



Solidarity and polarisation regarding COVID-19 and related risks – A thematic analysis of comments from an international survey

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ABSTRACT

COVID-19 represents a risk to people's life and societies in their current shapes and functions, with institutionalised responses redefining everyday life. Crises in society can induce fear and tensions that can unite and divide people, inducing acts of solidarity and polarisation. The study explored articulations of solidarity and polarisation in relation to the COVID-19 pandemic and related risks. A Foucault-inspired thematic analysis was pursued on qualitative data from an international survey about COVID-19 and social media. The analysis resulted in four themes illustrating articulations of solidarity and polarisation related to the COVID-19 pandemic. The analysis showed solidarity and polarisation as each other's premise and contradiction. Socialisation into a 'new normal' was characterised by the balance between solidarity and polarisation as well as aspirations to enhance future solidarity. The study illustrated that social media functioned as social technology for control and manipulation towards social normalisation. However, it was also used to voice attempts to rectify (or overthrow) the dominant medico-political discourse and norms with own preferences, opinions and a functioning daily life. In short, the articulations and social media uses could be interpreted as expressions of power and counter-power.

1. Introduction

In times of crisis, people may join forces in acts of solidarity in relation to the official medico-political recommendations (Glasdam & Stjernswärd, 2020a). Acts of solidarity, such as fundraising through social media platforms for those affected by the COVID-19 pandemic (Bin-Nashwan & Al-Daihani, 2020) and mobilisation of support by volunteers through social media groups (Carlsen et al., 2021), have been observed. While social media have been highlighted as a driver and controller of social and political participation (Boulianne, 2017; Linnamäki, 2021), other studies show that the role of social media in relation to supportive COVID-19 activities can be marginal, if significant at all (Ohme et al., 2021). However, people may also be accused of being disloyal or dangerous, be it nations, politicians, organised groups, or others. The COVID-19 pandemic represents a challenge in terms of democratic principles and performance and the ability of liberal democracies to respond appropriately to crises. Democratic principles may for instance be overruled by the overarching aim of controlling the spread of the SARS-CoV-2 virus. This can affect public opinions and lead to accusations of lack of solidarity and ideological polarisation, for instance in relation to freedom restrictions and the state's capacity and

redistributive role in reaction to crises (Ares et al., 2021; Asano et al., 2021; Glasdam & Stjernswärd, 2020b; Goetz & Martinsen, 2021, pp. 1–22). Such patterns of articulations of solidarity and polarisation are for example seen in relation to the world threat of antimicrobial resistance (AMR), where e.g. a unified treatment strategy appears as a call for solidarity. Polarisation appears by pointing out 'The Others' as having a dangerous behaviour regarding AMR, such as countries with antibiotics overtreatment and individuals traveling to those countries (Brown & Nettleton, 2017). This article focuses on articulations of solidarity and polarisation in relation to the COVID-19 pandemic and related risks.

1.1. Background

COVID-19 is classified as a pandemic (WHO, 2020a), which may ignite fear on individual, societal and global levels (French & Monahan, 2020). COVID-19 can be fatal and the consequences of actions taken to contain the spreading of the virus can seriously affect individuals and populations. The situation may hence trigger a survival response, colouring individuals' thoughts, emotions and behaviour. The pandemic represents a risk to people's life and to societies in their current shapes and functions. Outbreaks such as the current pandemic and subsequent

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management measures can contribute to a climate of insecurity, fear, and competition for scarce resources, which risks reinforcing polarisation (Spitale, 2020). In face of the pandemic, institutionalised responses include surveillance as a ground for action and control, with the monitoring of incidence and prevalence, counting confirmed cases and death tolls (French & Monahan, 2020). Such facts can be found 'en masse' also in social media, whether homemade or shared from diverse sources, which include governmental bodies, health authorities, news channels, and individual citizens. This adds to the difficulty of identifying sources and validity of information, in what the World Health Organisation [WHO] classifies as an 'infodemic' on COVID-19 (WHO, 2020b). Media portrayals of disease influence people's construction of their social understanding of disease, health risks, and daily living (Clarke, 2011; Lupton, 2013). Digital platforms, for instance, allow lay people to evaluate, share and challenge shared expert information about health issues. In contemporary literature, the notion of risk has come to stand as one of the focal points of feelings of fear, anxiety and uncertainty (Lupton, 2013). While handling strategies are attempts to tame uncertainty, their focus on risk may instead increase anxiety (Lupton, 2013). Frequent media exposure for instance appears to increase people's perception of infectious diseases as serious and tendencies to overestimate relative personal risk compared to population risk in comparison to diseases thought to be less common (Young et al., 2013). The COVID-19 infodemic (WHO, 2020b) contributes to possibilities of high exposure to information related to the pandemic, potentially also inducing information overload (Glasdam & Stjernswärd, 2020a) and a sense of confusion (Depoux et al., 2020).

