




# From liberalism to biopolitics: investigating the Norwegian government's two responses to Covid-19

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## ABSTRACT

In this text, I investigate the Norwegian government's two responses to the Covid-19 pandemic, utilizing a Foucauldian discourse analysis. The pandemic forces us to ask questions about political leadership – about how successful political programmes appear to be, as well as the rationalities underpinning them. I will focus upon the latter and find the Norwegian government to have initially articulated a liberal rationality that was later replaced by a biopolitical one. The former entails perceiving the pandemic as a phenomenon to be handled through a laissez-faire approach, by leaving things free to run their natural course. The latter revolves around discarding this liberalism in favour of an interventionist approach that restricts freedoms and economic progress in favour of safeguarding the health of the population. I investigate the links between the laissez-faire discourse and the government's initial hesitation, as well as the biopolitical discourse and the draconian measures and contradictions between these two approaches.

**ARTICLE HISTORY** Received 25 June 2020; Accepted 11 September 2020

**KEYWORDS** Biopolitics; Covid-19; discourse analysis; liberalism

## Introduction

This text employs a Foucauldian discourse analysis to make the Norwegian conservative government's Covid-19 policies intelligible. Phenomena such as Covid-19 are not necessarily perceived as problematic before they are discursively constructed as issues, or problematized (Foucault 1985: 172), and so analysing how this virus is problematized is imperative in order to understand why and how it is governed. I define governance as the calculated and planned ways in which power is exercised to manage a target, such as a population, a company or a family. Governance revolves around structuring individuals' potential to act through reducing or increasing their capacities (Dean 1999: 14). Governance is underpinned by political rationalities and problematizations are articulated based on these

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rationalities. Rationalities are modes of perception rendering reality governable through offering strategies, tactics and aims for dealing with issues (Miller and Rose 2008: 16). While governance is enabled by the governance underpinning it, their relationship is complex as actual governance is always conflicted, resisted and reconciled in various ways that are not necessarily planned by governing subjects (Miller and Rose 2008: 39). Nonetheless, the politics of Covid-19 cannot be made intelligible prior to an analysis of the rationalities underpinning them.

In Norway, I find that the government – consisting of the Conservative Party, the Christian Democratic Party and the Liberal Party – has embraced two contradictory governmental regimes in relation to Covid-19. The first approach, underpinned by a *laissez-faire* rationality, dominated prior to 12th March 2020. During this period, the government embraced the liberal doctrine of letting things take their natural course. This entailed discarding calls for governmental interventions in favour of governing *through* rather than *against* individuals' interests, preferences and freedoms (Dean 1999: 15). This was based on the liberal principle that state officials should limit their governance to avoid excessive interventions (Foucault 2008 [2004]: 319). At this stage, the pandemic was primarily problematized as a threat to the economy. The second approach consisted of a biopolitical rationality in which the virus was problematized as a threat to life. This approach emerged with the restrictions enforced on 12th March 2020 – the date the Norwegian government implemented the strictest emergency measures seen in Norway since the Second World War (Kalajdzic and Solberg 2020). This period is characterized by the biopolitical aims of administrating and fostering the population's health and lives, a key objective of contemporary governments (Foucault 1990 [1976]; Rose 2009 [2007]). While the Norwegian government appears relatively successful in its handling of the pandemic (Henley and Roy 2020), the contradictions between these approaches reveal an inefficient use of power as the government ended up revising and correcting its former practices. Rather than to plan ahead and act pre-emptively to limit the impact of the pandemic, for instance by implementing travel restrictions, targeting risk groups and safe-guard employees working in hospitals or the service sector, the government refused to intervene, necessitating draconian measures at a later stage. In any case, pre-emptive measures would have increased the efficiency of the later interventionist policies. This would have enabled the Norwegian government to save more lives, thus revealing why the government's contradictory stances on Covid-19 are problematic.

The Covid-19 pandemic is potentially a once-in-a-century pandemic (Gates 2020), and it has caused an economic recession through the national lockdowns implemented to contain it (Gopinath 2020). Therefore, it is one of the key events of the twenty-first century. However, neither its status as a key event nor these policies are naturally given. Consequently, analyses of how the virus is perceived and acted upon are imperative to make the pandemic intelligible. For this end, I will conduct (a) a typological classification of the rationalities and policies of the government's noninterventionist and interventionist stages and (b) an exploratory investigation into the tensions and discontinuities between these approaches, as well as the social conditions that have enabled the government's switch from noninterventionism to interventionism.

