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POLITICAL COMMUNICATION AND COVID-19

Governance and rhetoric in global comparative perspective

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The problem we have in mid-September 2020 is that no-one knows what the end game is with COVID-19. What is the magic formula that will allow a return the 'old normal,' one without social distancing, sanitising and wearing face masks? Is it zero cases, or is that a misnomer resulting from ending testing and reporting? Is it a vaccine? It took 25 years for a chicken pox vaccine to be developed. The smallpox vaccine was developed in 1796 but the last known case was in 1977. Flu vaccines are only 40–60% effective and it has never been rolled out universally and does not prevent 99,000–200,000 deaths each year (Paget et al., 2019). Vaccines can be mandated but a significant number of anti-vaxxers refuse proven, tested, well-known vaccines administered for decades with minimal side effects. It seems unlikely people will flock to get a fast tracked, quickly tested vaccine, whose long-term side effects and overall efficacy are at best uncertain. We thus face myriad questions. What if autumn sees more outbreaks as it seems is likely? What if March 2021 is worse than 2020? What if people start to see the risks of 'the new normal' outweighing the risks COVID-19 poses? People manage risk on a daily basis. Driving a car, smoking, drinking and eating unhealthily all pose dangers. In some countries leaving home can be dangerous, particularly for poorer and marginalised communities.

The COVID-19 pandemic remains a crisis of global proportions, impacting every nation however powerful, small or remote. The number of cases by the end of September 2020 was over 30 million and over 1 million lives have been lost. As most economies reopened, people worked and socialised together again; even with social distancing in place this led to a further steady increase of daily cases of 200,000. The current worst hit nations are in the African, and North and South American continents but there are indications of a widespread second wave of infections. Whether the total numbers are an underestimate, due to

many having the virus but being asymptomatic, or due to insufficient access to testing, may never be fully known.

The first wave of COVID-19 was a global test of political leadership and a time when it was crucial for clear, consistent and empathetic political communication. The case studies in this volume test the extent to which this crucial factor was present across a range of diverse regimes and to what extent we can identify notable correlations between the responses of national governments, the nature of the communication environment and the impact of COVID-19 within these countries.

Comparing World Health Organisation (WHO) data across nations for cases and deaths per million of the population, three cases stand out, the United States, India and Brazil. Trump, and Bolsonaro, leaders of two of these nations, denied there was a threat to public health, often contradicted or refuted the arguments of their health officials and gave succour to those who opposed restrictions on movement and refused to wear face masks on civil liberty grounds. India, meanwhile, is shown to have had a chaotic response with sectarian divides hampering a unified national response. Sweden, which never instituted a lockdown, and South Africa, where the social and economic conditions inhibit strict controls being instituted, also stand out.

Global data

Table 30.1 shows, in terms of deaths per million, the UK leads a group of nations which were the first, after China and neighbouring countries, to be hit by the virus. With Spain, Italy and France, the UK demonstrates the fact that many developed countries were ill prepared for the virus and perhaps complacent about its effects. Partially, this may have been the result of the WHO initially likening this to SARS or MERS which had minimal impact beyond a few Middle-Eastern and South-East Asian countries. Universally, we found that even advanced health care systems can be quickly overwhelmed. Vacillation over the point when lockdown was required, if at all in the case of Sweden which also witnessed significant numbers of deaths, based on concerns regarding the impact on the economy, is also a contributory factor. The ability to lockdown efficiently, and/or put in place an effective and widely used system for tracking those with symptoms and tracing their movements, as seen in Germany and South Korea, clearly helped to save lives also. But these broad points do not tell the full story. Drawing on the analytical framework at the start of the volume we explore the similarities and differences across the countries.

Firstly, however, the data shows no clear patterns across all nations, although for some of the countries it would appear decisions over lockdown were crucial. The country with the highest deaths per million is the UK, this was also a country that took one of the longest periods between the first case being reported and implementing lockdown (52 days). The United States remains the worst hit globally, there was no nationwide lockdown, but a series of

TABLE 30.1 Comparative data on cases and lockdowns across our sample nations

<i>Country</i>	<i>First case announced</i>	<i>Number of cases (per mill)</i>	<i>Number of deaths (per mill)</i>	<i>Period between first case and lockdown (days)</i>	<i>Period of lockdown (days)</i>
China	31/12/2019	60	3	24	75
Japan	16/01/2020	214	8	46	74
South Korea	20/01/2020	272	6	No lockdown	n/a
United States	20/01/2020	11,687	427	51 (NY State)	92
France	24/01/2020	2,545	461	48	61
Australia	25/01/2020	506	5	52	15
Germany	27/01/2020	2,427	109	45	29
India	30/01/2020	898	22	54	22
Italy	31/01/2020	4,053	580	42	82
Spain	31/01/2020	5,722	608	42	95
Sweden	31/01/2020	7,773	561	No lockdown	n/a
UK	31/01/2020	4,355	669	52	70
Egypt	14/02/2020	877	44	39	91
Iran	19/02/2020	3,350	177	33	19
Russia	21/02/2020	5,448	88	39	42
Austria	25/02/2020	2,225	79	17	75
Brazil	25/02/2020	10,160	383	15	31
Norway	26/02/2020	1,670	47	15	39
Iceland	28/02/2020	5,396	29	15 (some restrictions)	Ongoing
Eire	29/02/2020	5,229	355	12	67
Czechia	01/03/2020	1,361	34	13	58
Hungary	04/03/2020	453	62	12	44
Poland	04/03/2020	1,088	43	17	26
Ghana	12/03/2020	955	5	18	15
South Africa	12/03/2020	6,659	100	7	43
Kosovo	13/03/2020	0.6	0.1	33	15
Turkey	17/03/2020	2,637	66	4	33

