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Heroes, victims, and villains in news media narratives about COVID-19. Analysing moralising discourse in Swedish newspaper reporting during the spring of 2020

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ABSTRACT

This paper explores news media discourse about COVID-19 during the spring of 2020 in Sweden, aiming to provide an understanding of how moralising discourse is employed in narratives about public health risks and responses. We investigate print news media content about the corona virus and COVID-19 during the early stages of the outbreak, guided analytically by framework focusing on the relationship between moral panics and moral regulation. We direct attention, first, to how both moral majorities and villains, i.e., ‘folk devils’, and heroes are constructed in the news. Secondly, we look at how visions for interventions are produced discursively in relation to such constructions. Our findings suggest that moralising discourse largely target risk behaviours and health care claims of middle-class groups. We also find that news media discourse about the pandemic in Sweden is marked by attacks on government interventions that are distinctly different from observations in other contexts.

In conclusion, we discuss these observations in relation the political and discursive context, and the potential impact of moralising discourse on the legitimacy of public health interventions and the welfare state. Finally, we also discuss how our findings can inform theoretical discussions about political populism, moralising discourse and public health.

1. Introduction

The classification of COVID-19 as a pandemic transcends the technical understanding of a viral outbreak spreading across large parts of the world. The concept of pandemic is a powerful metaphor, arousing atavistic fears and anxieties as an uncontrolled and tremendous risk (Ungar, 2013). The threat of lethal contagion constitutes a significant crisis for society, with potentially grave psychological consequences for its citizens going well beyond the medical seriousness of the disease itself. This has been described in relation to the HIV/AIDS epidemic in the 1980s, and later also to SARS, H1N1, and avian influenza, giving rise to “public hysteria about vulnerability” (Gilman, 2010). As previous plagues have left death and devastation behind, their traces remain in collective memories and folklore, conditioning how we prepare for the ‘next one’ and respond to emerging threats. Embedded in this culture, the machines of science and media actively participate in the continuous preparations for the next outbreak. Both SARS, H1N1 as well as local outbreaks of avian influenza have been treated as major threats, precisely because we ‘know’ and expect that this might be the next Spanish flu. Such “folk memories” (Gilman, 2010) and “apocalyptic forecasts” (Ungar, 2013) precede and shape efforts to contain new outbreaks.

Conditioned by medical as well as social and psychological experiences, responses to new threats are unsurprisingly in part often emotionally charged. Also not surprising, they are commonly marked by moralising discourse. As the threat of a pandemic starts to emerge, risks are oftentimes identified in terms of moral flaws in ‘others’. Calls for action, aimed at controlling their behaviours and morals, can thus emerge in a process which can be defined as a “moral panic” in which medical and moral risks, at least in part, collapse (Mannion and Small, 2019).

Originally developed in works by Cohen (1972) and Cohen and Young (1973), the moral panic framework has been highly useful for studying how moralising discourse about a wide range of phenomena labelled primarily as violent, criminal, and/or sexually deviant, can be used politically to legitimise control and organise consent. Moral panics are emotionally driven reactions to societal crises in which risks are communicated using moralising discourse, generated in and through media representations of risk and harm (Gilman, 2010). Typically, a panic reaction identifies a specific deviant group of villains, or
“folk-devils”, as representative of the “boundary crises” (Cohen, 1972) threatening the order of society. Using amplifying and exaggerating imagery, politicians, experts, journalists and other “moral entrepreneurs” collectively establish an ideological discourse – calling for measures which disciplines the folk devils and/or regulates society or the economy in certain ways – aiming to restore moral boundaries of society and legitimise dominant social relations. A fair share of critical research has pointed out the relationship between panic manias and calls for increased control of society’s unproductive margins, often calling attention to the disproportional character of panic reactions. A number of scholars have directed attention to the notion that panic reactions can include proportionate reactions too, arguing that moral panics in some cases may be legitimate responses to ‘real’ threats, such as climate change (Rohloff, 2011), or pandemics (see Gilman, 2010; Miko and Miller, 2010; Muzzatti, 2005; Smallman, 2015; Ungar, 2013). No longer observed exclusively as elite reactions against the powerless, some have opened for the possibilities of “good” moral panics in which moral entrepreneurs express grassroots fear and alarm regarding decidedly real, and justifiable, concerns (Cohen, 2011). Relatively, it has been pointed out that panic reactions do not always target the unproductive margins, but may also draw on notions of folk devils among the elite (Rohloff, 2011). While the concept of moral panics refers to the short-lived and primarily media-driven storms of outrage, the concept of “moral regulation” (Corrigan and Sayer, 1985) by contrast refers rather to more routinised and institutionalised activities and discourses fostering citizens into self-managed subordination. In reaction to conventional moral panic studies, increasing attention has been directed towards the relationship between panic reactions and moral regulation. As argued by Hier (2002) moral panics can be understood as a particular and exceptional form of moral regulation: a “volatile local manifestation of what can otherwise be understood as the global project of moral regulation” (p. 329). Emerging when the established institutions of moral regulation appear to be failing, panic reactions call for collective risk management. Whereas moral regulation aims to foster moral conduct in the general population, relying on the reformatibility of people, panics highlight incurable flaws in certain groups and interventions by which a majority disciplines the minority into obedience. The ways in which a viral outbreak is taken up in news reporting, and how this intersects with political conflict lines and discourse, may impact significantly on the organisation and viability of public health responses. Outbreaks of disease, and in particular those of a pandemic nature, have previously sparked panic reactions (Gilman, 2010; Miko and Miller, 2010; Muzzatti, 2005; Smallman, 2015). Panic reactions may impact on the implementation of interventions such as mandatory masks and mass vaccinations, and how new marketing opportunities emerge in healthcare and pharmaceutical sectors (Gilman, 2010). Perhaps less tangible, but nevertheless important, panic reactions may also render notions of risk, guilt and sin particularly central, exposing affected groups to condemnation and policing. This has been seen in relation to AIDS (Lupton, 1994) and obesity (Campos et al., 2006; Mannion and Small, 2019). As moralising discourse frames health risks during a panic, the legitimacy of interventions – and the actors supporting them – needs to be understood in both medical and moral terms. Distinctions between medical and moral needs may not always be clear during a panic reaction, as well as the relationship between interventions and their intended effects. Calls for prompt action, and the idea that something needs to be done, may take priority over discussions regarding the ways in which interventions relate to intended outcomes (Cohen, 2011).

