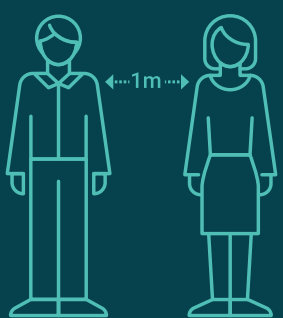
Navigating Pandemic Phases

Public Health Authority Communication during COVID-19 in Norway



ØYVIND IHLEN
SINE NØRHOLM JUST
JENS E. KJELDSEN
RAGNHILD MØLSTER
TRULS STRAND OFFERDAL
JOEL RASMUSSEN
ELI SKOGERBØ

NORDICOM

Navigating Pandemic Phases

Public Health Authority Communication during COVID-19 in Norway

Navigating Pandemic Phases
Public Health Authority Communication during COVID-19 in Norway

Øyvind Ihlen, Sine Nørholm Just, Jens E. Kjeldsen, Ragnhild Mølster, Truls Strand Offerdal, Joel Rasmussen, & Eli Skogerbø

ISBN (PRINT): 978-91-89864-03-0
ISBN (PDF): 978-91-89864-04-7
ISBN (EPUB): 978-91-89864-05-4

This work is Open Access and available to read free of charge and without registration requirement at https://www.nordicom.gu.se/en/publications/navigating-pandemic-phases-public-health-authority-communication-during-covid-19

DOI: 10.48335/9789189864047

CITE THIS WORK:
Ihlen, Ø., Just, S. N., Kjeldsen, J. E., Mølster, R., Offerdal, T. S., Rasmussen, J., & Skogerbø, E. (2024). Navigating pandemic phases: Public health authority communication during COVID-19 in Norway. Nordicom, University of Gothenburg. https://doi.org/10.48335/9789189864047

PUBLISHED BY:
Nordicom, University of Gothenburg
Box 713
SE 405 30 Göteborg, Sweden

www.nordicom.gu.se/en

COVER AND GRAPHS BY: Karin Andén
COVER ILLUSTRATIONS: Pictograms from the official Norwegian poster regarding social distancing during the COVID-19 pandemic, published by Helsedirektoratet (2020).
GRAPHIC DESIGN BY: Henny Östlund

NAVIGATING PANDEMIC PHASES

PUBLIC HEALTH AUTHORITY COMMUNICATION DURING COVID-19 IN NORWAY

ØYVIND IHLEN, SINE NØRHOLM JUST, JENS E. KJELDSEN,
RAGNHILD MØLSTER, TRULS STRAND OFFERDAL,
JOEL RASMUSSEN, & ELI SKOGERBØ

Contents

Preface **7**

List of figures and tables **9**

Chapter 1. Introduction **11**
The Norwegian case 14
Context 14
Evaluation of the handling of COVID-19 17
Trust, trustworthiness, and ethos 22
Theoretical framework: Rhetorical situations and rhetorical strategies 25
Pandemic phases and structure of the book 29

Chapter 2. How to create risk understanding and acceptability: The risk and preparedness phase **33**
The rhetorical situation 35
Rhetorical problem 35
Rhetorical audience 39
Rhetorical constraints and opportunities 41
Rhetorical strategies 47
A rhetoric of planning 47
Expository rhetoric 48
Prescriptive rhetoric 50
Conclusion 52

Chapter 3. How to signal control, balance fear and indifference, and prepare people: The crisis build-up phase **57**
The rhetorical situation 60
Rhetorical problem 60
Rhetorical audience 62
Rhetorical constraints and opportunities 64
Rhetorical strategies 68
A reassuring rhetoric 68
Introducing self-efficacy measures 70
Transparency about uncertainties and disagreements 74
Constituting expert position 76
Implementing two-way communication 77
Conclusion 79

Chapter 4. How to establish urgency, gain compliance, and handle uncertainty: The crisis and full alarm phase 83
The rhetorical situation 85
Rhetorical problem 85
Rhetorical audience 86
Rhetorical constraints and opportunities 87
Rhetorical strategies 90
Establishing urgency 91
Establishing legitimacy 94
Constituting the citizens as a common unity and part of the solution 100
Strengthening self-efficacy and providing direction for action 107
Conclusion 109

Chapter 5. How to manage perceived severity and fight fatigue, while defending policy: The waves of crisis phase 113
The rhetorical situation 115
Rhetorical problem 115
Rhetorical audience 118
Rhetorical constraints and opportunities 119
Rhetorical strategies 122
Managing perceived severity over time 123
Segmenting audiences and diversifying messages 127
Solidarity and caring rhetoric 132
Defending against criticism 134
Conclusion 138

Chapter 6. How to build trust in vaccines and vaccination: The solution phase 141
The rhetorical situation 143
Rhetorical problem 143
Rhetorical audience 144
Rhetorical constraints and opportunities 145
Rhetorical strategies 149
Practising transparency 149
Dialogue and social media use 150
Taking the middle ground 152
Creating identification 153
Dissociation of vaccine types 157
Conclusion 158

Chapter 7. How to find the right time to declare that the pandemic is over: The end of crisis phase 161
Rhetorical situation 164
Rhetorical problem 164
Rhetorical audience 167
Rhetorical constraints and opportunities 171
Rhetorical strategies 172
Finding truth in numbers 173
Feeling time 176
Ending the state of emergency 178
And the rest is silence – or is it? 179
Conclusion 180

Chapter 8. Conclusion 183
Recap: Trustworthiness 184
Specific responses in the rhetorical situations of the pandemic 185
Overarching rhetorical strategies during the crisis 190
Asserting authority 191
Inviting participation and dialogue 191
Enhancing transparency 192
Constituting the situation and the audience 193
Directing action 193
Rhetorical responses and the media arena 194
Comparing Norway with Sweden and Denmark 195
Critical issues concerning communication 199
Final words 202

References 205

Appendix A. Research design and datasets 225
Appendix B. Examples of observation notes 233
Appendix C. Key events of COVID-19 in Norway 237

Preface

In the autumn of 2019, the team of the new project "Pandemic Rhetoric" (PAR) was haunted by the question, "What should be our empirical focus?" As we have grown fond of saying – leave it to reality to make the decisions. In early March 2020, after a crash course in ethnographic methodology, the doctoral student in the project travelled to the Norwegian Institute of Public Health (NIPH) to be an observer in the communication department. For the rest of the project period, the sense of being in the eye of the hurricane was palpable as we enjoyed privileged access to the public health authorities, including the Norwegian Directorate of Health (NDH). This book is the final result of the PAR project (funded by the Research Council of Norway, grant number 296347).

The initial project group consisted of Øyvind Ihlen (PI, University of Oslo), Jens E. Kjeldsen (University of Bergen), Sine Nørholm Just (Roskilde University), Joel Rasmussen (University of Örebro), and Eli Skogerbø (University of Oslo). Later, we recruited Ragnhild Mølster for a postdoc position (University of Bergen), and Truls Strand Offerdal for a doctoral position (University of Oslo).

We are immensely grateful to the former NIPH director general, Camilla Stoltenberg, and the NIPH communication director, Christina Rolfheim-Bye, for opening the doors to the NIPH communication department during the COVID-19 pandemic. Similarly, we thank the former NDH communication director, Trine Melgård, and the former acting communication director, Jo Heldaas, for their support at the NDH where we also conducted observation. Our gratitude also goes to the many employees at these institutions who graciously gave their time and tolerated our presence for extended periods. Special thanks are due to Live Bøe Johannesen (NDH), Kjetil Berg Veire (NIPH), and Torunn Eilin Gjerustad (NIPH).

At the final seminar for the PAR project, we were privileged to host an exceptional lineup of speakers who shared their experiences: former Swedish state epidemiologist Anders Tegnell (Public Health Agency of Sweden), then director general Camilla Stoltenberg (NIPH), then deputy director Espen Rostrup Nakstad (NDH), communication director Christina Rolfheim-Bye

(NIPH), communication director Eva Tolstrup Ziegler (The Danish Health Authority), communication advisor Live Bøe Johannessen (NDH), and communication director Morgan Olofsson (The Swedish Civil Contingencies Agency).

We are also deeply grateful to the advisory board members who have been instrumental in guiding the PAR project: communication director Christina Rolfheim-Bye (NIPH), communication director Berit Kolberg (University of Oslo), professor Frank Esser (University of Zurich), communication advisor Henrik Olinder (The Swedish Civil Contingencies Agency), and professor Britt-Marie Drottz Sjøberg (NTNU).

In no particular order, we appreciate the efforts of the following research assistants: Axel Sit, Eva Strømme Moshuus, Anja Vranic, Susanna Mathea Arsky, Helene Viktoria Abusdal, Eskild Gausemel Berge, Mina Kjeldsen, Kristian Helgeland, and Thomas Weidekamp Nielsen. We are also grateful to the Nordicom team, including Kristin Clay, Josefine Bové, and especially editor Johannes Bjerling, for believing in the project and dedicating considerable time to assist with its development.

The present book is a collaborative monograph with substantial contributions from all team members. Ihlen was in charge of the overall structure, while each chapter had a team member primarily responsible: Chapter 1 – Ihlen; Chapter 2 – Rasmussen; Chapter 3 – Mølster; Chapter 4 – Kjeldsen; Chapter 5 – Offerdal; Chapter 6 – Ihlen; Chapter 7 – Just; and Chapter 8 – Ihlen. In writing the book, we have drawn on previous publications from the PAR project and related activities, a list of which is provided on the project website (www.hf.uio.no/imk/forskning/prosjekter/retorikk-om-pandemi/index.html). In addition, we have drawn on data and publications from the sister project "Pandemic Rhetoric, Trust, and Social Media" (PAR-TS) (2020–2023) (Research Council of Norway, grant number 312731). The latter project added survey research and scraped social media. Led by Ihlen, the PAR-TS project involved researchers from the Institute of Social Research (Kari Steen-Johnsen, Dag Wollebæk, and Audun Fladmoe) and SINTEF Trondheim (Jannicke Fiskvik, Andrea Vik Bjarkøy, and Tor Olav Grøtan) as well as practice partners from the NRK (Per Arne Kalbakk), Opinion (Nora Clausen), the Association of Editors (Arne Jensen), and the Norwegian Institute of Public Health (Christina Rolfheim-Bye, Didrik Frimann Vestrheim, Ingeborg S. Aaberge, and Anita Odeveig Daae). A big thank you is also extended to these partners.

Oslo, Bergen, Roskilde, Örebro – August 2024

List of figures and tables

FIGURE 1.1 Trust in the public health authorities by week, 2020–2022 (per cent) ... 20

FIGURE 1.2 Individuals hospitalised with COVID-19 in Norway by week, 2020–2022 (n) ... 29

FIGURE 2.1 Risk perceptions among Norwegian citizens, 2016–2021 (per cent) ... 35

FIGURE 2.2 Overview of risk characteristics influencing demands on precautionary and dialogical risk management and rhetoric ... 36

FIGURE 2.3 Campaign poster urging hand hygiene, March 2019 ... 51

FIGURE 3.1 An early photograph from China, 31 January 2020 ... 58

FIGURE 3.2 Message from an Italian doctor, 9 March 2020 ... 59

FIGURE 3.3 Trust in the public health authorities by week, 2020 (per cent) ... 60

FIGURE 3.4 Newspaper front pages, 27 February 2020 ... 64

FIGURE 3.5 First Norwegian press conference, 26 February 2020 ... 70

FIGURE 3.6 Campaign poster addressing travellers from China, 18 February 2020 ... 71

FIGURE 3.7 First announcement on Facebook, 26 February 2020 ... 72

FIGURE 3.8 Campaign poster emphasising general hygiene measures ... 73

FIGURE 4.1 Trust in health authorities and compliance with recommendations by week, 2020–2022 (per cent) ... 85

FIGURE 4.2 NIPH Facebook post announcing the lockdown, 12 March 2020 ... 93

FIGURE 4.3 Campaign poster with directive rhetoric and cautionary yellow, February 2020 ... 100

FIGURE 4.4 Campaign poster advocating self-efficacy measures and positive role, March 2020 ... 104

FIGURE 4.5 Campaign poster advocating "Do it for the children", May 2020 ... 105

FIGURE 4.6 Example of appreciative rhetoric, 18 March 2020 ... 106

FIGURE 5.1 Trust in health authorities, compliance with recommendations, and support of health authorities' measures by week, 2020–2022 (per cent) ... 115

FIGURE 5.2 Campaign poster for testing, July 2020 ... 125

FIGURE 5.3 Campaign poster advocating to "keep vigilant", September 2021 ... 127

FIGURE 5.4 Campaign poster illustrating the difficulty of identifying those at risk, May 2020 ... 128

FIGURE 5.5 Campaign poster with youth-directed message, October 2020 129
FIGURE 5.6 Campaign poster targeting hard-to-reach groups ahead of Ramadan, March 2021 130
FIGURE 5.7 Campaign poster addressing the mental state, November 2020 134
FIGURE 6.1 Trust in health authorities and intent to vaccinate by week, 2020–2022 (per cent) 142
FIGURE 6.2 NIPH Facebook post, 15 November 2021 151
FIGURE 6.3 First vaccine campaign, February 2021 154
FIGURE 6.4 Campaign poster illustrating the hope motive, May 2021 156
FIGURE 6.5 Campaign poster appealing to the ego, August 2021 157
FIGURE 7.1 Twitter post from NIPH physician, 6 June 2021 163
FIGURE 7.2 Trust in health authorities and views of post-crisis future by week, 2020–2022 (per cent) 164
FIGURE 8.1 Instagram post, 18 March 2020 184

TABLE 1.1 Rhetorical problems during pandemic phases 30
TABLE 7.1 Arguing about (the end of) the pandemic 174
TABLE 8.1 Rhetorical problems during pandemic phases and keywords exemplifying responses 186

CHAPTER 1

Introduction

The COVID-19 pandemic had devastating effects, impacting individuals and communities around the globe. At the time of writing, over 7 million deaths have been registered (World Health Organization, 2024). It has been estimated that the pandemic cost 12.5 trillion US dollars (Reuters, 2022) and has left over 65 million people suffering from long-COVID (Davis et al., 2023). While many crises are relatively short-lived, COVID-19 turned out to be a particularly complex and challenging crisis, evoking descriptions like a "transboundary crisis" or "protracted crisis" (Boin, 2019: 94; Offerdal, 2023: 4). Moreover, the resolution of the COVID-19 crisis was significantly reliant on behavioural changes within the population, for instance, keeping a distance from others. In such a context, crisis communication is paramount, and many studies have focused on the various communicative responses to the global health crisis represented by the pandemic (for an overview, see Johansson et al., 2023b). The present book, however, follows the tradition of applying rhetoric to analyse crises (e.g., Heath & Millar, 2003). Rhetorical approaches enable a nuanced investigation into how communication strategies function in particular contexts, simultaneously shaping these situations and their resolutions. Rhetorical analysis offers an in-depth understanding of the composition of rhetorical appeals, aiding in the critical assessment of messages and broader political dialogue. It also proposes ways in which communication impacts public sentiment and policy choices. As we elaborate below, we use the notion of the rhetorical situation as our main prism to analyse the rhetorical strategies of the public health authorities during the COVID-19 pandemic. Our main focus is on trust – or rather, trustworthiness – and compliance, as rooted in perceptions of trust and trustworthiness.

For the public health authorities, tasked with formulating and coordinating a public response to a pandemic like COVID-19, the rhetorical challenge of responding adequately shape-shifted throughout the pandemic, constituting different conditions for such a response. At the outset, the main question was how to get people to pay attention and take precautions when there is "just" a risk of a new pandemic. When a pandemic was declared, the question shifted to how to get people to comply with recommendations, how to avoid panic, and how to tackle uncertainty. As the pandemic ebbed and flowed, the main concern was how to maintain vigilance and prevent people

from getting tired. With the arrival of a vaccine, the challenge was how to assure people about its benefits and safety. And when the pandemic ended, the question arose of how to determine that it is actually over and how to persuade people to return to normal. In responding to these challenges, the public health authorities had to contend with the risk that people might not comply with their recommendations, for instance, not staying at home when sick, thus exacerbating the pandemic.

Research has identified numerous factors that influence compliance, such as social pressure and prevailing norms (e.g., Cabrera-Álvarez et al., 2022; Shapiro et al., 2023). The first Norwegian public evaluation report pointed to how the public response was conditioned by other factors such as concerns about infection, living conditions, language, culture, work situation, and socioeconomic conditions (Norwegian Official Report, 2021). In this book, however, we primarily focus on the importance of communication and trust as discussed in much of the literature (e.g., Leidecker-Sandmann et al., 2022; Majid et al., 2022). Trust in science and scientists is generally a significant factor in the public's acceptance of health advice (Angelou et al., 2023; Breakwell & Jaspal, 2020), and the World Health Organization (2017) has similarly singled out trust-building as key for risk communication in public health emergencies. This is also in line with Norwegian survey research showing the importance of trust for compliance during the COVID-19 pandemic (Wollebæk, Fladmoe, & Steen-Johnsen, 2022).

As mentioned above, our approach to the question concerning how the public health authorities handled the pandemic communicatively relies on the notion of the rhetorical situation. The rhetorical situation denotes the context in which communication happens, as well as the various aspects of that context that shape what is perceived as the problem and the means of addressing it. As such, our starting point is that certain situations invite particular rhetorical responses. What is considered a fitting response largely depends on what is deemed to be the rhetorical problem, the audience's perceptions, and the situation's constraints. The concept of the rhetorical situation has been widely applied and hotly debated within the field of rhetoric. Lloyd F. Bitzer's (1968) original concept offered a rather instrumental understanding of fitting responses as answers to pre-existing situations. Richard E. Vatz (1973), on the other hand, turned the relationship around, positing that situations are rhetorically constituted. Since then, rhetorical scholars have grappled with the instrumental and constitutive nature of rhetorical situations and rhetorical responses (Leff & Utley, 2004). Some scholars have argued that rhetorical situations are not singular or discrete events but networks of different actors and their various perceptions of and strategies for responding to situations (Edbauer, 2005).

To this conversation, we add a focus on the temporal dimension of the rhetorical situation, going beyond the idea that a situation unfolds in

chronological stages (Bitzer, 1980). We want to highlight the dynamic fluidity of the rhetorical process. The spatiotemporal conditions of responding to the pandemic shifted as it evolved, constituting different crises within the crisis. This included, for instance, the arrival of new variants of the virus and public fatigue with the measures to tackle the pandemic. Such conditions shape the agency of the rhetor. In this regard, people's different perceptions of the situation are key. Thus, a challenge for any communicator or rhetor is to persuade the audience to perceive the situation from the perspective of the rhetor.

In focusing on how public health authorities handled the pandemic communicatively, we assume that persuading the public was key to their success (or lack thereof). Thus, our approach to rhetoric is pragmatic: It concerns actors' perceptions of situations and their attempts to persuade others to adopt similar perceptions and act accordingly (Beale, 1987). This understanding of rhetoric best aligns with and offers the strongest contributions to crisis and organisational communication. In other words, the primary audience for this book is scholars and practitioners within crisis communication who, we hope, will find new insights about how the pandemic was handled and inspiration for how to handle future (health) crises. To discuss these matters, we focus on the handling of the pandemic and communication concerning COVID-19 in Norway. As we discuss, several critical remarks have been made regarding this, but the Norwegian case has largely been deemed successful, primarily due to the low mortality rates and the sustained high public trust in the health authorities. This leads us to ask the following research questions:

- What rhetorical strategies did the Norwegian public health authorities use during the COVID-19 pandemic to increase trust and in turn enhance compliance?
- How were these strategies both formed by and forming the rhetorical situations that characterise different pandemic phases?

To answer these questions, we have had the rare opportunity to conduct accompanying research through access to the Norwegian public health authorities pre-, mid-, and post-pandemic. We draw on data from the four-year research project "Pandemic Rhetoric" (PAR) launched in 2019, which initially aimed to study how Scandinavian health authorities communicated about the *risk* of a pandemic. A week before the lockdown in Norway, we began the first round of ethnographic observation in the communication departments of the two main Norwegian public health agencies responsible for pandemic responses: the Norwegian Directorate of Health (NDH) and the Norwegian Institute of Public Health (NIPH). We also conducted qualitative interviews with communication personnel and analysed press conferences, media coverage, social media content, internal documents, and campaign material. While our observations were restricted to the two Norwegian organisational

settings, other data included interviews and media material from Sweden and Denmark as well. In addition, two rounds of focus group research were carried out in Norway, Sweden, and Denmark. Thus, while our focus is on Norwegian public health authorities, the study benefits from broader insights from a comparative perspective across the three Scandinavian countries. Throughout the book, empirical material not originally in English has been translated. Appendix A provides an overview of the entire dataset.

In what remains of this introductory chapter, we first present an overview of our empirical case to provide the needed context for the analysis. Next, we turn to the issue of trust and communication, which has been said to be crucial for high compliance with the advice and directives from the Norwegian public health authorities (Norwegian Official Report, 2021, 2022, 2023). The public health authorities also made it a goal of their communication to foster a sense of trust in their advice, ensuring that citizens not only felt that the authorities had their best interests at heart but also trusted and complied with the given advice (NDH, 2020).

Key for building trust is trustworthiness, which can be influenced through demonstrations of, for instance, competence, integrity, and goodwill. By way of introducing the notion of trustworthiness, we seek to build a bridge to our theoretical approach rooted in rhetoric and the idea of the rhetorical situation. Subsequently, we elucidate what we mean by rhetorical strategy, relating this concept to our understanding of the rhetorical situation and the exigencies it presented to the public health authorities.

Finally, we introduce the structure of the book, which revolves around the constitution of several different rhetorical situations that we identify as pandemic phases. Each of these situations or phases has corresponding rhetorical problems, challenges, and possibilities for the public health authorities. Importantly, however, crises are never the same. Even though they may deal with the same issue, such as a pandemic, the situational circumstances will always differ. Thus, actors following models of fixed steps of crisis management may be hindered in recognising the particularities of each situation. One of our aims, therefore, is to develop a framework that can help actors in a crisis identify recurring aspects while attending to the specifics of new situations and adapting to the fluidity of evolving situations. Using a bottom-up and situational approach is decisive in this regard. In making this argument, we seek to contribute to organisational crisis communication.

The Norwegian case

Context

Norway is a small country, measured by the number of citizens, but is relatively large in land area. The country belongs among the Nordic welfare states, with political systems characterised by long traditions of corporatism,

cooperation, and compromise between political parties in the parliament [Stortinget] and between the state and organised actors concerning policymaking and reform in different sectors. Particularly important in this setting is the fact that Norway strongly emphasises universal health services, although there are indications that the system is increasingly strained. The welfare state system is supported by all the political parties (Brandal et al., 2013; Knutsen, 2017).

During most of the COVID-19 pandemic, Norway was governed by a minority coalition government led by the Conservative Party. This government introduced wide-ranging measures but also had to rely on support from the majority in parliament, meaning that parliament could, and several times did, intervene in decisions made by the government. In September 2021, the Conservative government was replaced by a coalition between the Labour Party and the Centre Party.

The Ministry of Health and Care Services is responsible for societal security and preparedness in the health and care sector (Ministry of Health and Care Services, 2019b). This includes communication with the population, the health and care sector, other ministries, subordinate agencies, and enterprises during health crises. The NDH is usually delegated the authority to coordinate measures during incidents and emergencies, including communication. Given the severity of COVID-19, however, the responsibility was elevated to the Office of the Prime Minister, in consultation with the Ministry of Health and Care Services and the Ministry of Justice and Public Security (Norwegian Official Report, 2023). The minister of the Ministry of Health and Care Services was notified of the risk of a health emergency on 6 January 2020, and the prime minister was informed on 31 January (Høie & Litland, 2022).

Like in most other countries around the world at the time, COVID-19 was a matter eventually handled by the top political leadership (see, e.g., Lilleker et al., 2021). In Chapter 4, we discuss how the prime minister announced the lockdown in Norway at a press conference on 12 March 2020. The many press conferences that followed were frequently led by the prime minister or other ministers in the government. The importance of trust and communication was explicitly acknowledged, as attested in the following statements: "Long-term strategy and plan for the management of the COVID-19 pandemic"; "To motivate the population to follow the advice we give, it is important that our communication leads the way, gives hope, builds trust, conveys knowledge, provides predictability, and creates community" (Norwegian Government, 2020). The government's website (regjeringen.no) contains at the time of writing 196 posts (including 93 press releases) with COVID-19 as the main topic. When the responsibility for the Norwegian management of the COVID-19 pandemic was evaluated, the government's actions were at the centre of the discussion (Norwegian Official Report, 2021, 2022, 2023).

In this book, we chiefly focus on two of the subsidiaries of the Ministry of Health and Care Services, namely the NDH and, in particular, the NIPH.

When we refer to the public health authorities, it is these two institutions we think of, as we attempt to separate these from the politically led Ministry of Health and Care Services. While the government fronted the efforts to manage the pandemic and also initiated a range of communication measures (see, e.g., Høie, 2020; Høie & Litland, 2022), the NDH and the NIPH played key roles in the handling of the pandemic by keeping with their mandates for pandemic response. The NDH, with formal authority to make decisions and issue executive orders to the health services, is the executive agency implementing health policies and regulations set by the government; it consisted of 592 permanent employees in 2021 (NDH, 2022). The NIPH is a knowledge producer with responsibility for tracking and reacting to outbreaks of infectious or food-borne diseases. In 2020 and 2021, the NIPH had 1,046 and 1,186 employees and published 711 and 924 academic journal articles, respectively, demonstrating their emphasis on research (NIPH, 2022).

Under the legal framework, the minister of Health and Care Services has responsibility for actions within their ministerial portfolio and the authority to directly instruct and intervene in the operations of institutions like the NIPH and NDH, marking a distinct approach compared with, for instance, the situation in Sweden (Sandberg, 2023). The constitutional and institutional context is grounded in a model that grants the Norwegian minister both the right and responsibility to actively engage with and direct the strategies recommended by these health agencies. The agencies are expected to align their operations with the overarching policies and directives from the ministry, but, at the same time, they enjoy a considerable degree of autonomy, functioning independently within their realms of expertise (Sandberg, 2023). This balance between directive involvement and institutional autonomy defines Norway's health governance model. In an interview with the Coronavirus Commission, the head of communication at the Office of the Prime Minister stated the following:

> My department has coordinated the efforts within the government apparatus. However, the sector principle has been upheld. This means I would never directly call the communications director at the NIPH to express an opinion; instead, I would communicate through the [Ministry of Health and Care Services], and it would have to proceed from there. In communication aimed at getting people to do certain things, like adhering to infection control rules, the health authorities have been central. For example, in efforts to get people vaccinated or to educate them about the rules, a lot of work has been done by the NDH and the NIPH. […] I know [when] there is a campaign coming, but I'm not involved in the work and cannot comment on it. (Coronavirus Commission, 2022: interview Hjukse, 7)

Throughout the COVID-19 pandemic, the NDH and NIPH, both independently and collaboratively, were the primary creators of campaign materials

and also actively participated in the government's press conferences. From the end of January, they coordinated their communication strategies and actions by holding daily morning meetings, organised by the Ministry of Health and Care Services. On 11 March, the Office of the Prime Minister took the main responsibility (Norwegian Official Report, 2021). It is at times difficult to distinguish clearly between the rhetorical challenges and strategies of these two public health agencies and the government; still, the motives and rhetorical problems of politicians and bureaucrats are different. The most obvious dissimilarity is that the latter are experts in their fields who do not seek to be re-elected but adhere to a bureaucratic ethos, as returned to later (see Chapters 3 and 5).

Furthermore, we also discuss how the above-mentioned autonomy created challenges in the relationship between the NIPH in particular and the government, but also between the NIPH and the NDH, when views and recommendations diverged (see Chapters 3 and 4). The relationship between the two health agencies became a contentious issue during the pandemic, and the public evaluation reports concluded that their different roles had not been sufficiently established when the crisis hit (Norwegian Official Report, 2021, 2023). The NIPH also presented a retrospective report on the handling of COVID-19 which pointed out that "different understandings of roles and duplication of work with the [NDH] sometimes resulted in different formulations of advice on various websites and contributed to uncertainty about which advice was applicable at any given time" (NIPH, 2023: 34–35). This represented an important rhetorical constraint, particularly in the early periods of the pandemic.

Evaluation of the handling of COVID-19

The long-term effects of the Norwegian handling of COVID-19 are still up for debate at the time of writing. So far, however, three public evaluation reports have been published totalling 1,233 pages, including many interviews and input from meetings with civil society organisations. The first of these reports (Norwegian Official Report, 2021) criticised the government for being unprepared, despite the recognised risk of a pandemic (see Chapter 2). The report highlighted that there had been a lack of protective equipment when COVID-19 hit. In addition, the evaluators pointed out that scenarios, plans, or trials for implementing national or regional lockdown measures had been absent. Neither the government, central administrative bodies, nor the municipalities had paid sufficient attention to the overarching legal principles in the initial phase of pandemic management.

The second evaluation report (Norwegian Official Report, 2022) chastised the lack of intensive care preparedness at the hospitals and the regional prioritisation of vaccines. Furthermore, the report expressed dissatisfaction

with how invasive travel restrictions had been hastily conceived and subject to continual adjustments, leading to confusion. Moreover, the authorities were not prepared to address the economic, practical, and social obstacles to testing, isolation, and vaccination encountered by numerous individuals with immigrant backgrounds. The latter was overrepresented among those infected and seriously ill and underrepresented among those vaccinated. The authorities were also criticised for not meeting the expectations of protecting children and young people; in hindsight, the government did regret closing schools and kindergartens (Lund-Tønnesen & Christensen, 2023). Finally, the report concluded that the pandemic had exacerbated social and economic inequalities.

In the academic literature, the throughput legitimacy – the working of the decision-making process – and the legality of the measures to combat the pandemic were also criticised (Christensen & Lægreid, 2023a; Graver, 2020). The measures were also deemed so invasive that the term "draconian" was used (Gjerde, 2022: 29). Indeed, the NIPH director general largely went along with the latter description, declaring "there was a political will to employ, in a way, historical, antiquated, and medieval-like measures that the world has not seen in modern times" (Norwegian Official Report, 2021: 157).

The psychological consequences of the lockdown periods for young people have also been an issue addressed by the academic literature (e.g., Lehmann et al., 2023). The social policy measures implemented were indirect and failed to target vulnerable groups such as children, youths, and the elderly. Consequently, these measures had adverse effects, including social isolation and a lack of daily support and services, which exacerbated existing problems for these groups (Christensen, 2021). Also, those with low socioeconomic status have disproportionately faced higher risks of both unemployment and infection (Reme et al., 2022). In short, there are important nuances that must be added to the narrative of the handling of COVID-19 in Norway.

Regarding *communication*, the public evaluation reports pointed to complaints from the municipal chief physicians that they were not notified in advance about changes in policy or measures (Norwegian Official Report, 2021). However, the most important criticism was that the public health authorities had been "less successful" in reaching the immigrant population during the early phases of the pandemic (Norwegian Official Report, 2021, 2022). While the information material was quickly translated and published on the web and in traditional mainstream media, it soon became clear that the minority population used other media. Much research has also been conducted in this regard (e.g., Czapka et al., 2022; Herrero-Arias et al., 2022; Madar et al., 2022). The director general of the Directorate of Integration and Diversity commented in an interview: "I think this is a realisation – it has not been fully appreciated that Norway looks different now. It's not like the 1950s when everyone sat and watched [the national news programme on

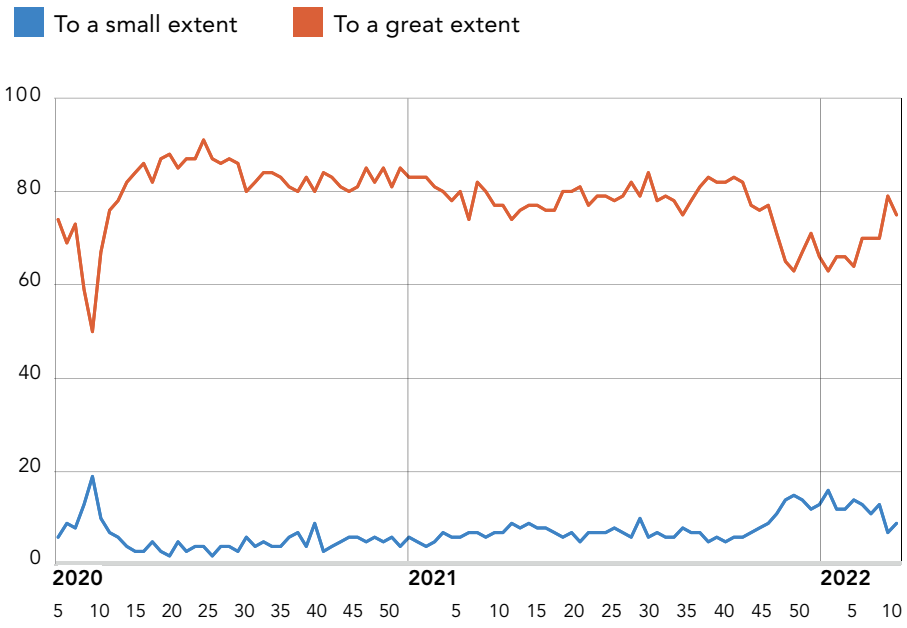
the one television channel that existed]" (Norwegian Official Report, 2021: 181). In 2024, almost 17 per cent of the citizens were immigrants or born in Norway to immigrant parents (Statistics Norway, 2024). While concerted efforts started in March to go beyond the translation of information material, there should ideally have been a plan in place for this work from the outset. We return to more of the critical issues related to communication in the Conclusion.

On a range of other dimensions, however, the handling and communication of COVID-19 in Norway was deemed a success (Norwegian Official Report, 2021, 2022, 2023). The policy measures were informed by a suppression strategy based on the precautionary principle of giving priority to life and health issues, and an adaptive, collaborative, and pragmatic approach as the pandemic developed. Adding to this, numerous resources, generous economic compensation packages, a comprehensive welfare state, a professional bureaucracy, and a strong hospital system all contributed to what has been called well-performing crisis management (Christensen & Lægreid, 2023b). The public evaluators concluded: "The country's population and the Norwegian authorities have overall handled the pandemic well. Norway is among the countries in Europe with the lowest mortality rate, lowest intervention burden, and least reduction in economic activity" (Norwegian Official Report, 2022: 11).

The high level of trust in Norway is frequently identified as a significant contributing factor to the above-mentioned outcomes (Christensen & Lægreid, 2023b; Johansson, Ihlen et al., 2023b; Norwegian Official Report, 2021). What is certain is that the overall trust in the political system has remained high and stable over decades (ESS ERIC, 2018; World Values Survey, 2018). Thus, the public health authorities had a good starting point when the COVID-19 pandemic started in early 2020. Furthermore, the trust levels remained high well into the pandemic. In a 2022 report, 77 per cent of the population reported trusting the government, compared with an OECD average of 47 per cent (OECD, 2022). Only Switzerland was ranked higher than Norway.

In February (week 6) of 2020, the NDH started to measure the trust in the health authorities' handling of COVID-19. Weekly surveys were conducted until 11 March 2022, thus providing invaluable insight into the fluctuation of trust during the pandemic (see Figure 1.1).

Figure 1.1 Trust in the public health authorities by week, 2020–2022 (per cent)



COMMENTS: Question: "To what extent do you trust the health authorities' handling of the coronavirus?" The number of respondents varied between 361 and 875.

SOURCE: NDH weekly surveys

Three important trends can be pointed out in Figure 1.1: First, a stark drop in trust levels could be observed in late February and early March 2020. Second, the trust levels also dropped in late 2021. As we discuss further in Chapter 3, the first drop is perhaps best explained by a perceived lack of action from the public health authorities. To clarify the second drop, explanations might be tied to fatigue or dissatisfaction with new restrictions, which is a topic discussed in Chapter 5. In short, the rhetorical situations changed.

The third, and arguably most important, trend was that the overall levels of trust remained high during the pandemic. Other surveys have painted more or less the same picture (Ihlen et al., 2023; Norwegian Official Report, 2021: 183; Opinion, 2023). To understand this, we focus on the crucial role of communication. As stated by one of the public evaluation reports: "The authorities' communication concerning the pandemic, infection control measures and vaccination has been good, and it has reached most of the population. Communication has helped to build trust" (Norwegian Official Report, 2022: 12). Still, it is important to emphasise that we are not postulating a direct relationship between the high levels of trust and the rhetorical strategies we analyse in this book. As already mentioned, and also explicated in the next section, factors like historical context, cultural

norms, past experiences, institutional credibility, and personal interactions play crucial roles in shaping trust. Trust is also influenced by broader societal and institutional factors, such as economic conditions, political stability, the quality of governance, education levels, and the media landscape.

Regarding the latter, the public health communication at the centre of our analyses is mediated communication. Such communication in general is highly mediated and mediatised, as most citizens do not have personal access to government agencies and high politics. During crises, the news media not only become important communication channels between authorities and the citizens but may even be essential components of the national security plans, as was the case for the public broadcaster NRK in Norway. The Norwegian media and communication infrastructure, from mainstream news media to all kinds of digital and social media, was important for communicating, producing, and distributing public health communication. During the pandemic, press conferences were broadcast daily and streamed on several media platforms, as well as reported on and followed by national, regional, local, and digital media.

Similar to global trends, the media focus on COVID-19 was significantly high. During the height of the pandemic in mid-March 2020, around 8,500 COVID-related articles were published every day, according to one analysis (Retriever, August 2020, internal document). By November 2020, a review highlighted that the volume of COVID-19 coverage had escalated to almost eight times that of the H1N1 pandemic in 2009 (Retriever, November 2020, internal document). The NDH was featured in 31,730 COVID-related stories in 2020 and 35,099 stories in 2021. The NIPH saw even higher figures, with 95,136 mentions in 2020 and 107,449 in 2021 (internal document).

As noted in later chapters, the media arena was crucial for the public health authorities, and the relationship with the media was described as good (Norwegian Official Report, 2021). Surveys have found that trust in the news media increased during the pandemic (Knudsen et al., 2023). Given the international attention to the role of social media and the fear of a flood of misinformation (e.g., Gagliardone et al., 2021), it was somewhat surprising that the NIPH concluded that this had not been a major problem in the Norwegian context (NIPH, 2023). One study also found that fake news led at least one audience group (teenagers) back to traditional news media for verification purposes (Selnes, 2023). The NDH lamented, however, that too much misinformation had been spread in the comment fields on their platforms (NDH, 2023).

As mentioned, the main emphasis of this book is on Norway, but we occasionally contrast findings in this context with the experiences from Denmark and Sweden. While all three Scandinavian countries are high-trust societies and welfare states with many similarities, one of them – Sweden – famously chose a different approach to the pandemic. In Sweden, recommendations were preferred over regulations and strict lockdown measures (Claeson &

Hanson, 2021; Ihlen, Johansson et al., 2022). This difference was particularly striking in the initial phases of the pandemic and can be explained by the differences in governance models between Sweden and the other Nordic countries. In the Swedish system, the role of political authorities is weaker, and considerable autonomy is delegated to the public authorities (Sandberg, 2023). In Norway and Denmark, in contrast, lockdowns and other invasive measures were used and were sought to be legitimatised through communication. Thus, the situation formed something akin to an epidemiological and communication experiment, inviting discussion about what rhetorical strategies are successful during a pandemic. While it may be difficult to reach a consensual and final assessment concerning the pandemic management, some research has concluded that the crisis communication systems in all the Nordic countries worked well (Johansson, Ihlen et al., 2023a). Despite the different measures taken to combat the pandemic, the economies were similarly impacted (Statistics Norway, 2022). At the time of writing, however, there is still a debate concerning the mortality rates, with some studies claiming these were comparable between the Nordic countries (Björkman et al., 2023). During the pandemic, however, the levels of trust differed, and Norway stood out positively (Ihlen, Johansson et al., 2022). Next, we clarify how the latter notion – trust – and its antecedents are perceived in this book.

Trust, trustworthiness, and ethos

As already argued, we consider trust as crucial for the public health authorities' ability to secure compliance with health advice during a pandemic (e.g., Majid et al., 2022; Siegrist & Zingg, 2014). When the public trusts health authorities, they are more likely to follow guidelines and advice. Trust is not something that can be demanded but has to be earned. This does perhaps make the notions of adherence and compliance sound less sinister. While the measures were called out as invasive and draconian, still, as we discuss, at times there was also a demand for clear and strict rules to tackle the pandemic. At one level then, trust plays a role here too.

We distinguish between two types of trust: situational trust and general trust. Situational trust indicates a three-part relationship: Someone trusts someone about something in a specific situation (Hawley, 2019). Russel Hardin (2006: 17) understood trust as a form of "encapsulated interest", where "the potentially trusted person has an interest in maintaining a relationship with the truster, an interest that gives the potentially trusted person an incentive to be trustworthy". In philosopher Katherine Hawley's (2019: 9) situational understanding, trust is defined in this way: "To trust someone to do something is to believe that she has a commitment to doing it, and to rely upon her to meet that commitment".

General trust, on the other hand, is not tied directly to situations but is a general attitude of positive expectations towards other agents. This general trust can be either towards people in general (social trust) or institutions (institutional trust), such as the government and the health authorities. General social trust is considered a stable tendency of the trustor to rely on what is said and done by others (Baer & Colquitt, 2018; Uslaner, 2002). As such, it is hard to change. This has also been conceptualised as moralistic trust, implying "positive views of strangers, of people who are different from ourselves and, which makes us presume that they are trustworthy" (Uslaner, 2002: 2). In this conception, trust is a general moral attitude or approach to other people. It is an attitude based on shared moral values with others resulting in the belief that others will not take advantage of us. Such trust tends to be stable across time and events, while the general trust tied to institutions, such as governments, health agencies, police, and similar authorities, tends to move with the actions of these institutions. For politicians, for instance, trust appears to be particularly correlated with approval (Uslaner, 2002).

In this book, we rely on the definition of trust most frequently found in organisational studies (Searle et al., 2018): "*the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party*" [italics original] (Mayer et al., 1995: 712). In the mentioned survey from the NDH, for instance, the respondents were asked about the actions of the public health authorities to handle the pandemic. These actions (or lack thereof) have consequences for the public, but as individual citizens, we have few means to control them and must rely on the media and trust (or not) the health authorities. Thus, this perspective focuses on the individual level, considering trust as a psychological state of willingness to be vulnerable based on the positive expectations of others. Such perceptions can also be shared at a social level and relate to the public health authorities and the political leadership and their advice, performance, and policies.

In organisational studies, two antecedents of trust are often mentioned: trusting dispositions and trustworthiness (Baer & Colquitt, 2018; Mayer et al., 1995; Rousseau et al., 1998). The former is a stable tendency to ascribe good intentions to other people, indicating that the trustor relies on what is said and done by others (Baer & Colquitt, 2018). This is, in other words, the social or moralistic trust described above. Organisational studies point to how such dispositions might help explain trust in many situations and that trust might differ related to different topics and situations (Baer & Colquitt, 2018). Hence, organisational scholars also frequently discuss trustworthiness – the quality of being worthy of trust. In the context of this book, trustworthiness is crucial since it is possible to strengthen the perceptions of trustworthiness through communication. Trustworthiness is typically defined as a construct with the following three elements (Mayer et al., 1995):

- Ability – the trustor believes that the trustee has the needed knowledge, skills, expertise, and competencies to perform X in a specific domain or tackle particular tasks. The importance of ability, especially concerning the position of experts, has also been discussed in connection with the COVID-19 pandemic (e.g., Van Dijck & Alinejad, 2020).
- Integrity – the trustor believes that the trustee adheres to a set of values shared or accepted by the trustor, for instance, that there will be consistency between word and deed. The trustee is seen to follow up on commitments and to be honest and dependable. Studies of COVID-19 communication have shown how the trustworthiness of politicians and scientists is perceived differently based on integrity. The former is considered to have political agendas, while the latter are presumed to follow a scientific logic devoid of political motives (Hendriks et al., 2022; Janssen et al., 2021).
- Benevolence – the trustor believes that the trustee is responsive to or cares for the well-being of the trustor for the trustor's sake, rather than in the self-interest of the trustee (Beveridge & Höllerer, 2023). During the COVID-19 pandemic, the motives of the public health authorities were an issue, for instance, in social media discussions. Some social media users doubted that the public health authorities did what was best for the population and instead furthered other interests (Fiskvik et al., 2023).

These three elements are strongly correlated to trust, and organisational scholars have ascribed trust as "primarily and essentially a function of perceived trustworthiness" (Baer & Colquitt, 2018: 170). For rhetoricians, these insights appear as old news, as they echo how Aristotle (2007) addressed ethos – the revelation, construction, or projection of character through speech (Baumlin & Scisco, 2018). Aristotle (2007) argued that ethos could be strengthened if the rhetor succeeded in demonstrating practical wisdom, that is, expressed good sense, expertise, and intelligence. Furthermore, the rhetor should come across as being virtuous – to have a good moral character. And, finally, the rhetor should express goodwill towards the audience for their sake, for instance, by holding some of the basic aspirations of the audience and speaking their language (Kinneavy & Warshauer, 1994). Much research seems to confirm the importance of the above dimensions, so much so that commentators have argued that the notions of trustworthiness "remain resiliently Aristotelian" (Baumlin & Scisco, 2018: 206).

In the analysis in the following chapters, we merge the ancient rhetorical perspective with the approach from organisational research when discussing trustworthiness and the strategies of the public health authorities. In so doing, we focus on how public health authorities appeal to competence,

integrity, and goodwill, to have audiences perceive them and their messages as trustworthy. Such appeals, however, must be related to specific rhetorical situations, the main theoretical framework of the book that we now discuss.

Theoretical framework: Rhetorical situations and rhetorical strategies

Organisations, broadly speaking, find themselves in a limited number of situations with a limited number of ways they can respond rhetorically, as pointed out by Edwin Black (1965/1978). Still, a basic tenet of much rhetorical theory is that situations are historically unique and, hence, that it is not possible to arrive at "laws" for persuasion (Bitzer, 1968). Similarly, organisational scholars have pointed out that trustworthiness is a social construct that is based on perceptions and, hence, cannot be codified. This implies that what is perceived as trustworthy and how rhetors can build trustworthiness will vary over time and that the different dimensions will take on different meanings and importance in different contexts (Mayer et al., 1995). For instance, during the COVID-19 pandemic, the NIPH provided the government with health recommendations. These recommendations were weighed against other concerns, typically economic ones, where the NIPH do not hold the same competence. Another example relates to how perceptions of integrity may be challenged when new information becomes available and a policy is altered. This raises the question of how such changes are rationalised. Given these and similar complexities, calls have been issued in organisational studies for more research on the situational dynamics of trustworthiness (Baer & Colquitt, 2018).

Returning to the field of rhetoric, situational dynamics might usefully be explored with the help of the notion of the rhetorical situation (Bitzer, 1968). In his original formulation of the concept of the rhetorical situation, Bitzer singled out three constitutive elements that highlight the importance of context: First, there is the rhetorical problem – the exigence or pressing problem in a situation that calls for discourse. It is the very reason why the rhetor feels a need to communicate. For the problem to be rhetorical, it must have the potential to be solved with the help of rhetoric.

Second, the rhetorical situation also consists of an audience, which can help solve the rhetorical problem. The audience must be able to solve the problem and thus must approve of the discourse of the rhetor or at least be willing to listen. Thus, they must trust the intentions and recommendations of the rhetor. Rhetorical efforts can potentially lead the audience to give or take away trust from the rhetor. This makes trust a prerequisite for, as well as an effect, of persuasion (Hoff-Clausen, 2013). This is also reflected in the Aristotelian concept of *pistis* (meaning trust), which is both the means and end of persuasion. To this end, rhetorical theory has underscored the need to

know the audience, that is, their knowledge, attitudes, values, and expectations, to communicate effectively.

Third, the rhetorical situation also includes constraints, or factors that limit or shape the communication. Sometimes the constraints will be the available time or the genre or format of the communication. The constraints can be mental (e.g., the limitation due to the audience's resistance to take advice from the authorities, or the possibility offered by the high level of trust in authorities), physical and practical (e.g., reaching the whole population), or cultural (e.g., addressing a population of culturally different groups and individuals).

Given that we focus on a particular type of organisation – public health authorities – it is important to highlight how such organisations in the Western European tradition must acknowledge the democratic value of dissent and debate. As developed in later chapters, the authorities cannot publicly stifle public accusations with aggressive responses (Kettle, 2008) and must adhere to long-standing bureaucratic values like impersonality, as pointed out by Max Weber (2016). Bureaucratic organisations are also generally constrained by political power, as is demonstrated in the following chapters. The authorities also must relate to processes of mediatisation – that is, the process whereby other institutions adjust to the logic of the media institution, for instance, concerning rhythm, grammar, and format (Hjarvard, 2008; Lundby, 2014). Crucially, the way the authorities perform is judged by the media and can bolster claims of authority or lead to failure (Hajer, 2009). This constitutes a decidedly different situation for the authorities in the media age. As we discuss, at times it was difficult for the authorities to get attention concerning the risk of a pandemic; at other times, the media helped establish urgency.

An analysis of the rhetorical situation may help the rhetor devise a fitting response. Thus, in Bitzer's (1980: 23) instrumentalist conception, the rhetor's central task is to "discover and make use of proper constraints in his message in order that his response, in conjunction with other constraints operative in the situation, will influence the audience". The fitting response in this context is rhetoric that helps to strengthen the trustworthiness of public health authorities during a pandemic, thereby heightening the chance that the audience (here, all citizens) will trust and follow their advice and comply with recommendations.

As mentioned, scholars have debated the merits and limitations of the notion of the rhetorical situation since its launch. The epistemological basis of the theory has been accused of being deterministic (Consigny, 1974; Vatz, 1973). Essentially, rhetoric can be considered both a response to a particular situation and as that which creates and shapes a situation (Jasinski, 2001; Vatz, 1973). In other words, the rhetor can exploit a situation creatively (Smith & Lybarger, 1996). The central theoretical problem, in short, is: Does the situation create the rhetoric, or does the rhetoric create the situation? The situation in Norway during February and March 2020 called for certain kinds

of rhetorical communication (as it did in other countries around the world) at least partly prescribed by the situation. Some responses would be more fitting than others. Some communicative tasks had to be performed. Not attending to the situational demands, or providing "unfitting" responses, would likely diminish trust and compliance. At the same time, it is also obvious that *several* different responses could be fitting. The Norwegian and Danish rhetorical responses, for instance, were somewhat different from the Swedish rhetorical responses. In Norway, the situation during this early stage of the pandemic was more clearly constituted as an urgent crisis and emergency than it was in Sweden, thereby helping to legitimise the power of the authorities (Almlund et al., 2023). Crucially, authorities must adhere to the exigencies and constraints of the rhetorical situations, but they also have rhetorical agency to influence and constitute the perception of these situations. Thus, we analyse the constraints and the possibilities in the rhetorical situations.

As the pandemic developed, the circumstances changed and brought new challenges and rhetorical issues. In response, authorities needed to constantly adjust their rhetorical strategies. This involved not only addressing the immediate situations but also shaping them to their advantage. The dynamic nature of rhetorical scenarios during crises like this call for a close analysis of the shifting situations (Hauser, 2022). This examination should consider the fragmented nature of these scenarios (Kjeldsen, 2008) and how these scenarios and their associated communications extend or "bleed" into broader, networked situational ecologies (Edbauer, 2005). In other words, it is possible to examine how rhetoric responds to and constitutes a crisis through complex and ongoing situational interactions.

We argue that the public health authorities' pandemic rhetoric was strategic in the attempts to address and resolve the exigency of each specific situation. At its most basic, what we mean by strategic, then, is that the public health authorities set goals and seek to realise them – that their communication is intentional. This broad view of strategy looks beyond the formulated, fixed plans or set objectives of an organisation and, instead, aims at the dynamic, adaptive, and continuously evolving character of the discursive work of strategising (Gulbrandsen & Just, 2020). Crisis communicators have been encouraged to develop skills of improvisation in this regard (Falkheimer & Heide, 2022). First responders in a crisis, for instance, need to improvise, enact time, and seize opportunities (Fernandez et al., 2023). In our treatment, we consider strategies as manifesting themselves rhetorically on both the macro- and micro-level. On the macro-level, a rhetorical strategy can, for instance, take the form of introducing and implementing a policy of transparency. This could function to showcase integrity and hence strengthen ethos. On the micro-level, it can be expressed as a concrete utterance concerning, for instance, how the public health authorities are working closely with other institutions abroad. This utterance could be considered an attempt

to strengthen ethos by emphasising competence. On both levels, articulated rhetorical strategies serve general purposes of strengthening trustworthiness and ensuring compliance, as well as more particular purposes, depending on the shifting rhetorical situations. We identified particular and recognisable rhetorical forms in the articulated strategies on both levels within and across the different rhetorical situations – or phases – of the COVID-19 pandemic.

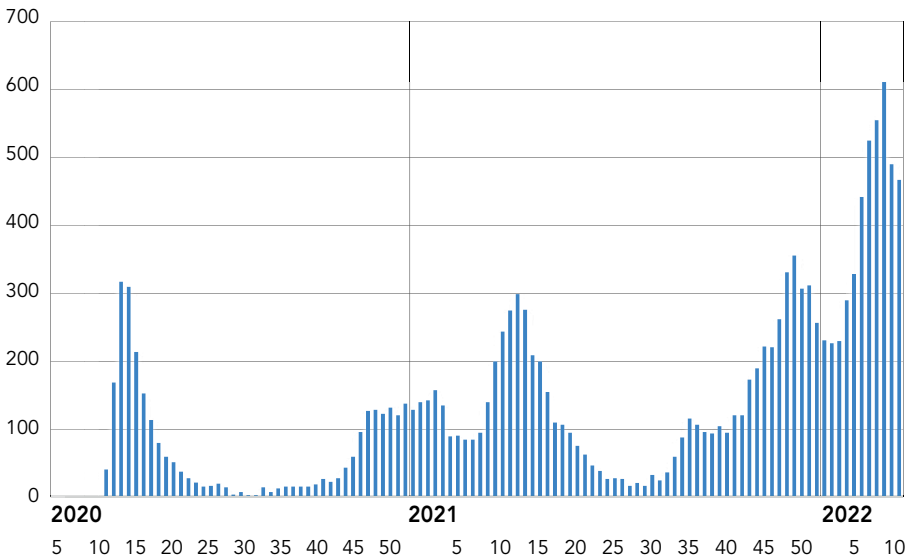
This understanding of rhetorical strategy is inspired by Aristotle's (2007, 1.2.1355b) definition of rhetoric as dealing with "the available means of persuasion". Aristotle divided these "available means" into three broad categories of appeal: ethos, logos, and pathos. Further, he subdivided each of the appeals into more particular strategies. We have already seen how appeals to ethos are divided into the demonstration of practical knowledge, character, and goodwill. The appeal to logos – that is, to rational arguments – is divided into examples and enthymemes, which Aristotle (2007) denoted as the inductive and deductive modes of rhetorical argumentation, respectively. For the enthymemes, he further identified several substantial and formal commonplaces: things on which to base one's argument and forms that the argument may take (Aristotle, 2007). Regarding the pandemic, we might, for instance, identify the need to protect vulnerable groups as a substantial commonplace. This could be articulated as an argument from cause to effect (if a person is vulnerable, they must be protected because contracting the virus will lead to more suffering for them), or moving to rhetorical induction, as an argument from example (person X is vulnerable and they suffered greatly when they had COVID). Indeed, the same point could be made with an appeal to ethos: Doctors say we must protect the vulnerable (an argument based on the authority of the medical profession) in an indeterminate number of ways. Or it can be made with an appeal to emotion: Help the vulnerable; they suffer more! Notice how much this last example looks like a causal argument; appeals to emotion need not be irrational. For Aristotle (2007), however, emotional appeals are particularly connected to the rhetorical style of an argument, to its use of tropes and figures, which not only embellish a speech but could make a point more vivid (e.g., through detailed description), involve the audience more (e.g., using metaphor), increase how memorable an argument is (through the use of, e.g., repetition, rhyme, or alliteration), or generally appeal to the audience in such a way that they will be more likely to listen to and be persuaded by what the rhetor has to say. Thus, rhetors always express themselves in particular ways in attempts to persuade audiences – and these expressions, these means of persuasion, these rhetorical strategies, are always constituted by and constitutive of the rhetorical situation; they are "available", not in a fixed number but neither in infinite forms. In the analysis, we identify the most prominent rhetorical strategies that shaped the situation the most for each phase of the pandemic.

In choosing this approach, we do not claim that focusing on a rhetorical actor, their assessment of the situation, and their strategic response to it represents a full view of the entire discursive field, nor that other relationships and forms of interaction between rhetorical actors are unimportant. Modern rhetorical theory has fruitfully explored the interactive, co-constitutive, and normative dimensions of communication and the unlimited complexity it can potentially bring to studies of persuasion and human interaction through language (e.g., Charland, 1987). Our goal, however, is to focus on rhetorical situations and rhetorical strategies to examine how concrete rhetorical actors (in this case, public health authorities) attempt to navigate and fulfil their stated explicit goals within complex social structures and throughout dynamic social processes.

Pandemic phases and structure of the book

As pointed out at the beginning of this chapter, a pandemic has different situations with corresponding rhetorical problems, challenges, and possibilities for the public health authorities. Figure 1.2 shows the waves of the pandemic in Norway through data about individuals hospitalised with COVID-19. As the numbers climbed, the pressure for action increased and the rhetorical situation changed. Paradoxically, while the pandemic was declared to be over in February 2022, this was also the time when most people were hospitalised (see Chapter 7).

Figure 1.2 Individuals hospitalised with COVID-19 in Norway by week, 2020–2022 (*n*)



SOURCE: NDH

It is possible to approach an analysis of the whole pandemic with different types of periodisation. The World Health Organization, for instance, has described phases 1–3 of a pandemic as predominantly concerning animals and with few human infections, before a phase 4 characterised by sustained human-to-human transmission. Phases 5–6 then entail widespread human infection, followed by a post-peak period with the possibility of recurrent events before the final post-pandemic phase is reached and the disease activity is at seasonal levels (World Health Organization, 2009).

In this book, however, we instead demarcate phases by identifying different types of rhetorical problems that call for certain responses from the public health authorities. Table 1.1 lists six generally distinct phases based on this principle, indicating the rhetorical problems and the periods where this was most pronounced: the pre-pandemic period where the risk of a pandemic exists, a build-up phase before the phase where a full crisis is declared, and subsequently, the phases where the pandemic fluctuates, where a solution is introduced in the form of a vaccine, and finally, when the situation returns to normal. The challenge of building trust is present throughout all the phases.

Table 1.1 Rhetorical problems during pandemic phases

Phase	Rhetorical problems
Risk and preparedness (≈ 2019)	How to create risk understanding and acceptability
Crisis build-up (January–March 2020)	How to signal control, balance fear and indifference, and prepare people
Crisis and full alarm (March–April 2020)	How to establish urgency, gain compliance, and handle uncertainty
Waves of crisis (April–December 2020)	How to manage perceived severity and fight fatigue, while defending policy
Solution (January–December 2021)	How to build trust in vaccines and vaccination
End of crisis (January 2022 ≈)	How to find the right time to declare that the pandemic is over

In Chapter 2, we focus on the phase of risk and preparedness, where the public health authorities had to address the risk of a pandemic, how this risk was prioritised, and how it could be minimised or managed. How did the public health authorities draw attention to this, improve public understanding, and involve or pay attention to the public's needs and values? In short, in this chapter we primarily discuss risk communication.

In Chapter 3, the crisis build-up phase is characterised as a period where the first real signals of the possibility of a pandemic arrived, and the first cases appeared. In the context of COVID-19, this phase started when the first news stories about the novel coronavirus arrived from Wuhan, China. During

this phase, the public health authorities wanted to demonstrate how they were prepared but also avoid fearmongering (Vasterman & Ruigrok, 2013).

In Chapter 4, we discuss the phase of crisis and full alarm. In this period, the pandemic threshold was reached, and full alarm was declared. Again, the challenge for the public health authorities was to avoid unnecessary anxiety but also raise sufficient concern so that recommendations and measures were legitimised and compliance was ensured. In times such as these underscoring the gravitas of the situation is crucial for the public health authorities. Much research has documented how the so-called rally-around-the-flag effect sets in during this phase (Van Aelst & Blumler, 2022).

In Chapter 5, we research the strategies that were used when the pandemic dragged on, ebbing and flowing in waves, and the public health authorities worked to maintain support, fight public fatigue, and prepare for setbacks. This was a period where the rally-around-the-flag effect was weakened and critics became more vocal (Johansson et al., 2021). The management of the perceived severity of the situation among the population became crucial as authorities had to justify the easing of restrictions but also the subsequent reintroduction of restrictive measures.

In Chapter 6, we discuss the rhetorical challenge surrounding the introduction of the solution to the pandemic, namely vaccines. Here, too, trust played a major part, as confirmed by research on vaccine hesitancy (Pertwee et al., 2022; Rozek et al., 2021). The challenge for the public health authorities we focus on here is thus how trust could be built in vaccines and vaccination.

In Chapter 7, we address the transition to a period when the pandemic was declared to be over. The timing, or kairos, needs to be right when restrictions are lifted and the situation is "normalised" (Lantz & Just, 2021). The classical theory of stasis is used to illustrate the points of disagreement (Just & Gabrielsen, 2023).

We want to emphasise that we neither consider the mentioned phases to be neatly separated nor mean to suggest that the processes are as linear as the structure might indicate. A pandemic might increase in intensity, causing new periods of full alarm, and in some countries (like Sweden), no full alarm or lockdown might be declared. Furthermore, what we have called the solution phase with vaccinations was also characterised by new waves and new variants of the virus. Similarly, during the end phase, the vaccination continued, new variants were discovered, and the media brought stories about fully vaccinated people who still were infected. The lifting of all legal COVID-19 measures in February 2022 did, of course, constitute a strong shift but was preceded by several other actions signalling an end to the crisis. Thus, there was considerable overlap between several of the phases outlined in Table 1.1.

The book concludes with a chapter where we reflect on the lessons learnt theoretically and practically. Our goal is not to add another list of boxes

to tick when attempting to communicate in a pandemic but rather to add insights and knowledge to strengthen reflexivity. Importantly, the trust that is at stake for the public health authorities cannot be taken for granted but must be built actively and continuously. To this end, the book provides knowledge on trust-building communication that is necessary for society to develop resilience and robustness in the face of future crises and pandemics.

* * *

We also want to contribute to a historical analysis of the handling of the pandemic but to not overburden the analysis with dates and too many details; all the chapters are introduced by vignettes providing snapshots of the situations that the Norwegian public health authorities found themselves in. In addition, Appendix C provides an overview of some of the key events and incidents during the pandemic.

Each chapter is also accompanied by a graph similar to that shown in Figure 1.1, where we occasionally add additional information based on survey questions that are relevant to the specific rhetorical challenge of the phase. We hasten to emphasise that our use of this material does not mean we imply causality, that is, that the rhetoric of the authorities by necessity provided these results. Instead, we use this material as a description of the starting points for the authorities in the respective phases.

CHAPTER 2

How to create risk understanding and acceptability

The risk and preparedness phase

Society is fraught with risks. Many scholars have studied how various social actors relate to and attempt to control and govern diverse types of risk, be it climate change or pandemics (e.g., Beck, 1986/1992; Luhmann, 1993). Risk communication plays an important part in such attempts. Typically, it has been defined as the mediation and exchange of information and assessments between individuals, groups, and organisations about the characteristics and consequences of risks and the countermeasures that may pertain to them (Meredith, 2008). This chapter focuses on the phase that preceded the first rumours about a novel coronavirus in late 2019, and we analyse the rhetorical challenges tied to the creation of trust, risk understanding, and acceptability – all elements crucial for risk communication. A key for this discussion is the difference between so-called science-based and precaution-based perspectives.

The next section is devoted to an analysis of the rhetorical situation for risk communication in general and pandemics more specifically. Then we turn to a close examination of rhetorical audiences, rhetorical constraints, and opportunities pre–COVID-19, as well as the rhetorical strategies concerning risk and risk management. We find that the public health authorities relied on rhetoric where they asserted their authority and expertise by pointing to their plans. Furthermore, they portrayed the situation through expository rhetoric explaining what a pandemic is and how to manage and control it. Directive and action-oriented communication – advice and recommendations – were also provided. The main empirical data we draw on in this chapter are the pandemic preparedness plans in Denmark, Norway, and Sweden, public statements from the public health authorities, and qualitative interviews with communication personnel of the public health institutions.