The current pandemic is fraught with risks, insecurity and associated emotions. Prevailing discourses can affect movements towards solidarity and polarisation respectively. Different definitions and inherent logics of risks and surveillance can illuminate social tensions and discursive constructions pervading during the COVID-19 pandemic (French & Monahan, 2020). For the WHO (WHO, 2005), for example, an authoritative public health actor, the inherent logic and objectives of surveillance are to monitor trends, detect new cases, conduct risk assessments, and guide responsive measures. Whether regulated by law or stated as recommendations, the respective countries' governments' medico-political strategies appeal to people's obedience and common sense to hinder the spread of the virus and to protect so appointed vulnerable groups (exempli gratia [e.g.] elderly people, immunocompromised people) and vital workers such as healthcare professionals, which are strategies to handle the pandemic (Sohrabi et al., 2019). They can also be interpreted as appeals to solidarity in navigating the crisis to the best of the world's current COVID-19 related knowledge, while also risking laying the ground for or reinforcing polarisation tendencies. Different discourses affect and are affected by their drivers and recipients, and such discourses can reinforce tendencies towards both solidarity and polarisation. According to Foucault (Foucault & Madsen, 1970), a discourse is defined as a group of utterances emanating from the same discursive formation, that is, a restricted number of utterances from which one can define the conditions of possibility. Discourse is a language that reflects the social order and contributes to its creation. While demonstrations of solidarity may invade social media at times of upheaval, fear can easily dominate the debate, fuelling aggression and people lashing-out at each other. Polarised voices may engender and reinforce social divisions (French & Monahan, 2020). Polarisation can occur on different grounds, e.g. political, social, psychological, and refers to a process whereby for instance groups are divided into opposing sub-groups, or opinions spread into different directions or diverge into extremes (Bramson et al., 2016). Solidarity, on the other hand, refers to a unity that produces or is based on a community of standards, interests, and objectives. It can be viewed as a commitment to e.g. bear costs (economic, social, emotional or other) to help others, with whom there is an acknowledged, relevant similarity (Prainsack et al., 2015). Solidarity is therefore based on the recognition of symmetrical relations between people and societies, where humans share certain fundamental

values and interests (West-Oram & Buyx, 2017). It thus encompasses an intersubjective dimension and common action around common values (Houteven & ter Meulen, 2000). Acts of solidarity towards one group may hence, consciously or not, mean lack of the same towards another group with e.g. differing interests.

Countries' handling of the pandemic and citizens' articulations on the subject may hence be revealing indicators of public opinion and movements towards solidarity and polarisation. Exploring how individuals articulate aspects of solidarity and polarisation in relation to COVID-19 and related risks, and in relation to whom, may give an insight into evolving public opinion and discourses. In terms of communication and discourses, social media influence and change the way individuals express their views publicly (Mustaffa et al., 2018; Pamment, 2015). This motivates the current study of people's articulations of solidarity and polarisation in relation to COVID-19, related risks and social media. Tensions of different kinds, be it between diverging interests, values or beliefs, have arisen in face of the pandemic (Glasdam & Stjernswärd, 2020a). Racialised statements, for instance, can exemplify wide-reaching tensions (Ellen, 2020; French & Monahan, 2020), which may indicate social tensions. They may also reveal a pendulum movement in articulations of solidarity and polarisation. Ideologies, which in themselves can imply undertows of polarisation, can be passed on and reinforced by the construction and transmission of discourses. The use of an Us-Them separation involves expressing or emphasising positive information about Us, while expressing/emphasising negative information about Them. It also involves suppressing or de-emphasising positive information about Them, while suppressing/de-emphasising negative information about Us (van Dijk, 1998). Such articulations can be seen in connection with strategies to normalise and discipline human beings (Stjernswärd, Ivert, & Glasdam, 2021; Foucault, 1995, 2003). This draws the current article's attention towards articulations of solidarity and polarisation related to COVID-19. The article's aim is to explore articulations of solidarity and polarisation in relation to the COVID-19 pandemic and related risks.

2. Material and methods

This study was a thematic analysis, conducted through a theoretical lens consisting of the Foucauldian concepts of power, disciplining, and normalisation, pursued on qualitative data from an international survey about COVID-19 and social media.

2.1. Theoretical framework

Hodges et al. (Hodges et al., 2014) argue that using a Foucault-inspired theoretical perspective provides opportunities for making interpretations and analyses that would otherwise not have been possible for the researcher. A Foucauldian perspective may challenge faith in the seeming self-evidence of truths presently valued in thought and practice systems. According to Foucault, power is viewed as a relation and refers to the ability to bring things into action, making it a productive force. Power will always generate resistance. Power is omnipresent at all levels of the social body, both in the state and governments, but also throughout the social body where it operates at micro levels of all social relationships. Power shapes the discourses in society (Foucault, 1995, 2003). It can be exerted through discipline (Foucault, 1995), by regulating the behaviour of individuals in the social body. It happens through a regulation of the organisation of space (architecture, etc.), time (timetables), and people's activity and behaviour (norms, etc.). From Foucault's perspective, institutions create knowledge about risks and how they should be managed, collectively and individually. This is contrasted with contemporary neoliberalism, where individuals are expected to manage their own risks through self-regulation (Alaszewski, 2009).

Institutions function as bodies of knowledge (Foucault, 1995, 2003). They define norms of behaviour and deviance, coercing people into

desirable behaviours. That which is seen as normal in society, including actions and ideas, thus represents a social process of normalisation. Although norms define what is normal, not all norms are normalising. Explicitly through laws and tacitly through cultural norms, society defines what is normal and abnormal in society, and the societal acceptance of norms and behaviours. Through norms, social strategies enable rewarding and punishing people in order to discipline them, and make them comply with norms. Normalisation as a strategy is hence a disciplinary power, enabling maximum social control with minimum violence. This disciplinary power is a crucial aspect of social structure and draws its power from the uncritical acceptance of norms (Foucault, 1995). Norms are socially accepted in relation to current discourses in society and often such discourses are so deeply rooted in society that individuals are unaware of them, yet voluntarily handle them.

