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Managing the Covid-19 pandemic through individual responsibility: the consequences of a world risk society and enhanced ethopolitics

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ABSTRACT

At the end of March 2020, international media present Swedish management of the ongoing Covid-19 pandemic as soft and irresponsible. Thus, Sweden, which is usually regarded as exceptionally risk averse and cautious, has chosen an unexpected risk management approach. The aim of this article is to reflect on how the Swedish government has managed the Covid-19 pandemic until early April 2020 from two theoretical perspectives, the risk society thesis and governmentality theory. We make a brief review of how previous pandemics have been managed compared to Covid-19 and try to understand the consequences of the Swedish handling of present pandemic with a particular focus on the governance of the pandemic and the exercise of power rather than definite risk management strategies during the pandemic.

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The world seems shocked by Sweden's relaxed approach to the Covid-19 pandemic. A headline in the Daily Mail on 31 March 2020 read 'Is softly, softly Sweden heading for catastrophe?' (Connolly 2020), and on 4 April, an article in The Economist stated:

While Sweden's fellow Scandinavians and nearly all other Europeans are spending most of their time holed up at home under orders from their governments, Swedes last weekend still enjoyed the springtime sun sitting in cafés and munching pickled herrings in restaurants. Swedish borders are open, as are cinemas, gyms, pubs and schools for those under 16. Restrictions are minimal: the government recommends frequent handwashing for all, working from home for those who can, and self-isolation for those who feel ill or are older than 70... Only on March 29th did Sweden ban gatherings of more than 50... During other pandemics, such as the outbreak of cholera at the end of the 19th century or the aids pandemic in the 1980s, Sweden imposed more stringent restrictions than its neighbours. So far the public is supportive of [Prime minister] Mr Lofven's contrarian strategy—but once the death toll rises this may quickly change.

In this short article, we reflect on how the Swedish government has managed the Covid-19 pandemic until early April 2020 from two theoretical perspectives: a realist risk theory based on Ulrich Beck's risk society thesis (1992) and a critical risk theory grounded in the work of Michel Foucault ([1976] 2003). At the end of the article, we also reflect on the risks related to Covid-19 from an intersectional perspective. Thus, we focused on the governance of the pandemic and the exercise of power rather than definite risk management strategies during the pandemic.

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Compared to the governments of many European countries and other countries around the world, the Swedish government has managed the Covid-19 pandemic in a slightly different manner. By the end of March 2020, we had witnessed lockdowns in cities, regions, and whole countries worldwide. In Sweden, schools were open, and gatherings of up to 49 people were still allowed. Compared to our neighbouring countries, Finland, Norway, and Denmark, Sweden had less regulation of and restrictions on people's daily lives. To mention a few examples, the capital region has been contained in Finland, and schools have been closed since 16 March in Denmark and Norway. Furthermore, the Norwegian government also decided to restrict its citizens from visiting their holiday cottages, and municipalities closed all large ski resorts. In Sweden, the government decided on the 18th of March that all education at upper secondary levels and higher, including university education, should be conducted via distance learning. The following day, unnecessary travel to Sweden was forbade, and unnecessary travel from Sweden to other countries was discouraged by the Ministry of Foreign Affairs. On the 28th of March, any gathering of more than 49 people was prohibited. Still, restaurants, shops, gyms, etc. were open. Thus, the Swedish strategy to manage Covid-19 has been largely based on the responsibility of the citizens who receive daily information and instructions for individually targeted self-protection techniques by the Public Health Agency of Sweden's website and press conferences held by state epidemiologist Anders Tegnell, Prime Minister Stefan Löfven, and other representatives of the government. They continue to underline the importance of all citizens playing their part to stop the virus from spreading and avoiding the enhancement of law enforcement's restrictions on citizens' rights as long as possible.

Swedish management of previous pandemics

In a recent article, Mulinari and Vilhelmsson (2020) showed how Sweden, and particularly the Public Health Agency of Sweden, managed the 2009 H1N1 (swine flu) pandemic. Sweden differed from other countries in the management of that pandemic as well. However, Sweden was, as it usually is, on the other end of the spectrum of precautionary action in 2009 and decided to vaccinate the whole population remarkably early in the process. As a result, Sweden reached the highest level of vaccination coverage among all countries at 60 percent. Both then and in the current situation, the Swedish government and expert authorities focused on recourses and communication to protect risk groups and fundamental societal structures. Mulinari and Vilhelmsson (2020) showed that these measures were achieved in 2009 by encouraging people's solidarity with vulnerable people, and they argue that high levels of trust in institutions and the health care system support the process. Furthermore, mass media worked together with expert authorities and the government to create a strong alliance in 2009 that promoted mass vaccination for the common good, even though it meant downplaying that the vaccination only benefitted a minority of the population and might even harm some individuals. Mulinari and Vilhelmsson (2020, 337) concluded that this action was a quite remarkable exertion of power that saved some lives while devastating others, since the vaccine used (Pandemrix) had an unknown adverse effect of narcolepsy, which is a chronic disorder of excessive daytime sleepiness, among hundreds of Swedish children and adolescents.

