

Exploring Regimes of “Truth” during COVID-19

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Abstract In March 2020 the Australian government announced that two cases of community transmission of a novel coronavirus had been detected in the country. In response, the government implemented movement and containment measures which were publicly justified by the warning that the infectious disease COVID-19 was a serious health threat. In the month of March 2020 the Australian way of life was drastically and swiftly transformed as a result of the government’s actions. The lived experience of events can be unpacked through diarised entries and media analysis using the perspective of Foucauldian governmentality concepts and social constructionist theory. This illustrates the ways in which the population was incrementally managed and directed with the goal of keeping cases of COVID-19 to a minimum until a vaccine was deployed to keep the population safe from the virus threat. The justifications used by the government to implement controls are questionable because at the time COVID-19 presented as a mild illness in approximately 80% of cases and was found to predominantly adversely affect the elderly, the majority of whom were in aged care facilities. This article offers a critical analysis of the government directives, and justifications used to coerce the population to comply with measures taken to control them.

Keywords COVID-19 – critical discourse analysis (CDA) – governmentality – social constructionism

Introduction

On 2nd March 2020, the Australian Government announced that two cases of community transmission of a novel coronavirus which caused the disease known as COVID-19, had been detected on its shores. The public was informed that this virus was highly infectious and would require extreme measures to contain its spread. By 11th March, the World Health Organisation had assessed that COVID-19 could be called a pandemic (WORLD HEALTH ORGANIZATION n.d.). During this month I diarised my experiences in relation to the frequent and novel government directives, which were to follow this announcement. Although the COVID-19 cases occurred in Sydney in the state of New South Wales (NSW), some 1000km from Queensland where I resided with my family, its impact was to resonate throughout the entire nation. I had to grapple with my own human experience of the encroaching government directives that were to systematically remove many of our previously taken-for-granted freedoms. Diarising the experience enabled me to distance myself somewhat from the emotional repercussions and

examine the events through an anthropologically based lens. These experiences were then published as a contribution to the Curare Corona Diaries initiative in 2020 on *boasblogs.org*, which has been running since 2016.

Drawing on orientations from social constructionism, including Foucauldian concepts on governmentality, and perspectives guiding critical discourse analysis (CDA), I tentatively incorporated new insights into my diary. Social constructionism is a multi-disciplinary epistemology that critically challenges conventional knowledge and our taken-for-granted ways of understanding the world (BURR 2015). FOUCAULT’s (1980: 131) governmentality concepts posit that there is no universal objective truth, but rather culture and society, including power dynamics construct what we know as reality, and various strategies produce knowledges and truths – the “regime of truth” in each society. FOUCAULT (1991: 95ff.) highlighted the “multiform tactics” that form part of the “art of government”, which influence citizens to behave in certain ways. To tie these theoretical per-

spectives together, I utilised the CDA approach to explore the language used in written and verbal discourse in relation to publicly available information about COVID-19. CDA is concerned with critically examining the role of language in the social constructions of reality and the ways in which “social-power abuse and inequality are enacted, reproduced, legitimated, and resisted by text and talk in the social and political context” (VAN DIJK 2015: 466). These perspectives influenced my interpretations of the newly introduced pandemic as events unfolded in my neighbourhood and across the country. The following “diary excerpt plus” contribution expands on my original March 2020 diary to provide a deeper analysis of the concepts that were guiding my earlier interpretations. I have included a brief synopsis of what was emerging in my original diary entries which prefaces this discussion.

A Brief Synopsis of my Curare Corona Diary 2020

During the first week of March 2020, I noted my surprise at the fear of contagion that had permeated my social environment following the Australian government’s COVID-19 announcement. As I observed the nervous responses of individuals at a local public speaking group called *Toastmasters*, which I attended regularly, I became curious as to the power effects of statements emanating from mainstream media. As signage detailing COVID-19 hygiene directives appeared in all prominent public spaces and public hand sanitising rituals spread throughout the community, I experienced firsthand the sense of fear that was gripping those around me as people responded to these messages.

News updates predominantly consisted of health warnings about the risk of spreading COVID-19, interspersed with reports of panic buying in grocery stores, followed by reports of mass food shortages. By the second week, the government had floated the idea that shutting down schools might help “stop the spread” as concerts, festivals and sporting events were all soon cancelled. Throughout the panic I remained deeply aware of the absence of disease within my community as government measures intensified to “protect” citizens from the “deadly virus” and millions of cash

payments were made to Australians in “a desperate bid to save the economy” (LEMONDE 2020). My diary entry reads “What is obvious is that fear is spreading throughout my community like a contagious virus” (*ibid.*).