In the current study, it implicated that current discourses governed thoughts, actions and attitudes relating to COVID-19, related risks and social media (Darbyshire & Fleming, 2008; Winch, 2005). Governments and institutions deemed as authoritative will be active parties in the construction of dominant discourses about societal norms, even in an 'abnormal' situation such as the COVID-19 pandemic. At the same time, the state has regimes for surveillance and punishment of individuals who do not follow these norms. Strategies for including or excluding such norms in society and in individuals' behaviour depend on how meaningful these norms are for the individual's life and current situation. The use of Foucault's concepts of power, disciplining, and normalisation provided us with a gaze to analyse and understand how a crisis situation such as the COVID-19 pandemic shaped articulations about solidarity and polarisation and how such articulations could affect and be affected by individuals, groups and societies.

2.2. Data collection

This article was based on qualitative data from a larger study, of which the overall aim was to explore people's uses of social media regarding COVID-19, using a structured online questionnaire with room for comments and free text answers as data collection strategy. Focus in the current study was on qualitative data consisting of the participants' comments/free text answers, with specific focus on solidarity and polarisation. The survey was answered anonymously, available in 8 languages (Danish, English, French, German, Italian, Norwegian, Spanish, Swedish) between April 7th-28th 2020, and took 10+ minutes to complete. It included 29 structured questions related to COVID-19 information and effects of such uses, most with Likert-scale or multiple choice response alternatives. The questions also included space for comments and free text answers. Participants were thus invited to elaborate on their answers on the structured questions, and to add further comments/reflections in relation to COVID-19 and social media. The survey translation was carried out by the (multilingual) authors of the current article and contacts with command of the languages in question.

2.3. Participants

The online survey, with accompanying information, was distributed through a public link on multiple social media platforms (e.g. Facebook, LinkedIn, Twitter, Instagram). No other inclusion criteria than age (≥ 18) were specified. People coming across the survey were encouraged to share it with their networks for a snowball effect. Out of the total sample of participants ($n = 943$) recruited through this snowball technique, 69% ($n = 651$) also responded with one or several free text answers. The free text answers from this sub-sample represent the empirical material analysed in the current article. This sub-sample is largely similar to the total sample in terms of gender, age, education level and country of residence. The majority of participants from the sub-sample were women (75%), aged 45–59 (45%), with a higher education level and (self) employed (see Table 1). Twenty-nine countries

Table 1
Sociodemographic distribution of participants.

	n = 651	%
Gender		
Female	491	75
Male	159	24
Other	4	1
Age		
18-24	73	11
25-44	190	29
45-59	291	45
60+	97	15
Education		
≤ 10 years of schooling	12	2
High school or equivalent	65	10
Shorter higher education	70	11
Bachelor's or equivalent	195	30
Master's or equivalent	214	33
Doctoral degree or equivalent	80	12
Other	15	2
Employment		
Employed or self-employed	481	73
Unemployed	18	3
Homemaker	6	1
Student	81	12
Retired	44	7
Unfit for work	10	2
Other	13	2
Country of residence		
Sweden	227	35
Denmark	210	32
Faroe Islands	44	7
Pakistan	32	5
Norway	27	4
United Kingdom	15	2
Belgium	14	2
Switzerland	12	2
Italy	11	2
Other	62	9

were represented in the total sample. In the sub-sample, 57% responded with 1–3 free text comments, 22% with 4–5, and 21% with >5 free text comments (range 6–16).

2.4. Analytical strategy

The latent, thematic analysis was inspired by Braun and Clarke (Braun & Clarke, 2006) and conducted through a theoretical lens consisting of Foucault's (Foucault, 1995, 2003) concepts of power, normalisation and discipline to understand articulations of COVID-19 and related risks in terms of solidarity and polarisation. Firstly, all qualitative comments from the questionnaire were exported to a word document (103 A4 pages), which was read through several times to get a thorough understanding of its contents. All comments were treated as a unified expression of spontaneously written responses to the questionnaire, and as such the comments were considered as articulations on COVID-19 and related risks. It meant that the analysis did not focus on individuals and their specific situation, but on the different patterns of articulations that arose in the comments as representations for discourses in society denoting a historically contingent social system that produces knowledge and meaning. Discourse is distinctly material in effect, producing practices that systematically form the objects of which they speak (Foucault, 1972). Secondly, the comments were sorted by a process, where questions were used to break down and reduce the amount of the empirical material, and to code and reorganise the contents in line with the article's aim, which was to explore patterns of articulations pertaining to aspects of solidarity and polarisation related to COVID-19 and related risks, using the chosen Foucauldian theoretical lens. The questions were:

- How are aspects of solidarity related to COVID-19 and related risks articulated in the empirical material, and in relation to whom?
- How are aspects of polarisation related to COVID-19 and related risks articulated in the empirical material, and in relation to whom?

Through these questions, it was possible to construct patterns of articulations about the understanding of 'normal behaviour' related to COVID-19 and the strategies to obtain this behaviour in society. Thirdly, based on this reorganisation of the empirical material, four themes were constructed across the empirical material to pin down the study's aim. Quotes selected from the empirical material illustrate the analysis.

2.5. Ethical considerations

The study adhered to the ethical principles of the Declaration of Helsinki (World Medical Association, 2013). Participation was voluntary. Data was collected anonymously through a web-based, public survey link. Responding to the survey implied a written informed consent by ticking an approval box.