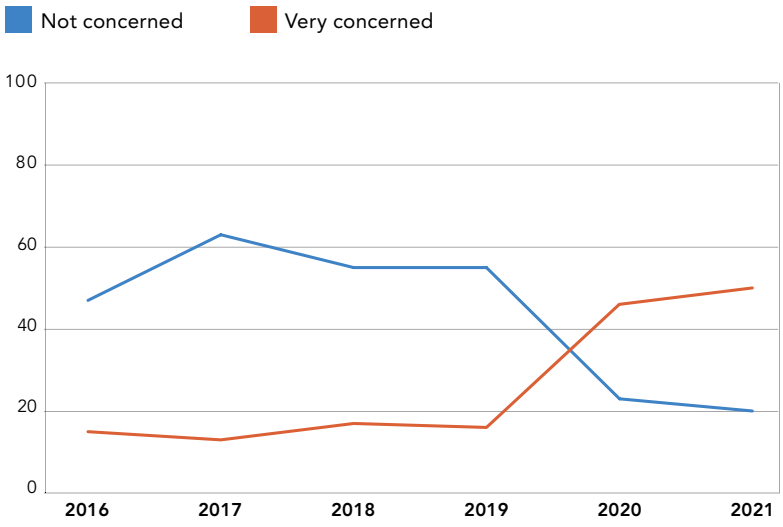
◆ ◆ ◆

Vignette 2.1 COVID-19 – a predicted disaster

Calls to increase pandemic preparedness have been issued frequently over the years by scientists (e.g., Webby & Webster, 2003) and the World Health Organization. As late as September 2019, the so-called Global Preparedness Monitoring Board (2019: 11) urged that "the world is at acute risk for devastating regional or global disease epidemics or pandemics that not only cause loss of life but upend economies and create social chaos". When Norway was hit by the H1N1 influenza pandemic, commonly known as swine flu, in 2009–2010, the country experienced a significant number of cases, leading to widespread concern and action across the country. The Norwegian health authorities responded with a national vaccination campaign to mitigate the spread of the virus and protect vulnerable populations. Despite these efforts, the pandemic resulted in several deaths and put considerable pressure on the Norwegian healthcare system, highlighting the importance of preparedness for infectious disease outbreaks.

In a crisis scenario report in February 2019, the Norwegian Directorate for Civil Protection considered a new pandemic as likely and to have severe consequences. The report indicated that upwards of 8,000 deaths could occur, and 35,000–40,000 people might be hospitalised in Norway alone. In addition, the report mentioned huge economic costs and social as well as psychological reactions in the population (Norwegian Directorate for Civil Protection, 2019). In short, COVID-19 was a predicted disaster. Still, the Norwegian Government seemed to be caught off guard – at least this was the verdict in the public evaluation reports of the handling of this pandemic (Norwegian Official Report, 2021, 2022). For instance, the reports pointed out that there had been a lack of protective equipment when the pandemic hit. Possibly a contributing factor, there was hardly any public opinion demand to mobilise preparedness for pandemics. As Figure 2.1 shows, Norwegians in general were not concerned about pandemics when surveyed in 2016–2019. This all changed in the 2020 edition of the survey.

Figure 2.1 Risk perceptions among Norwegian citizens, 2016–2021 (per cent)



COMMENTS: Question: "When you think about Norway in the next five years, how concerned are you that a pandemic will occur?" The number of respondents varied between 1,000 and 1,115.

SOURCE: Norwegian Directorate for Civil Protection

◆ ◆ ◆

The rhetorical situation

Rhetorical problem

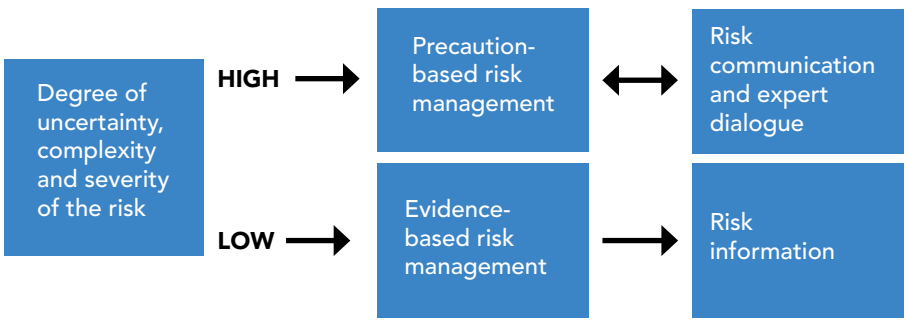
Typically, risks and appropriate measures are negotiated based on either a so-called science-based perspective or a precaution-based perspective. According to the former, one approaches risks and implements safety measures based on existing evidence regarding risk characteristics and the effectiveness of measures. It is a straightforward approach when it comes to known risks. The latter is commonly deemed more suitable when dealing with a situation characterised by an unknown risk. It can involve those responsible trying to anticipate a worsening, severe risk scenario and, to avoid severe loss, use measures that are likely to have an effect even if the effectiveness is not completely proven (Stirling, 2007).

Importantly, it has been pointed out that risk cannot be reduced to questions of science alone. Specifically, both epidemiology and the management of a pandemic largely concern politics and communication (Aven & Bouder, 2020; Bjørkdahl & Carlsen, 2019). Such thinking builds on an understanding of risk as the "possibility that human actions or events lead to consequences that harm aspects of things that human beings value" (Klinke & Renn, 2002:

1071). Thus, since risk entails potential harm to objects that are valued and considered protection-worthy, risk is not an objective, assumed entity, but rather an object that is contingent on social processes and understandings. Put differently, there is more to risks than reliable data and measurement because communication impacts how risk is defined, negotiated, and acted upon. For instance, there might be "changes in the definition of risk objects" that can "redistribute responsibility for risks, change the locus of decision making, and determine who has the right – and who has the obligation – to 'do something' about hazards" (Hilgartner, 1992: 47). Therefore, while objective situations (like natural disasters or a pandemic) set the stage for risks, the actual management and perception of these risks are heavily influenced by how they are rhetorically defined and discussed.

There are also specific risk characteristics that shape the rhetorical problem. Figure 2.2 lists several attributes of risks that affect the viability of risk management and communication strategies (Rasmussen, 2022). Drawing on Aven and Renn (2020), the main idea is that the degree of uncertainty, complexity, and severity of the risk affects the need for precautionary risk management and dialogue-based communication.

Figure 2.2 Overview of risk characteristics influencing demands on precautionary and dialogical risk management and rhetoric



The question of uncertainty is key, because if the risk is unknown, there is no existing evidence that justifies an evidence-based and exclusively information-oriented rhetorical strategy; rather, one must make assumptions about the risk and the effectiveness of measures to avoid harm. For these risk scenarios, Aven and Renn (2020) have recommended that governing bodies adopt a logic of precaution. Those responsible should plan for a worsening situation and adopt both proven and potentially effective safety measures. In addition, if the risk is unknown, there is a need for productive dialogue among experts about the nature of the risk and appropriate measures. Even greater demands are likely raised for the use of the precautionary principle. This would entail dialogue, debate, and more robust, collective protection

if the risk is severe and implying a high incidence of severe illness or death. Typically, the more serious the public perceives a risk to be, the more they want to see it eliminated or separated from people through collective risk prevention, as opposed to only mitigating it through the efforts of individuals complying with behavioural advice.

The last notable risk characteristics comprise physical and ethical complexity. Greater demands are placed on risk management and one's rhetorical ability if the material or physical mechanisms and consequences of the risk are complex and thus difficult to understand and get an overview of (Aven & Renn, 2020). With the COVID-19 virus as a case in point, an example of material complexity was the uncertainty among experts in early 2020 regarding whether the virus spread as a droplet infection or could remain in the air longer. Another example was the uncertainty surrounding whether children and those who were infected but asymptomatic could infect others. The decisions and communicative strategies adopted by governing bodies at critical stages, particularly in defining the nature of the risk, play a pivotal role in determining the effectiveness of the safety measures implemented. These choices directly influence whether the response will be precisely targeted and effective or somewhat misaligned with the actual needs. Another material complexity is represented by the secondary risks and potential harm of some safety measures. The decision to close schools and mandate that families keep their children at home emerged early as a significant measure, recognised on the one hand as a solution, but on the other as a risk. Given the inherent material complexity of such risks, the imperative for adeptly managing uncertainty through effective rhetorical strategies becomes crucial. This approach is essential not only for ensuring national safety but also for fostering trust among citizens.

Additionally, the ethical complexity of risk increases the demands on the communicative and rhetorical skills of those in power during a crisis. Ethical difficulties would be demonstrated in full when the COVID-19 pandemic hit. For example, in Sweden, some COVID-19-infected patients in elderly care homes received palliative care instead of interventions that could have saved their lives, such as access to respirators (Savage, 2020). In addition, the leaders who chose to talk about the value of herd immunity could hardly avoid the ethical dilemma that herd immunity is caused by viral spread, which could also reach physically fragile citizens and severely impact them. Ethical complexity can thus be caused by the nature of the risk itself and be significantly exacerbated by the strategic and communicative choices of those in power. If governing bodies instead engage in risk management grounded in the principles of equal value and equitable treatment, they avoid difficult entanglements with ethics and open up a wider range of rhetorical opportunities. Managing risks that are ethically complex requires not only consultation with a diverse array of experts but also two-way communication channels with the public.

This approach could ensure that more perspectives are considered, and that the community is actively involved in the conversation, fostering a more inclusive risk management strategy.

In addition to the fact that the actors need to communicate about risks and protective measures with these dimensions in mind (degree of uncertainty, severity, and physical and ethical complexity), much of the literature emphasises the benefit of having established trusting relationships *ahead* of a crisis (Balog-Way & McComas, 2020; Seeger, 2006). This was also mentioned in the Norwegian national preparedness plan for influenza pandemics:

> Trust must be established before a crisis occurs, it must be maintained through crisis management, and it must be rebuilt if it is broken. Trust is built by being professionally strong, taking responsibility, being open, and showing human understanding. All information should, as far as possible, be based on professional documentation and assessments and be in accordance with recommendations from the WHO and [the European Centre for Disease Prevention and Control]. (Ministry of Health and Care Services, 2014)

In an interview in January 2020, an NIPH director concurred: "We must be visible, [the population] must know who we are so that we have trust when it matters" (Director 3).

The literature also emphasises the importance of trust. A recommendation is that the public health authorities communicate reliably about both risks and safety measures – dealing with issues of novelty, severity, and complexity – while also conveying ability, integrity, and benevolence (Baer & Colquitt, 2018; Mayer et al., 1995). Doing so forms the basis for whether the audience perceives the rhetoric of risk as comprehensible, reassuring, and motivational, and thus acceptable, in case they are also called to contribute with certain protective measures. Given the prolonged period of the COVID-19 pandemic, issues of risk and trust were important throughout many different phases and beyond the question of preparedness (see, e.g., Dryhurst et al., 2020; Rickard et al., 2013).

In sum, the most important rhetorical problems for the public health authorities ahead of the COVID-19 pandemic related to how they could create trust and further the understanding and acceptability of the notion that a new pandemic could hit, while also not knowing how seriously life-threatening and complex such a pandemic could become. A fitting response to the rhetorical problem posed by uncertain, serious, and complex risk scenarios (such as pandemics) involves a multifaceted strategy that blends scientific evidence with precautionary measures. As a consequence, risk communication efforts must consist of both clear information and inclusive and productive dialogue among all stakeholders, building trust well ahead of a potential crisis.

Rhetorical audience

As indicated above, risk communication research has increasingly emphasised the need to engage in dialogue with the individuals and communities as risk bearers and has stressed their right to know which risks they are exposed to (Palenchar, 2010; Seeger, 2006). In the Norwegian national preparedness plan for pandemic influenza, five main target groups are mentioned, the first four of which are the population in general, patients and their relatives, the health services, and the media (Ministry of Health and Care Services, 2014). The plan lists goals and measures for the different pandemic phases. In the section on communication, three goals are tied to what is called "the inter-pandemic phase" and indicate the perceived rhetorical audience:

- Have routine and crisis communication mechanisms between management in different parts of the health service and government agencies
- Up-to-date knowledge among decision-makers about the pandemic risk
- Good working relationships with the media to facilitate information to the population

(Ministry of Health and Care Services, 2014: 48)

This quote adds decision-makers and government agencies as a fifth important target group. As for specified measures, the NIPH and the NDH (see Chapter 1) are supposed to monitor the knowledge and attitude of the population and health personnel tied to seasonal influenza vaccines and "prevention measures" (Ministry of Health and Care Services, 2014: 48). In this connection, the two organisations could also lean on survey material from the Norwegian Directorate for Civil Protection (see Figure 2.1). Starting in 2016, the participants were presented with a list of specific risks and asked about their concerns about the likelihood of such adverse events. As mentioned, the results from the 2016 survey and onwards indicate that a majority of Norwegians were not concerned about the possibility of a pandemic. Typically, only the risk of a breakdown in supply lines and actions of war on Norwegian soil were ranked lower. As Figure 2.1 illustrates, this changed in 2020 when the dramatic effect of COVID-19 came through clearly. The proportion of citizens who were now concerned tripled. In the pre–COVID-19 period, however, the possibility of a pandemic was considered a non-issue by most Norwegians.

The attitudes towards risk and safety among laypeople have distinctive features and can sometimes differ from those of experts. As mentioned previously, the more serious the public perceives a risk, the more they want to see it eliminated or separated from people through collective risk prevention, as opposed to only mitigating it through the efforts of individuals complying with behavioural advice. Health authorities can inadvertently complicate their

efforts if they characterise a risk as highly dangerous while implementing only moderately effective mitigation measures. Likewise, challenges emerge when risk management organisations downplay the severity of a risk in their communications, yet simultaneously expect the public to adopt protective behaviours. This discrepancy between the communicated level of risk and the recommended actions can lead to confusion and undermine the effectiveness and acceptability of the response strategy. Indeed, the risk needs to be perceived as reasonably serious and concerning if people are to adopt protective behaviours (Rogers, 1983). The characteristics of a risk must be aligned with measures that the public deems appropriate (Aven & Bouder, 2020). This alignment is crucial for securing public acceptance of the risk-management strategies employed by governing bodies and for sustaining a high level of trust in these institutions.

A distinct characteristic of the general public, when it comes to risk perception and attitudes, is their tendency to assign lesser significance to group-level or statistical risks compared with experts and authorities. Conversely, they are often more concerned about risks that are high in magnitude but low in probability. Moreover, the public tends to give precedence to the experiences of family members and acquaintances related to the risk in question or similar scenarios, as well as to impactful, tragic narratives (Stirling, 2007).

Similarly, mass media represent a target group that is especially drawn to unexpected and adverse events, particularly those involving individuals who share a geographical or cultural proximity with their audience. These individuals often become the focal point of news reports or human-interest stories, highlighting the media's inclination towards stories that resonate closely with their viewers' or readers' contexts. Scholarly works on both media logic (Altheide & Snow, 1979) and news values (Galtung & Ruge, 1965) have found that the mass media's modes of working prioritise content that features people and personalities, personification, or personalisation. As noted by Bednarek and Caple (2017), news organisations thus recontextualise events so that their narratives include characters that a mass audience can relate to and who provide a human face to events. Stories featuring abstract reasoning, impersonal processes, and statistics lack the same affordance for human identification. At the same time, research on news media has for a few decades shown that a rally-around-the-flag effect often occurs in the event of a crisis or war (Van Aelst & Blumler, 2022). This means that the major news media organisations tend to support the country's government, at least initially, and report compliantly and respectfully on problems and government actions (see also Chapter 4).

Regarding the target group of leading politicians, it seems reasonable to assume that they are receptive to and act upon at least some of the recommendations from experts in public health agencies. Nonetheless, they often confront additional complexities, balancing other loyalties and

considerations that may lead to dilemmas in decision-making. For instance, the foundational principles of median voter theory (Black, 1948) suggest that leading politicians often formulate policies that resonate with the preferences of the median voter, who holds views in the middle of the ideological spectrum. By aligning their policy positions with the sentiments of this crucial voter demographic, politicians enhance their chances of securing widespread public acceptance of their policies. This strategic alignment not only maximises support but also fosters elevated levels of trust in the decision-makers among the populace. Thus, one can perhaps understand the strategic choices that politicians in Norway and Denmark made later, taking a more restrictive position against the COVID-19 virus. Such a position is likely to be popular because it manifests intentions to protect everyone in a risk scenario where the public tends to be very concerned by worst-case scenarios and potential harm to the individual. However, it constitutes a departure from the macro-perspective on risk and vulnerability that public health authorities adopt and operate from, as we explain further in the next section.

Rhetorical constraints and opportunities

Pandemic preparedness plans existed in Sweden (The Public Health Agency of Sweden, 2019) and Denmark (The Danish Health Authority, 2013) as well, although they were not as explicit that a pandemic was imminent as the Norwegian plan was. The difference in the assessment of pandemic risk illustrated that the most tangible constraint in a preparedness phase is not knowing what the future holds. It is simply impossible to tell if a risk will materialise into a crisis, how, and with what consequences. Even people who are at the centre of agencies, whose task it is to monitor risks and follow their development, use the concept of risk in partly contradictory ways, and they struggle when trying to predict the development (Glette-Iversen et al., 2023). The former Swedish state epidemiologist, Anders Tegnell, acknowledged that he only fully comprehended the COVID-19 pandemic's severity and imminent threat after witnessing news footage of overcrowded hospital wards in Italy and learning about the significant number of fatalities. This revelation underscored the pandemic's dire consequences and the urgent need for responsive measures.

The inherent challenge of predicting future events complicates the development of effective rhetorical strategies. Nonetheless, research offers several methods to mitigate this foresight gap, applicable in both private and public sectors. One key issue identified is the constraint of conventional thinking patterns. It is proposed that organisations can enhance their strategic imagination (Gibbert, 2010). Achieving foresight involves directly confronting and deliberating over uncertain and complex issues, fostering an environment where innovation and creativity are encouraged. This approach enables the early identification and management of emerging risks, ensuring more proactive and prepared responses. It seems that risk-governing bodies can

strengthen their ability to imagine and prepare for the broad, trans-sectoral consequences of a health crisis. Although preparedness plans exist, they tend to be the product of, and only apply to, a single sector, such as the health sector including infection control and hospital personnel. Societal consequences, including economic effects, are not considered beforehand, however. Thus, the division of preparedness into different "silos" becomes a weakness in a trans-sectoral crisis, as the public inquiry into COVID-19 management in Norway pointed out (Norwegian Official Report, 2021). Although the Norwegian authorities had preparedness procedures in place, no one seemed prepared for the scale of action involving the entire community and its consequences.

Beyond the challenge posed by the novelty and unfamiliarity of certain risks, the complexity is further compounded by the invisibility and immeasurability of some hazards. The nature of a pandemic risk, which remains unseen to those not directly tracking viral transmission, exemplifies such a difficulty. This invisibility can result in reliance on speculation and produce a wide array of interpretations, complicating the understanding and management of the risk (Skotnes et al., 2021). People's risk perceptions are typically skewed by the risk information they can access (Savadori et al., 2004). Invisible risk invites a range of subjective interpretations and can be particularly fraught with uncertainty and fear (Goldstein, 2017; Rasmussen, Eriksson et al., 2022). After the COVID-19 pandemic was declared, surveys also demonstrated how the risk of COVID-19 was socially negotiated and related mostly to the direct experience of people and their pro-social values as well as their trust in institutions (Dryhurst et al., 2020; Wollebæk, Fladmoe, & Steen-Johnsen, 2022). Thus, risk perceptions are also important for risk behaviour, such as the use of face masks or social distancing (Schneider et al., 2021; Wollebæk, Fladmoe, & Steen-Johnsen, 2022).

Searching in the online database Retriever for coverage of the pandemic risk between the H1N1 outbreak and the onset of COVID-19 provided meagre results. In Vignette 2.1, two crucial reports are mentioned. The last of these, issued by the World Health Organization, was only mentioned by one newspaper (*Aftenposten*). The public health authorities did not issue any official comments. The earlier report from the Norwegian Directorate for Civil Protection fared slightly, with coverage in six media outlets. Among these was the largest Norwegian newspaper (*VG*), which devoted five pages to the different risks. The Norwegian Directorate for Civil Protection director general was quoted:

> This is not a report designed to scare the hell out of people but to analyse risk, probability, and consequences thoroughly. We travel more, which increases the chance of exposing ourselves to disease and bringing infection home. […] The task of [the Norwegian Directorate for Civil Protection] is to point out risk and vulnerability and point out measures that can limit risk. We will never get down to zero risk. (Johnsen, 2019: 17)

Still, the relatively obscure and intangible nature of pandemic risk led to limited media coverage. The scarcity posed a significant challenge for efforts to disseminate information on risk preparedness more broadly, highlighting a critical gap in public awareness and engagement with pandemic preparedness strategies.

With little journalistic interest in pandemics in the risk and preparedness phase, people may be even more inclined to draw heavily on historical experiences to understand the crisis once it occurs. Invoking history is one of the ways new risks are often dealt with. The Norwegian Directorate for Civil Protection (2019: 11) has also pointed to how historical events shape public risk perception:

> Although risk is always about the future, our perception of risk is coloured by our experiences and what history can tell. Attention is drawn to the major, serious, isolated incidents that have occurred before as if a repeat of previous events were more likely than something completely different that is at least as serious. Even though the problem is well known, we struggle to break with this understanding of reality.

This comment in a crisis scenario report echoes empirical research about the 2009 H1N1 pandemic that documented how informants misremembered many of the important aspects of that pandemic (Bjørkdahl & Carlsen, 2018). More recent research on the COVID-19 pandemic also confirms the importance of previous history and drawing on collective memories (Rasmussen et al., 2023). The argument suggests that Sweden's approach to managing the COVID-19 pandemic was influenced by its historical reliance on voluntary guidance, notably seen in the context of childhood vaccinations. In contrast, Norway's response was shaped by its experiences with more grave historical crises. The applicability of strategies from childhood vaccination campaigns – where parental concern is primarily for their children – to a comprehensive crisis like the COVID-19 pandemic was neither clarified nor debated in Sweden. This is problematic, as the strategy used for COVID-19 required a broader sense of responsibility towards the wider community, including distant others. This oversight highlights a gap in the strategic rationale, suggesting that the parallels between the two scenarios were tenuous and that the efficacy of transferring such experiences to the pandemic context was dubious.

While the fickle memories mentioned in previous studies can work as a constraint, they also presented an opportunity for the Norwegian public health authorities. In a Norwegian study, participants commonly admired the public health authorities while offering critiques of the media. This trend underscores the significance of the authorities' strong initial ethos in shaping public perception and response (Bjørkdahl & Carlsen, 2018). In 2016, the Norwegian Directorate for Civil Protection also asked about the population's trust in public authorities. Only the fire department scored higher than the

healthcare sector (Norwegian Directorate for Civil Protection, 2016). So, evoking history can also mean evoking positive memories and high trust in an organisation.

In addition to the scarce journalistic attention and our reliance on historical experience, the fragmented media landscape forms another challenge. It allows for widely different media consumption patterns between individuals and groups. Cultural diversity enhances this too. The populations in Scandinavia form quite diverse audiences, with different cultural backgrounds and levels of knowledge about current events, values, and beliefs. Varying media menus, preferences, and media use make it challenging for the authorities to reach everyone. Indeed, this domain received the most criticism regarding the communication efforts of the health authorities (Norwegian Official Report, 2021).

Nevertheless, the contingency plans for pandemics in all the Scandinavian countries showed little understanding of this audience complexity. They specified the rather broad entity of "the population" as a main target group. In this regard, the authorities may have missed an opportunity at an early stage to warn of and manage various audience reception patterns.

The communication of health authorities faces significant rhetorical challenges due to the differing perspectives of experts and key stakeholders, such as the public, media, and politicians. Notably, the media and laypeople often approach risk from a personal-rights and human-interest perspective (Altheide & Snow, 1979; Stirling, 2007), and politicians need to consider median voter sentiments (Black, 1948), which sharply contrasts with the public health authorities' strict focus on group-level risk monitoring and management. For example, Scandinavian pandemic preparedness plans highlight testing for a new virus primarily to monitor its regional spread and scope early on, rather than focusing on individual diagnosis and behaviour modification when the viral spread is significant (Ministry of Health and Care Services, 2014: 59–60). Yet, when the pandemic became a reality, the World Health Organization secretary general urged health authorities to "test, test, and test" suspected cases (World Health Organization, 2020d). So, frequent and continuous testing was deemed necessary even if this testing volume was not required in the health authorities' contingency plans, which took more of a helicopter view focusing on monitoring the development and movement of the infection across regions.

This difference underscores the challenge of aligning public health messaging with the expectations and interests of diverse audiences. In other words, the focus was related to monitoring overall comprehensive patterns, and not on the needs of the individual. A case in point is also how the Swedish pandemic preparedness plan from 2019 noted "a discrepancy between the healthcare's focus on the individual and the population-oriented work of infection control" (The Public Health Agency of Sweden, 2019: 24). What was not foreseen in the pandemic plan, however, was that this population-oriented focus separated the public health authorities from the healthcare

services and the individual- and human-interest–centred perspectives on the risk that citizens, journalists, and politicians often adopt.

The same planning document also made clear the priority of statistical risk and the greater good, rather than risks facing the individual, mentioning, for instance, that the priorities affecting people can become "comprehensive" and "controversial", and that safety measures may imply a "departure from the ethical principles that usually govern the work within healthcare" (The Public Health Agency of Sweden, 2019: 24). Nevertheless, in this respect, the pandemic preparedness plans revealed some differences. The Norwegian preparedness plan specified: "The prioritisation must be perceived as fair, based on the principle that everyone is of equal value" (Ministry of Health and Care Services, 2014). The contrast in how risk is addressed at the individual level during the planning phase becomes particularly noteworthy when considering the divergent paths chosen by the leaders of different countries in practice. Demonstrating ethical awareness and a commitment to the welfare of all plays a pivotal role in fostering trust. Therefore, these decisions represent a significant rhetorical opportunity, as being perceived as caring and benevolent forms a foundational pillar of trustworthiness.

Furthermore, experts tend to value risks within their area of expertise and responsibility comparatively low. Some scholars have demonstrated that this is partly due to self-selection, that is, that the experts in question who once chose to study virology, toxicology, or nuclear technology out of curiosity about these areas and related risks lack the risk aversion that would make them refrain from such studies (Sjöberg, 1999). The perception of a relatively low risk within one's professional domain can often be attributed to a sense of control and familiarity gained through years of managing associated risks. This confidence is further bolstered by the understanding that, even in the event of a risk escalating into a crisis, the likelihood of experiencing severe consequences remains low based on statistical probabilities. This tendency among experts to evaluate risk from a group-level perspective is reflected in the Scandinavian pandemic preparedness plans. Drafted by specialist authorities in public health, these plans presuppose that a pandemic will inevitably permeate society. Consequently, the strategies outlined were not aimed at halting the spread of infection outright but rather mitigating the impact using relatively modest resources. For instance, on the subject of a possible pandemic condition in Denmark, the Danish pandemic preparedness plan stated: "It is assumed that the infection in this phase will be so widespread in the community, that it will not be possible to limit the infection by isolating the infected" (The Danish Health Authority, 2013: 18). Similarly, the Norwegian pandemic preparedness plan stated the following:

> In addition, some measures may be appropriate to implement at the beginning of a pandemic. In contrast, the same measures will not be so appropriate later when the outbreak has spread to large parts of the popu-

> lation (for example, testing all suspected influenza patients). (Ministry of Health and Care Services, 2014: 59–60)

Consequently, the pandemic preparedness plans demonstrated a strategic approach that was uniquely implemented in Sweden's pandemic management. Here, public health experts led the response, focusing on mitigating the spread of the virus. This strategy inherently accepted a degree of viral transmission, which unfortunately also introduced health risks for certain segments of the population. This discussion highlights both a recognition of inevitable infection spread and a macro-level analysis of effective response measures. Notably, in the pre-crisis risk and preparedness phase, the disparity between expert bureaucracies tasked with monitoring viral transmission and their various target groups presents substantial rhetorical challenges. Yet, these rhetorical hurdles can transform into opportunities when risk management entities adopt an audience-centric approach from the planning stage. By tailoring strategies and communication to align with the audience's understanding of risk, it pre-emptively addresses the potential for discord and mitigates the need for defensive rhetorical strategies. Consequently, this proactive approach can significantly narrow the divide between professional actors and the general public, ensuring a more cohesive and effective response.

Many of the challenges mentioned so far can be handled quite well with apt planning. Creating and refining plans that motivate and help guide risk management can be of great help, especially if they allow for improvisation under varying conditions, adaptation, and strategic imagining. Indeed, if employees are familiar with risk- and crisis-management plans, they are more likely to act on their good intentions (Rogers et al., 2015). However, it is also the case that plans often have weaknesses. Commenting on contingency plans, an NIPH director stated the following:

> Our contingency plan, at least on communication, […] wasn't suitable at all, because we had action cards for the first person who came to the department, so it was based on the first golden hour. Real nonsense because that's not how we worked. This was a pandemic; it wasn't a gas tank that exploded […] We [had practised] being prepared for fast-paced events. (Director 3, 2023)

To function effectively, preparedness plans must draw on updated knowledge both in strategic planning and the subject area in question. Plans are often not concrete or specific enough, do not contain enough guidance on implementation, fail to spell out accountability, introduce internal as well as external inconsistencies, and are rarely evaluated so that deficiencies are discovered, such as those just mentioned (Berke et al., 2006). While plans of all sorts, including those for pandemic preparedness, serve as potentially valuable resources, they can also act as constraints in practical application.

Rhetorical strategies

There is a wealth of academic literature on the topic of risk communication (e.g., Cho et al., 2015; Heath & O'Hair, 2009), as well as reports from the World Health Organization (2017) and other organisations suggesting key communication principles. However, in the planning phase, before there was knowledge of a novel coronavirus identified in China, communication about pandemics was limited. As mentioned, journalistic interest was scant, and the risk of a pandemic was not ranked high by citizens. Nonetheless, to understand the rhetoric that surrounded pandemic risk before COVID-19, we analysed the Norwegian pandemic preparedness plan and compared it with its Swedish and Danish counterparts. We argue that three strategies can be found: 1) public health authorities pointed to how they are planning, 2) they used expository logos-based rhetoric, and 3) they relied on prescriptions.

A rhetoric of planning

Indeed, as shown in several studies, planning can greatly improve organisations' – and entire societies' – capacity to deal with various disturbances and pressures (Rogers et al., 2015). Practitioners reflecting on their crisis experience also emphasised the value of plans. The director general of the NIPH put it this way:

> Where we have had plans and those plans have been put to use […] there we have succeeded better than where we have to improvise. We have also often succeeded in areas where we had to improvise but more often with solutions that will not last. (Lund-Tønnesen & Christensen, 2023)

Additionally, when addressing the key lessons learned, the director general of the NDH concurred with his counterpart at the NIPH, emphasising the importance of preparedness. He advocated for the revision of current plans to encompass not just pandemics but other health crises as well. According to the latter, this revision was particularly crucial for ensuring the adequate supply of medical equipment.

Nevertheless, Norway appears to have had more context-specific emergency preparedness plans than neighbouring countries, even before the COVID-19 pandemic hit. Norway is the only Scandinavian country that had a designated contingency plan for infectious diseases such as Ebola and coronaviruses, published in 2019, and another contingency plan for an influenza pandemic, published in 2014. This has likely helped the authorities to determine adequate measures in the event of the spread of a virus that poses a more severe risk than flu viruses. In comparison, The Public Health Agency of Sweden used a preparedness plan for an influenza pandemic and came under fire for responding to COVID-19 as if it were influenza (Government Offices of Sweden, 2022).

Thus, on the Norwegian side of the border, the authorities had a new, more purposive contingency plan when COVID-19 hit. Important and wide-ranging purposes are clarified in this plan:

> The plan aims to ensure a common national contingency planning to deal with outbreaks of serious infectious diseases. The plan shall contribute to:
>
> - preventing and limiting the spread of infection, disease, and death
> - preparing good treatment and care for the sick and dying
> - maintaining trust and security in society through knowledge-based and comprehensive information and guidelines to the population and all sectors of society
> - maintaining necessary social functions in all sectors
>
> (Ministry of Health and Care Services, 2019a: 11)

Some things to note are that the objectives do not avoid mentioning unwanted consequences, such as illness and death. Two out of four items contain this type of semantics of unintended consequences, realising a sense of urgency to act. Hereby, the plan also speaks to the very ethos of public health and healthcare professionals: a life-saving mission. It "targets intentions rooted in individuals' personal values" (Rogers et al., 2015: 37) and does not appeal to less efficient external pressures for why one should act. Moreover, demonstrating goals and expected benefits clearly and publicly (plans like this one are after all published on government websites) further realises a social pressure to meet expectations, and thus contributes to government bodies being transparent and held accountable. The act of planning can thus help convey core values such as benevolence, capability, and integrity – the three-part foundation for trust building that trust research has emphasised the importance of (e.g., Mayer et al., 1995).

Yet, the third goal in the plan also indicates that the government bodies themselves are information-givers and external audiences are recipients of health information and guidance. Hereby, the authorities may underestimate 1) the uncertainty and lack of knowledge-based information in a novel health crisis, and 2) their need for information from other groups in society to effectively convey risk understanding, prompt protective behaviours, and grasp the consequences of protection measures for communities and society as a whole.

Expository rhetoric

A key rhetorical approach adopted by the Scandinavian pandemic preparedness plans was an informative, logic-driven style aimed at elucidating the nature of pandemics and outlining optimal management and containment

strategies. This is what we call expository rhetoric. The plans detailed the World Health Organization's classification of pandemic phases, the analytical methods for identifying escalating epidemics and pandemics, the distribution of responsibilities at both European and national levels, foundational knowledge of medical and non-medical preventive measures, and best practices for communication. Crafting such explanations involves a delicate balance: The goal is to provide sufficient detail without overwhelming readers with complexity, ensuring the material remains accessible and practical. The 2014 Norwegian pandemic plan featured the most comprehensive and specific information, rendering it potentially more challenging to navigate but also possibly more practical than its Swedish and Danish counterparts, due to its detailed and context-relevant content. However, progress was made in this regard with the 2019 plan regarding infectious diseases, which came into effect ahead of the COVID-19 crisis.

A problem with institutional, expository rhetoric is that it can be too general, abstract, and contain too lofty of ambitions (Ledin & Machin, 2015). Exemplifying this, the Swedish pandemic plan states that the best communication is "inclusive, accessible, and equal" without much further clarification. It is difficult to understand and apply these ideas without further explanation and concrete examples, perhaps even less so in a time-pressed pandemic response.

The use of visual rhetoric (van Belle et al., 2013) was another aspect of these plans, though the 2014 Norwegian plan employed it less, featuring plain text and monochromatic design. Generally, the plans avoided overly complex sentences and paragraphs, opting for a clear layout with ample space and bullet points to prevent information overload. The inclusion of visual elements was intended to encourage engagement and prevent the documents from being overlooked. Notably, the Norwegian contingency plans evolved significantly over five years, transitioning from a densely packed format reminiscent of a standard Microsoft Word document in 2014 (Ministry of Health and Care Services, 2014) to a more thoughtfully designed crisis handbook by 2019 (Ministry of Health and Care Services, 2019a), aligning more closely with the aesthetic of the Swedish and Danish plans.

If we think of strategy in terms of applying the Aristotelian means of persuasion – logos, ethos, and pathos – the expository communication, tone of voice, and visuals described above are heavily oriented around logos. But we may also consider that this communicative practice through which the authorities repeatedly prove themselves knowledgeable is also likely to have the effect of shaping authority and credibility. It is also a rhetorical strategy to build ethos (Baumlin & Scisco, 2018; Kinneavy & Warshauer, 1994). Yet, although a focus on information provision may convey a strong epistemic position and ethos, a one-sided focus on this mode of communication is indeed sub-optimal. Information is mentioned about fifty times in the Norwegian

preparedness plan for infectious diseases, while dialogue is only mentioned once. The only time dialogue is mentioned, it concerns communication between authorities, not with risk-bearing communities (Ministry of Health and Care Services, 2019a). So, while the authorities build a strong authorial voice for themselves, they may underestimate the degree of uncertainty that characterises a novel crisis and their own need for input and knowledge from others to respond optimally to a health crisis.

Prescriptive rhetoric

Prescriptive rhetoric also seeks to build the authorities' position of authority and ethos. Through this strategy, the authorities provide advice and distribute responsibilities and tasks. All the Scandinavian preparedness plans included the same generic advice: Trust needs to be built and risk communication should be "transparent, timely, easy-to-understand, acknowledge uncertainty, address and engage affected populations, link to self-efficacy, and be disseminated using multiple platforms, methods and channels" (World Health Organization, 2017: 11).

Research in Sweden has highlighted a mismatch between the objectives outlined in risk communication literature and their implementation (Boholm, 2019). Although the Scandinavian pandemic preparedness plans identified the "general public" as one of the key target groups, this broad categorisation overlooks the need for more nuanced audience segmentation. By dividing the general public into distinct groups, communicators can tailor their messages more effectively. This segmentation enables campaign planners to engage with a more diverse "public" in a contemporary society marked by a plethora of communication channels and individualised media consumption patterns (Gulbrandsen & Just, 2020). This approach enhances the chances of effectively reaching and resonating with various population segments. Although it is difficult to include details in a contingency plan, the Norwegian contingency plan for infectious diseases nevertheless prescribes a few different target groups:

- the general population, including linguistic minorities
- risk groups
- patients and relatives
- the health and care service (all levels)
- cooperating agencies and other emergency authorities
- the media

(Ministry of Health and Care Services, 2019a: 37)

Even if the plan presents the notion that there is a general public, at least it counts linguistic minorities as part of it, and perhaps has an understanding that government information is received with varying cultural-cognitive schemas and levels of language comprehension.

Moreover, when addressing the issue of preparedness, an NIPH director interviewed ahead of the pandemic pointed to the importance of trust, but also to the actual behaviour, and by implication, educating the population about hygiene measures:

> The other aspect is about all the things that we know you must do to ensure you don't get sick, hand washing, and good hygiene measures in everyday life, it is very often the same hygiene measures that apply in a pandemic. Don't cough on people, wash your hands in soap and water, such ordinary hygiene advice, that's the best prevention. If the population learns that we should always wash our hands and not cough on each other, then a lot can be done. (Director 3, 2020)

Figure 2.3 Campaign poster urging hand hygiene, March 2019

COMMENTS: Translation: "All hands to the pumps"

SOURCE: NIPH

While not addressing the risk of a pandemic, several campaigns urged getting flu vaccines or improved hand hygiene. For instance, the poster shown in Figure 2.3 called attention to "the importance of everyone performing hand hygiene to reduce the risk of infection in the health service" (NIPH, 2019), and the title is best translated as "All hands to the pumps". Interestingly, no arguments or information was presented beyond the logos of the NIPH and regional centres of competence in infection control.

Finally, prescriptive rhetoric, mostly aimed at those dealing with pandemics professionally, formed a major part of the pandemic plans. Although all pandemic preparedness plans task the responsible recipients with communicating clearly and coherently, this could also be fleshed out and exemplified. Not least, the Swedes experienced rather unclear and bureaucratic communication during the pandemic, with an internal agency lingo used in public (Rasmussen, Ihlen, et al., 2022). This could be given more emphasis, with more concrete content, in all the Scandinavian pandemic preparedness plans. If easy-to-understand language is not planned and prepared before the crisis (see Chapter 3), it is too late when the crisis occurs.

Conclusion

In this chapter, we have examined the crucial phase of addressing pandemic risk by public health authorities, focusing on risk prioritisation and the rhetorical strategies for its minimisation or management. A key question is how authorities can effectively highlight this risk, enhance public understanding, and align with public needs and values amidst significant uncertainty and complexity.

The rhetorical challenge in this context is the difficulty of conveying and managing risks intricately linked to scientific data, social perceptions, political decisions, and communication strategies. This challenge necessitates a nuanced approach that straddles the line between a strictly science-based perspective, which leans on available evidence and known risk factors, and a precaution-based perspective for navigating unknown risks where evidence might be scant (Aven & Bouder, 2020; Bjørkdahl & Carlsen, 2019).

The risk communication literature advocates crafting flexible plans that can evolve with changing circumstances, leveraging both proven and innovative solutions to mitigate risks effectively (Goldstein, 2017; Rasmussen et al., 2023). In the Norwegian case, the authorities had prepared well with context-specific contingency plans, so far as having produced different plans concerning an influenza pandemic and a pandemic due to infectious diseases like COVID-19. This is an advantage they had in comparison with risk-governing bodies in both Sweden and Denmark. In addition, it is constantly repeated in the 2019 contingency plan that the measures must be adapted to the type of risk that the Norwegian society faces, not taking more restrictive

measures than is necessary given the viable options available. Furthermore, when managing a risk that is characterised by uncertainty, seriousness, and complexity, like the COVID-19 virus, it is advocated that authorities rely on open and inclusive dialogue with stakeholders (Aven & Renn, 2020). Facilitating transparent discussions among experts, policymakers, and the public is crucial for navigating the complexities of risk and evaluating protective measures. Such dialogue ensures that diverse perspectives inform the risk management process, making it more relevant and widely accepted. We have not found evidence to support that the authorities had planned for that type of two-way communication; what is conveyed in the contingency plan which was in effect during the COVID-19 pandemic in Norway is based on a model of information provision. It seems to underestimate how uncertain a new risk can be and the extent to which the authorities need input and knowledge from stakeholders. Such a communication model is a better fit when confronted with known, non-complex, and less lethal risks than COVID-19.

The literature lauds the use of two-way communication channels, dialogue, active listening, and integration of community feedback (e.g., Li & Lee, 2024; Romenti et al., 2014). Still, as mentioned, the seemingly scant public interest in the topic ahead of the COVID-19 pandemic posed an important constraint for this type of activity. Despite scenario reports from the Norwegian Directorate for Civil Protection (2019) highlighting the likelihood and severe consequences of a new pandemic (see Vignette 2.1), public engagement with pandemic risks was notably low (see Figure 2.1). The media was not particularly interested either. In combination with the invisibility and complexity of the risk (Goldstein, 2017; Rasmussen et al., 2023; Skotnes et al., 2021), the possibility of negotiating how the risk should be understood might have been slim. Hence, what has been suggested as a fitting response that emphasises public consultation, and the establishment of two-way communication channels with the public, is probably more realistic in the period not long after a pandemic has ended. Nonetheless, with more apt planning for community dialogue, not just after but at the onset and during the pandemic, such two-way communication efforts could have materialised earlier and facilitated more effective contact with all citizen groups. Unfortunately, the contingency plans relied on a model of one-way communication. Among the NIPH communication staff, however, the basic tenets of the risk communication literature were well understood, as evidenced in a presentation (internal document, 2018):

- We need to listen to people, hear what they say and what they're worried about.
- We must accept that non-experts have opinions about what we say.
- We must respond to inquiries, even those that we don't like.

During the research period of the PAR project, our team also encountered other examples of how the NIPH communication staff knew the research literature. Thus, theoretically at least, the NIPH was on the right track, with an understanding of the importance of listening to the public, valuing non-expert opinions, and responding to all inquiries, aligning with the principles of effective risk communication. In the literature, the importance of establishing pre-crisis trust has been advocated (e.g., Balog-Way & McComas, 2020; Seeger, 2006). Still, such endeavours pre-COVID-19 were likely a challenge, since the distinction between the NIPH and the NDH was not widely recognised by the public. This, too, is probably something that these institutions can improve as a direct effect of their work regarding COVID-19. In short, the immediate history can be put to productive use (Rasmussen et al., 2023).

On the other hand, it is also worth remembering that the *general* trust in the public health authorities was high at the outset (Norwegian Directorate for Civil Protection, 2016). The strategies in Scandinavian pandemic preparedness plans – emphasising planning, rational explanations, and prescriptive advice – aim to strengthen perceptions of competence and trustworthiness, critical for increasing trust (Baumlin & Scisco, 2018; Kinneavy & Warshauer, 1994). As pointed out, by emphasising that plans exist and providing logos-driven arguments, the public health authorities sought to demonstrate that they could be trusted as professionals with a good handle on the risk situation. Yet, as made evident in the next chapter, the response to the emerging crisis showed a need for rapid adaptation by Norwegian authorities, facing challenges in grounding decisions within the constitutional and legislative framework and implementing measures not fully supported by public health experts (see Chapter 3).

Our analysis in this chapter raises two primary concerns. First, the plans' macro-oriented risk perspective neglected individual concerns. This stands in stark contrast to 1) ordinary people's understanding of risk, which is more individual-centred and less statistically based; 2) politicians who, as elected representatives, are generally attentive to a median opinion among the previously mentioned general public; and 3) the logic of the media, which tends to personalise news events and, thus, feature human-interest stories and not just the big picture of statistical risk. Therefore, in a pandemic situation, measures that mitigate or eliminate risk at the level of individual citizens, even if less significant for the overall development, can gain significant backing in public discourse. This gap in risk understanding between agencies that primarily focus on macro-level risk and others that demonstrate care and support for the at-risk individual was an explanation for why the Norwegian and Danish COVID-19 management eventually deviated from the response planned in the emergency plans. On the initiative of the political leaders in these countries, greater steps were taken to protect *everyone* against viral infection. Being aware of these differences in attitude to risks can help the expert authorities

better anticipate, and to some extent strategically include, the reactions of others in the future.

A second concern arises from the pandemic preparedness plans' broad definition of target groups, identifying them generally as the entire populations of Denmark, Norway, and Sweden. This issue was also implied in the criticism in the public evaluation reports concerning the less successful communication with the immigrant population at the outset of the pandemic (Norwegian Official Report, 2021, 2022). Emergency preparedness "should include plans for ensuring that crisis communication reaches defined groups in the population" (Norwegian Official Report, 2021: 175).

A non-segmented, general approach to envisioning a target audience is not optimal for communication purposes. Given the multicultural nature of these countries, especially within metropolitan areas, such a general perspective risks underestimating the diverse composition of the populations. This oversight could be further exacerbated by the varied and international media environment. To enhance effectiveness, authorities should, from the initial risk phase within planning documents, identify more precise and realistic target groups. This refined approach would be more effective for disseminating risk and safety information to a nation's population, including its inherent diverse groups. Acknowledging and addressing this diversity is vital for public health authorities to better anticipate and strategically manage varying risk perceptions, ensuring communication strategies effectively resonate with the entire population.

CHAPTER 3

How to signal control, balance fear and indifference, and prepare people

The crisis build-up phase

The phase discussed in the previous chapter focused on general efforts made by the authorities in preparation for a potential, but so far unspecified, threat. The period we focus on in this chapter, however, is marked by how the threat became increasingly manifest and concrete. As a crisis builds up, the public health authorities need to reassure the public and maintain trust in their handling of the situation. Typically, the biggest concern is that the communication of risk causes unnecessary anxiety and fear (De Vocht et al., 2014). The authorities had to fill an information void and demonstrate how they were prepared. Additionally, they had to simultaneously raise people's concerns while avoiding creating fear that would leave citizens overwhelmed (Vasterman & Ruigrok, 2013; Wiedemann & Dorl, 2020). In this regard, a common recommendation is that authorities use instructing messages to improve self-efficacy that help the public cope with the crisis (Chon & Park, 2021; Coman et al., 2021).

In the following section, we analyse the rhetorical situation, emphasising constraints such as anxiety and uncertainty that characterised the situation as the COVID-19 virus moved closer to Norway. The authorities portrayed the situation by using assuring and calming rhetoric but also by introducing some modest efficacy measures. Ethos was built through the practice of transparency, and an expert position was constituted by having several spokespersons clarifying roles and responsibilities and using a "rhetoric of expertise". Finally, efforts to have two-way communication with the public through social media were prioritised. We trace these strategies by analysing media statements and employing focus group research and qualitative interviews (referred to here by interviewees' titles or focus group participants' first names; see Appendix A for further details). We also draw on data from the ethnographic observation in the communication departments of the NIPH and the NDH during this period.

◆ ◆ ◆

Vignette 3.1 Confronting falling trust

On 31 December 2019, the Wuhan Municipal Health Commission in China reported several pneumonia cases that would eventually be identified as a novel coronavirus (World Health Organization, 2021). The SARS-CoV-2 outbreak was first mentioned in Norway by the newspaper *Dagbladet* on 3 January 2020. At a meeting on 13 January, the outbreak group at the NIPH started to work on advice for the population, health workers, and municipalities (Sølhusvik & Stoltenberg, 2021). On 23 January, the director general of the World Health Organization pointed to the potential for a global health emergency. The senior physician at the NIPH, Preben Aavitsland, wrote in the journal of the Norwegian Medical Association: "The Coronavirus epidemic will hit Norway" (Aavitsland, 2020). He was criticised for creating drama.

The virus was a scary but distant problem for the Norwegian public, as indicated in the picture in Figure 3.1. In the photo, an elderly man is sprawled on the ground as individuals, presumably medical personnel, clad in full-body protective gear, attend to him. The presence of a sign with Chinese characters on the shop wall behind them underscores the geographical and cultural distance between the scene and viewers in Norway.

Figure 3.1 An early photograph from China, 31 January 2020

SOURCE: Agence France-Presse, 2020

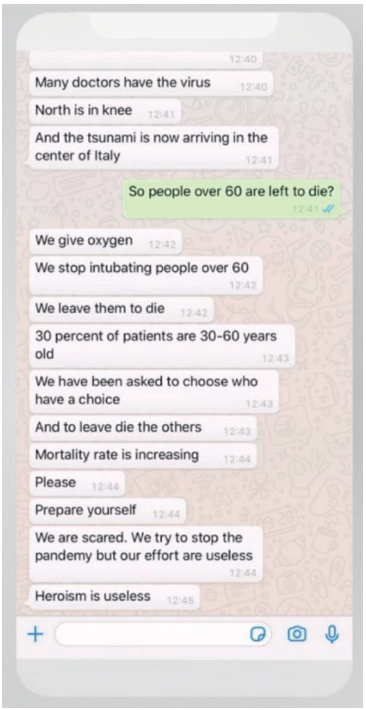
On 30 January 2020, the World Health Organization declared the outbreak a "public health emergency of international concern". The day after, the NDH was given the main responsibility for coordinating the work of the health and care sector in cooperation with the NIPH and other agencies (Norwegian Government, 2023a). The NDH commissioned a weekly survey, and when the first results were in, they showed that 74 per cent

of the population had great trust in the public health authorities and their handling of the coronavirus (2–8 February, week 6).

The first Norwegian infection was reported on 26 February. Two days later, an info line was established by the public health authorities. The mentioned senior physician at the NIPH was quoted by the largest Norwegian newspaper, *VG*: "I think this will be very big". The subtitle read "Expert: The coronavirus outbreak could be worse than swine flu" (Sæther, 2020: 13).

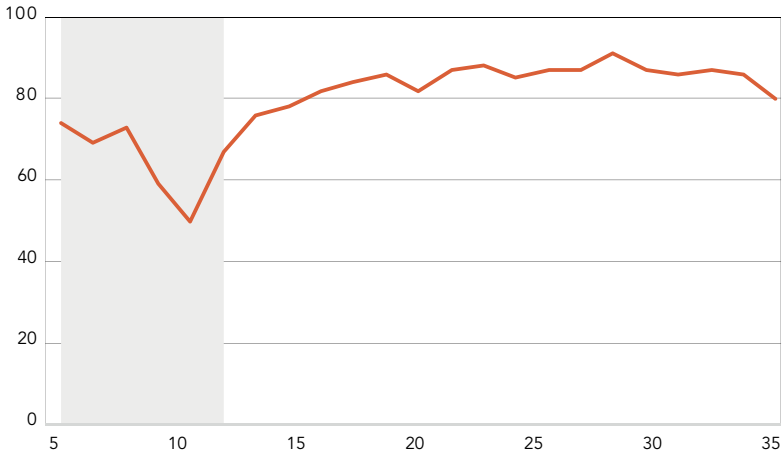
Then, dramatic and frightening stories appeared from Italy using phrases such as "we went past room after room filled with coffins", "apocalypse", and "a war they are about to lose" (Walnum, 2020). Pictures showing over-filled hospital corridors and desperate pleas from Italian health personnel were circulated publicly. *VG* published an image of an SMS message containing alarming statements from an Italian doctor: "We leave them to die" and "prepare yourself. We are scared. We try to stop the pandemic, but our efforts are useless" (see Figure 3.2). The first Norwegian death was reported on 12 March. In the beginning of March 2020 (week 10), the level of trust in the public health authorities dropped by 24 percentage points (see Figure 3.3).

Figure 3.2 Message from an Italian doctor, 9 March 2020



SOURCE: VG

Figure 3.3 Trust in the public health authorities by week, 2020 (per cent)



COMMENTS: Question: "To what extent do you trust the health authorities' handling of the coronavirus?" The figures show the share who marked the option "to a great degree". The number of respondents varied between 361 and 875. The shaded area indicates weeks 6–11.

SOURCE: NDH weekly surveys

◆ ◆ ◆

The rhetorical situation

Rhetorical problem

Figure 3.3 shows how trust in the public health authorities dropped dramatically in late February and early March 2020. One possible explanation for this might be what was considered irresoluteness and a lack of action from the authorities and media coverage of how the virus was getting progressively closer, all the while having disastrous consequences. The situation in Italy is a prime example (see Figure 3.2). Early on, COVID-19 was described as a spark that had the potential to become a bigger fire. The World Health Organization (2020c) argued that the strategy to tackle the virus should be "containment":

> In recent days we have seen some concerning instances of onward transmission from people with no travel history to China, like the cases reported in France yesterday and the UK today. The detection of this small number of cases could be the spark that becomes a bigger fire. But for now, it's only a spark. Our objective remains containment. We call on all countries to use the window of opportunity we have to prevent a bigger fire.

"Containment" was here understood as attempting to slow down the spread of the virus – to gain time to prepare for it. This was a view shared by most epidemiologists, while many hospital doctors favoured stronger measures to *stop* the virus (e.g., Hexeberg et al., 2020). In his book on the pandemic experiences, the deputy director of the NDH, Espen Ropstrup Nakstad, argued that while the health authorities declared they were ready, there was less attention to the readiness of the local health services or the hospitals. He characterised the approach of the public health authorities in this period as passive, probably explained by how they lacked daily contact with patients and specialists in the health services (Nakstad, 2021). Similar views were aired by physicians regarding how the NIPH maintained an overarching, bird's-eye perspective (e.g., NRK, *Debatten*, 3 March 2020). In the NIPH, however, many felt that the NDH lacked the daily experience of working with infection control. The NIPH's experts also outnumbered that of the NDH. The former had approximately 330 people working in this area, while the team at the NDH consisted of five people, including both doctors and lawyers (Sølhusvik & Stoltenberg, 2021).

At the very beginning of this phase, the authorities did not need the public to *do* anything, but first and foremost they had to establish and confirm their role as experts and authorities on the matter. But it soon also became necessary to influence attitudes and behaviour, such as properly washing hands and staying in quarantine after travelling abroad. Thus, the build-up phase was characterised by a gradual move from one rhetorical situation to another: the first, where the crisis *potentially* would hit Norway, and the second, where the risk increased and the crisis became more imminent. In the first situation, the authorities had to respond with whatever information they possessed and provide reassurance by appearing to be in control of the situation. In the second situation, the information needs increased and the population had to be readied for what was coming (Coman et al., 2021). The underlying rhetorical problem for the public health authorities concerned how they could assure the population that they had control despite the fundamental uncertainty of the situation, and thus, that there was no need to panic, but that the population should still prepare itself. Hence, the fitting response of the authorities would be to establish an ethos of expertise to maintain trust, signal the risk severity, and point to ways citizens could prepare themselves. In the notes from the first observation period in the NIPH, it was remarked: "It seems like there's an effort to be prepared for [the crisis] to be prolonged" (observation notes, 4 March 2020). In a later interview, an NIPH employee talked about how they did not want to recommend too strict measures "too early" in order to not exhaust the population. The view was that this was going to take time (Director 3, 2023).

Rhetorical audience

Bitzer (1968) wrote that an audience is rhetorical when it is necessary for producing the ends of the speech – a rhetorical audience serves as a mediator of change. The rhetorical audience in this phase was the entire Norwegian population. In an analysis of German preparedness during the same period, a rather dismal picture was painted of how the public health authorities construed the general public. The practitioners believed that the public might respond with fear, potentially exhibiting behaviours of overreaction and panic in the face of a pandemic (Hall & Wolf, 2021). Such panic could in turn lead the public to act in unwanted ways, hindering the fight against a pandemic. In interviews with NIPH representatives, however, fear was also recognised as having a productive potential. Fear may drive the public to act during a crisis: "If you do not see something as a serious threat, you do not feel the need to act either" (Director 3, 2023).

A certain *lack* of fear, however, seems to have been a common attitude among Norwegians in early February 2020. In the focus groups conducted by the PAR project, several participants in the group of families with children under 18, as well as an empty nester, described how they experienced the virus as a distant phenomenon:

> I thought that this was something strange happening in China but not that there was anything to worry about. (Stefan)
>
> I thought that it was probably nothing. I bet it's "wolf, wolf!" (Anders)
>
> I thought that it would be almost like the swine flu [the H1N1 pandemic]. (Anja)
>
> I thought it would be something that would pass relatively fast. (Ivar)

These comments indicate that the public did not yet feel that the crisis had a direct connection to themselves and their lives. This was soon to change.

In early March, the Ministry of Justice and Public Security sent a situation update to all ministries, pointing to critical comments and articles in the media accusing the authorities of being poorly coordinated and ill-prepared (Norwegian Official Report, 2021). The focus group participants talked about how they experienced growing anxiety as the media coverage of certain events and trends grew in late January and February 2020, as expressed by two empty-nesters: "When Wuhan was shut down, found it very frightening that there was no discussion of international cooperation on not spreading the virus outside China, especially a global plan" (Ada); "Very confusing info, both from different countries (via NRK) and from the Norwegian government/NIPH. It's not easy to comprehend. Difficulty filtering what is true/valuable and what is 'hype' by the media" (Dirk). The information they found in the media thus seemed to increase people's anxiety because they considered it confusing. The lack of a plan and international cooperation was evident.

The situation in Spain, and Italy in particular, was brought up by several of the focus group participants, as these are popular holiday destinations for many Norwegians and geographically and culturally closer to Norway than China: "It became far more serious for me as soon as it hit a country like Italy, so similar to us, a country we Norwegians visit on vacation and feel quite close to. And how serious the eruption was when it came" (Elisa); "The situation in Italy. That the health service was unable to help all those infected" (Ida). An interviewee in the communication staff of the NIPH also pointed to the situation in Italy as an explanation of the dwindling trust:

> Just before 12 March, there was a lot of unrest and fear in the population, it was because it was global and because the situation in Italy was on the front page of all the newspapers and news broadcasts around the clock with terrifying pictures. I think that caused a lot of unrest in Norway as well. (Director 4)

In his book, the minister of Health and Care Services, Bent Høie, described a growing frustration and public anxiety: "This was exactly what I feared would happen because the communication was divergent and unclear. […] The NDH wanted strict measures, the NIPH thought it was too early" (Høie & Litland, 2022: 19–20). Observation notes indicate that the social media team of the NIPH observed a shift in the tone of the comment sections. According to these reports, there was an increase in anger and fear among the commenters. Additionally, responses from the social media team were now more likely to provoke strong reactions: "Much of the contact is driven by people being worried; it seems that the information does not reassure, that they are not reached by the professional approach. They remain scared" (observation notes, 6 March 2020). The NDH did not sound the alarm.

> We had no recommendation to cancel large […] gatherings […] in that phase. But here we see that the decline in trust comes in parallel with the emergence of more and more cases of infection, and at the local level, in municipalities and workplaces, they begin to take measures much stricter than what we recommended. […] Groups formed saying that the authorities are not handling this, and we must do things on our own. […] They probably wanted the authorities to say something forceful like "now we are blowing the whistle". And we did not. Mostly because we did not have the knowledge needed to declare a national crisis. Also, because we have not received that order from the [Ministry of Health and Care Services]. (Director 7)

Thus, to understand the drop in trust showcased in Figure 3.3, we may point to how it became increasingly clear to the Norwegian public that the situation in Europe was dramatic, which led to concern about how the situation was handled in Norway. The rhetorical audience was thus only a mildly concerned population at the beginning of this phase, and a population who needed and

wanted guidance, information, and measures in the days leading up to 12 March. Importantly, however, a positive trust effect was observed and linked to the measures introduced *ahead* of the lockdown. During the observation period, a shift was also noted by the NIPH social media team that summed up "measures work" (observation notes, 12 March 2020).

Rhetorical constraints and opportunities

While the risk and preparedness phase was largely concerned with raising awareness of the risk of a pandemic, lack of attention was hardly a problem during the crisis build-up phase. In contrast to previous pandemics, the COVID-19 pandemic was marked by the extensive presence of social media and the 24/7 news stream (Taylor, 2022). The public could follow the fast, but still gradual, development and approach of the virus practically minute by minute. On the Facebook page of the NIPH, one could find posts chastising the public health authorities for abiding their time while "plane after plane from Italy are landing".

Previous studies of media coverage of pandemics have concluded that the media frequently exaggerates the threat while giving less attention to the important measures of self-protection (e.g., Klemm et al., 2014). In February 2020, the front pages of Norwegian newspapers overemphasised the dramatic events with large headlines reading "The Corona Fear" and "This is way Corona is more dangerous than ordinary flu" (see Figure 3.4). The use of "alarm colours" red, black, and yellow and an alarm triangle further accentuates the impression of danger.

Figure 3.4 Newspaper front pages, 27 February 2020

COMMENTS: Translation left image: "This is why CORONA is MORE DANGEROUS than regular flu. First Norwegian infected". Translation right image: "CORONA FEAR. First case in Norway. How to protect yourself. The measures being considered".

SOURCE: *Dagbladet* and *VG*

Media attention intensified in the latter part of the period, topping on 11 March with over 3,000 hits in the Retriever database. However, it was not until the turn of February and March that the coverage picked up steam. There is also considerable literature on fear and risk communication, and a worry for public health authorities is that media coverage and the communication of risk will scare people unnecessarily (De Vocht et al., 2014; Garfin et al., 2020). Still, as mentioned, previous pandemic research has shown that fear is positively associated with compliance with recommendations. Hence, risk communicators are encouraged to devise careful and balanced fear appeals that do not create outright panic (van der Weerd et al., 2011; Witte, 1992). A key point that is singled out in much of the research is the presence of messages that also produce hope and efficacy. The belief that it is possible to do something about the situation has a positive effect on compliance (Petersen et al., 2022; Prati et al., 2011). Both extremely high and extremely low levels of fear may reduce the efficiency of advice and lead to panic, denial, or passiveness (Breakwell & Jaspal, 2020). An NIPH employee described the challenge of balancing the risk communication during the build-up phase:

> I've relied on risk communication [theorist Sandman] who says risk communication is incredibly difficult because of two things: Either people aren't doing what they're supposed to because they have too little fear or they're fearing way too much and doing the wrong thing. So, finding the right level of it. But I see that there is a constant dialogue between experts at the [NIPH] and the general public. And the population and experts are very often not completely in sync. So, before 12 March, we thought maybe people feared the coronavirus too little and that they were too little worried because we were very worried. And then around 12 March, the whole population became very worried of course but maybe a bit much when they started hoarding toilet paper at stores. So, then the fear was probably a little higher than we thought it should be. (Director 4)

Indeed, the mentioned media reports from the Italian hospitals in particular *were* frightening, as they presented a chaotic situation indicating a total lack of control in a European country with a healthcare system not so different from the Norwegian one.