1.1. The Swedish COVID-19 response

In December 2019, the outbreak of a coronavirus disease, COVID-19, emerged in Wuhan, China, and spread globally over the following months. On January 31, 2020, the first Swedish case was confirmed, and the disease was classified as constituting a danger to society on 1 February by the Swedish Government (Regeringen, 2020). This enabled extraordinary infection control measures, including testing, tracing, and isolation – interventions reserved for diseases risking imminently and seriously disturbing important societal functions. A couple of weeks later, The Public Health Agency of Sweden ([Folkhälsomyndigheten], FHM) reported local transmission of the coronavirus nationally, and coinciding with WHO classifying COVID-19 as a pandemic on March 11 (WHO, 2020), Sweden confirmed its first casualty. As large parts of the world closed down, with several countries issuing curfews for all citizens, Sweden became an international outlier by largely avoiding such actions. Initially, the term “flattening the curve” was used to illustrate a desirable response course, by which spreading was curbed to not cause an overload on healthcare. The strategy focused on voluntary reduction of interpersonal contacts, so-called “social distancing”. FHM also issued recommendations for working from home, avoiding public transport and traveling, and that individuals over the age of 70 should stay at home as much as possible, and banned larger public events. At the end of March, higher education (ages 16 and older) was recommended to shift into remote modes of teaching, and all Government employees whose presence at the workplace was not essential were ordered to work from home.

Contextualising its COVID-19 response further, it should be noted that Sweden largely has been spared from severe infectious disease outbreaks in modern times. However, the implementation of harsh and hasty restrictions in relation to both HIV and the H1N1 influenza has been criticised in retrospect. This includes changes made in 1985 to the Swedish Infectious Disease Act requesting everyone suspected to carry a disease to be tested and to follow medical orders and allowing force if necessary. Following this, ethical as well as practical arguments against coercive measures have been discussed in Sweden, and previous responses have been understood as homophobic and as stigmatising for vulnerable groups, with little effect on spreading (Herlitz, 1992). The Swedish response to the Swine flu outbreak was furthermore characterised by panic, and included mass vaccination which, following its negative side-effects with children affected by narcolepsy, also has been problematised in retrospect.

The Swedish COVID-19 response differs further from many other countries by being controlled by an expert agency with little political interference. By Swedish law, responsibilities for the prevention and control of infectious disease are mandated to the responsible government agency, in this case FHM. The Swedish constitution furthermore does not allow ministerial rule, and it is very uncommon for politicians to act against agency advice. Developments relating to COVID-19 were communicated to the public primarily through daily press conferences organised by FHM and the Swedish Civil Contingencies Agency (MSB) responsible for civil protection, public safety, emergency management and civil defence and the National Board of Health and Welfare (Socialstyrelsen) – events with extremely high social and public relevance throughout the spring of 2020. The content of the press conferences matter-of-factly concerned the number of deaths, the number of people cared for in inpatient care and new restrictions and reliefs, throughout the period. While responsibilities for the response management was held by FHM, State and Government representatives took part in signalling the seriousness of the situation, and FHM press conferences were accompanied by government ministers calling for responsible behaviour. During the pandemic, Prime minister Stefan Löfven addressed the nation twice (televised in March and November 2020) – thus doubling the number of times in Swedish history that this has happened – appealing to “common sense” and “individual responsibility”. Sweden’s head of state king Carl XIV Gustav gave a televised address in April, similarly highlighting the categories of “strength”, “responsibility” and “self-sacrifice”. Further stressing the seriousness of developments, the virus hit Sweden hard in the early stages of the pandemic, especially compared to its Nordic neighbours. By the end of May 2020, 4395 confirmed COVID-19 casualties had been registered in a population of 10 million (at the time of writing, at the end of October 2021, that number has risen to 14 993). Relatedly, if FHM
promoted a rather neutral, and allegedly downplaying, portrayal of the pandemic, standing by their international comparison soft response strategies, emerging during these early stages of the pandemic were also other voices more serious in character, including calls for further action. Following these developments, responsibilities for pandemic action were shifted in the autumn of 2020 when the Parliament passed a special pandemic law, giving the Government authority to introduce infection control measures.

1.2. Aim and design

The analysis presented here directs attention to news media narratives emerging in Sweden during the early stages of the COVID-19 pandemic in Sweden. We examine the period when pandemic management was handled according to the Swedish model and managed by an expert authority. Relying heavily on voluntary subjection to recommendations rather than mandatory lockdown, the Swedish strategy creates different conditions for moralising discourse than repressive alternatives. Following Ward’s (2020) call for sociological inquiries into the social implications of the pandemic, the overarching aim of the analysis presented here is to analyse how moralising discourse is employed in news media narratives about public health risks and responses. We also analyse how this relates to the legitimacy of public health interventions during a pandemic, and its potential impact on future health care policy developments. To meet this aim, the analysis was guided by the following research questions:

- How can news media discourse about COVID-19 in Sweden be understood in terms of a moral panic? How can it be understood in terms of moral regulation? How are its ‘folk devils’, and its moral majority, constructed? What kinds of risks and harms are depicted?
- What kinds of conflict lines are constructed in the news? What interventions and solutions are proposed?
- How may the identified discursive patterns impact on the legitimacy of public health interventions? How do they relate to previous health care policies, how may they condition future developments?

