

Strategic Covid-19 management in communicational practice

At the crossroads to remain open or not in Denmark, Norway, and Sweden

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Abstract

This chapter examines how leading politicians and representatives of the public health authorities in Scandinavia attempted to create consent for their strategic choices to adopt or refrain from collective prevention measures, such as border and school closures, when such measures became relevant in the region in March 2020. It thus also concerns the broader strategic choices of the administrations in their attempts to curb or stop Covid-19. Based on a strategy-as-practice perspective, the chapter assumes that strategies are not artefacts that organisations only possess, but they are shaped, consolidated, and made public communicatively. The analysis of statements from press conferences shows how strategies are shaped communicatively through claims regarding a number of themes: economic consequences; the validity of epidemiological measures; secondary public health effects; the issue of risk severity (and in the Swedish case, natural immunity); and risk management history. The chapter also highlights the pragmatic arguments used and the dialogicality involved when a particular strategic choice is made viable through the presentation of alternatives. The chapter thus helps to bridge a gap between major response choices facing national and agency leaders on the one hand, and on the other, numerous micro-level communication efforts facilitated in part through press conferences.

Keywords: Covid-19 strategy, collective prevention, strategy-as-practice, Scandinavia, press conferences

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Introduction

The initial management of Covid-19 around the world has ranged from full lockdown and curfews to more relaxed solutions with great confidence in communication and voluntary compliance. In Scandinavia, the initial responses ranged from a middle ground to perhaps the most liberal. Denmark – and to an even greater extent Norway – implemented collective risk prevention from 11 March onwards, when educational facilities, bars, restaurants, and gyms closed temporarily, large groups of employees were ordered to work from home, and travel was severely restricted. Sweden, with primarily voluntary measures, has been described as an outlier in comparison with its neighbours, and even more so in relation to even stricter government commands that included curfews (Pierre, 2020). While the World Health Organization urged countries to stop the spread of the Covid-19 virus, the Swedish government and public health authorities chose to try to limit it, with “flattening the curve” as the defining metaphor (Johansson & Vigsø, 2021; Ludvigsson, 2020).

The strategies of the Scandinavian countries and their consequences have been discussed extensively in the literature (e.g., Andersson & Aylott, 2020; Bjørkdahl et al., 2021; Helsingen et al., 2020; Pierre, 2020; Warren et al., 2021). A recurring theme is a focus on Sweden’s political and legal system compared with the others, with an emphasis on its distinction between political power and the exercise of authority. To this is also added the country’s long history without war. But the literature also addresses great similarities between the Scandinavian countries, mentioning, for instance, analogous infection-control regulation (Laage-Thomsen & Frandsen, 2022). The constitution of each country establishes a fundamental right of freedom of movement, preventing some of the most severe measures against Covid-19. None of the Scandinavian countries has an enforceable law to impose a state of emergency like, for instance, Finland and most of Europe do. Scandinavian governments thus had to turn to their parliaments when in need of increased powers during the pandemic. Yet all three countries also have constitutional necessity rights, with a possible sanction in retrospect (see Cameron & Jonsson Cornell, 2020). We thus find that there is reason to take a closer look at government communication to discern explanatory logics, which may not directly have to do with the policy level, but which nevertheless sheds light on the countries’ Covid-19 management.

Given that those managing the pandemic response have needed to get people to follow both mandatory rules and advice, communication has played a vital role, something that is addressed in a few studies (e.g., Bjørkdahl et al., 2021; Ihlen et al., 2022; Johansson & Vigsø, 2021; Rasmussen, 2022). Still, micro-focused discursive studies are rare, not least with regard to how such micro-practices and major events may be connected (Kohtamäki et al., 2021). Employing a micro-oriented, dialogical analysis (Linell, 1998), we aim

to examine in this chapter how leading politicians and representatives of the public health authorities in Scandinavia have attempted to create consent for their strategic choices to adopt or refrain from collective prevention measures, such as border and school closures, when such measures became relevant in the region in March 2020. We pose three research questions to address this aim, focusing specifically on national press conferences during March and April 2020:

- RQ1. What themes permeate arguments regarding collective protective measures against the transmission of Covid-19?
- RQ2. What kind of strategies in interaction are used to create consent?
- RQ3. What national similarities and differences appear between how choices are articulated regarding collective protection measures against Covid-19?

As discussed elsewhere in this edited volume, there are good reasons to compare the Scandinavian (and Nordic) countries, due to their similarities but also because they applied different strategies at the beginning of the pandemic. We take the strategy-as-practice perspective as a starting point for understanding strategy as communicational practice during the Covid-19 pandemic in Scandinavia.