The current situation differs from the situation in 2009. In the current situation, there is no available vaccine, and Sweden has not applied its usual precautionary approach to risk and crisis. Possibly because of the latter, we have not observed a strong alliance among mass media, the government, and expert authorities as we did in 2009. In contrast, Peter Wolodarski, editor in chief of Sweden's largest morning newspaper, Dagens Nyheter, has heavily criticized the government's decisions and recommendations from the Public Health Agency (Wolodarski 2020). In addition, the Public Health Agency appears to have a stronger position than before, and the government has openly shown that it makes decisions based on expert authorities' assessments.

What is similar to previous crises is the way the government has relied on citizens' trust in the state and how it has appealed to people's accountability and solidarity. Sociological risk theory may help us understand this situation.

The consequences of a world risk society

In risk society, risk is the driving force of social change; it is political in terms of liability (see also Douglas 1990) and provides power to those with the ability to avert and manage risks. The key pillars on which the risk society thesis rests are (Beck 1992) (1) the development of new, man-made, mega risks that threaten the existence of humanity on a global scale; (2) globalization with a world risk society; (3) expert dependence: the insensibility and complexity of risk that leave both politicians and the individual dependent on scientific knowledge; (4) individualization: old social structures such as social class are replaced, or at least hidden by, a new political self-fulfilling subject; and (5) risk positions: although social class and other social structures diminish, inequality remains but in the shape of risk positions.

At first glance, the Swedish situation, in which the responsibility for managing the Covid-19 pandemic is characterized by expert judgments and individual responsibility, seems to reflect what Ulrich Beck (1992) already described at the end of the 1980s as a risk society: a more modern globalized society derived by the management of risk and uncertainty. Furthermore, the interconnectedness of the Covid-19 pandemic with the global economy makes this pandemic a late modern complex mega risk, where our dependence on experts is evident. What could then be questioned is whether the inequalities that we can observe are individualized risk positions or if social inequalities are still classed, gendered, racialized, and aged. Building on Beck's early claim that risk (or bads) is an object of distribution comparable to the distribution of wealth, creating risk and class positions, respectively, Dean Curran's (2016) theorisation of structural inequalities in terms of social class within the risk society manages to combine the strength of Beck's theory with social class theory. He flips the discussion about resources, discusses the risk and inequality nexus, in which risk intensifies class differences, and argues that there is a systemic process structuring contemporary power relations resulting from the distribution of these bads.

The consequences of enhanced ethopolitics

Following the writings of Foucault ([1976] 2003) and his followers, it is possible that Sweden's management of Covid-19 falls under the description of the governing of conduct and individual responsabilisation, a political rationality that has a long history in the Swedish welfare state (Olsson 1997; Berg 1914). Reviewing the Swedish strategy, the public communication goals and recommendations of the health agency have emphasized adherence to and trust in infection control techniques informed by scientific and biomedical experts. The tacit implication is that specialized scientific and medical knowledge is somehow more or the most appropriate to guide pandemic planning and responses. Such an assumption about the legitimacy of scientific knowledge guiding public health and medical interventions is not unique to this pandemic. The Public Health Agency of Sweden provides recommendations for diverse health-related habits in relation to different risk groups not only on how to behave in relation to infectious diseases topics but also on more general health topics. Thus, risk discourses also enable individual identities to be linked to the biopolitical apparatus in disciplining, normalising, and protecting citizens. Nicholas Rose expanded on Foucault's writing, arguing that biopolitics are merging with what he called ethopolitics, a politics of life itself and how it should be lived (Rose 1999, X). Ethopolitics refers to the ethos of human existence—the sentiments, moral nature, or guiding beliefs of persons, groups, or institutions—which provides the medium within which self-government of the autonomous individual can be connected with the imperatives of good government. The moral

component means that individuals are expected to self-regulate in accordance with the norms of a moral, or rather ethical, righteous life (Rose 2001), where responsibility for the avoidance of risk is bestowed upon individuals, who are supposed to regulate themselves in line with the directions of health authorities.