restrictions taken at the state level. New York was slow to lockdown and had the longest period of complete economic shutdown but the situation in many states remains parlous and shutdowns were implemented differentially. Also, one needs to consider that some nations are global travel hubs. London, New York and Paris were badly hit in the early stages of the pandemic, as were hubs for winter tourism like the Italian and Austrian alps. Nations which enjoy less travel were later to witness cases. Patterns of travel as a factor are emphasised by the spread from the ski resorts in Northern Italy and Austria as well as early cases detected within Scandinavian countries. Migration also played a role as seasonal workers returned home from Alpine ski resorts to many Eastern European countries which initially lacked protocols for dealing with the hundreds reaching their borders. Australia, due to it being a destination for Chinese tourists and students, but lacking status as a global travel hub, was able to shut down later and have lower numbers of cases, at least during

the first wave. Therefore, when the next pandemic hits, national leaders need to not only look at current infection rates but also consider the likelihood of transmission into a country and rate of spread when considering implementing mitigation measures.

The numbers, however, may not be fully reliable for all nations. Varying levels of effective testing programmes means many cases go undetected. There is also a question regarding the correct registration of deaths in many nations. Estimates for nations where large sections of the population live in poverty, with no proper records, may be unaware of the extent of the spread or impact of the virus within disadvantaged communities. Alternatively, the UK system of recording every death by an individual who has tested positive for COVID-19 within 28 days of their death as being of COVID-19 could inflate figures, although testing is not universal within the nation. Thus, in terms of reliability of figures there are significant questions and it is likely that only South Korea, where an early testing and track and trace system was in place, has a reasonably accurate figure of infections. Therefore, conclusions can only be tentative, particularly as many nations are now experiencing further waves of infections. Therefore, beyond the raw data on figures and strategy, what can the COVID-19 pandemic teach us about managing crises?

Management of the crisis

There is no clear evidence of correspondence between the different political approaches and the policies adopted in order to limit the effects of the pandemic. On a general level, however, we do find that some authoritarian and conservative administrations demonstrated a greater tendency to underestimate the pandemic and to deny the danger represented by COVID-19. This is the case of Trump and Bosonaro, but also of the UK's Boris Johnson. But the authoritarian styles of Orban and Erdogan in Hungary and Turkey seemed to fare much better, suggesting there is not a simple correlation between the style and ideology of a government and the impact experienced during the COVID-19 pandemic. However, analysing the developments across phases of the crisis offer some insights.

Pre-crisis phase

News of a novel coronavirus being detected in Wuhan, China largely came from media, some reporting it as a rumour. For many, the perception was that this was an event of little significance in a distant land despite it being 12–15 hours away by direct flight. Japanese prime minister Shinto Abe closely followed by Korean prime minister Moon, having experienced epidemics previously, were the only leaders to communicate the potential threat that the virus to be designated COVID-19 might pose.

Trump's response, that this posed a minimal threat to his nation, was largely representative of the response of many national leaders. Our studies show that

the leaders of France, Italy, Spain, the UK, Egypt, Iran, Russia, Brazil, Hungary and Poland also made early statements that downplayed the threat. However, underestimates can be excused as the first statement from the WHO was to liken the virus to SARS and MERS which had a minimal global impact. This meant that preparations may well have been hindered even in nations with highly developed health systems and effective systems of governance. Reassuring populations further, many of these nations' leaders also declared readiness to deal with an outbreak, and even nations which hinted at the potential calamity an outbreak could bring, as Indian prime minister Modi declared, still claimed they were prepared. It seems that within the pre-crisis phase only Japan, South Korea, Sweden and to some extent Turkey made clear plans to prevent the spread of the virus. Given that China quickly became open about the severity of symptoms and scale of transmission, it is unsurprising their nearest neighbours quickly responded. Furthermore, many of these countries had experienced previous epidemics over recent decades; therefore their quick response could benefit from their experiences. But given the speed of transmission to North America, Europe and Australasia during February, it is surprising that more work was not done in the pre-crisis phase in countries that would have recognised that cases were likely and imminent. Lessons were not learned from the case of Italy, the first European nation to be seriously affected by the virus. In particular, the UK sent no observers and seemed to follow an attitude of exceptionalism,¹ despite cases being detected just a few weeks later. When the situation in Italy became critical and lockdown began, several countries where data showed they were following the Italian trajectory took no measures for some weeks; this indicates clearly the lack of collaboration and coordination at the European level.