By the third week, the government had announced that quarantine measures needed to be enforced to “contain the spread” and indoor gatherings were limited to 100 people. Overseas travel plans across the country were disrupted and all Australians were urged to come home immediately as the government prepared to quarantine the country. Further restrictions on human movement were then introduced with only one person allowed in a public space per four square metres. By this time conspiracy theories began to surface as I chatted to concerned locals about the government directives. By 23rd March all pubs, clubs, cafes, gyms, indoor sports centres, casinos, cinemas and places of worship were closed, and a sense of hysteria pervaded the places I visited to get supplies. My diary records the sense of unease as all public places were drawn up with markers indicating where customers could sit, stand, or eat. I became aware of the pathologisation of healthy people and began to isolate myself from the public frenzy concerning the virus. I took a picture of my daughter in a shop queue showing the lines demarcating the spaces and called it “social distancing programming” (*ibid.*).

Toward the end of March, I was experiencing regular conflicting thoughts of anger toward and fear of what the government might have in mind next. My children were forced to home-school and only two people could now be seen together in public places. I began to research alternative news stories on social media to explore unconventional viewpoints about the COVID-19 crisis both in my country and abroad. At the end of this long month, my diary entry concludes, “I do believe that this ‘global pandemic’ has less to do with health and risk and more to do with politics, control, economics and power” (*ibid.*). These sentiments remain with me today.

COVID-19 March 2021

It has been one year since my diary of lived experience in March 2020, as I contemplate what insights I might generate in another year of liv-

ing with the omnipresent COVID-19 government restrictions. At the time of this current “diary excerpt plus” formulation the Queensland government, where I still reside, has declared that the state of emergency in relation to COVID-19, gazetted on 4 January 2021, will be extended until 29 June 2021 (QUEENSLAND GOVERNMENT 2021). Current government directives in place until 15 April 2021 have included: mandated mask wearing indoors for all people over twelve years old (unless they have a lawful reason not to); gatherings limited to 30 people in homes; restrictions in force on visits to aged care facilities, disability accommodation services, hospitals and correctional facilities across the state; prohibitions in place restricting standing inside food venues, and standing and dancing allowed in outside venues only (EDWARDS 2021). I suspect that the space of one year may be insufficient to fully comprehend what has occurred, but I aim to offer an incremental contribution toward the important tradition of critical social science. On reflection, it has been easier to examine the distant past in terms of conceptual theories than to find myself ensconced in “history making” as it occurs, and apply a conceptual lens to the lived experience.

This paper expands on my original diary insights following my experiences and highlights three phases, and offers an in-depth discussion of these perspectives. Phase 1 explores the power of discourse and examines the utility of statistics and epidemics as a tool of governance. Phase 2 explores the concept of the making of “docile bodies” (FOUCAULT 1977) to examine how coercions then acted on the social body at the time. The final phase briefly discusses the government’s introduction of a preventative biomedical solution and I conclude with a general summary of my perspectives. This new contribution aligns closely with social constructionist perspectives which question the way “truth” is constructed and how this is used as a basis for action. As DEBORAH LUPTON (2012: 20) states “What is asserted to be ‘truth’ should be considered the product of power relations, and as such is never neutral but always acting in the interests of someone.” Moreover, my analysis acknowledges that this approach “does not necessarily call into question the reality of disease or illness states or bodily experiences” (*ibid.*). What is happening appears to resonate with what IVAN IL-

LICH (1976: 43) warned about: where “social control by the medical system turns into a principal economic activity” and awareness of this, were it communicated politically “would shake the foundations of medical power much more profoundly than any catalogue of medicine’s technical faults.”

