SWEDEN AND COVID-19
What Shaped the Swedish Approach?

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A content analytical case study of Sweden's potential transition from social engineering to advanced liberalism.

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ABSTRACT AND KEY WORDS

The overall aim of this thesis was to examine the Swedish approach to managing the Covid-19 pandemic, by putting it in context to recent Swedish socio-economic and demographic development. The research question reads "*to what extent does the public discussion on the Covid-19 pandemic build on elements associated with advanced liberalism?"*, which has been examined by the aid of a qualitative content analysis on public rhetoric used by Swedish newspaper Dagens Nyheter, The Public Health Agency of Sweden, and speeches by the Swedish king as well as the top-political figures in Sweden. The analyzed rhetoric has been put in relation to recent Swedish development; in particular the country's history of social democratic social engineering and advanced liberalism, as well as the implications they have had on public health. The results generated from the content analysis showed a large emphasis on terms associable with advanced liberalism, which could potentially pose a threat to already diminishing health inequalities in Sweden. Though further research is undoubtedly needed for asserting a causal connection, this thesis indicates the presence of advanced liberalism, whose entry to the Swedish context could have been aided by the social democratic social engineering that preceded it.

Key words:
Covid-19, Sweden, Public Health, Social Engineering, Advanced Liberalism

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1.0 INTRODUCTION:

1.1 Research Problem and Scientific Relevance

In December 2019, a novel coronavirus was detected in Wuhan, China. Belonging to the same family of virus as SARS and MERS, the new virus SARS-COV-2, or Covid19 as the disease is dubbed, quickly spread first nationally and then internationally. As of May 10th, the disease had spread to 215 countries and territories, with an approximated 274 500 deaths and almost 4 million confirmed cases – though the actual toll is believed to be considerably larger (WHO, 2020).

On January 20th, the World Health Organization declared that the outbreak was a public health emergency of international concern and by March 11th the Director-General of the WHO declared the covid19-outbreak as a pandemic – the first ever pandemic to be caused by a corona virus (ibid). Eventually, focus shifted from East Asia, and by March 13th Europe was declared the epicenter of the pandemic. This sparked heavy discussions of how best to limit the spread, a topic which is still deeply scrutinized.

Certain countries such as Italy, Spain, France and Great Britain opted for complete lockdowns (Business Insider, 2020) putting in place authoritarian measures strikingly rare for western Europe. Other countries, Sweden in particular, chose what can be considered a more liberal mode of action. As of May 2020, four prohibitions have been introduced in Sweden. Since March 17th, non-essential international travels (albeit with a long list of exceptions) are prohibited, and as of March 24th all facilities that serve food and/or drinks where subjected to new regulatory legislations for limiting the spread of the virus. By March 29th, an interdiction on public gatherings of more than 50 people had been installed, and on April 1st, a national ban on visiting retirement homes was introduced (Krisinformation, 2020a).

Apart from these four rules, Sweden has been internationally recognized for its laissez-faire attitude. Recommendations for individual behavior have been provided, though it must be noted that these are not legally binding, but simply *recommendations* (Krisinformation, 2020b).

This permissive and noninterventionist approach may at first glance seem peculiar, even bizarre, for a country such as Sweden. Sweden has for a long period of time been branded as a

social democratic, even socialist country, and the authoritarian strong-state measures taken by countries such as France and Great Britain could have, perhaps, been expected in Sweden as well. But the social democratic welfare state of Sweden has a long history of social engineering and demographic “people planning”, and the outsourcing of responsibility from the state to the individual is no new feature in the Swedish context (Larsson et al, 2012).

The purpose of this thesis is not to definitively declare whether the Swedish approach is good or bad – at the moment, there is no right answer as to how to best handle the Covid19 pandemic. The very distinguished Swedish approach has already received both criticism and praise (Romer, 2020) but proper evaluation of the various methods will most likely take years (Dagens Nyheter, 2020). But what can be said is that the most key aspect, arguably more important than the economic consequences of the pandemic, is the safeguarding of health and wellbeing. The United Nations sustainable development goal 3 is to “Ensure healthy lives and promote well-being for all at all ages” (Sustainable Development Knowledge Platform, 2020) and the 25th article of the Universal Declaration of Human Rights reads that “Everyone has the right to a standard of living adequate or the health and well-being of himself and of his family, including […] medical care.” (United Nations, 2020).

This thesis will account for the case of Sweden, providing an overview of Sweden’s demographic history – notably both the positive and negative aspects of social engineering and the creation of the people’s home, *folkhemmet.* The latter is considered to have laid the ground for the Swedish welfare state, characterized by both social cohesion and of the outsourcing of responsibility – a notion that is surprisingly enough prominent in both advanced liberalism and in the Swedish welfare model, as will be shown further on. Apart from that, both Swedish public health and pandemic management is to be reviewed in order to contextualize and there through understand the Swedish approach to managing the Covid-19 pandemic.

1.2 Aim and Research Question

The aim of this thesis is thus to shed light on the recent history and development of Sweden, and of the trajectory of the social conditions created in the country**.** This includes its demographic development at large, and its public health development in particular. The belief is that the current Covid19 pandemic can clarify the case that is Sweden.

By analyzing the rhetoric used in newspaper editorials, documents published by the Public Health Agency of Sweden *Folkhälsomyndigheten*, as well as addresses to the nation by Swedish Prime Minister Stefan Löfven, the Swedish king Carl XVI Gustaf of Sweden, Moderate party leader Ulf Kristersson and Sweden Democrat party leader Jimmie Åkesson, the aim is to study and illuminate in what way advanced liberalism, born out of social democratic social engineering, is used in the public rhetoric when addressing the Covid-19 pandemic and its management.

The research question for this qualitative content analysis is therefor: To what extent does the public discussion on the Covid-19 pandemic build on elements associated with advanced liberalism?

This will be operationalized by the aid of three sub questions. These have been produced with the chosen method in mind – i.e. carrying out a qualitative content analysis on the public rhetoric of public and/or responsible actors.

1) To what extent does the public rhetoric call for individual action?
2) How is the outsourcing of responsibility visible?
3) To what extent is the notion of nationhood and solidarity treated?

1.3 Thesis Structure and Delimitations

We have by now begun to reach the end of the introductory part of the thesis. This last section will provide information on the structure of the thesis and on that which awaits the reader, as well as information on the delimitations that have shaped the broadness of the thesis.

In terms of structure, the thesis follows the order as presented in the table of content found above. The background section will provide an important contextualization, familiarizing the

reader with the Swedish 20th demographic history needed to understand subsequent sections, as well as information on the importance of healthcare – both on the national and international level. Thereafter, the literature review and theoretical framework will provide the reader information on the premises of the thesis, and of the analysis that is to follow. Moreover, a methods section will notify the reader on how the research has been conducted. Lastly, a discussion on the findings and concluding remarks will be presented.

Before moving on to section 2.0 Background, the delimitations – i.e. the boundaries – of the thesis will be brought up. The purpose of this thesis is to study a specific phenomenon, that being the Swedish management of the Covid-19 pandemic, with regards to the historical context. It can therefore be said that the aim in a sense is to give a snapshot of a current happening. This brings us to the first delimitations – a geographical and a temporal delimitation. The geographical delimitation is Sweden, and the temporal delimitation is the first four months of 2020. It could, of course, be considered interesting to undergo a comparative case study, but this was deemed unfeasible due to external limits.

An additional delimitation is of course the theoretical framework, as is the method. Though this will be returned to further on in the thesis, in which it will be more thoroughly discussed, it is important to already here state the fact that theoretical framework and method by all means shape the findings and conclusions of the research. There are potential variables that have been both deliberately and undeliberately excluded, which mostly stems from time restraints and other capacity limitations. Lastly, the study could have been triangulated with additional methods – this would have broadened the scope of the research, but also here it was determined undoable due to outward restraints. With that being said, the belief is nonetheless that the chosen method and theoretical framework gives an important insight and sufficient representation of the case that is to be studied, and that the delimitations are justifiable due to the conditions of the thesis writing.

2.0 BACKGROUND:

In order to fully understand the premises of this thesis, and more importantly of the connection that it aims to prove between the recent development of Sweden and of its management of the Covid-19 pandemic, comes this section. In 2.1., an overview of Sweden's most recent history is provided. This to understand crucial concepts such *Folkhemmet,* social engineering and of the Swedish welfare system. Further below, an explanation of the importance of healthcare will be presented – both on a national and international level. This is to generate insight on the relevance and importance of discussing health-related issues.

2.1 The case of Sweden

During the shift to the 20th century, Sweden experienced massive modernization. For a very long time, Sweden had been characterized as a poor farming nation. The 20th century brought industrialization and economic strength – especially in comparison to other western European countries that had been weakened by the two world wars. The great depression of the 1920's and 30's had lesser of an effect on the Swedish economy than on the rest of the West, and when the Social Democratic Party rose to power in 1932, they utilized this advantage in ways which came to fundamentally shape Sweden's socioeconomic development (Broberg et al., 1991, p. 52).