Empirically, this study is based on a sample of newspaper articles collected using the Retriever database (www.retriever.se) including a majority of all nationally and locally distributed Swedish print media publications. Although the mediatised and political logic of moralising discourse needs to be understood as unfolding not exclusively through traditional print news media publications today, but rather as conditioned by social and digital media platform logics (Hier, 2019), this selection here allows for an analysis of content produced exclusively in the Swedish national context. The sample includes articles about the coronavirus and COVID-19 published during the first four months of the pandemic, i.e. February, March, April and May of 2020. The data set includes articles from publications of all traditionally well-established political leanings in the Swedish context, i.e. conservative, liberal, social-democratic, socialist, as well as politically independent. However, none of the included publications represent the “populist” far right perspective similar to that of the Sweden democrats, as such perspectives are predominantly promoted on alternative media platforms in Sweden (Holt, 2020).

2. Findings

In the following sections, we first show how moralising portrayals of superspreader tourists, and health care claimants, construct them as ‘villains’ in media stories about the COVID-19 pandemic in Sweden. We also show how medical staff by contrast are portrayed in terms of heroes and victims in the news. We then turn to how claims and visions for change emerge in public debate. Finally, in the concluding discussion we consider our observations in relation to the legitimacy of public health interventions, and future Swedish health and welfare state policy developments.

2.1. Superspreaders and healthcare claimants – elite folk devils of the pandemic

During its initial stages, news reporting about the pandemic in Sweden focused on a minor number of travellers from China who had developed symptoms. After this, as the spreading of the coronavirus gained momentum nationally, media attention shifted to stories about Swedes returning from winter holidays and bringing the virus into the country. Portrayals of alpine travellers constitute a major news theme in March, heavily marked by moralising discourse, highlighting their decadence and carelessness. Articles about vacations in the “skiing paradise” – or the “Ibiza of the Alps”, and the “corona bar” where the spreading of the “Ischgl infection” allegedly originated – draw on an imagery of alcohol-fuelled nightlife with overcrowded bars and gourmet restaurants. The following quote, from a late March news article in Dagens Nyheter in which a tourist is talks about experiences from Ischgl, linking reckless partying to the spreading of the virus, illustrates this:

“One time we ordered 100 shots, everyone whistled as they were served, with sparklers. All the bartenders have whistles used for keeping the party going. I take one and blow it, to help get things going […] This whistle, and others, are passed around among guests at the bar. Business as usual in the pulsating Ischgl nightlife. Several days will pass before the bar and all other after-ski bars in the town closes. By then it will already be too late (Dagens Nyheter, 20 March 2020) [All quotes were translated from Swedish into English by the authors. In quotes, all personal names have been omitted].

The second part of the quote shows the commonly applied apocalyptic tone in news text at this time, here stressing the seriousness of the situation and the moral recklessness of the superspreader tourists. While the virus was not known to the Ischgl party tourists, the irony of the impact of their inherently decadent behaviours is not lost in the reporting. Shortly after the stories about Ischgl, the Swedish winter resort Åre was highlighted in news about risks associated with upcoming Easter holiday skiing travels. On 27 March, under the headline “The infection stops the ski party”, Dagens Nyheter describes Åre as “the next Ischgl” and “Chernobyl”. Drawing on the potential national spreading of the virus from metropolitan areas to up until then largely unaffected rural regions, stories such as this call attention to the risks for rural healthcare caused by tourists. Intimately linked to such news stories are stories about other superspreader events and behaviours, also marked by apocalyptic tone and a focus on wealthy elite groups. Another story receiving attention at this time – in which the term “ground zero” is used to describe a “superspreader” event (Dagens Nyheter, 10 April 2020) – is a private birthday party in Stockholm hosted by a socialite couple who, while anonymous, are described, together with their guests, clearly revealing their social status.

Stories such as these establish the risky and selfish behaviours of the well-off, and the elite superspreader ‘folk devils’, as a key concern for controlling the pandemic. Commenting on an opinion piece written by a group of medical doctors – that we will return to in the following section – an editor at Östersunds-Posten (local to the Jämtland region which is home to the most popular Swedish ski resorts) writes about how the behaviours of urban travellers challenge public health in ways that clearly illustrates moralising discourse:

I think Stockholmers and tourists from other parts of Sweden should feel welcome to seek isolation here. Wifi is commonly installed in cabins and lodges, and a lot of people can work from there, and takeaway food can be delivered. Socially distanced living is possible in Jämtland without putting the health of others at risk. But this works only if visitors take personal responsibility and if they realise the gravity of the situation. If you are coming here, you should know that you are potentially carrying the virus and take the necessary
precautions. You also need a plan for returning home in case you develop symptoms. There are no guarantees that healthcare in Jämtland can help more people than those who actually pay taxes here. If we all take individual responsibility, both tourists and locals, then Åre can remain open in limited ways. That would be better for everyone. There will be no spreading of the virus between skiers, and indispensable revenues saved for Jämtland’s businesses (Ostersunds-Posten, 31 March 2020).

Potentially spreading the virus, traveling and partying is portrayed as a threat, but it is specific forms of traveling and partying linked to an exclusive elite and, not the common worker, that is pointed out as threatening. It is rather the superspreaders of the upper classes, arriving for virus testing in Audis and Teslas (Arbetet, 12 March 2020). Against the backdrop of risks associated with the jet-setting lifestyle, staying at home and doing nothing special – the default option for many Swedes with lower income – is commonly emphasised as the risk-free, responsible option. In an editorial piece in Expressen from 31 March, the author draws on childhood memories of staying at home during holidays with a single mother, calling attention to the fact that international holiday traveling is still often out of reach for the average worker. The positive public health consequences of a simple lifestyle contrast the decadent and hazardous behaviours of the rich:

The authorities are not targeting everyone. They are asking people with money to, just once out of a hundred times, stay at home, in order to save human lives. I don’t think my Easter holidays were that exceptional, even though I grew up with limited means. Most people stayed at home back then. Now, most people are better off, but can still only afford one summer vacation. I also believe it will do the rich some good, to stay at home and reflect on their privileges (Expressen, 31 March 2020).