The risk kitsch of COVID reporting (Wiedemann & Dorl, 2020) has been seen, partly, as a function of the high level of media exposure (Li, 2022). After the H1N1 pandemic in 2009, some critics claimed that the authorities and the media had been exaggerating the danger (Klemm et al., 2014). The potential number of deaths announced in the media contrasted with the actual number, prompting the accusation that both the authorities and the media had been crying wolf. To make things worse, the risk of narcolepsy increased as a result of the vaccine recommended by the NIPH. A total of 56 vaccinated people between 5 and 26 years old developed the illness (2017).

Many of the respondents in our focus groups mentioned the H1N1 pandemic as well. For instance, two seniors thought that COVID-19 would be "almost like the swine flu" (Anne) and another said: "I heard about it in the news in early 2020. It seemed scary but I did not believe it would come to Norway. I joked about the virus being the new Black Death. Had I only known…" (Ingeri). The level of anxiety and fear, then, were both rhetorical limitations and opportunities, and the challenge was to create a balance amid an uncertain situation.

Uncertainty was an important rhetorical constraint that would be present through all the phases of the pandemic, whether it pertained to the origin of the virus, the potential severeness of its effects, or the best strategies to contain it. Uncertainty can be defined as "any departure from the unachievable ideal of complete determinism" (Walker et al., 2003: 8). When, for instance, the strategies to manage the pandemic would change at later stages, this could also lead to uncertainty rooted in contradictions, creating an appearance of inconsistency. Uncertainty can also be the result of the very ambiguity of the situation – the many contextual factors that allow for several different interpretations (Markon et al., 2013; Markon & Lemyre, 2012). In the crisis build-up phase of the COVID-19 pandemic, it was still uncertain how severe the infections would be, and how fast and far they would spread. There was little research-based or experience-based knowledge to build upon.

Furthermore, there was a *network* of risks, for instance, concerning travelling abroad and attending large events (Rasmussen et al., 2023). At this point, however, the linkages between these risks, their nature, and severity were still quite uncertain. The uncertainty constraint also involved uncertainty about what the best strategy would be to tackle the pandemic. The described disagreement between the NDH and the NIPH was, at least in part, a result of this uncertainty, thus feeding into the organisational challenge of the situation.

The split responsibility between the NDH and the NIPH posed a rhetorical constraint. Later, the involved actors described struggles over jurisdiction and frequent poor cooperation between the two institutions (Nakstad, 2021; Sølhusvik & Stoltenberg, 2021; Aavitsland, 2023). Our analysis of the media coverage of the health authorities' communication during parts of the pandemic shows that the internal disagreements between the national health institutions were mentioned twice as often in Norwegian media than in Swedish and Danish media (for the selected weeks between 16 March 2020–16 May 2021; see Appendix A for the programmes analysed). The organisational issue of "who is responsible for what" was also an aspect that was mentioned in the public evaluation reports (Norwegian Official Report, 2021, 2022, 2023).

The mentioned, the deputy director of the NDH, Nakstad, would later argue that because of the pressing situation, it would be impossible to wait for

thorough international studies before introducing measures (Nakstad, 2021). In the NIPH, however, there was frustration that the NDH introduced measures without knowing their consequences and without informing or consulting the NIPH. This created challenges for the communication staff when they received telephone calls asking for clarification about the recommendations. There was also disagreement about how the lockdown should be characterised (Sølhusvik & Stoltenberg, 2021). During the observation period, NIPH employees would occasionally comment that the NDH "barged in" or exceeded the scope of their competence. In the internal evaluation report from the communication department of the NDH, it was also noted that the cooperation had been difficult in the early period. Still, the former minister of the Ministry of Health and Care Services argued that it was a strength that the two institutions had different views, as it helped to improve the discussions and the political decisions (Høie & Litland, 2022).

From February 2020, before the discovery of the first cases that could not be traced abroad, the NIPH and NDH held separate press conferences and provided contradicting advice and descriptions of the situation (Høie & Litland, 2022). As more Norwegians became infected, and everything indicated that Norway was heading into a serious epidemic, the director general of the NDH, Bjørn Guldvog, suggested that he and the director general of the NIPH, Camilla Stoltenberg, should hold press conferences together. The former thought it would be good if the NDH and the NIPH could speak with one voice about the pandemic threat. The latter, however, did not agree, since she was afraid that this would jeopardise the independent role of the NIPH, especially when their analyses and conclusions deviated from the assessments of the NDH (Sølhusvik & Stoltenberg, 2021). The first public evaluation report describes instances of disagreement about, for instance, whether people should shake hands when meeting (Norwegian Official Report, 2021). Still, at the beginning of March, the minister of Health and Care Services ordered the NDH and NIPH to introduce measures and to back these at joint press conferences (Høie & Litland, 2022). An NDH director commented: "People in professional communities must argue. And as a politician, you want simple messages that you can give to the population. Politics is about 'putting it in a nutshell', showing direction, and being clear" (Director 7).

The experience relating to the H1N1 pandemic in 2009 was casting a shadow over the NIPH in particular. One of the interviewees used the term "traumatic" (Director 3, 2023). First, this related to the mentioned negative consequences of the vaccine the institute had recommended (NIPH, 2017). Second, however, it related to the idea that the public health authorities should speak with one voice. As explained by one respondent: "[One] of the things that was a little traumatising was the experience of having to speak with one message, whether you agreed or not, so as not to confuse and worry the population unnecessarily" (Director 3, 2023).

In her book, the director general of the NIPH, Camilla Stoltenberg, described how she – as then an outside observer – had perceived the frequent joint press conferences between the NIPH and the NDH during the H1N1 pandemic:

> Three serious men stood on the podium in dark suits, and it seemed as if they had practised saying the same thing. NIPH's representative stood by the Director General of Health as if he did not have an independent role and responsibility. (Sølhusvik & Stoltenberg, 2021: 39)

Stoltenberg commented that she thought that the NIPH employees probably discussed backstage and that they were afraid to say something that could be interpreted as disagreement.

Taken together then, the rhetorical situation during the crisis build-up phase was fraught with substantial constraints influencing the rhetorical strategies. On the other hand, as the media attention grew, this could also be said to form an opportunity for the public health authorities, since they did not have to struggle to get the media interested. Instead, they experienced something of a pull effect as journalists wanted comments and the public increasingly wanted information about the risk and advice on how they could prepare themselves. What was until then a more distant and almost abstract risk increasingly became concrete and threatening. Hence, the need for guidance and instructions grew.

Rhetorical strategies

The rhetorical problems, constraints, and opportunities were handled through five main strategies during the build-up period: 1) The authorities used reassuring and calming rhetoric, 2) efficacy was furthered through the introduction of modest measures, 3) transparency was implemented to strengthen trust, 4) an expertise position was constituted by using several spokespersons, clarifying roles and responsibilities and using a rhetoric of expertise, and 5) two-way communication took place with the public by using social media and setting up an information help line.

A reassuring rhetoric

While the NIPH had warned about what would happen (Aavitsland, 2020), the NDH emphasised the uncertainty in the situation and would not sound any alarm as to not worry people unnecessarily. Instead, they asked that people kept an eye on symptoms: "For now, there is no reason not to continue with your normal lives" (Director 7). Nonetheless, the NDH established the so-called Corona-tracker to monitor the population's concern and knowledge about what was happening. Then, after the first confirmed case in Norway,

the minister of Health and Care Services "went from one news show to the other and attempted to appear as calm as possible" (Høie & Litland, 2022: 17). The attempt to use calming and familiarising rhetoric is a strategy known from empirical studies of pandemic management (e.g., Hall & Wolf, 2021). The authorities want to assure the population that they have control and that there is no need to panic. An early example from the Norwegian public health authorities echoes the rhetoric of planning from the risk phase described in the previous chapter:

> New deadly virus discovered in China. Now it has started to spread. The virus is spreading in Asia and is life-threatening. There is no vaccine or treatment for the disease. […] – We cannot rule out that an infected person comes to Norway. Therefore, a plan is being prepared for how to handle infected people. (Hjønnevåg, 2020)

Although the message about the untreatable virus was ominous, the information about the authorities' preparation for how to handle those who may be infected was intended to reassure the public. Another early example from the news coverage similarly warned that a further spread of the virus was not unexpected, and Norway had to be prepared for the arrival of infected people. Here, too, it was stated that the health authorities were well prepared, in case the disease reached Norway (Torres, 2020). Not only were there plans in place, but the NIPH later presented the somewhat comforting message that most people seemingly only experienced mild symptoms: "It's too early to draw any definitive conclusions. [Still,] it appears that [the virus] causes mild symptoms in most people but that in some – especially the elderly and others with underlying disease – it can be more serious" (Zondag & Solvang, 2020).

This reassuring rhetoric allowed the authorities to provide quite frightening information while avoiding too much fear or panic among the population. Public-sector entities typically embody a bureaucratic ethos (e.g., Du Gay, 2005), necessitating a restrained approach that aims to exert a soothing influence. This approach can manifest through various means, including language choice, argumentation styles, body language, and additional non-verbal cues. During the press briefing following Norway's initial case of COVID-19, health authority officials employed numerous rhetorical techniques characteristic of the early response phase. The director of infection control at the NIPH and the head of the NIPH's Outbreak Management Team exemplified calm demeanours. Their facial expressions were grave yet not indicative of panic (as depicted in Figure 3.5). They maintained composed gestures, articulating their points with clarity, and their speech was notably serene and untroubled. The information shared was reassuring: The patient had recuperated and was in good health upon her return to Norway from China, reducing the likelihood of virus transmission. A precautionary home quarantine was advised.

Additionally, the airline proactively contacted passengers from the same flight, advising those with respiratory symptoms to seek testing. This proactive

response highlighted the health authorities' anticipatory measures and their maintained grip on the situation. The head of the Outbreak Management Team further clarified that the diagnostic tests employed were exceptionally sensitive and capable of identifying even non-viable viruses. This detail further underscored the health authorities' access to highly effective tools for COVID-19 detection, reinforcing their ability to stay ahead in managing the pandemic's challenges.

Figure 3.5 First Norwegian press conference, 26 February 2020

COMMENTS: Translation of subtitle: "First coronavirus case confirmed in Norway. Woman tested positive after visiting China".

SOURCE: NRK.no

Still, the public health authorities had to balance this type of rhetoric against a rhetoric preparing people for what was to come (Aavitsland, 2020). Until the end of February, however, the media attention was relatively scarce. NIPH employees were worried that the population was not sufficiently concerned (NIPH presentation, 12 March 2020).

In early March, new rules and measures were discussed and implemented, for instance, regarding a maximum number of participants at events. In the NIPH communication department, some of the employees expressed that it was not certain that all of these measures had significant effects in terms of infection control, but that they perhaps needed to be introduced to address the population's sense of insecurity (observation notes, 10 March 2020).

Introducing self-efficacy measures

One of the very first posters made by the NDH and the NIPH in this phase was put up in airports and similar places and was aimed at travellers arriving

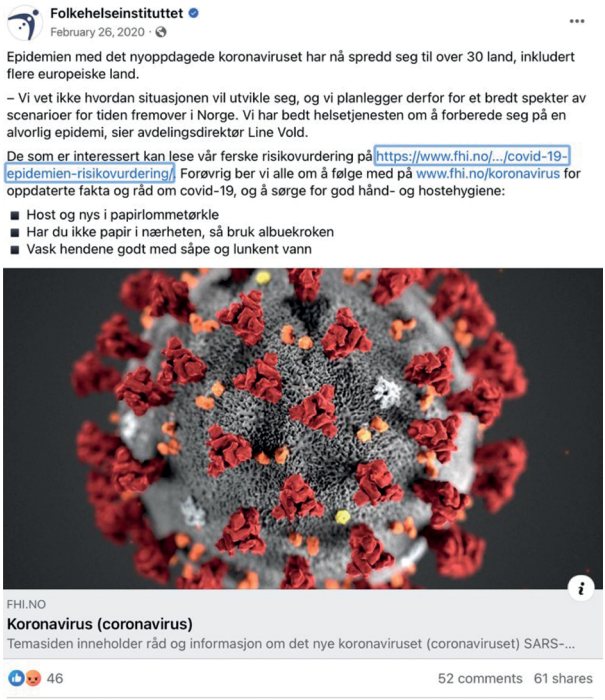
from China (see Figure 3.6). The poster had a simple design, with black text on a white background. The word "CORONAVIRUS" was written on a background of yellow, which often signals caution. The poster conveyed one clear message in Chinese, English, and Norwegian, that anyone with symptoms of respiratory infection should call a doctor. In the early phase, it was important to keep the communication simple, with one or very few points in each message. This type of instructing rhetoric is crucial to strengthening people's perception of self-efficacy, that is, the belief that it is possible to do something (Bandura, 1982). This notion has been firmly established within crisis communication research as an important motivator for action (Coombs, 2016; Jin et al., 2024; Kim, 2022).

Figure 3.6 Campaign poster addressing travellers from China, 18 February 2020

SOURCE: shared under Creative Commons licence CC BY-SA 4.0

Later in February, however, more elaborate material was launched. The first NIPH Facebook post about the novel coronavirus was published emphasising the uncertainty of the situation, but also asking people to use a paper tissue or a flexed elbow when sneezing and urging thorough hand washing (see Figure 3.7).

Figure 3.7 First announcement on Facebook, 26 February 2020



COMMENTS: Translation: The epidemic with the newly discovered coronavirus has now spread to over 30 countries, including several European countries. "We do not know how the situation will develop, and we are therefore planning for a wide range of scenarios for the future in Norway. We have asked the health service to prepare for a serious epidemic", says department director Line Vold. Those interested can read our latest risk assessment at [link]. Moreover, we ask everyone to keep up at [link] for updated facts and advice on COVID-19 and ensure good hand and cough hygiene: Cough and sneeze into a tissue. If you don't have a tissue nearby, use the crook of your elbow. Wash your hands well with soap and lukewarm water.

SOURCE: NIPH Facebook

Posters with variations of this and similar advice were produced throughout the pandemic. The most widely distributed poster was based on previous material and made in a hurry by the NDH and NIPH and featured an NDH employee as a model (see Figure 3.8). Interestingly, the poster did not mention either corona or COVID-19. The versions that followed, however, made this link explicit and relied on simple drawings to issue directives about behaviour like keeping distance from others, staying at home if ill, and self-testing yourself if infection is suspected (see Figure 4.3).

Figure 3.8 Campaign poster emphasising general hygiene measures

SOURCE: NDH

Issuing these clear and concise recommendations may signal efficacy on behalf of the public health authorities as well. The use of the textual imperative form ("Wash your hands," "Use a flexed elbow when you cough or sneeze") may have strengthened this impression. It was also a way of conveying hope and indicating that the pandemic could be overcome and that citizens themselves could contribute to that. This has increasingly been emphasised as an important aspect (Petersen et al., 2022; Prati et al., 2011). When asked what they do when people are scared, a director at the NIPH answered: "We offer guidance on the best actions to take. That's what we can do. To avoid falling ill, it is essential to follow these specific steps" (Director 3, 2023). The NIPH considered this to be the crux of risk communication: "After all, risk communication is about telling people whether it is dangerous, whether you have reason to be afraid, and what you should do if it comes your way" (Director 3, 2020).

The overall communication goal was "to enable the population, the municipal health service, and the government to deal with the crisis and get through with the most important measures that most people have to do, i.e., social distancing, washing hands and such" (Director 4).

Transparency about uncertainties and disagreements

Pre–COVID-19, the NIPH had a clear goal of communicating transparently. A banner in the entry of the NIPH headquarters read: "The transparent institute". In her book, the then director general wrote: "What could have been the alternative? 'The opaque institute'?" (Sølhusvik & Stoltenberg, 2021: 86). Transparency was incorporated as an important strategic concept and became a key rhetorical strategy throughout the pandemic. It had also been manifested as key in the 2014 Norwegian national preparedness plan for pandemic influenza (Ministry of Health and Care Services, 2014). In an interview, an NIPH director presented the following rationale:

> A [goal] has been to be open and transparent also about uncertainty so that we have the necessary confidence that people think that it is wise to do what we recommend that they do. And so that they know the background of why they should wash their hands and keep their distance. The theory, then, is that people themselves should have the opportunity to make informed choices about how much risk they want to expose themselves to. (Director 4)

Already in their first Facebook post about the novel coronavirus, the NIPH was open about uncertainty and lack of knowledge: "We do not know how the situation will develop, and we are therefore planning for a wide range of scenarios" (see Figure 3.7). The NDH also demonstrated openness from early on. On the NRK debate programme *Debatten* on 27 February 2020, the director general of the NDH expressed both uncertainty and the will to be transparent:

> And then we don't know exactly how many who will become so seriously ill that they will die. The pundits disagree on that point, and one is still calculating back and forth […]. We want transparency in Norway […]. This is difficult, but I want the public to know that what we are doing, they will be informed about […]. But I think both citizens and journalists should know that they will get that information. Because I think you would be quite annoyed with us if we were doing this secretly, in dialogue with the healthcare service.

The institute should be open about uncertainties but also about disagreements (Sølhusvik & Stoltenberg, 2021). The latter point creates tension with another frequently mentioned principle for crisis communication, namely the organisation should speak with one voice. The existing research in organisational crisis theory generally recommends that messaging in a crisis should be coordinated, and such coordination between agencies was considered a key component in emergency management (e.g., Offerdal, Just et al., 2022; Tagliacozzo et al., 2021). In the Central Government Communication Policy, openness and coherency are two of five main principles mentioned (Norwegian

Ministry of Government Administration and Reform, 2009). Similarly, the existing Norwegian plan for pandemic preparedness recommends coordinated communication and argues that a lack of coordination can lead to inconsistent advice, confusion, and a loss of trust (Ministry of Health and Care Services, 2014; Offerdal, 2023).

During the H1N1 outbreak in Norway in 2009, for instance, it was a crucial aim that the message came across as clear and that the authorities spoke with a single voice (Brekke et al., 2017). However, maintaining a balance between different communication principles was difficult because the involved governmental bodies stress these principles differently. Specifically, during the H1N1 pandemic, tensions arose concerning how to balance governmental actions and control with the need for transparency about the uncertainties surrounding the pandemic's evolving situation (Brekke et al., 2017).

A concrete example of the administrative autonomy mentioned in Chapter 1 came in the form of a statement from a senior physician at the NIPH, Preben Aavitsland, in early March, warning about the situation in Italy:

> Sooner or later this epidemic will arrive in Norway. Everyone has to prepare. […] Before this is over, a relatively large part of the population must go through this infection, up to 20, 30 or 40 per cent or more. But most will only get a cold or be lightly affected. A few, unfortunately, will have to be hospitalised. (NRK, *Debatten*, 3 March 2020)

This message came as a surprise for the minister of health, as well as the director general of the NDH. The Ministry of Health asked for clarification on whether this was the official view of the NIPH, and the director general of the NIPH, Camilla Stoltenberg, defended the autonomy of the employee (Sølhusvik & Stoltenberg, 2021).

There is literature on the merits but also problems of communicating about uncertainties, which we discuss in the next chapter. It has been suggested that if unpleasant or scary information is held back, this does not necessarily reassure the public. Instead, it might lead to distrust in medical personnel. Thus, it has been suggested that public health authorities can enhance their effectiveness in managing potential or actual epidemics by proactively sharing challenging information about infectious diseases. Communicating these facts early, before events unfold, can prevent situations where the officials appear unprepared for the public's response (Johnson & Slovic, 2015). Responses from the PAR focus groups support this, as some of the participants used the term "honest" when experts expressed uncertainty, something they respected (Ihlen, Just et al., 2022). Thus, the strategy of transparency can be seen as a way of strengthening perceptions of integrity, one of the mentioned key strategies for trustworthiness (Baer & Colquitt, 2018; Mayer et al., 1995). In the public evaluation reports, both the NIPH and the NDH were commended for their practice of transparency, and it was argued that this had strengthened

trust in the authorities and the handling of the pandemic (Norwegian Official Report, 2023). Later in the pandemic, both the NDH and the NIPH regularly published their advice on strategies and measures to the government before the press conferences led by the latter (Norwegian Official Report, 2021).

Constituting expert position

The NDH and the NIPH were relatively unfamiliar to the Norwegian public before the pandemic. Despite being Norwegian public authorities, which naturally lends them a degree of credibility, these institutions still needed to establish their ethos as entities possessing substantial and relevant expertise. What can be established is that the ethos of the public health authorities changed during the pandemic's lifespan. Several of the representatives went from being unknown to becoming media celebrities. Thus, the situation studied in this chapter was also a build-up phase for the ethos of the public health authorities. The NIPH met the heavy demand for information by sending their competent experts, rather than their communication officers, to answer questions from the media and to appear in televised debates.

Talking with the on-duty press officer during the early observation period at the NIPH, the officer emphasised that they thought it was an advantage to have many different professionals with media training. As these became more experienced, they became even more proficient (observation notes, 5 March 2020). This contributed to building an ethos of expertise. As the average citizen cannot judge the quality of scientific expertise, they depend on an understanding of the experts (Collins & Evans, 2019). The creation of scientific knowledge is deeply influenced by how we perceive the personal character, trustworthiness, overall integrity, and openness of the individuals involved in its production (Keränen, 2010). The trustworthiness of scientific knowledge, then, depends on the person who shares it.

The representatives from the NDH and the NIPH communicated through what can be called a rhetoric of expertise. Johanna Hartelius's (2011) rhetorical model of expertise points to, for instance, how experts build credibility by associating with other experts or areas of expertise (expert networks). When the expert explains or spells out what they know, how they know it, and how the knowledge is put to use, they demonstrate a particular knowledge (expert techne). One example of the demonstration of techne can be seen in the above-mentioned first NIPH Facebook post about the novel coronavirus (see Figure 3.7). Here, the head of the NIPH's Outbreak Management Team admitted the uncertainty of the situation, while also explaining the health authorities' efforts to be prepared. Expertise can also be established by sharing knowledge, either by explaining the process of acquiring it or concentrating on the subject matter itself (pedagogy). It is also necessary for experts to draw connections between their expertise and what the situation requires

(fitting need). Experts assert their value by showing how their knowledge addresses critical needs, thereby contributing to the greater good. They position themselves as providing unique insights or solutions, distinct from what laypeople or other experts can offer.

An empirical example of this type of rhetoric can be found when the director general of the NDH, Bjørn Guldvog, appeared in a televised debate programme in early March to discuss the possible cancellation of a big outdoor sports event at a time when the total number of infected in Norway had climbed to 24. The director general stated that the authorities "follow [the pandemic] closely and take each case very seriously, follow up with contact tracing of each individual, and have, at least for now, good control of the paths of transmission that we have examined". Here, he explicated what they knew, how they knew it and how they put the knowledge to use, thus demonstrating pedagogy and techne. He continued, "and this is decisive for us to be able to reduce the infection", showing that their expertise was fitting and necessary. Finally, he said that they had a discussion (about safety at larger events) in the Committee for Preparedness towards Biological Incidents. Here, he showed that he was part of a larger group of experts.

Implementing two-way communication

The first NIPH information page was launched in January 2020, and the first Facebook post mentioning the novel coronavirus was published in late February. The dedicated web page contained facts and travel advice and was launched to control the information flow and secure correct information. The public health authorities also ramped up their work with social media – strongly coordinated with support from relevant experts, so the communication departments could answer questions they could not answer themselves (observation notes, 4 March 2020). The communication work was shared: The NIPH took care of social media, while the NDH had the main responsibility for campaigns. In later presentations, both institutions shared how they developed dialogues with different interest groups throughout the pandemic, including patient organisations, disability organisations, businesses, sports federations, municipalities, nongovernmental organisations, and minority organisations (Johannessen, 2021).

In the NDH communication strategy of 9 March 2020, it was stated among other things that they should "talk about what we do and why we do it" and to "be seen as forthcoming and receptive". This focus on dialogue was also expressed by an informant at the NIPH, who described this as an important ambition (Communication Advisor 1). Among the very first actions to establish two-way communication with the population was a telephone information line. An NDH interviewee described it like this:

> In the beginning, […] we saw tendencies towards anxiety and depression and sheer fear, in those contexts we had a lot of cooperation with the other helplines as well. […] It was very much for those who were in the risk group, fear of being infected, death, anxiety about the infection situation, and also concerning being alone, so depression. (Director 5)

Initially, the use of social media platforms was not particularly effective. A representative from the NIPH mentioned that there was an initial need for more personnel to manage responses effectively. While Twitter functioned somewhat in line with the crisis response plans, Facebook's performance was notably lacking (Communication Advisor 1). The communication department lacked resources from the infectious diseases department to help produce posts and answer questions correctly, and they were not able to post or engage much initially:

> And it created an information vacuum and irritation and resentment on social media. We also got a lot of irritation and a lot of discussion on the posts that were already out, for example, on one post about how to prevent lice, which in itself created irritation. How could we prioritise the prevention of lice in a COVID-19 crisis situation? So, we took steps to get help from relevant experts to post several different types of posts multiple times. And then we had a much more positive dialogue with those who were on social media through that initiative. It has worked out well. (Director 4)

This shows that they were learning by doing, in a situation unlike any previous crises they had experienced, but the main goal of using social media was to enable the citizens to make informed choices. In addition, however, the goal of building trust was also acknowledged, and one of the informants referred to integrity and goodwill: "People […] should trust that when we post something, it's not because it's anything other than that we indeed want what is best for people in Norway" (Communication Advisor 1). Having a dialogue with the citizens was thus also a way of strengthening the health authorities' ethos.

This thinking also extended to how the communication staff aspired to provide good service to the citizens even if they did not understand where to address their questions. Instead of saying, "no, you have to ask the Norwegian Medicines Agency about this issue", the social media team would try to help the user there and then. One advisor pointed out that the organisational landscape of the public health authorities is complicated, and hence "to establish oneself as a health authority that delivers solutions, it is essential to be nimble and collaborative" (Communication Advisor 1). In an evaluation report, the NIPH also highlighted how social media had been an important listening post that helped to adjust communication about advice and rules that at times seemed difficult or conflicting (NIPH, 2023).

The health authorities also established a strong dialogue with the media, by being available for and inviting not only press conferences but also background talks. This was also an aspect that the public evaluators appreciated (Norwegian Official Report, 2021):

> When we realised that this was going to be big, we met with the media every afternoon, using a somewhat casual format. […] We needed the Norwegian media to understand what this was all about, [that they] asked good questions. So, we spent a lot of time, meeting them in the afternoons and just chatting. […] It was just like, we're available for you between 4 and 5, and then you get today's corona figures – these are today's updated numbers telling how many [are infected] in which regions. And there were two, maybe three, spokespersons […] who just talked to the reporters. […] We invested a lot in that period, increasing the knowledge of the media. […] So, I think it was worth it, both because they got the knowledge to ask good questions, and because our spokespeople became confident and practised talking about this. (Director 3, 2023)

This more informal dialogue worked as a sort of media training for the spokespersons of the NIPH. It was also intended to increase the competence of journalists, which in turn would make future communication easier for the health authorities. At the same time, it demonstrated goodwill, which, as already remarked, is considered a key strategy for strengthening ethos (Kinneavy & Warshauer, 1994).

Conclusion

A crisis build-up phase is the period during which initial indications of a potential crisis emerge. It serves as a crucial period of transition from the mere anticipation of a threat to its tangible manifestation and subsequent management. In the context of COVID-19, this pivotal phase commenced with the earliest reports of the novel coronavirus emanating from Wuhan, China.

Key to managing this phase effectively is the ability of public health authorities to maintain and even bolster public trust through strategic communication efforts that signal control, preparedness, and a clear understanding of the impending challenges. This entails a nuanced balance between raising adequate public awareness and concern to ensure compliance with health advice and mitigation strategies, without inducing a level of fear that could lead to societal paralysis or counterproductive behaviours (Prati et al., 2011; van der Weerd et al., 2011; Witte, 1992).

As shown in this chapter, the Norwegian public health authorities attempted to create trust by reassuring the citizens that they had control by emphasising the existence of plans and testing procedures, and by employing a rhetoric of expertise (Hartelius, 2011). Experts are typically trusted more than politicians

(e.g., Angelou et al., 2023). Through calming rhetoric, the introduction of self-efficacy measures, transparency about uncertainties and disagreements, the establishment of expert positions, and engagement in two-way communication, authorities sought to navigate the dual objectives of assuring control and preparing the public for potential crisis escalation.

Still, the initial rhetorical reactions were highly influenced by the uncertainty of the situation, but seemingly also by the constraints posed by the unclear organisation and split responsibility between the NDH and the NIPH (Nakstad, 2021; Sølhusvik & Stoltenberg, 2021; Aavitsland, 2023). First and foremost, this was expressed through the different views on how aggressive the measures should be, an issue that was played out in the media as well as by doctors outside the NIPH calling for stronger measures. This would be one of the most contentious debates both during and after the pandemic – how should a pandemic best be tackled? This is beyond the scope of the analysis in this book. However, the consequences of the different policy choices have obvious consequences for communication and vice versa, as shown in the previous chapter on risk.

The challenge of the uncertainty of the situation was met with a policy of transparency, for which the historical experience from the H1N1 pandemic was an important influencing factor. Despite these efforts, neither this policy, the introduced self-efficacy measures, nor the two-way communication efforts did much to quell the growing public anxiety, as the proximity of COVID-19 to Norway became increasingly palpable. The dramatic drop in trust in public health authorities in late February and early March 2020 was exacerbated by perceived inaction and the distressing situation unfolding in Italy (Nakstad, 2021; Sølhusvik & Stoltenberg, 2021). The public's initial underestimation of the virus's impact gradually shifted to heightened anxiety, influenced by media coverage and the visible crisis in countries culturally and geographically closer to Norway. It is not certain that improved risk communication efforts would have altered this situation. Being told to wash one's hands properly and sneeze into one's elbow might seem like an insufficient way to tackle a problem at the systems level.

Research on previous pandemics has demonstrated how compliance is positively associated with the belief that the authorities are acting in the best interest of the public (Prati et al., 2011). Nonetheless, addressing the issue of public dissatisfaction with a policy might require more than just adjusting the content and tone of communication. It demands a nuanced understanding that policies themselves, and the public's perception of them, play a central role in the overall effectiveness of crisis management. In this context, the ability of public health experts to articulate their expertise in a manner that resonates with the specific needs of the situation becomes crucial (Hartelius, 2011). As the crisis intensified and reports of the virus's spread became more frequent, the public's faith in this expertise began to waver. This scepticism,

whether rooted in a misunderstanding of epidemiological dynamics or not, posed a significant rhetorical challenge for public health authorities.

In one presentation (12 March 2020), an NIPH employee pointed to how intensified social media efforts and new rules and regulations had a positive effect on trust in early March. As Figure 3.3 shows, public trust started to rise the week *before* the lockdown that was announced on 12 March. During this week, the authorities introduced restrictions on entering the country for travellers arriving from countries with ongoing infections (Norwegian Official Report, 2021). At this point, there were over 100 persons infected with COVID-19 in Norway, more than half of which had recently been in Italy. There was an increasing worry among the population. Many seemed to be concerned about the lack of action from the authorities. For instance, a post from the NIPH on their Facebook page on 26 February triggered several angry comments. One comment: "You should be ashamed of yourselves[,] too few measures[,] you should have closed our borders!" Another: "Thought we could trust the health authorities, but this is a scandal!!! You wait and wait!!! While aeroplanes from Italy are landing at Torp airport! You must pull yourselves together now!!!" A third commentator was equally unimpressed, commenting on the perceived inactivity of the authorities:

> What amateurs when those who ask to be tested for infection after having been to risk countries do not get that test. […] There should be controls at airports and train stations. Soon the whole country will be hit by this. You do not seem to take this seriously at all. When you don't inflict quarantine upon people. In other countries, they disinfect aeroplane passengers when they come out of the aeroplanes. But you do nothing at all.

The introduction of quarantine and testing on the border in week 10 was not only a reaction to the facts and circumstances, but it could also be understood as taking the expressed will of the population seriously. Later in the pandemic as well, the trust levels would fluctuate somewhat, largely tied to how people wanted stricter measures (Opinion, 2022).

The introduction of a lockdown on 12 March 2020 served as a pivotal moment in the narrative of crisis communication and public trust. This drastic measure marked a turning point, potentially considered by the public as long-awaited, concrete action by authorities to combat the escalating crisis. The decision to implement a lockdown could be perceived as a tangible demonstration of the authorities' commitment to controlling the pandemic, offering a sense of relief and decisiveness amidst growing anxiety and uncertainty. Expanding on this, the shift in public trust underscores a critical aspect of crisis management: the public's need for visible, decisive action in times of profound uncertainty. While a lockdown's long-term effectiveness as a pandemic response measure can be debated, its impact on public perception is telling. It suggests that beyond the specifics of any given policy, the act

of taking bold, definitive steps can significantly influence public sentiment, providing a semblance of control and direction.

This dynamic illustrates the complex interplay between expert communication, policy decisions, and public response in the context of a global health crisis. It highlights the importance of not only communicating expertise and preparedness but also aligning these communications with actions that meet the public's expectations for leadership and decisiveness. As we delve deeper into the evolution of the crisis in the next chapter, we explore how these elements of trust, expertise, and policy action continue to shape the landscape of public health communication and the collective effort to navigate the challenges of the pandemic.

CHAPTER 4

How to establish urgency, gain compliance, and handle uncertainty

The crisis and full alarm phase

When a full crisis hits, authorities can frequently count on public support, at least for some time. The rally-around-the-flag effect has been documented in many studies, also in connection with COVID-19 (Van Aelst & Blumler, 2022). Still, there is a need to justify the measures taken to combat the crisis to ensure compliance and handle the uncertainty of the situation (Christensen & Lægreid, 2020; Kjeldsen, Mølster et al., 2022; Kornblit, 2022). In this chapter, we focus on the phase in Norway from the March lockdown until 7 April 2020, when the government announced a gradual reopening (Norwegian Government, 2023b). While the political authorities mainly attempted to justify the radical measures, the health authorities also addressed the need for information and reassurance. We show how the government's communication initiated a rhetoric of national unity, solidarity, and working together to meet the challenge (Bjørkdahl et al., 2021; Mølster & Kjeldsen, 2022). The communication during this period was not coercive or persuasive in a traditional argumentative way as much as it was a mixture of directive and invitational rhetoric. Citizens were not only provided direction but were invited to be part of a voluntary effort to curb the virus. While this rhetoric was initiated by the government, it was also frequently applied by the health authorities.

Apart from data from the mentioned ethnographic observation and qualitative interviews, this chapter also draws on the focus group interviews and campaign material, press conferences, and media appearances of representatives of the public health authorities.

◆ ◆ ◆

Vignette 4.1 The most drastic and intrusive measures since World War II

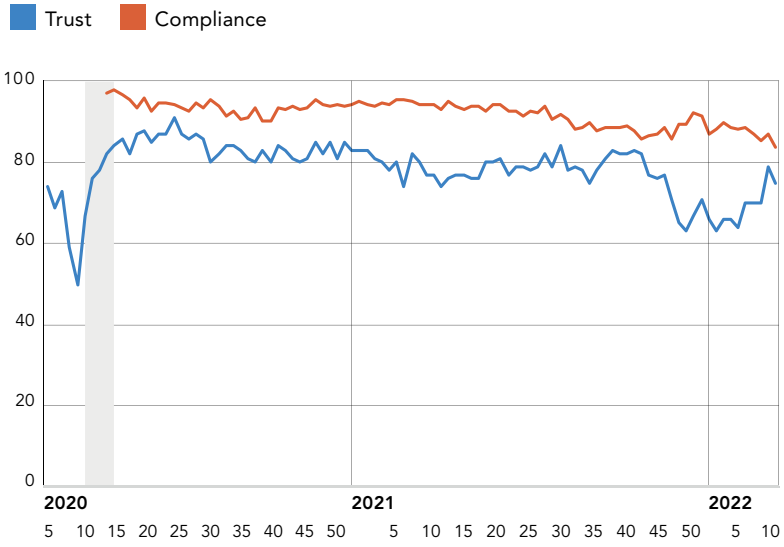
On 12 March 2020, Norwegian Prime Minister Erna Solberg walked into the press room of the Office of the Prime Minister and turned towards the cameras and microphones of about every news outlet in the country. She said: "We are in a difficult time for Norway and the world. Norway is facing a difficult test". The prime minister encouraged Norwegians to show solidarity with the elderly, individuals with chronic illnesses, and those especially vulnerable to the threats posed by the virus. She then announced that the government would introduce "the most drastic and intrusive measures in Norway since the Second World War" (Norwegian Official Report, 2021; Solberg, 2020). The government took the reins from the NDH and declared COVID-19 a national crisis. The day before, the Danish prime minister had done the same.

The citizens were presented with a new and much more severe situation. As remarked in Chapter 3, there had been press conferences about the COVID-19 pandemic before, but the meeting on 12 March marked a notable change. Several days before the press conference, the media had also suggested that the government would announce far-reaching measures to curb the virus (Kjeldsen, 2023).

In short, the rhetorical situation changed fundamentally into a crisis and full alarm phase. Norway implemented extensive lockdown measures, including closing all educational institutions, prohibiting cultural and sporting events, restricting travel, and urging work-from-home and social distancing. On 14 March, the borders closed, and on 15 March, the use of vacation homes was prohibited. It would take until April before the restrictions were eased.

An effect of the government action was that the trust in the public health authorities grew (see Figure 4.1). The highest figures for self-reported compliance during the pandemic were also registered during this period. Interestingly, these levels were significantly higher than the levels of declared trust. Other surveys showed the same tendency (e.g., Sætrevik et al., 2021).

Figure 4.1 Trust in health authorities and compliance with recommendations by week, 2020–2022 (per cent)



COMMENTS: Question (trust): "To what extent do you trust the health authorities' handling of the coronavirus?" Question (compliance): "To what extent do you follow the advice and recommendations from the health authorities?" In both cases, the figures show the share who marked the option "to a great extent". The number of respondents varied between 361 and 875. The shaded area indicates weeks 11–15.

SOURCE: NDH weekly surveys

◆ ◆ ◆

The rhetorical situation

Rhetorical problem

The rhetorical situation that began on 12 March 2020 exhibited three major and interrelated rhetorical exigences (Bitzer, 1968) that the authorities had to address. First, the uncertainty and lack of knowledge about the nature of the virus or recommendations for how citizens should act prevented the public from acting appropriately. These exigences created a need for the authorities to inform the population and provide credible knowledge about the situation, as we have already touched upon in the previous chapter. In the media, health workers and former politicians called for action. Newspaper editorials called for invasive measures. Even the opposition in the parliament called for more stringent measures (Norwegian Official Report, 2021). Among other things, it was necessary to give citizens an understanding of the seriousness of the situation.

The second rhetorical exigence was the increased fear, worry, and feeling of urgency created by the rising spread of the virus. As described, this

unrest and fear in the population already existed before this phase, among other things created by alarming news reports about deaths in hospitals in other countries such as Italy (see Chapter 3; see also Norwegian Official Report, 2021). At the time of the press conference on 12 March, the fear and urgency had grown even more. The prime minister echoed this in her speech: "The coronavirus spreads rapidly. It brings fear and horror to children and adults" (Solberg, 2020). Naturally, such anxiety and concerns burden the citizens. This is reflected in the steep decline of trust during the last part of February and beginning of March (see Figure 4.1). These exigences created a need for reassurance and comfort as well as rhetoric that could contribute to avoiding panic.

The third exigence was the enormous impact that the nearly total lockdown would have on society. The lockdown, the distancing, and the new rules of social behaviour would be, as the prime minister said in her speech, the "most drastic and invasive measures in Norway since the Second World War"; these measures, she continued "will have a great impact on our personal freedom" (Solberg, 2020). These exigences created a need for explanation and justification: The authorities needed to rhetorically legitimise the lockdown and the measures to secure compliance. There was a need to establish common unity and an ability and willingness to act in the way proposed by the authorities. It should be noted that in this situation, the lockdown simultaneously functioned as both exigence and as a response to the more general exigence of the spread of the virus.

As often the case in crises, the exigences in the situation of the crisis and full alarm phase in some ways pointed to partly conflicting types of rhetorical responses. For instance, the authorities simultaneously needed to communicate the seriousness of the situation to gain compliance *and* they needed to provide assurance and comfort to avoid panic and unnecessary fear-based actions. At the same time, addressing one exigence would also partly help in addressing another. For instance, providing information not only does away with uncertainty and lack of knowledge, but it also contributes to reassurance and comfort.

Thus, the authorities needed to balance the major fitting responses: provide knowledge and information about the situation and measures to come; reassure and comfort the citizens; and justify the measures, establish common unity, compliance, and willingness to follow the introduced policies.

Rhetorical audience

In this phase, too, the audience was the entire population because the situation and measures concerned all citizens. To this end, the authorities focused on mass communication, and, as one NDH employee described it, "there was a lot of pressure to get information out in any possible channel. A lot was

focused on building knowledge and making sure that people were following our rules and recommendations" (Offerdal, 2023: 97).

Reaching an entire population naturally poses a communication challenge because of the heterogeneity of a nation. Even though Norway can be considered a culturally and socially homogenous country, immigration has introduced diversity in habits, culture, and language. Especially the larger cities house people originating from the Middle East, Africa, and Eastern Europe. Research shows that the levels of trust in the information sources, the services, and the authorities varied among the groups of immigrants (Czapka et al., 2022; Herrero-Arias et al., 2022; Madar et al., 2022).

Among our focus group participants, the lockdown created both fear and a sense of relief that something was being done among all the groups (e.g., Hanna, Gaute, Hjørdis, Norunn, and Margaretha). The participants generally expressed that they had a conditioned trust in the authorities in this phase. They were monitoring the situation and the communication and adjusting their view of the authorities. The lockdown had sent a strong signal about the seriousness of the situation. One informant reacted this way: "Read about Norway's lockdown from abroad, understood the gravity then. Was fever tested both in hotels in Bangkok and at airports. Straight home in quarantine" (Gaute). Ragnhild expressed it this way: "Dramatic, terrifying but absolutely necessary!" This was also how the NDH perceived the opinion climate:

> We experienced that there was quite a lot of relief out there when it was done. Quite a shock, but also great relief. I think many felt it as a pause button. Now we are shutting down for a few weeks and trying to get a handle on this. (Director 7)

The lockdown and the stringent measures enhanced the rising trust levels, and this period demonstrated the highest compliance rates seen throughout the pandemic. 97 per cent of those surveyed said they followed the advice from the public health authorities (see Figure 4.1). Given that this measure relied on self-reporting, this should lead to somewhat cautious interpretations.

Rhetorical constraints and opportunities

As pointed out above and in the previous chapter, there was a pressing need to address the public's uncertainty and worry. The primary rhetorical challenge faced by the authorities was the incomplete understanding of the situation, leading to an inherent difficulty in both comprehensively grasping and accurately conveying the specifics and implications of the unfolding crisis. This uncertainty hindered the authorities' capacity to provide clear, definitive information to the public, complicating the task of crafting messages that could effectively guide and reassure the community amidst the evolving pandemic landscape. In other publications, we have illustrated the challenge

for communication when there is a lack of full knowledge in a crisis, and thus an inability for the authorities to know and communicate the precise circumstances and consequences (Kjeldsen, Mølster et al., 2022). A notable challenge lies in the dual impact of disseminating information about health consequences: While it instils a sense of urgency and awareness in some, it triggers panic among others. This underscores the intricate task of public health communication aimed at fostering informed awareness without inadvertently causing alarm. It highlights the nuanced balance required to effectively convey the significance of health risks to a diverse audience and to promote protective behaviours without inciting undue fear (Berg et al., 2022).

Consequently, both the NIPH and NDH were in a position of being unsure of how to address the crisis, except for some basic, important recommendations. Measures and recommendations had to be based on previous experience and the countries' pandemic preparedness plans, as we describe in Chapter 2.

The pandemic crisis in this situation also had constraints connected to the need for sector-wide responses. The actions and communication of the public health authorities had to be coordinated with other sectors and many different external organisations, such as the Ministry of Health and Care Services, the Norwegian Health Economics Administration, the airport operations (Avinor), the Norwegian Directorate for Civil Protection, and outside entities such as companies doing translation of the communication to other languages. Later, when a joint communication platform was created in the so-called Preparedness Committee for Biological Events, ten public communication departments were involved, including the police, the Norwegian Association of Local and Regional Authorities, and the Norwegian Directorate for Children, Youth and Family Affairs.

Furthermore, the split responsibility between the NIPH and the NDH raised a specific constraint. As explained previously, the NIPH has the task of providing recommendations, while the NDH, on this basis, forms and enacts policy together with the political authorities. At the same time, these organisations have overlapping structural responsibilities. As one employee expressed, it "is not unproblematic that we are two different organisations that are described in the law about infectious diseases in ways that overlap" (Offerdal, 2023: 76). This issue also revisits the previously discussed concept of presenting a unified message, as highlighted in the preceding chapter. Daily meetings were carried out between the NIPH, the NDH, and the Ministry of Health and Care Services. In following the preparedness plan, there were discussions about the possibility of coordination and speaking with one voice publicly about the challenges ahead. As an attempt to create such communication, a package with measures was put together, combining initiatives from the NDH and the Office of the Prime Minister. However, the NIPH had only 15 minutes to evaluate the measures and their consequences (Sølhusvik & Stoltenberg, 2021).

However, as we will show, the Norwegian response, and especially the communication from NIPH, did not entirely follow the research advising "one voice" (Offerdal, Ihlen et al., 2022). One informant from the NIPH expressed it this way:

> The principle from crisis communication theory, that you should have unified communication from the government, I don't think that's true anymore. This should at least be nuanced, depending on the situation. That might change the theory of crisis communication, at least when it comes to Norway. Because we have not always been consistent and in agreement or given the same information. And this is because we have focused on being open. […] In a situation with lots of uncertainty, experts will not always be able to agree completely given the time and circumstances. Then you must choose, be open about uncertainties and disagreements, or speak with one voice. At times, it can seem that we have been inconsistent in our advice, but in Norway, it seems that this has rather increased trust than weakened it, or that trust has increased despite inconsistency. (Director 4)

Thus, the division of labour and the possibilities for "one voice" became an issue already in the early stage of the crisis and full alarm phase.

The extreme pressure with many requests from the media as well as from private citizens created a huge workload. The need and desire for information were not matched by the available resources or knowledge. Still, the massive attention afforded rhetorical opportunities, as mentioned in the previous chapter. The media coverage of the press conference on 12 March provided the government and health authorities with full national attention. In the period until the announcement of the reopening, an average of over 3,000 daily hits were found in the online database of Norwegian media.

The previous coverage of the crisis in China and the many sick and deceased in countries like Italy primed public opinion (see Chapter 3) and paved the way for the considered use of fear appeals. Again, research has shown how fear combined with positive relations between a health organisation and the public plays a positive role in compliance (Chon & Park, 2021). Importantly, however, in such situations, self-efficacy measures must be introduced (Jin et al., 2024; Kim, 2022). Emphasising the severity *and* self-efficacy measures is recommended, rather than using messages that just highlight vulnerability (Kowalski & Black, 2021).

As mentioned in Chapter 2, in the event of large crises, there has been a tendency of the media and citizens to look favourably upon the political leadership. This phenomenon has been called the rally-around-the-flag effect (Baker, 2001; Van Aelst & Blumler, 2022), and it has also been discussed in the context of Norway during the pandemic as an explanation of the concomitant increases in levels of trust in leaders and institutions (Knudsen et al., 2023). While the effect was not a universal phenomenon (Van Aelst, 2022),

in the Norwegian setting, the data were quite clear. The trust figures climbed by 17 and then 26 percentage points from the all-time low at the beginning of March. For the rest of the crisis and full alarm phase, the survey showed that a median of 78 per cent expressed trust in the authorities' handling. As mentioned, the survey indicated high levels of self-reported compliance (see Figure 4.1). Thus, the rally-around-the-flag effect formed an opportunity for the authorities. Several of our informants, both in the NIPH and the NDH, made the case that the population *wanted* stricter measures. Furthermore, as we demonstrate below, the rally-around-the-flag effect does not form in isolation. While being based on empirical facts, the spread of the virus, the sick, and the actual risk, any rally-around-the-flag effect is also partly rhetorically constituted (Kjeldsen, 2023).

Rhetorical strategies

Week 11 of 2020 introduced the most intensive and comprehensive communication effort by the health agencies ever conducted in Norway. On 11 March, the NDH established a web page about the pandemic and began a wide range of communication activities: newspaper ads, radio spots, a live chat at the nation's largest newspaper (*VG*), outdoor posters in cities, and a text message to every citizen in Norway over 16 years old with a SIM-card, thereby reaching more than 4 million citizens. In one weekend, the health agencies reached about half the population through ads on television; 900,000 citizens were reached through the national broadcaster, NRK; and 1 million people were reached on Facebook. From 13 March, a newly launched COVID-19 chatbot carried out 267,099 conversations, and the live chat at the newspaper *VG*, hosted by representatives of the health authorities, answered 5,292 questions and had 1,248,109 views (Johannessen, 2021). There was "no budget [limits]" and an "insatiable interest in everything that we produced during this phase" (Director 7). On several occasions, however, communication personnel of both the NDH and the NIPH, including the quoted director, emphasised that they did not rejoice in the situation.

Most important in this phase were the daily press conferences, starting on 12 March, with political and health authorities. Some press conferences had been carried out at the beginning of March. However, it was not until the press conference where the prime minister announced the lockdown that these events gained the dominance and importance that characterises the communication in the crisis and full alarm phase (Svaar et al., 2021). In a world dominated by social media, digital communication, and brief news clips, a traditional press conference seems oddly old-fashioned; however, this is precisely one of the rhetorical advantages of the press conference as a form of communication. As a live broadcast, the national press conference held by the nation's authorities became a powerful signal that the political

authorities (the prime minister and the minister of the Ministry of Health and Care Services) and health authorities (leaders of the NDH and the NIPH) acted in unison to combat the crisis (Kjeldsen, 2023). Some have argued that these press conferences were a main contributor to the improvement of trust (Johannessen, 2021). The effect on trust of the communication effort combined with the introduction of stricter rules and regulations was remarkable (as mentioned above and shown in Figure 4.1).

In the section on the rhetorical situation, we argue that this phase prescribed three types of fitting rhetorical responses: giving citizens an understanding of the seriousness of the situation; creating a need for reassurance and comfort, as well as using rhetoric that can contribute to avoiding panic; and explaining and justifying the lockdown and the measures, and establishing common unity and ability and willingness to act in the way proposed by the authorities to secure compliance.

The actual strategies that the Norwegian authorities carried out in this phase did provide responses that were fitting for the exigences. The authorities mainly provided these responses through four rhetorical strategies: 1) establishing urgency through language and multimodal communication; 2) establishing legitimacy through the creation of ethos and expertise; 3) constituting the citizens as a common unity and part of the solution; and 4) strengthening self-efficacy and providing direction for action. The main messages remained the same: You can contribute to combatting the virus, you must wash your hands and keep your distance, and you should take care of the vulnerable. These rhetorical strategies naturally both overlap and interact, while also contributing to the general strategy of openness and transparency.

Establishing urgency

The strategy of establishing urgency particularly addressed the need to give citizens an understanding of the seriousness of the situation. The precondition for making an audience react to urgency and comply with measures is that they *accept* the urgency. Thus, the authorities first had to establish that the country was indeed in a serious situation of urgency. As discussed in the previous chapter, the ground was already prepared for this through the international news about the COVID-19 crisis, especially the portrayals from China and Italy. China had already locked down large parts of society, and Norwegians could see terrifying images of sickness and death in Italy (see Chapter 3). Nonetheless, a crisis must still be rhetorically constituted to be accepted and acted on, and the communication of the political leadership and the health authorities helped to establish the citizens' understanding of the crisis and urgency in Norway through their communication.

The constitution of crisis and urgency was partly created through the massive communication effort in itself, where the scope signalled urgency.

The mentioned text message (SMS) sent out on 12 March illustrated this by urging the citizens to contribute to combatting the virus:

> The coronavirus is now spreading rapidly, and it is more important than ever that everybody contributes to curbing the spread. Continue to wash your hands, show consideration when you cough, and keep your distance. Now new measures will come. Follow the recommendations from the authorities at helsenorge.no

Sending a text message to everyone in the country emphasised the severity of the situation and ensured that everybody received the main message: You can contribute, wash your hands, keep your distance, and take care of the vulnerable.

Urgency was also created because King Harald of Norway delivered a national address on 15 March, which more than 1 million people watched. Since such royal broadcasts are rare, it contributed to creating a sense of urgency and national unity (Almlund et al., 2023).

In the crisis and full alarm phase, however, establishing the urgency was first and most evidently done through the hastily summoned press conference on 12 March 2020, which was then followed by daily press conferences. The words and style delivered were more urgent than previously, and the measures were drastically increased. Heavyweights of the political and health authorities were present. The Norwegian prime minister was flanked by the director general of the NDH, the director general of the NIPH, and the minister of health (see Figure 4.2). The health authorities and the political authorities constituted themselves as one body acting in unison for the nation (see more about the creation of unity below). From an audience point of view, therefore, the rhetoric and strategies of the two authorities could not be separated. Everything signalled that the crisis had now been taken to the next level.

Even before anyone began talking, the urgency had been established in the media build-up to the press conference and in the staged arrival of the speakers, thereby helping to justify the drastic measures multimodally (Almlund et al., 2023; Kjeldsen, 2023). In the minutes – even hours – before, both national television broadcasters, NRK and TV 2, anticipated the event with direct broadcasting: They announced that the press conference would happen and made time for discussion and speculation in advance. The pre-coverage included discussions in the studio and live pictures of reporters waiting for the press conference. This thereby created anticipation and a sense of importance, which was intensified when the speakers appeared, and the reporters immediately stopped their conversations and directed their attention towards the speakers.

Figure 4.2 NIPH Facebook post announcing the lockdown, 12 March 2020

COMMENTS: From the left, the NIPH director general, the minister of health, the prime minister, and the NDH director general. Translation: As of 12 March, the number of coronavirus infections has reached 621, an increase of 163 in the last 24 hours. We are in a phase of the epidemic where we cannot trace the transmission path for everyone who has been infected. This makes the situation serious. In addition to the infection-reducing measures already introduced, the measures are now being significantly escalated. See [link] for more information about the various measures that the NDH has decided on today.

SOURCE: NIPH Facebook

The scene and the arrival of the speakers underscored the urgency of the situation (see more in Kjeldsen, 2023). On the centre podium and at the back wall, the audience could see the national coat of arms and the text "Office of the Prime Minister". The Norwegian prime minister, Erna Solberg, entered the scene alone and immediately moved to the centre podium. The reporters' cameras clicked and flashed. The prime minister stood quiet for a moment, letting reporters find their places. Then she delivered her speech:

> Dear everyone, we are in a difficult time for Norway and the world. Norway is being tested. Both as a society and as individuals. In this period, we will all have a different everyday life. The drastic measures we now implement are done in the hope that we may stop the virus. The coronavirus spreads rapidly. It brings fear and horror to children and adults. I understand that fear. (Solberg, 2020)

Solberg delivered her words calmly, in a slow tempo, and with clear pauses and restrained body language, which underscored the importance of the words: Norway "is being tested", the virus brought "fear and horror", and

the measures were "drastic". As mentioned, they were "the most drastic and invasive measures in Norway since the Second World War" (Solberg, 2020). Because Norwegian leaders only invoke World War II in extreme situations, the language conveyed the urgency and severity of the situation.

Upon finishing, she said: "And then the minister of health will guide you through the specific measures that have been decided today". The minister of health arrived and walked to the podium to the right of the prime minister. When he finished, the prime minister gave the word to the director general of the NDH, who arrived and delivered his remarks. Finally, the same happened with the director general of the NIPH. The prime minister set the stage, and the minister of health and the health authorities informed about the situation and the measures to be taken.

The prime minister's speech, as well as the press conference in general, was not as much an informative piece of rhetoric as it was a national alarm, a call to action, and a constitution of urgency and national unity. The choice of the Office of the Prime Minister as the place for the press conference, the serious, well-prepared introductions read from manuscripts, and the strict ordering of the speeches worked together to signify the urgency and demonstrated that the authorities acknowledged the severity of the situation.

In the NDH, it was also pointed to how the media attention was particularly helpful in establishing urgency:

> Because [the media] systematically used bigger words than we did. […] With the reporting from Italy and interviews with various professors, experts, it was through the Norwegian press that there was not much doubt that we were facing a major health crisis. So rhetorically for us, it was much more about speaking broadly and uniting around quite a few things that are important for us to do together in the crisis we are now in. What we tried to communicate in that phase was very much about rolling up our sleeves and doing one's part for the community to prevent the really dire consequences, which involved a collapse of the healthcare system. (Director 7)

Establishing legitimacy

The strategy of creating legitimacy primarily addresses the need to explain and justify the lockdown and other measures. However, it also addresses the need for comfort and assurance and the avoidance of panic, since creating such legitimacy will establish a trust that secures these emotions among citizens. To rhetorically constitute the situation as an urgent crisis was not enough to gain compliance. To make the public accept the urgency, follow recommendations, and comply with proposed measures, the authorities had to create legitimacy through their ethos and expertise. Authorities do not automatically have rhetorical authority. In other words, the effectiveness of

public health initiatives during the COVID-19 pandemic hinged critically on the public's trust in health experts and authorities (see, e.g., Bennett, 2020; Breakwell & Jaspal, 2020; Majid et al., 2020). Conversely, the presence of distrust and conspiracy beliefs could be linked to a broader pattern of scepticism towards official institutions, correlating with reduced compliance with public health directives and a reluctance to engage with future diagnostic and therapeutic interventions (Freeman et al., 2022). So, both the political leaders and health authorities had to establish and continuously bolster their ethos and legitimacy if they wished to gain compliance.

In doing this, the political authorities, and especially the health authorities, constructed the crisis and full alarm phase as a situation, where "their expertise is the most fitting response" (Hartelius, 2011: 25–26). In the press conferences, particularly in the first one on 12 March, it was significant that the directors of NIPH and NDH communicated, and that they spoke as experts. The director general of the NDH emphasised how the European Centre for Disease Prevention and Control had asked all countries to enact measures to curb the virus, thereby demonstrating "expert networks" (Hartelius, 2011: 18). The director general of the NIPH focused on the numbers of infected, who they were, what could be expected in terms of infection, and the severity of sickness, saying among other things that between 5,500 and 6,000 would need intensive care (see also Sølhusvik & Stoltenberg, 2021). Both in this press conference and in general, the legitimacy and authority of the political leadership and the health authorities were created through a rhetoric of expertise (Hartelius, 2011; Kjeldsen, Mølster et al., 2022) that rhetorically portrayed the lockdown decision as policymaking informed by experts (Christensen & Lægreid, 2022). The prime minister effectively established a robust foundation of knowledge and expertise for both the political and advisory leaders managing the crisis by openly recognising their expert contributions. She employed precise language, citing "calculations from health authorities" to underline her reliance on their informed assessments. Furthermore, she bolstered this position by affirming the efficacy of their actions with data that illustrated a concerning trend which had been successfully mitigated, thereby endorsing the expertise and validating the positive outcomes achieved under their guidance (Rasmussen et al., 2023).

In addition to the constitution of expertise-driven actions and the demonstration of such competence and expertise as a fitting response to the crisis, the press conference also demonstrated the unity of the authorities. As mentioned, (see also the following chapters) one-voice rhetoric was not fully practised throughout the pandemic. From the beginning, even before the pandemic, the NIPH wanted more transparent communication that openly acknowledged uncertainty and admitted disagreement. In contrast to the later phases, the crisis and full alarm phase allowed less transparency and polyphony in the communication, and complete openness proved more

challenging than expected (Sølhusvik & Stoltenberg, 2021). Introducing the drastic measures required an ethos of unity – even while acknowledging some disagreement. This unity was demonstrated both visually and verbally in the press conference on 12 March. Verbally, it was done through the clear division of political and medical authority, and the unity and respect the two authorities demonstrated towards each other. Visually, the unity was primarily created through the alignment of podiums showing the political leadership and the health authorities standing side by side. So, the authorities demonstrated expertise, and their rhetoric constituted a national unity, which was required to induce the population to comply with the recommendations.

Even though the crisis and full alarm phase required a demonstration of unity and clear unambiguous messaging, the communication policy nonetheless aimed at transparency – as mentioned above (see also Ihlen, Just et al., 2022). Scholars have generally agreed on a three-dimensional transparency framework that highlights 1) information substantiality, 2) accountability, and 3) participation (Balkin, 1999). In simple terms, information substantiality means saying not too little but also not too much. More interesting in the Norwegian communication response in this phase, probably, was the role of accountability and participation. Accountability involves the "ability to hold government officials accountable – either to the legal system or to public opinion" (Balkin, 1999: 394). Participation involves letting the audience play an active part in the creation of transparency (Albu & Wehmeier, 2013). Because of the uncertainty, urgency, and fast-paced development in the crisis and full alarm phase, the NIPH found that they needed to communicate and establish participation through means other than press conferences, media participation, and campaign material. A respondent from the NIPH explained how the urgency demanded adjustments in the authority's approach to social media:

> Between March and April, we started making some posts about COVID-19; we were used to working for a long time on each post we would make. […] And that was our starting point when we started making posts about COVID-19, but we quickly realised that things were moving so fast. […] So, that was a change. One of my co-workers specifically said that people seemed to be dissatisfied with how we were doing it and that maybe we needed to be more news oriented. Traditionally, Facebook has not been the channel for our news stories but suddenly there was a need for it. (Communication Advisor 2)

Particularly interesting for establishing accountability, perhaps, was the construction of authority, expertise, and legitimacy through the transparent admission of uncertainty and internal disagreement. One might be inclined to think that the preferable communication strategy for establishing authority and legitimacy – particularly in a crisis – would be to speak in one voice, to

appear certain, and not display disagreements. However, in interviews and participation in broadcast debates, the representatives of the public health authorities often admitted 1) a high degree of uncertainty and a lack of knowledge, 2) problems and public scepticism, and 3) disagreements among responsible institutions (Kjeldsen, Mølster et al., 2022).

One example of such an admission of disagreements among institutions happened on the most-watched debate programme in Norway, NRK's *Debatten*, on 7 May 2020. Here, the NIPH's director general, Camilla Stoltenberg, was confronted with the fact that the government had chosen not to reopen schools despite the NIPH's advice. Stoltenberg responded as follows:

> We have not advised the closing down of schools and kindergartens, however […] this is an area with great uncertainty, and the scientific basis is weak. […] I think it is both necessary and fully legitimate that the politicians make the decisions on these issues. This does not mean that we necessarily agree on everything. However, in many cases, most cases, we completely understand when other judgments are made.

The director general admitted that politicians did not follow the advice of the NIPH (disagreement) (Norwegian Official Report, 2021), and she also admitted that the NIPH, the experts, and the science were not certain about which recommendations and measures were best (uncertainty).

In our material, the health experts admitted to a surprising lack of knowledge. As remarked, one would think, at first sight, that admission of uncertainty is the last thing an expert should do in a situation of crisis and full alarm. What seems to be required is certainty and no doubt about the measures proposed. Thus, some research advocates for the development of clear and often detailed plans for what the organisation is going to do in a crisis; at the same time, however, research also points out that a best practice of crisis communication is to recognise the intrinsic uncertainty present in the situation (Seeger, 2006). This was exactly what the Norwegian health authorities did. However, they generally did so while simultaneously qualifying their expertise in a way that could secure continued authority and legitimacy. We found six such qualifying strategies, where experts first admitted uncertainty, and then immediately qualified it (Kjeldsen, Mølster, et al., 2022). The first strategy was expressing fellow scientific uncertainty, as done by the director general of the NIPH, when challenged with the official stance of the NIPH that the Norwegian borders could reopen without an increase in infectious cases:

> No, not the travel restrictions and closing of the borders. We have questioned these measures. And there is reason to do so. And we are not alone in that. The European Centre for Disease Prevention and Control does the same, as have many other countries. (NRK *Debatten*, 24 March 2020)

The second strategy was claiming certainty impossible, which bolsters the ethos of expertise, because if it is not possible to know something for sure, then one cannot blame the expert, nor anyone else, for not knowing. In such a situation of general uncertainty, where no one knows, trusting the experts nonetheless seems to be the most sensible, because they arguably still inhabit a more comprehensive knowledge.