### Discourse analysis: theory and method

Discourses are modes of thought that render reality thinkable (Miller and Rose 2008: 11). Discourse is a broad term that includes narrower concepts such as rationalities, theories, ideas and ideologies – all of which are, in some way or another, discursive phenomena that open up perspectives from which humans can understand and act upon the world. Embracing a Foucauldian approach, I investigate *regularities* observed within discourses (Foucault 1972 [1969]: 38–41). Discourses are demarcated and analysed as ideal-type devices enabling typological classifications of different perspectives (Hansen 2006: 52). Thus, I reveal regularities within and contradictions between the government's discourses through investigating the logic guiding the government's problematizations of the pandemic. Specific discourses – such as the liberal or the biopolitical discourse considered in this text – are thus analytically constructed based on empirical patterns to make these rationalities intelligible.

Despite being analytically constructed, discourses have real effects upon the world. While Covid-19 affects our lives regardless of how and whether it is constituted, as it exists independently of our discourses, how the virus is constituted determines how and whether it is dealt with. Thus, discourses enable rationalizations of situations that give governance its specific form. Therefore, discourse analysts ought to analyse the relationship between discourses and the nondiscursive practices, phenomena and institutions they relate to (Fairclough 2013: 3). I do this through investigating political rationalizations *and* their relations

to practices of governance as well as to the social conditions in which this governance emerges.

I analysed both newspaper articles, researched via the search engine Retriever, and texts from the government website *regjeringen.no*, utilizing the keyword *corona* in both cases. The newspaper articles are unquantifiable as several of the thousands of articles refer to the same statements. A total of 175 papers had been published at *regjeringen.no* during the entire period of 2020 as of 16th June. I discursively analysed six papers from each medium and each stage, which is the maximum number of texts I was able to cover thoroughly in a text of this length. From *regjeringen.no*, I refer to the following four key ministers: Erna Solberg – the Prime Minister, Bent Høie – the Minister of Health, Tore Sanner – the Minister of Finance and Monica Mæland – the Minister of Justice and Public Security. They all represent the Conservative Party, the major Norwegian governmental party since its ascension to power in 2013. The Conservative Party controlled these key posts throughout the investigated period. The government's junior partners are excluded as their representatives fill less-important governmental roles for handling the pandemic.

Most texts published after 12th March 2020 problematize Covid-19 as a threat to life and support biopolitical interventionism, whereas most texts articulated prior to this date problematized Covid-19 as a threat to the economy and support the initial *laissez-faire* approach. Drawing on an ideal-type typology, I classified the period prior to 12th March as *laissez-faire/noninterventionist* and the period after 12th March as *biopolitical/interventionist*, based on the rationalities and policies that dominated within these periods. Interestingly, the government left much discursive reasoning to other politico-medical authorities during the *laissez-faire* period – presumably due to the liberal distaste for state intervention (Foucault 2008 [2004]). Therefore, to make the *laissez-faire* approach intelligible, I refer to both the mentioned ministers and the most important politico-medical authorities – the Directorate of Health and the Norwegian Institute of Public Health – both of which assume important roles as experts guiding the government in matters of public health. As the government discarded this *laissez-faire* rationality by embracing an active leadership style from 12th March, I refer exclusively to ministers for the analysis of the biopolitical stage.

Anedoctalism, i.e. the problem of disregarding data that contradicts one's arguments (Silverman 2001: 34), must be avoided by discourse analysts. I refer to generalizable texts revealing the discursive patterns predominant during the two stages. Selective comparisons to other texts by these governmental actors during the observational periods revealed largely similar

narratives as in the focal texts. The comparative analysis informed the discursive patterns predominant within the two stages. Furthermore, these texts are exemplary as they elaborate, problematize and rationalize the governmental programmes designed to solve the problem of the Covid-19 pandemic. These texts offer elaborative accounts of why and how these policies came to life. Moreover, these texts closely correspond to the governance that they underpin. This makes the government's approaches intelligible through revealing the reasoning enabling them. This deals with the issue of anecdotalism as the texts are generalizable and elaborative while underpinning the government's policies. Nonetheless, this shorter article is a preliminary investigation *inviting* further research. Consequently, the complexity of the politics of Covid-19 cannot be expected to be fully investigated in this text; rather, I will make the abovementioned politics intelligible, starting with the initial *laissez-faire* approach.

### Laissez-faire: leaving the virus alone

The government's initial response to Covid-19 was clear – live your life as you lived it prior to the emergence of the virus. I will now investigate this *laissez-faire* governance and the liberal rationality that underpinned it.