In retrospect, it has been revealed that the infection most likely entered Sweden through various routes, including several European countries and the USA, and that the infection may have been present in Sweden earlier than was assumed early on (FHM, 2020). It has also been observed that the spreading of the virus in the Stockholm region was more pronounced in socially and economically vulnerable suburbs, while comparatively moderate in the areas inhabited by affluent groups (FHM, 2021). While these conditions were not necessarily known at the time, it can thus be noted that the news narratives described here were not only moralising in character, but also somewhat skewed.

Closely related to the narratives described above, the careless character of elite groups is further amplified in the news during this time through another set of stories pointing out their lofty healthcare claiming habits. In Sweden, health care is largely tax funded but deregulated so it is possible for regional councils to finance health care services carried out by private healthcare providers. It is also possible for Swedes to pay themselves for care in private clinics. The system has been heavily criticized as it is said to deplete the public sector of important resources, both in terms of staff and money (Journard et al., 2010). Adding to the challenges for public healthcare following the corona pandemic, other kinds of healthcare claims are labelled “unnecessary”. In late April for example, significant attention is directed to emerging reports that hospitals, first in Stockholm and then also elsewhere, would not continue to grant and carry out elective caesarean sections at the mother’s request, in order to prioritise COVID-19 patients (in Sweden, maternal care is free of charge, and while vaginal birth is the default option, a woman can be granted a caesarean section also for non-medical reasons, a compassionate procedure). The following quote, from an article quoting a health care operations manager, illustrates portrayals of such claims:

– It comes down to a choice between cancer and unnecessary caesareans, says [named staff], at obstetrics and gynaecology in Dalarna (Sveriges Radio, 25 May 2020).

The distinction between necessary and unnecessary healthcare here is intimately linked to the moral character of the patient, and targets patients framed as claiming public healthcare they don’t really need. As resource scarcity in the healthcare sector comes into focus, news stories directing focus to the morally questionable character of individual healthcare claims emerge. Pointing out how it risks spreading the virus, but also that it drains public healthcare from staff and resources, commonly occurring depictions of private healthcare at this time focus on providers and customers belonging in “luxury” market segments. Under the headline “Beauty clinics continue to operate during the corona crisis”, Dagens Nyheter on 23 April reports how private clinics continue performing aesthetic surgery while public hospitals are brought to their knees. In an article in which a journalist visits several aesthetic surgeons undergo pretending to be a woman interested in breast augmentation – a journalistic strategy amplifying the clandestine character of their business – clinics are described as expensively furnished and designed, and staff explain how customers are now taking the opportunity to have surgery as other activities in their daily lives are shut down, and when they have the opportunity to work from home. In another article, in which appointments for surgery within two weeks or less are provided by all clinics, public healthcare staff are portrayed as finding these practices “immoral” and “hair-raising”.

Bringing further attention to the conflict between individual private-sector healthcare claims and public health risks during the pandemic, are news stories depicting how private healthcare centres, catering to people living in the most affluent neighbourhoods in the Stockholm region, labelled “luxury clinics” in the news, provide opportunities for COVID-19 antibody testing. This reporting focuses in part on the risk for spreading caused by patients coming to the inner-city clinics, and in part on conflicts between the fact that private actors are making “millions” on testing which epidemiological experts are portrayed as questioning the benefits of. Yet another set of related stories relate how privately owned online telemedicine services and healthcare centres, providing tax-funded primary healthcare with limited triaging, are likely to become extremely costly during a pandemic. Articles about telemedicine providers provide data on the most common user groups, highlighting socioeconomically strong Stockholm residents seeking care for mild respiratory symptoms, and parents seeking care for their small children. The reporting questions if this is the best way to use tax money during a pandemic, and ironically points out how the same privileged groups responsible for the careless spreading of the virus are now causing further problems. This way, conflicts between the advantages of telemedicine, including enabling socially distanced healthcare provision and increased freedom for patients on the one hand, and the careless and selfish character of healthcare claiming, frame news narratives. Unlimited smartphone access to doctors is portrayed as a moral hazard to the welfare system and individual over-utilisation of the welfare system a key risk during the pandemic. Similar to discussions about elective caesarean sections, this conflict has marked Swedish public debate previously, but it is highlighted as more acute, and employing decidedly more moralising discourse, during the pandemic.

Significant for these narratives, through which medical and moral threats merge during the onset of the COVID-19 pandemic in the Swedish context, are the ways in which they reproduce and further strengthen conflicts between individual health care needs and public health. Emerging as folk devils in these narratives are the wealthy, whose lacking morals in different ways are framed as constituting public health calamities and societal hazards. Common for the returning superspreader winter tourists and depicted consumers of healthcare – including both tax-funded as well as more luxurious kinds – is first their apparent disregard for social distancing, but secondly and perhaps even more important their unwillingness to restrain from claiming healthcare. Predominantly associated with the upper classes, a crucial challenge for public health is a personal sense of healthcare entitlement. Underlying the representations of immoral deviants in the news, threatening the moral majority with lofty and selfish behaviours, is their
autonomy and agency in relation to risk management in general, and to the health care system in particular.