However, it can be said that it all began four years prior to the Social Democratic electoral success. In 1928, the Social Democratic party leader Per Albin Hansson coined the now renowned term *folkhemmet* – the peoples' home. Solidarity between the classes, but also a traditional paternal family structure, was emphasized. (ibid) "The good home does not recognize any privileged, nor any neglected, no darling favorites nor any stepchildren. No one is to look down on the other, and no one is to aim at rising on someone else's behalf - the strong do not oppress nor plunder the weak. The good society sees equality, care, cooperation and helpfulness", he proclaimed (Socialdemokraterna, 2020).

With this speech, the idea of *folkhemmet* was born. Yet it would take many years for the Social Democratic party to implement the notion in reality. As previously mentioned, the turn of the 20th century brought modernism to Sweden. But this entailed sinking birth rates – at 1900, the average Swedish family had four children. In 1920, the average had sunk to two children per family. Gunnar and Alva Myrdals *Kris I befolkningsfrågan* – Crisis in the

Population Question, discussed the dilemma that Sweden faced and proposed solutions based on the institutionalization of child care, permitting both parents to enter working life. This can be considered the birth of Swedish social engineering, a concept which shaped Swedish development and which will be more thoroughly discussed further along (Broberg et al., 1991, pp. 55-56).

During the same point in time, the Social Democratic Party and their *folkhemmet* met an additional obstacle – the 20th century modernism that Sweden had experienced led to a growing middle class. This meant that the social democrats could no longer focus on issues regarding only the working class, but had to maneuver another social class, which faced other problems. According to social democratic ideology, the state was to be strengthened, as was the public sector. But whilst doing so, it was essential to ensure that the individual, and his right to freedom, was not overridden (Broberg et al., 1991, p. 57).

Thus, satisfying *all* social classes proved necessary for the friction free functioning of folkhemmet, and further on of the welfare state, but it was a difficult task. In "The Choice Revolution: Privatization of Swedish Welfare Services in the 1990's", Paula Blomqvist argues that the Swedish welfare state has undergone a fundamental transformation, which has primarily resulted in a loss of the institutional framework necessary for social egalitarianism – the very building block of the Swedish welfare model (Blomqvist, 2004).

We will return to her account of this dismantling further on in this thesis. Her article is brought up already now, as it provides an in-depth description of the dilemma that the social democrats faced in the mid 1900's. She argues that the Swedish welfare state was a construction with roots in both 20th century modernism and in post-war politics. The fundament of the welfare state, she argues, was to protect all citizens regardless of any individual misfortune or disadvantage (ibid).

This egalitarian construction benefited very much from a strong state bureaucracy, which although recently institutionalized had de-facto been in place for hundreds of years. For long, institutions such as hospitals and orphanages had been operated by the state as opposed to charity organizations as was the case in many other European countries. But despite this, the process of constructing the Swedish welfare state was a carefully planned one, very much the

result of social democratic rule – the Swedish social democratic party was continuously in government between 1932 and 1976 (ibid).

This societal mechanism came to be referred to as the “high-quality standard solution” (Blomqvist, 2004, p. 144) and it was believed that the system had to be attractive for all Swedish citizens regardless of status. Only then could the welfare state function properly and obtain the objective of creating an egalitarian society in which everyone was equal under the state. Ensuring a broad public approval further meant the restriction of alternative methods – this led to strong restraints on private health- and educational services. Whilst serving as minister of education, Olof Palme referred to the public schooling system as the “spearhead into the future classless society” (Blomqvist, 2004, p. 142).

Now, this worked well whilst Sweden had a socio-economic strength which was very much the result of its neutrality during the two world wars. But due to the economic challenges of the 1970s, which in Sweden entailed growing budget deficit because of the loss of important export markets, criticism towards the welfare system grew. It was described as being to wasteful and inefficient, and even as an infringement of the individual’s right of choice. Eventually, even the Social Democratic Party became critical towards certain features in the system, and introduced a so-called quasi-market in which the state could purchase certain services from private actors and there through introduce a higher level of choice for the individual care-seeker.

Also in “Transformations of the Welfare State – From Social Engineering to Governance”, Bengt Larsson, Martin Letell and Håkan Thörn provide a similar explanatory overview of the mid 20th century in Sweden. They explain that the Swedish welfare model was continuously attacked - during the 1950s, it was argued that state involvement hampered economic growth and created inflation, and during the 1960s it was criticized for not achieving the eradication of socio-economic inequalities, which was in a sense its main objective. Towards the 70s, this melted into two main arguments – the welfare state was accused of being inefficient, overly bureaucratic and paternalistic, as well as too controlling of its citizens (Larsson et al., 2012, pp. 7-9).

In sum, it can be said that this brief overview of Swedish history shows that even though Sweden holds the reputation of being a strong state-led social democratic welfare state, reality was proved very much different. Ideas such as folkhemmet and the welfare state were

controlled by social engineering and thorough people planning, but towards the 1950s, the economic challenges overcame this ideological vision of the Swedish state.

We will return to *The Choice Revolution: Privatization of Swedish Welfare Services in the 1990's and Transformations of the Welfare State – From Social Engineering to Governance* further along in this thesis, and information on what happened during the last quarter of the 20th century will be provided – specifically in regard to Swedish health care. Also social engineering and governance will be resumed further along, as the two concepts have shaped the analytical component of this thesis. But now, it is long due to explain the importance of sound health care from, both in Sweden and in the world.

2.2 The Importance of Healthcare

The previous section accounted for Sweden's most recent development, but the issue of health care, as well as the right to it, was admittedly not much treated. This section aims to provide further substance on the matter. Even though this thesis aims at focusing on the social organization and structuring of the Swedish society and the implications that has on the management of the Covid-19 pandemic, it is important to look at the importance and relevance of solid and reliable health care – both on a national and international perspective. Ensuring good public health is a large investment, but essential for sustainable development regardless of the countries developmental status. Safeguarding public health includes working with a large variety of subjects – sexual and reproductive health, proximity to health care facilities, the battling of non-communicable diseases (NCDs) as well of easily preventable yet extremely detrimental diseases, such as malaria and cholera.

In the Sustainable Development Goals which were launched in 2015 by the United Nations, and consequently adopted by all United Nations Member States, the importance of health and wellbeing is brought up. Sustainable Development Goal no. 3 is to ensure healthy lives and promote well-being for all at all ages, and was with a large list of targets and indicators subsequently adopted by Sweden as a UN member state (Sustainable Development Knowledge Platform, 2020).

In "Sweden's Work on Global Health – Implementing the 2030 Agenda", published by the Swedish Government, an overview of what Sweden does both nationally and internationally to improve health is provided. In the foreword, it is stated that "the previous distinction

between low- and middle-income countries and high-income countries is no longer as relevant when it comes to global health" (Government Offices of Sweden, 2018, p. 3). With the (often negative) change of lifestyle that the 21st century has brought with it, risk factors for good health are prevalent in all societies, no matter rich or poor. Ensuring good health is therefore relevant for *all* countries, as failing to acknowledge the topic could lead to both social, environmental and economic unsustainability (Government Offices of Sweden, 2018).

With this in mind, Sweden is explained to have taken action in a manner which can be summarized with three main points: 1: Creating conditions in society for good health and health equity, 2: Health systems that are effective, sustainable and resilient, and 3: Greater preparedness for and capacity to detect and manage outbreaks and other threats to health. Regarding the first point, they acknowledge that health inequalities are a result of societal inequalities, be it between men and women or between different socio-economic groups – this reportedly calls for an intersectional approach focused on the determinants of health. The second point is explained as calling for an improvement of access to basic health services, work that builds on a rights-based approach which is non-discriminatory, transparent and accountable. The third point is undeniably of particular interest. Outbreaks and other threats to health is explained as seeing no nation borders – cross border threats require global cooperation, and Sweden is claimed to contribute to both national and global preparedness and capacity (ibid).

In order to summarize, it can be said that solid and reliable health care is considered as absolute necessity both from a national and international perspective. Sweden has as a United Nations Member State acknowledged and implemented the work necessary for Sustainable Development Goal 3, which touches upon subjects of health that are relevant for all nations and societies regardless of developmental status.

But why is health important? There is, of course, the moral aspect. As has been stated in the introduction of this thesis, access to healthcare is listed on the Universal Declaration of Human Rights. Everyone *should* have the right to healthcare, just as much as everyone should be treated equally regardless of gender, race, or any other precondition to life. But the importance of health goes farther than so (Sen, 1997).