Preparation phase

The Politician Prominence Model best explains the norm for the majority of countries. Political leaders took advice from their experts, but personalised command over decision-making and public communication. All nations except Germany, the UK, Sweden, Iran, Iceland, Czechia, Kosovo and Turkey had a highly personalised approach to communication centring credibility on a single actor; for 14 of these cases it was the leader of the nation. Press briefings did involve national leaders, ministers and experts sharing a platform, but largely a single politician took centre stage. Germany, Sweden, Iran, Iceland, Kosovo and Turkey followed the Expert Appointee Prominence Model. Personalisation can ensure clarity of message, which in turn allows for clear framing of the nature of the threat and how citizens should respond. This was not the case in Czechia or the UK where different individuals were dominant at different phases of the pandemic, or where different ministers took turns to deliver daily briefings. While this does not suggest a lack of clarity of message, it does present a fragmented sense of leadership within polities that are normally highly centralised and personalised. Only China demonstrated minimal personalisation.

However, credibility during a pandemic requires health experts be given prominence. Fourteen countries (South Korea, Australia, Germany, India, Italy, Spain, Sweden, the UK, Russia, Norway, Iceland, South Africa, Kosovo and Turkey) gave experts high prominence; a further seven had them appearing at key times or being reference points (Egypt, Iran, Austria, Ireland, Czechia, Poland and Ghana). While there were tensions between experts and government in Japan, these were resolved; however, the experience in the United States, France, Brazil and Hungary saw public and partisan differences of opinion which continued throughout the phases of the crisis. While this may be a contributory factor to the numbers of cases and deaths in the United States and Brazil, the latter being a nation where actual numbers are inaccurate and under-reported, France and Hungary fared well in comparison to similar neighbours despite this. It is worth highlighting that even among experts and scientists there have been differences of opinion, sometimes even radical ones; proof that even science's response to the pandemic has not been prompt and unanimous. In almost all countries, experts became key players in the public debate: protagonists of press conferences, interviewed daily in newspapers and regular guests of talk shows and television programmes. However, they were the bearers of a narrative which in terms of timing, logic and purpose could be very different from those of political institutions. A difference that, especially but not only in the cases of the United States and Brazil, has led to public conflicts between political figures, experts and scientists.

Lockdown plans and the changes required to public behaviour to contain contagion, the widely used strategy of flattening the curve, demonstrated that within many countries there was no clear plan. Our case studies show in France, Australia, India, Italy, the UK, Egypt, Iran, Czechia and Kosovo the statements caused confusion. Whether the national response was unified or federalised partially contributed. Where governments made announcements requesting state or regional governors to act, and they challenged the national line, citizens were left to decide whom to trust. Other national leaders, such as the UK prime minister Johnson, suggested what citizens should do but this was not enforced until instituting a full lockdown. Hence while UK citizens were recommended to avoid large gatherings, sporting events went ahead, pubs and restaurants remained opened and many took the opportunity to party prior to lockdown. The situation was similar in France, where elections were held the day before the lockdown declaration, placing many citizens at risk of infection despite the obvious quick spread of the virus.

The media also played a key role within the phase. In many countries the media stance remained divided between government supporting and oppositional media outlets. Hence overall while some media amplified government messages, other outlets challenged the government narrative. Only the media of South Korea, Germany, Czechia, India, Sweden, Austria, Norway, Iceland, Poland, Ghana and South Africa took a uniformly supportive stance during the pre-lockdown phase, only criticising where governments vacillated or where measures were not implemented appropriately.

The role played by social media was also crucial across many nations. COVID-19 is the first pandemic in an era of global communication where, with few exceptions, the whole planet was connected in real time. Social networks were an exceptional resource utilised for risk communication by most national leaders, as well as a way for citizens to stay connected despite lockdown. However, social media also allowed the spread of an enormous amount of communication only minimally managed by institutional actors and mainstream media, with consequences with regards to the spread of mis/disinformation about the global situation and threats posed within individual nations.

Throughout this phase there was a lack of global cooperation and coordination. While the EU communicated the risk effectively, there was minimal support given to member states forcing each to take a unique approach. This does not mean cooperation was completely lacking, Italy at least during the initial emergency phase received supplies and medical personnel from China, Russia and Albania. But this was ad hoc and due to individual initiatives. The WHO devoted its energies towards the poorest countries, which is understandable, but there is minimal evidence even that WHO guidance was used as a universal rule book. Hence it would appear that national approaches dominated with some lesson learning only and few attempts to institute a global response to the pandemic.