Strategic risk management in communicational practice

A traditional perspective on strategy as a property of organisations, as something they possess, has been complemented by a perspective of strategy as practice since the 1990s. While a strategy may be formed into something momentarily fixed and taken for granted, this perspective is more concerned with ongoing, concrete practices that shape, fortify, and build consent for certain strategic choices. When attempting to build consent, actors call on others to align with certain ends and means to reach them, drawing on arguments and ideas, but without coercive force (Furman et al., 2019). When engaged in such processes, actors are considered as “doing” strategy, and the analytical focus is on the “nitty-gritty, local routines of practice” (Whittington, 1996: 732). The perspective thus differs from both a transmission view of communication and from a traditional, hierarchical view of strategy, which would more clearly separate the formation of strategy from the dissemination and implementation of it. Instead, a strategy-as-practice approach may encompass different phases of the reproduction of strategy, each seen as involving (at least) actions that may contribute to the legitimation and consolidation of certain path choices. In this chapter, we thus focus on strategy as a social, communicative practice consisting of routines, methods, and frameworks drawn upon in attempts to

coordinate groups towards effectively solving tasks. Strategy becomes visible when meaning is constructed and negotiated in communicative practices between interlocutors involved through different roles in the same project (Marchiori & Bulgacov, 2012).

Research that analyses the elements and significance of language use in strategy work has made visible the negotiation of various strategic choices and the establishment of positions of authority (Vaara, 2010). Studies have centred on externally focused events, such as keynote speeches (Wenzel & Koch, 2018), and internal strategy meetings involving top managers (Clarke et al., 2012). The empirical cases also tend to be characterised by varying degrees of structure and expected roles (Vaara, 2010), such as planned, moderated meetings (Jarzabkowski & Seidl, 2008) and more spontaneous discussions (Samra-Fredericks, 2003). Thus, knowledge has been added about how meetings are managed to emphasise the viability of specific strategic choices. Actors draw on and reinforce a structure and role distribution of meetings that enables them to act as leaders and on rhetorical devices, shared values, assumptions, interests, and experiences, as well as statistics, to gather consent from a crowd.

In the context of risk management, some choices and considerations have to do with how uncertain, complex, and value-laden a risk is considered to be (Aven & Renn, 2020). In the case of Covid-19, it was uncertain how serious infections would be, exactly how the virus would spread, or how quickly. There is no established research or proven best practice to rely on in such uncertain situations. A predictive process is a gamble (Kjeldsen et al., 2021). The complexity may vary depending on whether causal mechanisms of the risk are understood, but also whether the risk can have different effects on the body of society that are not completely predictable. These risks are typically managed with either a risk-based (scientific) strategy or a precautionary strategy (Stirling, 2007). Industry and business representatives have advocated for a risk-based strategy, where calculations of severity and probabilities underly chosen measures. In a precaution-based strategy, and when an uncertain risk is to be managed, lack of science is not a valid argument for dismissing either a possible risk or possible protection (Government of Sweden, 1998). Risk governance research as well as environmental and citizen groups have long been in favour of a precaution-based strategy, with the argument that when society faces an uncertain risk, and knowledge is lacking, governing bodies must apply safety measures that protect against potentially high risk and severe damage (Aven & Renn, 2020; Klinke & Renn, 2002; Stirling, 2007).

Moreover, following Hilgartner (1992), we argue that the different ways of managing Covid-19 involved different ways of discursively defining sources of danger – risk objects – and their linkages and relations – networks of risk. Such a network of risk objects could begin with experts determining at what age young people spread infection, and then schoolchildren may be found to

pose a risk, the school considered a site of dissemination, as well as all travel there and from. Yet another risk object in this network would involve possible adverse effects on school performance and health if schools were to close. So, that which is dangerous is articulated in relation to entities' attributed protection value. Which risks to act upon and which interests to protect are not a given but are conditioned through the communication of fair judgement, ethics, laws, and politics in society. The epistemology we adopt thus centres on risk as a result of claims and relational conditions articulated in communicative processes, which does not rule out that risk also exists as a measurable artefact in science (see also Boholm & Corvellec, 2011).

Methodology

Press conferences emerged as the best available material to answer our research questions, since they present opportunities to analyse attempts at building consent for strategic choices. They form strategic arenas where politicians and agencies can communicate without journalistic editing. Presenters turn to the press but, especially during a major crisis, also to the wider public (Frandsen & Johansen, 2017). Given our interest in the communication of early strategic choices regarding collective restrictions, the data collection was limited to March–April 2020.

Transcripts of the press conferences of the Swedish government and the Public Health Agency of Sweden were analysed first by the lead author, Joel Rasmussen. The exploration of this material drew on dialogical analysis (Linell, 1998), which has previously been applied in the analysis of risk communication (Rasmussen & Kroon, 2012). The analysis began inductively with open coding of thematic fields, including recurring similarities and differences in the material. Then, the resulting themes from the analysis of Swedish material were compared with press conferences from Norway and Denmark. Characteristic and analytically important extracts from the three countries were transcribed and translated into English. Then, following Linell (1998), more detailed and language-sensitive examination followed. Thus, we sought to identify what kind of communicative project (Linell, 1998) the communication efforts were influenced by and oriented towards. For a representative in one country, it may be a matter of making a shutdown comprehensible or, in another country, making a policy of open borders and open establishments seem like the best option. We are thus referring to communicative projects that are managed in interpersonal communication. They can be short- or long-term, as well as be linked to other communicative projects (Linell, 1998). Importantly, politicians and public health authorities might have somewhat different communicative projects. In Norway, for instance, politicians were arguing for stronger meas-

ures than those initially recommended by the Norwegian Institute for Public Health. Hence, given their role as public servants, the communicative project of representatives of the latter would have to rationalise why they supported the measures (Tømmerbakke, 2020).