3. Findings

3.1. Solidarity and polarisation as each other's premise and contradiction

Articulations of solidarity showed how the dominant health political discourse had the power to discipline people's attention, thoughts (and maybe also acts), and to promptly create new societal and individual norms during the pandemic. In the current study, the articulations' focus was on minimising the spread of COVID-19 through isolation of the infected, social distancing, hand hygiene, and paying attention to vulnerable groups and healthcare professionals. The named principles were to be applicable to everyone in the community in the name of solidarity. Articulations of solidarity were expressed in different ways. There was a call towards humanity's survival *per se* when taking a favourable stand towards governmental recommendations or decrees to protect the self and others against the virus, as opposed to defying or ignoring them and thus exposing others to contamination risks.

'I think it's about playing one's part and supporting what's going on locally, nationally or internationally.'

Another call for solidarity was towards so-called risk groups, understood as older adults and immunocompromised persons, who needed to be shielded from danger. The medico-political definitions of COVID-19-vulnerable groups seemed to be unproblematically integrated as apprehensions of the human condition in facing COVID-19 related health risks during the crisis. This led to a categorisation of the named groups of persons, which ought to be handled with particular caution due to the overhanging risk of death.

'I have to tend to my pets. I have two autoimmune diseases. I am a lifeline for my parents and I fetch food and medication for them (they have COPD [chronic obstructive pulmonary disease] and Cancer, respectively), so I cannot fall ill.'

A third call for solidarity was towards occupational categories such as healthcare professionals. It was expressed in terms of compassion towards hard working professionals that take care of the ill under extreme conditions and put themselves at risk.

'How will the healthcare system, which is already so lean and stressed, cope with this situation? How shall healthcare staff cope with the situation? What work environment problems does the crisis create? Who will be held responsible for the poor work environment and people getting sick from their jobs?'

This call for solidarity was expressed as a double obligation, as it was also articulated as a demand for professional loyalty and solidarity in

terms of self-protection in private contexts so as not to be contaminated and spread the virus in healthcare spheres.

'Since I live in X [country], and all my family in Y [country], we are separated for a long time to come. As I work in a pharmacy, I must not have physical contact with others in my spare time. The personal reports on [Facebook] help to sharpen the seriousness of Corona. The authorities also say that we must stay at home without socialising.'

In this crisis situation, where individuals were partly disabled to act and decide on their own in relation to infection risks with COVID-19, healthcare professionals emerged as hope inducing saviours. Healthcare professionals were articulated as a special category of people, elevated to a sacred place in society. They were those in whom people put their hope to save individuals that (perhaps) had not followed the official recommendations well enough or had anyhow been infected with COVID-19. In this way, healthcare professionals emerged as a possible rescue for unfortunate well-disciplined and undisciplined individuals infected with the virus. The articulations also gave voice to healthcare professionals' personal experiences during the pandemic. Some of these articulations could be seen as a way to provide counter-power to the employers, who acted in extension of the very bodies that issued the COVID-19 recommendations in line with the medico-political discourse.

'I have been squandering my freedom of expression in relation to Corona. I had expressed political, professional and personal attitudes and experiences of being a healthcare professional during the corona crisis. I received oral and written recommendations from my management and was encouraged not to write that kind of post on Facebook.'

The healthcare professionals' articulations on social media partly indicated that social media platforms as technology and channels could be used to consolidate healthcare professionals' position and importance, reinforcing the image of healthcare professionals as revered rescuers.

'Many people who work in healthcare take their chance at "15 minutes of fame", selfies in protective equipment, etc. There is talk of "going to war" when it is, in fact, about going to work. It feels important to me as a healthcare employee to use social media to give a more sober picture.'

Altogether, just like news on television or newspapers, posts in social media had a double function. On one hand, social media functioned as a social technology supporting the dominant COVID-19 discourse, including subsequent strategies to discipline citizens to minimise contagion risks by following rules and through the designation of special categories of people. Nonetheless, social media also functioned as a showcase for problematic conditions in society, where the demanded strategies did not comply with reality.

All these articulations about solidarity pointed to the norm of a good citizen that in light of COVID-19 took care of and responsibility for the innocent, vulnerable others, the healthcare professionals, and the self. Simultaneously, such articulations of solidarity became the breeding ground for critique and potentially polarisation towards non-conformers, offering the official recommendations notwithstanding and reacting with counter-power.

'That there are so many stupid people who do not respect this pandemic. They put themselves and others at risk by not distancing themselves.'

It meant that articulations of solidarity and polarisation could be viewed as opposite poles. However, solidarity and polarisation were also each other's prerequisites and breeding ground, intentionally or not.

'The Public Health Authority's recommendations are rather tame, but at the same time XX [the nation's Prime Minister] holds inflammatory speeches and urges us not to travel – "you who travel during Easter put your fellow people in danger!". I do not feel that these two messages go hand in hand, and it is up to the individual to decide for himself what actions are right and wrong. Should you travel or not, it is not forbidden, but we should not.'

Solidarity towards fellow citizens and especially appointed vulnerable groups might intentionally or not breed polarisation and animosity towards outsiders or those that do not support the very group in question. An example consists of articulations of solidarity towards so-labelled risk groups regarding COVID-19, such as older adults *per se* and immunocompromised persons, versus articulations of polarisation towards those that resisted the recommendations, e.g. by not following the authorities' recommendations or decrees, and not keeping a distance to others. Lack of solidarity towards so-labelled risk groups also bred criticism and polarisation towards the lack of protective measures by for example the government and citizens whose behaviour was deemed as risky or reckless. It meant that the articulations about COVID-19 also created a third category of people besides the vulnerable groups and healthcare professionals, namely the 'the risky, reckless'. The following quote illustrates reactions to contents that were posted on social media platforms.