Crisis phase

Most nations instituted a lockdown, the exceptions being South Korea, Sweden and Iceland. In some nations, these started as localised but progressed to being nationwide; even those nations eschewing full lockdown placed restrictions on public gatherings. Five countries saw these measures challenged on constitutional grounds, the United States, France, Spain, Brazil and Kosovo. Within each it was asked whether national governments had the authority to restrict public liberties and impose lockdowns on federal regions. Open disagreements gave greater credence to misinformation circulating across mainstream and social media platforms which questioned the severity of COVID-19 and gave space for conspiracy theories to flourish regarding the true motives of governments for restricting movement. The United States, France, Brazil and Kosovo, along with Japan, Australia, Italy, Egypt, Russia, Czechia, Hungary and South Africa saw conflict between institutions. In the United States and Brazil, the most serious were public contradictions of the advice of health experts by the president. Elsewhere, conflicts were between president and parliament or between ruling and opposition parties. Public disagreements over the necessity or timing of lockdown led to some public non-compliance, a contributory factor noted for the number of cases and deaths in the United States and Brazil. Such conflicts questioned whether governments were right at crucial points when implementing strategies to contain COVID-19.

During lockdown it is argued to be crucial to maintain a dialogue with the people, reminding them of the need to obey the new rules and guidelines,

facilitating compliance through support packages as well as imbuing we-ness and self-efficacy to control the spread, as well as providing clear figures to emphasise the threat as well as the success from the strategy taken. Many countries instituted regular press conferences, ten countries making these daily at set times (Germany, Italy, Spain, the UK, Iran, Austria, Iceland, Republic of Ireland, Czechia and Poland), a further seven (Japan, South Korea, Sweden, Ghana, South Africa, Kosovo and Turkey) having them at frequent intervals. The remaining ten countries had a more sporadic approach where a spokesperson would appear on news bulletins or deliver special addresses on key occasions but with no set times or frequency.

Experts played a key communicational role. They stood alongside the political leader and were given full prominence in 12 countries (South Korea, Australia, Germany, Italy, Spain, Sweden, the UK, Egypt, Austria, Iceland, Republic of Ireland and Turkey); only in Hungary, Czechia and Poland did politicians represent science and government. But in most cases science was foregrounded, the exceptions being the United States and Brazil, although where politicians took the lead references to following science had a more rhetoric-laden character. The differential strategies saw high levels of personalisation emphasising the need to identify a universally trusted individual. Under lockdown conditions, most countries managed to develop a unified position among key stakeholders, although where there were conflicts between government and federal systemic levels, politicians and health experts or the government and opposition, these remained a feature of political communication. Hence the difference strategies impacted on public perceptions that the information was credible and the strategy correct.

Despite the highlighted differences between political systems and standing of governments, in general, the COVID-19 crisis increased support for leaders and ruling parties. Attempts by oppositional forces to discredit government actions had little success, outside of systems with severe polarisation such as the United States or Kosovo. Largely, opposition parties had to align themselves with the national interest. The so-called 'rally around the flag' phenomenon imbued we-ness and citizens' trust in their leadership increased. A few leaders took self-contradictory positions towards the pandemic, for example, UK prime minister Johnson within a matter of days of claiming he was unafraid and was shaking hands with COVID-19 patients announced a lockdown. But the trend detected by surveys in almost all countries was the pandemic was of particular advantage to weak governments and leaders.

The most crucial factor was building unity, managing the meaning of compliance and framing the pandemic and role of the public as a national struggle. This was eschewed by some leaders, in the cases of the United States and Brazil adopting an exceptionalist line claiming the virus would not seriously affect the nation or its people. However, other countries quite explicitly defined the meaning of the crisis and placed the public response into that framing. China, where the first cases were discovered, adopted the frame of victimage. An unnatural enemy

preyed on the nation and so all citizens must fight it. This was a variant on the framing adopted by France, Italy, Spain, Iran, Russia, Czechia, Hungary, Poland and Turkey. These nations, and to a lesser extent the UK, Austria and Ireland, called citizens to rally around the flag and act in unity against a common enemy. Citizens were thus ascribed the role of combatants or in the case of Iran ‘health ambassadors’ working together for their nation and one another. Even the softer tone of India’s ‘don’t panic, work together’ offered that sense of a nation working as one. In other nations this was a more implicit call, perhaps a recognition that an explicit call for unity was unnecessary.

The framing of COVID-19 as an external threat was important in creating the sense of we-ness that psychologists argue acts as a glue which holds a society together and maintains compliance. Given the origins of the virus, it is perhaps unsurprising that the authoritarian regime in China, with its ability to control the flow of information, raised questions regarding the origins of the new coronavirus. Elsewhere, the threat was external and in many cases leaders put their nations on a war footing: from a holy war or jihad in Iran, joint struggle in Ghana to more mutedly invoking the spirit of Churchill by Johnson in the UK. In particular, the metaphor of war was the main rhetorical tool used by Macron, who punctuated his March 16 televised speech to the nation with the phrase ‘nous sommes en guerre’ (we are at war).² Nations where ‘we’ became exclusive, as opposed to inclusive, witnessed greater problems. The United States, Brazil and Kosovo were sites of political polarisation, aiding the spread and believability of disinformation and fuelling acts of non-compliance. In India where Modi’s Hindu nationalism has seen extensive sectarian violence, particularly targeting the large Muslim population, these divisions extended to the pandemic. Therefore, while on the whole nations became united in collective solidarity to combat COVID-19, and their governments gained popular support for their leadership, leaders who stand on platforms which pit sides against one another failed to unite their nations in the face of a health crisis, this perhaps is one factor which leads three large and economically powerful nations (the United States, Brazil and India) to also have the highest death rates per capita.