Phase 1: The Discursive Regime Mobilises: COVID-19 as “Threat”

Diary Entries:

Monday 2 March 2020: ‘Truth’ is to be understood as a system of ordered procedures for the production, regulation, distribution, circulation and operation of statements. (FOUCAULT in GORDON 1980: 133. *Power/knowledge*. New York: Pantheon)

Thursday 05 March 2020: This book argues that panic is out of place. Thoughtful public discussion of the iatrogenic pandemic beginning with an insistence upon demystification of all medical matters, will not be dangerous to the commonweal. Indeed, what is dangerous is a passive public that has come to rely on superficial medical housecleanings. (ILLICH 1976: xii. *Medical Nemesis*. New York: Pantheon)

The above quotes framed my emerging conceptualisations around the construction of *truth* around COVID-19 as conveyed and produced in statements. As the nation remained glued to radio and television sets that first week, I recorded my surprise at the fear of contagion that had so quickly permeated my social groups following the government’s COVID-19 announcement. I stood witness to the power effects of mainstream media and the production of “truth” as highlighted by FOUCAULT (1980) in his analysis of power. I was also keenly aware of the absence of “thoughtful public discussion” (ILLICH 1976: xii) about the risks of serious illness to COVID-19. For example, there was an absence of public dialogue about the risk factors that might make someone more susceptible to the disease. Also, the opinions of health experts trained in epidemiology were nonexistent in the public statements being issued by health and state ministers. If the ministerial statements being circulated were broadcasting that there was a high risk of spreading a dangerous and deadly virus throughout the community this

then was the new *truth* in a previously *coronavirus free* environment. As LUPTON (2013: 113f) states

[An] important insight offered by Foucauldian perspectives on risk is the ways in which the discourses, strategies, practices and institutions around a phenomenon such as risk serve to bring it into being, to construct it as a phenomenon.”

Presenting the virus as high risk allowed the government to usher in precautionary measures such as social distancing and other containment strategies to control the spread and keep people safe. By the end of the week, I was beginning to wonder who was actually dying from the virus although by then I had begun to understand and experience the full power of discourse.

An analysis of the discursive strategies used by the government and the mainstream media from the initial announcement highlights the manner in which the play of statements set the agenda around COVID-19. The virus was depicted as an invader and a serious threat to the community. I began to be curious about the dominant narrative and the way in which language was used to influence the collective consciousness. CDA is a useful analytical and critical approach because of its capacity to highlight “opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language” (WODAK 2001: 2). What follows is a deeper analysis of the language techniques, which contributed to the construction of *truth* around COVID-19, to reveal the way in which *risk* and *threat* were conveyed to the public as matters of serious concern.

Conflicting Discourse

The announcement of two cases of community transmission of COVID-19 on Australian shores was framed in an apocalyptic narrative warning of rising *infection rates*, and from the outset, ministers were hinting at *radical laws* that may need to be enforced to contain the rapid spread of the virus (LEMONDE 2020). Immediately the South Australian health Minister announced proposed amendments “to verbally order the detention of a person if they are considered to be at risk of spreading a disease such as coronavirus” (TAYLOR 2020). Government officials and mainstream

media broadcast persistent and regular forewarnings that an *outbreak* was imminent alongside dire predictions from officials that “as cases multiply, the worst is yet to come” (LEMONDE 2020). A closer inspection of health experts’ responses at the same time as ministerial media statements were being broadcast, exposes a striking discord between their opinions and the catastrophic political narrative.

Some of the health experts’ opinions revealed a tentative approach toward the new virus. An infectious diseases expert had predicted that there would be a rise in the rate of infections but that he was “not surprised or alarmed” and another stated, “this is less infectious than I would have expected” (TAYLOR 2020). Contrary to the notion of extreme contagion and the need for containment measures, an infectious diseases physician and microbiologist from Canberra Hospital stated that although person-to-person transmission would be assumed given the nature of the virus or any illness, in the case of coronavirus, transmission was low and appeared to be less virulent than expected (COCKBURN 2020). He suggested that “about 2 per cent of people that have had close contact [with an infected individual] may acquire this virus” (*ibid.*). His opinion was that there would likely be more cases, but he stated: “It’s probably less than the transmission rate from an infection like influenza” (TAYLOR 2020). In March 2020, these experts’ narratives were overshadowed by the recurrent and persistent risk narratives emanating from prominent ministers across the country. This highlights FOUCAULT’S (1980: 131f) assertion that governments are invested in “a political economy of truth” in which truth is “subject to constant economic and political incitement” and is “produced and transmitted under the control, dominant if not exclusive, of a few great political and economic apparatuses.”