'Reactions in open forums on other people's lack of insight into the consequences of fuzzy government information for those as groups directly affected by higher risk than other groups in society.'

Social media functioned as a social technology with an extended mouthpiece to both known and unknown target audiences. Social media came to act as both a forum for criticism and a yawning stick where 'outsiders' could be hanged in the hope of disciplining them to obtain 'right' COVID-19 behaviour.

'The feeling that people in my social sphere still don't have a clue about gravity, so maybe stories from real people may activate their reason and discipline even if they have not themselves seen the consequences of not following the guidelines.'

'[Posts on social media about] Concerns for mass hysteria and anti-democratic/liberal currents.'

3.2. On the verge of polarisation versus doing a balancing act

Polarisation implied a divide between 'Us' and 'Them', where the I-speaking position was always regarded as the right and normal one, and the others-speaking position was regarded as the wrong and abnormal one. Expressions of polarisation could be more or less explicit and marked by animosity. Some articulations pointed towards a balancing act between e.g. contradictory information, parties and/or interests. On the one hand, opinions about or in social media were articulated in a way that created an 'Us-Them' terminology, based on estimated differences in knowledge. It meant there was an understanding of individuals or institutions that could hold 'true' knowledge versus those that could hold 'untrue' knowledge. It could be either individuals, groups of individuals, or state/governmental bodies that could hold specific knowledge or views. There was also an understanding of 'right-doers' vs 'wrong-doers' related to behaviour. The articulations from the 'good Us' pointed to the obligation to stop the 'bad Them', either by supporting them with the right information, or by exposing the 'bad Them', or by ignoring them.

'To stop the spread of misinformation and stop the complacency of my peers, who are ignoring health advice. I saw early on the need for urgency and preparation, while others ignored it.'

The use of social media could also include watching the 'bad Them',

and ultimately excluding them from social media network(s).

'I no longer follow quite a few of my friends (about 20). I have deleted people because I get tired of people's judgmental behaviour towards others. The way people glorified their own behaviour. Their doomsday perception. I get tired and depressed by being hit in the head and constantly being told how to behave.'

Moreover, there were articulations pointing towards a balancing act more than polarisation. There were for instance calls for a nuanced and balanced picture of the situation as opposed to more one-sided or polarised discourses in society, and for ways to find a balance between conflicting recommendations and opinions, which *per se* made it difficult to understand what was the 'right' behaviour. Handling and navigating daily life while finding ways to handle conflicting recommendations and discourses was also articulated as a balancing act. It included patterns of finding ways to live a functioning private, social and professional life during the COVID-19 situation, where social distancing and isolation arose as the 'new normal'. Articulations were made of balancing conflicting guidelines, also with opinions and personal beliefs, with a functioning daily life without attracting 'the bad eye' from society for not following prevailing norms.

'I experience very one-sided reporting from, for example, the German media and find the polarisation of state media on the one hand and conspiracy theorists on the other very problematic.'

'Trying to curb rumors and conspiracy theories. Summoning to let the authorities rule and wait with fault-finding until the crisis is over.'

The articulations showed how the 'new normal' was negotiated by fitting it into common ways of living and acting in daily life. In that way, the dominant medico-political health discourse about the 'right' COVID-19 behaviour was challenged and redefined depending on the speech position. This could be regarded as signs of counter-power, with negotiations of the medico-political recommendations and decrees, and ways of degree bending them so they could function without problems in the individual's everyday life.

3.3. New forms of socialisation and support in the name of solidarity

The articulations depicted the COVID-19 situation as a ground for new socialisation approaches and supportive initiatives, which exuded a sense of fellowship and solidarity. Whether under lockdown or 'only' subjected to recommendations by the government and public health authorities, the crisis situation called for new ways of interacting and fraternising, since recommendations and decrees led to a more isolated lifestyle for many people. This 'new normal' was expressed as a breeding ground for new ways of socialising and, for some, for a budding sense of community as seen in statements such as 'we are all in this together'. Nonetheless, solidarity towards fellow humans through compliance to norms and thus isolation were articulated as the 'right' approach during COVID-19 times.

'I still want and need to meet up [at work], but I have changed behaviour because I believe it is the only proper thing to have public spirit/solidarity with the vulnerable and hardworking.'

Whether as an act of solidarity, an act of compliance towards regulations or personal belief, people hence expressed a pattern where they restricted their social life to contain the virus and/or found new ways of socialising, thus adjusting to prevailing norms. Neighbours talked over their balconies and hedges, socialised outdoors at a distance, sang together from their respective windows and socialised through digital technologies and applications (e.g. Skype).

'I am in my own allotment. I talk with neighbours over the hedge. We drink coffee together outdoors at a distance. At home, in the

apartment, we talk to each other over the balconies, where we sing every day at 7 pm. There are musicians who play and sing amazingly. A community has emerged.'

Another pattern was expressed as fear of exploitation, egoism and polarisation, articulating splits in the community and society, and exposing 'the outsiders'.

'I get angry if people behave selfishly and don't follow the authorities' recommendations. I get angry with people who take advantage of the situation and try to beat/exploit others. Harmful posts from people who have no health education/knowledge.'

As opposed to splitting, there were articulations of cohesion, such as a wish to emotionally or practically support others, through encouragement and motivational posts, by sharing or contributing to supportive initiatives, etc. Such articulations illustrated movements towards solidarity, in contrast to the above-mentioned articulations of splitting and polarisation in society.