Such calls for unity and a spirit of inclusive we-ness are particularly required where evidence suggests unpreparedness. Many nations experienced shortages in the provision of personal protective equipment (PPE), hospital beds, having ineffective testing or track and trace systems and failing to implement preventative measures to safeguard the vulnerable in retirement homes. All these factors, which were features of official and media reports within the United States, India, Italy, Spain, the UK, Egypt, Iran, Russia, Brazil, Czechia, Hungary, Ghana, South Africa and Kosovo undermined both the message and the framing. The challenges were particularly problematic within countries that had claimed preparedness during the pre-crises phase: India, Italy, the UK, Egypt, Russia, Brazil, Czechia and Hungary. The power of the unity narrative thus had to overcome evidence that the government was, rhetorically at least, leading the nation into a war with lower chances of victory than were claimed when the war

was rhetorically declared. In particular, deficiencies undermined perceptions of governments 'doing it for us.'

Unity narratives were also challenged by misinformation. A range of posts from unknown sources circulated on social media platforms that ranged from offering unproven preventions or cures, claiming the virus had been manufactured deliberately or was linked to 5G technology, or suggesting restrictions were part of a conspiracy which involved national governments or secretive societies such as the masons (in Kosovo), Bill Gates or even the Bilderberg group.³ The governments of some countries, in particular Germany and Ireland, took measures to combat false claims, as did the UK's state broadcaster the BBC. In most cases, the more spurious claims had minimal impact on the overall national mood. The most serious cases were found where misinformation was actually provided by the national government to rebut challenges to their narrative. In China the government initially quashed health reports and accused a doctor of undermining the state and party. Trump meanwhile contradicted the advice of his United States Chief Medical Officer declaring he was protecting himself from COVID-19 by taking the unproven drug hydroxychloroquine while also questioning face mask wearing. Similar discourse was promoted by Brazil's President Jair Bolsonaro. Elsewhere, Australia's prime minister was found to misinform citizens, as were the leaders of Czechia and South Africa although these cases were more signs of incompetence than strategic. The regime in Egypt endorsed a number of conspiracy theories invoking a long-standing trope about forces of evil undermining national unity, a similar approach was adopted by Iranian president Rouhani. Hungary's Orban firstly claimed migrants were the cause of the virus spreading, later also pointing the finger at transnational actors. In open media environments, such wild and spurious claims undermine the credibility of a unified message and are problems for a range of areas of political communication. Where governments deliberately misinform, trust in institutions is undermined. This situation can lead to increased non-compliance with containment measures and for compliance to be determined by partisanship as has been the case in the United States and Brazil. The slow or lack of a response from the WHO to quell false information did not help the situation either.

A further way in which government credibility was undermined was the need to perform policy U-turns. China firstly had to reverse their policy of suppression of information, to national and international opprobrium. US president Trump had to declare a state of emergency after downplaying the threats, agree to state-wide lockdowns and support the wearing of face masks after decrying their value. The governments of Iran and Brazil also had to publicly reverse their position on the threat posed as the virus took hold. Kosovo faced severe challenges that led to the fall of the government and a whole new approach being adopted. Elsewhere, when policies had to be adapted, it depended on clear communication of both the policy and the case for the measures. Shifting curfew times in Egypt and South Africa led to confusion but largely these issues were more related to the changes to lockdown or the easing of measures.

Despite or because of government failings, civil society initiatives acted as buffers against the worst effects of lockdown. Brazilian activists engaged in extensive work providing food and medical advice within the favelas. Even in highly developed nations like the United States and the UK, food banks have increased activities to support those vulnerable during the closure of the economy. These are the most dramatic examples of a range of activities that involved volunteers helping to shield vulnerable family members or neighbours. On a more basic level, there were also a range of activities where communities kept in touch with one another through acts of solidarity. Chinese residents in Wuhan under lockdown were shown waving across the streets and displaying signs in their windows. Italians showed their musical skills, performing arias from their balconies. Many countries also engaged in doorstep clapping for those working on the frontline in hospitals, showing them playing their part supporting the 'war' effort. Social media was used to orchestrate these and other supportive civil society initiatives, such as using hashtags to organise information or showing support to others. The #wearetogether hashtag was used in a variety of national contexts. In many nations, people also helped with production and distribution of homemade face masks for more vulnerable members of society.