The third strategy, claiming to know what is possible to know, invites the public to trust the expert more than the evidence, as the evidence is insufficient. On *Debatten* on 24 March, for instance, a journalist claimed that the Norwegian government, NIPH, and NDH communicated different messages and advice, thereby creating uncertainty and doubt about the authorities' measures. In response, the director general of the NIPH said that she still found it better to be open about the uncertainties and that the three entities should not stop discussing the measures among themselves and be open about disagreements. The director general of the NDH, Bjørn Guldvog, supported her: "I do not have a comment to that, but I would like to say that I think that it is good that the [NIPH] is grounded on the best of knowledge".

The fourth strategy was conditioning the uncertainty, where the uncertainty was reduced by specifying the conditions for what is known and what is unknown, and what can be expected to happen under certain conditions. This can be done by moving from general uncertainty to specific instances of certainty, by being specific about what an otherwise uncertain development depends on, and by shifting the attention from the field of uncertainty to a different field or aspect, where the experts *do* have knowledge and are certain. An example of this came on the debate programme *Dagsnytt* 18 (20 April 2021) during a discussion on how infections had risen allegedly due to young people's partying in parks. The deputy director of the NDH, Espen Rostrup Nakstad, said:

> The big challenge with this pandemic is that we do know about those who are infected at home because someone in their family brings the infection home. But we know very little about where they catch the infection.

The journalist followed up: "But you do know how the virus behaves outdoors versus indoors?" And the director continued:

> Exactly. So, the reason why we still recommend these things [avoid gathering outdoors] is that we do know about droplet infection and airborne infection, how it works and what it takes. There has been a lot of research [in this field], so that is our point of departure when we assess the infection risks.

In this case, it was the journalist who helped the expert create an ethos of expertise by shifting the focus from what he did not know to what he did know, allowing him to justify the recommendations and support them with certainty and science. While this example is not from the crisis and full alarm

phase, but from one year later during the waves of crisis, it nonetheless shows a strategy that could be used in a phase of full alarm.

The fifth strategy was resorting to exclusive expert information, where the expert refers to research, evidence, information, and studies that television viewers and citizens in general cannot be expected to have access to. This strategy works by providing reassurance that the experts indeed have knowledge and access to relevant and important information. This was what Hartelius (2011) would call a strategy of deference, because it does not invite participation in thinking or action (the strategy of participation) but expects the audience to acquiesce to the expertise of the health authority representative. In that sense, this strategy does not afford much transparency about participation. This qualifying strategy appeared to be the least used by the authorities.

The sixth strategy, demonstrating active knowledge-seeking, is where experts express that they are in the process of acquiring knowledge and more certainty. This was arguably the most used, as well as the most convincing, strategy for qualifying ignorance and uncertainty in the crisis and full alarm phase. One example was when the director general of the NDH was confronted in a debate with a national change in strategy, and he openly admitted a lack of knowledge about how the pandemic would develop and how it should be combatted, but he simultaneously appealed to the constantly changing circumstances and the agencies' continued search for new and better knowledge: "Well, we just have to admit that we are learning during this pandemic. Continuously, knowledge appears, which forces us to change the way we think" (*Debatten*, 24 March 2020).

The way the authorities demonstrated transparency about their uncertainty enhanced the perceptions of integrity, a vital element in fostering trustworthiness (Kinneavy & Warshauer, 1994; Mayer et al., 1995). This clearly comes through in our focus group research. In general, participants appreciated the accountability of the public health authorities, especially concerning uncertainty and the admission of mistakes. One Norwegian focus group participant said the following:

> The insecurity will always remain. This is a new virus to humanity but as [the director general of the NIPH] says: "We learn something new every day and get experiences from both countries that are in severe condition and from others that are better off" (Gaute).

Another informant from the same group in Norway expressed similar thoughts:

> I believe nobody has the correct answer and everyone tries to do her best. I trust most of those who have nothing to gain from the information they provide. Newspapers and other media profit from the clicks. I choose to trust the government and the experts, such as the Norwegian Institute for Public Health (Hanna).

Thus, our informants mirrored the high trust levels that were demonstrated in surveys (see Figure 4.1), and their comments add thickness to the understanding of the emotions and reasoning behind this trust.

Constituting the citizens as a common unity and part of the solution

The strategy of constituting the role of the citizens primarily addresses the need to establish common unity and ability and willingness to act in order to secure compliance. In contrast to orders and directives, such constitutive rhetoric (Charland, 1987) works through invitation, similar to the one described above. Where rhetoric as persuasion puts forward arguments and tells the audience what they should do, the aim of constitutive rhetoric is to interpellate the audience in a way that makes the audience see itself as a subject that does the thing in question, because of who it is (Charland, 1987). During the early phase of the pandemic, some of the authorities' rhetoric was relying on directives. Early posters from February using yellow to signify caution issued orders that everyone had to obey: "Wash hands, keep a distance [to others], stay home or get tested if you have symptoms" (see Figure 4.3).

Figure 4.3 Campaign poster with directive rhetoric and cautionary yellow, February 2020

COMMENTS: Translation: "To clamp down on COVID-19, everyone must: Wash hands, keep their distance, stay at home, and get tested if [you experience] symptoms. If infection is confirmed or if there has been contact with another infected person, follow the rules for isolation and quarantine. Get more information on the municipality's website and at helsenorge.no".

SOURCE: NDH

While these and similar messages were to be repeated throughout the pandemic, an interesting change in rhetoric soon took place: In a relatively egalitarian society with a high level of general societal trust, such as that in Norway, a strict order to follow rules and measures may not be the best rhetorical strategy. Thus, the Norwegian authorities used what we call an invitational rhetoric of constitution. By this, we mean a rhetoric that did not primarily order the population to comply with the measures, as much as it attempted to constitute the population as a united community working together to modify the exigency. It is a rhetoric that does not order but instead invites the community to be the kind of people that would comply.

First, the nation was constituted as a national unity standing together. In her speech at the 12 March press conference, for instance, the prime minister began by establishing the seriousness of the situation and mentioning some of the main measures. Then, she proceeded to verbally constitute the national unity needed to address the urgency:

> We stand together in this period – not with hugs and handshakes – but by keeping distance. This will require a lot of each of us. We need to care for each other and help each other as best we can. We have made it through difficult times before – and I am certain that we will make it again. (Solberg, 2020)

This constitution of national unity was also performed in interviews in news media and broadcast debates, and it was further corroborated by the mentioned national address delivered by King Harald on 15 March:

> Norway is known as a society based on trust. Now there is a special need to show each other trust. Both to ensure that everyone takes responsibility for preventing the spread of infection. And for the country's authorities to make good and wise decisions. (Kjeldsen et al., 2023: 87)

Second, as suggested in the examples above, Norwegian citizens were constituted as people seeking to help each other in the spirit of solidarity (Bjørkdahl et al., 2021). The rhetoric simply presupposed the population as people who care for each other and are willing to make sacrifices in the name of national solidarity.

These two forms of constitutive rhetoric were particularly carried out by invoking the cultural behaviour of "dugnad", a Norwegian term which denotes a community coming together in voluntary work for the common good (Bjørkdahl et al., 2021; Lorentzen & Dugstad, 2011). As an activity, dugnad is done out of obligation to the community and as a means of saving costs or bringing in funds for voluntary organisations, societies, and communities. It brings the community together, and as such, it can be considered an everyday Norwegian cultural ritual that activates norms, values, and the enforcement of individual responsibility.

The choice to use dugnad as a rhetorical constitution of the population was generally successful in this phase because it carried a cultural message and value to the majority population in Norway. However, in later phases, the concept lost power as a rhetorical means, because as an activity it is meant to be limited in time, not stretched out over a longer period. Furthermore, to be fully understood and to create compliance, its rhetorical use requires cultural knowledge that is less prevalent among the immigrant population.

In the crisis and full alarm phase, dugnad was introduced both as an appeal and a practical way to meet the threat of the virus. The minister of the Ministry of Health and Care Services published an op-ed in Norway's largest newspaper entitled "A Summon to Dugnad" (Høie, 2020). In a press conference later that day, alongside the directors general of the NDH and NIPH, he followed up by telling Norwegian citizens, "Today, I have encouraged everybody to participate in a dugnad". In her speech at the 12 March press conference, the prime minister followed suit and said:

> We have now reached a new phase in the fight against this infectious disease. The virus infects when people gather and are close to each other. Therefore, it is now essential that all the inhabitants of our country participate in a common dugnad to curb the virus. We should do this in solidarity with the elderly, the chronically ill, and others who are particularly prone to developing a severe case of the disease. […] We have to care for each other and help each other as best we can. (Solberg, 2020)

The metaphor of dugnad had been used earlier by NDH employees and was also applied in some of the campaign material. A video published in April, for instance, shows a montage of the most popular YouTubers in Norway talking directly to the camera, encouraging everyone to contribute to curbing the virus by saying, "We all carry a responsibility. A good Norwegian dugnad, where everybody contributes". In an interview with the Coronavirus Commission, the assistant director of the NDH stated:

> What we thought at the time was that we would never have managed this without people contributing themselves and doing their part of the job […] We had deliberately proposed the concept of "dugnad" to appeal to the idea that everyone must contribute, and that it is not enough for only some to do so. (Coronavirus Commission, 2022: appendix, interview Nakstad, 9)

Later in the crisis, during the waves of crisis phase (see Chapter 5), however, this constitutive metaphor was difficult to use continuously. As an influencer said in the mentioned video from the NDH: "We can do it, it is only for a limited period". As mentioned, people who participate in dugnad expect it to end, but many months after the publication of this video, the pandemic, the measures, and the troubles were still not over.

Among our informants, there were differing opinions on the use of dugnad, and the informants' statements show that lived citizenship had been both strengthened and challenged during the pandemic. Civic control and support were strengthened by "looking out for each other", reminding each other of acceptable behaviours, and establishing common practices. Citizenship was challenged by the fact that individual freedom and self-governance were reduced. Some citizens felt that they were morally caught between what they should do and what they wanted to do. In addition, there was tension between those who participated and those who did not participate in the voluntary work (Stenøien & Tønseth, 2022).

As mentioned, research shows that the levels of trust in information sources, services, and authorities varied among groups of immigrants (Czapka et al., 2022; Herrero-Arias et al., 2022; Madar et al., 2022). There is some evidence, for instance, that the invitational rhetoric, the acceptance of uncertainty and disagreement, and the use of dugnad as a call for solidarity arguably did not have the same appeal for some immigrants as it did for the majority population: As a cultural concept, the word "dugnad" is difficult to translate into other languages, and the behaviour it implies requires an intricate social and cultural understanding based on experiences immigrants in Norway often lack. Thus, the reactions from immigrants to the authorities using this term in a public health context ranged from agreement to disagreement and even irritation (Herrero-Arias et al., 2024). Research also suggests that some immigrants perceived the information from the authorities as confusing and contradictory, thus hindering trust (Czapka et al., 2022). Some informants cited the disagreements between actors such as the NIPH, the government, and the World Health Organization, considering this a demonstration of a lack of competence and knowledge. Generally, however, trust was high, including among minority groups: Respondents expressed "respect, gratitude and pride" for the Norwegian authorities (Czapka et al., 2022: 8).

After the crisis and full alarm phase, during mid 2020, the NDH did not use the word "dugnad" as frequently as before. The NDH wanted to hold back until stronger efforts were needed again, and they also noticed that the pandemic had different costs for different people (Nakstad, 2021). Still, the appeal to dugnad was emblematic of the overarching strategy for the authorities, where people were not as much ordered to behave in a certain way as they were invited and encouraged to participate in solidarity. Thus, despite the urgency and need to establish a crisis understanding, the rhetoric of the government and the campaign work from the Norwegian health authorities during this phase was a form of indirect governmental steering, using an inviting and gentle rhetorical tone (Almlund et al., 2023). The campaign material was characterised by a general strategy that we call an invitation to appreciate (Mølster & Kjeldsen, 2022). As mentioned in the previous chapter, the most-used poster with advice in Norway did not adopt the imperative

form in the title but simply stated: "Habits which help prevent infection" (see Figure 3.8). Other campaign material explicitly provided citizens with a role: "Your efforts make a difference" (see Figure 4.4), "You can stop the coronavirus from spreading – thank you for helping!" and "Take care of the most vulnerable among us". The rhetoric of unity and solidarity was also evident in the material emphasising how children had high hopes about attending school to meet their friends and stating this as a reason for why the rest of us should keep our distance from others, wash our hands, and stay home when ill (see Figure 4.5).

Figure 4.4 Campaign poster advocating self-efficacy measures and positive role, March 2020

SOURCE: NDH

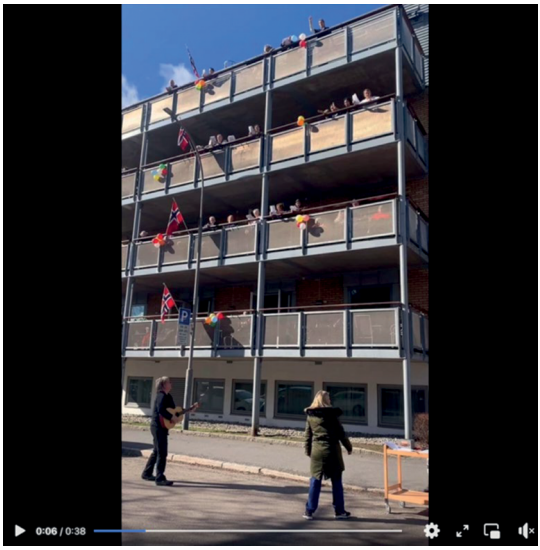
Figure 4.5 Campaign poster advocating "Do it for the children", May 2020

COMMENTS: Translation: "Henny (10) would like to continue meeting her friends at school. Thus, it is extra important that you keep a distance to others, wash your hands, and stay at home when you are sick".

SOURCE: NDH

The above-mentioned rhetoric not only presupposed that there was a virus and that citizens had to act accordingly, but that the citizens agreed about this and saw themselves as people eager to help battle the virus. In other words, they were more in need of motivating information than getting orders. In general, the language was straightforward and in an everyday tone (Almlund et al., 2023). Thus, remarkably, even in a situation of full crisis and uncertainty, much of the tone in the rhetoric was invitational. Similarly, the NIPH posted a video on Facebook called "We applaud all those who have socially critical jobs" (Mølster & Kjeldsen, 2022) (see Figure 4.6).

Figure 4.6 Example of appreciative rhetoric, 18 March 2020



COMMENTS: Video-still: "We applaud all those who have socially critical jobs".

SOURCE: NIPH Facebook

The video did not provide advice but instead praised the first-line workers. It was a mobile video in vertical view taken outside a nursing home where one could see the balconies filled with balloons, Norwegian flags, and people singing a popular Norwegian song: "Let's live for each other and take care of the time we have […]". The text from the NIPH accompanying the video began by saying:

> Together with song and applause from the residents at the nursing home, we wish to direct a big thank you to all of you who are in jobs that are critically vital for society, and who these days make great efforts for all of us.

The text then mentioned a variety of workers, from health personnel to transportation employees, and ended with "Thank you, thank you, thank you!" The text used emojis, bold font for emphasis, and the hashtag #korona-dugnad (Mølster & Kjeldsen, 2022), signalling the national unity where everybody contributes in the appeal to unity and solidarity that we have already mentioned.

The strategies we have detailed, of course, worked in unison during the period. The invitation to appreciate is a communication style and strategy where appeals of compliance are not direct but instead hidden or camouflaged through indirect rhetorical strategies, not to coerce acceptance but to instead invite appreciation and thereby evoke compliance. In the promotional materials, such as campaign videos and posters, viewers were confronted with

various situations where they were depicted as autonomous agents, capable of making their own informed decisions. This approach serves as a strategic method of building trust rhetorically. By showing confidence in the public's judgment, these materials implicitly encourage the audience to reciprocate that trust towards the authorities and, by extension, to the guidance provided in these communications. Hence, the act of cultivating trust is inherently reciprocal, with the authorities extending trust to the public in the hope of earning it in return (Mølster & Kjeldsen, 2022). In the vocabulary of Johanna Hartelius (2011), this is a strategy of participation. It can also be deemed a strategy that increases trustworthiness by expression of goodwill.

This invitational and participatory approach was not limited to the phase of crisis and full alarm but was present during the whole pandemic. It should also be noted that while this type of rhetorical appeal appears to be well suited to the Norwegian culture of egalitarianism and high levels of trust, it may not be equally fitting for all citizens. For instance, in a conversation with an imam who was concerned with getting the Muslim community to comply with the measures to curb the virus, the director general of the NIPH said that she would "recommend" everyone to follow the advice. The imam vigorously shook his head and urged her to not use phrases such as "recommend" and "should". She should speak in a much stricter language, he said: These are the rules and everything else is prohibited (Sølhusvik & Stoltenberg, 2021: 254). In the NDH, however, they struggled with the law in this regard:

> We cannot use words like "must", for example, unless it is legally mandated. […] For many, it was perfectly fine for a message from the health authorities to be perceived as a mandate. However, we received feedback from some of our networks from immigrant groups that strong measures were needed. If you don't say "must", then no one perceives it as a "must". We resolved this a lot with imperatives. Wash hands, keep distance… Because it is perceived as a mandate without using the words "you must". (Director 7)

The invitational rhetoric, the acceptance of uncertainty and disagreement, and the use of dugnad as a call for solidarity arguably did not have the same appeal for immigrants as it did for the majority population. As mentioned above, it appears that some immigrants perceived the information from the authorities as confusing and contradictory, thus hindering trust (Czapka et al., 2022).

Strengthening self-efficacy and providing direction for action

The strategy of strengthening self-efficacy and providing direction for action particularly addressed the need to establish the ability and willingness to act and secure compliance (Coombs, 2016; Jin et al., 2024; Kim, 2022).

Obviously, without clear knowledge of how to act, citizens will not be able to comply. This strategy of strengthening self-efficacy and providing direction was expressed by disseminating advice and instructing the citizens on how to act. Naturally, the political leadership continuously communicated the advice to contribute, wash hands, keep distance, and take care of the vulnerable, though this was particularly performed by the health authorities. These instructions and advice were communicated in press conferences but mainly through public communication campaigns. The head of communication at the Office of the Prime Minister told the Corona Commission that communication should "guide, mobilise, give hope, build trust, and provide knowledge" (Norwegian Official Report, 2022: 57). As already pointed out, the importance of expressing hope has also been emphasised in the research literature (e.g., Petersen et al., 2022). While fear was recognised as an important driver for behaviour, the NDH emphasised how it was not a constructive feeling over time:

> The feeling of fear was absolutely necessary for people to be able to carry out the measures, the enormously intrusive, utterly insane measures that they were asked to do in the years that followed. [But] it was incredibly important from the start to try to balance fear with something that could make people keep their psyche. Because fear means that society is not in a constructive feeling over time. You might well say that fear is good, because then they do something… but I would rather say that fear was necessary, but not good. (Director 7)

The NDH has a tradition of working closely with ad agencies. Employees described how they struggled to tone down the use of pathos that was suggested by the marketers, and to keep the messages simple:

> Our task within those processes, […] and one which we spent an incredible amount of time and brain capacity on, was to tone down the emotional aspect. Advertising people always want to talk to the emotional apparatus. They will always make something that is fun or has lots of pathos. They want to make big movies about what is happening now being historic and that you are contributing to something important. […] For us, it was incredibly important that what came out was so sober, so unequivocal and so impossible to misunderstand. […] We remind people that we do it for the vulnerable, not for the healthy. And wash your hands, keep your distance. (Director 7)

As we have described, the crisis and full alarm phase was fast-paced and the development of campaign material was challenging because of constant changes and not enough personnel. In the early part of the crisis and full alarm phase, the infection rate was rising rapidly, citizens were calling the national emergency telephone line for advice, the press was constantly asking

the authorities for comments, the public critique of the authorities' handling of the situation was increasing, and the need for information and guidance was pressing. Against this background, the communication department of the NDH was expanded and both the NDH and the NIPH put in efforts to create a massive communication campaign in a very short time frame, as already shown.

The messages in all these efforts were variations over the following themes: you can contribute, wash your hands, keep a distance, test yourself when you have symptoms, stay at home when you are ill, and take care of the vulnerable. In the NDH, simplicity was valued, and the Corona-tracker was used to evaluate the extent to which citizens grasped the advice:

> At the press conferences, we had a little more room to elaborate. But in the campaign messages […] we thought that we could not go ahead and give something to everyone. We somehow just had to identify what is the 100% most important thing that everyone needs to know. […] And at the very beginning, it was washing your hands, and taking care of the vulnerable. when we saw that the whole population understood this, got the idea, then we went out with the next thing about keeping distance. We could build on it gradually and see through the measurements that we had people on it, without touching it with a thousand different things. […] For the population, we thought it was extremely important to clear things up for them. So, when you sit here wondering about this and that, forget it… Wash your hands and keep distance. (Director 7)

The main strategy, addressing the need to create the ability and willingness to act, was to repeat this advice in different media throughout the period. However, while the message was the same, the form and expressions of the material in the ads, videos, and so on were changed to keep attention to the message (Johannessen, 2021). In general, the campaign material in this phase disseminated and repeated the simple advice instructing the citizens about how to act, but it also opened channels for direct communication and questions. Dissemination was achieved through push communication such as press conferences, text messaging, information videos, and social media posts. New channels for direct communication included the live chat (at the national newspaper *VG*) and the chatbot (on www.helsenorge.no) (Johannessen, 2021). The disseminated advice used the invitational rhetoric of constitution; the channels for direct communication and questions directly engaged citizens in an egalitarian way that still maintains the ethos of expertise.

Conclusion

In this chapter, we have explored the crucial interval from Norway's announcement of a nationwide lockdown in March to the government's subsequent declaration of a phased reopening. As the pandemic's threat became immi-

nent, triggering a full-scale emergency declaration, the task at hand for the public health authorities was to foster adequate public concern and ensure the legitimacy of and compliance with the recommended measures.

Our analysis of the rhetorical situation pointed to three main types of fitting rhetorical responses: giving citizens an understanding of the seriousness of the situation; creating a need for reassurance and comfort, as well as using rhetoric that can contribute to avoiding panic; and explaining and justifying the lockdown and the measures, and establishing common unity and ability and willingness to act in the way proposed by the authorities to secure compliance. As we have suggested above, the authorities gave these fitting responses through four complementary strategies.

The authorities established urgency through language and multimodal communication, demonstrating the seriousness of the situation. Here, the lockdown and measures also functioned as rhetorical communication of urgency. The introduction of the lockdown, and the accompanying rhetoric, strengthened the upward trend of public trust, with compliance with guidelines becoming nearly universal (as depicted in Figure 4.1). This phenomenon, discussed in the preceding chapter, signifies the public's relief at witnessing decisive governmental action and embodies the rally-around-the-flag effect, which consolidates the community behind a shared cause in times of crisis (Van Aelst & Blumler, 2022). The heightened focus on the pandemic and the established urgency presented a prime opportunity for effective communication.

The authorities also established ethos and legitimacy through a rhetoric of expertise, which acknowledged uncertainties in a manner aligning with a policy of transparency. The acknowledgement of uncertainty, combined with the commitment to transparency, reinforced the government's credibility and expertise. These appeals to transparency, solidarity, and acknowledgement of uncertainties and disagreements resonated within the Norwegian context of egalitarianism and high trust levels.

Third, the authorities constituted the citizens as a common unity and part of the solution by invoking the spirit of national unity – dugnad – and collective determination, employing a combination of directive and invitational rhetoric.

Finally, the authorities strengthened self-efficacy by disseminating advice and providing clear instructions to the citizens on how to act, as recommended in the crisis communication literature (e.g., Coombs, 2016; Jin et al., 2024; Kim, 2022).

These rhetorical strategies naturally both overlap and interact. Constituting urgency paves the way for establishing ethos and legitimacy as a fitting response (Hartelius, 2011). Constituting the citizens as unified and part of the solution simultaneously supports the ethos and legitimacy of the authorities and the rhetoric of transparency.

Establishing certain knowledge about the efficiency of the strategy of constitutive (Charland, 1987) and invitational rhetoric is not easy, but the surveys on trust, agreement, confidence, and compliance (see Figure 4.1), together with our focus group interviews, suggest that in the national and cultural context of Norway, the strategy of constituting national unity and solidarity was largely successful. The success of the appeal to solidarity might be particularly Norwegian, or Scandinavian, even though other countries, for instance, Australia, also exhibited similar reasons for aiming to engage citizens to work collectively (Price et al., 2023). On the other hand, research from the US suggests that appeals to Americans to consider themselves socially responsible citizens created a tension between care for the common good and personal freedom in a manner that did not inherently predispose everyone to become victims (Crowe, 2022). It appears that American citizens, especially the young, rejected both personal and social victimhood because of the low risk for them, and they insisted on their freedom. In contrast to this, Norwegian citizens' immediate acceptance of the interpellation of them as socially responsible was widespread. This was also evident in our focus groups. Hanna, from the group of families with children under 18, probably expressed it most succinctly, stating that she was "most concerned about the health of those who are exposed, [and] afraid of contributing to others becoming seriously ill".

The type of constitutive approach to creating compliance in a health crisis that we have described in this chapter appears to be largely under-theorised. Most research seems to be directed at traditional persuasive communication, where the authorities tell the citizenry what to do and expect them to do it. However, our studies show that constitutive rhetoric may be a powerful force when combined with traditional persuasion (Horne & Johnson, 2021; Nivette et al., 2021). The four strategies that we have described for the phase of crisis and full alarm work together to reinforce each other.

As mentioned, appeals to solidarity and the urging of individuals to join together for communal purposes were evident in other countries, too, like Sweden, Germany, Switzerland, and Scotland (Scharffscher & Engen, 2022). This is clear from the slogans in these countries: "Protect yourself and others" (Sweden); "Together against Corona" (Germany); "This is how we protect ourselves" (Switzerland); "Support Scotland, for yourself and for each other".

Norway was special, however, in that the appeal was more than a persuasive encouragement to protect oneself and others. It was an interpellation, an evocation of a national trait. The constituting and invitational rhetoric may also be supported by social norms and social pressure. If a citizen thinks that other citizens follow the advice from the authorities, then that citizen will be inclined to comply. Studies from Norway show the same (Wollebæk, Fladmoe, Steen-Johnsen, 2022). While we have not examined the relationship

between constitutive, invitational rhetoric and the pressures of social norms, it seems obvious that they work together. The power of social norms is not only that a citizen knows that other people act in a certain way, but also the sense or conviction that this is the way we act as a group. The constitutive rhetoric interpellates, "creates", the group; the social norms help keep the group together. In the case of the crisis and full alarm phase, this group was every citizen – the whole nation.

Addressing a whole nation is naturally difficult, whether one does it through traditional persuasive rhetoric or through constitutive invitational rhetoric. An audience can reject both an argument and an offered constitution, especially when the subject interpellated is a nation of different groups. So, despite the undeniable general success of the Norwegian approach in the crisis and full alarm phase, it's crucial to address the potential shortcomings of the constitutive approach among groups with different cultural norms, such as some immigrant communities, urging a more inclusive and adaptable communication strategy. The analysis highlights the intricacies of pandemic communication and emphasises the necessity for public health authorities to employ adaptive, inclusive strategies that resonate with a broad and diverse audience. It accentuates the continuous need for these authorities to tackle the complexities of crisis communication with empathy, accuracy, and a dedication to the collective good, ensuring that all community members are equally engaged and informed in the face of a public health crisis.

CHAPTER 5

How to manage perceived severity and fight fatigue, while defending policy

The waves of crisis phase

With a few exceptions (e.g., Boin, 2019; Reber et al., 2021), the research literature has typically focused on crises as having a demarcated start where a set of responses, often in the form of a pre-made crisis plan, is triggered (Chen et al., 2022). Researchers and practitioners tend to envision a crisis as some sort of peak where risks manifest (Coombs, 2018; Sellnow & Seeger, 2013), threatening the purpose and function of an organisation. In the case of a pandemic, however, the crisis can be protracted with a mixture of intense and calm periods, and no clear end in sight (Offerdal, 2023). This raises several challenges, as the public health authorities must work to maintain support and fight public fatigue, all the while facing increasing criticism and preparing for setbacks. Research from Denmark, Sweden, the UK, the US, Italy, France, Germany, and Hungary have shown how fatigue not only had consequences for compliance, but also instigated protests and conspiratorial thought that potentially influenced democratic stability (Jorgensen et al., 2022). Furthermore, widespread doubts about the authorities' capabilities could undermine trust and support for the recommended measures (see also Jauho, 2016; Majid et al., 2020).

In this chapter, we analyse the rhetorical strategies after the immediate crisis response in Norway and the ensuing pandemic waves. The authorities had to juggle between several of the general rhetorical strategies outlined in the introductory chapter. In the previous phases, the authorities had to establish the severity of the crisis, their expert role, provide a role for the citizens, and provide instructions for how to fulfil this role. The period we focus on in this chapter is one where most of these short-term crisis communication goals had been reached, but society was amid the crisis and there was no definite end to talk about. The waves of crisis phase thus became one where some normalcy had to be restored, the emotional and psychological needs of the

audience had to be considered, and the public had an increasing opportunity to critically examine the response from the authorities. While facing criticism is commonly discussed in crisis management literature as something happening during the post-crisis phase, the duration of the COVID-19 pandemic led to this also being a challenge that the authorities needed to handle while still amid the crisis. This chapter draws on qualitative interviews with the communication personnel in the NIPH and the NDH, focus group interviews with members of the public, as well as analysis of specific campaign material to assess how the authorities met these rhetorical challenges.

◆ ◆ ◆

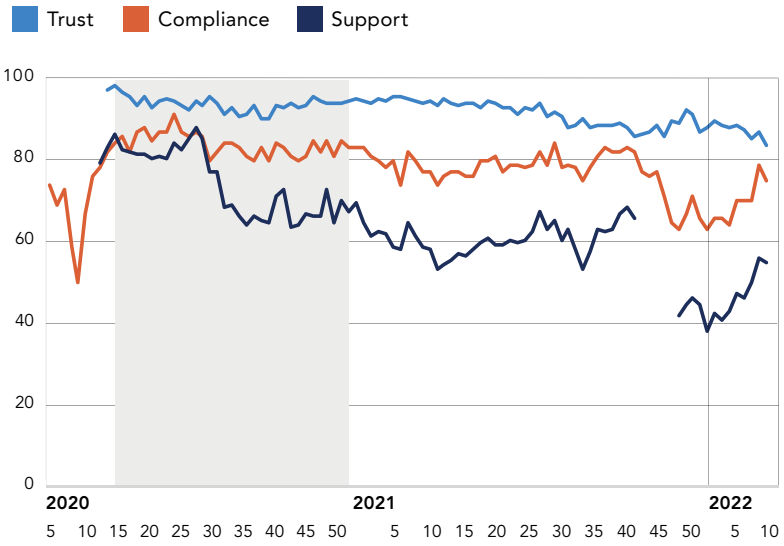
Vignette 5.1 Fatigue sets in

The first lockdown was lifted in April 2020, and the number of people hospitalised dwindled during the middle of the year (see Figure 1.2). An optimistic attitude could be discerned in the population as society was gradually reopened. Then, however, the numbers started to rise again, and new restrictions were introduced in August, which altered the rhetorical situation. The use of face masks was encouraged in Oslo and surrounding areas, and restrictions on social contacts affected the daily lives of citizens in unprecedented ways. The period was described as gloomy. When asked whether they thought the authorities were implementing the right measures, there was a concerted decline in satisfaction among the respondents (see Figure 5.1). Fatigue was evident in the responses to the question of whether the authorities were implementing the correct measures. Still, self-reported compliance was high, and the trust remained generally stable. The economic consequences were also impacting different sectors like the service industry, and several industries launched lobbying campaigns attempting to gain exceptions.

The fatigue with the pandemic was also accompanied by more criticism concerning how the pandemic should be handled and who paid the price for the measures to combat the pandemic. News stories appeared addressing how young people were losing a crucial period of their lives due to social restrictions. In regions with few cases of COVID-19, the strict national measures were questioned. The first protest against COVID-19 measures was held in front of the parliament in October. Then, the second wave of infections hit in November, and people were urged to stay at home and minimise social contact.

As the pandemic ebbed and flowed, authorities attempted to manage the ever-changing developments, adjusting and updating recommendations while continuously attempting to keep their finger on the pulse of the population to determine what they could, and should, do next.

Figure 5.1 Trust in health authorities, compliance with recommendations, and support of health authorities' measures by week, 2020–2022 (per cent)



COMMENTS: Question (trust): "To what extent do you trust the health authorities' handling of the coronavirus?" Question (compliance): "To what extent do you follow the advice and recommendations from the health authorities?" In both cases, the figures show the share who marked the option "to a great extent". Support was measured between week 14 in 2020 and week 43 in 2021, commencing again in week 50, 2021. The figures show the share who marked "agree" to a statement saying: "The authorities are implementing the right measures during the coronavirus pandemic". The number of respondents varied between 361 and 875. The shaded area indicates weeks 15–52, 2020.

SOURCE: NDH weekly surveys

◆ ◆ ◆

The rhetorical situation

Rhetorical problem

One central characteristic of the COVID-19 pandemic was its duration and varying intensity. It was also a characteristic that seemed to have caught the public health authorities off guard. The evaluation reports from both the NIPH and the NDH pointed out that their plans had not been devised to handle a protracted crisis (NDH, 2023; NIPH, 2023).

In his influential work on crisis communication, Coombs (2018, 2020) has argued that a crisis can be thought of as consisting of three phases – the precrisis, the crisis, and the post-crisis phases – which may themselves consist of sub-phases. It would, of course, be possible to fit the COVID-19 pandemic within these phases, either by arguing that the crisis phase was long-lasting and that the various periods of the crisis should be considered sub-phases, or by arguing that the COVID-19 pandemic should be thought of as a series

of different overlapping crises. We maintain, however, that such an approach would obfuscate some of the complexity of the COVID-19 pandemic and that it is more fruitful to think of its entire duration as one crisis, characterised by its protracted nature. Different attempts to grapple with the situational challenges of the COVID-19 pandemic have drawn on the concept of "sticky crises" (Reber et al., 2021), thus focusing more on the complexity and uncertainty of the pandemic as something that challenges conventional approaches to crisis communication. We argue that the rich variety of conceptualisations and categorisations used to discuss the COVID-19 pandemic points to a shared assessment of the pandemic as something that in different but overlapping ways challenges existing crisis communication theory, demonstrating the need for approaches that incorporate complex situational aspects in attempting to understand and respond to crises.

As mentioned, the starting point for the phase examined in this chapter is the decline of the first wave of infections in Norway. In highlighting this phase of the pandemic response, we aim to cover the end of what could be considered the conventional period of crisis response, where the pandemic had shared characteristics with other societal crises. In the previous phases, authorities had to demonstrate their competence and establish the severity and urgency of the crisis. They began distributing advice about how stakeholders should act to minimise risk. In observations and interviews, the work was sometimes characterised as being about "one to many" communication. As these first intense periods ended, employees at the NIPH and the NDH had to figure out how to deal with the novelty of a crisis that, while calming down, was still not over. They needed to balance their communication to maintain vigilance in the population, while still ensuring that society could return to some form of normalcy. In practical terms, this phase began just before Easter of 2020, when Norway was moving towards the end of the first round of societal lockdown and a gradual easing of restrictions in the lives of its citizens. This could be seen as signalling some sort of "new normal".

As for the endpoint of the phase, we argue that the start of vaccination represented the "beginning of the end" of the pandemic, as it provided the first potential solution to the threat caused by the virus (see Chapter 6). The period discussed in this chapter, however, can be understood as one where there was no real solution available. The virus was a threat and a risk that had to be managed, but this was manifested to varying degrees – both in varying spread within smaller groups of the population and in the form of relatively predictable waves of new infections on a societal level.

A different approach in describing this phase would be to define it as the end of the first wave of the pandemic and through the second wave during late 2020 and early 2021. The widespread metaphor of "waves of infection" served as a stable ordering principle through large parts of the pandemic, with media and authorities talking about the second and third waves and

so on. The notion of waves can be criticised since it obfuscates the real risk and spread of the virus between peaks. It could also contribute to a perception that after a wave subsided, less care had to be taken by the population. Echoing arguments made in Chapter 2, this could be considered a result of focusing on societal-level risk, as opposed to focusing on risk to individuals. It has also been pointed out that this metaphor belongs to "the force of nature"-topos implying that something is both irresistible and inevitable, thus drawing attention away from human agency (Charteris-Black, 2021).

At least three rhetorical challenges can be identified in this situation, with the first two being closely related and intertwined. Since the crisis turned out to be long-lasting, people grew tired of invasive measures, impacting both their motivation to follow advice and restrictions and their general mental health. This was evident during several of the waves that followed. Thus, the phase studied in this chapter was characterised both by a need to adjust the perceived severity of the situation and a need for authorities to tend to the mental well-being of the public. As demonstrated in Figure 1.2, the severity of the pandemic varied over time: In some periods, the public health authorities wanted to communicate increased severity to motivate compliance with restrictions, while in other periods, the goal was to communicate lesser severity to create acceptance of less intrusive rules and regulations. While we use the phrase "perceived severity" here, it is worth noting that it is difficult to demarcate this perception from the level of fear and anxiety among the public, as discussed in the previous chapters. We can assume that the perceived severity of a risk is closely related to the level of concern, anxiety, and risk that the population feels in connection to the threat and that this perceived severity is related to public compliance with rules and guidelines. When we chose to describe the rhetorical problem in this phase of the pandemic as managing the perceived severity it is meant as a way of underlining that authorities did not necessarily attempt to instil fear in the public but sought to adjust their assessment of the threat, even if that meant increasing fear.

The complex link between perceived severity, trust in authorities, mental state, and compliance with recommendations and guidelines was something the authorities themselves grappled with. One informant discussed how one could see the tensions in the behaviour of young people:

> It seems clear that fear is a factor, and we see with young people that they might not be very concerned about being infected themselves, but they are very worried about infecting others. So that might mean that they… we did a survey where young people said that "yes, I might go to a party to have fun, because corona sucks, I can't stand sitting at home. But I'm not going to visit my grandmother the day after". So that tells us something about fear, or at least concern for consequences and how that might impact behaviour. (Director 5)

Here, we also see how the need for adjustments in both communication and recommendations was related to members of the public experiencing fatigue as a result of strict measures. This could in turn lessen compliance with regulations at points where the pandemic reached new peaks. In the literature, it has been pointed out how health communicators need to fight fatigue by, for instance, adapting messages to align with evolving circumstances, addressing citizens' concerns, and expressing gratitude for their dedication and resilience (Koh et al., 2020). Furthermore, other common recommendations include the need for variations, both in terms of messages and channel use, be it physical, online, or broadcast channels (Nan et al., 2022).

A third rhetorical challenge pertained to the need to face criticism, disagreement, and increasing conflict about both the response to the crisis and the way forward. There was some debate about the right course of action during the early phase of the pandemic (Kjeldsen et al., 2021). For instance, ahead of the March 2020 lockdown, one critic declared: "We are simply not in safe hands. [The public health authorities] have not proven to be competent [to tackle the pandemic]" (Lien & Mogen, 2020). Determining who possessed the necessary expertise to address a crisis was a constant challenge for the public health authorities. When criticism comes from an acknowledged source of expertise, this communication challenge increases. In the waves of crisis phase of the pandemic, the challenges to the authority and competency of the health authorities multiplied. The receding infection levels created a demand from the public to ease restrictions on social life. On the other hand, criticism was also voiced by those still experiencing the pandemic as a significant threat. Furthermore, journalists, suddenly free from having to cover the more technical aspects of the pandemic spread from day to day, began investigations into government policy and scrutinised the decisions made during previous phases.

A fitting response from the authorities to these rhetorical problems would thus be rhetorical strategies designed to continuously adjust the perceived severity of the pandemic, both over time and to different target groups, while ensuring both that the population retained the stamina to comply with restrictions over time and that restrictions did not cause undue threats to mental health. While doing so, they also had to continuously strike a balance between responding to criticism in a way that defended the chosen policy and their position as experts, while not violating norms and expectations of tolerance and dialogue within a democratic regime.

Rhetorical audience

In the previous chapters, we discuss both how certain risk-group segments were targeted in communication during the first phases of the pandemic, and how the overarching perception from health authorities was that their audience

consisted of the entire population. While both conceptions of an audience could be seen during the waves of crisis phase of the pandemic, this period was also characterised by more segmented communication and more concerted efforts to prioritise certain groups, described by some informants as a move away from a "one to many" approach to communication (Director 5; Director 6). Still, we argue that the rhetorical audience fundamentally remained the same during this phase, but that the rhetorical strategies used to solve the rhetorical problems involved more targeted and segmented approaches. The authorities started to target specific groups that were considered to be more at risk and those that, according to polls, did not comply sufficiently with rules and recommendations (Director 5). Discussing the relationship between their communication efforts and tracking of the population, one NDH informant underlined the following:

> It is not just the [population] tracker [reflected in Figure 5.1], we had access to information from polling of health sector professionals, all the questions we received on social media, [and from] the hotlines operated by different organisations. We knew a lot about what the population knew or did not know, what they were afraid of or not. It was an ideal situation because it was easy to know what we needed to do in response. (Director 7)

As mentioned, and shown in Figure 5.1, while the public expressed a somewhat waning support for the restrictive measures, they still chose to comply with the rules and advice. Even increased criticism, including examples from the ranks of medical experts (Ihlen & Vranic, 2023), seemed to have a limited effect on overall trust and compliance. Yet the severity of the restrictions and their impact on the daily life of parts of the population led to a need to attend to the mental health and morale of the public. In the focus group discussions and through insights shared by public health officials, the description of a "dark period" emerged prominently. This term captures the challenges faced by certain segments of the population, including struggles with motivation and the psychological impact of pandemic-related rules and restrictions. It became necessary to address the mental and emotional toll of the pandemic, alongside the physical health considerations.

Rhetorical constraints and opportunities

One of the core constraints of the waves of crisis period had to do with the complexity of COVID-19, specifically the fact that its spread and corresponding response from authorities varied geographically. For authorities, this meant that the audience needed to be further segmented, and advice to guide personal behaviour had to be differentiated between the different audiences. A poignant example of this would be the introduction of recommendations for the use of face masks in Oslo in August 2020,

which both entailed the recommendation of something the authorities had previously advocated against and the introduction of such a measure in one specific area of the country.

The adoption of crisis response measures varied regionally, introducing a complex landscape of disparities in the experiences and burdens faced by populations throughout the country, including local variations in restrictions on social contact, as well as, for instance, the sale of alcohol (Horn et al., 2021; Norwegian News Agency, 2020). Consequently, the repercussions of these restrictions, including fatigue, mental health issues, and effects on children's development, were unevenly distributed. This uneven impact may have prompted increased scrutiny of the authorities' communication strategies and decision-making processes. For example, efforts to mitigate these adverse effects by easing restrictions could face criticism, particularly from citizens in regions less affected by the restrictions. This highlights the intricate balance authorities had to navigate between managing the crisis and addressing its diverse impacts on the population.

This period also witnessed a return to relative normalcy, as indicated by the low infection levels (see Figure 1.2). Actors who had previously rallied around the flag – or at least not actively questioned restrictions and regulations – began attempting to impact and shape restrictions and rules through criticism, as well as through lobbying and political work. In Norway, this was, for instance, the case in campaigns by private businesses to ensure that guest workers could gain entry to the country to resume production in the shipyards in the western part of Norway (Norwegian Official Report, 2021; Røed-Johansen et al., 2020). For authorities, this functioned as a rhetorical constraint in that their messaging and their expert advice now had to compete with other concerns drawn from a different set of considerations and priorities.

Criticism towards authorities during this phase was not only the result of lobbyism or political actors in competition with the government but also stemmed from the media (Sølhusvik & Stoltenberg, 2021) and members of the public. As a semblance of normalcy began to re-emerge, critical examination and questioning of the authorities intensified. This shift was particularly noticeable in the media landscape, where the prolonged nature of the crisis catalysed a move towards in-depth investigations, freedom of information requests, and other labour-intensive journalistic practices. These investigative efforts, traditionally unfolding post-crisis, commenced before the crisis had fully abated, reflecting an urgency to scrutinise and understand the ongoing situation in real time.

The media landscape, a crucial arena for public discourse, inherently imposes certain constraints on the narratives surrounding the critique and defence of actions or policies. For example, journalists may lean towards framing discussions as an "expert controversy" (Peters, 2021: 114). Such depictions fall short of the ambition of the public health authorities, who

aim to convey more authority. Furthermore, the brevity required by news coverage means that the nuanced presentation of expertise – whether in print or broadcast media – may not always faithfully reflect the original intent of the sources. At the same time, the allure of sensationalist content is known to capture journalists' interest (Foss, 2020; Vasterman & Ruigrok, 2013). This dynamic can complicate the effort to communicate complex public health messages effectively.

In the Norwegian context, it is a given that the public health authorities cannot quash criticism. From both a societal and democratic perspective, engaging in public discourse regarding strategies to address a public health crisis has intrinsic value (Ihlen & Vranic, 2023). In the face of a crisis as significant as the COVID-19 pandemic, it is crucial to engage in testing competing interpretations and questioning narrow viewpoints. This approach helps prevent oversimplification, which frequently results in being forced into a binary decision between what is perceived as the ultimate good and the ultimate evil (see, e.g., Ivie, 2002). In crises with a substantial degree of ontological uncertainty and complexity, it is essential to actively encourage critical debate to prevent the proliferation of misconceptions (Gesser-Edelsburg et al., 2021).

Some research suggests that expert communication during the COVID-19 pandemic deviated from the norm, particularly in acknowledging the boundaries of scientific knowledge and the inherent uncertainty of the crisis (Paek & Hove, 2020; Post et al., 2021). A study in Germany found that the media leaned more heavily towards endorsing esteemed scientific expertise than in past pandemics (Leidecker-Sandmann et al., 2022). Thus, one might anticipate that the mediated exchange among experts could exhibit a degree of reflection and make a positive contribution to the essential democratic discourse surrounding policy measures to combat a pandemic like COVID-19. The focus groups interviewed in May 2020 discussed examples of the mediated debates between experts and news reports, particularly a case of concerned parents objecting to the re-opening of schools and kindergartens.. The following exchange in a Norwegian focus group of those young without children in 2020 illustrates how members of the public reflected on the balancing of concerns:

> Ida: I choose to trust the professionals who believe that it is safe to send children to kindergarten. The nurseries have been given their own measures to follow. It also has major consequences for children who are at home and may experience neglect and miss out on important learning and development in kindergarten. […]
>
> Truls: Agree with what Ida says here.
>
> Maren: I understand the scepticism. Especially with regards to some people getting long-term injuries, and the cases from around the world where apparently perfectly healthy, young people die from the disease.

Two Danish participants, one senior and one young without children, had similar sentiments:

> I think it is difficult and misleading to say that something is "safe" because it is an uncertain situation, and there are no definitive answers or clear solutions anyway. (Elise)

> I don't have children myself and understand that parents react when they directly harm their children, but the statistics show that children practically do not get seriously ill. (Mathias)

The discussion and quotes above are quite representative for all the age groups. The participants weighed expert views against other concerns, and expertise was valued highly in all groups. Figure 5.1 also provides a clear indication that the mentioned criticism did not fundamentally destabilise the expert position of the public health authorities. Nonetheless, this expert position was not something the authorities could take for granted.

As described in the previous chapters, the high media interest afforded the public health authorities an opportunity. During this phase, the media interest was extended to include the spokespeople of the organisations. Several of these spokespeople became celebrities in their own right, and one Norwegian expert had a Facebook fan club dedicated to him. In interviews with NIPH representatives, this increased interest was mentioned as an opportunity they could not ignore. Within the NIPH, a dual strategy for media engagement was employed. On the one hand, positive media coverage was considered a vital boost to internal morale, serving as an acknowledgement of the institute's efforts and achievements. On the other hand, this favourable media presence was also strategically utilised to engage with segments of the population that might not regularly follow the news. This approach allowed the NIPH to extend its reach and impact, ensuring that critical health messages and updates penetrated beyond habitual news consumers to a broader audience (Sølhusvik & Stoltenberg, 2021). This perspective led to the active involvement of spokespeople in various formats beyond their usual appearances in press conferences and debate programmes. They participated in portrait interviews, appeared on comedy shows, and engaged in other forms of lighthearted entertainment, expanding their reach and engaging with the public in a more relaxed and accessible manner.

Rhetorical strategies

As a response to the above-mentioned situational characteristics, the Norwegian public health authorities relied on a flexible set of rhetorical strategies: 1) managing perceived severity over time, 2) segmenting audiences and diversifying messages, 3) continuing appeals to solidarity and caring, and

4) meeting criticism with openness. Below, we elaborate and exemplify how these strategies were used and how health authorities could combine them.

Managing perceived severity over time

As mentioned, in the previous phases, the health authorities had to establish the severity of the crisis and manage the public's fear. This involved efforts to portray the situation and the potential risks with certain terms, as well as relying on action-oriented communication about what people should do to mitigate these risks. Surveys and other feedback mechanisms demonstrated how the general population understood what fundamental actions were required. The core issue for the authorities in the waves of crisis phase therefore revolved around motivation and people's assessment of the current situation and whether people would accept that there was still a risk.

To illustrate the inherent challenges, it is possible to draw on data from field observations at the NDH during April 2020. At this point, the first rounds of severe restrictions in Norwegian society began to show effect, and authorities were getting ready to ease some of the restrictions on internal travel as well as social contact. A core topic of discussion was how the announcement of such policy changes would be interpreted by the public. Some employees in the NDH feared that if they announced the changes before Easter, this would damage compliance with the policy during the holidays. Even though the changes were not to take effect until later, the very announcement might signal that the more severe period was over (observation notes, 4 April 2020). This example shows how authorities had to navigate not only the correct, science-based efforts but also the timing and potential signal effect of how and when changes to policy were announced, including how the announcement would affect the public's perceived severity of the pandemic. In some ways, the challenges faced by the authorities during this phase thus foreshadowed the complex navigation of communicating the end of the pandemic (see Chapter 7). The core challenge was no longer the dissemination of scientific fact but rather communication concerning the interpretation and subjective experience of risk and threat.

This concrete phenomenon was also a topic in focus group interviews conducted with young adults in May 2020. In discussing how people seemed to have a more casual attitude towards rules and regulations than earlier in the pandemic, including people having more than the allowed social contact, the informants discussed how it could be seen as a combination of actual lessening of restrictions and indirect effects on the perceived severity of the situation. Niklas, one of the participants who was worried that relaxing the restrictions would lead to more infections, stated that "this might make people believe that the restrictions are less strict than they are". Stefan was afraid "that everyone thinks it will be back to normal, and that schools will open, and

everything will open as usual. Then the infection returns, and more people become ill". While we do not want to generalise from a single focus group to the population at large, these sentiments demonstrate that the challenge of managing perceived severity as the restrictions and guidelines shifted was also noticeable among members of the public.

The overarching perception of severity, threat, and risk also functioned as an important constraint for the health authorities, in that they needed to ensure that their messages matched how the situation was assessed by members of the public. Drawing on our previous discussion of ethos, trust, and trustworthiness (see Chapter 1), this can be understood as a matter of demonstrating that authorities understood the concrete experiences of the public and that they considered this in their response to the pandemic. An example of this was visible during early periods of observation during Easter of 2020. Here, employees discussed how communication concerning the Easter holiday should avoid giving the impression that this celebration was going to be a cosy and normal affair since, as they argued, this was not going to be the case for significant portions of the population who would be unable to visit family. When the eventual easing of restrictions was announced, the balance between continued vigilance and normalisation of daily life could be seen in the choice of words from authorities, emphasising that "we shall do this step by step, we shall do it in a controlled manner, and we will do it together" (Høie & Litland, 2022: 73).

It is also worth noting that the perceived level of severity of the pandemic was not equally distributed among members of the public. When restrictions were introduced or removed, some would celebrate while others would criticise. As one informant at the NDH discussed during an interview:

> We must open things up as well, we can't just keep it all closed down. You saw this when it came to easing travel restrictions during the summer [of 2020]. We knew that when we allowed travelling, there would be an increase in the import of infection on the other end, we said so and it happened. And then people criticise and point fingers, asking why we opened things up. (Director 6)

This quote simultaneously points to how perceived severity was a core rhetorical problem for authorities and to the inherent challenges of the task of managing severity communicatively. This rhetorical problem was further complicated by the cyclical way the COVID-19 virus spread within the country for the duration of the pandemic, as discussed previously regarding the metaphor of waves of infections. While the spread of the virus never went away, the relative success of restrictive measures, combined with a degree of resilience in the population from previous infections, tended to lower the reproduction number of the virus and lead to waves receding. Thus, during mid 2020, the authorities dared to apply humour in their campaigns to get

people to test themselves if they suspected that they had been infected. A range of posters and videos featured men with characteristic average physiques, accompanied by the word "sjekkas" – a play on the Norwegian word for handsome [kjekkas]. This newly minted term was accompanied by a definition of "sjekkas" as denoting someone who "immediately gets tested when suspecting COVID-19" (see Figure 5.2).

Figure 5.2 Campaign poster for testing, July 2020

COMMENTS: Translation: "If you have symptoms you have to test yourself. For advice, go to helsenorge.no. Keep your distance, wash your hands, and stay at home if you are sick".

SOURCE: NDH

It is worth noting that such use of humour was quite limited, with NDH employees arguing that it was a minor aspect of their strategies during the pandemic. However, when seen in combination with other campaigns drawing on emotional messaging, it points to the use of a more diverse set of strategies during this phase of the pandemic.

Eventually, however, the roll-back of restrictions, seasonal factors, and, to some degree, new mutations would mean that infections increased. In other words, authorities also had to increase the perceived severity to motivate the population to accept restrictions in their daily life following periods of less severity. The Corona-tracker was one source, but the NDH also had a tracker directed at health personnel and relied on their partners and networks and

questions in social media and telephone lines to fine-tune messages. Outbreaks in particular regions could be met with targeted communication. An informant at the NDH emphasised that while the pandemic had devastating consequences, it also offered unprecedented opportunities communication-wise:

> It is about being able to understand the trends now, which manifest in very different ways. It was an attempt at analysing the quantitative data we were collecting, both through polling and direct channels like our hotline, the chatbots and other forms of contact […] and then using that to get a grasp of a mental modus in society that we could use as a basis for our message strategies. So, it was a combination of the quantitative and the qualitative which gave us an idea of what people needed to hear at any given time. […] During that summer [in 2020] the collective mental mood was upbeat and optimistic. We could be sillier, use the "sjekkas" campaign [see Figure 5.2], do a light-hearted campaign during late summer aimed at students returning with infections. But then during the fall, we saw that the mental mood was turning darker. So, then we had to change it, not only the message but its tone. (Director 7)

This quote then lends further support to the argument that the perceived severity and mood of the population functioned as a core rhetorical problem through this period and demonstrates how part of the fitting response to the problem can be found in the combination of adaptation of messaging and increased audience segmentation.

The plans for the gradual reopening of society had to be put on hold in August 2020, to be replaced by the gradual reintroduction of restrictions in people's daily lives. In this concrete example, the re-emergence of the virus was accompanied by increasing media coverage about new clusters of infection, including a much-discussed outbreak on the cruise line Hurtigruten, which contributed to the spread of the virus to many municipalities (Andreassen & Hansen, 2022). This was also followed by new types of recommendations, including for the use of face masks in Oslo. The latter part of 2020 was characterised by increased levels of infections and strict measures (Norwegian Official Report, 2022).

While this chapter focuses on the period ending in December 2020, there were also later waves during the pandemic when the authorities felt the need to remind people about the severity of the situation. For instance, when a new variant of the virus appeared in late 2021, the prime minister talked about signalling the severity:

> Before the press conference we had when we first announced omicron, I remember we were concerned about how we should start that press conference. It began with the words: "This is serious". That was because we already had high hospital admissions and pressure on intensive care

capacity due to delta, and here came a new variant. (Norwegian Official Report, 2023: 153)

This points to how the management of severity as a rhetorical problem, while key in the phase discussed in this chapter, remained throughout the entire crisis, both in press conferences and in general campaigns from the authorities. As an example, the same period in late 2021 had campaigns reminding citizens that they should still stay at home when sick, get tested if they experience symptoms, and wash their hands (see Figure 5.3). In other words, while the campaign utilised pictures of social settings with happy people, the main recommendations to avoid spreading the virus were still relevant.

Figure 5.3 Campaign poster advocating to "keep vigilant", September 2021

COMMENTS: Translation: "Corona rules no longer control our daily lives. But the pandemic is not over. Stay at home when you are sick. Test yourself if you experience symptoms. Wash hands".

SOURCE: NDH

Segmenting audiences and diversifying messages

The perceived severity also varied between different segments of the audience. This led to increased differentiation of messaging and focus of the crisis response. Starting in March 2020, the campaign group at the NDH had cooperated with an advertising agency about the development of a range of messages in different formats, including posters on public transportation, radio spots, ads in social media, and traditional media. During the waves of crisis phase, the health authorities changed their communication strategy in terms of how they targeted audiences, moving from what they described as a "one to many" strategy to a more differentiated and segmented form of communication. Among employees at public health institutions, particularly the NDH, this was portrayed as a natural evolution of their approach to the

crisis. Since, as they argued, the crisis was a long-lasting process, their priority at its outbreak was to target the largest groups of the population and focus on how they could reach as many people as possible. This included press conferences, focusing on traditional media, and communicating general rules and advice applicable to all parts of the population.

As the pandemic developed, more energy could be directed towards specific targeting and segmentation in their communication work. While this was partly a conscious strategic choice, we argue that it also represents the adaptation of the organisation to a changed rhetorical situation and a different rhetorical problem. As one informant at the NDH put it:

> There was a lot of mass communication, and there was a lot of pressure for us to get information out in all channels. We wanted to increase knowledge and make sure people followed the guidelines. Now it's more fragmented, and we adjust our communication to different target groups. (Director 5)

Figure 5.4 Campaign poster illustrating the difficulty of identifying those at risk, May 2020

COMMENTS: Translation: "Who is in the risk group? It is not easy to see who has an increased risk has of becoming ill from coronavirus. Be considerate. Keep your distance and stay home if you are sick".

SOURCE: NDH

Several target groups were singled out based on data indicating lower levels of compliance. One debate was tied to how the restrictions were hampering the social lives of young people who themselves were not in the risk group. The health authorities ran campaigns pointing out that it was difficult to discern whether someone belonged in the risk group. Posters were utilised to show pictures of people from all age groups, genders, and ethnic backgrounds accompanied by a question asking which of the pictured people belong to the risk group (see Figure 5.4).

As for targeting young people wanting to party, the authorities simply urged people to keep a distance, respect the cap of 20 people in social gatherings, and refrain from attending parties when ill (see Figure 5.5). While the chosen title, "Party like it's 2020", and the colours might be more festive in this particular campaign, the basic messages were still the same. During the observation period in the NDH, a discussion was had with the NIPH about use of humour and attempts to reach young people. It was pointed out that young target groups may perceive it as "cringe" or embarrassing if the tone was too youthful, which was something to be careful about (observation notes, 6 April 2020).

Figure 5.5 Campaign poster with youth-directed message, October 2020

COMMENTS: Translation: "Keep your distance. Do not be more than 20 at the party. Do not go to the party if you are sick. Get answers for your questions at helsenorge.no".

SOURCE: NDH

A director at the NDH commented on the latter campaign:

> We had to look at different target groups because we were aware that this would happen, that there would be waves in different parts of the population, in different parts of the country. So, for instance, it resulted in a large effort to reach young people, to reach students after the summer, because at that point, there were a lot more infections among young people. (Director 7)

Similarly, this period witnessed an increase in efforts to target minority groups, particularly those not reached by messaging in Norwegian and English. One example is how, before Ramadan in 2021, the NIPH and the NDH cooperated with the Directorate of Integration and Diversity on a campaign stressing the ban on large social gatherings. The colour green, which has positive connotations in Islam, was chosen and combined with messaging in English and Arabic (see Figure 5.6). While employees discussed how focusing on Norwegian and English was an efficient and sensible priority during the earliest phases of the pandemic, disproportionate levels of infections in minority populations, as well as the need for more fine-tuned messaging, led authorities to prioritise such targeted messaging both during the waves of crisis phase discussed in this chapter, and, as we discuss further on, during the push to ensure that the entire population chose to get vaccinated.

Figure 5.6 Campaign poster targeting hard-to-reach groups ahead of Ramadan, March 2021

SOURCE: NDH

Thus, changes in the rhetorical circumstances allowed for a different perspective on audiences, with more campaigns in minority languages, specific campaigns targeting age groups, as well as more room for communication efforts with ambitions beyond simply providing instructive information about rules, advice, and regulations.

The changes also highlight the importance of adopting a long-term perspective when it comes to crisis communication during an extended crisis. By considering communicative goals and processes as cumulative and adaptable over time, it opens up possibilities for increased nuance and sophistication in crisis planning and preparedness. For instance, practitioners can differentiate between simple instructive communication required during the initial stages of an emergency and more intricate communicative goals as the crisis progresses.

While the strategy of diversifying communication (as well as differentiating restrictions in different areas) can be considered relatively successful, communicating different messages to various segments of the public also carries inherent challenges. One illuminating example is connected to attempts to introduce differentiated policies in schools depending on the current number of infections in the local area, which was connected to a three-tier system of schools being labelled green, yellow, or red. While such attempts at providing simple categorisations of risk levels plausibly could have made segmentation of audiences and diversification of communication easier, critics argued that the system caused increased insecurity and confusion among parents and children (e.g., Ullmann & Dahl, 2020). An example of how such efforts were considered complicated is provided by a news story about the regulations in Oslo:

> In week 18, 3,485 coronavirus tests were conducted on students and staff in upper secondary schools. Only two of these were positive. The infection level for the age group 16 to 19 years is lower than when the red level was introduced in the autumn of 2020. Thus, the upper secondary schools follow Oslo's kindergartens, primary schools, and lower secondary schools, which moved to the yellow level on Monday. However, for adult education, the red level will still apply. (Norwegian News Agency bulletin printed in Vårt Oslo, 11 May 2021)

The complexity inherent in segmenting and targeting specific geographical regions and groups in the population led several commentators to criticise both the efforts and how they were communicated. In one such example, where local authorities in Oslo had held a press conference the same day as the national authorities, the former had advised inhabitants to limit their interactions to ten people a week, while the latter had mandated a limit of five (Bu & Setten, 2020). A few months later, a rhetorician was interviewed about the latest set of updated restrictions and guidelines in which authorities introduced letter designations – A, B, C, and D – for different levels of

restrictions, in addition to the already implemented system of two consecutive geographical circles and the colour-coded system in schools discussed above. It was argued that the pure complexity of the systems meant to help people navigate between the different local conditions could in themselves confuse and exhaust the public (Harstad, 2021). Similar opinions were expressed in the focus groups in 2022:

> When the information was missing, you could see how the media started pointing fingers right away. I still remember the *Aftenposten* headline that came out where it was like "Immigrants", we blame them because there was a lot of infection in Oslo in particular. When there has been a lot of missing information. I feel that the government has tried to control Norway like a 3-year-old would try to control a truck, it doesn't work. (Noah)

When the young people reflected on the information in retrospect, the constantly changing rules and regulations was a repeated theme, and there was agreement that it had been messy. Among the NDH communication staff, they felt that the "law was taking over" and that these intricate measures made little sense for people (Director 7).

Solidarity and caring rhetoric

The constitution of the citizens' positive role mentioned in the previous chapter was also carried on during this phase. As indicated in Figures 4.4 and 5.6, appeals to care and solidarity were frequent throughout large portions of the pandemic. In the latter example, citizens were urged to spread care, not infection, and to do this out of solidarity with "your loved ones", presumably the elderly and others in the risk groups. But caring appeals were also directed towards the young. In a much-lauded speech, the minister of the Ministry of Health and Care Services took care to recognise that while society was gradually reopening, the pandemic restrictions were still disproportionately affecting youth and young adults. As a way of establishing this point, the minister argued that while many adults were complaining about not being able to go to their cabins and having to work from home, these discomforts paled in comparison to young people missing out on important milestones and rituals. He argued: "Next summer does not exist when you are young, you only care about what is happening today and tomorrow. You dream about things that will happen this spring, and this summer" (Aftenposten, 2020). Towards the end of the speech, the minister explicitly thanked the Norwegian youth for their sacrifices and expressed his hope that they would have some sense of normalcy, despite the need for restrictions and limitations.