Bad overall health is detrimental to development – in lesser developed countries as well as in industrialized countries in the west. Bad public health is costly, regardless of how a country's healthcare system is financed. Furthermore, low levels of health among the population lowers human capital and human capability – important factors to social and economic development. Evidently, the larger the amount healthy people there are in a society, the more work can be done. But it goes further than that – healthier people are more creative, more inventive, and take more part in the further development of their society (ibid).

3.0 LITERATURE REVIEW:

This section aims at providing additional substance to the subject, as well as giving the reader a deepened contextual understanding of the issue that is to be treated in this thesis. 3.1 aims at providing information regarding how Sweden has previously managed pandemics, something that without doubt can be said to affect in what way the Covid19-pandemic is handled. Section 3.2 will treat the issue of trust, and the important role that the concept has within healthcare and pandemic management. The final section, 3.3, will account for health inequalities found in the Swedish society today, and the risk that they pose to society.

3.1 Pandemic Management in Sweden

The pandemic spreading of influenza viruses are a fairly recurrent issue in the world. Influenza viruses previously found in other animal hosts mutate, and start spreading amongst human vectors. As the virus is recently introduced to the human species, no immunity has yet been developed. This is why certain viruses spread so quickly, and give cause to pandemics. Historically, the most notable pandemics can be said to be the Spanish Flu A(H1N1) in 1918, the Asian Flu A(H2N2) in 1957 and the Hong Kong Flu A(H3N2) in 1968 (Folkhälsomyndigheten, 2019).

However, many of us remember the pandemic of 2009-2010 – A(H1N1), or the Swine Flu as it was popularly called. This pandemic is distinguished from the others as it spread during a time when the world was more globalized than ever before. In addition to physical globalization, ICTs (Information and Communication Technologies) were at this time more developed and utilized than during past pandemics (ibid). This section will provide insight on how Sweden managed the H1N1-pandemic, on the basis of a report from the Swedish Civil Contingencies Agency (MSB – Myndigheten för Samhällsskydd och Beredskap), as well as a journal article by Linköping University's professor emeritus Anders Nordgren.

The first warning sign of the 2009 pandemic came in April that year, when two Californian children were reported to experience flu-like symptoms. Three days later, on April 24th, the World Health Organization was able to report that both the USA and Mexico experienced an upswing of an influenza and pneumonia-like disease. The subsequent day, the general director of the WHO declared that the spread of influenza A(H1N1) was an international threat, and an additional two days later, Europe experienced their first cases. The WHO declared that pandemic phase 4 was reached, and only a month and half later, on June 6th, pandemic phase 6 was declared – the most severe phase on the scale (Myndigheten för Samhällsskydd och Beredskap, 2011).

On July 15th, Sweden changed its approach – from attempting to stop the spread of the Swine Flu, the official strategy now focused on mitigating the effects of the virus by protecting the groups at most risk of complication. This approach was favored, as it was believed that Sweden was relatively well prepared for managing a serious pandemic. Plans of action were already in place in the majority of the Swedish country councils, and a vaccine contract as well as antivirals were already prepared. In addition, government agencies had coordinated a shared channel of communication – Krisinformation.se, *"Crisisinformation.se",* on which the Swedish population could find all available information regarding the pandemic (ibid).
In *Influensa A(H1N1) 2009 – Utvärdering av Förberedelser och Hantering av Pandemin,* MSB evaluates the management of the 2009 Swine Flu pandemic (ibid).

They conclude that Sweden was overall successful in managing the pandemic. The Swedish surveillance capacity was strong, and the societal consequences were overall smaller than had first been anticipated. MSB argues that the surprisingly positive outcome can be explained by the horizontal and vertical cooperation between Swedish agencies and organizations, which both facilitated and precipitated the management of the pandemic (ibid).

With that said, MSB points out that had the 2009 pandemic been more serious, or more severely targeted a different age group (as opposed to children and young people, as was the case), more serious consequences could have emerged. In addition to that, it must be acknowledged that an influenza vaccine was quickly prepared, which truly facilitated the management (ibid).

But despite the overall satisfying outcomes, MSB does note that there are improvements to be made on the Swedish pandemic plan of action. First of all, MSB called for more

comprehensible and measurable goals for the national pandemic management, as well as clearer divisions between organizations and agencies. Secondly, they emphasized the need for a more flexible approach – to a large extent, the pandemic action plan builds on *one* scenario. Unfortunately, every pandemic hits differently (as the Covid19 pandemic proves), and a more adaptable plan would therefore be preferable. Thirdly, they highlighted the importance of transparency and accountability. One of the most important aspects is upholding public trust for government agencies and their capability of managing the pandemic. This is specifically difficult in times of crisis, which call for quick decisions despite uncertainties regarding the consequences of the decisions and measures taken (ibid).

In regard to influenza pandemics, MSB explains that there are *known uncertainties* and *unknown uncertainties*. The traits of the virus, the overall level of immunity of the population, and the infection rate are considered known uncertainties. But the possibility of mutation, or which societal group that is at most risk, can be considered as unknown uncertainties – these are impossible to anticipate. The ambiguity and inconsistencies of influenza pandemic entails the need for quick decisions without proper basis – ensuring public trust is therefore an extremely difficult, but nevertheless essential task (ibid).

As is the need for prioritization – especially within healthcare. In "Crisis Management and Public Health: Ethical Principles for Priority Setting at a Regional Level in Sweden", Anders Nordgren aims at examining the guidelines for crisis management priority in Sweden. Focusing on three different types of scenarios; interruptions in water supplies, loss of electrical power, and pandemics, Nordgren dives deep in the administrative systems that govern how the Swedish state handles such situations, and analyses the pros and cons. Though Nordgren undoubtedly provides important insights for the management of loss of electricity or water, what is of more interest in this context is the accounting of pandemic management (Nordgren, 2014).

He explains that the Swedish Government's goals in terms of national security is to safeguard the life and health of the population, of the functionality of society, and of maintaining fundamental values (i.e., democracy, human rights and rule of law). Regarding health care, this entails three principles: human dignity, needs and solidarity, as well as cost-effectiveness. Nordgren notes that these can be considered slightly contradictory – the notion of needs and solidarity entails giving care to those most in need, though this does not necessarily correspond to maximizing profit, i.e., cost-effectiveness (ibid).

Furthermore, he explains that health care tends to focus on the needs and wellbeing of the individual. However, in the case of a pandemic, the needs and wellbeing of the entire population must be safeguarded as well (ibid).

The Communicable Disease Act (Smittskyddslagen) grants involved actors the authority to, if needed, prioritize disease control over the needs of the individual. In addition, the National Board of Health and Welfare (Socialstyrelsen) provides a set of guidelines of priority in the case of a pandemic (ibid).

Nordgren explains that these guidelines can be summarized as prioritizing those at higher risk of complications or death, to maintain health- and social care, to reduce the spread of the disease, and to if necessary protect certain extra vulnerable groups of society from disease. The issue is however, as Nordgren points out, that pandemics are not very suitable for so-called "level grouping" – that being a predetermined priority ranking, i.e., that certain groups are always prioritized over others. Pandemics call for constant re-evaluation and reconsideration (ibid).

Again, he underlines the fact that pandemics imply focusing on not only the health of the individual, but also of the population as a whole. These societal needs can sometimes conflict with individual needs, and policy frameworks designated for such cases are therefore hazardous to produce. Nordgren refers to the WHO, which guidelines underscore that pandemic policies must be "(…) developed with great care, given the danger that those which favor certain categories of works may be perceived as unfair and undermine public trust." (Nordgren, 2014, p. 78).

Nordgren refers back to the three principles that govern Swedish healthcare, that being human dignity, needs and solidarity, and cost-effectiveness. These three are lexically ranked, meaning that human dignity is always superior, whilst the two latter tend to in reality be considered equally important. There is therefore an apparent contradiction between how "normal" health care is destined to function and how pandemics are to be handled. One of the largest risks regarding the management of a pandemic is therefor, as previously stressed by the WHO, the openness and transparency of changed priorities in the case of a pandemic. If transparency and openness is not granted, Nordgren explains that there is a large risk of responsible authorities losing legitimacy and trust from the population (ibid).

3.2 Swedish trust in Health Care

The previous section accounted for how Sweden has previously managed pandemics – both in terms of the official guidelines that render how Sweden is to act in the case of a pandemic, as well as how Sweden in reality acted during the Swine Flu pandemic of 2009.

This section aims at providing further information on the notion of trust – both in terms of institutional trust, and trust between individuals. Two articles will be presented – both are written in relation to the Swine Flu pandemic. Of course, it must be noted that the management of the Swine Flu pandemic held a certain advantage – a vaccine was quickly prepared, and a mass-vaccination intervention was thus implemented as a precautionary step in managing the outbreak. That is, unfortunately not the case in the Covid-19 outbreak. But regardless of the existence of a vaccine or of the mode of action presented by responsible agencies, trust is nonetheless a crucial element in the battling of a pandemic – this will be shown here below.