Normalisation phase

As Table 30.1 shows, lockdown periods varied in length and the extent to which countries' citizens returned to some forms of normality differed according to the severity of impact experienced. With citizens yearning for normality while also being scared for their own and the health of more vulnerable loved ones, there was never a point when being right, credible and empathetic was more necessary. Support for normalisation measures became very polarised in the United States and France; within the former it remains a highly partisan issue relating to the positions Trump adopted in opposition to medical advice. Elsewhere, there were a range of mixed responses with the challenge of saving lives being balanced against potentially catastrophic economic effects from remaining under lockdown. It would appear from our case studies that Australia, Germany, Italy, Spain, Austria, Czechia, Poland and Turkey witnessed a smooth transition. These nations saw general agreement regarding the implementation and timing of easing restrictions and alternative views were marginal only. Other nations witnessed greater consternation with some seeing easing as being introduced too early while others called for a quicker normalisation process.

Credibility during the normalisation phase appears heavily reliant on the prominence given to science and to health experts. The marginalised position of science in Japan, India, the UK, Iran and Russia led some to suspect that the economy was prioritised over public health. More seriously conflicting and partisan use of science in the United States, Ireland, Hungary, South Africa and Kosovo led to further challenges in maintaining some containment measures. One of the most controversial issues that caused confusion was when and where

to use face masks. While this became a partisan issue in the United States, the UK saw civil liberty protests against face mask wearing and confusion reigning in Norway. Frequent changes to WHO recommendations provided succour to critical voices. The confusion was fuelled by conflicting information on the capacity of face masks to protect the wearers, the sorts of face coverings that were most appropriate and the inconsistencies in policy on where they should be worn. Credibility became a serious issue around this issue with a serious impact on compliance.

Strategies to frame normalisation were also far less widespread. While China hailed victory, other countries offered less compelling narratives. The Iranian government called on citizens to keep fighting. The UK meanwhile used 'Stay Alert'; Ireland 'Safety First.' However, an empathetic tone was taken in attempts to balance the concerns of citizens who needed to return to work as well as those concerned for their health. Failures to frame normalisation, develop an empathetic tone and to demonstrate competence are evidenced in those nations where normalisation became chaotic and poorly managed. Evidence of this is found in the United States as states veer between full and partial lockdown while others have emerged from at least the first wave of infections. Major reversals of strategy also had to be enacted in India, Spain, the UK, Brazil, Czechia, South Africa and Kosovo. Hence while many countries had to adjust strategy, as was the case during the crisis phase, how change was communicated was of crucial importance to avoid descent into chaos. It appears of little surprise that the countries evidencing incoherent strategies are also those that have an increasing number of cases, Kosovo being the outlier due to it not having large numbers of international traffic or centres of high habitation.

Misinformation and disinformation also played a crucial role during normalisation, perhaps more so than during the crisis phase. The United States, India, UK, Egypt, Brazil, Czechia, Hungary, South Africa and Kosovo all suffered from competing narratives becoming widespread. Aside from confusing or contradictory statements from national institutions which dogged progress in some countries, notably the United States and Brazil, the competing perspectives on face coverings, fears over vaccines containing microchips, conspiracy theories relating to track and trace systems and stories that people are getting infected by COVID-19 testing pervaded to undermine national government initiatives. While many governments did offer an appropriate response, where institutions were contributing to the misinformation environment conspiracy theories were able to gain credence and have the same credibility as the advice given by the health experts.

Unfortunately, normalisation cannot be globally uniform, due to the differing situations each nation finds themselves in. One of the major challenges with this pandemic from a crisis standpoint is that normally a crisis ends after the normalisation phase and you enter a phase in which you can evaluate the response, learn lessons and start preparing better in case a similar crisis hits in the future.

However, with COVID-19 we are repeating the cycle (at different speeds) with a second wave currently emerging across many European countries. This gives little time for the political or economic systems to recover, the time for reflection, and so insufficient time for a second preparation phase.

Political communication during a pandemic

The crisis is ongoing, but we can reflect on its management, the political communication strategies and what the situation indicates for our discipline. Firstly, political communication during the pandemic adopted a highly personalised approach. In most cases, the prime minister or president became chief communicator and figurehead for the nation and its response. In some nations, key ministers or medical experts gained prominence. But in all nations COVID-19 confirmed the trend towards personalisation and the importance, in particular during an emergency of this scale, to have a central figure who has at least majoritarian support across political factions and from key media outlets, able to deliver a unifying message and being seen to lead the response. But personalisation within this context does not have to simply be a factor of political leadership, ministers or experts who were thrust into the spotlight due to their role or expertise were able to win public trust. The flipside of this phenomenon is that where there were prominent figures who disagreed and conflicted on the framing of the crisis and the appropriate response that should be taken, this is reflected in the outcomes in terms of public unity as well as the scale of the impact of COVID-19.