The mainstream media, acting as a conduit for the government’s statements aligned with the government narratives of fear and risk, frequently repeating the government’s use of the word *crisis* (DALZELL 2020; MOODIE 2020). In my analysis I highlighted the headlines from a national television show in my original diary entries. The media had focused attention on violence in shopping centres and of “panic buying” as more people responded by rushing to shopping centres and

stocking up on supplies (LEMONDE 2020). Eventually state ministers called for the population to calm down, as the country was thrown into food shortages and rationing, reminiscent of a long forgotten post-war era. Reports announcing lack and shortage which were attributed to structural conditions beyond the scope of everyday Australians also featured in the media discourse. For example, doctors were reported to be “running low on masks” (*ibid.*) and later Australia was reported as being in short supply of COVID-19 testing kits (*ibid.*). On reflection it would seem that the government, with the full support of all mainstream media outlets was convincing its citizens to be prepared for a disaster of epic proportions, something which would justify strict precautionary measures.

The Utility of Military Metaphors

An examination of language reveals a proliferation of military metaphors in the mainstream narrative around COVID-19. Doctors and nurses were rebranded as *frontline workers*, evoking warlike connotations as the population was warned that imminent enforcement measures would be needed to hold back a virus *attack*. On 2nd March 2020 emergency staff in Queensland were “bracing to treat three times the usual amount of patients” and stockpiling millions of dollars of “protective gear” (LYNCH & DENNIEN 2020). Queensland’s Chief Health Officer warned that “the spread of coronavirus in Queensland was not a matter of if but when” stating that Queensland health staff would “take part in drills” and affirmed “the best weapon the community could deploy against the virus was hand-washing” (*ibid.*). In the state of Western Australia, a newspaper article reported on a resident’s *call to arms* for the public to volunteer assistance in the crisis with the headline: “Coronavirus crisis sees a volunteer army of thousands offer help to healthcare workers and the elderly” (MOODY 2020). ISAACS and PRIESZ (2020: 6f) suggest that military metaphors are commonly used in the discourse on infectious diseases because of their utility in influencing the population and the fact that they “capture attention and motivate action” and encourage an “‘all-in-this-together’ mentality, unifying the public behind their health heroes.”

Western medicine is thought to have relied on military metaphors from at least the 17th century, although the dominant metaphors in English medicine at that time focused on the notion of “balance” and humours (NIE *et al.* 2016). However as the attention shifted from the individual to the disease as objects of interest, “diseases gradually became targetable ‘entities’ and medical attention shifted away from patients as the objects of interest” (*ibid.* 4). The notion of disease as *threat* entered the public consciousness in the 1880s when bacteria were identified as agents of disease and military metaphors reflected notions of bacteria that were said to *invade* or *infiltrate* (SONTAG 1978: 66). Since the 20th century a series of *wars* have been declared on various diseases (NIE *et al.* 2016). As BASHFORD (2014: 4) suggests, because of the philosophy that conceptualises the population as one body, *the social body*, this has resulted in “a cross-over of biomedical and politico-military languages of defence, immunity, resistance and invasion, of the body, the community and the nation.” In March 2020 as the public responded with mass sanitation rituals which involved queuing at sanitising stations at the entrances to all public buildings, unbeknown to most, the government directives were about to escalate in the *war* against the encroaching virus.

The Utility of Statistics

LUPTON (2013) has highlighted how the concept of risk is an important governmental strategy by which *truths* on risk are produced which then become the basis for action. FOUCAULT (1991) underscored the way in which *biopower* operates on the body through disciplinary techniques involved in managing bodies as objects of governance through the concept of population. In all mainstream channels, such as newspaper, television and radio, the *threat* of COVID-19 was often supported by regular broadcasts of statistical announcements of deaths, infections, or cases of COVID-19. A closer examination of the *data* however reveals the socially constructed nature of the reports. For example, on 15 March 2020 a headline read: “Sunshine Coast woman, 77, becomes Australia’s fourth coronavirus death” (MOORE 2020). The article reveals however that the woman “had high blood pressure and a linked medical

condition” and was actually reported as the fourth Australian to die of a “coronavirus-related death”, not a coronavirus death as mentioned in the attention-grabbing headline (*ibid.*). Similarly, a 90-year-old woman who died in NSW was reported as the fifth “COVID-19-linked” death (*ibid.*). These headlines carried significant impact because of their connection with COVID-19.