'Help people in my network or transfer requests for help to them, hoping that someone in my network can take over. Show people that they are not alone and that after a while people get organised and stand together.'

3.4. A new breeding ground for enhanced, future solidarity

Regarding future outlooks, the COVID-19 crisis, despite its negative effects and risks, was articulated as an opportunity for positive change sprinkled with solidarity. Examples included changes that may benefit humanity, including the environment. This could for instance be in terms of changes related to the handling of earthly and societal resources, patterns of consumerism, quality of life and sense of community. These articulations could be regarded as ways of putting pressure into the negotiation of prevailing ideological ideas in society, which had already been made topical prior to the pandemic. Implicitly, claims towards solidarity also implied a polarisation - of groups or interests, past, present, or future. The crisis seemed to produce a desire for the true Puritan, equivalent to the 'pure', 'innocent' citizen ready to act for the world's best interests, as assessed from the speaker's point of view. This ideal image was indirectly contrasted to its opposite, such as consuming, traveling, and egotistical individuals, hence laying the ground or reinforcing polarisation. It represented an appeal to solidarity through disciplining and (re)socialisation into lifestyles and norms viewed as more sustainable for humanity and the globe.

'A lot of people, like me, feel this is a chance to change the world for the better. However, I of course worry because our power is limited, and the world could get much worse. It is high stakes.'

In that way, the COVID-19 crisis in itself produced cohesiveness among people and a potential springboard for change. In another way, it also became a breeding ground for tendencies towards polarisation consisting of expressions of concern mixed with expressions of hope. These were in particular hope for change in lifestyle, political climate, healthcare professionals' work conditions, management of elderly care, etc. The coronavirus' adverse consequences for individuals and society were nonetheless highlighted, for instance in terms of risks of deaths, unemployment, unsustainable work conditions and economic losses. Besides representing a positive wake-up call for change, such articulations could also point towards a dissatisfaction with previous societal conditions, consolidating already existing counter-power to governing political ideologies.

'In the long term, I look to the future with confidence, considering the discussions about our healthcare, crisis preparedness and society. I hope that our government recognises the shortcomings of the healthcare policy that has been pursued in recent decades and is

equipping rather than dismantling healthcare. Raises the status and working conditions of healthcare professionals.'

There were articulations of a necessity to handle the 'newscape', where experiences from the COVID-19 situation and previous decisions ought to be able to pave the way for a better future. It was regarded as a balancing act between doing right-doing wrong according to recommendations and orders and attending to personal beliefs, preferences, risk assessments, and fault-finding. There were clearly desires for forthcoming societal changes. Fault-finding was however at times articulated as an issue for future assessment, while clearly critical voices in the form of counter-power were also present. Again, there was a movement between articulations of solidarity and polarisation and articulations of balancing acts between the two when trying to find the best way to handle the situation. Such articulations of balancing acts could be interpreted as a way of postponing the disciplining or berating of 'those in charge' and, to a certain point, the single individual. Black and white apprehensions of conforming versus non-conforming to rules of the 'new normal' hence showed shades of grey. Additionally, hopes for global change and the COVID-19 crisis were also articulated with religious undertones in the form of 'after darkness comes the light'.

'I certainly choose to believe that the corona age is bringing something good to it - that the world is developing into a better place to be. That we gain some new insights into our way of being in the world and the way we treat it.'

4. Discussion

Articulations of polarisation and solidarity take on different expressions and targets. This discussion focuses on three main findings. First we discuss how articulations of solidarity and polarisation may have consequences for incorporating a 'new normal' for social behaviour. Second, we discuss how articulations of solidarity and polarisation point towards social media functioning as a social technology in a re-socialisation process. Finally, we discuss the consequences of labelling groups of people and reinforcing an 'Us-Them' terminology, here exemplified by a discussion of labelling older adults as vulnerable *per se*.

The findings show that articulations of solidarity and polarisation can have consequences in relation to people's attitudes pertaining to the incorporation of a 'new normal' of social behaviour. Articulations of polarisation can encompass all from single individuals to groups, governments, authorities, and whole countries, if their actions and opinions are deemed as contrary to one's own, and whether the latter are in line with mainstream discourses or not in relation to dominant understandings of a 'new normal' behaviour. This leads to articulations of attitudes related to incorporating this 'new normal' and to finding ways to balance risks, contradicting recommendations, opinions and facts with own beliefs and ways to live a functioning everyday life. It includes family relationships, which can be highly affected by social distancing demands. Unusual close confinement with family members and lack of freedom and possibilities to visit significant others can cause conflicts, concern (Luttik et al., 2020) and enhance risks for intimate partner violence (Jarnecke & Flanagan, 2020). Besides articulated patterns of polarisation, individuals also articulate a balancing act on several levels, including a struggle to navigate contradicting recommendations and to find nuanced debates and depictions of the situation. Additionally, going with the 'new normal' requires both tangible and emotional/cognitive negotiations to find ways to integrate, possibly modified versions, of prevailing norms into daily life.