2.2. Heroes and victims – healthcare staff

Contrasting the elite superspreader tourists and healthcare claimants and occupying the roles of heroes as well as victims in news discourse, are the people working on the floor in the public healthcare system and in particular those working with COVID-19 patients. Their work is often described in terms of a war, and medical staff in terms of an army. They are the “first line of defense”, they exhibit “loyalty” by “biting the bullet” and making significant personal “sacrifices”, and when they speak about their patients words like “survival” and “suffering” are frequently used. That the healthcare system is under extreme pressure during the pandemic is commonly highlighted, and illustrated by representations of crying, and sometimes panicking, healthcare staff, expressing fears of not being able to cope:

Staff crying in hopelessness. Very sick corona patients fighting for their lives. Just the thought of more patients gives [named staff], intensive care nurse at NAL, palpitations and shortness of breath (Bohusläningen, May 6, 2020).

Articles portraying individual public hospital employees, i.e. doctors and nurses, occur quite often together with news depicting COVID-19 wards, and significant space is also devoted in such news to personal narratives from staff. Commonly represented through emotionally charged portrayals of named individuals, often using both photographs and in-depth interviews relating personal experiences and perspectives. Largely drawing on the good Samaritan stereotype, such portrayals relate the notion that the portrayed individual, and public healthcare workers in general, are altruistic and not motivated by individual or material interests and would do the same thing even without pay. Further highlighted through representations of voluntary work conducted by hospital employees, it is often pointed out that staff may not be able to take vacation this year. At the same time, work at the front line is nevertheless portrayed as deeply rewarding. Helping others and being the difference between life and death is described in terms of a personal choice, and the core meaning of life and work:

Despite a heavy workload he feels focused and concentrated. Although horrific, the corona crisis also makes work even more meaningful and important. Once, [named medical student] studied at the Malmö Academy of Music. Classical guitar. He practiced and practiced – he also struggled with depressions and feelings of meaningless. So he chose a new direction. Studied medicine, became a doctor (Dagens Nyheter, 5 April 2020).

A medical student that volunteers as a cleaner at a hospital during the pandemic is described saying that becoming a doctor and volunteering during the pandemic is a calling:

But I’m not afraid, not for myself, and I am very motivated by being able to do good for society. Starting med school, and doing this voluntary work now, to me it feels like coming home (Dagens Nyheter, 2 May 2020).

In the same paper, the same medical student is pictured again in a longer article about her volunteer work and her professional choices. She is presented as being a “vital cog” for preventing infection, together with other volunteers and assistants that are called “superheroes”. In other personal accounts of healthcare professionals, they are commonly presented as highly devoted to their work, and as motivated both by personal character traits, as well as a high sense of duty, rather than material needs. There are also accounts of health care staff claiming that it is a duty of the young and healthy to work with covid care, even if they initially had been hesitant to do so.

Perhaps not too surprising, healthcare staff in other words clearly occupy a moral high ground in public discourse during the pandemic, and this is particularly clear in comparison to representations of the elite folk devils discussed above. Distinctions between the virtuous and the vicious are not only implicitly constructed in public discourse at this time, but they are also portrayed as being in direct conflict. Depictions of healthcare staff giving voice to this antagonism are not uncommon, and a recurring theme in the news relates how certain citizen behaviours constitute a threat to health care staff. For example, in an article about an assistant nurse allegedly infected by the covid virus at work, she says she finds it troublesome that people are still moving around outdoors, urging everyone to stay home. The idea related here is that sick people not only cause strain for the healthcare system, but also that they constitute a threat to individual healthcare workers:

You might think you want to live your life, and not just stay inside – but you shouldn’t just think about yourself. You might infect somebody who dies, leaving children and family, just because you couldn’t wait, says [named nurse] (Expressen, 8 May 2020)

The contrast between the representations of the careless elite superspreaders and the health care workers on the brink of their capacity is stark, and the two are in many ways constructed as opposites. Health care staff protect the vulnerable, they save lives and serve society’s needs. Unlike the superspreader folk devils, they are characterised by moral sensitivity, compassion, responsibility, and bravery. They are often also presented with much more depth than other individuals, with names, faces, and detailed life histories. A notable observation to be made here is that people contracting the virus and falling ill are commonly not portrayed as victims in the same way as healthcare staff in public discourse at this time, but rather in terms of an anonymous collective whose experiences and voices remain undisclosed. There are depictions of people in need of care, for example in stories from intensive care wards, but they are commonly not identified or interviewed. People with other kinds of health care needs are similarly framed using collectivising terms, rather than individuals with potentially legitimate needs. Although it could be assumed that these groups could be granted victim status during a pandemic, they are arguably positioned rather as a threat and a burden in the news.

2.3. Calls for change – increased control and discipline

While healthcare workers are portrayed as heroes and victims in the news, they are also provided space and enter the public arena themselves, voicing calls for increased discipline among citizens. On April 1st, the local newspaper Ostersundsposten covering the ski resort Are area publishes an opinion piece signed by eight medical doctors from the region appealing to tourists not to travel to the mountains this Easter holiday. Their message is that this is not the time for pleasure or sports, because if you hurt yourself or fall ill, medical help in the region will be limited:

Normally, we are happy to pick you up with a helicopter, provide successful respirator care, treat you quickly in specially equipped trauma rooms, give you surgery, and flight transport to your local hospital, but this year is different. This year you will arrive at an already strained organisation, where the staff at hand is at off season capacity, where the possibilities to take care of you are limited (Ostersunds-Posten, 1 April 2020).