In the article "Health Politics, Solidarity and Social Justice – An Ethnography of Enunciatory Communities during and after the H1N1 Pandemic in Sweden", Britta Lundgren discusses concepts of social justice, solidarity and herd immunity in light of the Swine Flu pandemic.

She underlines that most middle- and high-income countries, Sweden included, have a certain level of pandemic preparedness, which includes an emergency health infrastructure, as well as a supply of antivirals or even vaccines, if available. But, and this has already been stated, she refers to the ECDC, European Centre for Disease Control which underlines the fact that this was the first pandemic in which ICTs were largely available (Lundgren, 2017).

This meant that the pandemic management in Sweden was a result of not only scientific evidence, but also of state and journalist involvement – permitted by the new modes of communication. The National Pandemic Group NPG (*Nationella Pandemigruppen)*, was created in 2005, and held the important role of coordinating various actors and stakeholders involved in the management of the pandemic (ibid).

Such coordination was, in a sense, very fitting for a country such as Sweden. Lundgren explains that with Sweden's social and cultural history of welfare, the level of institutional trust was very high – both in terms of health care and of media outlets. Furthermore, Sweden's decentralized system of relatively self-governing counties and municipalities also played an important role (ibid).

In terms of vaccinations, Sweden thereby has a high degree of institutional trust, but also a long history of national vaccination programs. When advocating for mass-vaccination in light of the Swine Flu pandemic, Lundgren explains that the two concepts *solidarity* and *herd immunity* were used frequently – both from political and epidemiological agents (ibid).

In hindsight, the Swine Flu pandemic proved to be not as devastating as had first been anticipated, but experiences from other countries that were more heavily affected still emphasized the need for both solidarity and herd immunity (ibid).

Björn Rönnerstrand argues in a similar manner in the article "Social Capital and immunization against the 2009 A(H1N1) pandemic in Sweden", in which he examines the link between immunization and social capital in Sweden.

Overall, he shows that the larger the institutional trust in health care, the higher the overall intention was to vaccinate against the A(H1N1) virus. But the concept of generalized trust also proved important in regard to intention to vaccinate (Rönnerstrand, 2013).

In order to comprehend institutional trust, but in particular generalized trust, he argues that it is important to understand the notion of social capital. Social capital, he explains, refers to "features of social organization, such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated actions" (Rönnerstrand, 2013, p. 853). Social capital, he explains, is linked to health in several different ways. The circulation of health information is accelerated, and "healthy norms" are strengthened. Emotional support networks are increased, as is the accessibility to necessary resources (Rönnerstrand, 2013).

In sum, social capital is fundamental, even crucial, in pandemic management. Especially so when mass immunization through vaccination is a viable option. Immunization, he explains, presents a social dilemma. From a societal perspective, herd immunity through vaccination is highly desirable. It also presents security to the individual. But subjecting oneself to a vaccine, especially a new one, is a risk in itself. Certain individuals may therefor want a so-called free ride, by guaranteeing themselves safety without actually vaccinating themselves. But this act can be extremely detrimental if practiced by too many individuals in a society. Therefore, both institutional (vertical) and general trust (horizontal) is of extreme high importance (ibid).

He explains that Sweden, along with other Nordic European countries, is considered to hold

both high institutional trust, and high general trust. Recent studies have, however, indicated a decline in both horizontal and vertical trust, as has trust in Swedish health care specifically. This could be perceived as negative, especially in times of pandemics. If individual protection is the only motivation, the risk assessment for vaccinating, or following recommendations as is the case for the Covid19 pandemic, is largely affected (ibid).

3.3 Health (In)Equality in Sweden

In sum, the previous section showed us how trust and social capital can play a crucial role in managing pandemics. Sweden, which for long has been characterized by its welfare model, has been considered to have large institutional and general trust, as well as social capital. But as Rönnerstrand pointed out, this societal merit is not to be taken for granted.

In the Background section of this thesis**,** Paula Blomqvist's article "The Choice Revolution: Privatization of Swedish Welfare Services in the 1990's*"* was briefly treated. It is now time to return to it. Previously, she had accounted for how the Swedish welfare system had received an increasing amount of criticism during the second half of the 20th century –challenges to the Swedish economy had led to the welfare system being accused as wasteful and inefficient. As a result, the 1990s entailed a larger market-orientation of the Swedish welfare state – this was referred to as the choice-revolution. Within the healthcare system, this meant that providers where judged based on performance – this was, in Sweden, a very new stance on healthcare. Patient choice was introduced and private doctors where allowable to a larger extent than ever before, which undermined the notion of the "high quality standard solution" (Blomqvist, 2004).

Blomqvist argues that this increases healthcare segregation, and destabilizes the solidarity created through the welfare system. Protecting fundamental care systems from market forces had previously shielded society from social inequality. Furthermore, she means that the introduction of performance based evaluations on health care entails a mentality of cost-efficiency, which clashes with the belief of the previous social democratic idea of the strong public sector as an instrument of social transformation towards a classless society in which all individuals are perceived equal (ibid).

Today, growing health discrepancies is undoubtedly an issue in Sweden. In the article "Persisting Health Inequalities: Social Class Differentials in Illness in the Scandinavian

Countries”, Rahkonen et al examine and discuss social class differences regarding healthcare in the Scandinavian countries. All countries are characterized by what is described as their advanced health care systems and social welfare, and the authors point out that so is especially the case for Sweden – a model country for welfare policies, accordingly (Rahkonen et al., 1993).

When examining limiting long-standing illnesses within the country, the authors point out that the status of white-collar workers are superior to that of blue-collar workers. Furthermore, the socioeconomic discrepancy was more strongly visible among men, though also observable among women (ibid).

The authors point out that certain behavioral factors could play in, such as dieting, exercising and smoking, but that these health behaviors were thought to originate from social and economic circumstances rather than from individual, independent choices. Furthermore, living and working conditions could play a crucial role according to Rahkonen et al. They argue that with a lower occupational class comes worse working conditions which entail physical and psychological strain, monotony and the risk of serious injuries. They refer to previous studies on the topic**,** in which the major cause of social class differences regarding health (both physical and mental) in Sweden appear to be poor working conditions (Rahkonen et al., 1993).

A similar conclusion was reached in Ranijbar et al’s article “Physical and Mental Health Inequalities Between Native and Immigrant Swedes”, in which health disparities between native and immigrant Swedes were examined based on self-rated health, mental wellbeing, common symptoms and persistent illness. In addition, they inspected whether socioeconomic status, negative status inconsistency or social support had any effect on the previously mentioned health categories. It appeared that immigrant Swedes where at larger risk for all four health categories, and that this inequality was accounted for by work-related factors as well as the level of social support received (Ranijbar et al., 2017).

They argued that in order to improve the health of immigrant Swedes, and thereby Swedish public health overall, labor integration and social network-improvement of immigrant Swedes is crucial, and that the discrepancies observed in the study must be taken into consideration when further developing public health and ill-prevention programs (ibid).

This bring us to the question of how, and to what extent, Sweden has addressed the matter of health inequality. In the article "Health inequalities: Political Problematizations in Denmark in Sweden", Signild Vallgårda examines to what extent the Danish and Swedish State respectively problematize the phenomenon of social inequalities within health. Though the comparison can be regarded both interesting and important in itself, Vallgårda provides a decent insight in the Swedish context in itself.

She explains that the issue of healthcare inequality has been politicized in Sweden since the Second World War. In 1984, Sweden adopted the World Health Organization's strategy *Health for All by the year 2000*, which provided additional attention to the problem that was that certain social groups of society seemed to suffer higher morbidity than others (Vallgårda, 2007).
Also in 1984, the National Board of Health and Welfare (Socialstyrelsen) argued that "Good health—as most would have it—is the most important aim of all of our welfare policies." (Vallgårda, 2007, p. 48), and that 'The most significant positive effect on the general health of the population can be achieved through improvements for those groups that are currently exposed to the greatest health risks, and who therefore have the highest morbidity and mortality' (Vallgårda, 2007, p. 49).
Vallgårda means that this corresponds well to the idea of equitable access to sound healthcare as a necessary building block to an egalitarian welfare state. Furthermore, she observes that Swedish problematization of health inequalities tends to focus on equitable healthcare as a concern for the whole Swedish society, not only for those who were currently disadvantaged (Vallgårda, 2007).

In 1997, the National Board for Health and Welfare state that "Implementing public health initiatives with a view to diminishing inequalities in health will likely be a precondition for these policies to have any legitimacy in the public arena whatsoever" (Vallgårda, 2007, p. 49) Vallgårda means that this further crystalizes the belief of solid and fair healthcare as essential for the type of welfare society that continues to characterize Sweden. Furthermore, she refers to the Swedish Government which in 2002 claimed that "Since differences follow very distinct social patterns, inequalities in health do not depend first and foremost on the individual's conscious choice of lifestyle" (Vallgårda, 2007, p. 52) This further strengthens the belief of the State's role in diminishing health inequalities, and that inequalities can rather be considered as symptomatic of societal change instead of the bad choices of certain individuals (Vallgårda, 2007).