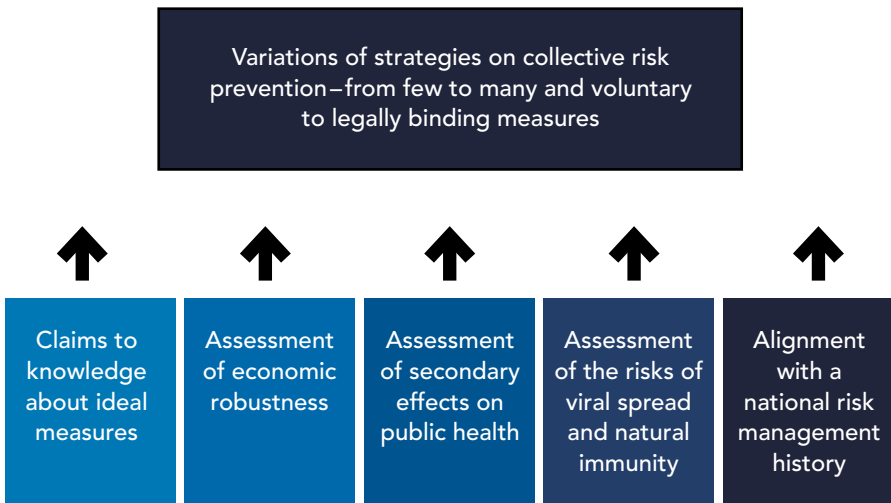
Furthermore, we examined how actors tried to handle the communicative projects they became involved in through communicative strategies, a concept that refers to conscious or less conscious discursive and contextual resources that are drawn upon to assert the viability of a particular position or action (Linell, 1998). Such communicative strategies may consist of actors drawing on established knowledge of the issue, expressing empathy, stakeholders' views, pronouncing the gravity of the situation or the responsibility of others, drawing on a rich tradition, or applying rhetorical manoeuvres such as maximising or minimising risk. When relevant, we also paid attention to divergent communicative projects, or a communicative dilemma, which features two or more incompatible goals or interests, so that the actor is forced to choose the best alternative or seek a compromise.

In summary, our analysis demonstrates some of the significant means of creating consent and the dialogicality involved. Dialogicality, Linell (1998) has explained, implies that actors do not communicate in isolation but by drawing on elements in the immediate and wider context, such as actual or imagined others and different perspectives that then play a role in the meaning they create.

Results

In the following, we seek to unpack five distinct themes drawn upon in government communication in Scandinavia when the issue of collective prevention measures was managed. The themes are condensed in Figure 4.1 and described in more detail in each of the following sections of the analysis, together with several discursive moves that they encompass.

Figure 4.1 Themes spanning communicative efforts on collective prevention choices



Varying claims to knowledge about ideal measures

In the case of Sweden, the communicative project that representatives shape and orient themselves towards is to make coherent and intelligible the choice to not follow the course taken by other countries. One of the prominent Swedish communicative strategies for completing this communicative project was to draw on the widespread belief that action must be backed by evidence (Lassnigg, 2014; Timmermans & Mauck, 2005) and claim that their choices were evidence-based. Such claims regarding knowledge of ideal measures were expressed on 10 March 2020 at the Swedish government’s press conference. A journalist mentioned that Italy and Sweden’s neighbouring countries were restricting public events and asked: “Are there any similar plans, here, to reduce the spread of infection?” whereby the prime minister answered:

The public health authorities have said that we must be prepared for that, and so has the government. But it is not certain that it is... eh... it depends on what type of event it is. It is not certain that it is dangerous just because there are a thousand people. It can be dangerous if there are fifty people if you are close enough to each other. We agreed in today’s video conference between the EU countries that we should coordinate this type of action. And we should base those decisions on what the experts say and what is scientifically proven and evidence... evidence-proven so to speak. It is the starting point for all types of decisions. But we will not shy away from making tough decisions if necessary. (Government Offices of Sweden, 2020a)

The Swedish prime minister invoked a praxis of decision-making based on science and evidence, which implies, dialogically, the position that restrictions may be the opposite of rational action. But he also began by partially conceding the journalist's implied critique by strategically invoking intentions to enact restrictions, if necessary, both at the beginning and the end of the statement. He then adjusted to countering it by introducing a requirement to be "certain" regarding the effectiveness of safety measures which, it is argued, cannot be guaranteed for different group sizes in different contexts. Then he presented a requirement for evidence-based measures. A possible dilemma, however, was that Sweden at the time had not introduced *any* restrictions on group gatherings, which means that a valid argument would include evidence that rejects the effectiveness of restrictions on any group size. Another inherent dilemma consists of a contradiction – how one should act on risk-specific evidence when the risk is novel and uncertain (see also Klinke & Renn, 2002; Stirling, 2007).