Targeting the health care needs created by tourists traveling and exposing themselves to risk and calling for people to not make themselves subject to health care needs, medical staff thus articulate claims in line with those implied in news reporting. It could thus be argued that public discourse at this time is marked by developments by which medical staff are positioned not only as heroes of the pandemic, and victims of the careless superspreader folk devils, but also as political actors, and in part taking on the role of moral entrepreneurs. In news
reporting discussed so far in this analysis, moralising discourse targeting the risk behaviours of the elite, contrasted by portrayals highlighting the heroic, as well as victimised, character of medical staff, have been identified. These discursive patterns arguably converge in ways that render specific limits for decent citizen behaviours. Implicitly grounding the indignation and outrage, directed towards the reckless elite, and the grateful admiration for medical staff, is the subject position of the general public – the morally righteous citizen taking personal responsibility for maintaining an everyday lifestyle such that it does not risk further spreading of the virus by following FHM’s recommendations. Furthermore, moralising discourse emerging at this time in Sweden also aims to limit individuals even further, as the morally responsible citizenship is not only about not playing a role in the spreading of the virus, but rather about abstaining more or less completely from claiming healthcare.

At the same time, and receiving significant attention in Sweden during this time, are emerging voices criticising the Swedish COVID-19 response. Drawing heavily on the notion that the state isn’t doing enough, and that increased control is desperately needed, these claims are commonly not voiced by representatives of political parties but rather expert scholars – primarily virologists, epidemiologists and medical doctors, appearing individually in interviews and news articles but also organised in activist groups. This thus illustrates further the new space created during the pandemic, in part through moralising discourse as shown above, for this group. Contrasting the claims analysed above these voices target the responsible authorities, i.e. FHM and its representatives, rather than the moral inadequacies of individuals. Emphasising the gravity of the problem and claiming the need for further restrictions, their point of departure is that the Swedish strategy involves less testing, less restrictions, and more fatalities than the neighbouring countries. Portrayals of the careless state allowing the pandemic to wreak havoc in the population, in order to protect the market and the young and the able at the expense of the old and vulnerable, are contrasted with stories of other countries successfully eradicating the infection. These voices call for the taking up of harsher measures such as mandatory face protection and lock down of society and suggest that a committee of ‘experts’ should be guiding the work of the public health authority. Commonly, the overarching aim of these measures is formulated in terms of ‘saving lives’ and ‘minimising suffering’. The quote below is taken from an opinion piece written by a group of researchers receiving very much attention at this time, representing a wide range of academic fields, illustrates this:

> “All over the world, thousands of scientific tests are currently being carried out, not only to find a vaccine, but also to find new medicines and treatments for COVID-19. Results are already promising. We are well aware of the enormous economic and psychosocial consequences of draconian measures to limit the spread. Of course, these need to be taken into consideration. The herd immunity strategy, however, is both unrealistic and dangerous. We should, as far as possible, try to keep people alive until the results of the multiple medical studies are evaluated, and can be implemented. This is to place humans, and life, and suffering in focus” (Dagens Nyheter, 14 May 2020).

Both the news media narratives described above, and these calls for increased control, draw on and reproduce similar imagery and arguments. Whereas some moral entrepreneurs target the lack of discipline among superspreader folk devils during the pandemic, some call rather for an authoritarian technocratic-scientific rule. In another opinion piece in Svenska Dagbladet, two scholars and medical doctors advance similar arguments, claiming that more strict measures are needed, focusing on the primacy of saving lives:

> “The aim of the ‘flattening the curve’-strategy is to limit the strain on healthcare. […] This argument is “technical” and makes you think about workplace environment issues. […] Why isn’t the aim of the strategy to avoid suffering, and death […]? This kind of aim, taking the patients perspective, would put the focus on how the healthcare system is able to fulfil its primary function, providing good and safe healthcare (Svenska Dagbladet, 15 May 2020).”

Framing the strategy to ‘flatten the curve’ as insufficient and inhumane, these voices express alarm over a scientifically ignorant authority allegedly indifferent to human suffering. Drawing on their medical and scientific expertise, and with reference to the promises of scientific innovation, these actors also employ the strategies of dramatisation – invoking an imagery of life, death, and suffering – and moralising discourse, in order to legitimise their claims. They portray decisions made by Swedish officials and government bureaucracy as inhuman, and they claim that the protection of human lives should come before other moral principles – this quote mentions ‘economic and psychosocial consequences’ – and calls for the primacy of infection control and risk avoidance. In many ways, and as will be further discussed below, these claims are arguably populist in character. As mentioned above, these claims are primarily articulated by scientific experts and directed towards the FHM. As pointed out by Calmfors (2021), traditional political parties have remained relatively invisible in Swedish corona debates throughout the pandemic, and we observe established political actors as rather peripheral in these discussions too. Interestingly however, it could be noted that in Sweden, parties representing the right-wing and nationalist-populist opposition also support this line and call for stricter measures and increased lockdown. With regards to political developments in other countries, such as for example the US and Brazil in which right-wing populist governments opposed stricter measures (Lasco, 2020), the situation in Sweden thus largely mirrors political developments elsewhere (Baldwin, 2021).

### 3. Concluding discussion

While moral panic studies commonly observe elite reactions to deficiencies and deviance at society’s bottom, the reaction we trace does not include the scapegoating of the marginalised and the underdogs, but rather seems to turn its edge towards the elite. Elite folk devils have been suggested by David et al. (2011) in relation to the 2008 financial crisis and the rage turned towards the banking sector and sub-prime housing market, where the lifestyles of the rich threaten the hard-working majority – the wholesome victims of the reckless and greedy. This suggests that even seemingly appropriate and legitimate responses may draw on traits associated with moral panics, drawing on emotional outrage, calling for harsh regulation, and using scapegoating for political leverage. While the reactions we observed seem to target the elite, its aim is directed towards the morals of the general population. Contrasting the superspreader villain, the medically risk-averse citizen emerges. Moral behaviour is to not become a burden, to stay healthy and protect others as well as the publicly financed health care system. The conditions for protecting and helping people exposed to health risks depend on the ways in which such risks, and possible interventions, are represented and discussed in the public domain. Ultimately, the narratives observed here further reproduce notions of health and citizenship in terms of individual responsibility, and in terms of moral self-discipline. Relating our findings to the concept of moral regulation, it could be argued that the ways in which moralising news media discourse in the Swedish context illustrates a form of neoliberal governmentality by which the flattening of the epidemic curve is linked to the responsibilization of individual citizens (Hier, 2021a).