Secondly, we confirm the importance of mediatisation in explaining the effectiveness of political communication strategies. Mediatisation is exacerbated as a consequence of the new media system and is one of the causes of the personalisation of political communication (Altheide, 2020). The COVID-19 pandemic hence further stresses the importance of media in the management of a crisis. In particular, where a national government enjoyed the support of main media outlets, and there was minimal open oppositional rhetoric, the public largely got behind governments and adhered to the measures implemented. The pandemic also saw media which normally criticise government become more supportive, at least during the first weeks of the crisis phase when strict measures were instituted. This could be the result of two factors: an awareness of the need for national unity and the fact that changes and new measures were announced so quickly that media were less able to analyse the measures, offer a plurality of views, and so became information conduits. However, this does not suggest that governments and media became entirely united in a national effort even when leaders called for unity and put the nation on a war footing. In several nations, we detect differences between the communication strategies and agendas of political and state institutions on one side, and media and information systems on the other. Also, across the phases of the crisis the different perspectives offered by political institutions and media became accentuated, resulting in

conflict between media and political institution over the public agenda. Hence although many societies are mediated societies, meaning media are the most important source of information and political institutions must adhere to media logic in order to gain positive coverage (Stromback, 2008), there remain battles at points when political logic is expected to be reasserted. During crises one might expect political logic to dominate, and through the use of scheduled press conferences and control over information this was indeed the case; politicians could determine what information was released when and in what form. However, where media has maintained independence from the state, it was able to follow its own logic and normal working practices forcing political actors to adhere to the requirements of the media. This adds to our understanding of the complex relationship which exists between politics and media, showing that complexity extends even to times of national crisis.

However, the role of mainstream media is challenged. Our study confirms the systemic change in political communication and the roles of traditional media as a range of social media actors played an important role in the diffusion of information. Chadwick (2017) shows how media have become interdependent, information flows down from state actors and up from society via social media to create greater celerity of information and hybridity over control of the message. Therefore, control over the narrative and agenda is no longer possible, rather there is a collective effort in shaping interpretations of official statements and a range of alternative voices increasing the plurality of opinion. This is especially visible where there are clear systemic divisions characterised by political polarisation and oppositionalism where a range of competing and conflicting voices contribute to the information flow.

Despite this we cannot confirm that across all nations the pandemic was experienced concurrently with high instability and change in the public and political consensus. While this trend has been observed as being exacerbated with the advent of the hybrid media system, despite heavy usage of social media in most cases, we did not find a highly changing public opinion and a fluctuating consensus. Rather we found the so-called 'rally around the flag' phenomenon a dominant theme across most nations, with increased support given to the leader. Only where there were weak or unpopular leaders and systemic democratic problems (Kosovo, France, the United States, Brazil) did we find attempts at building unity work only among certain factions. In fact, to an extent COVID-19 saw partisanship be replaced by a sense of collective unity. The situation was unable to heal serious rifts, but where democratic processes were taking a natural course, such as in the Republic of Ireland, even a leader who had lost an election and was in their twilight moments as national leader was able to command the support of their nation. But there are some caveats to add here. Firstly, support was contingent on the way the country was perceived to have handled the first wave, through the preparation, crisis and normalisation phases. Secondly, support was contingent on trust in the leader prior to the pandemic. Long-standing support for German Chancellor Angela Merkel ensured her strong position despite

recent political challenges. However, where there is high political polarisation, for example in the Czech Republic, political preferences in polls hardly changed despite the fact the first wave of COVID-19 was handled well. So, some leaders remained polarising despite having provided good leadership during the pandemic.

Finally, we turn to the role of social media within societies. Political communication literature initially highlighted the benefits for connectedness and greater plurality offered by social media (Keen, 2007). However, more recent research has focused on the more negative impacts of digital technologies, as a flow of misinformation has affected communication environments (Morozov, 2011). The COVID-19 pandemic was accompanied by information overload, mainly widespread through social networks, which offered an opportunity for the spread of misinformation, and so the characterisation of there being an infodemic accompanying the pandemic is true. However, it is not possible to confirm that misinformation and disinformation have been seriously problematic or the main outcome of the greater use of social media. Most people across all countries had the potential to be exposed to misinformation, but where this gained purchase within public debates there were also public divisions between political factions, low trust in the government, polarised politics and media and the open challenging of experts and the science. So, misinformation went viral in places where we detect the presence of the broader factors that exacerbate lower trust in political institutions and make for a post truth environment (Lilleker, 2018). Hence, despite the worries regarding misinformation, the evidence suggests it featured within discourse online but impacted nations with different levels of intensity and consequences dependant on the political context and whether disinformation was a recognised issue in the country before the pandemic, for example, many Central European countries have faced problems of disinformation for years.