In his book covering the pandemic, the minister described how this particular speech was motivated, in part, by the desire to ensure that young people

felt like they were seen and that they should be talked to "at eye level" (Høie & Litland, 2022: 77). Speeches in general functioned as a way of addressing concrete audiences and challenges as they occurred, including periods when the public was less concerned about following recommendations.

Seen as a response to the rhetorical situation, this speech serves as an example of both the increased room for targeted communication aimed at certain groups and of how the authorities drew on more emotional communication to combat both a sense of fatigue and the mental toll of the far-reaching restrictions. It is especially worth noting that the comparison between the relative burden placed on adults having to work from home and young people being deprived of important milestones and their entire social world can be seen both as a way of reaching young people as a specific audience and as a way of disciplining and responding to criticism from the rest of the population.

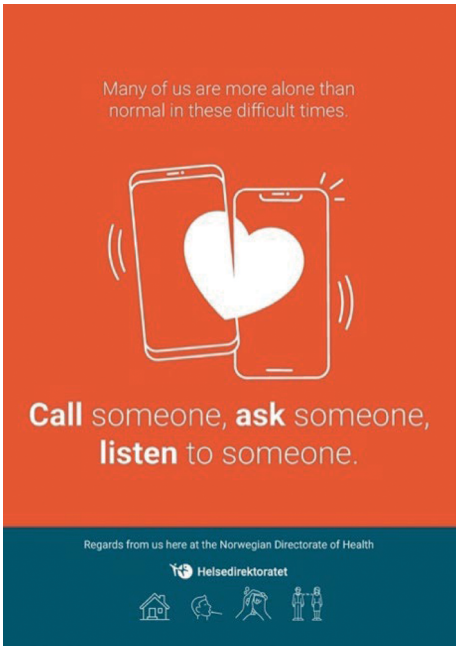
As the pandemic dragged on, informants pointed to considerations of "the mental state of the public" (Director 3, 2020; Director 7). Particularly during late 2020, the main strategy in the campaigns became to focus on mental health, with authorities focusing more on the mental and emotional state of the population, urging people to take care of each other by calling and listening:

> We hardly talked about how people should act [to prevent infection]. At this point, everybody was affected by the pandemic, and it was starting to take its toll, so we didn't have to tell them that there was a pandemic. Instead, we focused on how this was a hard period, and that we needed to take care of each other [see Figure 5.3]. We had a lot of discussions about how we should talk about the light at the end of the tunnel. During that winter it was impossible because we didn't have vaccines for the wider public. So, then it was mostly about recognising the darkness. (Director 7)

One concrete example from the period can be seen in a campaign poster depicting two mobile phones joined together by a heart (see Figure 5.7).

This campaign illustrates the tendency to draw on a wider spectrum of strategies and approaches, including an increase in emotional communication. The use of emotional rhetoric had started already during the crisis and full alarm phase, as discussed in the previous chapter. In discussions between themselves, employees at NDH connected the use of such tools to a perceived level of fatigue and a need for some different communicative strategies to rejuvenate the population. The use of tools such as more emotional or humorous campaigns can be considered a fitting response to the health authorities' need to pre-empt fatigue and burnout among the population, along with the more overarching strategy of keeping social restrictions to the necessary minimum over time. The caring rhetoric is also one that strengthens perceptions of goodwill, and hence trustworthiness (Kinneavy & Warshauer, 1994; Mayer et al., 1995).

Figure 5.7 Campaign poster addressing the mental state, November 2020



COMMENTS: Example from the "Call Someone" ["Ring noen"] campaign.

SOURCE: NDH

An additional sign that the overall strategy was effective is evident from one of the survey rounds in the PAR-TS project, conducted in October and November 2020. In this survey, 2,000 participants were asked about their views on the government's motives. The results showed that only 12 per cent of respondents either completely or partly agreed with the statement that health authorities were more concerned with their own interests than with public health (unpublished data). The focus group interviews illustrate the same, as Hanna said: "It is easy to be wise after the event, but I think the decisions made are right given the information they [the authorities] have at this time". Although the focus group participants were far from uncritical, they often modified their criticism by pointing to the goodwill of the authorities and the limited information available to the latter to make decisions.

Defending against criticism

Since the entire population was the target for communication, as discussed in the section concerning the rhetorical audience, there was bound to be a wide spectrum of reactions and assessments of how these factors should be prioritised. For instance, the idea that the Norwegian response to the

pandemic entailed accepting a certain level of spread with even larger waves while waiting for vaccines capable of lessening the threat of the virus was challenged by some members of the public, as was the idea that certain societal measures needed to be implemented to minimise risk among those most likely to become severely ill from the virus. Thus, a different rhetorical problem faced by health authorities during the waves of crisis phase was the need to navigate and respond to the increased amount of criticism and disagreement. As mentioned in the previous chapters, the early period of a crisis is often characterised by a tendency of citizens and journalists to rally around the flag, a phenomenon that can also be seen in the case of the COVID-19 pandemic effect (Johansson et al., 2021; Van Aelst, 2022). As the crisis moved into a new phase, allowing the authorities to segment audiences and consider variations in their communicative efforts, journalists and critics also pivoted from amplifying and supporting the authorities' messages to scrutinising and critically examining how authorities had conducted their crisis response so far. While we do not mean to imply that there was no critical inquiry during the early phases of the pandemic, we argue that such criticism and scrutiny increased after the initial peaks of the crisis and that this represents a change in the rhetorical circumstances that the authorities had to navigate. Drawing on earlier discussions, such challenges undermined the authority and expertise that health authorities had constructed rhetorically in the earlier phases of the pandemic, creating a demand for changes to their communication.

One way in which this manifested was that representatives of the health authorities had to spend far more time responding to freedom of information requests, as well as more technical and detailed inquiries from the media. As one informant at the NDH put it when interviewed in October 2020:

> In the beginning, it was very much about numbers and facts. Now we are being scrutinised more. There are a lot of requests for information to be made public. We are also confronted with questions: "You said this thing but how does it work now". We have also been challenged several times on whether or not it was right to close schools, to close kindergartens and so on. So, there have been more conflicts as time has passed. (Director 6)

The latter type of criticism, resulting from changes in policy during the crisis, could also be observed when it came to updates and changes in recommendations made by health authorities as new knowledge became available. The most prominent (if only because it was so visual) example of such change was the introduction of face masks as a recommended way of limiting the spread of the virus. As mentioned previously, this was first recommended as a way of limiting the spread of the virus in Oslo in August 2020. It is worth noting that although face masks became common and, in some places, required, health authorities were divided in their faith in them as an effective way of preventing infection. As a way of mitigating criticism when changing

their opinion, the public health authorities in Norway relied on a strategy of transparency throughout the pandemic (Ihlen, Just et al., 2022; Ihlen & Vranic, 2023). Previously, however, this was primarily a matter of transparency about uncertainty (e.g., admitting that information was lacking). In the waves of crisis phase, the authorities had better evidence and data to justify changing their position.

In addition to criticism from the media, authorities also received criticism from independent experts from the health field. In one such instance, in August 2020, a group of doctors criticised the NIPH for their handling of the pandemic (Hella, 2020). During observations, this op-ed and what the organisation should do about it were discussed at length. The prevailing view was that while they objected to the content and arguments in the op-ed, it was not beneficial for the organisation to actively attempt to defeat criticism from independent experts. This points to an approach to criticism that was common during the entire pandemic, one in which criticism and disagreement were considered, if not directly beneficial, then at least as something that had to be tolerated and to a certain degree encouraged (Offerdal & Ihlen, in press).

However, the debate over how to address the op-ed's critical points became somewhat redundant when a coalition of regional health authorities publicly expressed unwavering support for the NIPH, effectively responding on its behalf (Hansen & Brustad, 2020). The NIPH's communications team, having observed this development, voiced casual satisfaction with this outcome. They appreciated the external defence, which aligned with their belief in not personally addressing the criticism yet recognising the value of having allies respond. This incident underscores a nuanced strategic approach to handling external criticism, emphasising selective engagement and the importance of support networks, without expending resources on direct rebuttals or attempts to suppress dissent. It should, however, be noted that while the example points to the value of support networks, the NIPH did not themselves encourage or orchestrate the response from their supporters.

This balancing act, where the institution did not directly address the criticism, allowed for communication emphasising their orientation to constructive debate. In a statement from a spokesperson commenting on the original critical op-ed, they highlighted the importance of diverse viewpoints to ensure the advice and recommendations provided are both relevant and beneficial to the public:

> We think it is unfortunate that they experience it this way [that the NIPH is not open to criticism]. On the contrary, we are concerned that too limited a debate could result in advice and recommendations that are unhelpful or perceived as irrelevant by the population. (Hella, 2020)

This approach to handling criticism, combining deliberate non-engagement with indirect communication strategies, mirrors the broader perspective of

the NIPH on the positive role of critique in public health management. Even amid the inherent challenges and potential frustrations, this stance underscores an understanding that constructive criticism is pivotal for maintaining public trust and ensuring the efficacy of health governance.

In navigating criticism, the public health authorities aimed to preserve their authoritative stance and rational practice within the constraints of their bureaucratic and scientific responsibilities (Du Gay, 2005; Kettle, 2008). They sought a balanced response strategy that neither dismissed critics outright nor engaged in confrontations, reflecting a commitment to rational discourse and adaptability. The authorities shunned the type of aggressive or dismissive rhetoric that is detrimental to trustworthiness (König & Jucks, 2019).

The authorities' tactics – ranging from refutation and accommodation of criticisms to justifying the proportionality of their recommendations – demonstrate a nuanced understanding of their role. This strategic engagement not only defends the practice and expertise of public health authorities but also respects the communicative norms of both bureaucracy and science. The emphasis on deliberation and openness to change, as discussed in the literature on expertise and rhetoric (Hartelius, 2011), confirms the relevance of such strategies in addressing medical criticism (Ihlen & Vranic, 2023). In the government's revised strategy from September 2021, dialogue was emphasised again:

> The response to the pandemic should initially be developed in open conversation with the population, health services, professional communities, and across sectors. Important topics that should be discussed openly include the challenges faced, the basis for risk assessment, the rationale for management, and preparedness levels, including the proportionality of measures when needed. (Norwegian Government, 2021: 11)

In sum, the strategic response to criticism, characterised by a balance between affirmation of their scientific foundations and openness to dialogue, exemplifies a sophisticated approach to public health communication and governance. This strategy, firmly rooted in both bureaucratic ethos and scientific integrity, highlights the NIPH's dedication to leveraging criticism as a tool for improvement and trust-building in public health policy in accordance with the government's policy.

There is a further indication of how the overall strategy was successful: During one of the survey rounds of the PAR-TS project conducted in October and November 2020, respondents were questioned about their perceptions of governmental transparency regarding the coronavirus. The survey, which included 2,000 participants, revealed that only 11 per cent either completely or partly agreed with the statement that authorities were withholding significant information about the virus (unpublished data). In another survey, an even lower figure – 7 per cent – thought information was hidden (Sætrevik

et al., 2021). The focus group interviews show many examples of the same. Throughout the material, there were references to the ability and integrity of the experts and the benevolence of the political leadership, who had to make decisions under extreme conditions of risk and uncertainty (Skogerbø et al., 2024).

Conclusion

In this chapter, we have scrutinised the waves of crisis phase of the COVID-19 pandemic, focusing on how public health authorities navigated the challenges of sustaining public support, combating fatigue, and bracing for setbacks. As the initial rally-around-the-flag effects diminished and criticism became more pronounced (Johansson et al., 2021), the management of public perceptions regarding the severity of the crisis took centre stage. Authorities found themselves in the precarious position of having to justify both the relaxation and the reintroduction of restrictive measures. Commenting on the fluctuating trust levels, the survey company Opinion argued that this was a result of how respondents were concerned that the measures were not sufficient enough to control the infection situation, and less an expression of people disagreeing with the necessity of measures (Opinion, 2022).

Traditionally, crisis research often portrays crises as events with a clear onset followed by a series of planned responses (e.g., Coombs, 2018; Sellnow & Seeger, 2013). However, exceptions in the literature (e.g., Boin, 2019; Reber et al., 2021) have acknowledged that crises like pandemics defy such simple characterisation, unfolding instead over an extended period with fluctuating intensity levels and no definitive conclusion in sight (Offerdal, 2023). This protracted crisis landscape required public health authorities to continually engage in efforts to maintain public support and address fatigue, amidst escalating criticism and the looming threat of setbacks.

Against this backdrop, our analysis has centred on the critical rhetorical challenges of this extended phase of the crisis, particularly focusing on managing and adapting to the changing perceptions of the threat posed by COVID-19. The extended duration of the pandemic presented situational constraints that significantly influenced the authorities' rhetorical strategies, necessitating a shift towards more personalised and nuanced efforts considering different levels of infection, compliance, and burdens of the measures. We have highlighted the need for scalable and flexible crisis management approaches that can adapt to the unpredictable nature and evolving circumstances of prolonged crises. Effective crisis management must incorporate mechanisms for continuously assessing public sentiment, leveraging various channels to capture and effectively respond to the shifting perceptions and concerns of the public while also ensuring that messaging from authorities recognises the strain and gloom that restrictions can cause over time. As recommended in

the literature (Koh et al., 2020; Nan et al., 2022), the authorities tailored messages to the changing circumstances and based them on substantial input from surveys and two-way communication channels. A plethora of channels were used to fight fatigue.

Remarkably, while support for restrictive measures waned during this period, the levels of compliance and trust remained high throughout (see Figure 5.1). Here, one might hypothesise that complicated rules and fatigue played a role in prompting this negative view, while the more fundamental entity of trust was not influenced. Although we do not have specific data explaining the sustained high compliance levels, research on social distancing highlights the critical role of trust in authorities. Furthermore, emotions such as fear and hope, alongside the belief that individuals within one's social network also comply with guidelines, are significant factors (Wollebæk, Fladmoe, & Steen-Johnsen, 2022). The strategies discussed in this chapter, particularly the use of more emotional and empathic communication in this phase, could be considered part of safeguarding compliance from the detrimental effect of having to maintain restrictive measures. Our findings do underscore the imperative for organisations to dynamically adjust their communication strategies in response to changing demands and challenges. This includes striking a balance between conveying technical information and tapping into the public's emotional responses, illustrating the benefits of a strategic focus on varied communication approaches as situations evolve.

Crucially, criticism and dissent played a pivotal role in this context, straddling both normative and strategic considerations. Norway's relatively high tolerance for dissent, possibly reflective of broader regional norms of trust and transparency, indicates a strategic opportunity for cultivating constructive debates. By prioritising discernment in public science communication and promoting a culture of constructive rather than confrontational debate, public health institutions can invite critical perspectives, thereby enhancing dialogue quality and bolstering institutional trustworthiness (Ihlen & Vranic, 2023). As pointed out by others, improved ontological security can be the result if discussions are open and fact-based and the disagreements are articulated and illustrated within the rules of the game. In a well-functioning democracy with high initial trust, citizens are able to cope with uncertainty, disagreement, and politics (Scharffscher & Engen, 2022).

The degree of ontological uncertainty is closely linked to the epistemic uncertainties that communicators also need to address (Frewer et al., 2002; Paek & Hove, 2020). In such scenarios, it has been suggested that areas of disagreement should be emphasised, albeit with the stipulation that there ought to be a degree of consensus among experts before scientific opinions are widely disseminated to the public (Paek & Hove, 2020). Paradoxically, what might appear as a challenge to the expert authority of a public health institution could bolster that authority by enhancing its trustworthiness.

Returning then to the suggested fitting responses discussed in the introduction to this chapter, we can see that authorities responded to the rhetorical problems of the period in a way that could be considered fitting: segmenting audiences and diversifying communication, drawing on broader strategies of emotional and informal communication, continuously monitoring and attempting to adjust the perceived severity of the crisis, and balancing the defence of their expertise with not squashing criticism and scrutiny. However, several of these rhetorical strategies could also lead to new challenges, as demonstrated by negative reactions to attempts at diversifying not only communication strategies based on different population segments, but also the actual restrictions and recommendations. This again highlights how the keystone concept during the waves of crisis phase can be considered balance – between at times conflicting concerns with any act, even those appropriate for one aspect but potentially negatively impacting other aspects of the pandemic response.

In conclusion, navigating the complex rhetorical landscape of an ongoing pandemic underscores the necessity for public health authorities to employ responsive, adaptable communication strategies. These strategies are vital for maintaining public trust and cooperation, emphasising the continuous need to engage with the public's evolving perceptions and concerns while constructively incorporating criticism and dissent into the crisis communication framework.

CHAPTER 6

How to build trust in vaccines and vaccination

The solution phase

A solution to a crisis can take many forms, but in the context of a pandemic, the way out is typically through the introduction of a vaccine. During the phases of the COVID-19 pandemic described in the previous chapters, the public health authorities faced the challenge of communicating about a crisis with no clear end. Vaccines provided the beginning of a path towards a return to normalcy, but with a corresponding need to persuade the population about their safety and effectiveness. In other words, the authorities had to tackle vaccine hesitancy. The literature has identified factors such as lack of trust and fear of side effects as dominant for such hesitancy (Pertwee et al., 2022; Rozek et al., 2021; Wollebæk et al., 2020).

In this chapter, we show how the public health authorities relied on transparency and dialogue, coupled with identification and rational logos arguments seeking to dissociate between different vaccine types, to tackle vaccine hesitancy. The most important strategy was transparency – professed to be guiding the work as the NIPH prepared for the rollout of COVID-19 vaccines. In this chapter, we draw on qualitative interviews with NIPH employees, as well as brief analyses of media coverage and campaign material. Furthermore, specific questions from panel surveys are utilised, along with excerpts from the second round of focus groups and notes from observation research during the period.

◆ ◆ ◆

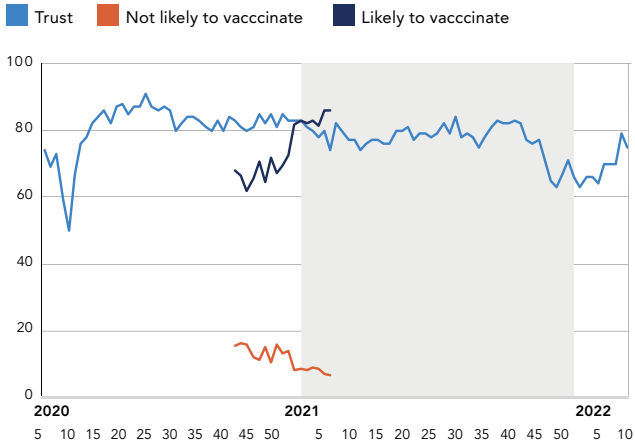
Vignette 6.1 The race for vaccination

The COVID-19 pandemic set off an unprecedented race to provide a vaccine (Ball, 2020; Norwegian Official Report, 2022). As shown in Figure 6.1, the intent to vaccinate grew during the gloomy months at the end of 2020 and beginning of 2021: The increase was a full 20 percentage points. The following rollout phase, basically the whole of 2021, was primarily dominated by a huge vaccine demand, and by early 2022, over

90 per cent of the population above 18 were vaccinated (Skjesol & Tritter, 2022). The most debated issue during the rollout phase concerned the prioritisation between countries, regions, professions, and age groups (see, e.g., Norwegian Official Report, 2022). Still, vaccine hesitancy was propelled to the forefront in early 2021. Instances of "rare, severe cases of low platelets, blood clots and bleeding after vaccination" were reported (NIPH, 2021). As a result, the use of the AstraZeneca vaccine was paused in Norway on 11 March. While the European Medicines Agency greenlit continued use on 17 March, the Norwegian government removed the vaccine from the Norwegian programme on 10 May. On 9 April, another of the COVID-19 vaccines, the Janssen vaccine, was investigated for the same reason, and its use was paused in Europe and the US (NIPH, 2021). No other COVID-19 vaccine types were mentioned in that announcement.

While the H1N1 pandemic was brought up frequently in the news media during March and April 2020, that soon subsided. As for vaccine side effects, these were most frequently mentioned during December 2020, when the first shot was administered, and then during early March 2021 in connection with the debate about the AstraZeneca vaccine. Overall, however, the experience from the H1N1 pandemic was not much discussed, and the debate concerning side effects did not dominate the media coverage.

Figure 6.1 Trust in health authorities and intent to vaccinate by week, 2020–2022 (per cent)



COMMENTS: Question (trust): "To what extent do you trust the health authorities' handling of the coronavirus?" The figures show the share who marked the option "to a great extent". Question (intent to vaccinate): "Based on the information you currently have about the COVID-19 vaccine, how likely are you to take the vaccine when it becomes available?" The figures show the share who marked the option "likely" (dark blue) and "not likely" (red). The number of respondents varied between 361 and 875. The shaded area indicates week 1–52, 2021.

SOURCE: NDH weekly surveys

◆ ◆ ◆

Rhetorical situation

Rhetorical problem

For years, trust in vaccination has declined across Western developed nations (Eagan et al., 2023). During 2020, international opinion polls and academic investigations consistently revealed widespread reservations regarding the COVID-19 vaccine, leading to fear that it was not possible to reach the desired herd immunity (e.g., Lazarus et al., 2020). News about a potential "infodemic" that would disrupt the vaccination programmes with unwarranted and false claims was exaggerated internationally (Gagliardone et al., 2021). In the NDH population survey, a question about intentions to vaccinate was included from October 2020 (see Figure 6.1). While the intent to vaccinate did increase, the first rounds of the poll still indicated relatively low numbers in comparison with, for instance, the almost ubiquitous support for the childhood vaccination programme (Steens et al., 2020). A substantial number of citizens were undecided or declared that it was very unlikely or unlikely that they would get the vaccine. Such positions, then, can be described as a form of vaccine hesitancy – a "delay in acceptance or refusal of vaccines despite availability of vaccination services" (World Health Organization, 2014: 575). A large body of literature exists focusing on such hesitancy (see Chen et al., 2023; Hickler et al., 2015), frequently looking into drivers such as complacency, convenience, and confidence (MacDonald, 2015). Complacency indicates situations where individuals believe that the diseases the vaccine is meant to guard against pose minimal risks. Convenience encompasses elements such as the physical availability and affordability of the vaccine. Confidence refers to "trust in (i) the effectiveness and safety of vaccines; (ii) the system that delivers them, including the reliability and competence of the health services and health professionals and (iii) the motivations of policymakers who decide on the needed vaccines" (MacDonald, 2015: 4162).

A range of studies have emphasised the particular importance of confidence, which also implies that vaccine hesitancy is a rhetorical challenge (e.g., Carrieri et al., 2023; Deurenberg-Yap et al., 2005). Introducing a vaccine necessitates a corresponding discourse. A fitting response from the public health authorities would counteract the prevailing mistrust among certain individuals, even though it can be argued that this lack of trust – the exigence – cannot be fully resolved through rhetoric alone. Nevertheless, we contend that the rhetorical context can be expansively interpreted to encompass an exigence that is, at least to some extent, subject to modification through rhetoric. This is particularly pertinent for individuals who are not steadfast vaccine sceptics or proponents of conspiracies but instead harbour reservations, such as concerns about the side effects of a newly introduced vaccine. Trust, we maintain, plays a pivotal role. When the AstraZeneca and Janssen vaccines were excluded from the Norwegian vaccine programme

(see Vignette 6.1), it was done with an explicit reference to how trust in this programme would have to take precedence (Skjesol & Tritter, 2022; Vorland Commission, 2021).

In many countries (e.g., Denmark, Norway, Sweden, the Netherlands, and the UK), mandatory immunisation is politically and legally impossible, and high coverage has been achieved through alternative strategies (Miller, 2015). In other words, the reliance on voluntary measures gives rhetoric a pivotal role, as citizens must be convinced rather than coerced. While communication alone cannot halt the spread of diseases, it can help assuage citizens' scepticism or dissent towards the guidance of public health authorities (Kennedy, 2019). This, in essence, encapsulates the specific rhetorical quandary for the public health authorities – how to overcome vaccine hesitancy. Two specific communication goals vis-à-vis the population were mentioned in the COVID-19 vaccine programme:

- People who are recommended for vaccination have the knowledge needed to make an informed decision about vaccination.
- The population has high trust in the health authorities, as well as the recommendations and priorities given.

(NIPH, 2020)

A fitting response to this problem would consider that vaccine hesitancy is not inherently irrational; instead, it reflects a range of concerns and motivations that require understanding. Tailoring messages to address these diverse reasons for hesitancy can significantly enhance their impact. Moreover, perceptions of trustworthiness are dynamic, influenced by the context and subject to ongoing negotiation. In this landscape, the credibility of the speaker becomes critically important. Additionally, there's an indirect pathway to bolstering ethos, through a deep comprehension of the audience. This strategy involves leveraging emotional appeals, to forge a stronger, more personal connection (Ihlen et al., 2021).

Rhetorical audience

In 2020 and 2021, the rhetorical audience for the COVID-19 vaccination programme comprised all Norwegian adults expected to receive vaccinations or those who were hesitant to do so. As indicated, the rhetorical audience thus spanned a spectrum of positions towards vaccines, ranging from unreserved acceptance to outright refusal of all vaccines (MacDonald, 2015). Individuals at the "full acceptance" end of the spectrum might not require persuasion, as they already align with the authorities' perspective. A survey (N = 2,060) administered in October and November 2020 from the PAR-TS project showed that 73 per cent declared that it was very or somewhat likely that they would take the vaccine should Norwegian authorities recommend it

(Wollebæk et al., 2020). Thus, this survey supported the impression from Figure 6.1 that generally, Norwegian citizens were positive towards the vaccine even before it was available. Still, a considerable number of citizens were undecided or hesitant (Wollebæk et al., 2020). This was further complicated by communication challenges with minority groups, disproportionately represented among those hospitalised due to COVID-19 and exhibiting higher vaccine hesitancy rates (Indseth et al., 2021).

It appears logical to assume that as one moves further along the continuum toward the extreme of "refusing all" vaccines, the more complex the rhetorical task becomes. The stance of those who refuse all vaccines might lie beyond the realm of the rhetorical audience, given their unwavering resistance to changing their viewpoint. At least, that seemed to be the opinion at the NIPH: "That's not where our focus has been" (Director 2).

While the NIPH employees considered the hesitant group as being small, they also remarked that the group was very vocal and that the NIPH needed to pay close attention to their activities:

> I think that the group is small, but they have plenty of time. They write a lot [in social media]. […] If their activity is concentrated towards their congregation, that is fine. But […] if they manage to get a foothold and convince people outside, then the warning lights go off. […] [If, however, a Norwegian television commentator/personality with] 178,000 followers starts writing: "I'm not taking that vaccine" […] Then it's very different from [a person] far out on the extreme wing, saying the same thing and getting three likes. (Communication Advisor 1)

During the observation period in the NIPH communication department, some staff members noted that quite a few of those expressing hesitancy argued that they needed "more information", and they were not opposing vaccines as such. This, the staff members claimed, often tended to be "refusal in disguise" since, according to these staffers, information was readily available but had not made an impression on the hesitant individuals (observation notes, 3 February 2021). Again, however, the NIPH employees expressed concern that the sceptics would sway those who were undecided: "The communication is aimed at a lot of people, not only the individual user that has posted something" (Communication Advisor 1). Thus, the primary focus for the public health authorities was the *undecided* segment of the population, rather than the irrevocably sceptical.

Rhetorical constraints and opportunities

The debate surrounding vaccine hesitancy often attributes such attitudes to ignorance or irrationality (Kennedy, 2019). However, the discourse among scholars and practitioners is evolving to recognise the complexity of these

hesitations (MacDonald, 2015; Nihlén Fahlquist, 2018). Acknowledging potential side effects and the importance of trust-building highlights the necessity to delve into the diverse causes and forms of hesitancy. It's crucial to empathise with the public's feelings of anxiety and helplessness when faced with decisions made by powerful health institutions and the pharmaceutical industry. Dismissing hesitancy as irrational without understanding its roots may not lead to effective persuasion.

In the realm of pro-vaccination messaging, there's a notable emphasis on information, potentially overlooking the cognitive foundations of trust. Drawing from historical approaches and including emotional appeals and personal anecdotes could offer a more compelling strategy (McKinnon & Orthia, 2017). This method, alongside leveraging community leaders' support, addresses the multifaceted influences on vaccine hesitancy, which include mistrust in government health sources, underestimation of disease severity, doubts about vaccine efficacy, fear of needles, and concerns over vaccine safety (Jarrett et al., 2015; Yaqub et al., 2014). Norwegian studies in the context of COVID-19 pointed to fear of side effects as the major driver for hesitancy. Several also doubted the development process and were uncertain whether the vaccine would protect them against COVID-19 (Wollebæk et al., 2020). Research among the minority population singled out scarcity of accessible information, limited understanding of health concepts and the mechanics of vaccines, alongside diminished trust in health authorities (Sheikh et al., 2023). Arguably, campaigns against misinformation should only be one strategy of the public health authorities, given the wide range of variables that influence vaccine hesitancy (Ebrahimi et al., 2021).

The politicisation of health issues, especially through certain political ideologies, presents a rhetorical barrier to vaccine uptake. In particular, right-wing political ideologies are seen as contributing negatively to vaccine uptake in the American context, but also in some European countries, including Norway (Baumgaertner et al., 2018; Wollebæk, Fladmoe, Steen Johnsen et al., 2022). This situation calls for a nuanced understanding of the ideological and political values driving hesitancy. For some, scepticism towards vaccines is tied to a broader narrative of independence and informed choice, viewing vaccination as a matter of responsible citizenship. One frequently found motive is that of being independently-minded individuals who make educated choices (Hausman, 2019).

In essence, research on the politicisation of vaccines has argued that broader issues of political exclusion fuel vaccine scepticism. A sense of being voiceless and manipulated by elites who disregard the genuine concerns and needs of the public can contribute to this phenomenon (Larson, 2020). Mistrust in authorities and science, potential acceptance of conspiracy theories, scepticism about the seriousness of the virus threat, and a preference for alternative rather than mainstream media outlets are all sentiments expressed among

those Norwegians refusing vaccines (Wollebæk, Fladmoe, Steen Johnsen et al., 2022).

As remarked in earlier chapters, historical experiences, such as the H1N1 pandemic, influence public perceptions of risk and underscore the need for clear communication about vaccines as well. In Norway, the public health authorities were criticised for poor information about possible side effects of the H1N1 vaccine, and more transparency was called for in the aftermath of this pandemic (Carlsen & Glenton, 2016).

Media trust also plays a significant role. To strengthen credibility, journalistic discourse is frequently detached and relies on balancing viewpoints. However, research has pointed to how such "balanced" news reports have caused uncertainty among the public – for instance, regarding a potential link between autism and vaccination – and led individuals to perceive experts as divided on the issue (Dixon & Clarke, 2012). In our interviews, some NIPH employees also thought that the vaccination programme could be endangered by media coverage. But, rather than fearing attention given to vaccine sceptics, what they had in mind was that the politicians would be forced to make decisions that were not supported by the NIPH. The concern was particularly tied to how the vaccines should be prioritised (observation notes, 3 February 2021).

Social media has emerged as a double-edged sword, where divergent opinions can both challenge and undermine disease prevention efforts; yet, it also offers opportunities for two-way communication and direct engagement with the public. As pointed out in the previous section, much has been made of the negative effects of social media, but at the same time, social media should also be recognised for the potential to facilitate two-way communication, trust-building, and self-efficacy (Paton, 2007; Stephens & Malone, 2012). Additionally, employing trustworthy spokespersons on social media represents an effective tactic for fostering institutional trust, highlighting attributes like competence, expertise, knowledge, objectivity, fairness, consistency, sincerity, care, empathy, compassion, and goodwill (Covello, 2009; Renn & Levine, 1990).

Much of the debate about the media landscape, however, concerned negative aspects of social media. Commentators have noted that divergent opinions have unified into closely bound networks, thereby diminishing the effectiveness of a crucial tool in disease prevention (Larson, 2018). Amid intense competition for attention, intricate arguments struggle to find traction. Established rhetorical strategies for risk communication are challenged when appeals to emotions and personal convictions are disseminated by social media, as social media seem to lend themselves to negative strategic communication that generates increased visibility and audience interaction (see, e.g., Koc-Michalska et al., 2021). An analysis of the discussion on Twitter indicated, for instance, that tweets commenting on the trustworthiness of the

political leadership and the health authorities were predominantly negative, particularly regarding competence (Fiskvik et al., 2023). Still, there was only a small number of tweets with conspiratorial content, thus providing support to the contention that Twitter affordances for that time could counteract the spread of conspiracy theories (Theocharis et al., 2021). Nevertheless, NIPH employees emphasised the need to monitor the activity on social media, as mentioned above.

A rhetorical opportunity was afforded by the voluntary nature of the Norwegian vaccine programmes. The communication goal tied to these programmes was to give the population the chance to "make informed choices". In an interview with an NIPH director in December 2020, this was also emphasised: "The population should be able to make an informed choice about vaccination" (Director 1). Another NIPH employee put it the following way:

> [Voluntarism] is a cornerstone of all Norwegian health services. Everything should be built on voluntary participation, and I think, coercion should only be an exception. [Where] coercive measures are relevant, voluntary efforts should always be attempted first. […] There must be proportionality between what you achieve by using coercion and not. And a great respect for individual co-determination. And that's what we've tried to say in connection with the vaccination as well. We have [also] highlighted the significance this has for the relationship of trust between those who make recommendations and those who exercise power. (Director 2)

The latter quote illustrates how the voluntary character of vaccination in Norway helps to establish legitimacy and demonstrates respect for the cognitive abilities of individuals and their fundamental right to decide over their bodies.

A final constraint that has already been indicated is the lack of knowledge about the COVID-19 vaccines and their effects. The unprecedented speed of the development caused uncertainty. In an interview in December 2020, for instance, an NIPH employee articulated the concern this way: "The challenge is first and foremost that the knowledge base we typically rely on does not exist" (Director 2). This director thus emphasised that some scepticism could be healthy, especially since the COVID-19 vaccines "are completely different products and we have very little knowledge about them" (Director 2). This particular constraint was more pronounced at the outset of the vaccine rollout and would change as more and more people were vaccinated during 2021, providing concrete experience with the vaccines.

While the list of rhetorical constraints arguably goes on, there were also rhetorical opportunities in the situation, not least the high level of vaccine demand and – as repeatedly emphasised – the high levels of trust in Norway. In general, there has been high support for vaccines (Steens et al., 2020) and generally, trust in the COVID-19 vaccines was high as well (see Figure

6.1). During the first week of 2021, 70 per cent of the respondents in the NDH survey said that it was "very likely" they would take the vaccine. An additional 13 per cent maintained it was "likely" (NDH, 2021). Thus, when the first vaccination campaign was launched, the public health authorities could rest assured that the message for the most part would be welcomed, as people were eager to be vaccinated. Furthermore, comparative research has underscored how communication about growing acceptance rates has a positive effect on vaccine uptake (Moehring et al., 2023).

Rhetorical strategies

Analysing the empirical material, five rhetorical strategies of the public health authorities can be discerned during the solution phase, ranging from policy choices and practices to use of more specific expressions. In the former category falls 1) the principle of transparency and 2) dialogue; in the latter category are rhetorical strategies such as 3) taking the middle ground, 4) creating identification, and 5) dissociation between safe and unsafe vaccines. Several of these strategies seemed to be consistently used throughout the pandemic.

Practising transparency

As laid out in Chapter 3, the notion of transparency was elevated as a main principle for the policy of the NIPH. Given the mentioned experience from the H1N1 pandemic, the director general of the NIPH was adamant that all uncertainties surrounding the vaccine should be communicated, although she also recognised the dilemma that this could also increase scepticism (Sølhusvik & Stoltenberg, 2021). Thus, the history of the previous pandemic seemed to play a large part in the formulation of a response to COVID-19. First and foremost, however, the importance of transparency was emphasised:

> And of course, we learned the importance of transparency. That's where it comes from [the H1N1 pandemic]. It is so deeply ingrained in the spinal cord of the entire management. […] The possible side effects were not communicated well enough. […] So that's why it's really important now [that] we never say a vaccine is safe, for example. It comes from the experience of that pandemic. (Director 3, 2023)

Another interviewee observed a shift in terminology, with "unintentional effects" being substituted with "side effects". This change aimed to draw parallels with medications, which commonly exhibit such effects, thereby normalising the occurrence of side effects in vaccines as well. The interviewee also advocated for disclosure: "We disclose all information regarding side effects. I believe that this is the most effective approach to address it. Practising transparency and maintaining openness about these matters is crucial"

(Director 1). Another NIPH representative expressed the same sentiment and pointed to the balance between benefits and risks: "It all boils down to how the adverse effects are so much smaller than the gains" (Director 2).

The practice of transparency extended beyond the willingness to talk about the risks and side effects of the vaccine. The NIPH also sought to bolster the advice given to policymakers by making as much information available as possible but also presenting it in a layered fashion, assuming that not everyone would be equally interested. On its web page and Facebook page, the NIPH also linked to the Norwegian Medicines Agency, which was responsible for documenting side effects. This agency in turn released a video about the side effects (Norwegian Medicines Agency, 2021).

One specific observation episode illustrates the thinking regarding transparency: The pharmaceutical company Moderna issued a call-back after an insect was detected in a lab glass in a production facility in Spain in April 2021. One of the NIPH staff members asked if this should be made publicly known – the danger would be that it could create anxiety about something not dangerous. In the ensuing discussion, another staff member cautioned against using Twitter, as this would make the matter seem important. Another argued that the main news agency – NTB – should be provided with the story so that no one would get it exclusively, implying that this would lead to less attention. In the end, it was decided that the story should be made public so that the NIPH could not be accused of secrecy (observation notes, 11 April 2022). Thus, this discussion illustrates the dual character of transparency: It can both be a laudable democratic ideal and also take on a strategic character. Fundamentally, however, the principle of transparency seemed to work well to bolster perceptions of integrity (Mayer et al., 1995). Similar positive effects have been observed in experiments, pointing to how transparency practices helped reduce public cynicism (Xu et al., 2022).

Dialogue and social media use

The above-mentioned strategy of transparency was important, but it was also stated that the NIPH "wanted to have a strong presence in the media and to be a moderator on social media" (Norwegian Official Report, 2022: 338). Engaging in social media was an important strategy during the solution phase of the pandemic, as well as the other phases. During one meeting, for instance, the NIPH communication staff discussed how they might reassure people between 18 and 25 that certain reactions could be expected from the vaccine and that these did not necessarily have to be reported as side effects. One staff member argued for the need to separate expected side effects from unknown side effects, implying that the latter would be worrisome and would need to be registered. To reach this audience, the NIPH decided to invite questions on their Instagram page, targeting the young (observation notes, 1 June 2021).

The social media post from 2021 that caused the most engagement, by far, was related to vaccines (see Figure 6.2). The social media team at the NIPH shared a post on Facebook asking, "Who was hospitalised with COVID-19 last week?" Along with this question, they included data illustrating that unvaccinated individuals were hospitalised at a disproportionately higher rate – 12 per 100,000 unvaccinated citizens compared with 1.5 per 100,000 vaccinated. The post also highlighted that the median age of unvaccinated patients was significantly younger at 47 years, compared with 78 years for those vaccinated. The post received over 2,600 comments and over 29,000 shares. A great number of vaccine sceptics took to social media, and the social media team of the NIPH ended up devising strategies to disengage with these critics by, for instance, expressing sympathy or pointing to policies for what could be posted (Offerdal, Just, et al., 2022).

Figure 6.2 NIPH Facebook post, 15 November 2021

COMMENTS: Translation: "Who was hospitalised with COVID-19 last week? Unvaccinated, 12 per 100,000; Age (median) 47 years. Vaccinated 1.5 per 100,000; Age (median) 78 years".

SOURCE: NIPH Facebook

Still, "pulling the plug" was characterised as the last solution by the social media team. One communication professional at the NIPH stated that the ones "who are very sceptical and are conspiracy theorists or whatever to call them, they feel. If we delete their posts, […] it gives them even more energy" (Communication Advisor 1).

The same informant highlighted the norms governing social media conduct, noting that deleting posts would violate established social media etiquette. According to this practitioner, social media guidelines also dictate that their team should endeavour to respond to as many inquiries as possible. This approach, the informant argued, led to a significant surge in traffic to their social media platforms.

The social norms of social media also extend to language use, but here the NIPH also had to factor in its role as bureaucrats. Pathos-free rhetoric, impartiality, and impersonality are long-standing bureaucratic values (e.g., Du Gay, 2005). The facilitators did not engage in a tit-for-tat when social media users resorted to name-calling but instead cultivated an informal tone:

> There's something about taking, not a very formal tone either because we don't feel like that, if we're like, "On the one hand and the other", "here we refer you to paragraph this and that". We have to kind of talk folksy, [be] nice, respectful, and matter-of-factly. (Communication Advisor 1)

Being mindful of the bureaucratic role also went beyond the chosen tone and to the position taken in the discourse. As detailed elsewhere, practices of disengaging in the dialogue with non-confrontational language were also developed (Offerdal, Just, et al., 2022). Through this type of discourse, the NIPH recognised and respected the positions and disagreements expressed by critical social media users. This practice emerged as a consequence of both practical needs and a lack of resources. As highlighted in Chapter 3, this approach also serves as a strategic method that showcases goodwill. As previously noted, displaying goodwill is recognised as a crucial strategy for reinforcing ethos (Kinneavy & Warshauer, 1994). During the observation period in the NIPH, a discussion was had about how the huge workload and the repeated questions might make the employees weary and grumpy in their responses. Thus, social media posts cold be tested among the employees for clarity and politeness (observation notes, 11 January 2021).

Taking the middle ground

One of the creators of the first vaccine campaign claimed that the main message was not "run to get your shot". Instead, the campaign aimed to be informative: "It's very straightforward, who gets [to be vaccinated] now, why are they prioritised and why do others have to wait" (Andersen, 2021). Later in the rollout phase, however, more emphasis would be put on persuading more people to get vaccinated.

On several occasions during the pandemic, the NIPH could rely on outside allies and instead take a more laidback position fitting to a bureaucratic ethos of being knowledge producers and communicators (Director 2).

Furthermore, during a meeting in late 2021, the NIPH communication staff talked about bullying tendencies towards those who were unvaccinated. One staff member said that people who were usually not "trolls" now used strong expressions on Facebook condemning those who did not get vaccinated (observation notes, 15 December 2021). This was also something that was recognised as a problem early on in the pandemic concerning the discussion on the NIPH Facebook pages:

> Vaccine advocates are also a challenge for us, in the comment sections for example. We have to look after them as much as the opposition. Because it's going to be pretty hard and bad discussions. So, we're going to take care of that balance there. That we don't create bullies on both sides [by offering the NIPH Facebook pages as a platform]. (Director 1)

In sum, in the vaccination campaigns too, the public health authorities had to carefully balance being eager vaccine advocates and being detached bureaucrats, thus living up to the ideals of the role (Kettle, 2008). Actions and decisions within a bureaucracy must be detached from personal feelings and biases, ensuring that operations are conducted fairly and systematically. This approach is designed to guarantee rationality in administrative processes, thereby fostering a sense of trust and predictability among the public and within the organisation itself. In other words, upholding the bureaucracy ideal serves to strengthen perceptions of integrity. When the prime minister indicated that people had a social responsibility to get vaccinated, NIPH employees recoiled, using words like "guilt tripping" and "shaming", which were something they would like to avoid (Director 3, 2023).

Creating identification

In interviews in late 2020, NIPH informants emphasised that the population should not be coerced. Whether or not to get vaccinated should be an individual choice (Director 1). As mentioned, this was also emphasised in the written material about the campaign (NIPH, 2020). The NIPH personnel anticipated that they would shun pathos-filled rhetoric but also indicated that this might be more relevant at later stages. At the beginning of February 2021, the first national vaccination campaign was launched. The NIPH employee responsible for communication in the vaccination programme was quoted in a practitioner magazine for the communication industry: "We want those who are recommended vaccination to be able to make an informed decision. To achieve this, we need to reach out broadly to the population with relevant messages, in a way that the population recognises" (Andersen, 2021). In line with what they had declared earlier, the campaign did not target vaccine-hesitant individuals but instead played upon situations that could create identification. A cautious but optimistic message was used that portrayed vaccines as the way out of the pandemic with its various restrictions, for instance, not being able to be with loved ones. Again, the literature has emphasised the importance of hope (Petersen et al., 2022; Prati et al., 2011).

A 55-second film clip provided the backbone of the campaign and started with a gloomy picture of people sitting on a couch inside a huge bubble (see Figure 6.3). A narrator declared: "Now we have started on the journey back". The narrator proceeded to summarise the measures taken to combat the virus, such as keeping distance from others, and there were visuals of activities within several different bubbles. Then the narrator declared:

> Now, the vaccination has started. The vaccine is meant to save lives and reduce illness, thus those who are most in need are prioritised – the elderly, the ill, and health personnel. Then we do not have to fear that our loved ones will get ill because even if it is still some distance to the goal and several of us must wait our turn – this is the start of the way out of the bubble. More information is available about the coronavirus vaccine on fhi.no. (Kampanje, 2021)

The end sequence of the clip showed what was presumably a grandmother and a grandchild who reached out to each other while still enclosed in their respective bubbles. The final shot showed how they were subsequently joined in a common bubble with more people and how all of them hugged each other (see Figure 6.3), and the logo of the NIPH was placed on top before the clip faded out. The dark colour palette was kept throughout as a visual clue telling the audience that the situation was still dire.

Figure 6.3 First vaccine campaign, February 2021

COMMENTS: Stills from the first vaccination campaign film. Translation: "Now we have started the way back".

SOURCE: NIPH

One of the creators behind the video described the bubble metaphor in the following way:

> It's a simple but unexpected visual move that we wanted to use and that we think people can relate to. We all want to get out, and the coronavirus vaccine is the key to this. It only takes a while before all the bubbles burst. (Andersen, 2021)

At a morning meeting in the first half of January, the NIPH communication department discussed whether the video promised too much. Some were also worried that it might create the impression that the measures could be eased, and they emphasised how it was still a long way to go. After a discussion, the staff urged that the launch should be postponed some weeks so that it could match people's experience of the situation, in other words, that the rollout of the vaccines had started properly (observation notes, 13 January 2021).

Later, other messages were included, some targeting young people and some specific minority groups. NIPH researchers concluded that foreign-born individuals and Norwegian-born individuals with foreign-born parents exhibited lower COVID-19 vaccination rates compared with Norwegian-born individuals with Norwegian-born parents, even after adjusting for demographic and socioeconomic factors (Kraft et al., 2022). The researchers emphasised how there were substantial differences among people from different countries of origin. Several studies were undertaken in this regard, some of them emphasising how choosing opinion leaders in the various communities had been effective (e.g., Brekke, 2022; Kour et al., 2022). Such opinion leaders not only knew what communication channels were deemed most important in these communities, but they also had the advantage of knowing the language and culture, improving the opportunities to create identification.

Risk groups, including the elderly, were prioritised during the first part of the rollout. Hence, some of the campaign material also sought to create identification by showing a generational hug between an old man and what well could be his grandchildren (see Figure 6.4). Here, the gloomy colour palate from the first campaign was substituted with light, close-cropped photos of happy people. A positive message of hope for the future accompanied the pictures: "With a vaccine, we can finally look forward". Again, it is a message that connects well with the literature emphasising the function of elements of hope (Petersen et al., 2022; Prati et al., 2011).

Figure 6.4 Campaign poster illustrating the hope motive, May 2021

COMMENTS: Translation: "With a vaccine, we can finally look forward. When enough people are vaccinated, we can do the things that we have looked forward to the most. Now several are offered the vaccine so that we can protect us against corona disease".

SOURCE: NIPH

The capital, Oslo, also ran its own campaigns with slogans, such as "Do it for Grandma" and "Do it for Oslo", to advocate social distancing and other measures. In other words, these campaigns appealed to Oslo patriotism. This strategy was also extended to early campaigns for vaccination. In August 2021, however, an agency working with the Oslo municipality suggested moving away from a message built around self-sacrifice and instead promoting the idea that one should vaccinate for their *own* sake. The earlier slogans were replaced with "Do it for yourself" (Trigger, 2021) (see Figure 6.5). The agency claimed that the vaccination intent among young people in Oslo increased from 50 to 87 per cent in eight weeks as a result. Another part of the campaign showed several older people addressing their grandchildren and saying that they were fineand that the grandchildren should not worry, but they should get the shot for themselves so they could "get their life back". Still, we argue, that a prominent rhetorical strategy in the campaign material at both the national and regional level relied on creating identification by centring the citizens and their experienced needs.

Figure 6.5 Campaign poster appealing to the ego, August 2021

COMMENTS: Translation: "Do it for ~~grandpa~~ yourself: Now it is your turn. Take the vaccine".

SOURCE: Kreativtforum.no, 2021

Dissociation of vaccine types

While, as mentioned, the experience from the H1N1 pandemic loomed large in the corridors of the NIPH, it seemed to be less of an issue in the public sphere. While several journalists drew a connection to that previous pandemic in March and April 2020, this attention dropped during the later stages of COVID-19. The communication staff of the NIPH, however, was prepared and eager to distinctly separate the vaccine types: "We have to explain that what we have now is a completely different vaccine, tested in a completely different way, completely different volume" (Director 1). In other words, a dissociation strategy was being applied by the NIPH.

The dissociation strategy apparently succeeded and was also carried over to create a separation between the different COVID-19 vaccines. In one survey, the AstraZeneca story caused a drop of 10 percentage points concerning willingness to take the vaccine (Opinion, 2021). This trend was also observed internationally (Carrieri et al., 2023). Still, eight out of ten respondents in the

Norwegian survey signalled intent to vaccinate. The main news outlets did discuss safety issues; a closer inspection of the coverage, however, shows how few stories discussed the safety of other vaccine types besides AstraZeneca and Janssen. For instance, when the newspaper *VG* ran a story on 9 April with "13 central questions and answers" concerning the vaccine, none of these questions problematised the other vaccines (Langset, 2021).

The incidents surrounding the AstraZeneca vaccine highlighted a complex and nuanced public response to vaccine safety and trust in health authorities. For some, these incidents likely confirmed their hesitations and suspicions about vaccine safety, feeding into a narrative that vaccines, including the AstraZeneca vaccine, were rushed or not adequately tested. This group may have viewed the reported side effects, such as rare blood clotting disorders, as vindication of their cautious or sceptical stance towards vaccination in general.

On the other hand, the majority's reaction suggests trust in the system's ability to identify, assess, and respond to potential safety issues. Thus, this might have reinforced public confidence in the overall vaccination effort. An NIPH representative commented:

> In a way, it was a good communication experience, because we just demonstrated that we take the issue of side effects seriously. Which, after all, many sceptics thought we didn't. […] It was difficult to accept that we had recommended a vaccine that caused death but good to be able to pull it quickly. […] The same discussion related to the Janssen vaccine, it was kind of like […] a circus communication-wise, the fact that we recommended something different from what the government wanted. […] [During the] swine flu, we might not have been allowed to […] say what we said. (Director 3, 2023)

Already in May 2021, the staff members of the NIPH communication department felt that the handling of the AstraZeneca vaccine had been a success (observation notes, 12 May 2021). One good indicator was that the latest survey figures showed how 87 per cent of those asked had been vaccinated or wished to get vaccinated (see Figure 6.1). This was the highest figure since the launch of this question in the survey.

Conclusion

In line with findings from international research (Lazarus et al., 2023), the intention to get vaccinated grew during the solution phase studied in this chapter. A large majority of Norwegians ended up getting several doses of COVID-19 vaccines. While a sizeable portion of citizens had been somewhat hesitant at the outset, this group grew smaller as the vaccine rollout continued (see, e.g., Kluwer et al., 2024). When the PAR-TS survey was administered

in October and November 2020, the speed of the development process was an important driver for hesitancy. When the survey was repeated in May 2021, 93 per cent stated that they had been vaccinated or were likely to take the vaccine when offered. Thus, by all hallmarks, the vaccination campaign against COVID-19 turned out to be a success. The positive role of communication is explicitly recognised in the 2022 public evaluation report (Norwegian Official Report, 2022).

As pointed out, neither the previous history with the H1N1 vaccines, nor the safety issues concerning the AstraZeneca and Jansen vaccines, had significant negative effects. The demand for vaccines outweighed the availability, and the evaluators agreed with the NIPH's conclusion that the strategy of transparency concerning side effects had been successful. In addition, they highlighted the principle of voluntary vaccination as having played a crucial role, contributing to both high trust and little polarisation, which in turn resulted in high vaccination coverage in Norway (Norwegian Official Report, 2022). To this, we can add the hypothesis that the desire for normalcy was a driving factor, alongside the importance of social pressure.

Still, in line with the research literature (see, e.g., Kluwer et al., 2024; Pertwee et al., 2022; Rozek et al., 2021), we point to the contribution of trust and the trustworthiness of the public health authorities. Some literature has argued for reliance on messages that utilise social norms, for instance, by pointing to widespread vaccination uptake in the population (Moehring et al., 2023). A cross-country experiment involving over 480,000 participants showed a consistent tendency for accurate normative information to have a positive effect on vaccination uptake. In the Norwegian case, such data was made available and used actively by the mass media. In the vaccination campaigns themselves, however, we did not find much evidence for this type of rhetoric. We can also speculate that active use would border on what is called argumentum ad populum in rhetoric and argumentation theory – the idea that something must be correct or good because a majority believes it to be so (e.g., Godden, 2008; Walton, 1980). In line with this, it would not be surprising if this type of rhetoric, or at least the aggressive version of it, would lead to a backlash. In any case, this option was not needed by the authorities in this particular case, as the media communicated the numbers actively.

Within the realm of trust in vaccines, it is also pertinent to highlight the differentiation between the cognitive and affective underpinnings of interpersonal trust (McAllister, 1995). Cognitive-based trust hinges on indications of reliability, while the affective foundation pertains to emotional orientations. Additionally, institution-based trust emerges as a distinct and vital facet of trust. Trust in institutional performance bears significance for managing risks, as heightened levels of institution-based trust signify resilient societies capable of effectively countering and recuperating from hazard effects. In the context of this discourse, institutional trust can be

intrinsically linked to epistemic trust – trust in science or technology – which is indispensable for comprehending and reacting to risks (Veland & Aven, 2013). The latter finding has also been corroborated in large-scale international research (Carrieri et al., 2023).

According to some, the prevailing tendency among scholars and practitioners has been to label vaccine hesitancy as based on ignorance or irrationality (Kennedy, 2019). Recent research has also pointed to how higher educational attainment was positively associated with trust in the COVID-19 vaccines (Kluwer et al., 2024). Still, the NIPH representatives we interviewed talked about healthy scepticism and upheld the ideal of voluntarism and respect for individual co-determination. This, they argued, was key to achieving legitimacy.

We also find it likely that the rhetorical strategies mentioned in this chapter were influential. Both transparency and dialogue seemed to serve the public health authorities well. The risk acceptance and demand for vaccines were also demonstrated by how some individuals got the Janssen vaccine outside the official programme instead of waiting to be offered one of the sanctioned versions. As expressed by a participant in one of the Norwegian focus groups: "At the same time, most vaccines that come like 'just in time' are not well tested. [Getting vaccinated] is a risk you must take, the alternative is worse" (Lasse).

CHAPTER 7

How to find the right time to declare that the pandemic is over

The end of crisis phase

How does one make the transition from the pandemic state of emergency to a post-pandemic "new normal"? In the previous phases, authorities worked rhetorically to establish that the crisis existed and prepare people for it, adjust the perceived severity of the situation among members of the public, spread prescriptive advice about how people should ensure their safety, and handle criticism and disagreement while maintaining their role as experts, including during the previous phase when they had to address vaccine hesitancy. While many of these goals and strategies remained relevant as the pandemic entered its last phase, the rhetorical situation also changed significantly, and authorities responded with an increased focus on preparing the ground for normalisation, a goal that involved constructing a new understanding of what infection numbers and the circulation of the virus in society implied, now that the population was largely vaccinated.

As pointed out by others, ending the pandemic is a political act as much as an act based on biological facts (McCoy, 2023). The rhetorical challenge for the public health authorities during the end of crisis phase was how to get the timing right. As we develop in this chapter, the ancient rhetorical concept of kairos helps make sense of this (Lantz & Just, 2021; Sipiora, 2002). Further, we gain insights into the rhetorical strategies of this phase by considering them through the lens of the classical theory of stasis – a tool for determining the points of disagreement in a dispute and their concomitant arguments (Just & Gabrielsen, 2023). With stasis theory in mind, it becomes clear that for the health authorities to argue that "now" was the right time to return to normal, they had to make use of the stasis of fact, which had not been invoked since the beginning of the pandemic. Whereas disputes had, since March 2020, begun from the assumption that the situation was best characterised as a pandemic, leading to a focus on the issues of the definition

of and appropriate response to the pandemic situation, ending the pandemic involved addressing that assumption directly.

To understand the complexities of responding to and creating the right moment for "returning to normal", this chapter draws on media coverage of the reopening of society, the Norwegian Corona Commission's final evaluation of the authorities' pandemic strategies, the second round of focus groups, as well as interviews with communication personnel in the Norwegian public health authorities.

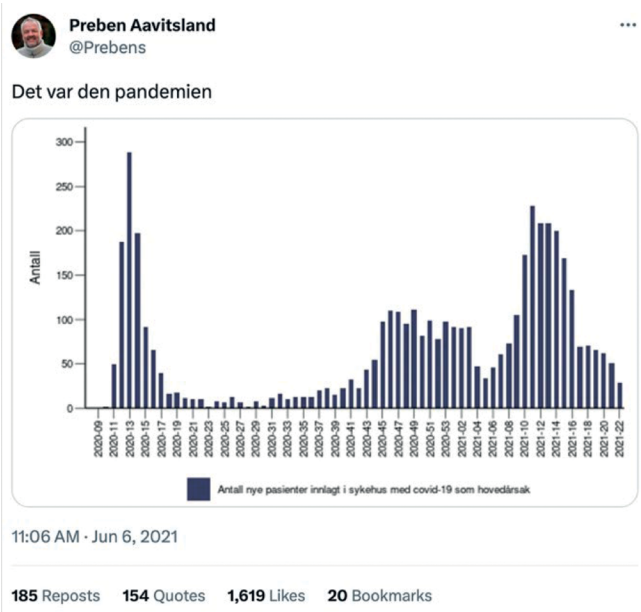
◆ ◆ ◆

Vignette 7.1 "That's it" – or not?

On a Sunday morning, at the beginning of June 2021, Preben Aavitsland, a senior physician at the NIPH, posted a tweet. In itself, that was not out of the ordinary; the physician had been an active communicator throughout the pandemic, using both news media and social media to reach the Norwegian public. On Twitter alone, he had more than 15,000 followers.

The message he chose to share that morning was, however, somewhat special: a graph of numbers of people hospitalised with COVID-19, with a caption that is best translated as, "That's it, the pandemic is over" (see Figure 7.1). Considering the graph alone, the conclusion makes sense; the numbers were generally low and less than 50 people were hospitalised at the time of the tweet. Looking back, however, Aavitsland clearly missed the mark, as infection rates and other key indicators soared again throughout the autumn of 2021. And the statement was immediately and ardently dismissed, most notably by the Norwegian prime minister at the time, who warned the Norwegian population "not to rejoice ahead of time", and the director general of the NIPH, who said that it was too soon to call off the pandemic officially. Thus, the prime minister, the director general, and other critics shared a concern that the tweet would lead people to resume their pre-pandemic habits and behaviours. Accordingly, Aavitsland hurried to specify that precautions were still necessary. Nonetheless, we may consider the tweet as a marker of the beginning of the end of the pandemic – or the start of the final sprint.

Figure 7.1 Twitter post from NIPH physician, 6 June 2021



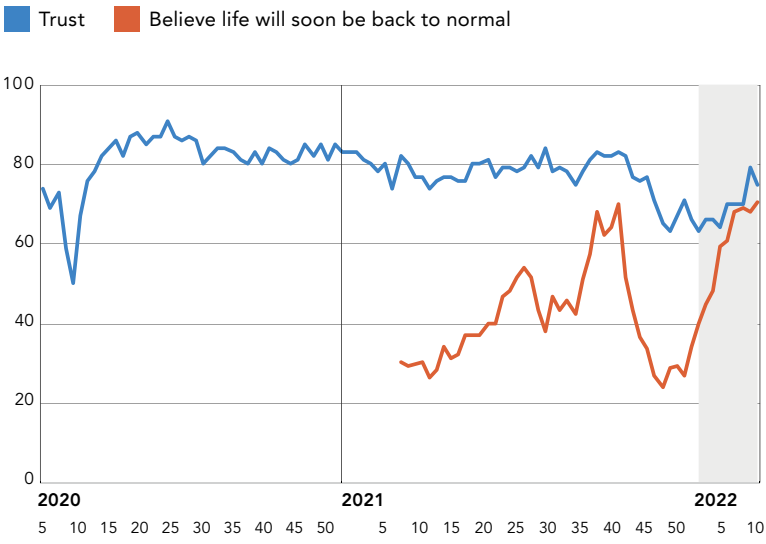
COMMENTS: Translation: "That's it, the pandemic is over".

SOURCE: Preben Aavitsland, 2021

Starting in week 7, 2021, the NDH survey also included a question asking respondents to agree or disagree with the following statement: "I believe we can soon live as normal again". As shown in Figure 7.2, optimism rose throughout most of 2021 but declined later in the year, when the omicron variant became dominant, and infection numbers soared. That changed again when the relative mildness of omicron became clear and as restrictions were lifted; confidence that normalcy was within reach grew correspondingly. As we also see from Figure 7.2, trust in the health authorities had been falling along with belief in the chance to return to normal, and it grew again as people became more confident that the pandemic could soon be over. In Norway, the last restrictions were removed on 12 February 2022. On the reopening day, 43 people were hospitalised with COVID-19, and the week after reopening, 84 people died from or with COVID-19 in Norway:

> Earlier in the pandemic [these numbers] would have been highlighted as very concerning. However, with the omicron variant, the epidemic had entered a new phase with lower severity, less need for intensive care, and more acceptance among the population. It was no longer considered proportional to maintain strict restrictions that limited people's everyday lives and freedom. (Norwegian Official Report, 2023: 42)

Figure 7.2 Trust in health authorities and views of post-crisis future by week, 2020–2022 (per cent)



COMMENTS: Question (trust): "To what extent do you trust the health authorities handling of the coronavirus?" The figures show the share who marked the option "to a great extent". Whether the respondents thought life would soon be back to normal was studied by a statement saying: "I believe we soon can live like normal again". Here, the figures show the share who marked the option "agree". The number of respondents varied between 361 and 875. The shaded area indicates week 1, 2022, and forward.

SOURCE: NDH weekly surveys

◆ ◆ ◆

Rhetorical situation

Rhetorical problem

The tweet from the NIPH senior physician (see Figure 7.1) might have prematurely called off the pandemic, and the World Health Organization did not officially declare that COVID-19 was no longer a public health emergency of international concern until 5 May 2023 (World Health Organization, 2023). However, the crisis was called off in Norway more than a year earlier, and on 5 April 2022, Norway's new COVID-19 strategy and contingency plan was launched. This was a plan that aimed to "keep society open" – it was a "living-with strategy":

> We must normalise how we perceive and handle COVID-19. Normalisation means that the government in the current situation will not decide or communicate precautionary measures related to COVID-19. […] However, the pandemic is not over. (Ministry of Health and Care Services, 2022)

Thus, Norway – as well as Denmark and Sweden – came out of the pandemic earlier than most other countries. This was one indication that the Scandinavian countries had, overall and despite the different strategies, handled the pandemic successfully, in terms of both compliance and fatality rates. But it was also a recognition that COVID-19 had not disappeared; "normalisation" was not a return to the time before the pandemic – it was a return to normal precautionary measures that citizens must decide for themselves.