It is notable that the Swedish prime minister began by stating that "the public health authorities have prepared for this", and then went on to say, "and so has the government", thereby discursively placing the government after the health authorities. In comparison to this, the Danish prime minister and government representatives generally put themselves discursively as the leading agents. In the press conference initiating the Danish lockdown on 11 March 2020, for instance, Prime Minister Mette Frederiksen said:

It is our clear conviction that we should act today rather than regret tomorrow. We need to act where it counts. Where the infection spread most. And that's where many people gather – daycare institutions, schools, educational institutions, leisure activities, events, public transport. And therefore, it is the authorities' recommendation that we shut down all necessary activity in those areas for some time. In other words, we apply a precautionary principle. (Danish Prime Minister's Office, 2020a)

Frederiksen explicitly stated that the government applied a precautionary principle, and the preceding rhetoric demonstrates that it is her and her government, as the leading agents, that decide and carry out the decisions. The decision was based on "our clear conviction" rather than definite medical evidence, and the following specifications were political more than scientific. When the prime minister said that it is "the authorities' recommendation" to shut down, she didn't say "the health authorities' recommendation", but also avoided saying "the government's recommendation" or "I recommend". Thus, the "we" that applies the "precautionary principle" is the government, only implicitly involving the health authorities.

This becomes more evident in the following sentences. Only after putting herself and the government forward as active political agents did the Danish prime minister, briefly, turn to the "health professional infection analysis".

Immediately, she returned to a rhetorical and political constitution of who Danes are and how they ought to act during the crisis:

The health professional infection analysis is that there is one thing that works against the infection. And that is that we humans do not interact with each other too much. We need to stand together and we need to take care of each other. But we have to do it in a different way than we usually do. As Danes, we tend to seek community by being close to each other. Now we must stand together, by keeping our distance from each other. (Danish Prime Minister's Office, 2020a)

The rhetoric of the Norwegian prime minister, Erna Solberg, was similar. In the excerpt below, she too began by presenting the issue as seen from the actions taken politically. However, she allowed more room for the presence and perspective of the health authorities. Measures were based on political decisions; the government had acted, and – after the implementation of the measures – “new calculations” showed these measures were right:

The government has today discussed the measures we implemented on March 12th. We have done this according to new calculations from the health authorities. The calculations show, first, that it was right to implement the measures. Before the strict measures, each corona-infected person probably infected an average of 2.4 others. If the spread had continued like this, many people would have become ill in a short time. (Government of Norway, 2020a)

After having implemented extensive collective restrictions, the communicative project that here seems to involve the Norwegian prime minister was to justify the decisions and call on others to align with the chosen path. We see that this was done by her crafting a strong epistemic position, by acknowledging expertise (“calculations from the health authorities”), and endorsing positive evaluation, drawing on figures showing a negative development that had been reversed. Thus, while all three prime ministers framed collaborative work and claimed strong epistemic positions by asserting science-based decisions or measurable results, there was different emphasis. In the Swedish case, the prime minister and the political authorities almost seemed to leave the reigns of the country to the health experts. In a completely different course of action, the Danish prime minister and her government came forward as the decision-makers, claiming that political and societal knowledge is as important – perhaps even more important – as medical facts, because controlling a pandemic is as much about leading a country (e.g., Bjørkdahl et al., 2021) (for a discussion of how the justifying press conference was used to justify measures and actions taken and of the legitimising of the power of the authorities in Scandinavia, see Kjeldsen, Chapter 5).

Economic robustness in the face of collective restrictions

Politicians and officials with responsibility for the economy became nested in communicative projects aimed at informing about economic downturns and justifying government countermeasures – sometimes also associating the problems with collective restrictions. The Swedish minister of finance spoke on several occasions about the shock effects on the economy:

What we see in the whole world is both a demand shock and a supply shock occurring at the same time; a demand shock where measures such as quarantine and closed borders reduce travel, but it is also the case that people change their behaviour due to the uncertainty that prevails. (Government Offices of Sweden, 2020b)

The meaning and responsibilities conveyed in the statement become more nuanced with the context that Swedish citizens witnessed other countries introducing mandatory quarantine and border closures, but not Sweden. The Swedish representatives thus shaped strategic discourse around a “we” that could handle the crisis without major restrictions and with less negative effects on the economy. Greater restrictions with a negative economic impact were explicitly and implicitly linked to the actions of other countries, while Sweden was cast as undeservedly and negatively affected, as in a statement by the Swedish minister of trade and industry:

It has not gone unnoticed what effects this crisis will have on the labour market and companies, both based on the rather large restrictions that have been implemented not least among our neighbours in Europe and abroad, but also based on the fact that people are actually worried – and rightly so. (Government Offices of Sweden, 2020c)

We may also understand the above claims about negative economic effects as discursive moves that expanded the network of risk to include a secondary risk object – collective restrictions meant to stop the virus – and at the same time additional interests to protect other than the health of risk groups – namely economic ones. So, although the claim that health was the priority was repeated in several Swedish press conferences, a closer examination of arguments shows that this too was conditioned by certain boundaries established in the discourse. Swedish leaders were not as willing to take financial responsibility for measures that forced businesses to close temporarily.