4.0 THEORETICAL FRAMEWORK

The two previous sections - Background and Literature Review – have given an insight into the Swedish context, to the importance of health, to how and with what advantages Sweden has previously managed pandemics, as well as to the rising issue of health inequalities in Sweden.

The objective of this thesis is to analyze and examine the public rhetoric used when treating the Covid19 pandemic. This analysis will be based on two theoretical concepts – social engineering and advanced liberalism. They will be explained and applied to the Swedish setting – this to aid the interpretation of the empirical data that will be presented further along ahead.

As we have seen, and as Larsson et al 2012 explain, neoliberal rhetoric and policies had from the 1980's begun to gain momentum in the west - marketization, privatization and deregulation was argued to safeguard economies from market inefficiency. But even though the 90s proved to be a tipping point even for the Swedish welfare state, previously a role model for social democratic welfare, neoliberal ideas had been introduced to the Swedish arena far earlier.

4.1 Social Engineering

Social engineering is a term that emerged towards the shift of the 20th century in Europe. The core of social engineering can be summarized as that society could not only be modelled by technical engineers and expertise, but that the human aspect had to be dealt with, as well. In the Swedish context, attempts of social engineering resulted in folkhemmet and later the welfare state. These were the construction of not only society, but also of the individual people, the citizens, of which society consisted of (Larsson et al., 2012, p. 12).

The overall aim of folkhemmet and of the welfare state was to create a society which spiraled into prosperity and welfare, which was thought to be possible only by the control of institutions and individuals. As will be discussed further on, this type of regulation calls for the same set of tools and preconditions as does advanced liberalism – both call for highly functioning statistical tools, which give the possibility of predicting the future. In the Swedish case, this "capability" was (previously) installed within a social democratic agenda, and social

democratic ideals were thereby implemented in society by a reformist approach (Larsson et al., 2012, pp. 12-13).

In *Readings in Planning Theory,* political scientist James Scott resonates a similar understanding of social engineering. In the third chapter of the book, *Authoritarian High Modernism*, he argues that it is a rather new phenomenon – even though the idea of creating a perfectly controlled society can be tracked back to the enlightenment, the capacity of doing so is still fairly new. Social engineering calls for detailed knowledge of the society or nation which one aims at controlling, as well as powerful administrative and statistical tools (Scott, 2016, p. 85)**.** This is what 20th century modernism gave to Sweden, and is fundamentally what permitted the implementation of social engineering in the Swedish context.

He explains that there are three components of modern state development: The standardization and thereby simplification of society, known as high modernism, the authority of the state implementing these rational designs, as well as an obedient and sometimes even weak civil society, which permits the two former elements. He explains that social engineering is, in a sense, the consequence of high modernism and of unquestioned state authority (Scott, 2016, p. 30)**.** Therefore, according to Scott, social engineering is to be perceived as a highly authoritarian notion, as he further states:

"One of the great paradoxes of social engineering is that it seems at odds with the experience of modernity generally. Trying to jell a social world, the most striking characteristic of which appears to be flux, seems rather like trying to manage a whirlwind" (Scott, 2016, p. 89)

This gives us an overview of social engineering. But what does it mean in reality, and more importantly in the Swedish context? In her chapter *"*Governing End of Life: The Case of Sweden*",* a part of the book "Transformations of the Welfare State", Nora Machado des Johansson describes how social engineering shaped Swedish healthcare.

She explains that before Sweden underwent the push of modernity which has previously been discussed in this thesis, mortality levels where high, as were easily prevented diseases and complications. People generally experienced the end of life at home, surrounded by family, neighbors and at most the local priest (Machado des Johansson, 2012, pp. 169-172).

But as Sweden modernized and urbanized, the common swede's life changed fundamentally. New institutions and mentalities were introduced to the Swedish context, especially as social

engineering was more heavily implemented. This meant that healthcare also became more regulated, secular and so to say "rational" than it had previously been. Doctors and professional medical care where no longer a luxury – it had become more accessible because of modernization and urbanization. Furthermore, social democratic engineering of society had introduced social health insurance and pension systems. This improved the life of the common swede, but also integrated individuals into the recently fabricated new society – their lives were now controlled by the state in a way which was previously unheard of (ibid).

But we know by now that Swedish healthcare underwent additional transformations throughout the 20th century, which were not necessarily the result of social engineering. In order to analyze this shift, information on governmentality theory and advanced liberalism is provided here below.

4.2 Governmentality and Advanced Liberalism

Larsson et al 2012 claim that in order to properly analyze the case of the Swedish welfare state and its decline, one must understand the concept of *governmentality.* Based on the later work of Foucault, governmentality theory can be explained as a viewpoint where "Rather than "the State" giving rise to government, the state becomes a particular form that government has taken" (Larsson et al., 2012, p. 9). This does not undermine the role of the state, but rather shifts focus from the state as an autonomous entity to it being perceived as a result of preexisting socio-political conditions. As a result, power is in governmentality theory perceived as performative (ibid).

Furthermore, they explain that Foucault discusses three different types of performative power: Sovereign, disciplinary and bio-power. Sovereign power emerged in early European states, and is defined as the states "right of life and death." Further along comes disciplinary power, which is only possible after the emergence of surveillance mechanisms permitting the control of individual bodies (Larsson et al., 2012, pp. 9-10).

Born from disciplinary is bio-power, or regulatory power as it is sometimes referred to. As opposed to disciplinary power, bio-power is not territorial and does not aim at controlling the individual, but rather to control the society and thereby human life itself. This presupposes the existence of a well-functioning surveillance, but also of a statistic apparatus capable of probability calculations – not only understanding the presence, but also predicting the future (ibid).

Many states today have the preconditions and capacity of bio-power. This is argued to have led to the growth of advanced liberalism. It is however claimed to be important that advanced liberalism not be interpreted as a “reduction of the role of the state”, An important component of advanced liberalism is therefore *responsibilization,* i.e. nominating individuals, communities and organizations as self-regulating actors, but with the implicit condition that they act in line with the state – “self-regulating with regulation” (Larsson et al., 2012, pp. 11 - 13). We will return to responsibilization, and other prerequisites of advanced liberalism in a few paragraphs.

In regard to the shift from social engineering to advanced liberalism, Larsson et al 2012 underline that there are striking similarities between the implementations of the two theories – especially so in Sweden. As has been previously noted, Swedish social engineering was heavily influenced by social democratic and sometimes even socialist ideals. This can at first glance seem to clash with the ideas of advanced liberalism. But Larsson et al argue that both movements emphasize regulation through self-regulation, and through that individual freedom – social engineering aims at creating a friction-free ideal society in which citizens operate freely, but perfectly according to the institutional conditions that have been presented to them. Or as Larsson et al put it: “Individual freedom was supposed to be achieved through the state” (Larsson et al., 2012, p. 263).

Furthermore, the criticism that the social democratic welfare state had met during the second half of the 20th century, and in particular during the 70s and 80s, meant that state presence and involvement had already begun to diminish. Market alternatives had slowly become introduced to the Swedish society, with further facilitated the “transition” from social engineering to advanced liberalism (Larsson et al., 2012, p. 264).

That being said, there were undoubtedly differences between the two notions, and implementing advanced liberalism called for the introduction of certain elements that were previously unknown in the social engineered Swedish society. First of all, marketization would have to be introduced to the Swedish society. New Public Management is an example of this –introducing concepts of freedom and choice within the public sector is a step away from social democratic ideals, but nonetheless corresponding to advanced liberalism (Larsson et al., 2012, pp. 264-66).

Secondly, the notion of *responsibilization* must be introduced. This means that the individual

citizen, which in a welfare state holds a certain right to social benefits, now becomes a beneficiary of the same services. Larsson et al explain that this customer mentality is visual in the Swedish word *brukare*, user – literally someone who uses the services provided by the state. This rhetoric shift implies an increased weight of responsibility on the individual citizen (ibid).

Lastly, as advanced liberalism calls for smaller state presence, new methods of governance must be introduced. This implies the development and cooperation between and within public-private organizations and voluntary organizations, to which the state can, in a sense, outsource responsibility to (ibid).

In sum, it can be said that there are striking similarities between social engineering and advanced liberalism. Both theories can be said to have had an influence on Swedish development, and in particular the country's health care. These two notions will be used in order to understand and evaluate the empirical data collected in order to investigate the research question. But before that, the next section will describe in what way the data has been collected and operationalized.

5.0 METHODOLOGY

The purpose of this section is to provide insight in the methodology that has framed the research presented in this thesis – this for two reasons. Firstly, it is as a reader important to understand the premises of the research, to both recognize the implications and the limitations of it. Secondly, this section aims at providing a justification of the chosen methods and approaches that this research is built on – this for reasons of transparency and there through trustworthiness.

