which would reflect to some degree their own identities, personal identities and social identities (Goffman, 1975).

However, for those who were forced to respect the instructions for protection against COVID-19 contamination, social inequalities were noticeable even with regard to wearing a mask. There are those who continue to wear the same mask since the start of the pandemic, for lack of means to procure another. Their prices are outrageous, and day labourers cannot afford them. To counteract this situation, some associations distributed them for free, but did they meet the required compliance for the recommended protection?

Others could afford to buy it and even choose the colour that matched their attire, to adhere to the established fashion code. However, others also allowed themselves to buy masks in pharmacies, often intended for the medical profession, because they considered it to be protective to a high degree during direct contact with people potentially carrying the disease.

Thus, the wearing of a mask, whatever its modes and objectives of use, is progressing gradually towards the integration of a new behaviour into social dynamics, qualified as neo-culturalism.

4. Conclusion

In Algeria, and during this pandemic period of COVID-19, the wearing of masks was used en masse by healthcare staff, and then professionals in public structures came in second and private institutions last. The objectives are different, switching between the need for protection and the preservation of punishment. Apart from its structures, few are those who continue to wear the mask, but the objectives were identical with some small nuances, such as the creation of a new fashion of dress, in order to better integrate the latter as a societal neo-culture.

Faced with this social and health phenomenon qualified as a crisis, which imposed barrier measures such as social distancing and the wearing of masks, the games of negotiation and circumvention continue to achieve the societal balance materialised by a form of normalisation of this new phenomenon. A Proxemic neo-culturalism is in the process of spreading in a pandemic manner, to establish an interactional balance through the emergence of a new social dynamic made concrete by the adaptation of 'honest signals'.

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