Denmark was in a different situation, with the partial lockdown imposed on 11 March 2020. In her speech that day, the prime minister acknowledged this by assuring that the lockdown would not “throw Denmark into an economic crisis”:

We must minimise activity in society as much as possible, but without stopping Denmark. And we must not throw Denmark into an economic crisis. So we choose changes in the public sector, to ensure that the private sector can continue in the best possible way, for the longest possible time. And all of us, of course, must be able to buy goods in the stores. It must be produced, it must be transported, and it must be sold. And I would like to emphasise that we are not in a food crisis. There is no need to stockpile either rye bread or toilet paper. (Danish Prime Minister's Office, 2020a)

In Sweden, as described, the issues and problems related to the economy were primarily constructed discursively as an exigence created by the strict measures enacted by other countries. In Denmark, this discursive move was not an option for the Danish prime minister, who had constituted Denmark and herself as an agent who acts swiftly and determinately to impose necessary measures and restrictions. Thus, the Danish prime minister entered into a communicative dilemma where she had to minimise and justify the actions enacted by the government by putting forward a strategy (making changes in the public sector, not the private) and assuring that everyday necessities would still be available. The prime minister's assurance that it would not be necessary to stockpile immediately led – perhaps, not surprisingly – to many people doing just that.

As an oil-producing nation, Norway has a large amount of financial means ready in the so-called oil fund, or the government pension fund, which serves as a national reserve placed in equities, fixed income, and real estate (in late 2021, the value of the fund was almost NOK 12,000 billion). Thus, Norway's situation was very different. Even though the Norwegians enacted almost the same measures as the Danes, the response from the minister of finance, Jan Tore Sanner, was simply to ensure that the Norwegian economy and institutions were strong:

For the time being, it seems that growth in the Norwegian economy will slow down a bit before it will recover. [...] Fortunately, the Norwegian economy is solid and well equipped to handle this. We have mechanisms in the labour market that are precisely aimed at such situations as we are experiencing. The redundancy regulations ensure unemployment benefits for the individual employee if he or she is laid off. Then companies can quickly reduce their costs and we avoid redundancies. [...] We are well equipped to deal with the financial uncertainty we now see. (Government of Norway, 2020b)

Sanner found himself in a communicative project of managing the possibility that the (partial) shutdown could be a threat to the Norwegian economy. In managing this, he discursively enacted the strong Norwegian economy through semantic and modal choices that minimised financial troubles (*“For the time being, it seems that the growth in the Norwegian economy will slow down*

a bit before it will recover” [emphasis added]). He thus asserted that it was a temporary predicament and not a recession, but possibly reduced growth which would later turn (now without vagueness) to recovery. We thus see the reverse of vagueness as he then pronounced economic strength and preparedness, with declaratives (e.g., “the Norwegian economy *is* solid”) and added force (e.g., “mechanisms [...] which are *precisely* aimed at such situations”). Thereby, he employed a two-part communicative strategy that consisted of discursively minimising financial risk and maximising society’s resilience, and in so doing, also helped facilitate the process of closing Norwegian borders and many establishments.

Claims regarding the secondary effects of collective restrictions on general public health

Considerations regarding effects on general public health – of Covid-19 as well as of measures taken – illustrate the diverse interests and tasks for which authorities can be responsible (Höglund et al., 2018) and how partly different networks of risks can be formed (Hilgartner, 1992). For instance, the director general of the Public Health Agency of Sweden (2020a) addressed broader health effects in connection with the topic of school closures:

The authority is not just an infection control authority but is responsible for children’s health. We need to think about that perspective. We have a measure that is not primarily intended to protect the children, so we must think about what we should weigh it against. There is a large group of children in Swedish schools and society who are in a socially vulnerable situation. We know that there is a large group of children with mental health problems. We have reported on it, it is the subject of great interest and commitment. We must not forget those aspects. For these children, school is often a cornerstone. We see that many children appeal: “Do not close the school, I want to stay here”. It must be weighed against the infection control aspect.

It is clear from the onset of this excerpt that the choice of direction in managing Covid-19 was justified by the positioning of the authority as responsible for public health and not just infection control. Then, the communicative strategy consisted of the director general advocating a logic of justice – that the children would suffer negative consequences but hardly any benefits of school closures. Furthermore, it consisted of drawing on the context of experiences from the field of public health, including others’ invested work in the issues, the agency’s reports, and knowledge of the high prevalence of socially disadvantaged children who need school as a safe place. Finally, the director general also utilised a discursive invocation of absent parties, by ventriloquising children’s voices and thus “borrowing” their identity position in making the point.

We see a different discursive treatment of the issue of public health in Denmark and Norway, where the risk object was primarily articulated as the virus itself, whereas possible secondary health effects of collective restrictions were dealt with subtly and rarely stated explicitly. Public health was thus addressed through the main message that if Covid-19 was not hindered, public health would be threatened. Facing the communicative project to justify large collective constraints for the Danish population, the Danish prime minister justified them on 13 March as follows:

It's going to cost us all. I'm sure we'll get through this together in a good way. And right now I know very well that the whole catalogue [of measures] is very aggressive and will be experienced as very aggressive, but I am of the complete clear conviction that it is worth it because we risk, if we do not do this, then the costs, humanly, health-wise, and financially, will be far, far greater. (Danish Prime Minister's Office, 2020b)

The Danish prime minister, using a concede-and-counter strategy, declared that the collective restrictions did indeed have negative effects. She thus began by conceding possible criticism of the chosen path; then, she countered with plenty of force added (“*but I am of the complete clear conviction that it is worth it*”), which leaves no doubt as to where she stood on the issue. The actual argument, then, consists of the claim that the option with fewer measures and greater spread of Covid-19 is worse. The discourse was thus expanded, first when the dialogical alternative with negative effects of collective restrictions was introduced, and then it was contracted through strong investment in the correctness of selected measures, also considering the “humanly” and “health-wise” dimensions.