As Prime Minister Solberg stated 12 days before her government implemented the strictest measures seen in Norway since the Second World War, 'the world must not stop'. She added in the same speech that the situation over the coming weeks 'may prove trying ... we already see the societal and economic consequences of Covid-19'. In the same interview, her attention turned to the signs of economic recession, which she claimed

tell us that we must act as normally as possible, also in a situation where a contagious illness is spreading. [We must] show solidarity with societies more [economically] vulnerable than our own. (Spets and Flydal 2020)

The Minister of Health, Bent Høie, embraced the same discourse one day prior to this when interviewed about rising fears of Covid-19, stating that 'the world must not stop. It is important that we travel and that most practices continue normally', adding that 'I have no problems travelling abroad at the moment. I personally am going to Vienna on Sunday' (Five *et al.* 2020).

While Solberg asserted on 1st March that 'we plan for the worst possible scenario' (Wictorsen 2020), such articulations are contradicted by the above dismissal of biopolitical concerns amid the liberal practices that dominated prior to 12th March. The government refrained from interventions *and* pre-emptive measures, effectively contradicting Solberg's

claims. For instance, the day prior to Høie's interview, travellers could still enter Norway from regions with persistently high levels of infections, such as northern Italy, without measures such as fever-screening or enforced quarantining for travellers not yet diagnosed. Such measures, as asserted by the Norwegian Institute of Public Health, were seen as 'expensive' and 'ineffective' (Holmes *et al.* 2020).

The government implemented neither rules nor restrictions as municipalities remained in charge of potential measures (Høie 2020), at least prior to 12th March. Due to the lack of governmental interventions, the Directorate of Health expanded their *recommendations* for individuals who should *preferably* be quarantined to include everyone who had previously been in countries with persistently high levels of infection in early March (Brustad 2020). Hence, things were left to follow their natural course in the absence of governmental interventions. This *laissez-faire* approach was underpinned by the objective of ensuring that the pandemic would fail to cause an economic recession. The virus was thus problematized by Høie and Solberg as a threat to the economy. The government sought to ensure that the world continued normally, consequently embracing a liberal economic agenda. This also entailed problematizing Covid-19 as a risk to freedom, as liberalism depends upon market mechanisms to produce freedom (Foucault 2008 [2004]: 144). Discarding the pandemic's potential to harm life in this manner seemingly supports arguments from scholars who contradict Foucauldian accounts of biopolitics by concluding that contemporary political rationalities disregard the value of human life (Agamben 2000). However, such arguments are contradicted by (a) the later biopolitical interventionist regime and (b) by the government who – also during the liberal period – articulated biopolitical concerns as it tried to compel individuals to voluntarily take care of themselves and others, instead of imposing restrictions (Brustad 2020; Høie 2020). While all governance presupposes knowledge, expertise and recommendations (Dean 1999), the government employed recommendations and expertise as liberal technologies of rule because it sought to indirectly influence the general public by making individuals embrace goals perceived to be in their own interests, rather than utilizing this expert knowledge for governmental interventions. This entails governing through rather than against freedom (Miller and Rose 2008: 69). These liberal–biopolitical texts, while noninterventionist, reveal how the government's initial *laissez-faire* approach was conflicted. This liberal–biopolitical discourse may serve as an intermediary between the initial nonbiopolitical liberalism and the later biopolitics that I shall now investigate.

## Biopolitics: administrating the virus

The biopolitical regime emerged as dominant with the draconian measures implemented on 12th March. The emergence of this approach apparently supports Foucauldian claims of life being of primary concern as an object of governance (Foucault 1990 [1976]; Rose 2009 [2007]), as other concerns are downgraded.

Solberg embraces the biopolitical political rationality as ‘we put life and health first, and together we managed to defeat the virus and control its spread’ (Regjeringen 2020a) because ‘the most important thing right now is securing the lives and health of the country’s citizens’ (Regjeringen 2020b). The Minister of Justice and Public Security, Monica Mæland, channels the same discourse, asserting that

the restrictions to freedom revolve around limiting infections [and] deaths, both for those infected with Covid-19 and those with other life-threatening diseases ... our job is to safeguard the health and security of the people. (Regjeringen 2020c)

The market and its freedoms were of prime concern during the pandemic’s earlier stages, such as when the Prime Minister and the Minister of Health seemingly neglected biopolitical concerns through requesting that life continued unaffected by the pandemic. However, the virus has now come to be problematized as a security risk. Administrating life and ensuring the population’s security therefore appear to be the government’s primary concerns. Solberg, Høie and the Minister of Finance, Sanner, illustrate this as ‘[while implementing the interventionist measures] is an almost impossible choice to make ... we do this because we must ... limit the [spread of] infections’ (Regjeringen 2020d). The government *must* make these interventions because life itself features as the key object of administration. Rather than revolving around the notion that the virus ought to be left alone, these texts are guided by the logic of subordinating freedom and the economy to protect life.