The findings also pointed towards a silent but apparently accepted form of resistance against this 'new normal' articulated as a balancing act that establishes new ways of socialising, through which both social needs and prevailing norms can be addressed. It shows a partial acceptance of new norms, but also a resistance or acts of negotiation in finding ways to integrate (or not) dominant norms with one's worldview

and daily life (Glasdam & Øye, 2014). This process of negotiation can be compared with the value of tinkering in relation to care. This refers to how different actors tinker with what needs to be done and what matters to them, with consideration taken to multiple sets of values including personal, professional, organisational and governmental ones, and how such processes of weighing up different kinds of value-informed care will colour service construction (Oute & Rudge, 2019). Or in the present study, how such tinkering will or can colour the handling of daily life related to decrees, recommendations, risks, daily responsibilities and personal beliefs. The handling of a 'new normal' of social behaviour pointed to moral responsibility for navigating the social realm of health in the world. This challenges the neoliberal ideology of modern societies, of which the fundamental idea is to minimise public costs, privatise welfare services and emphasise individual freedom (Harvey, 2005). The COVID-19 pandemic does not call for the individual's rational choice grounded in market-based principles and a calculation of individual advantages and disadvantages (van Dijk, 1998), but calls for rational choices in the name of solidarity for humanity. Everyone living in a particular state jurisdiction successfully adopts the message of neoliberalism, only because of the state's and people's shared history (Chopra, 2003). This can help us to understand the resistance that such a health-politically defined and applied 'new normal' for all citizens can cause. In principle, individuals are deprived of their free choice over their social actions during the COVID-19 pandemic, which is both unfamiliar and frightening.

The findings show how articulations of solidarity and polarisation pointed towards social media functioning as a social technology in the re-socialisation process towards incorporating a 'new normal' of social behaviour. Information travels fast through social media and can play a critical role in shaping opinions and change (Salem & Mourtada, 2011). COVID-19 embodies the typical features of risks (invisible, dreaded, unfamiliar, etc.) of which the perception can trigger fear reactions and subsequent management strategies. Such risks can further be amplified through social amplification stations, which can include both individuals and news media (Chakraborty, 2020). Even if pandemics *per se* are not a new historical phenomenon (Franchini et al., 2020), the situation itself can be new for many people as they have not lived through such an experience. The global crisis and handling strategies ignited by the pandemic can be experienced as deviant from what is seen as 'normal life'. The collective experience of cataclysmic events can induce shifts of viewpoints and behaviour, some of which can be more permanent than others. The COVID-19 pandemic has come with changes in multiple domains of life, such as home offices, social isolation, changes in consumer behaviour including stocking-up on medication and food, etc. (Zwanka & Buff, 2020). The current findings show articulations of both support and resistance towards what is understood as the 'new normal', which uncover tensions and divergences of opinions in relation to the handling of COVID-19 and related risks. Such a global crisis seems to be able to offset social behaviour on the spot where, for example, social class per momentum dissolves. Several studies show how social class, behaviours and habits are connected (Glasdam, 2007; Bourdieu, 1996). However, COVID-19 and related behaviours affect all people, regardless of social position in society and people have to act in similar ways to ensure humanity *sui generis*. Social class is nevertheless of importance, as the social distinction is seen in who has the opportunity to actually live up to the recommendations (Bourdieu, 1996). For example, who lives confined and who has space, who has water and opportunities to wash hands, who can buy disinfectants, who can work from home and who cannot.

The findings indicated that individual citizens' reactions to those perceived as non-compliers in relation to prevailing norms could lead to forceful feelings and reactions. This goes in line with the idea of perceived risks and apprehension igniting fear-based emotions, thoughts and actions. Social media function as a social technology, used as a mouthpiece for communication and manipulation by equipping others with relevant knowledge through rational arguments. Social media can

also be used to control others and as a chatter to observe others' (non) compliance to norms. Lack of socialisation into the 'new normal' could lead to disciplinary action (Foucault, 1995, 2006) in the form of exhibiting others and their actions regarding COVID-19 strategies, but also through disciplinary action in its most pronounced form, namely exclusion from the community (Foucault, 1995, 2006). The findings suggest impulses of solidarity, for instance towards appointed risk groups and healthcare professionals, but also polarisation, for example towards non-compliers who put others at risk or individuals, groups of individuals or states that hold opinions different from one's own. The findings point towards an acceptance of societal norms, a process of social normalisation and discipline, for instance in terms of handling COVID-19 containment and mitigation strategies. Nonetheless, articulations of scepticism towards mainstream discourses, conflicting recommendations, and polarised debates were also made, showing counter-power in the form of resistance against the dominant medico-political discourse related to COVID-19. Articulations of solidarity and polarisation are both opposite and each other's prerequisite and breeding ground, which with a term borrowed from Løgstrup (Løgstrup, 1982) can be called united opposites or separated cohesions.

Further, the findings show that older adults were labelled and depicted as a risk group *per se*, and there is no questioning of this, but rather a tacit acceptance of the dominant medico-political discourse as articulated by the media and authorities. Older adults are not a homogenous group at equal risks of contagion, serious symptoms and fatal outcome. Older adults have different ages, genders, family constellations, and come from different social positions. These conditions mean that older adults live in different ways, also health wise, based on historical, social, cultural and bodily experiences, actions and notions, which through life have enabled them to act, think and orient themselves in the social world (Glasdam, 2018; Bourdieu, 1996), and which make them strong and vulnerable in various ways, also in relation to COVID-19. Age discrimination and the depiction of older adults as one homogeneous group of vulnerable people can have negative consequences for older adults themselves, their own and others' perception of them, and for society, especially as older adults' value may be depicted as lesser than that of young people (Ayalon, 2020; Petretto & Pili, 2020). Divisions through chronological age can lead to or reinforce tensions in society, where uncritically accepting norms and representations risks reinforcing a divide between generations. Often, it is not age *per se* that is the problem but adjacent diseases, which often occur in old age (Ayalon, 2020) leading to a weakened immune system overall. Fraser and colleagues (Fraser et al., 2020) argue that despite clear examples of ageism, not the least in social media's representations of older adults, there are also multiple examples of intergenerational solidarity, with young people helping older adults, e.g. with grocery shopping. Acts and articulations of solidarity towards fellow citizens, and not only towards older adults, were also seen in the current findings. People stayed at home as a protective measure but also reached out, both through social media and everyday life. Ayalon (Ayalon, 2020) suggests speaking of physical rather than social distancing, a more neutral term that also brings forward the maintenance of social bonds while still respecting safety through physical distancing. While protecting vulnerable people is recommended, depriving older adults' of their autonomy, subjecting them to a patronising discourse, and disregarding their social contribution and needs rhyme better with ageism (Ayalon, 2020; Fraser et al., 2020).