We argue digital technology played a very positive role during the pandemic. Firstly, it enabled a lot of economic and social activity to continue. The pandemic ushered in an increased virtualisation of life which is now routinised and may be irreversible. Digital technology modified the ways most people work, study, pray, socialise, communicate etc. Secondly, linked to the more social routines which started to take place online, social media was used to connect local communities, for the purposes of mutual support and aid for the vulnerable, friends and families. Within these spaces, initiatives such as the ‘clapping for carers’ or ‘sanitary claps’ as well as the performances from balconies began. Due to trends witnessed during recent elections, we may be forgiven for expecting social media to play a negative role by providing the conditions for the spread of a climate of mistrust, criticism of institutions and a degraded political debate. But, in actual fact, social media’s most important functions were positive, promoting solidarity and linked to we-ness initiatives. Therefore, we suggest that social media platforms should be viewed as apolitical and amoral; they are able to have positive and negative impacts on society depending on systemic stability and social unity. However, within the context of crises and lockdowns more

people engaged in ‘sanitary clapping’ than the sharing of misinformation in the majority of nations.

The lessons of COVID-19

We found largely that political communication within the context of a crisis such as the COVID-19 pandemic, a more personalised politics is appropriate, alongside a coherent message and a unifying frame. Political leaders must promote and embody ‘we-ness’ abandoning partisan positions and oppositionalism. This is because the nation must come together and act as one, for one another. The media’s function as informer is crucial, but this does not mean abandoning its function of holding government to account. We see the traditional battle for the agenda continue, however governments which command widespread support and provide clear and transparent messages avoid intensely critical coverage. These factors, along with successes in mitigating the worst effects of a pandemic, ensure governments increase their support. Social media can be problematic if politics is polarised, where politics and science conflict or where there are long-standing issues with misinformation. But largely, digital technology played a key role in ensuring economic and social life continues in some form and proved crucial for maintaining social cohesion.

The major failure the crisis exposes is the absence of global or even regional leadership. The WHO failed to recognise the threat and promote early measures to reduce the spread of the virus. The EU failed to bring member states together and develop a co-ordinated approach. Hence national leaders, some beset by internal instability, were left to manage the crisis as best they could. In a globalised world, where each country’s approach is visible, this can undermine the measures taken by any actor who does not follow that of their neighbour. Our analysis shows the world was ill prepared for this crisis, some leaders handled it well, some were lucky, others allowed politics to dominate. Cumulatively, this analysis offers lessons for political communication as a discipline and a practice.

Concluding thoughts

Social media offers interesting insights into community initiatives, the sharing and caring cultures that grew during the crisis, as well as the anxieties that many feel during the weft and wane of the spread of COVID-19 across their nation and the world. One meme⁴ circulating as the second wave began in Europe captured many questions ordinary people were asking; these were highlighted at the start of this chapter. The meme ends with a statement that many will perhaps feel intuitively:

I understand that there is a minuscule possibility I could die...I understand I could possibly pass it to someone else...but I can pass any virus onto

someone else. I'm struggling to see where or how this ends. We either get busy living or we get busy dying.

The anxieties captured in this meme reflect a hidden impact of COVID-19, the impact on the mental health and well-being of populations. The questions raised are ones no national leader, medical officer or the WHO have answers to. That is the serious problem. Will it disappear like so-called Spanish flu, will we become naturally immune, how many will die before either happen, how many deaths globally are of COVID-19 or just attributed to it for administrative purposes. The myriad unknowns lead ordinary people to assess what they should think and do. The uncertainty and anxiety fuels searches for alternative perspectives and provides succour for conspiracy theories. People are searching for something to believe in, to get answers to questions that are genuinely unanswerable.

There are also bigger questions which require political answers. What about the inequalities COVID-19 has exposed? Many in developed nations cannot afford to self-isolate as their economic conditions prevent it. Many lack the luxury of access to open spaces, family, friends. Many are in danger of becoming homeless, due to a fall in their income, making them further isolated and vulnerable. These disparities will continue and increase the chances of mental and physical illness. The disparities are even higher in nations where many already experience fragile existences, from the favelas of Brazil to the shanty towns of South Africa or the refugee camps on the Syrian borders. We-ness requires there to be one community that face the challenges of COVID-19 on an equal footing. While the richest and poorest are equally susceptible to the virus, the poor have less opportunities to protect themselves. Vulnerability is not just a factor of age or health; it is felt deeply across societies by those less economically secure. Feeling vulnerability means feeling less equal, discriminated against, it increases fear, it increases the likelihood of seeking alternative explanations, preventative solutions, the potential for failing to comply with restrictions or even rebelling. The future is thus uncertain. Given the polarisation that has swept many nations, during the age of anxiety, a term used to characterise the decade leading up to 2020 (Öniş, 2017), which is exacerbated by many political projects, we need political communication to unify, to build a more global we as there are many future disasters we must face as a single community.

Notes

- 1 www.bbc.co.uk/news/extra/dj3jonuhi1/coronavirus-year-of-the-mask
- 2 www.lemonde.fr/politique/article/2020/03/17/nous-sommes-en-guerre-face-au-coronavirus-emmanuel-macron-sonne-la-mobilisation-generale_6033338_823448.html
- 3 www.bbc.com/news/53191523
- 4 www.worldofwellness.co.uk/uploads/1/1/1/8/11187633/mulligan.pdf

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