5.1 Approach

As previously described, the objective of this thesis is to analyze to what extent that the public discussion on the Covid-19 pandemic build on elements associated with advanced liberalism.

This aim is to do so by the aid of content analysis. The unit of analysis is, as stated above, the public rhetoric used in Sweden. Criticism on the ambiguity of the unit could arise, but it will in this thesis be represented and there through operationalized by (1) Chief Editorials on Dagens Nyheter, Sweden's largest daily newspaper, (2) documents describing official

prohibitions and recommendations provided by the Public Health Agency of Sweden (Swedish name *Folkhälsomyndigheten),* as well as (3) addresses to the nation by the following public figures: Prime Minister Stefan Löfven, the Swedish King Carl XV1 Gustaf of Sweden, Moderate party leader Ulf Kristersson and Sweden Democrat party leader Jimmie Åkesson.

We will return back to how these have been sampled in the following section 5.3. Here follows a justification of the use of content analysis, as well as a review of the strengths and weaknesses of such a method.

In the book "Social Research Methods", author Alan Bryman aims at describing the core of content analysis. He refers to what he considers is the one of the most widely accepted definitions, produced by political scientist Ole Holsti: "Content Analysis is any technique for making interferences by objectively and systematically identifying specified characteristics of messages" (Bryman, 2012 p. 289). Though a rather open-ended description, this provides a fair representation of why the method in question has been chosen in this thesis.

He explains that the objectivity mentioned in the quote above refers to the fact that the analytical aspect of content analysis can be described as fairly unbiased. The procedure of marking words or phrases, as one does in content analysis, is a relatively transparent one, and does not permit too much personal bias. The same goes for the systematical aspect mentioned as well (Bryman, 2012, pp. 289 – 290).

This particular research can be described as a *problem-driven* content analysis, as opposed to text-driven or method-driven. This because it aims at examining a certain societal phenomenon, or problem so to say, through the lens of the chosen textual material (Krippendorff, 2004, p. 340). Problem-driven content analysis can in other words said to be *abductive* – i.e., abductively drawing conclusions from the textual material, and applying those conclusions to the outer-text phenomenon that is being studied (Krippendorff, 2004, p. 344).

However, this entails an important detail: That the researcher in question has drawn the conclusion that the textual material represents the phenomenon on the outside world. (Krippendorff, 2004, pp. 345-346) So although content analysis is in its nature rather objective and systematic, it must be mentioned that the raw material chosen for analysis does to a certain extent reflect on personal bias, or at least interests (Bryman, 2012, pp. 289 – 290).

This brings us to the issue of limitations within content analysis.

5.2 Limitations

There are certain limitations to content analysis that will be brought up here. This to provide clarity and insight into how those obstacles have been overcome.

First, it must be stated that a content analysis depends very much on the documents at hand. If the documents are say unauthentic, untrustworthy, or unrepresentative, then that will heavily influence the outcome of the analysis. For this reason, it has since the start of the research been considered important to ensure the overall quality of the documents used, for without that, any analysis would be imbalanced and unusable (Bryman, 2012, pp. 306-307).

Furthermore, and which has been mentioned before, even supposing that the textual data is legitimate and the objective and statistical interpretation is ensured through neutral coding, the individual assessment of what is and what is not important will determine the outcome. Interpretation, regardless of method, is always colored by the researcher's position. This is issue is largely unavoidable, but must nonetheless be mentioned for matters of transparency (ibid).

In sum, it can be said that avoiding any interference of personal bias is a difficult, if not impossible task. In this case, the process of document selection has been done with highest regard to objectivity. But be that as it may, personal influence is difficult to write off. For that reason, several other criteria that can be used to evaluate the quality of the research will be presented here below.

The first criterion is validity - research validity is commonly divided in to two parts – internal validity, and external validity. Internal validity is mainly concerned to the issue of correlation – in this case, that would be to what extent that the documents chosen for analysis can be said to represent the general phenomenon which is treated in this thesis. External validity, on the other hand, can be described as to what extent the research can be replicated (Bryman, 2012, pp. 46-49).

Moreover, trustworthiness can be used as a criterion for evaluating the quality of the research. Trustworthiness is often considered to consist of four components: Confirmability, dependability, credibility and transferability. The two latter, credibility and transferability, can

be considered to be rather similar to internal and external validity – i.e. the relevance and generalizability of the research. Dependability can be interpreted as reliability, which is related to the last criterion – confirmability. The latter parallels objectivity - has the research been conducted in a fair and above all veracious way (ibid)?

5.3 Sampling and Coding

In order to overcome the many pitfalls mentioned above, the method of sampling must be a carefully selected one. Sampling is, of course, largely driven by the research question and framework at hand – this is what in a sense sets up the boundaries of the study. In this particular research, sampling has been chosen with regard to the phenomenon that is advanced liberalism, and how it is best visualized in public rhetoric when addressing the Covid19-outbreak (Farrugia, 2019).

Sampling is what fundamentally dictates the conclusions that can be drawn from the research, but also what gives the research its legitimacy. What an appropriate sample is in a sense that which answers the posed research question (ibid).

In this case, the chosen sampling method is of purposive nature. This because the textual materials, that being the sample, have been chosen intentionally, i.e., purposively (ibid).

The three types of textual materials are chosen as they are considered to be the most beneficial when trying to represent public rhetoric, but also because they are believed to give a fair and equal representation of the Swedish context. As explained in the beginning of this section, the documents originate from *Folkhälsomyndigheten,* Dagens Nyheter and addresses to the nation by various public political figures. This resulted in 12 documents, produced between March and April 2020. This type of *stratified* purposeful sampling, i.e. documents from different sub-groups of the public sphere, gives additional depth and value to the analysis that follows.

But before presenting the findings from the empirical data, coding must be discussed. As this is a qualitative content analysis, no coding schedule has been produced before the data collection. The aim is not to identify specific words or phrases, nor to note the prevalence of them, as had been the case if a quantitive approach had been chosen (Bryman, 2012, p. 557)**.** Rather, the coding of data in this qualitative content analysis aims at emphasizing and underlining certain themes that are prevalent in the analyzed material. This does of course

entail a certain amount of categorization, but as the aim is not to produce a measurable, quantitative result, the interpretation of data does not follow a predeveloped manual. The refinement of such themes has been conducted by the aid of computer-assisted qualitative data analysis program NVivo, which provides the tools necessary for comprehensive qualitative coding and the charting of various found themes.

6.0 ANALYSIS

We have now reached the analysis section of the thesis, which in a sense constitutes the main part of the thesis. The overarching aim of this thesis is to examine to what extent the public discussion on the Covid-19 pandemic build on elements associated with advanced liberalism.

This objective had been operationalized by the aid of three sub-questions:

1) To what extent does the public rhetoric call for individual action?
2) How is the outsourcing of responsibility visible?
3) To what extent is the notion of nationhood and solidarity treated?

As previously stated, this is to be analyzed through the means of a content analysis on the rhetoric used in newspaper editorials, documents published by the Public Health Agency of Sweden *Folkhälsomyndigheten*, as well as addresses to the nation by a number of public-political figures. This section is divided into three parts, each piece being focused on by the aid of the data answering one sub-question each. The relevance of the sub-questions will be provided in each section, as well as a brief commentary on the data. However, all three sub-questions fundamentally lead up to the main research question, which will not be treated here but in the final, conclusive, section of the thesis.

6.1 Sub-question 1: Individual Action.

“To what extent does the public rhetoric call for individual action?” reads the first of three sub-questions. This is built on the notion that advanced liberalism, as portrayed in the theoretical framework of this thesis, calls for a strong individual agency. Advanced liberalism entails “regulation through self-regulation”, which emphasizes the notion of individual freedom (though within set boundaries, or regulations). The fundamental difference between social engineering and advanced liberalism can be said to be the role that state institutions

play, i.e. in what way they influence the capacity of this individual freedom. But what do the analyzed documents, speeches and editorials show?

Folkhälsomyndigheten:

Beginning with the documents of Folkhälsomyndigheten, we can see a strong emphasis on the duties of the individual. In "Folkhälsomyndighetens föreskrifter och allmänna råd om allas ansvar att förhindra smitta av covid19 m.m." –The Public Health Agency's regulations and general advice on everyone's responsibility to prevent the infection of covid-19, we can read that "everyone one in Sweden has a responsibility for preventing the spread of covid-19." (Folkhalsomyndigheten.se, 2020a). This is followed by a list of recommendations (should be noted that these are recommendations, as opposed to say, rules). Wash your hands, practice social distancing, and abstain from social gatherings and unnecessary travel, amongst other things. The same patterns of calling for individual action is seen when addressing people over the age of 70, as well as when addressing children (Folkhälsomyndigheten, 2020b,d).