The study's methods imply some limitations. The survey's free text comments were handled as unified, spontaneous articulations of solidarity and polarisation related to COVID-19. This means that the findings do not point to specific individuals or their situation. They only show different patterns in articulations, regardless of 'who' and 'how many'. Further, the findings only show what and how individuals spontaneously *articulate* their thoughts and practices, and not how individuals handle COVID-19 in real life. This is a known limitation of online surveys, which allow the collection of data about perceptions and

attitudes, but not behavioural data (Rice et al., 2017) and which often generate self-selected and biased, although large, samples (Rice et al., 2017; Wright, 2005). The use of online surveys for data collection and of social media platforms as distribution channels for instance almost automatically excludes participants that are not Internet savvy, currently connected to or holders of social media accounts (Evans & Mathur, 2005). This has implications on transferability and must be taken into consideration when interpreting the current findings. The sample encompassed a majority of well-educated, middle-aged women, resident in Denmark or Sweden, thus not representing wider populations with more varied sociodemographic characteristics. This calls for further research, with more varied samples. Nonetheless, quantification and representativeness were not key in relation to this study's methodological strategy (Busetto et al., 2020), of which the aim was to explore patterns of articulations pertaining to solidarity and polarisation in relation to the COVID-19 pandemic based on qualitative empirical material. The findings show a number of different patterns. However, it is possible that there are additional nuances in patterns of articulations of solidarity and polarisation that this study has not captured. A theoretical gaze inspired by Foucault's (Foucault, 1995, 2003) concepts on power, normalisation and discipline guided the analysis process, which helped illuminate articulations of solidarity and polarisation and how social media can contribute to reinforce or overthrow a social process of normalisation, not the least in relation to risk perceptions regarding COVID-19. This choice of theoretical framework naturally tinges the current findings' interpretation, and sets the findings in a sociological context. By moving one's pre-understanding to a theoretical perspective, it is however possible to be stringent and transparent in the analysis, with limited disruption of the researchers' own, unconscious pre-understanding, which strengthens the study's trustworthiness. The two researchers analysed data separately then co-jointly, and reached consensus, enhancing the findings' trustworthiness. Quotes are used for transparency to show the authors' interpretations of the empirical material.

5. Conclusion

This article showed how articulations of solidarity and polarisation can potentially influence, at least rhetorically, social normalisation in line with dominant discourses on COVID-19 by either reinforcing or undermining prevailing discourses through mediated articulations on the subject. It also showed how social media as a social technology could contribute to reinforce or overthrow individuals' incorporation of a 'new normal'. Social media can function as social amplification channels, through which fear-based messaging and ensuing risk perception, for instance, can enhance polarisation while also breeding solidarity. Articulations of solidarity and polarisation could be aimed at individuals, groups such as so-labelled risk groups and healthcare professionals, authorities, governments and even whole nations. Such articulations could reinforce prevailing societal discourses about solidarity and identified risk groups, towards whom all others should act in solidarity with. There were also expressions of solidarity in the form of supportive initiatives towards fellow citizens and articulations of a future with enhanced solidarity. The articulations of solidarity and polarisation showed that they could be each other's' prerequisite and breeding ground. At times, they also came through as each other's' opposites, for instance by intentionally or not positioning two parties on opposite sides of what was deemed as the right vs the wrong behaviour. Either way, the articulations indicated that individuals seemed to always consider themselves on the right side, no matter where they were positioned. Accepting the prevailing medico-political discourse could fortify the establishment of prevailing norms, for instance the norms of the 'new normal'. This could potentially strengthen an 'Us-Them' terminology through labelling, such as the labelling of older adults, possibly fuelling social tensions. Nonetheless, the findings also pointed towards a process of negotiation, or tinkering, where individuals negotiated to balance

personal beliefs with conflicting recommendations, decrees, and opinions, for a functioning daily life in face of the COVID-19 pandemic. This was exemplified through novel forms of socialising, where both social needs and compliance towards prevailing norms in the name of solidarity were met. This study calls for further research focusing on how individuals act in real life in relation to these articulations. Additional studies with more varied samples in terms of sociodemographic background, including less privileged populations, are also called for to nuance the complexities of solidarity and polarisation movements during the pandemic.

Ethics approval and consent to participate

The study adhered to the ethical principles of the Declaration of Helsinki (World Medical Association, 2013). Participation was voluntary. Data was collected anonymously through a web-based, public survey link. Responding to the survey implied a written informed consent by ticking an approval box.

Consent for publication

Not applicable.

Availability of data and materials

The authors elect to not share data for confidentiality reasons.

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Declaration of competing interest

The Authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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