The articulation of the spread of infection as a central risk object was also evidenced by Denmark and Norway, addressing public health as a possible concern in connection with reopening establishments. Contrary to the conclusions of the Swedish political and expert leadership, this position implies that the safe alternative would be to keep establishments such as schools closed, and that opening them was associated with public health risks. At a press conference on 7 April 2020, the Norwegian minister of education stated the following:

Schools and kindergartens must be given time to prepare for an opening. Health considerations take precedence over all other considerations. The process must be safe for children and adults. Teachers and other staff should not be in doubt about how to organise everyday school life. (Government of Norway, 2020c)

At this point in April, the government discursively enacted a new phase in the strategy: to reopen. With the context of having articulated the spread of infection

and close contacts as major risks, those responsible now faced the communicative project of justifying the easing of collective restrictions. In other words, if the option of staying open was so risky, how should they proceed safely when society opened up? The Norwegian prime minister's communicative strategy was to utilise quite authoritative discourse, with assertions of obligation and necessity that the procedures for school activities would be safe for children and teachers. This marks a difference from the Swedish political and expert leadership, who emphasised that open schools are critical for public health and were not driving the spread of infection, thus setting the limit for actionable Covid-19 risk higher and for activities assumed to contribute more to viral spread.

Judgements on the severity of viral spread and the issue of immunity

Protective measures develop from articulations of the severity of Covid-19, just as risk perception is more generally assumed to be followed by a corresponding response (Aven & Renn, 2010). Leaders from all the countries also became involved in the communicative project of informing about the properties and dangers of Covid-19. We see recurring statements in all three countries that are similar to the description given by the Norwegian prime minister:

Most of us will not experience this disease as very dramatic. But we all have a special responsibility to protect people who are particularly vulnerable to becoming seriously ill from it. Therefore, we must all follow the health authorities' advice to prevent infection. (Government of Norway, 2020b)

At a basic level, politicians and expert authorities in all three countries attributed similar severity to Covid-19, in that it was primarily a danger to risk groups.

Two differences still distinguish the Swedish communicative project. The first consisted of the unique anticipation of natural immunity, expressed at about fifteen press conferences from March until May 2020 (Rasmussen, 2022). Such anticipation cannot coexist with the image of a dangerous virus without an immense ethical dilemma. The state epidemiologist, Anders Tegnell, stated on 16 March that herd immunity would be achieved when about half the population had been infected. Then, he rhetorically mitigated the risks of such a development of events by claiming that "90, 95 per cent of them will hardly be so ill that they even notice it" (Public Health Agency of Sweden, 2020c). The dilemma that herd immunity implies significant spread of infection was thereby momentarily addressed through the evaluation that even perceptible symptoms are rare. We cannot see this type of risk minimisation in the Danish and Norwegian material.

The second difference was that the anticipation of immunity also meant that the infection should not be stopped, and that measures that could be effective

against viral spread were not necessarily seen as the best option. During a press meeting in April, it was stated that decreased viral transmission was one reason why lockdown would not be preferable:

Many of us are in Andalusia, which has about the same population as Sweden. We have half as many deaths as in Sweden. Can you comment on that?
– There are many factors to weigh before comparing deaths and it is a bit early to compare with Spain. But you balance different things. It is too early to compare what the end result will be. The disadvantage of a lockdown is that there is not such a large spread of infection, and then it can increase when you ease it. (Public Health Agency of Sweden, 2020b)

Pointing to the similar population size of Andalusia and Sweden, and highlighting the mortality rates, the Public Health Agency of Sweden was put on the spot to provide an explanation. Two communicative strategies emerged: first, invoking the viability of having long-term sustainable measures, and second, denouncing the possibility of making comparisons as premature and complex. Most importantly, the lockdown strategy applied in Spain was evaluated negatively because it might stop the infection rate in the short term, having a negative effect on herd immunity, and then prolong the crisis when restrictions are lifted.

These characteristics of the Public Health Agency's communication imply that the differences, compared with Danish and Norwegian risk communication, were primarily about how the risk of viral spread was valued. In Denmark and Norway, the risk that significant viral spread would reach risk groups was judged to be too high. When this in fact occurred on a large scale in Sweden, the Public Health Agency and the government placed the responsibility on municipal and private care providers. However, the Swedish Corona Commission (2020) emphasised the proven correlation between the amount of viral spread and the number of deaths in country after country: Countries that failed to keep viral spread down had high death rates.