The transition from the pandemic to the "new normal" posed a central rhetorical challenge to authorities; given the prolonged communication of the crisis, how was it possible to communicate normalisation? How should authorities constitute this "new normal" whilst maintaining the necessary awareness that "the pandemic is not over"? If a balance was not struck, people might become too careless, and an increase in infections could necessitate new restrictions. Alternatively, people could remain too fearful and uphold unnecessary restrictions to the detriment of their health and that of society. This was a careful balancing act, and a director in the Ministry of Health and Care Services commented that it was "almost more difficult to reopen than to close. […] You have had to be particularly confident about why the opening is right and base it on knowledge" (Lund-Tønnesen & Christensen, 2023: 441).

Conceptually, what is, perhaps, most interesting during this phase of the pandemic is the negotiation of timing: When is the right time to lift restrictions? The classical concept of kairos captures the duality of finding and making the right time for a decision (Lantz & Just, 2021; Sipiora, 2002). Kairos is an understanding of time that contrasts with the chronological movement of time – chronos – from past through present to future and, instead, highlights the achievement of time. While chronos advances linearly, kairos intervenes as a pivotal moment of opportunity that rhetoricians can leverage to attain their intended objectives. In other words, the creation of an event, a moment that brings past and future together in the present to indicate how one should act.

Kairos, then, means suitability – the right moment for a certain action, which is both a moment one finds and creates. It is that felicitous combination of situational circumstances and rhetorical efforts. For the health authorities, finding or creating the right moment to permanently lift restrictions became a key challenge; whereas implementing and maintaining lockdown measures and other responses to pandemic developments had largely been presented as reactions, answers to situational necessities, ending the pandemic was more of a choice – a rhetorical task of "getting the timing right" (Lantz & Just, 2021). The pandemic, then, may have unfolded chronologically, but at every turn the establishment of the "now" was in itself an event, a temporal configuration of interpretations of the past as well as projections

of the future to constitute a present that invites some courses of action and not others (Lantz et al., 2024). As the pandemic seemed to be increasingly controllable while not "going away", when, exactly, would it be suitable to end the state of crisis?

Comparison with the Danish trajectory shows us that this was not an easily answered question, as the pandemic emergency was called off twice in Denmark, on 10 September 2021 and again on 1 February 2022. In September 2021, it seemed the Danish government had acted too soon, and on 11 November 2021, COVID-19 returned to being classified as critical to society in Denmark. But when the categorisation was dropped again, less than three months later, it was gone for good. In her announcement of the lifting of all restrictions, the Danish prime minister said:

> During the pandemic our patience and stamina and our unity as Danes was tested. And today we can say that we passed. We are ready to step out of the shadow of corona. We're saying goodbye to restrictions and welcome to the life we knew before corona. The pandemic is still here. But with what we know today, we dare to believe that we're through the critical phase. (Office of the Prime Minister, 2022)

This quote points out the multiple challenges of ending the pandemic, which, of course, was what everyone was longing for and, hence, it would not do to "get it wrong" (as the tweet shown in Figure 7.1 did in June 2021, and the Danish government in their September 2021 policy). Returning to the Norwegian context, the last public evaluation report argued: "At the end of January 2022, when everyone had been offered vaccination and the lower severity of the virus had been clarified, there was less justification for maintaining and continuing the measures" (Norwegian Official Report, 2023: 164). Still, all restrictions were not lifted at once; rather, the political and rhetorical moments of "the end of the pandemic" were built conjointly, concluding in April 2022.

Constituting the right moment, enacting kairos, comprises multiple dimensions. First, there is a spatial dimension of portraying a rhetorical arena that supports certain actor positions and action potentials. Second is a temporal dimension of finding the opportune moment to occupy said space; communicators, then, must constantly consider when to do what and where. Lastly, the fitting rhetorical action employed to occupy the right space at the right time constitutes the proper measure. Collectively, these dimensions constitute an appropriate rhetorical response (Kjeldsen, 2014). Kairos, then, may be seen as the classical conceptualisation of what has, throughout this book, been termed the rhetorical situation. Still, there are important differences: While the mature rhetorical situation (Bitzer, 1980) aligns with the concept of kairos, the latter is generally linked to rapidly shifting conditions. Furthermore, kairos unifies the external view of the

situation, the exigence it calls for and the constraints it sets, with the internal view of the fitting response. And, importantly, kairos is not only a response to a situation but also a construction of the situation as such. It highlights how rhetorical situations do not just call for rhetorical responses. To the contrary, situations are also rhetorically constituted. For these reasons, kairos is a particularly relevant concept for understanding the challenges that the health authorities faced when they moved from responding to the pandemic (which, surely, was not only a reaction but was very much delimited by external factors) to declaring the end of a pandemic, which, as indicated, was also situational but involved much more (re-)interpretation of the situation than any of the other phases (with the possible exception of the very first declaration of the national state of emergency).

The duality of creating and responding to a situation was quite clearly at play towards the end of the pandemic, as negotiations of whether the end was really the end, and what might define an ending, became increasingly prominent. Whereas one point in chronological time (mid 2021) turned out to be "too early", another (early 2022) became "just right". In making that shift, rhetorical efforts and contextual factors complemented each other to shape what it was possible to do at which time. As such, health authorities had more freedom to act rhetorically, not just reacting to the societal emergency but deciding when to end it. Still, they were constrained, as the decision to end the pandemic had to be acceptable to the citizens – that is, it should be sufficiently in line with their interpretation of the situation, which, in turn, was shaped be the authorities' previous communication. And it was equally important that the ending did not come too late – at a time when people might have taken things into their own hands and stopped complying with continued measures. Less compliance might not have led to a resurgence of the pandemic, but it would have put pressure on the public health authorities' credibility. Thus, kairos may be "the right moment", but how that moment becomes right depends on its relation to the past as well as the potential to project it into the future. As the head of the NDH campaign team said at a meeting on 23 June 2021: "It is more difficult to reopen a country than to lock it down", echoing the sentiment expressed by the Ministry of Care and Health Services (Lund-Tønnesen & Christensen, 2023).

The rhetorical problem then concerns how the pandemic emergency is ended. More pointedly: What are the rhetorical strategies that may persuade people it is now safe to return to "normal" even if the pandemic is not "really over"?

Rhetorical audience

As mentioned in the previous chapters, an astonishing number of respondents said that while they did not necessarily agree with all the measures against COVID-19, they did comply with the advice and recommendations.

Importantly, this indicates a certain COVID-fatigue; people remained compliant but not (necessarily) supportive, and that situation could change for the worse. As shown in Figure 7.2, optimism had fluctuated, while trust in the health authorities had been falling along with belief in the chance to return to normal. Similarly, trust levels rose again as people became more confident that the pandemic could soon be over. This offers a first quantitative indication that the time was ripe – and right – for calling off the pandemic emergency. If the growing confidence in an imminent return to normal proved unfounded, people might lose their trust in the authorities.

Still, challenges remained, as people were eager to return to normal, but many were also scared to do so; having become convinced that the restrictions were keeping them safe, the uncertainty of living without restrictions had to be considered along with the longing for that very life. In essence, it could be argued that the strategy of the public health authorities had become a victim of its own success. When one has followed the advice of authorities closely and diligently for almost two years, how does one react to the message that such advice is no longer necessary?

In the second round of focus groups, conducted in May and June 2022, a senior citizen said the following when asked about how she felt about the reopening:

> I was a bit sceptical. I continued to use masks for a long time and tried not to take public [transportation]. When the metro was too busy, I'd rather walk home and stuff like that. Well, it's like you say, we should be allowed to think for ourselves. What the authorities decide is one thing, but we also have a responsibility as well. (Nina)

This quote is particularly interesting as it expresses scepticism of the authorities' decision to reopen society as well as support for the argument that people should think for themselves, which was exactly what authorities were now urging people to do. For this particular informant, "thinking for oneself" meant continuing to follow safety measures even after they were no longer mandatory, and she was concerned that for others, this did not seem to be the case:

> Many people acted like the pandemic was over. That is what scared me the most. When you didn't have to wear a face mask and didn't have to wash your hands everywhere, then suddenly. […] I remember we talked about it at work, like "Jeez, how quickly we forgot all the good habits". It was "swish", then we were back. (Nina)

For this informant, then, maintaining caution was the right thing to do, but while she was scared by how quickly other people forgot "the good habits", she remained largely supportive of the authorities' decision. Another participant in the same focus group expressed her support more unreservedly:

> I thought it was really good when they opened because I was thinking "at some point they will have to open." What are we waiting for? Now that we're vaccinated, must we continue isolation because some people have chosen not to take the vaccine? I thought it was just the right time. (Lene)

As these quotes illustrate, citizens did not all respond in the same way: Some thought it was a bit too early to reopen, some that the reopening was a bit too rushed, and some that it was just right. Interestingly, however, the informants in the focus group of seniors did not think that reopening came too late, and this sentiment was echoed in the younger and the middle group as well. For instance, a participant from the group of families with children explained how anxiety turned to relief: "Now it's easy to think that it was the right choice [to open]. Back then I thought it was really fast, but now we've lowered our shoulders and society is back. We're happy about that" (Karina).

This informant used the specific phrasing of "lowering one's shoulders", which was a key component of the Norwegian government's communication about returning to normal. Thus, when the NIPH senior physician spoke too soon about the pandemic being over, the prime minister warned the public "not to lower the shoulders" (Olsson et al., 2021). This issue of when it would be okay to relax (i.e., lower the shoulders) became a recurrent part of the public conversation throughout late 2021 and into early 2022 (e.g., Hagen, 2022).

Returning to the question of the timing of normalisation, a participant in the younger group without children expressed his unreserved support: "I agreed with the authorities. I thought it was time to focus on psychological health related to isolation, lack of exercise and many other things that caused many people to have worse quality of life" (Rikard).

This informant not only concurred with the conclusion but also supported the reasons to reopen as priorities shifted from avoiding immediate dangers to consideration of more long-term effects.

Another participant in the young focus group, however, pointed to the risk of moving from one strategy (reduce infections as much as possible) to another (take a more holistic approach to citizens' health):

> Well, I thought, like, "what's the point of all the things we've done until now?" Now everybody's just supposed to get it [COVID-19]. When we've worked so hard for two years to not get it, now everybody should just get it? And everyone I know got it. But it went well. (Mina)

While this informant was critical of the shift, the quote also indicates that the change in public health measures was successful. The success of the new measures – and the reasons supporting the shift – depended heavily on the emergence of a milder virus variant, omicron, which shifted the balance between available options, as avoiding infection was no longer deemed as important as it had been. A participant commented on this directly:

> It was almost anti-climactic. When I had COVID I thought "my lord, is that what I've been afraid of for the past two years?" I was almost in shock. Sick a few days and then weak a bit longer but it was very mild. I've been much more ill with the regular flu. (Heidi)

In sum, the timing of the reopening, as well as the reasoning for it, was widely accepted among the focus group participants, but it remains clear that the decision was contingent and contentious, indicating that rhetorical work was needed to support it. As one participant said: "I reacted to the fact that it became a political decision like that. [The Norwegian prime minister] said that now we will return to normal overnight. I thought that was a bit weird" (Lasse).

What is particularly interesting here is the tension between an explicitly political and an implied apolitical perspective, as the quote suggests a change in reasoning – a politicisation of the health measures. One might argue that all decisions during the pandemic were political, in the sense that there were no "perfect solutions" to anything. Rather, a weighing of pros and cons was involved at every stage. But the quote indicates that at least this informant had been convinced that earlier measures were necessary and knowledge-based, suggesting that a similar perception was not as dominant in the last phase. As we have shown throughout this book, all pandemic decisions were rhetorical *and* political: decisions made based on deliberations about what would be the best cause of action in the attempt to shape a future with uncertain outcomes. Arguably, however, the rhetorical work of constructing the situation was particularly evident at the end of the pandemic – the political decision was clearer, as the end of the restrictions was not constituted and perceived as necessary in the same way as the declaration of the pandemic in the beginning.

Now, authorities were not just reacting to developments but were clearly placing developments in a different rhetorical light; as detailed below, they shifted the terms of the argument to reach a new conclusion. Since the inception of the pandemic, its existence as well as the necessity of countermeasures had been assumed, and the question was how to react. As the strategy shifted from restrictions to reopening, it had to be argued that the pandemic was over – or, rather, that it was possible to return to normal, even if the pandemic was not over. Whereas the entire strategy until this point had been based on the idea of an exceptional situation, a state of emergency, in which it was impossible to live normally with COVID-19, the situation now had to be redefined, enabling exactly the kind of life with COVID-19 that had been deemed impossible so far. Whereas restrictions had been rhetorically constituted as necessary, ending the pandemic was a rhetorical choice.

In sum, returning to normal was the ultimate goal of the policies implemented during the pandemic, representing the reward that the population had been eagerly awaiting – a light at the end of the tunnel of restrictions and precautions. Yet, it was also what they had been told to avoid, with dire

warnings that normal behaviour would be catastrophic. As such, announcing the return to normal was an inherently popular message but also one that might cause fear and confusion, enhancing the need to get the timing right.

Rhetorical constraints and opportunities

As authorities had worked hard to convince people to follow the rules and recommendations, the announcement of "the end of the pandemic" was not without constraints. Most importantly, people had to be convinced that "now" was really and truly the right time to reopen society, but they also needed to understand that the pandemic might not be fully over unless they continued to behave responsibly. The reactivation of people's ability to think for themselves was, as the focus groups indicated, the most difficult aspect of communicating the "return to normal". An NIPH director recognised this challenge:

> It turned out to be much more difficult to remove the restrictions than to implement them in the Norwegian population, after having gotten used to them for two and a half years. And [...] that's when the somewhat, like, fear-based leadership hit us in the back of the head. Because that is what had motivated [people to follow] so many of these initiatives, we have to realise that. It wasn't just our great communication; it was that people were afraid of becoming ill or that their dear ones should become ill. And then they were afraid of breaking the law, I'd think. So, when we removed the restrictions a lot of people felt a little, I think, almost a little abandoned. (Director 3, 2023)

A main constraint of the return to normal, then, was simply that people had become used to the pandemic and afraid of the consequences if they stopped taking precautions. For this reason, and to ensure that things did not, indeed, get out of control, "the new normal" had to include higher awareness of disease prevention and better habits to support it. This points to another main constraint: the risk that the "normal" would not be permanent; having to return to hard lockdowns or other severe measures would be worse than living with some measures (e.g., face masks on public transportation) for a longer time. For the reopening to work, citizens' independent reasoning was crucial; people could not just "lower their shoulders" but had to maintain some awareness of the pandemic – just as they had to decide for themselves what types of precautions might be relevant for them. Trusting the citizens to stay cautious was a main risk for the authorities, as the blame if restrictions had to be reinstated would surely fall on policymakers rather than on individuals.

In this situation, the emergence of the new omicron variant presented a great opportunity. When omicron first entered the scene at the end of 2021,

it seemed a tightening of restrictions would be needed, but when it turned out to be mild, the opportunity to shift strategy became available. This was not without its risks, as indicated by the responses in the focus groups: First, it reflected badly on the strategy so far (why go through so much trouble only to get ill at the end?), and second, the new strategy could have been proven wrong (if, e.g., it had turned out that some groups of people got seriously ill from omicron). But in the end, as the informant who we have quoted on these concerns reflected, "it went well" (Mina).

Another main opportunity, of course, was that everyone wanted the pandemic to be over – meaning that ending it would be an inherently popular thing to do. Still, it would be very problematic if the end turned out to have been announced prematurely. For all of these reasons the issue of timing was central; finding and making the right time and persuading everyone that the time was, indeed, right.

Rhetorical strategies

Rolling back the pandemic countermeasures – and, hence, returning to normal – involved an interesting rhetorical challenge, as an exceptional situation had, over the past two years, become normalised. That is, what would usually be assumed now had to be actively communicated; for instance, citizens in democratic societies usually have a lot of room to decide for themselves how they need or want to take care of their health. Whereas it would normally be the exception that citizens' interactions are restricted by the authorities, such free and unregulated interaction being a basic premise of democratic societies, the pandemic, and the authorities' communication of it, had effectively taught Norwegian citizens to comply with authorities' restrictions and take care of each other by keeping their distance. Of course, most people longed for this situation to be over, but as mentioned above, creating the right time to end the emergency was a rhetorical task and a political decision, not a scientific fact.

In creating the right time to end the state of emergency, health communicators drew on many different strategies, but two stand out:

1. Finding truth in numbers: The interpretation of the key numbers of the pandemic had to be shifted, as infection rates would invariably rise when society was opened.
2. Feeling time: The feeling that time is right is just that – a feeling. Hence, an important rhetorical strategy consisted in communicating the right mood, alleviating fear, and boosting optimism without reaching the tipping point of recklessness.

Through these two strategies – shifting the meaning of numbers and setting the "right" mood – the scene was set for two further strategies:

3. Ending the state of emergency – that is, simply declaring it over.
4. Normalising communication, or communicating less and in less agitated ways as a situation without a crisis neither demands as much attention nor action from the public – and, hence, reduces the authorities' need to communicate.

In combination, these four strategies enabled the rhetorical constitution and societal enactment of early 2022 as the right time to declare an end to the pandemic and return to normal.

Finding truth in numbers

Borrowing from her British colleagues, Erna Solberg, during her time as Norwegian prime minister, said that "data, not dates" would determine when Norway was to be reopened (Høie & Litland, 2022: 171). And throughout the pandemic, politicians, journalists, and citizens alike all kept their eyes firmly fixed on the numbers that were provided by the health authorities and medical professionals. Thus, we learned to worry about reproduction numbers and growth rates, the number of newly infected versus hospitalised, excess mortality, and other central indicators of pandemic developments. Such reasoning with and about numbers can be considered in terms of the classical stasis theory, which is a tool for finding the crux of the matter – and for shaping the central issue with one's arguments (Just & Gabrielsen, 2023; see Table 7.1).

The point here is that throughout the pandemic, certain numbers had been used to support restrictions, and these numbers had to be reinterpreted, just as different criteria would have to be introduced when the course shifted from reinforcement to lifting of counter-pandemic measures. More specifically, most of the arguments during the pandemic had been about defining and evaluating the pandemic response, but at the end (and the very beginning), the main point was to identify the situation as such – and to enable different identification (e.g., "it is no longer as important to keep down the infection rate because we are now better able to handle it" or "we must begin looking beyond short-term measures and think about long-term impacts, if we are to avoid serious damage to the economy, society, and mental health").

Table 7.1 Arguing about (the end of) the pandemic

	Status conjecturalis	**Status definitivus**	**Status qualitatis**	**Status translationis**
Level	Factual	Defining	Evaluative	Transcending
	At this level the facts themselves are disputed; what did and did not happen?	At this level the dispute concerns the definition of the facts; how can we rightfully name them?	At this level the dispute is about the quality of the facts: how should they be assessed?	At this level the process for settling the dispute is debated: is this the right way to decide on the facts?
Classical example: a man is caught burying a body and is accused of murder (Conley, 1990/1994)	Did he kill the person?	Was it murder?	Was it a justified, honourable, and/or appropriate murder?	Is the case being tried at the right court?
Examples from debate on COVID-19 pandemic	Are infection rates rising/falling? Is there a pandemic?	What do the infection rates indicate? (e.g., "a global health crisis," "a controlled development", "an invisible enemy", "a mere flu")	How should we evaluate the infection rates? (e.g., developments in infection rates indicate that the strategy for handling the pandemic is (in)appropriate)	Are infection rates the right indicator to decide on how to act related to the pandemic? (e.g., infection rates are not the central factor but "compliance", "economy", "other illnesses")

SOURCE: adapted from Just & Gabrielsen, 2023

Initial decisions to implement lockdown measures were based on the need to keep infection rates low to avoid the collapse of the healthcare system. Capacity was a key measure throughout; as knowledge increased, however, the system became better equipped to handle more patients, meaning capacity became higher and more secure. And, importantly, after vaccination and with the influx of the omicron variant, peaking infection rates were no longer a problem – or at least not the most serious problem. Hence, authorities could turn from immediate concerns to long-term effects.

When society reopened, infections soared, but as an NIPH director said, that had to be defended:

> We had to explain that the health service could handle the numbers. We had to stand by that, and that has been the reasoning behind the measures all along. The capacity of the health service was the underlying factor all the time. And using that argument was not difficult. But it was difficult when mortality rates went up immediately after, and we had to stand by that, and yes, we knew that would happen, because that sounds very cold-hearted. (Director 3, 2023)

Thus, the underlying aim of maintaining health service capacity had not changed, and reopening was successful according to that parameter. Nevertheless, the argument was difficult to make, since infection numbers and mortality rates were more immediately worrying to the population, and more readily circulated in the media.

The challenge, which had to be dealt with rhetorically, was that since the restrictions had had the side effect of lowering overall mortality rates, it was difficult for the public – and the press – to accept a resurgence. An NIPH director recalled how the director general was once interviewed about the increase in mortality rates, which from a medical point of view was the result of previous sub-mortality:

> And [she] referred to the fact that there had been sub-mortality because that was the case up until the end of 2021, there was a sub-mortality in Norway, and it was quite large. And [the reporter] went on and on about mortality, and we thought afterwards that his basic principle was zero mortality. […] And then at the end he asked, "But what could the NIPH have done to increase the sub-mortality?" [The director general] was just… It's an absurd question to pose in that situation. "Shouldn't you have done more?" (Director 3, 2023)

The argument about sub-mortality being an anomaly was, perhaps, difficult to accept because, as the director acknowledged, it may have seemed cold-hearted. Still, our focus groups indicate that at least some members of the public had grasped the argument and agreed with it. One focus group participant explained:

> I've understood it, like, there was a rather big sub-mortality because a lot of older and ill people were screened off from the flu and other diseases. I think I thought it was connected to the sub-mortality. That's why at some point there would be a rush. (Karina)

This informant repeated the authorities' argument – and approved of the reasoning. Others also indicated that they were ready for a change, including a change in how to understand the numbers. As mentioned above, some citizens did wonder about the shift in strategy during a time of high infection rates. Still, many also agreed that infection was no longer the main – or at least not the only – concern, exemplified here by a quote from a focus group participant:

> Well, we have reached a point where […] at first, we locked down because older and sick people were going to die. Ok, it's not their fault that they are old and ill. And then we had to protect the children; children are not to blame for being children. But then we reached a point where for most of us in society, it wouldn't be so bad to get the virus. And those who died would mostly, unfortunately, be those who did not want the vaccine. And

> then you reach a point where people can choose for themselves if they want to expose themselves to that risk. And sooner or later we have to open society again. So, personally, I think it was a prudent intersection. (Lukas)

On the one hand, the Norwegian population – and the media, not least – had learned to react to any peak in numbers with worry and fear. And authorities had been able to use those feelings to promote compliance. On the other hand, people were ready for a change – ready to replace the short-term strategy with a longer-term perspective that also involved a shift in whether and how the health authorities could appeal to emotions.

By reinterpreting the numbers and introducing new key measures, authorities were, first, able to shift the scene of evaluation, and second, to change the conclusion. Data that would have earlier indicated a continued need for pandemic measures could now be used to suggest their end. To make that shift successfully, however, the rationality of numbers would have to be supplemented with – or, perhaps more precisely, embedded in – emotional states. Appeals to logos are seldom free from pathos, and in the case of returning to normal, the specific role of appeals to emotion was to set the mood for the return, making sure that "now" would, indeed, be felt as "the right time" for the change.

Feeling time

Throughout the pandemic, authorities had been aware of how prolonged restrictions may affect citizens. Thus, the Norwegian health authorities were, from the outset, concerned with the stamina of the population:

> It also shaped our communication, that we were a bit reluctant about too many restrictions. […] There were different thoughts, including that this is probably not so dangerous for most people. And that [the pandemic] can become a long process. […] We must not overdo the level of restrictions so early that we tire out the population so that they cannot comply with the restrictions when they have to comply with them. Therefore, we must avoid implementing overly strict restrictions prematurely. We have to think that the population has to be in good enough shape to be able to endure over time because this is going to take time. (Director 3, 2023)

We have already discussed issues of the protracted crisis and adjusting the perceived severity of the pandemic (see Chapter 5). Consequently, what we want to emphasise here is the link between temporality and emotion. More specifically, we are highlighting how time was felt during the pandemic – indicating the argumentative quality of "feeling time", understood both as the use of time to set a certain emotional tone (e.g., a sense of urgency at the beginning of the pandemic) and the feelings that time may evoke (e.g., pandemic fatigue as time wore on) (Lantz, 2021).

As lockdowns and other restrictions wore on, citizens were admonished to be patient, to hang in there, and to support each other as they stayed compliant with the rules and recommendations. As such, the connection between feelings and time was present throughout the pandemic – and changed along the way. Most notably, fear was a dominant factor – and one that had to be considered when authorities were deciding what to do in a given moment:

> We didn't want to work up the mood. That was not a communication objective, to make people afraid. But we needed a realistic orientation. For a long time, the problem wasn't that people weren't afraid enough. Rather, the problem was to take the fear a nudge down. The level of fear among individuals who did not need to be that afraid for themselves and their health was still really high. […] We needed to calm that fear rather than build it up. (Director 3, 2023)

Or rather, that was the situation early on in the pandemic, when fear steered people to do anything the authorities asked – and, arguably, it was a central force when political leaders rushed into harsh restrictions. However, the weariness of the pandemic and longing for a return to normal became increasingly prevalent as the pandemic wore on. As one focus group participant said:

> Towards the end, I thought, "This is going well". Now we just have to get it over with. Earlier on it was so unknown. God, what is going to happen? Are we going to die, 300,000 of us? And then it was just, "Ahh, yes". I can't be bothered to follow it all that closely. (Caroline)

Throughout the pandemic, discerning the citizens' levels of fear and other feelings – and seeking to calibrate them – was central to the authorities' pandemic response (see Chapter 5). Creating the right time for something is also about creating the right mood, which balances adjusting to people's existing feelings and seeking to adjust how people feel. As one Danish commentator observed at the time of the first lifting of the restrictions in Denmark:

> Fear has been necessary and reasonable. Corona has threatened our health, our society, and our entire world. But that is not the case any longer. Or not right now, at any rate. Instead, the big challenge will be to learn to let go of a lot of that fear again. (Molin, 2021)

Maybe one reason the Danish government had to bring back restrictions was that the fear had not been sufficiently soothed – maybe another reason was that the causes for being fearful increased once again. From the perspective of kairos, both reasons are probably correct and intertwine to create the right moment – or in this case, fail to do so: The feeling wasn't right for the moment and the moment not right for the feeling, resulting in failed action.

Theoretically, what this implies is that rhetorical appeals to emotions can shape present action potentials, but that such shaping is not the result of

what happens in an isolated moment (Lantz & Just, 2021). Rather, it is an ongoing process where the immediate future of today is tomorrow's immediate past. Thus, time is an event, a now, that is shaped by and gives shape to the process of time – the unfolding of time over time, as it were. Kairos, the right moment in which to act, arises in and through its relationship with chronos, the linear time that unfolds from past through present to future. However, the pandemic made chronos kairotic, so to speak, and the passing of time became critical (Andersen et al., 2020) – both in the initial moment of urgent action and as days and weeks of pandemic emergency turned into months and years. The turning of a moment in time into a time for action is the very meaning of crisis: the need to act before it is too late, which installs the sense of urgency – and enables the state of emergency. By changing the sentiment (the feeling of time) along with the rational argument (the truth of the numbers), health authorities became ready to end the state of emergency – and return citizens to their rightful role as independent actors who can make up their minds. That is, citizens who use authorities' communication as input to their decision-making rather than as definitive verdicts on their actions.

Ending the state of emergency

The director of the Danish Health Authority explained the shift "back to normal" quite well when, in February 2022, he was interviewed about the end of the state of emergency: "It is not normal in a free, democratic society like the Danish that authorities tell us how many people to meet, what to do, and whose hand we can hold" (Mosbech, 2022). However, once one has gotten used to being told what to do, it is not easy to shift back "to normal". An NIPH director recalled: "I remember […] when [the minister of health] said that now it's up to people's common sense. […] And then [a reporter] said… 'Can the minister define healthy reason?'" (Director 3, 2023).

As the director went on to explain, the question is illustrative of how accustomed to following orders people had become during the pandemic – and it indicates that time does not only have to be right for the return to normal. After a protracted crisis, returning to normal is a rhetorical task in itself, and from that perspective, the journalist's question was justified: When you have practised compliance for a long time, the exercise of "healthy reason" has to be reactivated. Ending the state of emergency, then, was not just a declarative speech act. It was not enough for the authorities to say, "the pandemic is over". Just as people needed rhetorical support when they adapted to the emergency, they had to be persuaded when shifting back out of it.

To offer this rhetorical support, the NDH ran campaigns about how the vaccines ensured that the most vulnerable were protected so that the "wheels of society" could continue turning. Still, people needed to stay vigilant and keep away from others when ill:

> Even though the hospitalisation number was high, the risk groups were vaccinated. And sufficiently so. That has always been the point… not to prevent infection, but to prevent a collapse of the healthcare system. So, with that level of protection, it was considered safe to open. But we felt a tremendous amount of unease in the NDH about that opening. It wasn't… When we created the communication, it was not our message that this was over. (Director 7)

Despite the NDH campaigns, we witnessed in the focus groups (as already quoted above) that some citizens felt they were left to themselves in that process, and a director of the NIPH also acknowledged that some people may have felt at a loss when the restrictions were lifted. Thus, the authorities might have communicated more about the actual shift from emergency measures that required compliance and back to health recommendations that sought to equip people to use their sound judgement. This leads us to the final question of whether and how to continue communicating about COVID-19 now that the pandemic emergency was over.

And the rest is silence – or is it?

It might have felt like the health authorities suddenly fell silent, but then again, they had *not* stopped communicating about the pandemic altogether. An NIPH director explained:

> It wasn't, like, suddenly nothing. It was a gradual decrease. There was a decrease in both initiatives, communication activity, and interest. So, it's not completely correct that it was suddenly just let go of. We are just now because we are moving [the website] to a new server, then we will take it off the front page. That is the first time we are taking the COVID material off the front page of the website of the NIPH. So, it's been there all the time, and we have updated, and we have had several rounds on Facebook and Instagram also. (Director 3, 2023)

Rather than describing the situation as an abrupt shift from the state of emergency and "back to normal", it was, indeed, a new normal: one of living with COVID-19 as the government's new contingency plan stated (Ministry of Health and Care Services, 2022). And this new normal also involved continued communication, but at a completely different level.

The pandemic was no longer a ubiquitous and constant topic, but for those for whom is was more salient and who cared to look, they would still find plenty of COVID-19 communication, including from the authorities. On the government's website (regeringen.no), for instance, the "Government's Strategy and Preparedness Plan for Handling the COVID-19 Pandemic" stated the following:

> After three years of the pandemic, there is high vaccination coverage, and many have undergone infection. This means the population is now well protected against developing severe illness from COVID-19, and there is significantly less need for measures to limit transmission. (Norwegian Government, 2023b)

Those who did not seek out this communication may have wondered why the authorities had suddenly fallen silent – but they were also likely to be more happy than worried about this silence. As the contingency plan states:

> Good communication must continue to be central to the handling of the pandemic. This includes information about developments, evaluations, and their foundation as well as the initiatives that, potentially, are taken. Even though we can expect the population to be knowledgeable, the foundational messages must be repeated to contribute to compliance. (Ministry of Health and Care Services, 2022)

The question, of course, remains: What is good communication? As we have sought to show throughout this book, the answer to that question is constantly changing. Thus, good analysis of the rhetorical situation must also continue to be central to the handling of the pandemic. By analysing past developments, we can prepare for the future, but we should also assume that next time will be different.

Conclusion

In Norway, the end of COVID-19 as a national health emergency was declared in February 2022, but the pandemic continued to be classified as a global health emergency for more than a year to come. The rhetorical strategies of using numbers to reclassify the situation and balancing people's feelings of hope and fear to ensure their acceptance of the reclassification are examples of appeals to logos and pathos, respectively. However, they also support the authorities' ethos, as they exemplify yet another way in which authorities may assert their expertise whilst inviting audience participation in and through transparent communication that constitutes the situation anew, directing the audiences' action. Thus, the right time to end the pandemic was constituted along with the authorities' continued trustworthiness, which was also at stake. Ending the pandemic was essentially taking a bet on the future – a bet that people would act responsibly enough to not instigate a new pandemic surge. Here, we might say, authorities chose to trust the citizens, indicating the extent to which trust in democratic societies is, indeed, a two-way street (Petersen, 2021).

As mentioned in the introduction to this chapter, it was not until 5 May 2023 that the World Health Organization ended the global state of emergency, moving COVID-19 to the category of a global health threat. For some, this

means COVID-19 remains present in their daily lives; for others, it was a thing of the past, a fading memory.

Ending a crisis, however, can be as troublesome, contentious, and protracted as any other phase of crisis management and communication. As Charters (2022) explains:

> Analysing past epidemics shows us that actual endings are long, drawn-out, and contested. Societies must grapple not just with the medical realities of the disease, harms, and treatments but the political and economic fallout from emergency measures, and disputes over who has the authority to declare an end and what should be measured to guide this process. This is why there is so much uncertainty about the current state of COVID-19: different groups have vastly different experiences of the medical, political, and social aspects of the epidemic, and different ideas of what an ending may look like.

In Norway – and across Scandinavia – the consensus that the pandemic was over may have been quite strong by early 2022. We may also agree with the conclusion that "the authorities' communication about the pandemic, preventive measures, and vaccination has been good, and it has reached most members of the population" (Norwegian Official Report, 2022: 11–12). Further, we may accept that "the communication has contributed to the creation of trust". However, that was never a given – and it never will be.

The primary lesson from the end of the pandemic, therefore, should be about maintaining vigilance. We – as a collective and as individual members of society – may have returned to "normal", but "normal" was never a safe time or place. Rather, "normal" is when citizens listen to the information and advice of public authorities and independent experts, make up their own minds on that basis, and then act accordingly. It is only if we continue to do this that we stand any chance of avoiding a new state of pandemic emergency in the future.

CHAPTER 8

Conclusion

In Chapter 1, we posed the following research questions: What rhetorical strategies did the Norwegian public health authorities use during the COVID-19 pandemic to increase trust and in turn enhance compliance? How were these strategies both formed by and forming the rhetorical situations that characterise different pandemic phases?

In this chapter, we summarise and extend our analysis, answering these two questions. We discuss the strategies used by the Norwegian public health authorities relating to the specific rhetorical situations during the different crisis phases. Then, we focus on how some of the strategies cut across the whole span of the crisis and met the public health authorities' need for trust and compliance. We also discuss how the strategies were informed by dynamics in the public sphere, that is, the media arena, before we briefly examine the experiences from Denmark and Sweden and compare these with the Norwegian case. We then turn to some of the critical issues concerning the communication of the public health authorities. The final part of the chapter summarises our main contributions, and we point to possibilities for further research.

◆ ◆ ◆

Vignette 8.1 Celebration and criticism

At the time of writing, the debate about the handling of COVID-19 in Norway has not been settled. In the Introduction, we mention that strong criticism has been levelled at the authorities, for instance, concerning the psychological consequences that the lockdown periods had for young people. The necessity of the strict measures and the economic costs have been discussed with particular reference to the long-term results reported from Sweden, which did not have lockdowns. Still, when addressing the topics of communication and trust, the overall picture seems to be one of success, at least concerning the majority population. The survey figures presented throughout this book indicate that the Norwegian population generally reported that they complied with measures and seemed to appreciate and trust the work of the public health authorities. This was especially true during

the crisis and full alarm phase, as exemplified in chalk writing on the sidewalk outside the NIPH headquarters on 18 March 2020: "The whole of Norway is cheering you on! Thank you" (see Figure 8.1).

Figure 8.1 Instagram post, 18 March 2020

COMMENTS: Translation: "Morning greeting".

SOURCE: NIPH Instagram

◆ ◆ ◆

Recap: Trustworthiness

As pointed out in Vignette 8.1, the Norwegian public health authorities largely succeeded in maintaining high levels of trust and compliance throughout the COVID-19 pandemic. In the public evaluation of the handling of the pandemic, the director general of the NIPH pointed to how the experience of relatively accurate measures that were implemented relatively quickly likely contributed to the high trust (Norwegian Official Report, 2023). We have also briefly discussed how other factors, such as social norms, influence compliance (Shapiro et al., 2023; Wollebæk, Fladmoe, & Steen-Johnsen, 2022). Our informants further discussed the role of fear and the legal mandates surrounding certain measures, highlighting how these factors also contributed:

> It wasn't our great communication alone; it was because people were afraid of getting sick, or their loved ones getting sick. And then they were afraid of breaking the law, I would think. […] There are many laws I don't necessarily agree with, but I still follow them. […] The neighbours can see

> it [if you break the law], and the government has decided, so that's how it will be. (Director 3, 2023)

Despite the importance of such factors, our primary focus in this book has been on trustworthiness, the one antecedent of trust that can be built rhetorically. Throughout the book, we have focused on how the Norwegian public health authorities attempted to strengthen their trustworthiness. We argue that this, in turn, may lead to increased trust. People will not trust someone they do not think is *worthy* of their trust (Mayer et al., 1995). In the next instance, if you do not trust a source, you are less likely to follow the advice from this source. There is solid evidence for the positive relationship between trust and compliance (e.g., Breakwell & Jaspal, 2020; Leidecker-Sandmann et al., 2022; Majid et al., 2022). Norwegian survey research during the pandemic found a similar pattern (Wollebæk, Fladmoe, & Steen-Johnsen, 2022).

In the previous chapters, we have analysed strategies drawing on classical rhetoric that studies ethos – the revelation, construction, or projection of character through speech (Baumlin & Scisco, 2018; Kinneavy & Warshauer, 1994). Adding insights from social psychology and organisational studies (Baer & Colquitt, 2018; Mayer et al., 1995), we have emphasised the observed attempts to demonstrate competence, integrity, and goodwill. While these three dimensions of trustworthiness have been discussed since the dawn of the rhetorical discipline, rhetoric draws attention to their *situational* character. That is, trustworthiness is not guaranteed but is rather a dynamic notion that is negotiated between a rhetor and the audience over time (Delia, 1976; Kjeldsen, Ihlen et al., 2022). Organisational scholars have also issued calls for increased research into how trustworthiness is influenced by the dynamics of specific situations (Baer & Colquitt, 2018). The many press conferences, for instance, were arenas for authority performances where trustworthiness was tested and trust manufactured (Koivunen & Vuorelma, 2022). Furthermore, negotiations of trustworthiness take place in news media and social media where users offer up their contributions and solutions (see the next section). Social media consequently provides both opportunities and challenges for organisational rhetors to develop more detailed and context-sensitive communication strategies (Fiskvik et al., 2023; Van Dijck & Alinejad, 2020). Importantly, the situational character of trustworthiness is thus an invitation to delve more into the main focus of the book – the rhetorical situations of the pandemic.

Specific responses in the rhetorical situations of the pandemic

From the literature, we can cull a string of advice for pandemic communication, including how public health authorities need to offer timely, instructing information to improve self-efficacy and install hope (e.g., Kim, 2022; Nan et al., 2022; Petersen et al., 2022). Undergirding such efforts, however, is the

importance of being recognised as trustworthy. This emerged as a pivotal element throughout the various rhetorical phases we have delineated. Still, the distinct phases presented unique rhetorical situations with their own sets of challenges and conditions, necessitating tailored responses. These responses varied according to context, time, and exigences, and they spanned various levels, from policy decisions and practices to specific statements. Our primary contribution is highlighting the significance of time and the evolving nature of rhetorical situations, and demonstrating how this widely accepted view plays out. We have proposed a framework designed to help those involved in crisis management recognise and understand recurring patterns, while also navigating the specificities of each new situation and adapting to the ongoing dynamics of crises. Emphasising a grounded, situation-specific approach is essential for achieving this aim. By promoting this method, we aspire to enhance the field of organisational crisis communication, both in its theoretical underpinnings and practical implementations. The fluid and evolving nature of rhetorical scenarios in a crisis demands a meticulous examination of how situations transform over time (Hauser, 2022). Such an analysis must account for the fragmented nature of these scenarios (Kjeldsen, 2008) and explore how they and their related communications permeate into wider, interconnected situational networks or ecologies (Edbauer, 2005). Still, as emphasised, our approach has been organisation-centric, focusing on the challenges of the public health authorities.

Table 8.1 Rhetorical problems during pandemic phases and keywords exemplifying responses

Phase	Rhetorical problems	Keywords exemplifying responses
Risk and preparedness	How to create risk understanding and acceptability	emphasis on planning; expository rhetoric; prescriptive rhetoric
Crisis build-up	How to signal control, balance fear and indifference, and prepare people	calming rhetoric; self-efficacy measures; transparency; expertise rhetoric; dialogue
Crisis and full alarm	How to establish urgency, gain compliance, and handle uncertainty	urgency; legitimacy; constitute citizens as common unity and part of the solution; strengthen self-efficacy and provide direction
Waves of crisis	How to manage perceived severity and fight fatigue, while defending policy	adjust perceived severity; segment audiences and diversify messages; appeal to solidarity and caring; meet criticism with openness
Solution	How to build trust in vaccines and vaccination	transparency; dialogue; take middle ground; create identification; dissociate between vaccine types
End of crisis	How to find the right time to declare that the pandemic is over	truth in numbers; feel time; declare it is over; normalise communication

Table 8.1 provides keywords for the responses to particular problems in the different phases. Below, we elaborate on the main strategies.

The pre-pandemic phase, or the risk and preparedness phase, discussed in Chapter 2, was characterised by uncertainty about a future crisis and a lack of public attention to the risk. The rhetorical problem was identified as the need to improve risk understanding among citizens and in the media, and to choose among alternative approaches. The rhetorical strategies we identified can be set out as follows: 1) explanatory rhetoric about how the authorities were planning; 2) expository rhetoric concerning the risk; and 3) prescriptive rhetoric that distributed risk management tasks and what they entailed. While the necessity for two-way communication was well understood, we found little evidence concerning such practice in the risk and preparedness phase. Furthermore, a general approach to target groups was evident, and the plans relied on a macro-oriented perspective on risk. The NIPH had primarily practised for emergency events, rather than protracted crises like the one COVID-19 came to represent.

In the crisis build-up phase addressed in Chapter 3, the situation developed from uncertain risk to observable crisis. Disturbing images, high infection rates, and the breakdown of health services in nearby countries created a situation where Norwegian authorities sought to ensure control and heighten public awareness about the grave situation ahead. The rhetorical responses to the new situation were described as 1) using reassuring and calming rhetoric, 2) introducing modest measures for self-efficacy, 3) implementing transparency, 4) constituting a position of expertise by using several spokespersons and employing a rhetoric of expertise, and 5) establishing two-way communication with the public. Still, the early efforts of the public health authorities did not stifle people's worry, which was clearly shown in the opinion surveys. The debate about epidemiology and the best way to curb a pandemic aside, the lack of demonstrable early action did not fit the experienced situation. The negative trend for the trust level only turned when stronger measures were implemented in early March. As pointed out in much risk communication literature, the characteristics of a risk must be aligned with measures that the public deems appropriate and acceptable (Aven & Bouder, 2020).

The crisis and full alarm phase discussed in Chapter 4 was the period characterised by authorities' implementation of strict regulations and lockdowns in most sectors of society in order to prevent the virus from spreading further. Here, the problem was to provide knowledge and information and comfort citizens as well as justify the measures and secure compliance. In terms of rhetorical strategies employed, we identified the following: 1) establishing urgency, 2) establishing legitimacy, 3) constituting the citizens as a common unity, and 4) disseminating advice to strengthen self-efficacy and instructing the citizens about how to act to take care of others. This, we have argued, was largely a fitting response to the exigences, also helped by the intense media attention during this period. Again, the almost universal

compliance with the guidelines is a prime example, along with the fact that the trust level was at the highest during this period. Of particular interest is the constitutive rhetoric that "creates" the group that is bound in national unity and carries a cultural message and value to the majority population in Norway. The flipside here, however, is the mixed reactions and understandings among some minority groups. Furthermore, as became evident later, serious concerns were also raised about the longevity of the dugnad, and not least the unequal burdens the measures imposed on people (e.g., Christensen, 2021; Reme et al., 2022).

The waves of crisis phase discussed in Chapter 5 was the long period starting when the infection rates fell for the first time only to rise again a few months later. We have argued that the rhetorical situation in this period was a protracted crisis where the challenges for health authorities were to manage the perceived severity as well as the fatigue and perseverance in the public, communicate and explain changes, handle criticism, and maintain trust. The rhetorical responses and strategies relied on 1) managing the perceived severity over time, 2) segmenting audiences and diversifying messages, 3) continuing appeals to solidarity and caring, and 4) meeting criticism with openness. Again, the waves of crisis phase, as we have defined it, saw a remarkably high level of compliance and high levels of trust, but the fatigue was expressed by the drop in satisfaction with the measures. As the pandemic fluctuated, the rules and regulations became increasingly complex. As one of our informants commented, the law experts moved in. While the main messages concerning the basic advice of "wash your hands" and so forth remained the same, the uneven burdens for different professions, age groups, economic classes, as well as geographical regions also presented rhetorical challenges. The rally-around-the-flag effect subsided somewhat, and the discussions of blame picked up, pointing to immigrants but also politicians. This was even more pronounced if we were to extend the focus a year beyond the focus of Chapter 5. By then, the population had become even more critical. The level of trust fell, and compliance was reduced along with the overall satisfaction with the measures.

The vaccination phase, or the solution phase, addressed in Chapter 6, refers to the period of mass vaccination that started when the unprecedented race to develop vaccines succeeded. Again, the rhetorical situation changed. The question we have focused on was the need to overcome vaccine hesitancy, relating to the fact that a brand-new vaccine technology had been developed at what amounted to breakneck speed in this industry. In addition, one of the vaccines proved to have serious side effects. In forming their responses, the authorities had to consider many types of constraints that conditioned the choice of strategies employed in this period. The central rhetorical strategies were 1) transparency, 2) dialogue, 3) taking the middle ground, 4) creating identification, and 5) dissociating between different vaccine types. The vaccine

rollout campaign proved to be a success, helped along by a huge demand and a wish to return to normalcy. A rhetorical advantage of the situation was the policy of voluntarism, which is a demonstration of trust in the citizens and respect for their autonomy. Still, here too one should not underestimate the combination of fear, pressure from social peers, as well as more prosaic matters like the wish to travel abroad. As for the importance of rhetoric, the strategy of transparency seemed key along with the swift removal of the AstraZeneca vaccine.

The end of crisis phase discussed in Chapter 7 concerned timing and how to turn from a crisis towards a "new normal" in a situation where the virus was still there but no longer overburdening the health services. Four rhetorical solutions were implemented to tackle these challenges: 1) finding truth in numbers, referring to the fact that the interpretation of key concepts and numbers, particularly infection rates, had to be shifted from connoting danger to indicating normalcy; 2) feeling time, that is, communicating that this was the right time to end all restrictions; 3) ending the state of emergency by declaring it was over; and 4) communicating less and with less expressed urgency. As the last few rounds of the Corona-tracker indicated in 2022, there had been a sharp increase of well over 40 percentage points of those who believed that they soon could live as normal (see Figure 7.2). The trust levels also climbed during these weeks, which again could be considered an indicator that the rhetorical strategies of reopening and ending the crisis bore fruit.

* * *

The above presentation relies on an analysis of particular organisations in a particular crisis using the framework of the rhetorical situation. An advantage of this framework is the simple recognition that no practice is universally ideal. Instead, the framework invites a context-sensitive analysis of the rhetorical strategies that are most pertinent to concrete situations. The framework grounds the analysis in real-world challenges and dilemmas. This has been furthered by our qualitative methodological approach going beyond textual analysis and interview data, to also draw on observational data, presentations at internal meetings of the public health authorities, as well as seminars and workshops with communication practitioners. Further, we were able to discuss our findings with key actors from the public health authorities who served on the advisory boards of the PAR and PAR-TS projects. Through these encounters, our grasp of constraints has been much improved (see Appendix A).

We have discussed the different rhetorical conditions during these phases, showing how they delimit what can be said and done but also how they can offer opportunities for shaping the situation and reaching a goal. The constraints can, for instance, be found in previous experiences (the H1N1

pandemic), in situational factors (the fast-escalating crisis), in dissent and opposition to the authorities' policy choices, as well as critical media coverage (see the later section on rhetorical responses and the media arena). At the same time as the role of a public bureaucrat can constrain the use of pathos or available responses to criticism, the same role constitutes a reservoir for trustworthiness as a detached professional, as also pointed out in the previous section on trustworthiness appeals. For instance, the social media team at the NIPH sought to take the middle ground in some of the heated debates on their platform (as we show in Chapter 6, on vaccines).

We have noted how certain situational constraints point towards certain rhetorical responses. For instance, we take for granted that a policy decision of a lockdown is accompanied by a type of rhetoric that will seek to establish both urgency and legitimacy. This is presumably also what helps to initiate both support and compliance (Johansson, Sohlberg et al., 2023). To support policy decisions, the number of infected must be communicated and the implications interpreted, which is not only a reaction to the situation but also co-constitutes it. Thus, rhetorical choices are shaped by situations but also shape them, especially in a protracted crisis like the pandemic where one situation bleeds into the next – and even more so at the beginning of the crisis, when the authorities' response was constituted by appeals to necessity. Finally, this was clearly what was going on when the pandemic was declared to be over, or more specifically, when public health authorities decided that restrictive measures to curb the disease were no longer necessary. Ending the pandemic was not a scientific decision but rather a political one, based on a rhetoric that created a new situation by reinterpreting what an acceptable level of infection was in society. Here, the strategy of positing pandemic measures as necessary responses was replaced with a rhetoric of volition.

In short, we support the idea of the possibility of a creative rhetor that operates in rhetorical situations that are in flux but not decoupled from constraints (Jasinski, 2001; Smith & Lybarger, 1996). Herein lies the main contribution of the book, namely in demonstrating how the rhetorical situations changed and were reconstituted within constraints throughout the pandemic. In the preceding chapters, we have shown how these situations shift, emphasising the temporality of these developments. Thus, we have illustrated how rhetorical situations constitute each other, not as linear developments but as dynamic and contingent movements that work to connect different pasts and futures to constitute ongoing presents.

Overarching rhetorical strategies during the crisis

Taken together, we can differentiate between five overarching rhetorical strategies that were applied by the Norwegian public health authorities during the COVID-19 pandemic to increase trust and compliance.

Asserting authority

Since a pandemic calls for highly specialised scientific knowledge not accessible to laypeople, perceptions of trustworthiness become even more important (Collins & Evans, 2019; Keränen, 2010). The authorities sought to demonstrate competence and capability in handling the crisis, thus establishing themselves as reliable sources of information and guidance. Central to strategies of coming across as competent were how the authorities underscored their plans and planning activities (see Chapter 2). A form of unilateral expertise rhetoric was used to emphasise, for instance, how the authorities had access to an expertise network and worked to acquire more information (see Chapter 3–5). This emphasis wasn't merely about showcasing qualifications but about establishing the authorities as deeply knowledgeable and reliable guides through the unfolding crisis. Thus, this strategy leverages the institutions' position and specialised knowledge, setting a foundation for public trust. By detailing their preparedness and response plans, along with their connection to a broad network of expertise, they aimed to solidify a foundation of trust with the public based on their ability to manage the pandemic effectively. Perceptions of this competence of the public health authorities have been negotiated in traditional and social media (e.g., Fiskvik et al., 2023).

The public health authorities were bound by their role as public servants, which functions both as a constraint and an opportunity when attempting to strengthen ethos. This was particularly demonstrated in exchanges with critics (see Chapter 5). The concerted efforts of the NIPH to maintain both a bureaucratic ethos and scientific integrity were also particularly interesting. The attempt to take a middle ground in social media during the vaccine rollout is an example of this (see Chapter 6).

Inviting participation and dialogue

An important pillar of trustworthiness is goodwill, which in this context refers to the perception that the authorities act in the public's best interest, reflecting a genuine concern for the community's welfare above any institutional or personal gain. As pointed out, this was an explicit goal for the communication of the public health authorities (NDH, 2020). The perceptions of goodwill were sought to be strengthened through two-way communication, actively listening to and addressing public concerns, questions, and misinformation through social media and other platforms. Through this, the authorities demonstrated responsiveness and a commitment to public welfare. This approach reflects an ethical commitment to caring for the community's well-being and valuing the voices within it. Social media and good service were prioritised (see Chapters 3 and 6), and a mix of directive and invitational rhetoric was used (see Chapter 4), along with a rhetoric of solidarity and care (see Chapter 5). Unlike the first strategy, this is more of a

co-creative, bottom-up approach. Such inclusivity and willingness to engage with stakeholders strengthens perceptions of integrity. It is also a recognition of the citizens as thinking subjects, thus demonstrating goodwill and showing respect for their perspectives and concerns, and building trust by fostering a sense of partnership and shared responsibility in addressing the crisis. This stands in contrast to asserting authority by prioritising collaborative input over showcasing singular expertise. An expression of this type of rhetorical strategy was the dialogue in social media (see Chapter 3), Facebook ads reading "Thank you for staying in quarantine", and not least the reference to collaborative work in the form of dugnad (see Chapter 4).

Enhancing transparency

Transparency played a key role in the attempts to demonstrate integrity as well (see Chapters 3, 4, and 6). As pointed out in the Central Government Communication Policy, openness is one of the main principles (Norwegian Ministry of Government Administration and Reform, 2009). Openness involves being honest and accountable in communication and decision-making. It builds trust by ensuring that authorities act with integrity and sincerity. The openness about what was known and unknown went beyond mere information sharing: It was an ethical stance, prioritising public understanding and safety over the optics of public relations. Such transparency is fundamental to integrity, as it involves being truthful and forthright, even when the information may not be fully reassuring. Other studies have found similar patterns (e.g., Lee & Li, 2021; Tomlinson & Schnackenberg, 2022).

Enhancing transparency also demonstrates goodwill by prioritising the public's right to know and understand the crisis. It shows that authorities are committed to building trust and fostering positive relationships with the public through open and transparent communication. The best example of this type of rhetorical strategy was the repeated admittance that the authorities were uncertain (see Chapter 3). This aspect of vulnerability shown by authorities through admissions of uncertainty serves to humanise the institution and can deepen trust. This approach included openly communicating about the limits of current scientific understanding and the inherent uncertainties of the situation. Such honesty about the complexities of the pandemic and the reasons behind certain decisions or changes in guidelines underlined the authorities' dedication to informed, evidence-based action. As shown, responses from the focus groups indicate that this strategy was fruitful. Respondents expressed that they found it honest, and they respected when experts expressed uncertainty (Skogerbø et al., 2024).

Constituting the situation and the audience

The public health authorities needed to portray the situation in a way that fitted with their analysis of the severity of the pandemic and helped to legitimise the chosen policy. This narrative-building strategy concerns the shaping of perceptions to align the public understanding with the authorities' strategy, rather than directly involving the public in creating that strategy. Sending a text message to everyone in the country on 12 March 2020 is a demonstration of this rhetorical strategy. Constituting the situation involves accurately assessing the crisis and its impact on various stakeholders, thus demonstrating competence in crisis assessment and management. In addition, the authorities strategically constituted a role for the citizens. Campaign posters read "Your efforts make a difference" (see Chapter 4) and "Call someone, talk to someone, listen to someone" when the psychological stress of social restrictions took its toll (see Chapter 5).

Directing action

The trust or trustworthiness established through the other strategies had to be put to use in the form of providing specific directions for what the citizens should do. While asserting authority builds the foundation for people to listen, directing action leverages that foundation to influence behaviour directly. While inviting participation is about drawing on collective wisdom, directing action focuses on applying that wisdom to guide public behaviour towards specific outcomes, for instance concerning quarantine requirements and testing. The public health authorities sought compliance with the policy by running campaigns that, for instance, in imperative form directed people to wash their hands thoroughly (see Chapter 3) and keep their distance in public (see Chapter 4). Thus, this strategy closes the loop by translating the established trust and shared understanding into tangible behaviour change, which is its unique contribution to the suite of strategies.

* * *

Throughout the chapters of this book, these main strategies have been exemplified and discussed as they relate to the specific crisis phases and their corresponding rhetorical problems. The first three of the general strategies primarily relate to ethos, meaning they focus on establishing credibility or using ethical appeals. The last two strategies combine logos and pathos, implying that they use a mix of logical reasoning and emotional appeal to persuade the audience and can be considered indirect routes to strengthen ethos (Baumlin & Scisco, 2018). Admittedly, what we identify as strategies could also be perceived as fundamental non-strategic components and

democratic principles adhered to by the bureaucrats in the NIPH and NDH. Concepts such as dialogue and transparency may be viewed as intrinsic values that fulfil specific purposes in their own right. Nevertheless, our analytical focus primarily gravitates towards understanding these elements in terms of their strategic significance. This approach does not intend to oversimplify or diminish the broader context they operate within, but rather to explore the strategic dimensions of these principles without negating their inherent value.

The above categorisation groups the rhetorical strategies based on their primary communication intent, which may be expressed in any number of specific ways, adding complexity to the categories. Further, it is important to note that some statements could fit into multiple categories, depending on their context and usage. A policy of transparency can help to assert authority and also be seen as an expression of goodwill towards the audience. Similarly, there might be a strong connection between attempts to demonstrate expertise and how a situation is analysed and portrayed. Directive utterances can also in themselves serve as projections of authority. We have attempted to show how these rhetorical strategies were produced in and helped produce rhetorical situations and phases originating in shifting rhetorical problems.

Rhetorical responses and the media arena

The COVID-19 pandemic was characterised by the omnipresence of social media and around-the-clock news coverage (Taylor, 2022). Thus, the rhetorical situation was different compared with the rhetorical situation surrounding the H1N1 pandemic, when social media was less established.

The news media play central roles both as arenas and actors during a pandemic. They may bolster claims of authority or lead to failure (Hajer, 2009). The evaluation report from the NDH concluded: "Information through the media was very important for building knowledge, trust, and support among the population, and contributed greatly to people largely following advice and rules" (NDH, 2023: 6).

In Norway, trust in the news media increased during the pandemic (Knudsen et al., 2023). One aspect here was the importance of the news media as an information source. Surveys show, and the focus group interviews supported, that information from news media, social media, and live press conferences were the most central sources of information for the public throughout the pandemic. The public health authorities also directed resources towards media relations. Both the NDH and NIPH set aside ample time at press meetings for one-on-one conversations with journalists and off-the-record background talks. In general, press interviews were prioritised by the spokespersons in both institutions. An NIPH informant said the following about the early period:

> We need the Norwegian media to understand, ask good questions, and understand what this was all about. We spent a lot of time […] meeting them in the afternoons and just chatting. […] There were two, maybe three, three spokespeople […] who just talked to the reporters, who stood for a very long time and asked questions. […] We invested a lot in that period, increasing the knowledge of the media [who] educated themselves. […] I think it was worth it, both because it ensured that the journalists asked good questions, and because our spokespeople became confident and got practice. […] It was very safe to be a supplier of knowledge to the Norwegian media during [the early] period. (Director 3, 2023)

As the quote shows, the increased attention to detail should not be seen simply as a constraint that the organisations adapted to. Increased time and attention also allowed authorities to build knowledge and relations with journalists in a way that could potentially benefit further efforts that the organisation had to adapt to. This was also highlighted by an employee of the NIPH during the final seminar of the PAR project as one lesson drawn from having navigated such a long-lasting crisis. We also found a concrete example of the value of such extended interaction during observations in March 2020, when journalists from the newspaper *VG* were given extensive access to employees of the NIPH who were responsible for the systems collecting infection data, enabling the journalists to better understand how the numbers were gathered. According to these employees, this led to more accurate reporting, as sources of errors in statistics could be corrected (observation notes, 10 March 2020).

While previous studies of news media's coverage of pandemics have been quite critical (e.g., Klemm et al., 2014), the relationship between the Norwegian public authorities and the media during the COVID-19 pandemic was described as good (Sølhusvik & Stoltenberg, 2021). When the same point was repeated at the concluding seminar of the PAR-TS project, one of the panelists representing NIPH, quipped that this should lead to some soul-searching among journalists. The implied point here was the need for critical media coverage and public deliberation, especially concerning authoritative expert recommendations that might be difficult to contest (Baekkeskov & Öberg, 2016; Heinzel & Liese, 2021). We further discuss the implications of this after we briefly contrast the Norwegian experience with the communication strategies in Denmark and Sweden.

Comparing Norway with Denmark and Sweden

The first COVID-related deaths happened approximately at the same time in Denmark (14 March 2020), Norway (12 March 2020), and Sweden (11 March 2020). Much attention has been devoted to the fact, as mentioned in the introduction, that Sweden initially chose a different strategy than Denmark and Norway. While the World Health Organization urged countries

to stop the virus, Sweden chose to try to limit it: "Flattening the curve" was the defining metaphor (Johansson & Vigsø, 2021; Ludvigsson, 2020). What metaphor to use was also debated in Norway, where flattening the curve, or to "curb" ["brems"] the virus, had been left for the strategically and rhetorically more potent "knock down". In an interview with the Coronavirus Commission, the director general of the NDH said:

> It has proven very difficult to maintain this at a level that the health service can handle, but which has a lot of baseline transmission in the population over time without the pressure from measures becoming higher than if we manage to bring it down to a lower level. Then, the pressure from measures can be lower, like we did in the summer. That was part of the idea behind using the expression "knock down". (Coronavirus Commission, 2022: appendix, interview Guldvog, 18)

In the NIPH, the employees preferred the term curb or "keep down", to avoid creating the impression that it would be possible to eliminate the virus (Coronavirus Commission, 2022: interview Stoltenberg, 9).

In terms of rhetoric, Swedish authorities relied on recommendations to the public instead of imposing strict regulations. Interestingly, the strategy was termed "evidence-based", meaning that the effects of strict regulations were uncertain and therefore initially excluded as instruments for curbing the virus. However, it may be argued that this induced more authoritative rhetorical strategies from the Public Health Agency of Sweden, as there was less room for expressing uncertainty and less transparency concerning the decisions taken. The consequences for public health and the national economy of the different strategies have been analysed elsewhere (e.g., Claeson & Hanson, 2021; Laage-Thomsen & Frandsen, 2022). In 2023, the death toll in Sweden was 235.43 per 100,000 citizens. In comparison with countries like Bulgaria (550.17), the UK (325.13), or Austria (243.94), Sweden might be said to have fared quite well. In comparison with Denmark and Norway, however, the death toll was much higher, as the figures for these countries were 142.96 and 96.16, respectively (Johns Hopkins University & Medicine, 2023). It is particularly the situation at the homes for the sick and elderly that drew criticism in Sweden (Government Offices of Sweden, 2020). Still, as also mentioned, there are studies that argue that the mortality rates were comparable across the Nordic countries (Björkman et al., 2023).

As discussed in Chapter 2, the Swedish perspective on risk was different. An interviewee in the Swedish Civil Contingencies Agency commented:

> The Public Health Agency of Sweden for a very long time presented the assessment that the risk of spreading infection in Sweden was considered very low. And that was a key message [The Public Health Agency of Sweden] communicated. Partly to the public but partly also out to the system. And I think that, in retrospect, I think it was a mistake. […]

> It would have been better if they had said, "let us hope for the best, plan for the worst" […]. In other words, those kinds of key messages and assessments. In retrospect, it would have been better, of course. (Communication Advisor 10)

In a report for the Swedish Corona Commission (Rasmussen, 2022), inconsistencies between the risk communication of Sweden and the World Health Organization were pointed out. It was argued that the Public Health Agency of Sweden described risks as lower and symptoms as more ordinary and only mentioned preparedness long after the World Health Organization urged the countries of the world to increase their capacity for response. The Public Health Agency of Sweden offered optimistic forecasts, while the World Health Organization more cautiously refrained from this type of reassuring message. The Swedish authorities' communication has also been criticised for its ambiguity, on the one hand characterising COVID-19 as a serious risk, and on the other stating that as many as 90 to 95 per cent would hardly feel any symptoms – that the disease was mild (Rasmussen et al., 2023). The precautionary principle seemed to be less important than the evidence-based principle:

> The Public Health Agency's communication of high evidence requirements for both the risk of infectiousness and the value of protective equipment therefore seems less well adapted to a crisis where many lives are at stake. At the same time, many of their arguments are not tested and are not cited with evidence, such as that face masks would displace other measures, provide false security, reduce the distance between people, be an unfair measure in nursing homes, and the assumption that a mass audience collectively follows advice and recommendations. (Rasmussen, 2022: 9)

We have highlighted transparency and uncertainty as two aspects of the Norwegian case that make for interesting comparisons with Sweden. Elsewhere, we have concluded that Norway stood out in terms of the practice of transparency (Ihlen, Just et al., 2022). The report for the Swedish Corona Commission (Rasmussen, 2022) maintains that there was little communication about trade-offs, motives, and possible consequences. Many knowledge claims seemed to be unjustified or were presented without counter-arguments. As an example, the report points to how the information efforts at airports were presented in a positive light compared with measures such as, for example, thermal screening that was used at airports internationally.