In other words, the observations presented here point to the importance of contextualising moralising discourse historically and politically. While news media discourse emerging in Sweden during the early stages of the COVID-19 are marked by traits traditionally associated with panic reactions – highlighting risks and flaws among particular folk devils, as well as depictions of the victims and heroes of medical experts and health care workers – they ultimately aim to regulate behaviours among the general public. Following Hier (2002), our observations thus locate
moral panics as embedded in processes of moral regulation. In relation to these observations, the organisation of healthcare and the health care insurance programme constitute key themes in Swedish politics (Svallfors, 1996), which over the last decades have been marked by moralising discourse, focusing on costs associated with alleged overuse of the health insurance programme among the general public (Lundström, 2013). The reactions observed here also draw on indignation regarding inequalities of health care system and advantages enjoyed by affluent groups following increased privatisation. It has been argued that neoliberal deregulation of care in Sweden has undermined the universalist principles of the Social Democratic welfare state (Wiborg, 2013). Through privatisations, social spending would decrease and citizens’ influence over services would increase. As the COVID-19 pandemic starts to unfold, these changes are framed as problematic and freedom of choice as a key risk, as self-management and self-surveillance appears insufficient for protecting citizens and the welfare state.

It is also by contextualising these narratives that we can discuss their potential consequences. Calls for stricter control disengage with previously influential notions of patient-centered freedom of choice (Axell, 2015), and if influential in the longer run, may change the conditions for future public health policy work. Increased private health care provision, and increased conditions for affluent groups to take responsibility for their own medical needs and risks, poorly suits the rising demand for class-based trust and reciprocity required by the Swedish corona strategy. While these reactions do not support increased privatisation of health care, they are firmly in line with efforts to make welfare services less accessible to the population. Thriving on reproducing notions of not only potential recklessness, but public health risks, associated with health needs claims, they may legitimise increased paternalism. As discussions become influenced by protectionist discourse, and the ideal of not seeking health care at all, a potential challenge emerge regarding the future legitimacy of health care needs and the status of groups with significant medical needs. It has been suggested that the universal principles of the Swedish welfare state emerged conditioned by alliances between very broad ‘risk collectives’ (Baldwin, 1990) and high levels of trust regarding reciprocity in health insurance use. The legitimacy of public health interventions is thus linked to equality in health-care access and provision. It could be argued that restrictions relying on voluntary adjustments drive and produce moralising discourse, in turn undermining notions of lacking equality, and distrust, between groups. They may also shift the ways in which the responsibilities of the welfare state become articulated in the public arena, as they are cast rather in the logics of saving lives and minimising risk for contagion.

Analysing official pre-crisis risk communication in the Canadian context, Hier (2021b) theorises panic reactions, i.e overreactions, as emerging dialectically with the social organisation of denial or ‘implicative denial’, i.e underreactions. In other words, this reasoning traces efforts of Canadian public health authorities to downplay risks as conditioned by and unfolding in relation to panic reactions. Our observations identifying moralising discourse and panic reactions in Sweden could similarly be described as emerging dialectically in a context marked by official efforts to downplay the crisis, and by international comparison, soft public health response strategies. Our findings also suggest that understanding the relationship between moralising discourse and populism can further the analysis of the current political climate. We find that healthcare staff are depicted as both heroes and victims in moralising narratives, and that representatives of this group, together with medical scholars, take on the role of moral entrepreneurs in the public arena. In part targeting lack of discipline among some citizens, they are also launching sharp and highly publicised attacks on the Swedish corona strategy. These attacks exhibit many traits commonly associated with populism, including claims to speak on behalf of the people and framing the people as threatened on the one hand by an external threat and the other by the establishment. It is commonly also characterised by majoritarianism, anti-institutionalism, protectionism, and aims for re-politicisation of depoliticised domains of life (Brubaker, 2020a). Building on the moral panic framework, Lasco and Curato (2019) describes “medical populism” as a particular style in which health emergencies are sometimes used in performances of populist politics. The key logic of medical populism consists in drawing on health emergencies in articulating antagonisms between ‘the people’ and ‘the establishment’. Employing this concept to analyse how populist politicians such as Jar Bolsonaro and Donald Trump have articulated their responses to the COVID-19 pandemic, Lasco (2020) identifies how they have used simplifying and spectacularising strategies to forge precisely such divisions. Also looking at the US context, Brubaker (2020b) has argued that populist responses to the pandemic are marked by hostility to experts, which is common to populism, but that they unlike populists downplay the crisis and are anti-protectionism. Similarly, other scholars have also analysed populist responses to the pandemic in for example India (Prasad, 2020) and Germany (Vieten, 2020). Contrasting these observations to the Swedish context, a key result of the analysis presented here is that circumstances in Sweden mirror conditions found elsewhere. This importantly shows how these discursive strategies are not only the tools of populist politicians and sensationalistic journalists, but that representatives of the technocratic expertise, medical expertise and scholars also become embedded in discourses of moralisation and use their public space to voice claims employing populist rhetorics. Taken together, these observations understand the social construction of COVID-19 largely as taking shape through the dialectic relationship between panic and denial on the one hand, and the rising influence of populism on political discourse, on the other.

On a final note, the role we find occupied by scholars in our material is interesting to note in relation to Rohloff’s (2011) analysis of moralising discourse and climate change. Like Rohloff’s, our analysis of news discourse about COVID-19 in Sweden observes moralisation without the classic deviant folk devil target, the locating of risks in unrestrained continuation of everyday life, calls for individual restraint, and attacks on politicians and states for not doing enough. Interestingly, in relation to climate change as well as the pandemic, it is notably often scholars and representatives of scientific expertise who participate in moralising discourse in the public arena and take on the roles of entrepreneurs in the moralisation of risk. It is of relevance for future researchers to investigate the ways in which such developments intersect with other political interests.