Invocations of the national risk management history

Another way of calling on others to align with certain management of the pandemic is to profess that the country has a certain risk management heritage. This was expressed on recurring occasions, for instance, when the director general of the Public Health Agency of Sweden was asked why they had waited until 27 March to lower the crowd limit to 50:

Well, we have a significant spread of infection. But above all, it is good that you grow into situations like this, I think. We see in many other countries where the police have to beat people on the street and force them inside because there is such a big jump. Law and order is one thing, but the other

thing, which is the great thing, is something else. There needs to be acceptance and understanding, I think. We have built a lot of the strategy, and infection control in general in Sweden, for decades, on acceptance and understanding of measures taken. And we have seen with the many programmes, whether vaccination of children, whether antibiotic resistance, whatever it is, that people understand that certain procedures are important. Those principles still apply. (Government Offices of Sweden, 2020c)

The director general used two statements to support the fact that they were awaiting stricter restrictions on group gatherings. The first was that the measures followed the actual spread of infection, thus aligning with other statements about evidence-based rather than precautionary measures. The second statement consisted of the assumption that the measures should be stepped up gradually in order to gain public acceptance. This addressed the problem of communication efficiency, but not the epidemiological aspect of curbing viral spread through comprehensive measures early on. Further on, there was some fashioning of collective experience of other countries' Covid-19 management, with representations of behaviour that can be placed quite far away on a scale of authoritarianism ("other countries where the police have to beat people on the street and force them inside"). The director general then presented a more positive evaluation of voluntary measures than law and order, and some further ideological positioning ("there needs to be acceptance and understanding, I think"). In addition, he constructed a collective identity by conveying a common, positive organisational and national experience of working with voluntary measures and generalisation of efficiency.

The Norwegian prime minister explicitly mentioned how Norwegian society had prevailed in previous dramatic events, and that elevated social trust was the defining factor:

Together, we have all contributed to building the welfare society. When terror and misfortune have befallen us, we have come through it together. When freedom has been threatened, Norwegians have given everything for each other. This has given our country an advantage that is more powerful than any weapon, and more valuable than any oil fund: namely that we trust each other. It is this trust that will carry us through the crisis we are now in. Without the high trust between citizens and the authorities, we could never have gotten the whole of Norway involved in the fight to combat the coronavirus. (Government of Norway, 2020d)

The prime minister first mentioned the welfare society, which has been much discussed in relation to trust (Ihlen et al., 2022). In addition, however, she also mentioned terror, alluding to the massacre on Utøya (see, e.g., Olsson & Erikson, 2020), as well as World War II and the sacrifices people made. Since these are

well-known and powerful images for many Norwegians, she did not elaborate. Instead, she relied on these collective stories in her attempt to build a bridge to trust in the authorities, which could in turn fuel resilience. By discursively drawing on the management of such major national events, she called on others to align with the joint work in a new major event.

We did not see this invocation of major, historical national events in the press conferences with the Swedish and Danish prime ministers. Another way of drawing on the history of risk management is thus shown in more subdued references to previous methods of dealing with virus outbreaks, such as below when the director general of the Danish Health Authority [Sundhedsstyrelsen] certified the suitability of future measures and thus called on people to believe in them:

Well, I thought maybe I could just say a little about the health professional documentation regarding large events. We have good documentation, but it is also a new disease that we have only known about for a few months. We have experience from major outbreaks of influenza, and of these initiatives which we propose here. They are effective in preventing and reducing the epidemic, especially if timed well. So therefore it is timely diligence to do so now and implement that recommendation. (Danish Prime Minister's Office, 2020c)

In both quotes, then, we see how previous experience and claimed success functioned as the main rationale for the chosen measures. The communicative strategies of the two actors differ vastly, however: The Danish director general implied that the authorities knew what they were doing based on a specific medical history, but the Norwegian prime minister relied on broad collective memories of war, terror, and state-building. Then again, the different roles offer different strategies: A national leader might be expected to use rhetoric matching the gravitas of the situation, and thus pathos, whereas a public servant must balance this against a bureaucratic ethos of correctness, impartiality, and accountability (Kettle, 2008).

Conclusion

In this chapter, we have examined how leading politicians and representatives of public health authorities in Denmark, Sweden, and Norway attempted to create consent for their strategic choices to adopt or refrain from collective prevention measures at the critical beginning of the Covid-19 pandemic. To realise this, we applied a strategy-as-practice perspective (Whittington, 1996) and focused on press conferences at the critical juncture between March and April 2020. Thus, instead of assuming that strategy already exists and has only been transmitted, or taking explicit government statements about their strategy at face value, we

hope to have contributed with an understanding that strategy, also in the context of Covid-19 management, is something that is “done” continuously, through communicative action. In Figure 4.1, we proposed a conceptual understanding of how politicians and officials gathered consent for strategic choices during the Covid-19 crisis, identifying particular discursive moves within five overarching themes including claims regarding knowledge, economics, secondary effects on public health, risks of viral spread, and risk-management history.