The Danish strategies resembled the Norwegian approach in many respects, most notably in terms of how the government intervened, overriding existing crisis preparedness plans and calling for extraordinary measures. Also, the health authorities were central communicators in both countries, but in

Denmark, the Danish Health Authority seems to have played the roles of both the NIPH and the NDH. Or rather, a host of different agencies and actors were present in the Danish case, but they were less visible and had fewer comprehensive roles than the Danish Health Authority. This means that the Danish Health Authority received more attention, and whereas in the Norwegian case, the NIPH and the NDH were often pitted against each other (especially in the media), in the Danish context, the Danish Health Authority was positioned related to the government. When the first investigative report on the Danish handling of the pandemic was published, it caused a stir (The Danish Parliament, 2021). The report showed how the Danish Health Authority had not recommended the harsh measures the government introduced. This was quite similar to the position of the NIPH related to the Norwegian government's actions, but the difference is that in the Danish case, the disagreement had been silenced – and only came to the attention of the public when the report was published.

This may indicate the positive role of transparent communication, in particular the legitimacy that stems from being open about uncertainty and disagreement. In a study of the Danish case, however, it was indicated that transparency does not necessarily lead to more trust (Gamerdinger et al., 2023). In this particular case, authorities were communicating transparently about changes in the vaccine calendar. The results indicate that transparent communication might feel as instances of breaking promises (e.g., "You said I would be vaccinated in April, now you say June. What should I believe?"). However, the study also showed that compliance remained high regardless of other dynamics, and that high trustworthiness influenced other relations positively. This illustrates the role of a strong initial ethos of the health authorities specifically, and the importance of the high-trust national context more generally. It also indicates that authorities should work continuously to remain trustworthy and maintain their ethos throughout a protracted crisis.

Throughout the book, we have relied on a wealth of research literature to analyse the strategies used by the Norwegian public health authorities. To a large extent, we found support in the literature for many of these strategies, for instance, calming rhetoric, suggestions for self-efficacy measures, dialogue, segmenting audiences and diversifying messages, and creating identification. In addition, however, we have identified strategies concerning, for instance, transparency and communication of uncertainty, which clearly need to be discussed in other political and cultural settings beyond the high trust-context of the Scandinavian countries. Furthermore, while appeals to solidarity and social responsibility were used in many European countries (e.g., Sjölander-Lindqvist et al., 2020), there is still more research needed to discuss such strategies from a rhetorical perspective in countries with less social and institutional trust. For example, in the US, a lack of social solidarity has been

observed and associated with a fragmented understanding of the pandemic. This resulted in multiple competing narratives, none of which were strong enough to dominate (McCoy, 2023). Similarly, hypotheses like the mentioned rally-around-the flag effect have not turned out to be universally valid (Van Aelst & Blumler, 2022). In short, we should not take for granted that all the discussed strategies work in more polarised societies.

Critical issues concerning communication

In the Introduction, we point out that while the evaluation of the Norwegian pandemic management was largely positive, many critical points were raised. Some of the criticism has also been related to communication aspects, for instance, regarding how the invasive measures were made possible through four types of discourses:

> The first paints a picture of Norway in a grave crisis comparable with the Second World War, the second constitutes the crisis as war and the virus an enemy, the third demands support for an infection-control community and voluntary participation in the dugnad, and the fourth offers recommendations to citizens while legitimising the government's vision of the pandemic as objective. (Gjerde, 2022: 29)

The accusation is that a naturalised perspective is established and that there is no limit to the crisis or the authoritarian measures, including in private spheres. All aspects of life are colonised as infection control is made the main goal.

In the Danish context, similar rhetorical means and harsh measures were introduced. Still, whereas the initial lockdown was generally supported legally as well as in public opinion, the question of legality came into focus during the so-called mink scandal. This was a complicated affair, the investigative report of which covers no less than nine volumes of which the account of the case makes up more than 2,000 pages, accompanied by numerous appendices and additional explanations (The Danish Parliament, 2022). Broadly, the matter revolved around the culling of the entire population of mink held in captivity by the fur industry, in response to concerns that a COVID-19 mutation in mink would endanger the vaccination programme. Here, the rhetoric of acting resolutely to avoid later regret escalated matters to a point at which the decision to cull was taken in haste and without proper legislative backing. Thus, the decision was considered unconstitutional. Still, many Danes continued to support the decision, if not the process (Drivsholm, 2022). This indicates the degree to which the Danish citizens had come to accept extraordinary measures as defensible when portrayed as a necessary means of fighting the pandemic.

The invasiveness of pandemic measures into areas that would normally be off-limits has been criticised in an analysis that points out how placing the body at the centre of events also makes the individual responsible (Sjölander-Lindqvist et al., 2020). This raises doubts about the complex relationship between personal autonomy as a fundamental democratic principle and the various enforced regulatory measures: "It should give us pause for thought that whereas the (laudable) goal of state action has been to produce corona-free spaces, human, and democratic rights have been fenced-in" (Sjölander-Lindqvist et al., 2020: 12). An example from the news media is when grieving citizens talked about how they had not been allowed to say goodbye to dying relatives (Dommerud & Olsen, 2022). The NDH subsequently discontinued this practice (Dommerud & Skogstrøm, 2020).

The mentioned discourses and the general and situational trust have laid the groundwork for the legitimacy of the measures (Gjerde, 2022). At the same time, our focus groups indicated that there was no blind trust in the authorities; rather, citizens – in all three countries – accepted that the uncertainty among experts called for tolerance of different strategies and shifting measures (see Figure 1.1). There is a critical and conditioned trust that the system works, and risk perspectives seem to influence actions. Focus group participants repeatedly emphasised that they chose to comply with measures despite not necessarily agreeing that these were adequate for their particular situation. They did, however, believe that the authorities were doing their best to alleviate the situation (Skogerbø et al., 2024). This conditioned and conditional trust, resting on citizens' perceptions of the goodwill of the authorities, may at least partly explain the finding presented in Figure 5.1 where there is a disconnect between compliance, on the one hand, and (dis) agreement with the measures to tackle the pandemic, on the other.

As shown throughout this book, press conferences were a crucial platform for the authorities. However, press conferences do not provide real opportunities for co-determination or deliberation concerning the measures or the chosen policy. Thus, this has led to the accusation that the pandemic was handled in an autocratic fashion and that concerns for infection control trumped all other societal concerns. Citizens were left to follow orders (Graver, 2020a, 2020b). On the other hand, an impression conveyed by several of our informants was a demand for instructing information. Both NIPH and NDH employees argued that citizens wanted instructing information from the authorities. Rather than deliberation, the demand was, "tell us what to do". This, some thought, clashed with the literature. The bureaucrats pointed to the Corona-tracker, as well as input from social media and the other channels for two-way communication. Furthermore, many were surprised by how detailed people required advice to be. The most vivid example was the question that concerned what colour children's snot should be before

they could be sent to kindergarten. In a podcast interview, an NIPH director commented:

> Here we are in Norway now, a country that I think of as a nation full of individualists and people who like their freedom to make decisions in their lives, and we are experiencing great pressure on us and on the decision-making authorities to decide and tell people what to do. It tells me something about the seriousness of the situation and the anxiety in the population, but it also surprised me a bit as a cultural trait for Norwegians. (Rolfheim-Bye et al., 2020)

The surveys conducted by the company Opinion throughout 2020 and 2021 showed how a clear majority of the population disagreed that the guidelines introduced by the authorities had been too strict. Instead, the population often proved to be stricter than the authorities in implementing and maintaining measures that could help control the pandemic (Opinion, 2022). The focus group interviews from both 2020 and 2022 present possible reasons for the willingness to comply, and these are more nuanced. Emphasis was placed on the insecurity of the situation; no one knew what the correct measures were, and still everyone had responsibilities towards society, family, colleagues, and friends. Participants pointed out that they might disagree with some measures or with the government, but they still argued for loyalty, because there were no other alternatives.

Aside from debates about the invasive measures and lack of deliberation, two other points have been raised in the public debate about communication efforts. The assistant director of the NDH talked about how the communication had at times been unclear and unnecessarily complicated. He lamented that some measures were introduced at press conferences before the regulations were specified (Coronavirus Commission, 2022: interview Nakstad). Also, some measures were overly complicated to implement, for instance, the attempted system for schools and kindergartens designed as traffic signals (red, yellow, green) and different geographical "circles" indicating where restrictive regulations and measures were implemented and not. In its evaluation report, the NIPH commented:

> Complicated measures and frequent changes have made it difficult for many to understand what has been the case at any given time. […] There is a need to consider ways of drawing up simpler advice and regulations with fewer exceptions, while taking into account the requirements in the Infection Control Act regarding medical justification, necessity, and appropriateness after an overall assessment. (NIPH, 2023: 8, 35)

What was most criticised concerning communication, however, was the effort to reach minority groups, particularly immigrant groups in Oslo. Throughout

the period when restrictive measures were implemented, from March 2020 to February 2023, infection rates remained high in suburbs with larger shares of immigrants. This was mentioned in the public evaluation reports (e.g., Norwegian Official Report, 2022, 2023), and it was also an issue brought up in internal reports as areas for improvement. Again, the issue of trust appears crucial, not "just" the provision of information in minority languages. In minority groups, distrust might be traced to historical mistreatment (Larson et al., 2018; Sheikh et al., 2023). In the Norwegian setting, some scholars have taken issue with the use of such terms as "import infection" and argued that this stigmatises immigrants in the name of transparency and essentially contributes to racist media coverage blaming immigrants for spreading the infection (Ranji & Archetti, 2024).

Research has also called attention to how several immigrant groups were exposed to communication from different countries, with different strategies for managing the pandemic (Czapka et al., 2022). However, a Norwegian study of media use among immigrants during the pandemic found little evidence that this was the case (Rambøll, 2021). At the same time, inter- and intra-group differences are well-known from previous crises and need to be recognised. A clear recommendation is that the public health authorities should engage in dialogue with immigrant organisations and nongovernmental organisations on an ongoing basis during inter-pandemic phases (Czapka et al., 2022). Much of the literature in, for instance, crisis communication and public relations argues the same point: Relationships must be built before a pandemic (e.g., Wise, 2021) or in "peace time", as stated by an NIPH employee (Director 7).

Final words

Our basic contention is that the rhetoric of the public health authorities in Norway contributed to the maintenance of overall high levels of trust, which in turn boosted compliance and assisted the overall handling of the pandemic. Theoretically, we have underscored the temporal aspect of the rhetorical situation, moving beyond the notion that it unfolds in sequential stages as posited by Bitzer (1980). Our focus has been on the evolving nature of rhetorical engagement. As the pandemic progressed, the spatiotemporal context for its management evolved, giving rise to distinct challenges within the overarching crisis. These included developments such as the emergence of new viral strains or the public's fatigue with pandemic measures. Such circumstances influence the rhetor's capacity to act. It's particularly important to consider how differing perceptions of a situation affect this agency. Therefore, a key task for communicators is to effectively align the audience's viewpoint with their own interpretative stance on the unfolding situation. The drastic drop in trust experienced by the Norwegian public health authorities in February 2020 is one reminder.

Throughout the book we have 1) demonstrated how the rhetorical situation of the pandemic had changing constraints and opportunities as it unfolded, which influenced the agency of the rhetor and necessitated ongoing situational analysis and attention to perceptions; 2) illustrated how the rhetorical situation functions as a tool to conceptualise overlapping phases and how the rhetoric simultaneously constitutes and is constituted by the crisis; and 3) shown how trust and trustworthiness, both as prerequisites and results, are negotiated in this dynamic situation through specific rhetorical strategies. Furthermore, we have 4) pointed to how one of the strategies, namely transparency, seemed to be most prominent, and cutting across the different phases; and finally 5) shown how the authorities used a combination of invitational rhetoric, providing a role for the citizens to willingly contribute to curbing the virus, and imperative form through simple directives to follow.

The suggested framework equips stakeholders in a crisis with the ability to identify persistent elements while adeptly navigating the unique challenges of novel situations and adjusting to their dynamic nature. Employing a bottom-up and context-sensitive approach is critical to achieving this. By advocating for this strategy, we aim to make a meaningful contribution to the discipline of organisational crisis communication.

In writing this book, we had to make several choices about what to prioritise. This necessarily meant that there were a number of important tracks that we did not pursue. For instance, our decision to focus on the NIPH and the NDH meant that the important work done by the Ministry of Health and Care Services and the political leadership received less attention. Another important shortcoming was that we did not go into depth on the work directed towards the minority population. A repeated point made both by our interviewees and public evaluation reports is that future communication work must reflect that Norwegian society has become diverse.

We could also have spent time analysing the relationship between the public health authorities and the media, as well as how lobbyists attempted to bend the regulations to their favour. Another example is how we did not enter into the discussion about the prioritisation of vaccines, which could also be defined as a rhetorical problem. Finally, we could have addressed much more of the comparative design focusing on the other Scandinavian countries, and beyond. In short, there are several opportunities for further studies.

Nonetheless, we hope that this book has provided some ideas as well as contributed knowledge for how to understand the negotiation of trust when a crisis moves through different phases. Ultimately, research on this topic can potentially help society become more resilient in the face of future pandemics.

References

Aavitsland, P. (2020, January 29). Koronavirusepidemien vil ramme Norge [The coronavirus epidemic will hit Norway]. *Tidsskriftet: Den norske legeforening*, *140*(3). https://doi.org/10.4045/tidsskr.20.0077

Aavitsland, P. (2023, March 1). Et samlet smittevern for bedre beredskap [Joint disease prevention for better preparedness]. *Dagens Perspektiv*. https://dagensperspektiv.no/synspunkt/2023/synspunkt-preben-aavitsland-et-samlet-smittevern-bedre-beredskap

Aftenposten. (2020, April 27). Høie til ungdommen: – Neste sommer finnes ikke når du er ung [Høie to the youth: "Next summer does not exist when you are young"]. *Aftenposten*. https://www.aftenposten.no/norge/i/rA2A18/hoeie-til-ungdommen-neste-sommer-finnes-ikke-naar-du-er-ung

Agence France-Presse. (2020, January 31). A man lies dead in the street: The image that captures the Wuhan coronavirus crisis. *The Guardian*. https://www.theguardian.com/world/2020/jan/31/a-man-lies-dead-in-the-street-the-image-that-captures-the-wuhan-coronavirus-crisis

Albu, O. B., & Wehmeier, S. (2013). Organizational transparency and sense-making: The case of Northern Rock. *Journal of Public Relations Research*, *26*(2), 117–133. https://doi.org/10.1080/1062726x.2013.795869

Almlund, P., Kjeldsen, J. E., & Mølster, R. (2023). Expressions of governance, risk, and responsibility: Public campaigns in the crisis and risk management of Covid-19 in Denmark, Norway, and Sweden. In B. Johansson, Ø. Ihlen, J. Lindholm, & M. Ørsten (Eds.), *Communicating a pandemic: Crisis management and Covid-19 in the Nordic countries* (pp. 121–147). Nordicom, University of Gothenburg. https://doi.org/10.48335/9789188855688-6

Altheide, D. L., & Snow, R. P. (1979). *Media logic*. Sage.

Andersen, C., Jauffred, L., Laustsen, A. H., Levisen, C., Lomborg, S., & Pristed, B. B. (2020). *Tanker i lockdown* [*Thoughts during lockdown*]. Det Unge Akademi.

Andersen, J. (2021, February 5). FHI slipper første koronavaksine-reklame: – Forventer en del reaksjoner [The NIPH launches it's first corona vaccine-commerical: "Expect some reactions"]. *Kampanje*. https://kampanje.com/markedsforing/2021/02/fhi-slipper-forste-koronavaksine-reklame/

Andreassen, R. N., & Hansen, P. (2022, September 22). Skjerpet straff for kaptein og lege etter smitteutbruddet på MS «Roald Amundsen» [Increased punishment for captain and doctor after the outbreak of infection on MS "Roald Amundsen"]. *NRK*. https://www.nrk.no/tromsogfinnmark/domt-for-smitteutbruddet-pa-hurtigrutens-ms-_roald-amundsen_-1.16107372

Angelou, A., Ladi, S., Panagiotatou, D., & Tsagkroni, V. (2023). Paths to trust: Explaining citizens' trust to experts and evidence informed policymaking during the COVID 19 pandemic. *Public Administration*. Advance online publication. https://doi.org/10.1111/padm.12962

Aristotle. (2007). *On rhetoric: A theory of civic discourse* (2nd ed.) (G. A. Kennedy, Trans.). Oxford University Press.

Aven, T., & Bouder, F. (2020). The COVID-19 pandemic: How can risk science help? *Journal of Risk Research*, *23*(7-8), 849–854. https://doi.org/10.1080/13669877.2020.1756383

Aven, T., & Renn, O. (2020). Some foundational issues related to risk governance and different types of risks. *Journal of Risk Research*, *23*(9), 1121–1134. https://doi.org/10.1080/13669877.2019.1569099

Baekkeskov, E., & Öberg, P. (2016). Freezing deliberation through public expert advice. *Journal of European Public Policy*, *24*(7), 1006–1026. https://doi.org/10.1080/13501763.2016.1170192

Baer, M. D., & Colquitt, J. A. (2018). Why do people trust? Moving toward a more comprehensive consideration of the antecedents of trust. In R. H. Searle, A.-M. Nienaber, & S. B. Sitkin (Eds.), *The Routledge companion to trust* (pp. 163–182). Routledge. https://doi.org/10.4324/9781315745572

Baker, G. F. (2001). Race and reputation: Restoring image beyond the crisis. In R. L. Heath (Ed.), *Handbook of public relations* (pp. 513–520). Sage.

Balkin, J. M. (1999). How mass media simulate political transparency. *Cultural Values*, *3*(4), 393–413. https://doi.org/10.1080/14797589909367175

Ball, P. (2020, December 18). The lightning-fast quest for COVID vaccines – and what it means for other diseases. *Nature*, *589*, 16–18. https://doi.org/10.1038/d41586-020-03626-1

Balog-Way, D. H. P., & McComas, K. A. (2020). COVID-19: Reflections on trust, tradeoffs, and preparedness. *Journal of Risk Research*, *23*(7-8), 838–848. https://doi.org/10.1080/13669877.2020.1758192

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, *37*(2), 122. https://psycnet.apa.org/doi/10.1037/0003-066X.37.2.122

Baumgaertner, B., Carlisle, J. E., & Justwan, F. (2018). The influence of political ideology and trust on willingness to vaccinate. *PLoS One*, *13*(1), e0191728. https://doi.org/10.1371/journal.pone.0191728

Baumlin, J. S., & Scisco, P. L. (2018). Ethos and its constitutive role in organizational rhetoric. In Ø. Ihlen & R. L. Heath (Eds.), *Handbook of organizational rhetoric and communication* (pp. 201–213). Wiley Blackwell. https://doi.org/10.1002/9781119265771

Beale, W. H. (1987). *A pragmatic theory of rhetoric*. SIU Press.

Beck, U. (1992). *Risk society: Towards a new modernity*. Sage. (Original work published 1986)

Bednarek, M., & Caple, H. (2017). *The discourse of news values: How news organizations create newsworthiness*. Oxford University Press. https://doi.org/10.1093/acprof:oso/9780190653934.001.0001

Bennett, M. (2020). Should I do as I'm told? Trust, experts, and COVID-19. *Kennedy Institute of Ethics Journal*, *30*(3-4), 243–263. https://doi.org/10.1353/ken.2020.0014

Berg, S. H., Shortt, M. T., Thune, H., Roislien, J., O'Hara, J. K., Lungu, D. A., & Wiig, S. (2022). Differences in comprehending and acting on pandemic health risk information: A qualitative study using mental models. *BMC Public Health*, *22*(1), 1440. https://doi.org/10.1186/s12889-022-13853-y

Berke, P., Godschalk, D., Kaiser, E. J., & Rodriguez, D. (2006). What makes a good plan? In P. Berke, D. Godschalk, E. J. Kaiser, & D. Rodriguez, *Urban land use planning* (5th ed.) (pp. 59–84). University of Illinois Press.

Beveridge, A. J., & Höllerer, M. A. (2023). Theorizing organizational benevolence. *Organization Science*, *34*(5), 1864–1886. https://doi.org/10.1287/orsc.2022.1646

Bitzer, L. F. (1968). The rhetorical situation. *Philosophy and Rhetoric*, *1*(1), 1–14. https://www.jstor.org/stable/40236733

Bitzer, L. F. (1980). Functional communication: A situational perspective. In E. E. White (Ed.), *Rhetoric in transition: Studies in the nature and uses of rhetoric* (pp. 21–38). Penn State University Press.

Bjørkdahl, K., & Carlsen, B. (2018). Pandemic rhetoric and public memory: What people (don't) remember from the 2009 Swine Flu. In J. E. Kjeldsen (Ed.), *Rhetorical audience studies and reception of rhetoric: Exploring audiences empirically* (pp. 261–283). Palgrave Macmillan. https://doi.org/10.1007/978-3-319-61618-6

Bjørkdahl, K., & Carlsen, B. (2019). Introduction: Pandemics, publics, and politics – Staging responses to public health crises. In K. Bjørkdahl, & B. Carlsen (Eds.), *Pandemics, publics, and politics: Staging responses to public health crises* (pp. 1–9). Palgrave Macmillan. https://doi.org/10.1007/978-981-13-2802-2_1

Bjørkdahl, K., Kjeldsen, J. E., Villadsen, L., & Vigsø, O. (2021). Argumentum ad solidaritatem: Rhetorical leadership strategies in Scandinavia during COVID-19. In M. Lewis, E. Govender, & K. Holland (Eds.), *Communicating COVID-19: Interdisciplinary perspectives* (pp. 163–184). Springer. https://doi.org/10.1007/978-3-030-79735-5_9

Björkman, A., Gisslén, M., Gullberg, M., & Ludvigsson, J. (2023). The Swedish COVID-19 approach: A scientific dialogue on mitigation policies. *Front Public Health*, *11*, 1206732. https://doi.org/10.3389/fpubh.2023.1206732

Black, D. (1948). On the rationale of group decision-making. *Journal of Political Economy*, *56*(1), 23–34. https://doi.org/10.1086/256633

Black, E. (1978). *Rhetorical criticism: A study in method*. University of Wisconsin Press. (Original work published 1965)

Boholm, A. (2019). Risk communication as government agency organizational practice. *Risk Analysis*, *39*(8), 1695–1707. https://doi.org/10.1111/risa.13302

Boin, A. (2019). The transboundary crisis: Why we are unprepared and the road ahead. *Journal of Contingencies and Crisis Management*, *27*(1), 94–99. https://doi.org/10.1111/1468-5973.12241

Brandal, N., Bratberg, Ø., & Thorsen, D. (2013). *The Nordic model of social democracy*. Palgrave Macmillan. https://doi.org/10.1057/9781137013279

Breakwell, G. M., & Jaspal, R. (2020). Identity change, uncertainty and mistrust in relation to fear and risk of COVID-19. *Journal of Risk Research*, *24*(3-4), 335–351. https://doi.org/10.1080/13669877.2020.1864011

Brekke, J.-P. (2022). Informing hard-to-reach immigrant groups about COVID-19 – Reaching the Somali population in Oslo. *Journal of Refugee Studies*, *35*(1), 641–661. https://doi.org/10.1093/jrs/feab053

Brekke, O. A., Ludvigsen, K., & Bjørkdahl, K. (2017). Handling og usikkerhet: Norske myndigheters kommunikasjon om svineinfluensapandemien i 2009 [Action and uncertainty: Norwegian authorities' communication about the swine flu pandemic in 2009]. *Norsk statsvitenskapelig tidsskrift*, *32*(01), 54–77. https://doi.org/10.18261/issn.1504-2936-2017-01-05

Bu, F., & Setten, K. (2020, October 28). Slaktes av retorikkeksperter: – En doktorgrad å følge med på rådene [Slammed by rhetoric experts: – A PhD to keep up with the advice]. *TV2.no*. https://www.tv2.no/nyheter/innenriks/slaktes-av-retorikkeksperter-en-doktorgrad-a-folge-med-pa-radene/11738918/

Cabrera-Álvarez, P., Hornsey, M. J., & Lobera, J. (2022). Determinants of self-reported adherence to COVID-19 regulations in Spain: Social norms, trust and risk perception. *Health Promotion International*, *37*(6), 1–9. https://doi.org/10.1093/heapro/daac138

Carlsen, B., & Glenton, C. (2016). The swine flu vaccine, public attitudes, and researcher interpretations: A systematic review of qualitative research. *BMC Health Services Research*, *16*, 203. https://doi.org/10.1186/s12913-016-1466-7

Carrieri, V., Guthmuller, S., & Wübker, A. (2023). Trust and COVID-19 vaccine hesitancy. *Scientific Reports*, *13*(1), 9245. https://doi.org/10.1038/s41598-023-35974-z

Charland, M. (1987). Constitutive rhetoric: The case of the peuple quebecois. *Quarterly Journal of Speech*, *73*(2), 133–150. https://doi.org/10.1080/00335638709383799

Charteris-Black, J. (2021). *Metaphors of coronavirus: Invisible enemy or zombie apocalypse?* Palgrave Macmillian. https://doi.org/10.1007/978-3-030-85106-4

Charters, E. (2022, July 28). When will Covid really be over? Three things that will mark the end of the pandemic. *The Guardian*. https://www.theguardian.com/commentisfree/2022/jul/28/covid-over-end-pandemic-medical-data-political-social

Chen, C., Yang, Q., Tian, H., Wu, J., Chen, L., Ji, Z., Zheng, D., Chen, Y., Li, Z., & Lu, H. (2023). Bibliometric and visual analysis of vaccination hesitancy research from 2013 to 2022. *Human Vaccines & Immunotherapeutics*, *19*(2), 2226584. https://doi.org/10.1080/21645515.2023.2226584

Chen, T., Dai, M., Xia, S., & Zhou, Y. (2022). Do messages matter? Investigating the combined effects of framing, outcome uncertainty, and number format on COVID-19 vaccination attitudes and intention. *Health Communication*, *37*(8), 944–951. https://doi.org/10.1080/10410236.2021.1876814

Cho, H., Reimer, T., & McComas, K. A. (Eds.). (2015). *The SAGE handbook of risk communication*. Sage.

Chon, M. G., & Park, H. (2021). Predicting public support for government actions in a public health crisis: Testing rear, organization-public relationship, and behavioral intention in the framework of the situational theory of problem solving. *Health Communication*, *36*(4), 476–486. https://doi.org/10.1080/10410236.2019.1700439

Christensen, T. (2021). The social policy response to COVID-19 – The failure to help vulnerable children and elderly people. *Public Organization Review*, *21*(4), 707–722. https://doi.org/10.1007/s11115-021-00560-2

Christensen, T., & Lægreid, P. (2020). Balancing governance capacity and legitimacy – How the Norwegian government handled the COVID-19 crisis as a high performer. *Public Administration Review*, *80*(5), 774–779. https://doi.org/10.1111/puar.13241

Christensen, T., & Lægreid, P. (2022). Scientization under pressure – The problematic role of expert bodies during the handling of the COVID-19 pandemic. *Public Organization Review*, *22*(2), 291–307. https://doi.org/10.1007/s11115-022-00605-0

Christensen, T., & Lægreid, P. (2023a). Assessing the crisis management of the COVID-19 pandemic: A study of inquiry commission reports in Norway and Sweden. *Policy and Society*, *42*(4), 548–563. https://doi.org/10.1093/polsoc/puad020

Christensen, T., & Lægreid, P. (2023b). Norway: A pragmatic, collaborative, and legitimate response. In K. Lynggaard, M. D. Jensen, & M. Kluth (Eds.), *Governments' responses to the Covid-19 pandemic in Europe: Navigating the perfect storm* (pp. 295–306). Palgrave Macmillan. https://doi.org/10.1007/978-3-031-14145-4_25

Claeson, M., & Hanson, S. (2021). COVID-19 and the Swedish enigma. *The Lancet*, *397*(10271), 259–261. https://doi.org/10.1016/s0140-6736(20)32750-1

Collins, H., & Evans, R. (2019). *Rethinking expertise*. University of Chicago Press.

Coman, I. A., Dalia, E., Gregor, M., Darren, L., & Edoardo, N. (2021). Introduction: Political communication, governance and rhetoric in times of crisis. In D. Lilleker, I. A. Coman, M. Gregor, & E. Novelli (Eds.), *Political communication and COVID-19: Governance and rhetoric in times of crisis* (pp. 1–16). Routledge.

Conley, T. M. (1994). *Rhetoric in the European tradition*. The University of Chicago Press. (Original work published 1990)

Consigny, S. (1974). Rhetoric and its situations. *Philosophy & Rhetoric*, *7*(3), 175–186. https://www.jstor.org/stable/40237197

Coombs, W. T. (2016). Reflections on a meta-analysis: Crystallizing thinking about SCCT. *Journal of Public Relations Research*, *28*(2), 120–122. https://doi.org/10.1080/1062726X.2016.1167479

Coombs, W. T. (2018). *Ongoing crisis communication: Planning, managing, and responding* (5th ed.). Sage.

Coombs, W. T. (2020). Conceptualizing crisis communication. In D. O. O'Hair, & R. L. Heath (Eds.), *Handbook of risk and crisis communication* (pp. 99–118). Routledge. https://doi.org/10.4324/9781003070726

Coronavirus Commission. (2022). *Dokumenter* [*Documents*]. https://www.koronakommisjonen.no/dokumenter/

Covello, V. T. (2009). Strategies for overcoming challenges to effective risk communication. In R. L. Heath, & D. O'Hair (Eds.), *Handbook of risk and crisis communication* (pp. 143-167). Routledge. https://doi.org/10.4324/9781003070726

Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research*. Sage.

Crowe, J. H. (2022). Contagion, quarantine and constitutive rhetoric: Embodiment, identity and the "potential victim" of infectious disease. *Journal of Medical Humanities*, *43*(3), 421–441. https://doi.org/10.1007/s10912-022-09732-7

Czapka, E. A., Herrero-Arias, R., Haj-Younes, J., Hasha, W., Madar, A. A., Møen, K. A., Ortiz-Barreda, G., & Diaz, E. (2022). 'Who is telling the truth?' Migrants' experiences with COVID-19 related information in Norway: A qualitative study. *Scandinavian Journal of Public Health*, *51*(3), 454–462. https://doi.org/10.1177/14034948221135237

Davis, H. E., McCorkell, L., Vogel, J. M., & Topol, E. J. (2023). Long COVID: Major findings, mechanisms and recommendations. *Nature Reviews Microbiology*, *21*(3), 133–146. https://doi.org/10.1038/s41579-022-00846-2

Delia, J. G. (1976). A constructivist analysis of the concept of credibility. *Quarterly Journal of Speech*, *62*(4), 361–375. https://doi.org/10.1080/00335637609383350

Deurenberg-Yap, M., Foo, L. L., Low, Y. Y., Chan, S. P., Vijaya, K., & Lee, M. (2005). The Singaporean response to the SARS outbreak: Knowledge sufficiency versus public trust. *Health Promotion International*, *20*(4), 320–326. https://doi.org/10.1093/heapro/dai010

De Vocht, M., Claeys, A.-S., Cauberghe, V., Uyttendaele, M., & Sas, B. (2014). Won't we scare them? The impact of communicating uncontrollable risks on the public's perception. *Journal of Risk Research*, *19*(3), 316–330. https://doi.org/10.1080/13669877.2014.971336

Dixon, G. N., & Clarke, C. E. (2012). Heightening uncertainty aound certain science. *Science Communication*, *35*(3), 358–382. https://doi.org/10.1177/1075547012458290

Dommerud, T., & Olsen, O. (2022, February 2). Redsel for smitte førte til isolasjon og dødsleie uten familie til stede: Nå spør fagfolk om det var riktig prioritering [Fear of infection led to isolation and deathbeds without family present: Now professionals are asking if that was the right priority]. *Aftenposten*. https://www.aftenposten.no/norge/i/XqnzMn/redsel-for-smitte-foerte-til-isolasjon-og-doedsleie-uten-familie-til-stede-naa-spoer-fagfolk-om-det-var-riktig-prioritering

Dommerud, T., & Skogstrøm, L. (2020, April 11). Helsemyndighetene om døende koronapasienter: – De pårørende skal få ta farvel [Health authorities on dying corona patients: "The relatives should be allowed to say goodbye"]. *Aftenposten*. https://www.aftenposten.no/norge/i/9v4oEw/helsemyndighetene-om-doeende-koronapasienter-de-paaroerende-skal-faa-ta-farvel

Drivsholm, L. S. (2022, July 16). Ny undersøgelse viser, at der ikke er nogen minkeffekt i danskernes tillid til Mette Frederiksen [The new study shows that there is no "mink effect" on Danes' trust in Mette Frederiksen]. *Information*. https://www.information.dk/indland/2022/07/ny-undersoegelse-viser-nogen-minkeffekt-danskernes-tillid-mette-frederiksen

Dryhurst, S., Schneider, C. R., Kerr, J., Freeman, A. L. J., Recchia, G., van der Bles, A. M., Spiegelhalter, D., & van der Linden, S. (2020). Risk perceptions of COVID-19 around the world. *Journal of Risk Research*, *23*(7-8), 994–1006. https://doi.org/10.1080/13669877.2020.1758193

Du Gay, P. (Ed.). (2005). *The values of bureaucracy*. Oxford University Press.

Eagan, R. L., Larson, H. J., & de Figueiredo, A. (2023). Recent trends in vaccine coverage and confidence: A cause for concern. *Human Vaccines & Immunotherapeutics*, *19*(2), 2237374. https://doi.org/10.1080/21645515.2023.2237374

Ebrahimi, O. V., Johnson, M. S., Ebling, S., Amundsen, O. M., Halsøy, Ø., Hoffart, A., Skjerdingstad, N., & Johnson, S. U. (2021). Risk, trust, and flawed assumptions: Vaccine hesitancy during the COVID-19 pandemic [Brief research report]. *Frontiers in Public Health*, *9*. https://doi.org/10.3389/fpubh.2021.700213

Edbauer, J. (2005). Unframing models of public distribution: From rhetorical situation to rhetorical ecologies. *Rhetoric Society Quarterly*, *35*(4), 5–24. https://www.jstor.org/stable/40232607

ESS ERIC (European Social Survey European Research Infrastructure). (2018). *Timing of life, Justice and fairness* (European Social Survey Round 9) [Data set]. Sikt – Norwegian Agency for Shared Services in Education and Research. https://doi.org/10.21338/NSD-ESS9-2018

Falkheimer, J., & Heide, M. (2022). Strategic improvisation in crisis communication. In W. T. Coombs, & S. J. Holladay (Eds.), *The handbook of cisis communication* (2nd ed.) (pp. 405–402). Wiley-Blackwell.

Fernandez, V., Giordano, Y., & Hällgren, M. (2023). Actualizing novel trajectories: Chronological and kairotic improvisations. *Journal of Contingencies and Crisis Management*, *32*(1), e12514. https://doi.org/10.1111/1468-5973.12514

Fiskvik, J. T., Bjarkø, A. V., & Ihlen, Ø. (2023). Trustworthiness over time on Twitter: Three critical periods for the Norwegian health authorities and political leadership during the COVID-19 pandemic. *Social Media + Society*, *9*(2). https://doi.org/10.1177/20563051231179689

Foss, K. A. (2020). *Constructing the outbreak: Epidemics in media & collective memory*. University of Massachusetts Press.

Freeman, D., Waite, F., Rosebrock, L., Petit, A., Causier, C., East, A., Jenner, L., Teale, A. L., Carr, L., Mulhall, S., Bold, E., & Lambe, S. (2022). Coronavirus conspiracy beliefs, mistrust, and compliance with government guidelines in England. *Psychological Medicine*, *52*(2), 251–263. https://doi.org/10.1017/S0033291720001890

Frewer, L. J., Miles, S., Brennan, M., Kuznesof, S., Ness, M., & Ritson, C. (2002). Public preferences for informed choice under conditions of risk uncertainty. *Public Understanding of Science*, *11*(4), 363–372. https://doi.org/10.1088/0963-6625/11/4/304

Gagliardone, I., Diepeveen, S., Findlay, K., Olaniran, S., Pohjonen, M., & Tallam, E. (2021). Demystifying the COVID-19 infodemic: Conspiracies, context, and the agency of users. *Social Media + Society*, *7*(3). https://doi.org/10.1177/20563051211044233

Galtung, J., & Ruge, M. H. (1965). The structure of foreign news. *Journal of Peace Research*, *2*(1), 64–91. http://www.jstor.org/stable/423011

Gamerdinger, A., Just, S. N., & Lantz, P. M. V. (2023). Healthy transparency: Dynamic interrelations between credibility, transparency, and trust in the context of Danish public authorities' COVID-19 communication. *Social Sciences & Humanities Open*, *8*(1), 100688. https://doi.org/https://doi.org/10.1016/j.ssaho.2023.100688

Garfin, D. R., Silver, R. C., & Holman, E. A. (2020). The novel coronavirus (COVID-2019) outbreak: Amplification of public health consequences by media exposure. *Health Psychology*, *39*(5), 355–357. https://doi.org/10.1037/hea0000875

Gesser-Edelsburg, A., Zemach, M., & Hijazi, R. (2021). Who are the "real" experts? The debate surrounding COVID-19 health risk management: An Israeli case study. *Risk Management Health Policy*, *14*, 2553–2569. https://doi.org/10.2147/RMHP.S311334

Gibbert, M. (2010). *Strategy making in a crisis from analysis to imagination*. Edward Elgar.

Gjerde, L. E. L. (2022). Den norske regjeringens diskursive muliggjøring av koronapolitikken [The Norwegian government's discursive enabling of corona policy]. *Norsk sosiologisk tidsskrift*, *6*(3), 29–45. https://doi.org/10.18261/nost.6.3.3

Glette-Iversen, I., Seif, A., & Aven, T. (2023). Characterizations of COVID-19 risk: Review and suggestions for improvement of current practices. *Journal of Risk Research*, *26*(7), 725–747. https://doi.org/10.1080/13669877.2023.2208128

Global Preparedness Monitoring Board. (2019, September). *A world at risk: Annual report on global preparedness for health emergencies*. https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=d1c9143c_30

Godden, D. M. (2008). On common knowledge and ad populum: Acceptance as grounds for acceptability. *Philosophy & Rhetoric*, *41*(2), 101–129.

Goldstein, D. M. (2017). Invisible harm: Science, subjectivity and the things we cannot see. *Culture, Theory and Critique*, *58*(4), 321–329. https://doi.org/10.1080/14735784.2017.1365310

Government.no. (n.d.). *Timeline: News from Norwegian ministries about the coronavirus disease Covid-19*. https://www.regjeringen.no/en/topics/health-and-care/public-health/timeline-for-news-from-norwegian-ministries-about-the-coronavirus-disease-covid-19/id2692402/

Government Offices of Sweden. (2020, December 15). *Äldreomsorgen under pandemin: SOU 2020:80* [*Elderly care during the pandemic: Official Swedish report 2020:80*]. Ministry of Health and Social Affairs. https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2020/12/sou-202080/

Graver, H. P. (2020a). *Pandemi og unntakstilstand: hva covid-19 sier om den norske rettstaten* [*Pandemic and state of emergency: What COVID-19 says about the Norwegian rule of law*]. Dreyers forlag.

Graver, H. P. (2020b, December 18). Statlig enveiskommunikasjon [One way communication from the authorities]. *Morgenbladet*. https://tinyurl.com/33sbjc6w

Gulbrandsen, I. T., & Just, S. N. (2020). *Strategizing communication: Theory and practice* (2nd ed.). Samfundslitteratur.

Hagen, A. L. (2022, February 12). Barn slipper koronatest: – Det har vært mye styr, men nå kan vi endelig senke skuldrene [Children avoid corona testing: "It's been a lot of fuss, but now we can finally lower our shoulders"]. *NRK*. https://www.nrk.no/nordland/barn-slipper-koronatest-og-etter-at-regjeringen-fjerner-nesten-alle-smittetiltakene-1.15852845

Hajer, M. A. (2009). *Authoritative governance: Policy making in the age of mediatization*. Oxford University Press.

Hall, K., & Wolf, M. (2021). Whose crisis? Pandemic flu,'communication disasters' and the struggle for hegemony. *Health*, *25*(3), 322–338. https://doi.org/10.1177/1363459319886112

Hansen, A., & Brustad, L. (2020, April 5). Coronaviruset – Nedstengning av samfunnet må fortsette [The Coronavirus – The lockdown of society must continue]. *Dagbladet*. https://www.dagbladet.no/nyheter/nedstengning-av-samfunnet-ma-fortsette/72290689

Hardin, R. (2006). *Trust*. Polity.

Harstad, C. W. (2021, February 10). Kaller nye korona-regler for en blanding av Da Vinci-koden og Joker Nord [Calls new corona rules a mix of The Da Vinci Code and Joker Nord]. *Kampanje.no*. https://kampanje.com/pr/2021/02/professor-i-retorikk-mener-korona-reglene-minner-om-da-vinci-koden/

Hartelius, E. J. (2011). *The rhetoric of expertise*. Lexington.

Hauser, G. A. (2022). *Vernacular voices: The rhetoric of publics and public spheres*. University of South Carolina Press.

Hausman, B. L. (2019). *Anti/vax: Reframing the vaccination controversy*. ILR Press; Cornell University Press.
Hawley, K. (2019). *How to be trustworthy*. Oxford University Press.
Heath, R. L., & Millar, D. P. (2003). A rhetorical approach to crisis communication: Management, communication processes, and strategic responses. In D. P. Millar, & R. L. Heath (Eds.), *Responding to crisis: A rhetorical approach to crisis communication* (pp. 1–17). Lawrence Erlbaum.
Heath, R. L., & O'Hair, D. (Eds.). (2009). *Handbook of risk and crisis communication*. Routledge. https://doi.org/10.4324/9781003070726
Heinzel, M., & Liese, A. (2021). Expert authority and support for COVID-19 measures in Germany and the UK: A survey experiment. *West European Politics*, *44*(5-6), 1258–1282. https://doi.org/10.1080/01402382.2021.1873630
Hella, V. (2020, August 25). Kritiserer FHI for dårlige smittevernråd: Nå dilter Norge motvilig etter Europa [Crticises NIPH for poor advice on infenction measures – Now Norway is trailing reluctantly behind Europe]. *NRK*. https://www.nrk.no/vestfoldogtelemark/landets-to-smittevernprofessorer-mener-fhi-ikke-taler-kritikk-1.15110652
Hendriks, F., Janssen, I., & Jucks, R. (2022). Balance as credibility? How presenting one- vs. two-sided messages affects ratings of scientists' and politicians' trustworthiness. *Health Communication*, *38*(12), 2757–2764. https://doi.org/10.1080/10410236.2022.2111638
Herrero-Arias, R., Halbostad, I. V., & Diaz, E. (2024). Norwegian "dugnad" as a rhetorical device in public health communication during the COVID-19 pandemic: A qualitative study from immigrant's perspectives. *Archives of Public Health*, *82*(1), Article 11. https://doi.org/10.1186/s13690-024-01237-0
Herrero-Arias, R., Ortiz-Barreda, G., Czapka, E., & Diaz, E. (2022). The evolvement of trust in response to the COVID-19 pandemic among migrants in Norway. *International Journal for Equity in Health*, *21*, Article 154. https://doi.org/10.1186/s12939-022-01747-9
Hesse-Biber, S. (2010). Qualitative approaches to mixed methods practice. *Qualitative Inquiry*, *16*(6), 455–468. https://doi.org/10.1177/1077800410364611
Hexeberg, E., Haug, L., & Askvik, L. (2020, March 23). En alternativ plan kan spare liv [An alternative plan can save lives]. *Dagens Medisin*. https://www.dagensmedisin.no/debatt-og-kronikk/en-alternativ-plan-kan-spare-liv/379011
Hickler, B., Guirguis, S., & Obregon, R. (2015). Vaccine special issue on vaccine hesitancy. *Vaccine*, *33*(34), 4155–4156. https://doi.org/10.1016/j.vaccine.2015.04.034
Hilgartner, S. (1992). The social construction of risk objects. In J. Short, & L. Clarke (Eds.), *Organizations, uncertainties, and risk* (pp. 39–53). Westview Press.
Hjarvard, S. (2008). The mediatization of society: A theory of the media as agents of social and cultural change. *Nordicom Review*, *29*(2), 105–134. https://doi.org/10.1515/nor-2017-0181
Hjønnevåg, E. (2020, January 17). Nytt, dødelig virus [New deadly virus]. *Aftenposten*. https://www.aftenposten.no/verden/i/QoBlRR/nytt-doedelig-virus-oppdaget-i-kina-naa-har-det-begynt-aa-spre-seg
Hoff-Clausen, E. (2013). Attributing rhetorical agency in a crisis of trust: Danske Bank's act of public listening after the credit collapse. *Rhetoric Society Quarterly*, *43*(5), 425–448. https://doi.org/10.1080/02773945.2013.839820
Horn, K.-S., Andreassen, R. N., Cissé, M. E., & Kalstad, L. M. (2021, January 21). Her åpner de kranene igjen fra fredag [Here they are opening the taps again from Friday]. *NRK*. https://www.nrk.no/tromsogfinnmark/her-apner-de-kranene-igjen-fra-fredag-1.15335773
Horne, C., & Johnson, M. K. (2021). Testing an integrated theory: Distancing norms in the early months of COVID-19. *Sociological Perspectives*, *64*(5), 970–987. https://doi.org/10.1177/07311214211005493
Høie, B. (2020, March 11). Innkalling til dugnad [A summons for dugnad]. *VG*. https://www.vg.no/nyheter/meninger/i/EWnBO3/innkalling-til-dugnad
Høie, B., & Litland, J. (2022). *Uro i koronaens tid* [*Unrest in the age of corona*]. Gyldendal.
Ihlen, Ø., Johansson, B., & Blach-Ørsten, M. (2022). Experiencing COVID-19 in Denmark, Norway and Sweden: The role of the Nordic model. In R. Tench, J. Meng, & Á. Moreno (Eds.), *Strategic communication in a global crisis* (pp. 184–198). Routledge. https://doi.org/10.4324/9781003184669-17

Ihlen, Ø., Just, S. N., Kjeldsen, J. E., Mølster, R., Offerdal, T. S., Rasmussen, J., & Skogerbø, E. (2022). Transparency beyond information disclosure: Strategies of the Scandinavian public health authorities during the COVID-19 pandemic. *Journal of Risk Research*, *25*(10), 1176–1189. https://doi.org/10.1080/13669877.2022.2077416

Ihlen, Ø., Steen-Johnsen, K., Wollebæk, D., Fladmoe, A., & Fiskvik, J. (2023). *Hvordan kan helsemyndighetene vinne og forvalte tillit i en pandemi?* [*How can health authorities win and manage trust in a pandemic?*] University of Oslo. https://www.hf.uio.no/imk/forskning/prosjekter/pandemiretorikk-tillit-og-sosiale-medier/faktaflak_pandemi.pdf

Ihlen, Ø., Toledano, M., & Just, S. N. (2021). Using rhetorical situations to examine and improve vaccination communication. *Frontiers in Communication*, *6*, 697383. https://doi.org/10.3389/fcomm.2021.697383

Ihlen, Ø., & Vranic, A. (2023). Dealing with dissent from the medical ranks: Public health authorities and COVID-19 communication. *Public Understanding of Science*, *33*(4), 414–429. https://doi.org/10.1177/09636625231204563

Indseth, T., Grøsland, M., Arnesen, T., Skyrud, K., Kløvstad, H., Lamprini, V., Telle, K., & Kjøllesdal, M. (2021). COVID-19 among immigrants in Norway, notified infections, related hospitalizations and associated mortality: A register-based study. *Scandinavian Journal of Public Health*, 49(1), 48–56. https://doi.org/10.1177/1403494820984026

Ivie, R. L. (2002). Rhetorical deliberation and democratic politics in the here and now. *Rhetoric and Public Affairs*, *5*(2), 277–285. http://www.jstor.org/stable/41939743

Janssen, I., Hendriks, F., & Jucks, R. (2021). Face masks might protect you from COVID-19: The communication of scientific uncertainty by scientists versus politicians in the context of policy in the making. *Journal of Language and Social Psychology*, *40*(5-6), 602–626. https://doi.org/10.1177/0261927x211044512

Jarrett, C., Wilson, R., O'Leary, M., Eckersberger, E., & Larson, H. J. (2015). Strategies for addressing vaccine hesitancy – A systematic review. *Vaccine*, *33*(34), 4180–4190. https://doi.org/10.1016/j.vaccine.2015.04.040

Jasinski, J. (2001). Rhetorical situation. In T. O. Sloane (Ed.), *Encyclopedia of rhetoric* (pp. 694–697). Oxford University Press.

Jauho, M. (2016). The social construction of competence: Conceptions of science and expertise among proponents of the low-carbohydrate high-fat diet in Finland. *Public Understanding of Science*, *25*(3), 332–345. https://doi.org/10.1177/0963662514558167

Jin, Y., Coombs, W. T., Wang, Y., van der Meer, T. G. L. A., & Shivers, B. N. (2024). "READINESS": A keystone concept beyond organizational crisis preparedness and resilience. *Journal of Contingencies and Crisis Management*, *32*(1), e12546. https://doi.org/10.1111/1468-5973.12546

Johannessen, L. B. (2021, June 26). Kampanjekommunikasjon gjennom pandemien [Campaign communication through the pandemic] [Presentation]. Norwegain Directorate of Health

Johansson, B., Hopmann, D. N., & Shehata, A. (2021). When the rally-around-the-flag effect disappears, or: when the COVID-19 pandemic becomes "normalized". *Journal of Elections, Public Opinion and Parties*, *31*(sup1), 321–334. https://doi.org/10.1080/17457289.2021.1924742

Johansson, B., Ihlen, Ø., Lindholm, J., & Blach-Ørsten, M. (2023a). Conclusions: In search of a Nordic model of crisis communication. In B. Johansson, Ø. Ihlen, J. Lindholm, & M. Blach-Ørsten (Eds.), *Communicating a pandemic: Crisis management and Covid-19 in the Nordic countries* (pp. 349–361). Nordicom, University of Gothenburg. https://doi.org/10.48335/9789188855688-16

Johansson, B., Ihlen, Ø., Lindholm, J., & Blach-Ørsten, M. (2023b). Introduction: Communicating a pandemic in the Nordic countries. In B. Johansson, Ø. Ihlen, J. Lindholm, & M. Blach-Ørsten (Eds.), *Communicating a pandemic: Crisis management and Covid-19 in the Nordic countries* (pp. 11–30). Nordicom, University of Gothenburg. https://doi.org/10.48335/9789188855688-1

Johansson, B., Sohlberg, J., & Esaiasson, P. (2023). Institutional trust and crisis management in high-trust societies: Rallies around the Nordic flags during the Covid-19 pandemic. In B. Johansson, Ø. Ihlen, J. Lindholm, & M. Ørsten (Eds.), *Communicating a pandemic: Crisis management and Covid-19 in the Nordic countries* (pp. 285–301). Nordicom, University of Gothenburg. https://doi.org/10.48335/9789188855688-13

Johansson, B., & Vigsø, O. (2021). Sweden: Lone hero or stubborn outlier? In D. Lilleker, I. A. Coman, M. Gregor, & E. Novelli (Eds.), *Political communication and COVID-19: Governance and rhetoric in times of crisis* (pp. 155–164). Routledge. https://doi.org/10.4324/9781003120254

Johns Hopkins University & Medicine. (2023, March 16). *Mortaility analysis*. https://coronavirus.jhu.edu/data/mortality

Johnsen, A. B. (2019, February 5). Alarm! Krisene som kan ramme Norge [Alarm! The crisis that can strike Norway]. *VG*, 17–21.

Johnson, B. B., & Slovic, P. (2015). Fearing or fearsome Ebola communication? Keeping the public in the dark about possible post-21-day symptoms and infectiousness could backfire. *Health, Risk & Society*, *17*(5-6), 458–471. https://doi.org/10.1080/13698575.2015.1113237

Jorgensen, F., Bor, A., Rasmussen, M. S., Lindholt, M. F., & Petersen, M. B. (2022). Pandemic fatigue fueled political discontent during the COVID-19 pandemic. *Proceedings of the National Academy of Sciences*, *119*(48), e2201266119. https://doi.org/10.1073/pnas.2201266119

Just, S. N., & Gabrielsen, J. (2023). Persuasive figures – Harnessing stasis theory for rhetorical criticism. In C. Kock, & P. M. V. Lantz (Eds.), *Rhetorical argumentation: The Copenhagen school* (pp. 270–305). The University of Windsor's Digital Press. https://doi.org/10.22329/wsia.13.2023

Kampanje. (2021, February 5). FHI slipper koronavaksine-reklame [NIPH relases corona vaccine-commercial]. *Kampanje*. https://tv.kampanje.com/fhi-slipper-koronavaksine-reklame

Kennedy, J. (2019). Populist politics and vaccine hesitancy in Western Europe: An analysis of national-level data. *European Journal of Public Health*, *29*(3), 512–516. https://doi.org/10.1093/eurpub/ckz004

Keränen, L. (2010). *Scientific characters: Rhetoric, politics, and trust in breast cancer research*. University of Alabama Press.

Kettle, D. F. (2008). Public bureaucracies. In R. A. W. Rhodes, S. A. Binder, & B. A. Rockamn (Eds.), *Political institutions* (pp. 366–385). Oxford University Press.

Kim, S. (2022). Dimensions of effective government pandemic crisis communication in the context of COVID 19: A public centric perspective. *Journal of Contingencies and Crisis Management*, *31*(3), 320–337. https://doi.org/10.1111/1468-5973.12441

Kinneavy, J. L., & Warshauer, S. C. (1994). From Aristotle to Madison Avenue: Ethos and the ethics of argument. In J. S. Baumlin, & T. F. Baumlin (Eds.), *Ethos: New essays in rhetorical and critical theory* (pp. 171–190). Southern Methodist University Press.

Kjeldsen, J. E. (2008). Retoriske omstændigheder: Retorikk i en fragmenteret, foranderlig og kompleks verden [Rhetorical conditions: Rhetoric in a fragmented, changing and complex world]. *Rhetorica Scandinavica*, (48), 42–63. https://urn.kb.se/resolve?urn=urn:nbn:se:sh:diva-11385

Kjeldsen, J. E. (2014). Reconceptualizing kairos. In E. K. Emilsson, A. Maravela, & M. Skoie (Eds.), *PARADEIGMATA: Studies in honour of Øivind Andersen* (pp. 249–258). Norwegian Institute at Athens.

Kjeldsen, J. E. (2023). Crafting a crisis: How the genre of the justifying press conference constituted the Covid-19 pandemic as an emergency and legitimised the power of authorities in Denmark, Norway, and Sweden. In B. Johansson, Ø. Ihlen, J. Lindholm, & M. Ørsten (Eds.), *Communicating a pandemic: Crisis management and Covid-19 in the Nordic countries* (pp. 97–120). Nordicom, University of Gothenburg. https://doi.org/10.48335/9789188855688-5

Kjeldsen, J. E., de Jong, J. C., & Atkins, J. (2023). Royal responses to the COVID-19 pandemic: A rhetorical analysis of six European monarchs. *Rhetorica Scandinavia*, *27*(85), 73–94. https://doi.org/10.52610/rhs.v27i85.87

Kjeldsen, J. E., Ihlen, Ø., Just, S. N., & Larsson, A. O. (2022). Expert ethos and the strength of networks: Negotiations of credibility in mediated debate on COVID-19. *Health Promotion International*, *37*(2), daab095. https://doi.org/10.1093/heapro/daab095

Kjeldsen, J. E., Just, S. N., Mølster, R., & Ihlen, Ø. (2021, 18–19 March). Trust, ethos, and expertise in Facebook fan sites for health experts [Conference presentation]. *Trust in Expertise in a Changing Media Landscape* [Virtual Scientific Conference]. PERITIA.

Kjeldsen, J. E., Mølster, R., & Ihlen, Ø. (2022). Expert uncertainty: Arguments bolstering the ethos of expertise in situations of uncertainty. In S. Oswald, M. Lewinski, S. Greco, & S. Villata (Eds.), *The pandemic of argumentation* (pp. 85–103). Springer. https://doi.org/10.1007/978-3-030-91017-4_5

Klemm, C., Das, E., & Hartmann, T. (2014). Swine flu and hype: a systematic review of media dramatization of the H1N1 influenza pandemic. *Journal of Risk Research*, *19*(1), 1–20. https://doi.org/10.1080/13669877.2014.923029

Klinke, A., & Renn, O. (2002). A new approach to risk evaluation and management: Risk based, precaution based, and discourse based strategies. *Risk Analysis: An International Journal*, *22*(6), 1071–1094. https://doi.org/10.1111/1539-6924.00274

Kluwer, B., Gleditsch, R., Rydland, K. M., Mamelund, S. E., & Laake, I. (2024). Higher educational attainment associated with higher confidence in influenza vaccination in Norway. *Vaccine*, *42*(11), 2837–2847. https://doi.org/10.1016/j.vaccine.2024.03.049

Knudsen, E., Nordø, Å. D., & Iversen, M. H. (2023). How rally-round-the-flag effects shape trust in the news media: Evidence from panel waves before and during the COVID-19 pandemic crisis. *Political Communication*, *40*(2), 201–221. https://doi.org/10.1080/10584609.2023.2168322

Knutsen, O. (Ed.). (2017). *The Nordic models in political science: Challenged, but still viable?* Fagbokforlaget.

Koc-Michalska, K., Lilleker, D. G., Michalski, T., Gibson, R., & Zajac, J. M. (2021). Facebook affordances and citizen engagement during elections: European political parties and their benefit from online strategies? *Journal of Information Technology & Politics*, *18*(2), 180–193. https://doi.org/10.1080/19331681.2020.1837707

Koh, P. K., Chan, L. L., & Tan, E. K. (2020). Messaging fatigue and desensitisation to information during pandemic. *Archives of Medical Research*, *51*(7), 716–717. https://doi.org/10.1016/j.arcmed.2020.06.014

Koivunen, A., & Vuorelma, J. (2022). Trust and authority in the age of mediatised politics. *European Journal of Communication*, *37*(4), 393–408. https://doi.org/10.1177/02673231211072653

Kornblit, I. (2022). Rhetorical strategies of legitimacy and authority in times of Covid-19: The case of Belgian PM Wilmès. *Argumentation & analyse du discours*, (28). https://doi.org/10.4000/aad.6403

Kour, P., Gele, A., Aambo, A., Qureshi, S. A., Sheikh, N. S., Vedaa, O., & Indseth, T. (2022). Lowering COVID-19 vaccine hesitancy among immigrants in Norway: Opinions and suggestions by immigrants. *Front Public Health*, *10*. https://doi.org/10.3389/fpubh.2022.994125

Kowalski, R. M., & Black, K. J. (2021). Protection motivation and the COVID-19 virus. *Health Communication*, *36*(1), 15–22. https://doi.org/10.1080/10410236.2020.1847448

Kraft, K. B., Godøy, A. A., Vinjerui, K. H., Kour, P., Kjøllesdal, M. K. R., & Indseth, T. (2022). Vaksinasjonsdekning mot covid-19 etter innvandrerbakgrunn [COVID-19 vaccination coverage by immigrant background]. *Tidsskriftet: Den norske legeforening*, *141*. https://doi.org/10.4045/tidsskr.21.0799

Kreativtforum.no. (2021, August 24). *Fristet unge Oslo-folk til å ta vaksinen med oppfordringen: «Gjør det for deg selv»* [*Tempted young Oslo inhabitants to get vaccianted with by urging them «Do it for yourself*]. https://www.kreativtforum.no/arbeider/fristet-unge-oslo-folk-til-a-ta-vaksinen-med-oppfordringen-gjor-det-for-deg-selv

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Sage.

König, L., & Jucks, R. (2019). Hot topics in science communication: Aggressive language decreases trustworthiness and credibility in scientific debates. *Public Understanding of Science*, *28*(4), 401–416. https://doi.org/10.1177/0963662519833903

Laage-Thomsen, J., & Frandsen, S. L. (2022). Pandemic preparedness systems and diverging COVID-19 responses within similar public health regimes: A comparative study of expert perceptions of pandemic response in Denmark, Norway, and Sweden. *Global Health*, *18*(1), Article 3. https://doi.org/10.1186/s12992-022-00799-4

Langset, M. (2021, April 9). Stikker som alle snakker om [The jab that everybody talks about]. *VG*, 26–29.

Lantz, P. M. V. (2021). Affecting argumentative action: The temporality of decisive emotion. *Argumentation*, *35*(4), 603–627. https://doi.org/10.1007/s10503-021-09546-2

Lantz, P. M. V., & Just, S. N. (2021). Getting the timing right: Kairos as the rhetorical framing of time. *Scandinavian Journal of Management*, *37*(3), 101167. https://doi.org/https://doi.org/10.5465/amp.2023.0096

Lantz, P. M. V., Feddersen, J., & Just, S. N. (2024). Overtaken by reality: The temporal interplay between rhetoric and collective action. *Academy of Management Perspectives*. Advance online publication. https://doi.org/10.5465/amp.2023.0096

Larson, H. J. (2018). The state of vaccine confidence. *The Lancet*, *392*(10161), 2244–2246. https://doi.org/10.1016/s0140-6736(18)32608-4

Larson, H. J. (2020). *Stuck: How vaccine rumors start – and why they don't go away*. Oxford University Press.

Larson, H. J., Clarke, R. M., Jarrett, C., Eckersberger, E., Levine, Z., Schulz, W. S., & Paterson, P. (2018). Measuring trust in vaccination: A systematic review. *Human Vaccines & Immunotherapeutics*, *14*(7), 1599–1609. https://doi.org/10.1080/21645515.2018.1459252

Lazarus, J. V., Ratzan, S. C., Palayew, A., Gostin, L. O., Larson, H. J., Rabin, K., Kimball, S., & El-Mohandes, A. (2020). A global survey of potential acceptance of a COVID-19 vaccine. *Nature Medicine*, *27*, 225–228. https://doi.org/10.1038/s41591-020-1124-9

Lazarus, J. V., Wyka, K., White, T. M., Picchio, C. A., Gostin, L. O., Larson, H. J., Rabin, K., Ratzan, S. C., Kamarulzaman, A., & El-Mohandes, A. (2023). A survey of COVID-19 vaccine acceptance across 23 countries in 2022. *Nature Medicine*, *29*(2), 366–375. https://doi.org/10.1038/s41591-022-02185-4

Ledin, P., & Machin, D. (2015). How lists, bullet points and tables recontextualize social practice. *Critical Discourse Studies*, *12*(4), 463–481. https://doi.org/10.1080/17405904.2015.1039556

Lee, Y., & Li, J. Y. Q. (2021). The role of communication transparency and organizational trust in publics' perceptions, attitudes and social distancing behaviour: A case study of the COVID 19 outbreak. *Journal of Contingencies and Crisis Management*, *29*(4), 368–384. https://doi.org/10.1111/1468-5973.12354

Leff, M., & Utley, E. A. (2004). Instrumental and constitutive rhetoric in Martin Luther King Jr.'s "Letter from Birmingham Jail". *Rhetoric and Public Affairs*, *7*(1), 37–51. http://www.jstor.org/stable/41939889

Lehmann, S., Haug, E., Bjørknes, R., Mjeldheim Sandal, G., T. Fadnes, L., & Skogen, J. C. (2023). Quality of life among young people in Norway during the COVID-19 pandemic: A longitudinal study. *European Child & Adolescent Psychiatry*, *32*(6), 1061–1071. https://doi.org/10.1007/s00787-022-02023-5

Leidecker-Sandmann, M., Attar, P., Schütz, A., & Lehmkuhl, M. (2022). Selected by expertise? Scientific experts in German news coverage of COVID-19 compared to other pandemics. *Public Understanding of Science*, *31*(7), 847–866. https://doi.org/10.1177/09636625221095740

Li, J. Y., & Lee, Y. (2024). Predicting public cooperation with face covering at the early phases of COVID-19: Building public trust, confidence, knowledge through governmental two-way symmetrical communication. *Health Communication*, 1–14. https://doi.org/10.1080/10410236.2023.2297496

Li, R. (2022). Fear of COVID-19: What causes fear and how individuals cope with it. *Health Communication*, *37*(13), 1563–1572. https://doi.org/10.1080/10410236.2021.1901423

Lien, M. S., & Mogen, T. (2020, March 11). Legenes varsko: – Gå i lockdown [Warning from the doctors: "Go to lockdown"]. *Dagbladet*. https://www.dagbladet.no/nyheter/legenes-varsko---ga-i-lockdown/72233951

Lilleker, D., Coman, I. A., Gregor, M., & Novelli, E. (Eds.). (2021). *Political communication and COVID-19: Governance and rhetoric in times of crisis*. Routledge. https://doi.org/10.4324/9781003120254

Lorentzen, H., & Dugstad, L. (2011). *Den norske dugnaden: Historie, kultur og fellesskap* [*The Norwegian dugnad: History, culture, and community*]. Høyskoleforlaget.