3.1. Limitations

As noted above, the analysis here is limited empirically to print news media content. To understand the discursive dynamics analysed here further, and in order to provide additional contextualisation to the analysis, we suggest that future research not exclusively investigate traditional media content, but analyse them as embedded in a deeply mediatised (Hepp, 2019) political context. The employment of social and alternative media platforms has impacted significantly on the impact of right-wing and populist political interest groups in recent years, and it is certainly possible that including content produced on such platforms for this analysis would have identified themes drawing more clearly on racist and nationalist discourse. As the observations made here suggest that there is additionally more to learn about how the use of digital media platforms among scholars relate to their public role, and how the messages and content they share disseminates across the political landscape.

Credit author statement

The corresponding author ensures that the descriptions are accurate and agreed by all authors.
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References

Anell, A., 2015. The public-private pendulum—patient choice and equity in Sweden. N. Engl. J. Med. 372, 1–4.
Baldwin, P., 1990. The Politics of Social Solidarity: Class Bases of the European Welfare State 1875–1975. Cambridge University Press.
Baldwin, P., 2021. Fighting the First Wave: Why the Coronavirus Was Tackled So Differently across the Globe. Cambridge University Press.
Brubaker, R., 2020a. Populism and nationalism. Nations Natl. 26, 44–66.
Brubaker, R., 2020b. Paradoxes of Populism during the Pandemic. Thesis Eleven.
Calmfors, L., 2021. Mellan forskning och politik: 50 år av samhällsdebatt. Ekerlids forlag.
Campos, P., Saguy, A., Ernsberger, P., Oliver, E., Gaesser, G., 2006. The epidemiology of overweight and obesity: public health crisis or moral panic? Int. J. Epidemiol. 35, 55–60.
Cohen, S., 1972. Folk Devils and Moral Panics: the Creation of the Mods and Rockers. MacGibbon & Kee.
Cohen, S., 2011. Whose side were we on? The undeclared politics of moral panic theory. Crime Media Cult. 7, 237–243.
Corrigan, P., Sayer, D., 1985. The Great Arch: English State Formation as Cultural Revolution. Blackwell.
David, M., Rohloff, A., Petley, J., Hughes, J., 2011. The idea of moral panic—ten dimensions of dispute. Crime Media Cult. 7, 215–228.
FHM, 2020. Helgenomsekvensering Av Svenska SARS-CoV-2 Som Orsakar Covid-19. del 1 (No. 20089). Folkhalsomyndigheten.
FHM, 2021. Utrikesförmåner I Sverige (Borås-opinionen I 90-talets) (No. 21051). Folkhalsomyndigheten.
Gilman, S.L., 2010. Moral panic and pandemics. Lancet 375, 1866–1867.
Hepworth, A., 2019. Deep Mediatisation. Routledge.
Hier, S.P., 2019. Moral panics and digital-media logic: notes on a changing research agenda. Crime Media Cult. 15, 379–388.
Hier, S.P., 2021a. Narrating the crisis: moral regulation, overlapping responsibilities and COVID-19 in Canada. Curr. Sociol. November 2021.
Hier, S.P., 2021b. A moral panic in reverse? Implicatory denial and COVID-19 pre-crisis risk communication in Canada. Can. J. Commun. 46, 505–521.
Holt, K., 2020. Right-Wing Alternative Media. Routledge, New York.
Hier, S.P., 2021. The agenda for sociologists. J. Sociol. 56, 726–744.
Lasco, G., 2020. Medical populism and the COVID-19 pandemic. Global Publ. Health 15, 1417–1425.
Lasco, G., Curato, N., 2019. Medical populism. Soc. Sci. Med. 221, 1–8.
Lundstrom, R., 2013. Framing fraud: discourse on benefit cheating in Sweden and the UK. Eur. J. Commun. 28 (6), 630–645.
Mannion, R., Small, N., 2019. On folk devils, moral panics and new wave public health. Int. J. Health Pol. Manag. 8, 678.
Miko, A., Miller, M.K., 2010. Mandatory influenza vaccinations: an example of health promotion theater. Glob. Health 4.
Muzzatti, S.L., 2005. Bits of falling sky and global pandemics: moral panic and severe acute respiratory syndrome (SARS). Illness Crisis Loss 13, 117–128.
Praud, A., 2020. The organization of ideological discourse in times of unexpected crisis: explaining how COVID-19 is exploited by populist leaders. Leadership 16, 294–302.
Rohloff, A., 2011. Extending the concept of moral panic: elias, climate change and civilization. Sociology 45, 634–649.
Smallman, S., 2015. Whom do you trust? Doubt and conspiracy theories in the 2009 influenza pandemic. Journal of International & Global Studies, Svalfors, S., 1996. Valfärdstatens Moraliska Ekonomi: Valfärdspolitiken I 90-talets Sverige (Borås).
Ting, P., 2013. Is this one it? Viral moral panics. In: Krisky, C. (Ed.), The Ashgate Research Companion to Moral Panics. Routledge, London, pp. 349–364.
Vieten, U.M., 2020. The organization of ideological discourse in times of unexpected crisis: explaining how COVID-19 is exploited by populist leaders. Leadership 16, 294–302.
Ward, P.R., 2020. A sociology of the Covid-19 pandemic: a commentary and research agenda. Crime Media Cult. 15, 379–388.
WHO, 2020. Director-General’s opening remarks at the media briefing on COVID-19. 11 March 2020. https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020.
Wiborg, S., 2013. Neo-liberalism and universal state education: the cases of Denmark, Norway and Sweden 1980–2011. Comp. Educ. 49, 407–423.