FOUCAULT (1980: 81) highlighted how in the history of knowledge creation, certain knowledges become “buried and disguised in a functional coherence or formal systemisation”, something he termed “subjugated knowledges”. Although the death of anyone is a serious affair affecting multiple familial and social relationships, the framing of COVID-19 as *risk* and *threat* meant that other knowledges concerning the deaths became obscured. In the case of COVID-19, being unwell, having pre-existing health issues or being elderly were *subjugated* factors because they had no utility in the COVID-19 reporting. The deaths were interpreted in the context of COVID-19 although they were only “COVID-19 related” and “COVID-19-linked” (*ibid.*). In response to the death of the Queensland woman, a statement issued by the minister for Health and Ambulance Services confirms the framing of the death: “It’s a stark reminder of how serious coronavirus is” (*ibid.*). The utility of interpreting this death in terms of a highly contagious disease corresponded with the government’s mainstream narrative of COVID-19 as *threat*.

The social amplification of risk is a theory developed by KASPERSON and KASPERSON (1996: 98) which highlights how risk information can be amplified such that “[T]he consequences of risk and risk events, then, often go well beyond the direct physical harm to human beings.” They note that the channels of communication are significant in risk amplification, highlighting that “the mass media cover risks selectively, according to those that are rare and dramatic—that is, that have ‘story value’—disproportionate coverage while downplaying or attenuating, more commonplace but often more serious risks, such as smoking or aspects of lifestyle” (*ibid.*). Risk analysis recognises that risk is not only biophysical (concerning threat of harm) but also involves social worlds. The notion of risk can be amplified or de-amplified - it “can be ‘tweaked’ by decreasing or increasing the

strength of the ‘signal’, as well as by filtering the signal, emphasizing certain aspects (i.e., framing it)” (ARNOLDI 2009: 117).

Conversely, an examination of written documents, which were not front-page headlines, reveals the disparity between the hyped-up media reporting and public statements made by officials, and official government documents. The account of the threat of COVID-19 is absent in statements filed by government bureaucratic institutions where the statistics indicate a more subdued account of the disease. For example, on 22 March 2020 a statement issued by the Australian Health Protections Principal Committee on COVID-19 reported “We have had only 7 deaths, all in people aged 75 or over and so far, less than 20 people have needed ICU treatment” (AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH 2020). Currently the communicable Diseases Network of Australia in its *National Guidelines for Public Health Units* advises that “COVID-19 presents as a mild illness for approximately 80% of cases, with fever and cough being the most commonly reported symptoms” (COMMUNICABLE DISEASES NETWORK AUSTRALIA 2021: 8). These written texts buried in government websites were overshadowed by the amplification of COVID-19 as *threat* in daily media and ministerial statements.

Placing COVID-19 in the context of similar diseases such as influenza reveals the role of risk amplification in the media and political narratives. In 2017, for example, there were 1,255 deaths to influenza, with the government advising that “[P]ersons with existing health problems, weakened immune systems and older adults are at higher risk of influenza” (AUSTRALIAN BUREAU OF STATISTICS 2017). In 2018, influenza and pneumonia were the twelfth leading causes of death with 3102 deaths, and in 2019 the ninth leading cause of death at 4,124, with deaths most predominantly occurring in those over eighty and those with comorbid conditions (AUSTRALIAN BUREAU OF STATISTICS 2017, 2018; COMMUNICABLE DISEASE NETWORK AUSTRALIA 2021). As previously mentioned, the number of deaths *attributed* to COVID-19 in Australia was 7 on 22 March 2020. All COVID-19 attributed deaths between March 2020 and March 2021 were 909 deaths (AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH 2021). A closer inspection of the statistics reveals that of

all the COVID-19 deaths, 685 of these (over 75%) occurred in aged care facilities which the government have defined as high-risk settings, and eight occurred in home aged care. Based on these statistics it would appear that the most likely predictor of death to this virus would be the propensity to be elderly and living in an aged care facility, or have underlying health issues; risk factors which are in line with other respiratory diseases that affect elderly people every day. Why then is there such a disparity between the printed government documents and the mainstream narrative? KASPERSON and KASPERSON highlight those public perceptions of risk are influenced by “the extent of media coverage; the volume of information provided; the ways in which the risk is framed; interpretations of messages concerning the risk; and the symbols, metaphors and discourse enlisted in depicting and characterising the risk.” The social construction of *risk* can be explored further in an examination of the connotative function and political utility of words.