Intersectional vulnerability in the face of the governing of conduct

At the time this paper was written, we did not yet know the consequences of a soft lockdown in Sweden during the Covid-19 pandemic in terms of the number of patients infected and the mortality rate. What we have witnessed is that this pandemic, as with all risks, strikes differently, and already existing inequalities soar (Curran 2016). During the first phase of the pandemic, before the number of people infected started to rise more quickly, we witnessed the governing of conduct by the government. With recommendations rather than prohibitions, the individual becomes the unit of decision making towards whom claims of liability are directed if he or she does not manage to act ethically according to social expectations (Douglas 1990). This kind of governing of conduct, which has been characteristic of the Swedish risk management strategy during the pandemic thus far, targets the self-regulating individual in terms of not only trust but also solidarity. This type of governing was explicitly made by the prime minister in his speech to the nation on the 22nd of March (speeches that are extremely rare in Sweden) in which he particularly emphasized individual responsibility not only for the sake of personal safety but for the sake of others. Throughout the speech, this call for conduct was present, and he ended his speech by stating (Regeringen.se 2020), 'I am sure that everyone in Sweden will take on their responsibility. Do your utmost to ensure the health of others. To help each other and therefore be able to look back on this crisis and be proud of your particular role, your efforts. For your fellow human beings, for our society and for Sweden. Thanks.'

The focus on the individual in the self-management of epidemiological risk is also a key tenet of Sweden's health promotion strategy, and it relies on an assumption that appropriate information is being provided and individuals are able to make scientifically informed, risk-minimizing or risk-managing, correct choices. This management of responsible selves does, however, rest on a particular conception of the self, an assumption that people have the same potential to protect themselves, and that to be responsible in relation to Covid-19 does not expose you to other risks, which is similar to the risk society thesis (Beck 1992). However, decades of social science risk and crisis research have shown that the ability to manage risks and crises by conduct is largely related to social inequality. Previous risk and crisis communication studies have also emphasised the importance of considering people's differences, not least with regard to functional ability and language skills, which is something that is not often sufficiently considered (e.g. Kvarnlöf and Montelius 2020). Returning to our previous theoretical discussion, one can ask if this is a matter of the distribution of bads *per se* (Beck 1992), if the vulnerabilities are based on the uneven distribution of wealth (Curran 2016), or if the governing of conduct based on scientific and epidemic knowledge hides and black boxes underlying inequalities (Rose 2001).

Both risk rationalisation and governance mask and sometimes strengthen the structures of power underpinning the uneven distribution of both good and bad emerging from the production process. To better understand what is happening during a pandemic like Covid-19, we also need to analyse how risk is entangled with spatial gendered, racialised, and classed experiences of these and other hierarchal ordered categories (Giritli Nygren, Olofsson, and Öhman 2020) because the recommended infection control practices can also be understood as points of reference for individuals in which they have to negotiate different risks. We have, for example, already witnessed how people in already quite privileged positions are the ones who have the ability to work from home, which means that they also have more potential to act according to health recommendations, while others run the risk of being dismissed from their work or of their businesses going bankrupt.

Then, there are those in positions identified as socially important functions that cannot choose to avoid risks, particularly in the care sector, where the risk of infection is the largest and shortages of protective equipment exist. Last, not everyone has the resources that are required to participate in pandemic self-governance (knowledge of how and when to shop, having people who can help you, the hospital closest to you having enough respirators, etc.). This feature has already been evident in the Swedish mortality statistics because of the Covid-19 pandemic.

In early April 2020, the Swedish government proposed temporary changes in the constitution to be able to implement fast and extensive changes in citizens' and companies' rights to meet the challenges of the pandemic. There were protests from opposition parties, and the government reframed the proposition to include immediate approval by the parliament after making these kind of decisions. Thus, we are witnessing how Sweden prepares to leave the risk society and soft risk governance of conduct for a more radical securitization path while still protecting democracy thus far. The social contracts that regulate the relationship between the state and citizens is still built on trust in Sweden more than in many other countries. Although there are some voices calling for the necessity of being able to open up for state of emergency situations, there are others that while having seen what can be changed under this situation, do not want to threaten democracy. The question is what the long-term consequences will be if Sweden changes to more restrictive securitization with extensive lockdowns and penalties and a form of governance that increases the power of the government. With Covid-19, we face an ambivalent situation when the constant presence of risk and uncertainty increases our daily dependence on expertise, which in turn heightens the demand for alternative explanations, even to the extent of questioning expert and democratic systems (Giritli Nygren, Olofsson, and Öhman 2020).

Disclosure statement

No potential conflict of interest was reported by the authors.

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