In the document "Du som är 70 år eller äldre – begränsa dina nära kontakter" – To you who is 70 years or older - limit your close contacts, Folkhälsomyndigheten state that they recommend that people over the age of 70 stay home as much as possible, and refrain from close contact. They proclaim that it is very important to protect oneself, and others, from contamination (Folkhälsomyndigheten, 2020b).

A similar rhetoric is used even when addressing children. Special information posters have been produced to reach children, one of which is named Nya Coronaviruset – så kan du hjälpa till. This translates to The New Coronavirus – this is how you can help. Already in the title of the poster the call for individual responsibility is visible – this despite the fact that the poster is aimed at children (Folkhälsomyndigheten, 2020d).

Speeches:

A similar call for individual action is visible in the speeches by the Swedish King and the three most influential party leaders of Sweden. On the king's address to the nation, which was presented on April 5th, he states that "We must all act responsibly and unselfishly. We, all of us, owe that to our country. Every one of us" (H.M. Konung Carl XVI Gustaf, 2020).

In the Prime Minister Stefan Löfven's address to the nation on March 22nd, he proclaims that "The only way for the society to manage this crisis is that everyone takes responsibility for themselves, for each other, and for our country". "We all have a large personal responsibility", "A responsibility to prevent the spread of the disease", he says. "Young, old, rich or poor, it does not matter – everyone must do their part" (Löfven, 2020).

Moderate party leader Ulf Kristersson arguable goes even farther. We Swedes are individualists who take personal responsibility. But we are also part of a community in which we take consideration to each other. This part of our country's DNA.", he claims in a speech held on the Moderate Party's nation meeting on March 20th. "Everyone has their responsibility. This cannot be emphasized enough.", he further says (Kristersson, 2020).

Regarding the address to the nation provided by Jimmie Åkesson, party leader of the Sweden Democrats, it must be said that much emphasize is put on criticism towards the state's management of the pandemic. Any interpretation of that specific stance is left to the reader, though certain elements will be brought up further on in regard to the coming two sub-questions. Regarding the call for individual action, Åkesson does however state that it is "His responsibility as a citizen, and as a fellow human being, is to stay updated regarding the advice and guidelines provided, to facilitate for the healthcare and for the emergency services. To help older relatives with purchases for example, and to be responsive and show consideration" (Åkesson, 2020).

Dagens Nyheter:

We have now reached the last group of data relating to the first of three sub-questions. Dagens Nyheter, Sweden's largest newspaper, with its self-proclaimed independent liberal stance, arguably has a large influence on the common Swede. Editor in Chief Peter Wolodarski has written several editorials on the subject of covid-19, and many of them on the Swedish way of managing the pandemic.

Before analyzing the editorials, it must be underlined that this data is expressively liberal. It could therefore be considered interesting that the majority of Wolodarski's editorials, of which those that are considered most notable have been included in this thesis, call for

stronger state involvement. The call for individual action was not as visible as one first could have imagined, and not found to the same extent as in the other data used in this analysis.

In “Stäng ned sverige för att skydda sverige” – “Shut down Sweden to protect Sweden” from March 13th, Wolodarski argues that the crisis “puts a high demand on political leadership and immediate action”, and that “ultimately, responsibility falls on Stefan Löfven”. (Wolodarski, 2020c) In the editorial “Nödropet: Hellre för mycket stöd än för lite” – “The Cry for Help – Rather too much support than too little” from April 4th, Wolodariski proclaims that “the government should not hesitate to run the risk of doing too much rather than doing too little” (Wolodarski, 2020b).

In another editorial from April 12th, he arguably wanders even more out of character. In “Den som räddar ett liv räddar världen” – “He who saves a life saves the world”, he writes about the fact that the socio-economically challenged Stockholm suburb Järva has experienced a larger blow than has inner city Stockholm. He argues that “This is a symptom of a much larger social problem, and that Sweden cannot rely on “folkvett” (rough translation: good manners/common sense) and free will when facing a pandemic” (Wolodarski, 2020d).

6.2 Sub-question 2: Outsourcing of responsibility

The second sub-question is as following: “How is the outsourcing of responsibility visible?” This, too, builds on a concept associated with advanced liberalism. In the theoretical framework, the notion of *responsibilization* was discussed – this entails that an individual is rendered responsible for duties, or for both performing and receiving services, which were previously assigned to the state. Though both social engineering and advanced liberalism aims at in a sense creating self-governing individuals which aim at creating a prosperous society, social engineering does not exclude state involvement in the same manner as advanced liberalism.

Folkhälsomyndigheten:

When revising the documents for analysis provided by Folkhälsomyndigheten, it can be said that much emphasize is put on the individual – either as simply an individual, or as responsible for a facility or business.

In ”Folkhälsomyndighetens föreskrifter och allmäna råd om att förhindra smitta av covid-19 på resturanger och caféer m.m” – The Public Health Agency's regulations and general advice on preventing spread of covid-19 at restaurants and cafés, the outsourcing of responsibility is in a sense detectable. Though the document concerns restaurants and cafés, the receiver is the individual responsible for the management of the facility (Folkhälsomyndigheten, 2020c).

It is written that "Anyone who runs a business in accordance with section 2 (That being restaurants, bars, cafés, cafeterias or catering) must have routines for how the management of such a business can be ensured without risk of spreading covid-19 among visitors." (ibid).

"The company must also develop instructions for how the staff can prevent the spread of infection" and "Each business shall ensure that there are no crowds nor long queues in the premises or in connection with these premises." (ibid).

Further on, it is also clarified that this does not only concern those responsible for restaurants, cafés, or other similar businesses. Those responsible for public transportation must inform their passengers of how to limit the risk of spreading the disease. The same goes for those responsible for the Swedish Prison and Probation Service, as for Swedish Migration Agency (ibid).

Speeches:

When analyzing the speeches, the same theme appears – the king's address to the nation excluded. The remaining three do address the concept of outsourcing of responsibility, but both in positive and negative manner as can be seen below.
In his speech, Ulf Kristersson emphasizes the massive contributions that companies have done: "IKEA in Kållered have donated an entire stock of 50 000 protective masks, and Beijer Bygg have set aside protective wear that can be used by healthcare personnel. Food stores are prolonging their opening hours with an extra hour, reserved for risk groups. Pressbyrån and 7 Eleven are offering free coffee for everyone employed within the health care system. SAS and Sophiahemmet have offered those who have been laid off a quick education, so that they can work within healthcare. 100 people accepted the offer only the first day" (Kristersson, 2020).

This quote illustrates the outsourcing of responsibility from the state to companies. Even though this might not seem surprising, seeing that Ulf Kristersson is the Moderate Party leader, also Stefan Löfven uses a similar rhetoric:

“I am certain that everyone in Sweden will take their responsibility, and do their outmost, to ensure other people’s wellbeing, to help each other, and therefore be able to look back on the crisis and be proud of their roll, of their contributions for their fellow human beings, for our society and for Sweden.” He says. Although the same emphasis on companies’ efforts and duties is not to be found in Löfven’s speech, he does stress the role of the individual in overcoming the crisis (Löfven, 2020).

Åkesson, however, breaks this pattern. He claims that he “is infuriated that we in Sweden, despite our high taxes, still have to worry about whether we will get sufficient care or not”. This could be perceived as frustration towards what the common citizen does for the state, versus what he receives in return (Åkesson, 2020).

Dagens Nyheter:

Interestingly enough, Wolodarski also argues against the outsourcing of responsibility, this despite the liberal tendencies of the newspaper for which he is editor in chief. Regarding the economic difficulties that many restaurants and bars have encountered, he writes that “The crisis has become the norm. No one can get away from it: not even the most successful, who has paid millions of Swedish crowns in taxes throughout the years”. Further along, in the same editorial Nödropet: hellre för mycket stöd än för lite, he argues for the severity and unfairness of the fact “That so many entrepreneurs that have done the right thing, who have arduously built their businesses according to the rules of the market, are now forced to see their life’s work crash because of something they could not foresee nor prevent” (Wolodarski, 2020b).

6.3 Sub-question 3: Nationhood and solidarity

We have now arrived at the final sub-question: To what extent is the notion of nationhood and solidarity treated? As opposed to the two previous questions, this does not aim at pinpointing and illuminating advanced liberalism, but rather the opposite. As has been described earlier in this thesis, Sweden is believed to have undergone a transition from social engineering on a social democratic agenda, to advanced liberalism. The latter does not to the same extent foster the notion of nationhood. Social engineering, on the other hand, fundamentally revolves around the idea of creating the ideal society and therefor relies heavily on the notion of nationhood.

Folkhälsomyndigheten:

When analyzing the selecting data from Folkhälsomyndigheten, there is nothing that points towards solidarity, or that emphasizes nationhood. There are possible explanations as to why – Folkhälsomyndigheten is on the bottom line a health agency, and perhaps it would fall outside of their jurisdiction to emphasize such politically charged notions. Their objective is to guide and provide information to Swedish citizen on how to best limit the spread of covid-19, which perhaps does not include inciting or exhorting nationalist emotion. That is, however, more visible when examining the speeches.