The Utility of Epidemic

FOUCAULT (1975) highlighted that in the eighteenth century, in the quest to govern individuals at a population level, complex methods of surveillance and institutionalised structures were created to manage epidemics. He also stated that

[T]he biological traits of a population become relevant factors for economic management, and it becomes necessary to organise around them an apparatus which will ensure not only their subjection but the constant increase of their utility (*ibid.* 1980: 172).

FOUCAULT (1991: 100) identified the emergence of a new form of government where the population becomes the object of government either through the initiation of large-scale campaigns, or strategies that might influence behaviour “without the full awareness of the people.” I utilised this framework to understand and explore the ways in which the Australian government were managing the population in relation to COVID-19 and became interested in the historical significance of epidemics.

An analysis of the history of epidemics in Australia reveals a strikingly similar motif in terms

of the government’s response to specific diseases such as smallpox in pre-1800 colonial Australia and the current COVID-19 strategy. For example, historians have noted that other equally dangerous life-threatening diseases were prevalent at the time such as typhus, scurvy, and dysentery but they were perceived as “natural” and therefore inevitable (CUMPSTON 1989). Because of the *psycho-social* impact of a disease appearing from outside of the accepted disease mortality reasons and couched in the perception of *epidemic* the response to a new disease has been identified by historians as out of proportion to epidemiological facts which showed that typhus, scurvy, and dysentery were major causes of death at the time (CURSON 1985: 2). More recently, statistical analysis of influenza cases reveals the disparity between the high numbers of influenza cases in relation to the smaller number of COVID-19 cases. A new virus of relatively unknown virulence coming from another country plays a significant role in driving the perceptions of the general public and raising fears of new pathogenic agents and threats of disease, typical of the *psycho-social* impact an unfamiliar disease can bring with it. Further, investigating smallpox epidemics in nineteenth century Australia, BASHFORD (2014: 43) suggests: “[E]pidemic is always in some senses a bureaucratic and political effect” in the sense that it is possible for a government “*not* to declare ‘epidemic.’” In this context what constitutes an epidemic is created and decided by government and epidemiological statistics are used as a technology of power. I would argue here that this might be precisely why biopolitics relies so heavily on the military metaphor to inculcate the public consciousness. As LAKOFF and JOHNSON (1980) argue, metaphors are all pervasive in our conceptual systems however it is not something we are overtly aware of.

Phase II: Governmentality Discipline Mobilised: The Making of *Docile Bodies*

Diary Entries:

“The very way we interact with each other must change, and it must change today.” Queensland Premier Anastacia Palaszczuk, 18 March 2020

Thursday 19 March 2020: “We need to see how these mechanisms of power, at a given moment, in a precise conjecture and by means of a certain number of transformations, have begun to become economically advantageous and politically useful.” (FOUCAULT in GORDON 1980: 101. *Power/knowledge*. New York: Pantheon)

Friday 20 March 2020: “Let us not, therefore, ask why certain people want to dominate, what they seek, what is their overall strategy. Let us ask, instead, how things work at the level of on-going subjugation, at the level of those continuous and uninterrupted processes which subject our bodies, govern our gestures, dictate our behaviours etc.” (FOUCAULT in GORDON 1980: 97. *Power/knowledge*. New York: Pantheon)

Disciplinary Techniques

Foucault identified the relationship between power and knowledge and the ways in which this could be directed to control the population “without the full awareness of the people” to carry out specific behaviours and activities (FOUCAULT 1991: 100). Throughout the month of March, the human body began to be disciplined through discourse, and directives, via a continuous pronouncement of new *social distancing* measures in response to newly identified *cases* and *outbreaks*. From the onset, the NSW Health Minister described the first community transmission, as “particularly concerning”, and recommendations were issued instructing all Australians to immediately cease handshaking and other directives such as: “I’m not going to say don’t kiss, but you could be exercising a degree of care and caution with who you kiss” (COCKBURN 2020). Queensland’s Chief Health Officer advised:

You can protect yourself by washing your hands often and properly and staying home when you’re sick. We also ask that people avoid touching others if it’s not necessary, including shaking hands, hugging or kissing (WELBURN 2020).