As these themes were examined in detail with the help of dialogical analysis (Linell, 1998), we further contribute to bridging the gap between micro-level discourse and major strategic events (Kohtamäki et al., 2021). We demonstrated how arguments were posed to justify major choices and call on others to align with them. In doing so, we also showed that differences in the management of Covid-19 are not solely explained by political-administrative attributes (Bylund & Packard, 2021), but also by trade-offs made and positions taken by governments and authorities that surface in their communication efforts (however, for a discussion of how the different administrative traditions and models of governance did influence the different pandemic responses in the Nordics, see Sandberg, Chapter 2).

The first theme that proved to be important was how representatives of all three countries drew on claims to knowledge and thus formed a strong epistemic position backing their strategic choices regarding collective measures, thereby also calling on others to support them. Such a position is often formed by an authoritative voice, with declarative statements that leave hardly any doubt about the speaker’s position or the state of affairs. The discourse features dialogical contraction, rather than the speaker opening up dialogical space for different possibilities. Differences that we still identify are that the Swedish government and the Public Health Agency limited which collective measures could be used by presenting that there must be evidence in advance regarding risks as well as the particular measures. Such a position is concerning when the risk is new, knowledge is limited, and measures are only potentially effective – which has also been shown in studies that could be counted as “evidence” (Aven & Renn, 2010; Stirling, 2007). The Norwegian and Danish governments justified collective measures by pronouncing the seriousness of the situation, precaution, and the great risks of the spread of infection, and then presented evidence as measures could eventually be evaluated.

We also found that economics is an area that is affected and shaped discursively in support of the chosen path regarding collective measures. The Swedish government proclaimed that closing businesses and national borders would have major economic consequences (e.g., “shock effects on supply and demand”), which helped justify excluding collective measures. At the same time, albeit implicitly, a limit was set on what stopping the spread of infection was worth. In contrast, the Norwegian government discursively enacted a strong

economy and minimised the risks, while the Danish government emphasised that the closure was partial and thus less harmful to the economy. Thus, in various ways, arguments regarding the economy were drawn upon in support of the chosen strategies.

Additionally, we identified differences between the countries' Covid-19 communications concerning themes of the danger of viral spread and how to define and manage risks to public health. In the material studied, the Swedish government placed the responsibility for infection-related decisions on the Public Health Agency, which in turn asserted its broad public health mission, communicatively forming a complex network of risk. The virus was articulated as a harmless object of risk to the masses, while secondary effects of strict collective measures were articulated as bringing difficult public health problems. Furthermore, natural immunity was anticipated among healthy citizens, while risk groups were to be protected. This meant that all infections must not be stopped, and there was no reason to implement all measures, especially those assumed to have negative effects on public health. Thus, two major differences emerge here. The Danish and Norwegian governments did not place the responsibility for infection-control decisions on a single authority with a broad public health mission, but could be said to be engaged in crisis management regarding the viral spread and minimising its death toll, communicating a belief that the rest of society was robust enough to handle the measures implemented. The second difference is that there were no mentions of achieving immunity in Norway and Denmark, which saved them from the paradox of simultaneous communication about viral infections being both protective and dangerous (see Rasmussen, 2022).

A final theme with significance for how choices regarding collective measures were justified is the invocation of a risk-management history. In this respect, the director general of the Public Health Agency of Sweden draws on a history of successful, voluntary vaccination programmes, advocating voluntary measures over collective restrictions. However, as with the director general's idea of the viability of escalating countermeasures gradually when the spread of infection had taken hold in Europe and increased in Sweden, one can question the viability of leaning towards a history of successful voluntary vaccination programmes. Indeed, the escalation of measures can very well be interpreted as lateness, and vaccination programmes involve people acting in self-interest, which is not so easily transferred to the Covid-19 situation when the masses ought to act altruistically for distant others, often and for a long time. It is also interesting that he drew on a context of police brutality, only to position his decisions as humane and reciprocal. The anti-authoritarian position is thus made viable in relation to a dialogical extreme. A rhetorically more difficult and relevant context to draw upon would have been a measure such as a two-week mandatory quarantine for entry from risk areas such as the Italian and Austrian

Alps, which was well within the powers of the Communicable Diseases Act, but which the agency waived. In comparison with the Swedish risk communication, the Norwegian communication was most different, the analysis of this theme showed. As opposed to justifying strategic choices with the help of everyday vaccination programmes, the Norwegian government justified extensive measures by drawing on a history of joint efforts in times of severe crisis, from the World War II to the massacre on Utøya in 2011.

As an avenue for further research, and since discourse analysis is suitable for identifying ideological positioning, future studies could take our observations of ideational sentiments expressed in government communication and make such discourse the focus of a larger empirical investigation. Also, instead of focusing on unimodal communication in a traditional communication pathway such as press conferences, future studies might take a different methodological route, revealing other aspects of government communication by focusing on their multimodal discourse on social media (see Bouvier & Rasmussen, 2022; see also Lindholm et al., Chapter 7; Fiskvik et al., Chapter 11). Furthermore, we have focused on patterns of discourse and on context drawn upon *in* the discourse, creating dialogical dynamics, and in a broad material that spans planned prime minister speeches to spontaneous government communication. Therefore, future studies could focus on genre-specific characteristics of Covid-19 communication, as well as individuals' unique rhetoric, and their overall rhetorical situation.

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