Ludvigsson, J. F. (2020). The first eight months of Sweden's COVID-19 strategy and the key actions and actors that were involved. *Acta Paediatrica*, *109*(12), 2459–2471. https://doi.org/https://doi.org/10.1111/apa.15582

Luhmann, N. (1993). *Risk: A sociological theory*. Transaction Publishers.
Lundby, K. (Ed.). (2014). *Handbook on mediatization of communication*. De Gruyter Mouton.
Lund-Tønnesen, J., & Christensen, T. (2023). Learning from the COVID-19 Pandemic: Implications from governance capacity and legitimacy. *Public Organization Review*, *23*, 431–449. https://doi.org/10.1007/s11115-023-00705-5
MacDonald, N. E. (2015). Vaccine hesitancy: Definition, scope and determinants. *Vaccine*, *33*(34), 4161–4164. https://doi.org/10.1016/j.vaccine.2015.04.036
Madar, A. A., Benavente, P., Czapka, E., Herrero-Arias, R., Haj-Younes, J., Hasha, W., Deeb, G., Moen, K. A., Ortiz-Barreda, G., & Diaz, E. (2022). COVID-19: Information access, trust and adherence to health advice among migrants in Norway. *Archives of Public Health*, *80*(1), Article 15. https://doi.org/10.1186/s13690-021-00764-4
Majid, U., Wasim, A., Bakshi, S., & Truong, J. (2020). Knowledge, (mis-)conceptions, risk perception, and behavior change during pandemics: A scoping review of 149 studies. *Public Understanding of Science*, *29*(8), 777–799. https://doi.org/10.1177/0963662520963365
Majid, U., Wasim, A., Truong, J., & Bakshi, S. (2022). Public trust in governments, health care providers, and the media during pandemics: A systematic review. *Journal of Trust Research*, *11*(2), 119–141. https://doi.org/10.1080/21515581.2022.2029742
Markon, M.-P. L., Crowe, J., & Lemyre, L. (2013). Examining uncertainties in government risk communication: Citizens' expectations. *Health, Risk & Society*, *15*(4), 313–332. https://doi.org/10.1080/13698575.2013.796344
Markon, M.-P. L., & Lemyre, L. (2012). Public reactions to risk messages communicating different sources of uncertainty: An experimental test. *Human and Ecological Risk Assessment: An International Journal*, *19*(4), 1102–1126. https://doi.org/10.1080/10807039.2012.702015
Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust. *Academy of Management Review*, *20*(3), 709–734. https://doi.org/10.2307/258792
McAllister, D. J. (1995). Affect-and cognition-based trust as foundations for interpersonal cooperation in organizations. *Academy of Management Journal*, *38*(1), 24–59.
McCoy, C. A. (2023). How does the pandemic end? Losing control of the COVID-19 pandemic illness narrative. *Global Public Health*, *18*(1). https://doi.org/10.1080/17441692.2023.2195918
McKinnon, M., & Orthia, L. (2017). Vaccination communication strategies: What have we learned, and lost, in 200 years? *Journal of Science Communication*, *16*(3), A08.
Meredith, L. (2008). *Analysis of risk communication strategies and approaches with at-risk populations to enhance emergency preparedness, response, and recovery* [*Final report*]. RAND Health. https://www.rand.org/pubs/working_papers/WR598.html
Miller, E. (2015). Controversies and challenges of vaccination: An interview with Elizabeth Miller. *BMC medicine*, *13*, Article 267. https://doi.org/10.1186/s12916-015-0508-z
Ministry of Health and Care Services. (2014). *Nasjonal beredskapsplan for pandemisk influensa* [*National preparedness plan for pandemic influenza*]. https://tinyurl.com/358f4ta5
Ministry of Health and Care Services. (2019a). *Nasjonal beredskapsplan mot utbrudd av alvorlige smittsomme sykdommer* [*National emergency plan against outbreaks of serious infectious diseases*]. https://www.regjeringen.no/globalassets/departementene/hod/fellesdok/rapporterplaner/nasjonal_beredskapsplan_smittevern.pdf
Ministry of Health and Care Services. (2019b). *Nasjonal beredskapsplan: Å verne om liv og helse* [*National emergency plan: To protect life and health*]. https://www.regjeringen.no/globalassets/departementene/hod/fellesdok/planer/helseberedskapsplan_010118.pdf
Ministry of Health and Care Services. (2022, April 5). *Regjeringens strategi og beredskapsplan for håndteringen av covid-19-pandemien* [*The government's strategy and contingency plan to handle the COVID-19 pandemic*]. https://www.regjeringen.no/no/dokumenter/regjeringens-strategi-og-beredskapsplan-for-handteringen-av-covid-19-pandemien/id2907427/
Moehring, A., Collis, A., Garimella, K., Rahimian, M. A., Aral, S., & Eckles, D. (2023). Providing normative information increases intentions to accept a COVID-19 vaccine. *Nature Communications*, *14*(1), 126. https://doi.org/10.1038/s41467-022-35052-4

Molin, T. E. (2021, August 10). Det er tid til at lægge frygten på hylden: Sådan bliver coronakrisens næste kapitel [Time to shelve fear: This is the next chapter of the corona crisis]. *Zetland.dk*. https://www.zetland.dk/historie/s8YxpzXx-meba1YP1-45144

Mosbech, H. (2022, February 3). Nu trækker Brostrøm sig fra vores hverdag [Now Brostroem pulls back from our daily lives]. *Zetland*. https://www.zetland.dk/historie/soGPw5wx-m8DPV55q-6d0e5

Mølster, R., & Kjeldsen, J. E. (2022). Information films as rhetorical responses during the COVID-19 crisis. *Journal of Visual Political Communication*, *9*, 29–58. https://doi.org/https://doi.org/10.1386/jvpc_00016_1

Nakstad, E. R. (2021). *Kode rød*: Kampen for the vakre [*Code red: The fight for what is beautiful*]. Gyldendal.

Nan, X., Iles, I. A., Yang, B., & Ma, Z. (2022). Public health messaging during the COVID-19 pandemic and beyond: Lessons from communication science. *Health Communication*, *37*(1), 1–19. https://doi.org/10.1080/10410236.2021.1994910

NDH (Norwegian Directorate of Health). (2020). *Kommunikasjonsplattform 2020–2024* [*Communicaition platform 2020–2024*].

NDH (Norwegian Directorate of Health). (2021). *Befolkningsundersøkelse covid-19* [*Population survey Covid-19*]. https://www.helsedirektoratet.no/tema/beredskap-og-krisehandtering/koronavirus/befolkningsundersokelse-covid-19

NDH (Norwegian Directorate of Health). (2022). *Helsedirektoratet: Årsrapport 2021* [*The Directorate of Health: Annual report 2021*].

NDH (Norwegian Directorate of Health). (2023). *ASKO – erfaringer og anbefalinger etter pandemien oppsummert* [*ASKO – exerpiences and recommendations after the pandemic summarised*].

Nihlén Fahlquist, J. (2018). Vaccine hesitancy and trust: Ethical aspects of risk communication. *Scandinavian Public Health*, *46*(2), 182–188. https://doi.org/10.1177/1403494817727162

NIPH (Norwegian Institute of Public Health). (2017, March 20). *Narkolepsi etter svineinfluensapandemien* [*Narcolepsy after swine influenza pandemic*]. https://www.fhi.no/nyheter/2017/pandemi/

NIPH (Norwegian Institute of Public Health). (2019, March 19). *Alle mann til pumpene – publikum* [*All hands to the pumps – audience*]. https://www.fhi.no/publ/plakat/alle-mann-til-pumpene---publikum-plakat/

NIPH (Norwegian Institute of Public Health). (2020, November 15). *Koronavaksinasjonsprogrammet: Anbefaling og prioritering - Kommunikasjon - Tilpassing og implementering - Overvåkning og oppfølging* [*Coronavirus vaccination programme: Recommendation and prioritization - Communication - Adaptation and implementation - Monitoring and follow-up*].

NIPH (Norwegian Institute of Public Health). (2021, May 19). *AstraZeneca-vaksinen er tatt ut av det norske koronavaksinasjonsprogrammet* [*The AstraZeneca vaccine is removed from the Norwegian coronavaccination programme*]. https://www.fhi.no/publ/informasjonsark/vaksine-mot-coronavirus--covid-19-vaccine-astrazeneca/

NIPH (Norwegian Institute of Public Health). (2022). *Folkehelseinstituttet: Årsrapport 2021* [*The Norwegian Institute of Public Health: Annual report 2021*].

NIPH (Norwegian Institute of Public Health). (2023). *Erfaringer fra koronapandemien – lærdommer og anbefalinger for FHI og den nasjonale beredskapen* [*Experiences from the coronavirus pandemic – lessons and recommendations for NIPH and national preparedness*].

Nivette, A., Ribeaud, D., Murray, A., Steinhoff, A., Bechtiger, L., Hepp, U., Shanahan, L., & Eisner, M. (2021). Non-compliance with COVID-19-related public health measures among young adults in Switzerland: Insights from a longitudinal cohort study. *Social Science & Medicine*, *268*. https://doi.org/10.1016/j.socscimed.2020.113370

Norwegian Directorate for Civil Protection. (2016). *Befolkningsundersøkelse om risikopersepsjon og beredskap i Norge* [*Population survey on risk perception and preparedness in Norway*].

Norwegian Directorate for Civil Protection. (2019). *Analyser av krisescenarioer 2019* [*Analysis of crisis scenarios 2019*].

Norwegian Government. (2020, May 9). *Langsiktig strategi for håndteringen av COVID-19-pandemien* [*Long-term strategy and plan for the management of the COVID-19 pandemic*]. https://www.regjeringen.no/no/dokumenter/langsiktig-strategi-for-handteringen-av-covid-19-pandemien/id2791715/

Norwegian Government. (2021, September 27). *Langsiktig strategi for håndteringen av COVID-19-pandemien* [*Long-term strategy and plan for the management of the COVID-19 pandemic*].

Norwegian Government. (2023a). *Tidslinje: myndighetenes håndtering av koronasituasjonen* [*Time line: The handling of the corona situaiton by the authorities*]. https://www.regjeringen.no/no/tema/Koronasituasjonen/tidslinje-koronaviruset/id2692402/

Norwegian Government. (2023b, June 30). *Regjeringens strategi og beredskapsplan for håndteringen av covid-19-pandemien* [*Government's strategy and preparedness plan for handling the COVID-19 pandemic*]. https://www.regjeringen.no/no/dokumenter/regjeringens-strategi-og-beredskapsplan-for-handteringen-av-covid-19-pandemien/id2987438/

Norwegian Medicines Agency. (2021, February 8). *Bivirkningsovervåking av koronavaksiner* [*Monitoring of side effects from coronavirus vaccines*] [Video]. YouTube. https://www.youtube.com/watch?v=TBG38sLcEe8&t=8s

Norwegian Ministry of Government Administration and Reform. (2009). *Central government communication policy*. https://www.regjeringen.no/globalassets/upload/fad/vedlegg/informasjonspolitikk/statkompol_eng.pdf

Norwegian News Agency. (2020, October 26). Oslo innfører nye, strenge koronatiltak: – Vi må få ned antall nærkontakter [Oslo introduces new, strict coronavirus measures: –"We must reduce the number of close contacts"]. *Rb.no*. https://www.rb.no/oslo-innforer-nye-strenge-koronatiltak-vi-ma-fa-ned-antall-narkontakter/s/5-43-1442985

Norwegian Official Report. (2021). *NOU 2021:6: Myndighetenes håndtering av koronapandemien* [*The authorities' handling of the COVID-19 pandemic*]. https://www.regjeringen.no/no/dokumenter/nou-2021-6/id2844388/

Norwegian Official Report. (2022). *NOU 2022:5 Myndighetenes håndtering av koronapandemien – del 2* [*The authorities' handling of the COVID-19 pandemic – part 2].* https://www.regjeringen.no/no/dokumenter/nou-2022-5/id2910055/

Norwegian Official Report. (2023). *NOU 2023:16: Evaluering av pandemihåndteringen: Rapport fra Koronautvalget* [*Evaluation of the management of the pandemic: A report from the Corona public commitee*]. https://www.regjeringen.no/no/dokumenter/nou-2023-16/id2982388/

OECD (Organisation for Economic Co-operation and Development). (2022). *Drivers of trust in public institutions in Norway*.

Offerdal, T. S. (2023). *The pandemic rhetorical situation: Challenges and adaptation during the COVID-19 pandemic in Norway*. University of Oslo.

Offerdal, T., Ihlen, Ø. (in press). 'One voice' vs. transparency in pandemic crisis response. *International Journal of Crisis and Risk Communication*.

Offerdal, T. S., Just, S. N., Rasmussen, J., & Ihlen, Ø. (2022). "We do not have any further info to add, unfortunately" – Strategic disengagement on public health Facebook pages. *International Journal of Strategic Communication*, *16*(3), 499–515. https://doi.org/10.1080/1553118x.2022.2041021

Office of the Prime Minister. (2022, January 26). *Pressemøde onsdag den 26. januar 2022* [*Press meeting Wednesday, 26 January 2022*]. https://www.stm.dk/presse/pressemoedearkiv/pressemoede-onsdag-den-26-januar-2022/

Olsson, S. V., Kjendlie, E., Nordvåg, H. B., & Weiby, H. E. (2021, June 6). Erna Solberg: – Viktig å ikke ta gledene på forskudd [Erna Solberg: "It is important not to take the joys in advance"]. *NRK*. https://www.nrk.no/norge/erna-solberg_-_-viktig-a-ikke-ta-gledene-pa-forskudd-1.15525156

Opinion. (2021, March 17). *Nordmenn velger vaksine, tross vaksinestans* [*Norwegians choose vaccines, despite vaccine cessation*]. https://www.opinion.no/innlegg/nordmenn-velger-vaksine-tross-vaksinestans

Opinion. (2022, January). *Norsk koronamonitor: Sammenstilling av utvalgte indikatorer til Koronakommisjonen for 2020–2021* [*Norwegian corona monitor: Compilation of selected indicators for the corona commission for 2020–2021*]. https://tinyurl.com/bdfya6xu

Opinion. (2023, January 2). *Håp om et nytt år uten munnbind* [*Hopes for a new year without face masks*]. https://opinion.no/2023/01/hap-om-et-nytt-ar-uten-munnbind/

Paek, H. J., & Hove, T. (2020). Communicating uncertainties during the COVID-19 outbreak. *Health Communication*, *35*(14), 1729–1731. https://doi.org/10.1080/10410236.2020.1838092

Palenchar, M. J. (2010). Risk communication. In R. L. Heath (Ed.), *The SAGE handbook of public relations* (pp. 447–460). Sage.

Paton, D. (2007). Preparing for natural hazards: The role of community trust. *Disaster Prevention and Management*, *16*(3), 370–379. https://doi.org/10.1108/09653560710758323

Pertwee, E., Simas, C., & Larson, H. J. (2022). An epidemic of uncertainty: Rumors, conspiracy theories and vaccine hesitancy. *Nature Medicine*, *28*(3), 456–459. https://doi.org/10.1038/s41591-022-01728-z

Peters, H. P. (2021). Scientists as public experts: Expectations and responsibilities. In M. Bucchi, & B. Trench (Eds.), *Handbook of public communication of science and technology* (3rd ed.) (pp. 114–128). Routledge. https://doi.org/10.4324/9781003039242

Petersen, M. B. (2021, October 12). COVID lesson: Trust the public with hard truths. *Nature*, *598*(237). https://doi.org/https://doi.org/10.1038/d41586-021-02758-2

Petersen, M. B., Christiansen, L. E., Bor, A., Lindholt, M. F., Jorgensen, F., Adler-Nissen, R., Roepstorff, A., & Lehmann, S. (2022). Communicate hope to motivate the public during the COVID-19 pandemic. *Scientific Reports*, *12*(1), Article 2502. https://doi.org/10.1038/s41598-022-06316-2

Post, S., Bienzeisler, N., & Lohöfener, M. (2021). A desire for authoritative science? How citizens' informational needs and epistemic beliefs shaped their views of science, news, and policymaking in the COVID-19 pandemic. *Public Understanding of Science*, *30*(5), 496–514. https://doi.org/10.1177/09636625211005334

Prati, G., Pietrantoni, L., & Zani, B. (2011). Compliance with recommendations for pandemic influenza H1N1 2009: The role of trust and personal beliefs. *Health Education Research*, *26*(5), 761–769. https://doi.org/10.1093/her/cyr035

Preben Aavitsland [@Prebens]. (2021, June 6). *Det var den pandemien* [*That's it, the pandemic is over*] [Image attached] [Post]. X. https://x.com/Prebens/status/1401465455269888001

Price, D., Bonsaksen, T., Leung, J., McClure-Thomas, C., Ruffolo, M., Lamph, G., Kabelenga, I., & Ostertun Geirdal, A. (2023). Factors associated with trust in public authorities among adults in Norway, United Kingdom, United States, and Australia two years after the COVID-19 outbreak. *International Journal of Public Health*, *68*. https://doi.org/10.3389/ijph.2023.1605846

Rambøll. (2021, November). *Mediebruk blant innvandrere under pandemien* [*Media use among immigrants during the pandemic*].

Ranji, B., & Archetti, C. (2024). The details that matter: Racism in Norwegian media during the Covid-19 pandemic. *Media, Culture & Society*. https://doi.org/10.1177/01634437241241482

Rasmussen, J. (2022). *Frågor om tydlighet och samstämmighet i den svenska riskkommunikationen om covid-19 under våren 2020: Underlagsrapport till SOU 2022:10 Sverige under pandemin* [*Questions about clarity and coherence in Swedish risk communication on COVID-19 during spring 2020: Background report to Official Swedish report 2022:10 Sweden during the pandemic*]. Government Offices of Sweden. https://doi.org/10.13140/RG.2.2.11852.22401

Rasmussen, J., Eriksson, M., & Martinsson, J. (2022). Citizens' communication needs and attitudes to risk in a nuclear accident scenario: A mixed methods study. *International Journal of Environmental Research and Public Health*, *19*(13), 1–17. https://www.mdpi.com/1660-4601/19/13/7709

Rasmussen, J., Ihlen, Ø., & Kjeldsen, J. E. (2022). Strategic Covid-19 management in communicational practice: At the crossroads to remain open or not in Sweden, Norway, and Denmark [Conference presentation]. *72nd Annual ICA Conference, Paris, France*.

Rasmussen, J., Ihlen, Ø., & Kjeldsen, J. E. (2023). Strategic COVID-19 management in communicational practice: At the crossroads to remain open or not in Denmark, Norway, and Sweden. In B. Johansson, Ø. Ihlen, J. Lindholm, & M. Blach-Ørsten (Eds.), *Communicating a pandemic: Crisis management and Covid-19 in the Nordic countries* (pp. 73–95). Nordicom, University of Gothenburg. https://doi.org/10.48335/9789188855688-4

Reber, B. H., Yarbrough, C. R., Nowak, G., & Jin, Y. (2021). Complex and challenging crises. In Y. Jin, B. H. Reber, & G. J. Nowak (Eds.), *Advancing crisis communication effectiveness: Integrating public relations scholarship with practice* (pp. 3–16). Routledge.

Reme, B. A., Worn, J., & Skirbekk, V. (2022). Longitudinal evidence on the development of socioeconomic inequalities in mental health due to the COVID-19 pandemic in Norway. *Scientific Reports*, *12*, Article 3837. https://doi.org/10.1038/s41598-022-06616-7

Renn, O., & Levine, D. (1990). Credibility and trust in risk communication. In R. E. Kasperson, & P. J. Stallen (Eds.), *Communicating risk to the public* (pp. 175–218). Springer.

Reuters. (2022, January 20). *IMF sees cost of COVID pandemic rising beyond $12.5 trillion estimate.* https://www.reuters.com/business/imf-sees-cost-covid-pandemic-rising-beyond-125-trillion-estimate-2022-01-20/

Rickard, L. N., McComas, K. A., Clarke, C. E., Stedman, R. C., & Decker, D. J. (2013). Exploring risk attenuation and crisis communication after a plague death in Grand Canyon. *Journal of Risk Research*, *16*(2), 145–167. https://doi.org/10.1080/13669877.2012.725673

Rogers, R. W. (1983). Cognitive and physiological processes in fear appeals and attitude change: A revised theory of protection motivation. In J. Cacioppo, & R. Petty (Eds.), *Journal of Experimental Social Psychology* (pp. 153–177). Guilford Press.

Rogers, T., Milkman, K., John, L., & Norton, M. (2015). Beyond good intentions: Prompting people to make plans improves follow-through on important tasks. *Behavioral Science & Policy*, *1*(2), 33–41. https://doi.org/10.1353/bsp.2015.0011

Rolfheim-Bye, C. Andersen, E., & Ihlen, Ø. (2020, May 13). *Korona, krisekommunikasjon og kollektivtransport* [*Corona, crisis communication and publlic transport*] (No. 1) [Audio podcast episode]. In *KOMpodden*. Kommunikasjonsforeningen og Mic Drop Media. https://www.kommunikasjon.no/fagstoff/kommunikasjonspodden

Romenti, S., Murtarelli, G., & Valentini, C. (2014). Organisations' conversations in social media: Applying dialogue strategies in times of crises. *Corporate Communications: An International Journal*, *19*(1), 10–33.

Rousseau, D. M., Sitkin, S. B., Burt, R. S., & Camerer, C. (1998). Not so different after all: A cross-discipline view of trust. *Academy of Management Review*, *23*(3), 393–404.

Rozek, L. S., Jones, P., Menon, A., Hicken, A., Apsley, S., & King, E. J. (2021). Understanding vaccine hesitancy in the context of COVID-19: The role of trust and confidence in a seventeen-country survey. *International Journal of Public Health*, *66*. https://doi.org/10.3389/ijph.2021.636255

Røed-Johansen, D., Johansen, P. A., Murray, S. M., Olsen, T., & Ringnes, T. (2020, December 9). SMS-ene viser hvordan regjeringen åpnet grensene til Norge: Det skulle koste svært dyrt [The SMS messages shows how the government opens the Norwegain borders: It turned out to be very costly]. *Aftenposten*. https://www.aftenposten.no/norge/i/eKGgml/sms-er-hoeyt-politisk-spill-og-faglige-raad-somble-vraket-slik-aapnet-regjeringen-grensene-for-viruset

Sandberg, S. (2023). The role of administrative tradition in government responses to crises: A comparative overview of five Nordic countries. In B. Johansson, Ø. Ihlen, J. Lindholm, & M. Blach-Ørsten (Eds.), *Communicating a pandemic: Crisis management and Covid-19 in the Nordic countries* (pp. 31–50). Nordicom, University of Gothenburg. https://doi.org/10.48335/9789188855688-2

Savadori, L., Savio, S., Nicotra, E., Rumiati, R., Finucane, M., & Slovic, P. (2004). Expert and public perception of risk from biotechnology. *Risk Analysis*, *24*(5), 1289–1299. https://doi.org/10.1111/j.0272-4332.2004.00526.x

Savage, M. (2020, May 19). *Coronavirus: What's going wrong in Sweden's care homes?* BBC. https://www.bbc.com/news/world-europe-52704836

Scharffscher, K. S., & Engen, O. A. (2022). Pandemi, tillit og kommunikasjon. *Stat & Styring*, *32*(2), 6–9. https://doi.org/10.18261/stat.32.2.3

Schneider, C. R., Dryhurst, S., Kerr, J., Freeman, A. L. J., Recchia, G., Spiegelhalter, D., & van der Linden, S. (2021). COVID-19 risk perception: a longitudinal analysis of its predictors and associations with health protective behaviours in the United Kingdom. *Journal of Risk Research*, *24*(3-4), 294–313. https://doi.org/10.1080/13669877.2021.1890637

Searle, R. H., Nienaber, A.-M. I., & Sitkin, S. B. (Eds.). (2018). *The Routledge companion to trust*. Routledge. https://doi.org/10.4324/9781315745572

Seeger, M. W. (2006). Best practices in crisis communication: An expert panel process. *Journal of Applied Communication Research*, *34*(3), 232–244. https://doi.org/10.1080/00909880600769944

Sellnow, T. L., & Seeger, M. W. (2013). *Theorizing crisis communication*. Wiley-Blackwell.

Selnes, F. N. (2023). Fake news on social media: Understanding teens' (Dis)engagement with news. *Media, Culture & Society*, *46*(2), 376–392. https://doi.org/10.1177/01634437231198447

Shapiro, M., Arora, S., & Bouder, F. (2023). Reassessing social trust: Gossip, self-policing, and Covid-19 risk communication in Norway. *Health, Risk & Society*, *25*(3-4), 180–198. https://doi.org/10.1080/13698575.2023.2202686

Sheikh, N. S., Winje, B. A., Gleditsch, R., Nordstrøm, C., Vedaa, Ø., Kour, P., & Gele, A. (2023). Vaksineusikkerhet blant innvandrere under Covid-19-pandemien – en kvalitativ studie [Vaccine hesitancy among immigrants during the COVID-19 pandemic – a qualitative study]. *Tidsskriftet: Den norske legeforening*. https://tidsskriftet.no/2023/02/originalartikkel/vaksineusikkerhet-blant-innvandrere-under-covid-19-pandemien-en-kvalitativ-studie

Siegrist, M., & Zingg, A. (2014). The role of public trust during pandemics. *European Psychologist*, *19*(1), 23–32. https://doi.org/10.1027/1016-9040/a000169

Sipiora, P. (2002). Introduction: The ancient concept of kairos. In P. Sipiora, & J. S. Baumlin (Eds.), *Rhetoric and kairos: Essays in history, theory, and praxis* (pp. 1–22). State University of New York Press.

Sjöberg, L. (1999). Risk perception by the public and by experts: A dilemma in risk management. *Human Ecology Review*, *6*(2), 1–9. https://www.jstor.org/stable/24707052

Sjölander-Lindqvist, A., Larsson, S., Fava, N., Gillberg, N., Marcianò, C., & Cinque, S. (2020). Communicating about COVID-19 in four European countries: Similarities and differences in national discourses in Germany, Italy, Spain, and Sweden. *Frontiers in Communication*, *5*. https://doi.org/10.3389/fcomm.2020.593325

Skjesol, I., & Tritter, J. Q. (2022). The Norwegian way: COVID-19 vaccination policy and practice. *Health Policy Technol*, *11*(2). https://doi.org/10.1016/j.hlpt.2022.100635

Skogerbø, E., Ihlen, Ø., Kjeldsen, J. E., & Vranic, A. (2024). Trustworthiness: Public reactions to COVID-19 crisis communication. *Communications*. https://doi.org/doi:10.1515/commun-2023-0132

Skotnes, R., Hansen, K., & Krøvel, A. (2021). Risk and crisis communication about invisible hazards. *Journal of International Crisis and Risk Communication Research*, *4*(2), 413–438. https://doi.org/10.30658/jicrcr.4.2.9

Smith, C. R., & Lybarger, S. (1996). Bitzer's model reconstructed. *Communication Quarterly*, *44*(2), 197–213. https://doi.org/10.1080/01463379609370010

Solberg, E. (2020, March 12). Statsminister Erna Solbergs tale om koronatiltakene [Prime Minister Erna Solberg's speech about the corona measures]. *Aftenposten*. https://www.aftenposten.no/norge/politikk/i/zG1b4r/statsminister-erna-solbergs-tale-om-koronatiltakene

Statistics Norway. (2022). Økonomisk utvikling gjennom Covid-19: En oppdatert sammenligning av Norge, Sverige og Danmark [*Economic development through Covid-19: An updated comparison of Norway, Sweden and Denmark*].

Statistics Norway. (2024, March 7). *Immigrants and Norwegian-born to immigrant parents*. https://www.ssb.no/en/befolkning/innvandrere/statistikk/innvandrere-og-norskfodte-med-innvandrerforeldre

Steens, A., Stefanoff, P., Daae, A., Vestrheim, D. F., & Riise Bergsaker, M. A. (2020). High overall confidence in childhood vaccination in Norway, slightly lower among the unemployed and those with a lower level of education. *Vaccine*, *38*(29), 4536–4541. https://doi.org/10.1016/j.vaccine.2020.05.011

Stenøien, J. M., & Tønseth, C. (2022). Medborgerskap og deltakelse i «koronadugnaden». *Norsk sosiologisk tidsskrift*, *6*(3), 65–81. https://doi.org/10.18261/nost.6.3.5

Stephens, K. K., & Malone, P. (2012). New media for crisis communication: Opportunities for technical translation, dialogue, and stakeholder responses. In W. T. Coombs, & S. J. Holladay (Eds.), *The handbook of crisis communication* (pp. 381–395). Wiley-Blackwell.

Stirling, A. (2007). Risk, precaution and science: Towards a more constructive policy debate. *EMBO Reports*, *8*(4), 309–315. https://doi.org/10.1038/sj.embor.7400953

Svaar, P., Thommessen, L. S., & Kirkaune, E. (2021, March 6). Fem dager i mars [Five days in March]. *NRK*. https://www.nrk.no/norge/xl/fem-dager-i-mars-1.15402129

Sæther, A. S. (2020, March 6). – Jeg tror dette blir veldig stort. Ekspert: Corona-utbruddet kan bli verre enn svineinfluensa ["I think this will be very big". Expert: The coronavirus outbreak could be worse than swine flu]. *VG*, 13.

Sætrevik, B., Bærøe, K., Carlsen, B., & Bjørkheim, S. B. (2021). Nordmenn stolte på myndighetenes informasjon og tiltak i starten av koronapandemien. *Tidsskrift for velferdsforskning*, *24*(2), 1–16. https://doi.org/10.18261/issn.2464-3076-2021-02-06

Sølhusvik, L., & Stoltenberg, C. (2021). Året som aldri tok slutt [*The year that never ended*]. J. M. Stenersens forlag.

Tagliacozzo, S., Albrecht, F., & Ganapati, N. E. (2021). International perspectives on COVID-19 communication ecologies: Public health agencies' online communication in Italy, Sweden, and the United States. *American Behavioral Scientist*, *65*(7), 934–955. https://doi.org/10.1177/0002764221992832

Taylor, S. (2022). The psychology of pandemics. *Annual Review of Clinical Psychoogyl*, *18*, 581–609. https://doi.org/10.1146/annurev-clinpsy-072720-020131

The Danish Health Authority. (2013). *Beredskap for pandemisk influenza, del I: National strateg og fagligt grundlang* [*Preparedness for pandemic influenza, part I: National strategy and thematic background*]. https://tinyurl.com/3k955xbp

The Danish Parliament. (2021). *Håndteringen af covid-19 i foråret 2020* [*The handling of COVID-19 in the spring of 2020*]. https://www.ft.dk/-/media/sites/ft/pdf/publikationer/haandtering-af-covid19-foraar-2020.ashx

The Danish Parliament. (2022). *Granskningskommissionens beretning om sagen om aflivning af mink* [*Commission of inquiry into the case of the killing of mink*]. https://www.ft.dk/samling/20211/almdel/GRA/bilag/46/index.htm

The Public Health Agency of Sweden. (2019). *Pandemiberedskap. Hur vi förbereder oss – ett kunskapsunderlag* [*Pandemic preparedness. How we prepare – a knowledge base*].

Theocharis, Y., Cardenal, A., Jin, S., Aalberg, T., Hopmann, D. N., Strömbäck, J., Castro, L., Esser, F., Van Aelst, P., de Vreese, C., Corbu, N., Koc-Michalska, K., Matthes, J., Schemer, C., Sheafer, T., Splendore, S., Stanyer, J., Stępińska, A., & Štětka, V. (2021). Does the platform matter? Social media and COVID-19 conspiracy theory beliefs in 17 countries. *New Media & Society*, 14614448211045666. https://doi.org/10.1177/14614448211045666

Tomlinson, E. C., & Schnackenberg, A. (2022). The effects of transparency perceptions on trustworthiness perceptions and trust. *Journal of Trust Research*, *12*(1), 1–23. https://doi.org/10.1080/21515581.2022.2060245

Torres, M. A. N. (2020, January 23). 25 bekreftet døde etter virusutbruddet i Kina [25 confirmed dead after virus outbreak in China]. *Nettavisen*. https://www.nettavisen.no/nyheter/25-bekreftet-dode-etter-virusutbruddet-i-kina/s/12-95-3423913715

Trigger. (2021). *Vaksinekampanje: Gjør det for deg selv* [*Vaccination campaign: Do it for yourself*]. Trigger. https://www.trigger.no/arbeider/vaksinekampanje-gjor-det-for-deg-selv

Ullmann, L., & Dahl, N. F. (2020, August 16). Rød smitte – gul skole [Red infection – yellow school]. *VG*. https://www.vg.no/nyheter/meninger/i/pLJggG/roed-smitte-gul-skole

Uslaner, E. M. (2002). *The moral foundations of trust*. Cambridge University Press.

Van Aelst, P. (2022). COVID-19 as an ideal case for a rally-around-the-flag? How government communication, media coverage and a polarized public sphere determine leadership approvals in times of crisis. In P. Van Aelst, & J. G. Blumler (Eds.), *Political communication in the time of coronavirus* (pp. 1–13). Routledge. https://doi.org/10.4324/9781003170051

Van Aelst, P., & Blumler, J. G. (Eds.). (2022). *Political communication in the time of coronavirus*. Routledge. https://doi.org/10.4324/9781003170051

van Belle, H., Gillaerts, P., van Gorp, B., van de Mieroop, D., & Rutten, K. (2013). *Verbal and visual rhetoric in a media world*. Leiden University Press. https://hdl.handle.net/1887/34209

van der Weerd, W., Timmermans, D. R., Beaujean, D. J., Oudhoff, J., & van Steenbergen, J. E. (2011). Monitoring the level of government trust, risk perception and intention of the general public to adopt protective measures during the influenza A (H1N1) pandemic in the Netherlands. *BMC Public Health*, *11*, Article 575. https://doi.org/10.1186/1471-2458-11-575

Van Dijck, J., & Alinejad, D. (2020). Social media and trust in scientific expertise: Debating the Covid-19 pandemic in the Netherlands. *Social Media + Society*, *6*(4). https://doi.org/10.1177/2056305120981057

Vasterman, P. L. M., & Ruigrok, N. (2013). Pandemic alarm in the Dutch media: Media coverage of the 2009 influenza A (H1N1) pandemic and the role of the expert sources. *European Journal of Communication*, *28*(4), 436–453. https://doi.org/10.1177/0267323113486235

Vatz, R. E. (1973). The myth of the rhetorical situation. *Philosophy and Rhetoric*, *6*(3), 154–161. https://www.jstor.org/stable/40236848

Veland, H., & Aven, T. (2013). Risk communication in the light of different risk perspectives. *Reliability Engineering & System Safety*, *110*, 34–40. https://doi.org/10.1016/j.ress.2012.09.007

Vorland Commission. (2021, May 10). *The expert commission on virus vector vaccines*. https://www.regjeringen.no/contentassets/46795a8782994e368e7a6a57d56bdf95/rapport-vorland-utvalg.pdf

Walker, W. E., Harremoës, P., Rotmans, J., Van Der Sluijs, J. P., Van Asselt, M. B., Janssen, P., & Krayer von Krauss, M. P. (2003). Defining uncertainty: A conceptual basis for uncertainty management in model-based decision support. *Integrated Assessment*, *4*(1), 5–17. https://doi.org/10.1076/iaij.4.1.5.16466

Walnum, A. N. (2020, March 21). Coronaviruset i Italia: – Alle dør alene [The Corona virus in Italy: "Everyone dies alone"]. *Dagbladet*. https://www.dagbladet.no/nyheter/alle-dor-alene/72276627

Walton, D. N. (1980). Why is the 'ad populum' a fallacy? *Philosophy & Rhetoric*, *13*(4), 264–278.

Webby, R. J., & Webster, R. G. (2003). Are we ready for pandemic influenza? *Science*, *302*(5650), 1519–1522. https://doi.org/10.1126/science.1090350

Weber, M. (2016). Bureaucracy. In W. Longhofer, & D. Winchester (Eds.), *Social theory re-wired: New connections to classical and contemporary perspectives* (2nd ed.) (pp. 287–292). Routledge. https://doi.org/10.4324/9781315775357

Wiedemann, P. M., & Dorl, W. (2020). Be alarmed. Some reflections about the COVID-19 risk communication in Germany. *Journal of Risk Research*, *23*(7-8), 1036–1046. https://doi.org/10.1080/13669877.2020.1825984

Wise, K. (2021). Developing trust in pandemic messages. In D. M. Berube (Ed.), *Pandemic communication and resilience* (pp. 19–32). https://doi.org/10.1007/978-3-030-77344-1_2

Witte, K. (1992). Putting the fear back into fear appeals: The extended parallel process model. *Communication Monographs*, *59*(4), 329–349. https://doi.org/10.1080/03637759209376276

Wollebæk, D., Fladmoe, A., & Steen-Johnsen, K. (2020). *Hvem vil ta koronavaksinen* [*Who will accept the corona vaccine*]. Institute for Social Research.

Wollebæk, D., Fladmoe, A., & Steen-Johnsen, K. (2022). Tillit, følelser, normer og sosial distansering: En longitudinell studie av den norske befolkningen under Covid-19-pandemien [Trust, emotions, norms, and social distancing: A longitudinal study of the Norwegian population during the Covid-19 pandemic]. *Norsk statsvitenskapelig tidsskrift*, *38*(3), 63–80. https://doi.org/10.18261/nst.38.3.1

Wollebæk, D., Fladmoe, A., Steen Johnsen, K., & Ihlen, Ø. (2022). Right wing ideological constraint and vaccine refusal: The case of the COVID 19 vaccine in Norway. *Scandinavian Political Studies*, *45*(2), 253–278. https://doi.org/10.1111/1467-9477.12224

World Health Organization. (2009). *Pandemic influenza preparedness and response: A WHO guidance document*. https://www.who.int/publications/i/item/9789241547680

World Health Organization. (2014). Meeting of the strategic advisory group of experts on immunization, October 2014 – conclusions and recommendations. *Weekly Epidemiological Record*, *89*(50), 561–576. https://www.who.int/publications/i/item/WER8950

World Health Organization. (2017). *Communicating risk in public health emergencies: A WHO guideline for emergency risk communication (ERC) policy and practice*. https://apps.who.int/iris/handle/10665/259807

World Health Organization. (2020a, January 23). *WHO director-general's statement on the advice of the IHR emergency committee on novel coronavirus*. https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-the-advice-of-the-ihr-emergency-committee-on-novel-coronavirus

World Health Organization. (2020b, January 30). *WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)*. https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov)

World Health Organization. (2020c, February 10). *WHO director-general's remarks at the media briefing on 2019-nCoV on 10 February 2020*. https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-10-february-2020

World Health Organization. (2020d, March 16). *WHO director-general's opening remarks at the media briefing on COVID-19 – 16 March 2020*. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

World Health Organization. (2021, January). *Listings of WHO's response to COVID-19*. https://www.who.int/news/item/29-06-2020-covidtimeline

World Health Organization. (2023, May 5). *Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic*. https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

World Health Organization. (2024). *WHO COVID-19 dashboard*. https://data.who.int/dashboards/covid19/deaths?n=c

World Values Survey. (2018). *Most people can be trusted*. https://www.worldvaluessurvey.org/WVSOnline.jsp

Xu, D., Li, J.-Y., & Lee, Y. (2022). Predicting publics' compliance with containment measures at the early stages of COVID-19: The role of governmental transparent communication and public cynicism. *International Journal of Strategic Communication*, *16*(3), 364–385. https://doi.org/10.1080/1553118x.2022.2039663

Yanow, D., & Schwartz-Shea, P. (Eds.). (2014). *Interpretation and method: Empirical research methods and the interpretive turn*. Routledge. https://doi.org/10.4324/9781315703275

Yaqub, O., Castle-Clarke, S., Sevdalis, N., & Chataway, J. (2014). Attitudes to vaccination: a critical review. *Social Science Medicine*, *112*, 1–11. https://doi.org/10.1016/j.socscimed.2014.04.018

Zondag, M. H. W., & Solvang, T. M. (2020, January 26). FHI om virusutbruddet i Kina: – Vi er beredt, om det skulle komme til Norge [FHI on the virus outbreak in China: "We are prepared if it should come to Norway"]. *NRK*. https://www.nrk.no/norge/fhi-om-virusutbruddet-i-kina_-_-vi-er-beredt_-om-det-skulle-komme-til-norge-1.14877425

Appendix A: Research design and datasets

To study the Norwegian authorities' use of rhetorical strategies, and the rhetorical situations that contributed to shaping them in different phases during the COVID-19 pandemic, we have used varying data sources, in particular semi-structured qualitative interviews and ethnographic observation in the communication departments of the NIPH and the NDH. Additional data are culled from archives of campaign material, focus group interviews, and analysis of televised press conferences, debate programmes, and news coverage in general. To make the most of these different types of data, we drew on a sequential mixed-method approach, combining abductive and iterative research design (see, e.g., Creswell & Clark, 2017; Hesse-Biber, 2010). Hence, the research process was marked by a circular interplay between different methods and datasets, allowing nuanced and context-rich knowledge to be developed. Thus, more valid conclusions about the practices and situations studied can be drawn based on the triangulation of methods as recommended in the methods literature (e.g., Yanow & Schwartz-Shea, 2014).

With such a rich dataset available, when we approached a problem complex – for instance, trust or transparency – we took stock of knowledge amassed through several data-gathering efforts. If evidence from different data sources was in any way conflicting, we investigated why and further developed our readings and interpretations, so that our understanding would encompass the complexity and variation presented by the data. Our data-gathering process also oscillated between focusing on Norwegian COVID-19 communication and the broader picture of COVID-19 communication throughout Scandinavia. This allowed us to compare communication practices and develop context-sensitive understanding.

A particular challenge for our project was the potential issue of "going native". This term refers to the risk of researchers becoming overly identified with and adopting the perspectives of the participants and their organisations under study. The NIPH communication director was a member of the advisory board of the PAR project and a practice partner in the PAR-TS project. And the communication director of the NDH was on the advisory board of the latter project. Throughout the research period of both projects, these practitioners, as well as several of their colleagues, participated in seminars arranged by the two project teams. The issue was made even more pressing in combination with the extended observation periods, as well as many other encounters with both NIPH and NDH employees. Our basic coping strategy was to rely on triangulation as described above, but just as importantly, continuous and conscious reflections concerning this risk. We aspired to the role of the researcher as having friendly but professional relationships with our informants. In sum, we argue that the advantages by far outweighed the

problems by providing unprecedented access during a crisis, helping us with thicker descriptions, and validating the analytical issues and concerns also from a practical perspective.

Qualitative interviews

A total of 28 qualitative semi-structured interviews were conducted with communication professionals across public health agencies in the Scandinavian countries (all the quotes used throughout the book were translated by the authors). In Sweden, the interviews were conducted by Joel Rasmussen, and in Denmark, by Sine Nørholm Just. In Norway, Truls Strand Offerdal conducted most of the interviews, supported by some interviews conducted by Øyvind Ihlen, and one follow-up interview was executed with the whole team present. The interviews typically lasted for approximately 40 minutes to 1.5 hours, and they were recorded and transcribed. Since the interviews were carried out in different countries, institutions, and time periods, the interview guide was more indicative of the questions asked, rather than a precise guide for all the interviews. In keeping with the tradition of qualitative approaches, we also took the opportunity to follow certain aspects mentioned by the interviewees, rather than prioritising strict adherence to the interview guide (Kvale, 1996).

The first interview was conducted in January 2020. Shortly after, COVID-19 began to spread globally, and our data gathering pivoted toward ethnographic observations (see below). The selection of interviewees was driven by the need to collect more data on particular functions during the pandemic, with an emphasis on leadership and strategy and the use of social and traditional media. In Norway, we selected individuals who, based on our observations, were known to have insights into these operational areas. In each interview, participants received forms that provided information about the research project, detailed the measures for ensuring anonymity, and explained the storage of personal data. Additionally, a consent form was included for their approval. All direct quotes have been commented on and approved by the interviewees. Some of the key informants have also been given the opportunity to read a draft of book. No major changes were required, but a few mistakes were corrected. The final book and its conclusions are wholly the product of the author team. An overview of the interviewees is provided in Table A1.

Table A1 Interviewees

Organisation	Interviewee	Date
NIPH	Director 1	25 November 2020
	Director 2	1 December 2020
	Director 3	17 January 2020; 20 June 2023
	Director 4	1 October 2020
	Communication Advisor 1	17 December 2020
	Communication Advisor 2	10 September 2020
	Communication Advisor 3	24 September 2020
NDH	Communication Advisor 4	22 October 2020
	Director 5	8 October 2020
	Director 6	19 October 2020
	Director 7	15 September 2023
The Swedish Civil Contingencies Agency	Communication Advisor 6	12 October 2020
	Communication Advisor 10	9 November 2020
	Director 8	2 November 2020
	Director 9	27 October 2020
	Director 10	26 October 2020
	Advisor 1	9 October 2020
The Public Health Agency of Sweden	Communication Advisor 5	26 August 2021
	Director 11	4 December 2020
	Communication Advisor 7	1 July 2021
	Director 12	2 July 2021
The Danish Medicines Agency	Director 13	4 February 2021
The Danish Health Authority	Communication Advisor 8	5 February 2021
	Advisor 2	26 November 2021
The Danish Patient Safety Authority	Communication Advisor 9	5 February 2021
	Director 14	26 November 2020

In addition to these interviews, we have relied on interviews conducted by the Coronavirus Commission. A total of 58 transcripts are posted on their website (Coronavirus Commission, 2022). Other secondary material included the books published by some of the key players in Norway, providing their own accounts of the events. This includes the then minister of the Ministry of Health and Care Services (Høie & Litland, 2022), the then director general of the NIPH (Sølhusvik & Stoltenberg, 2021), as well as a vice director of the NDH (Nakstad, 2021).

Ethnographic observation

In early March 2020, as the full scale of the COVID-19 pandemic became apparent, we adapted the original research design of the PAR project to include alternative data collection methods. Having already established a rapport with the NIPH's communication department, we gained permission to observe their daily activities for a week. This first period was followed by a total of six rounds of observation, including two at the NDH. Four rounds were conducted in-person and two digitally (see Table A2). Truls Strand Offerdal conducted the observation in periods 1–4 and Øyvind Ihlen in periods 5–6.

Table A2 Observation periods at NIPH and NDH

Period	Organisation	Time period of observation	Type of observation	Number of days
1	NIPH	5–12 March 2020	Physical	7
2	NDH	2–8 April 2020	Physical	4
3	NIPH	31 August–4 September 2020	Physical	5
4	NIPH	11 January–23 June 2021	Digital	49
5	NIPH	13 December 2021–18 May 2022	Digital	37
6	NDH	22 March 2022	Physical	1

The first observation phase coincided with the escalation of the pandemic, and it was marked by a flurry of activity. The ongoing crisis meant that employees had limited availability for in-depth discussions. After ethical considerations concerning the risk of infection, we ended this first period on 12 March, when Norway went into lockdown.

Our prior engagements with the NIPH facilitated an additional four-day observation stint with the NDH communication department in April 2020. This period was marked by discussion concerning the opening up of society again. At the NDH, employees were generally encouraged to work from home, except for the communication department, which was deemed essential. Therefore, staff could work on-site, adhering to strict social distancing guidelines. Meetings with external departments and organisations were held online, while internal gatherings took place in a spacious conference room designated for press events.

We returned to the communication department of the NIPH for a third round in August–September 2020, mainly to observe the day-to-day operations amid a prolonged crisis. At this stage, while NIPH employees had returned to their offices, the department was split into two rotating teams, adding layers to our observations. The role of in-person observer involved

shadowing a typical workday within the department, which included a variety of activities, from video production on mask-wearing to managing daily press conferences. Some activities were suggested by the authority, while others were self-initiated. Field notes were taken manually on paper (see Appendix B for examples).

The methodological literature often discusses how notetaking can affect the dynamics of the observed scenario, potentially making informants more self-conscious and altering their behaviour. In situations where active notetaking might have influenced interactions, or when impractical, notetaking was delayed until it could be done unobtrusively. Although primarily passive, the observations sometimes included field interviews and active conversations, which were essential for understanding non-observable activities like e-mailing or phone calls. As anticipation for vaccine availability grew, our fourth observation period focused on digital meetings across the entire NIPH department. This period highlighted the limitations and opportunities of digital ethnography. During this phase, it became apparent that the most insightful observations stemmed from informal interactions, such as spontaneous conversations or scheduled meetings, rather than solitary computer work, which was less frequent due to the alternating team schedule.

On the other hand, the digital meetings took place on the Microsoft Teams platform, and the chat feature proved beneficial for capturing discussions without disrupting the flow of the meeting. Notably, digital meetings facilitated a form of note-taking that was unobtrusive and did not influence the proceedings.

A fifth observation round, also digital, targeted the period of returning to normalcy and the continued vaccine rollout. This was also a period when the media attention sometimes subsided to the extent that the NIPH employees were surprised. Finally, a full day of physical observation was added when we had the possibility to attend the the internal meeeting where the NDH's communication department evaluated their handling of COVID-19.

Throughout all the observation periods, there was the occasional reminder to the participants that we were present, and there were also instances when questions were directed at us. In these instances, we highlighted our status as observers, rather than dialogue partners or advisors. Still, our impression was that our presence did not interfere significantly with the discussions of the communication departments. We were privy to several candid discussions about policies, as well as spokespersons, journalists, and the relationships with the other institutions, the ministry, and the government. Some of the meetings could also be heated. In keeping with the agreements of confidentially, we have only reported about these meetings using more general terms when necessary for our main aim – the rhetorical analysis. The observation period proved invaluable, validating the effectiveness of ethnographic approaches in capturing the complex and messy nature of strategic communication in action.

Internal documents and campaign material

Centring on Norwegian COVID-19 management again, we were granted access to a slate of internal documents related to the handling of the pandemic, both from the NIPH and the NDH. In addition, we were also provided access to the order forms that the NDH and their advertising agency used, as well as the internal archive of the NDH, including over 3,400 posters, videos, and other campaign formats. The NIPH has an open archive for its publications, and a search with the keyword "corona" yielded 152 hits at the time of data collection. This material is used throughout the book.

Focus group interviews

Focus group interviews were conducted in 2020 and 2022, amounting to a total of 21 focus groups and 166 participants representing a breadth of demographic groups. The data collection and recruitment of focus groups were procured from Opinion, a market research agency operating in all three countries. For each round, Opinion recruited participants from different age and demographic groups in Denmark, Norway, and Sweden.

In 2020, four age/demographic groups were defined: Young people without children (20–39); Families with children under 18 (30–approx. 50); Empty nesters (40–64); and Seniors (65+). The first focus group interviews were carried out as digital live chats between 4–7 May 2020, as the ongoing pandemic prohibited physical meetings. The live chats were saved and made up the first focus group dataset (2020).

In 2022, the focus group interviews were conducted as physical conversations between 31 May and 9 June 2022 in Denmark, Norway, and Sweden. Three age groups in each country were recruited: Young without children (20–39); Families with children (30–50+); and Seniors (65+).

Both the live chats and the physical interviews were led by professional moderators, whereas project researchers observed selected chats and conversations. Each group consisted of 5–9 members, a group size allowing for a variety of experiences and opinions as well as active inclusion of all participants in the conversations. Within each group, the participants had various professions and different life and professional experiences during the COVID-19 pandemic. The interviews were transcribed by Opinion, constituting the second focus group dataset (2022). Both datasets were accessible to and analysed by the researchers participating in the PAR and PAR-TS projects, applying different approaches and tools, among them NVivo (data assisted analysis). Table A3 presents an overview of focus group participants who are quoted throughout the book (all the quotes used throughout the book were translated by the authors).

Table A3 Quoted focus group participants

	Group	Date	Interviewee	Nationality
Round 1: 2020	Young people without children (20–39)	4 May	Elisa	Norwegian
			Ida	Norwegian
			Niklas	Norwegian
			Maren	Norwegian
			Truls	Norwegian
		5 May	Mathias	Danish
			Signe	Danish
	Families with children under 18 (30–approx. 50)	4 May	Anders	Norwegian
			Anja	Norwegian
			Gaute	Norwegian
			Hanna	Norwegian
			Stefan	Norwegian
	Empty nesters (40–64)	7 May	Ada	Norwegian
			Dirk	Norwegian
			Ivar	Norwegian
			Margaretha	Norwegian
			Norunn	Norwegian
	Seniors (65+)	6 May	Anne	Danish
			Elise	Danish
		7 May	Ragnhild	Norwegian
			Hjørdis	Norwegian
			Ingeri	Norwegian
Round 2: 2022	Young without children (20–39)	31 May	Lukas	Norwegian
			Mina	Norwegian
			Rikard	Norwegian
			Noah	Norwegian
	Families with children (30–50+)	31 May	Karina	Norwegian
			Lasse	Norwegian
			Caroline	Norwegian
			Heidi	Norwegian
	Seniors (55+)	1 June	Lene	Norwegian
			Nina	Norwegian

Media material

Throughout the book, we have relied on several different sets of media data. Some of these were based on simple, specific searches in online news archives, for instance, related to the national coverage of COVID-19 in January–April 2020. A later example included searches concerning the media coverage of vaccines and side effects. In addition, we conducted an analysis of several national debate and interview television programmes to understand how expert representatives from the selected institutions were featured. From 26 February 2020 to 1 May 2021, we focused on key programmes in Denmark, Norway, and Sweden.

- In Denmark, we analysed *Debatten* and *Deadline* on DR2, part of the national broadcaster DR. *Debatten* is Denmark's most-watched weekly debate programme, while *Deadline* offers daily news and debates.
- In Norway, our study included *Debatten* and *Dagsnytt 18* from the broadcaster NRK. *Debatten* on NRK1, airing every Tuesday and Thursday, is Norway's top debate show. *Dagsnytt 18* provides daily news and debates, broadcast on NRK P2 radio and NRK2 television.
- In Sweden, we reviewed *Agenda* and *Sverige möts* [*Sweden Meets*] on SVT1. *Agenda*, airing every Sunday, is Sweden's leading debate and news programme, while *Sverige möts* is a monthly debate show.

Appendix B: Examples of observation notes

The following examples have been translated into English.

NIPH, 4 March 2020

First day with chaotic observation, decided to carry out on short notice because at the start of the day it was unclear how long the NIPH would continue with daily press briefings.

Arrived and was introduced to those working in the department, had a short conversation with R1. Got the impression of a department that had been under significant pressure the last week.

Overall, the NIPH has chosen to adopt a line where they hold a daily press briefing at 18:00. This is prepared by people from the outbreak team along with those from the communications department. […] Along with the press briefing, a web article with updated information from the last 24 hours is released. Here, they provide confirmed numbers on how many are infected, as well as changes in advice and information that is available online. Normally, those responsible for the press briefing and spokespersons gather at 17:00 to gather information, review what to inform about, and how. R1 emphasised that it was not important for them to be the first with information, but that the daily press briefing should serve as a collection of reliable information. On the day of observation, there were discussions about what kind of format to have for contact with the press going forward. Parts of the NIPH staff seemed to want to move away from the daily format, possibly creating an arrangement where they more closely collaborated with the NDH, which has daily press conferences at 11:30. R1 also mentioned that by sticking to the format at 18:00 and in Oslo, they privileged the biggest newsrooms with full-day staffing over smaller and local newsrooms, which could be seen as a problem. Releasing information at 18:00, on the other hand, makes it possible to release fresh information for the day, since numbers are generally clear from around the country by then. By the end of the day, it had been decided to continue with the arrangement in the coming week. R1 discussed the relationship with the NDH, which has functioned reasonably well. There have been plans and clarified routines, but these have also had grey areas where things were not fully resolved. R1 emphasised that they had also flagged this ahead of the crisis. […]

About social media: They started using it seriously from last week (i.e., the turn of the month, February–March) with strong coordination and support from the professional departments where they ensured they were available to help answer questions they themselves were not able to answer. It was apparent that there was awareness around what was happening on social

media, the questions they received there, and the criticism. It was discussed what needed to be responded to and what were just individuals' perspectives and feelings that didn't necessarily need to be "corrected". R1 mentioned that both Facebook and Twitter had been in contact and arranged it so that searches about corona would yield information about the NIPH, which they appreciated.

R1 also mentioned that there were many offers of help from everything from communications agencies to chatbots, but they did not have the capacity to accept anything given the current situation. During the conversation with R1, we were interrupted by a phone call from the NDH, where they updated each other on what kind of inquiries they were dealing with and what would be the focus during the briefing. Here, it was clarified that an important question would be about the availability of protective and testing equipment and that they should openly state that this could be a challenge.

NDH, 7 April 2020

The morning meeting is held in an auditorium, a huge room, to maintain distance. H1 emphasises that the signals received yesterday may change; there is a government meeting at 10:00 and all departments are to provide input. Completely independent of this, talking points and a brief Q&A are being prepared. All reports will be published along with a news article on the website at 16:00. There will also be a press conference at 16:00 tomorrow, and no more during Easter. Some time off will be given to people, but press duties are arranged. A lot is happening today; the bigger the discrepancy between the advice in the report and the government's line, the greater the communication challenges become. The NDH informs about the signals received yesterday, which the NIPH had not previously received. If these remain in place, there will be monthly updates of measures. The earliest opening of kindergartens will be 27 April, followed by grades 1–4 on 4 May. High schools will remain closed. This may align well with impressions from the media; journalists and commentators have mentioned that the good results should mean that the efforts continue, not relaxed. The main challenge will be why the NDH wants to relax restrictions when the government does not, and questions about why there are no openings for geographical adaptations even though the NDH recommended it. To the latter question, it is being discussed that there is a difference between a common line where everyone must follow the strictest measures, and a common line where some must have stricter measures depending on the local infection situation. […]

An e-mail comes in around 11:20 that turns things upside down; it contains talking points for the Ministry of Health and Care Services and a new line for the press conference. Mainly, the new line is more in line with the reports: Kindergartens from 20 April, grades 1–4 from the 27th, reopening of one-

on-one businesses from no later than the 27th, when a common regulatory framework for industries is in place. Plans are therefore thrown around. Everyone gathers to rewrite the website article and prepare talking points that can be given to [the director general] at 12:00. Some communication challenges disappear as the advice now follows the reports to a much greater extent, but much is unclear and needs to be formulated. People generally seem pleased with the changes. Talking about structure, choosing to formulate the website article chronologically according to the dates when changes would take effect. There will be a joint meeting at 14:00 where new signals may be received, but for now, work continues based on the talking points from the [Ministry of Health and Care Services]. […]

General considerations: Busy day, major changes in a short time. It shows that some aspects of communication are beyond the NDH's control and there are major challenges in planning long-term. It is also interesting that the measures seem to have changed significantly from yesterday to today, which may depend on the input the government has received, but in the meantime, Denmark has also announced a change similar to what Norway is now implementing. If I were to speculate, the major challenge moving forward lies in defending the measures that have been taken while arguing that it is now possible to ease them. The same will apply if the R number [the basic reproduction number] rises again and the decision is made not to implement the same measures.

Appendix C:
Key events of COVID-19 in Norway

The tables below present a timeline of key events, separated by the different phases of the COVID-19 pandemic in Norway (for a more detailed timeline, see Government.no, n.d.).

Table C1 Crisis build-up phase

31 December 2019	Reports from China about pneumonia cases
3 January 2020	First Norwegian news report
29 January 2020	NIPH says Norway will experience a coronavirus epidemic
26 February 2020	Novel coronavirus detected in Norway
12 March 2020	First Norwegian death from COVID-19

Table C2 Crisis and full alarm phase

12 March 2020	First societal lockdown in Norway
14 March 2020	Border closure
15 March 2020	Stays at vacation homes prohibited
27 March 2020	Sweden: Prohibition of gatherings with over 50 people
30 March 2020	Denmark: Announces gradual reopening after Easter
7 April 2020	Plan for reopening announced for Norway

Table C3 Waves of crisis phase

20 April 2020	Starting point for the reopening of kindergartens
11 May 2020	All schools open
25 June 2020	Easing of entry for labour immigrants and students
7 August 2020	Further reopening halted, measures tightened
14 August 2020	Face masks are recommended in Oslo and surrounding areas
25 October 2020	First demonstration against COVID-19 measures in front of the parliament
26 October 2020	New national restrictions
5 November 2020	Second infection wave: People urged to stay at home and minimize social contact
2 December 2020	Prime minister encourages distance and caution, maximum number of 5 guests

Table C4 Solution phase

27 December 2020	First vaccine dose administered
4 January 2021	New national infection control measures after increased infections during Christmas
29 January 2021	AstraZeneca vaccine approved for use in Norway
3 May 2021	First vaccine-related death confirmed after AstraZeneca vaccination
12 May 2021	AstraZeneca removed from the Norwegian vaccination programme
24 June 2021	Around 90% have accepted the COVID-19 vaccine
14 December 2021	Stricter national rules to limit the spread of the omicron variant

Table C5 End of crisis phase

14 January 2022	The ban on alcohol in bars and restaurants is lifted
26 January 2022	Government announces extensive easing of COVID-19 measures
1 February 2022	COVID-19 measures such as limitations on gatherings are removed
9 February 2022	NIPH predicts normal everyday conditions
12 February 2022	Government removes all legally stipulated COVID-19 measures

During a pandemic, the advice issued by public health authorities undergoes significant scrutiny, potentially affecting public adherence to recommended measures. Trust and trustworthiness become key. This book analyses the rhetorical strategies of the Norwegian public health authorities as the COVID-19 pandemic moved through phases that presented different rhetorical problems and challenges. Many consider the Norwegian response successful, making it a particularly interesting case. Adopting an organisation-focused viewpoint, the analysis examines communication strategies through a dataset collected as the pandemic evolved. This included observations within communication departments of the main public health agencies during March and April 2020. The study offers five key insights: 1) A pandemic rhetorical situation has changing constraints and opportunities that influence the agency of the rhetor and necessitates bottom-up, continuing situational analysis and attention to perceptions; 2) The notion of "the rhetorical situation" conceptualises different phases that "bleed" into each other; 3) Trust and trustworthiness are negotiated through specific rhetorical strategies; 4) Transparency is the most crucial strategy; 5) Authorities used a combination of invitational rhetoric, providing a role for the citizens to willingly contribute to curbing the virus, and imperative form through simple directives that citizens were expected to follow.

The primary audience for this book is scholars and practitioners within crisis communication. The book is written by a team from the "Pandemic Rhetoric" project, financed by the Research Council of Norway, consisting of Øyvind Ihlen (University of Oslo), Sine Nørholm Just (Roskilde University), Jens E. Kjeldsen (University of Bergen), Ragnhild Mølster (University of Bergen), Truls Strand Offerdal (University of Oslo), Joel Rasmussen (Örebro University), and Eli Skogerbø (University of Oslo).

NORDICOM

UNIVERSITY OF GOTHENBURG

Nordicom is funded with support from the Nordic Council of Ministers

9 789189 864030

Nordicom is a centre for Nordic media research at the University of Gothenburg.