On 2nd March, the political arm of the health department in the state of South Australia began proposing new legislations to detain and quarantine persons considered *at risk* of spreading the coronavirus, enabling it to be easier to call in police and security firms or court orders to enforce quarantine and detainment (TAYLOR 2020). I high-

lighted Foucault’s quotes because they helped me to begin to explore how things might be working “at the level of on-going subjugation” (FOUCAULT 1980: 97). Although at the time, I found it difficult to let go of asking myself what the government’s motives were, I was curious about the conspiracy theories circulating and found time to discuss the government’s strategies with a stranger as I queued for toilet paper. This man suggested that the virus might be a plot to rid the country of the elderly. A deeper analysis has enabled me to understand Foucault’s suggestion, to focus less on the reasons behind the government’s actions and instead understand the power *effects*.

As the days wore on, I became acutely aware that with each new government directive our previously acceptable norms of behaviour were being transformed as the masses volunteered to comply with directives and give up many of their freedoms. Understanding the *pandemic* through a social constructionist perspective recognises that illness is a physical biological reality, however these experiences are understood through cultural and social processes that shape reality (LUPTON 2012). As MARY DOUGLAS (1994: 5) asserts, “in all places at all times the universe is moralized and politicized.” In the case of an outside threat such a pandemic, the community is asked to mobilise in response and do their duty. DOUGLAS (*ibid.*: 6) has observed that when

[D]anger is defined to protect the public good, the threat of a community-wide pollution is a weapon for mutual coercion.” In this sense medical power does not only come from institutions and government bureaucrats, but “is deployed by every individual by way of socialization to accept certain values and norms of behaviour (LUPTON 2012: 21).

The Making of Docile Bodies

Looking at power in the seventeenth and eighteenth centuries, FOUCAULT (1977: 137f) determined that “a policy of coercions that act upon the body” was being formed, a manifestation he called the “art of the human body”. He identified these practices as disciplinary techniques that included multiple tactics that act upon the body, “a calculated manipulation of its elements, its gestures, its behaviour” and this discipline produced “sub-

jected and practised bodies, ‘docile’ bodies” (*ibid.*: 138). This perspective helped me to conceptualise my experiences as events unfolded in March 2020. In the early stages of the pandemic, police were assigned to patrol walkways and beaches to ensure people were complying with the new distancing directives and discipline those who were not. However, as shops and businesses responded with the erection of barriers restricting close contact, and lines and crosses were placed on the ground to mark where to stand, the need for police surveillance dissipated. As hand sanitising directives and distancing measures were broadcast by ministers on mainstream media, the public dutifully responded through a range of measures: shopkeepers began regularly sanitising all workspaces, and their hands, after every interaction with a customer,—acrylic glass panels separating the customers from staff were installed, and some businesses even banned the use of cash as people joined the fight against this unseen and heretofore unknown virus. Hand sanitising stations appeared in the doorways of every retail and food outlet, and staff members were appointed to *guard* entrances and offer sanitiser to customers entering their premises. These observations reveal to me “the myriad of bodies which are constituted as peripheral *subjects* as a result of power” and I now reflect how these individuals were not merely targets of power, they became shaped by power and its effects and came “to be identified and constituted as individuals” (FOUCAULT 1980: 98). Sanitising stations remained as visual reminders of the need to practice vigilance against the deadly virus, and markings on the floors prompted people where to stand whilst waiting in queues to purchase goods. Eventually individuals are transformed into “docile bodies” (FOUCAULT 1977) and individuals also turn themselves into subjects by automatically complying with these behaviours which over time become normalised through routine and unconscious compliance.

Phase 3: The Discursive Regime and Governmentality Accelerates: The Solution is Immigrant

Diary Entries:

Prophylaxis: Treatment intended to prevent disease; a particular treatment of this nature. Hence more widely: precautionary action (English Oxford Dictionary).

Tuesday 31 March 2020: “The world is made available to us through the media and the media set the agenda. The second form of media power is due not to the quantitative flow of information but rather to the encoding or framing of information. Meaning encoded by the mass media has a far-reaching impact on the surrounding culture.” (ARNOLDI 2009: 125. *Risk. Polity*)

“[...] in the governmentality tradition, risks are conceptualizations, ways of creating the social as a field for government intervention [...]” (ARNOLDI 2009: 58. *Risk. Polity*)

Looking back on the events of March 2020 as the military-style lockdowns were enforced I can understand the *power effects* of discourse, as fear permeated the community and our pre COVID-19 lifestyle disappeared. Human contact, and the usual ways we relaxed or worshipped were reconfigured and everything we did now seemed to be under government control. Welfare claims skyrocketed when people lost their jobs, or their businesses. As news of the arrival of testing technology, detection of *cases* assumed unprecedented importance in the mainstream discourse. Quarantine measures became the familiar containment measure as borders were locked and new arrivals were forced into quarantine.