Speeches:

The Swedish king's address to the nation is a rather solemn one, which may not be of surprise due to the role that he holds. He does, however, speak of "the solicitude and the vigour that the Swedish people has summoned. This vigour will be an asset for our country – for the future that we long for" (H.M. Konung Carl XVI Gustaf, 2020).

Also Prime Minister Löfven speaks of nationhood, he claims that "The only way for us to manage this crisis is as a society, in which we all take responsibility for ourselves, for each other, and for our country". He also claims that he "is proud to be the prime minister of Sweden when he sees what so many people do for their fellow citizens", which is "solidarity in practice" (Löfven, 2020).

Even Ulf Kristersson, though his party is not necessarily characterized by solidarity, speaks of nationhood. When discussing the first sub-question, a quote was included in which he spoke of the so-called Swedish DNA. In that, he emphasized solidary: "We are part of a community, in which we think of each other. Furthermore, he also argues that "In the midst of this crisis, Sweden is at its best. A country where you take responsibility for yourself, but also help others." (Kristersson, 2020).

Though perhaps unsurprising giving the agenda of his political party, Sweden Democrat Jimmie Åkesson goes even farther: "We go through this crisis as a unified country, as a nation, as a family", he says. "I dearly believe in our country and our citizens. We may be a small country, but we are a grand nation" (Åkesson, 2020).

Dagens Nyheter:

Even Wolodarski can be said to go slightly out of liberal character. In the editorial published on March 22nd "Inget modernt samhälle kan tolerera massdöd" – No modern society can

tolerate mass death, he scrutinizes the fatality outcomes of Italy and China, and raises a note of caution to Sweden. “If we truly value the notion of everyone’s equal value, we can consciously choose to sacrifice human life on a large scale”. He says it would be “a venture that would break society's most basic agreement: that every human being has an inviolable value”, in regard to the conception that Sweden, by avoiding a complete lockdown, sacrifices the old and the sick (Wolodarski, 2020a).

7.0 CONCLUSION:

We have now reached the final section of this thesis – the conclusion. Based on the analysis above, as well as other sections of the thesis, the aim of the conclusion is to by the aid of the three sub-questions previously reviewed address the main research question – to what extent does the public discussion on the Covid-19 pandemic build on elements associated with advanced liberalism?

However, before reviewing the three sub-questions and link them to the main research question, it must be clarified that the data which provides the basis of this thesis is merely suggestive. We have reviewed documents from The Public Health Agency of Sweden, from addresses to the nation by the Swedish king and by top-politicians, and chief editorials by Dagens Nyheter’s Peter Wolodarski. Though interesting in their entity, these types of sources can simply be said to indicate the larger societal phenomenon on which this thesis is based.

For the sake of the subject on which this thesis is concerned, on could use a health-related description. The data which has been analyzed can be considered *symptomatic* – i.e., not in itself sufficient to make a diagnosis on the societal phenomenon which has been treated, but nonetheless suggestive of one.

7.1 Findings

But with that being said, the data which has been analyzed is nonetheless of indicative nature, and the results can therefore be said to give an insight into that which occasioned the very distinguished Swedish approach to the Covid-19 pandemic. Let us go through the findings from the three sub-questions, which were created in order to answer the overarching research

question of this thesis:

The first one out of the three sub-questions was: “To what extent does public rhetoric call for individual action*?”* The question was produced in order to shed light on the mechanism of advanced liberalism which calls for strong individual freedom within certain boundaries – i.e., regulation through self-regulation”. The data gave mixed results: The Public Health Agency frequently used rhetoric indicative of individual agency, though within the frame of recommendations. The public-political addresses to the nation, with the exception being the Swedish King’s speech, also emphasized the importance of individual actions when battling the pandemic. The self-proclaimed liberal chief editorials from Dagens Nyheter, however, expressed a different viewpoint – Wolodarski urged the government of Sweden to do more.

The second sub-question read: “How is the outsourcing of responsibility visible?” This question, just as the first one, builds on a trait of advanced liberalism. Though largely connected to the former sub-question, question two rather aims at illustrating the actual shift of responsibility from the state to the citizen or actor within the societal framework. As opposed to the first question, which illuminates a condition which could be prevalent in both a social democratically engineering state and a state steered by advanced liberalism, this weighs harder on liberal notions.

The Public Health Agency clearly exhibits this liberal phenomenon – businesspeople are encouraged to take own measures for limiting the spread of Covid-19, as are those in charge of ex. Public transportation. Moderate Party leader Ulf Kristersson emphasized of what essential assistance Swedish companies have been in battling the pandemic, and Prime Minister Stefan Löfven claimed that he was certain that every citizen would take his or her responsibility, which was necessary for overcoming the crisis. Sweden Democrat Jimmie Åkesson and Dagens Nyheter’s Wolodarski, however, reacted in a contrary manner. They both criticized that tax payers – both individual citizens and businesses – were left without (moral or monetary) assistance from the state.

The third and final sub-question was phrased differently: “To what extent is the notion of nationhood and solidarity treated?”, it reads, and opposed to the two former questions this question was formulated as to find remnants from the socially engineered social democratic

Sweden. The difference between advanced liberalism and social engineering in practice is that the latter focuses more on the issue of nationhood, as explained in previous sections.

The Public Health Agency did not use much, if not any, rhetoric that treated nationhood nor solidarity. Every address to the nation did, however, though by various means. This could be considered expected from the social democratic party leader Löfven, as from the Swedish King, but even Kristersson spoke of solidarity. As did Dagens Nyheter's Wolodarski, despite is otherwise liberal agenda.

We have now reviewed the findings three sub-questions, which were initially presented in the preceding section. These three were as mentioned produced in order to answer the overarching research question – the very aim of this section. This is, arguably, fundamentally what they've done: "To what extent does the public discussion on the Covid-19 pandemic build on elements associated with advanced liberalism?", read the research question, and the answer to it can be found in the pages above.

7.2 Discussion

Now, it must be noted that this question does build on certain assumptions regarding the Swedish context, which have been treated and elaborated on in the theoretical framework section of this thesis. In Sweden, the 20th century brought modernism which permitted industrialization, urbanization, and to an extent higher living standards. At the same time, the social democratic party came to power. The fact that the two concurred permitted the development of social engineering, though within a social democratic agenda. A strong state was developed, as was the control of its citizens. This type of social engineering came to be known as the Swedish welfare model, which lasted up until mid 20th century – due to economic conditions affecting the global market, the 70's and 80's brought marketization and neoliberalism to the West, as well as to Sweden. But because of Sweden's history of social engineering, advanced liberalism may have had an easy entry to the Swedish context. Though the two are similar in several ways, most notably through the distant controlling and surveilling of citizens, they also differ substantially – mostly in terms of responsibilization. In social engineering, the state gives its citizen the tools for prosperity – this is not necessarily the case within advanced liberalism. Instead, citizens are largely self-governing, though within certain premises.

But why is this difference important? As could be seen in the literature review of this thesis, health inequalities have skyrocketed in Sweden, and market principles have been introduced into the Swedish healthcare system. This has largely happened during the last decades of the 20th century - i.e., during the same time as neoliberalism gained ground in the Western context and advanced liberalism made an entry. It is crucial to note that this thesis is not in itself sufficient to claim that the progression of advanced liberalism is what caused Swedish health inequalities, i.e., that there is a causality between the two. There is, however, a temporal correlation between diminishing health equalities and the decline of social democratic social engineering.

The sub-questions which have laid the ground for the analytical aspect of this thesis are equivocal. On the one hand, the notions of solidary and nationhood are heavily utilized – both within the speeches and in the editorials by Dagens Nyheter's editor in chief Wolodarski. On the other hand, the outsourcing of responsibility and the call for individual action is visible within documents provided by the Public Health Agency, as well as in the political speeches – these are notions that highly indicate the presence of advanced liberalism.

If it were so that advanced liberalism has made an entry to the Swedish context, and if that in turn had occasioned the growing health inequalities in Sweden, it would be a problem. Health is a burning issue – this has been stated previously in the thesis. Not only is health inequality detrimental for the economic development of a country, regardless of its developmental status, and not only is it a morally charged issue. The issue of health, of the right to healthcare, and the importance of health equity, is listed in the Universal Declaration of Human Rights which Sweden has ratified, and what makes up the third Sustainable Development Goal, which Sweden has approved and adopted.

Further research is undoubtedly needed to truly investigate a potential correlation between advanced liberalism and declining health equality, for reasons which have been justified above. This thesis has shown that there are certain tendencies of advanced liberal rhetoric to be found in the documents that have been analyzed, but as has been stated, the analysis is not sufficient to draw any causal conclusions.

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