As the Australian population struggled under varying containment measures being introduced in each state, by 22 March 2020, the first sign that the Queensland government was intending to provide the community with a medical panacea surfaced. The state Premier announced that funding from the federal government and other sources would now enable “a \$17 million package to fast-track a coronavirus vaccine developed in the state” stating, “[T]he typical timeline for vaccine development has been thrown out the window, with many referring to the possibility of a vaccine

in 18 months” (ABC NEWS 2020). The University of Queensland was tasked with the *funding injection* to develop a vaccine and its Vice Chancellor stated: “Importantly, the funding will also support advancing large-scale manufacture with industry partners both local and overseas” (UNIVERSITY OF QUEENSLAND 2020). How can one comprehend the sense of urgency that now drove the race to find a vaccine for a disease that for most of the population presented as “mild?” As PADDY RAWLINSON (2017: 95) states: “If state power is about controlling populations, and corporate power about profit maximisation, the vaccine industry feeds both.”

Understanding the public reference to the positive advancements with manufacture and industry partners, I am drawn to FOUCAULT’s (1980: 101) analysis of power and his insistence on understanding how mechanisms of exclusion can be studied to “reveal their political usefulness and to lend themselves to economic profit.” For example, public discourse excluded any mention of alternative practices that might be helpful in preventing COVID-19 such as building immunity with adequate exercise and healthy food, or treating COVID-19 symptoms through alternative medical treatments, especially for those most likely to be severely affected by the disease such as those over eighty. Furthermore, structural issues underpinning the management of aged care facilities where the highest number of deaths were recorded, also escaped scrutiny. In short there is political utility in *not* pursuing these potential avenues of investment and enquiry. As ILLICH (1976: 24) has suggested “medical practice sponsors sickness by reinforcing a morbid society that encourages people to become consumers of curative, preventive, industrial and environmental medicine.”

Conclusion

This contribution has endeavoured to apply a Foucauldian lens to explore the way in which “regimes of truth” operate on a population at a given point in time, the “discursive regime of the effects of power peculiar to the play of statements” (FOUCAULT 1980: 113). A deeper analysis has revealed how the discursive regime was evident in military metaphors, statistical discourse, and by examining the social constructionist perspectives on the

utility of *epidemic*. As I struggled to comprehend governmentality techniques my understanding gradually turned toward what FOUCAULT (1991) had highlighted as *power effects*. As new *truths* were established through these various strategies the government was able to rationalise a range of directives which supported the new *truth*. Gradually the populace was conditioned to being “docile bodies” (FOUCAULT 1977) and through these tactics the ultimate behaviour modifications have been achieved with the majority of the population. At this point in time (at the end of March 2020) Australian citizens were informed that the government was going to solve this *crisis* as the anxious awaited new directives which would usher in the medical solution in the not-too-distant future.

Having gained some distance from the lived experience I have determined that the month of March 2020 was an intense *boot camp* for social programming and preparation for medical solutions that lay ahead. The directives ensuring we were distancing from one another, including dictates for standing, sitting, and dancing, with numbers of people around us restricted, and visiting rights to see others removed, increasingly influenced my observations to resonate with notions of political economy and Foucauldian perspectives outlining “the policy of coercions that act upon the body,” the new “micro-physics of power” being exerted over the entire social body (FOUCAULT 1977: 138). I suspected we were being programmed to be automatons awaiting the next directive, the next solution – the ultimate in *docile bodies*. At the end of my month-long diary as I examined the statistics of two deaths in Queensland that had been *connected* to COVID-19, in a population of over 5.1 million, I remained confounded by the power of risk discourse and the power of the government in overriding sensible discussion on probability in favour of a political economy of health. I wonder today in 2021 if the most obedient in the body politic will be the ones to reap the rewards in this new version of the politics of life.

Acknowledgements

I would like to thank Tonya Agostini, Paula Arvela, Suzanne Gray, Kathryn Flynn, Brian Martin, Timothy Johnson-Newell and Jenny Munro for their support during the draft stages of this paper.

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