This biopolitical discourse – guided by the biopolitical emphasis upon protecting and administrating life – underpins the policies implemented on 12th March. On this date, fostering life became the government’s primary objective. Rather than letting life continue as normal to protect the economy, as previously requested, the government restructured society with draconian interventions that contradicted its initial liberal approach. For instance, the measures employed to contain the virus, such as closed schools and kindergartens and restrictions to

business, weakened the Norwegian economy (SSB 2020). Moreover, several liberal sociopolitical rights were temporarily discarded. For instance, free movement between Schengen countries was cancelled as non-Norwegian citizens of other countries in the Schengen zone could be denied entry into the country. Such restrictions remain as of June 2020 (UDI 2020). Norwegian citizens were also forbidden from overnight stays in their holiday cottages if these were located outside of the municipality in which a citizen was officially resident, while social gatherings of more than a couple of people were more or less banned (Lovdata 2020).

Furthermore, the government implemented a 'crisis law' that increased the government's capacities to act at the expense of traditional democratic debates in parliament (Stortinget 2020). Digital surveillance was also employed to trace the spread of the virus. This technology was controversial and later withdrawn due to privacy and security concerns (Datatilsynet 2020). This interventionism was underpinned by the notion that 'we cannot live as before' due to the pandemic's potential to harm life – something Høie (Regjeringen 2020e) asserted three months after requesting that we live *as before*, therein effectively illustrating the government's contradictory stances on Covid-19. I shall now delve into the contradictions between these liberal and biopolitical regimes.

### Liberal/biopolitical schisms

Generally, biopolitics is seen as emerging with and being employed within the framework of liberalism (Foucault 2008 [2004]: 22). Furthermore, liberal modes of indirect rule appear to be important instruments for solving biopolitical challenges because contemporary governments 'recruit' the population as 'partners' in matters of public health (Rose 2009 [2007]: 98), as was the case when the Norwegian authorities requested the population's voluntary participation through providing advice (Brustad 2020; Høie 2020). Similarly, economic concerns were also articulated during the biopolitical period, as when Solberg said that '[the government] is willing to do whatever it needs to' in order to save the economy and people's livelihoods – implicitly referring to economic packages targeting businesses and individuals alike (Regjeringen 2020f).

There is thus no *essential* contradiction between liberal and biopolitical ends and means. Nonetheless, the government's current biopolitical agenda has evidently been hindered by its initial *laissez-faire* regime. For instance, the government failed to provide sufficient medical equipment for times of crisis (Johnsen 2020), as the healthcare system remained



unprepared for any situation out of the ordinary (Krokkfjord 2020). This lack of preparedness correlates with the government having initially prioritized the market and individual freedoms, while dismissing biopolitical concerns through refusing to intervene. By advocating that citizens carry on living as normal, while abstaining from intervening, the government contradicted its future attempts to ‘recruit’ the population as ‘partners’ in overcoming the pandemic. In so doing, the government also complicated its later biopolitical interventions. Likewise, the biopolitical administration of life contradicts laissez-faire principles and practices through directly intervening in the affairs of individuals and the market. Closing down workplaces, borders and educational sites severely disrupts both the sociopolitical and economic rights and freedoms of citizens; effectively sabotaging liberalism’s indirect rule. Furthermore, there is a schism between the economic liberalism articulated during the early stages of the pandemic when biopolitical concerns were discarded and the liberal biopolitics articulated shortly before the switch to interventionism, which potentially eased the path towards the biopolitical interventionist stance. Liberal regimes embrace indirect means of rule, yet how effective can indirect governance be when citizens are given contradictory recommendations; when they are both told to conduct their affairs as normal and told to take responsibility for solving a crisis? Similarly, this noninterventionist biopolitics is contradicted by the latter interventionist biopolitics because while their ends are the same, their means differ. Consequently, the government *unnecessarily* complicated its own governance by embracing contradictory agendas that were competing for primacy rather than reconciling these as a coherent liberal–biopolitical agenda. These contradictory objectives and means ensured that the government’s political powers were employed inefficiently.

The key question is how the government’s primarily economically liberal means and ends could be replaced by biopolitical ends and interventionist means. A contextual rupture made this discontinuity possible. The laissez-faire response was seemingly embraced from a ‘normal’ context. The world was perceived as unchanged; thus, steady hands had to calm the public and keep the economy running, safeguarding the status quo from self-fulfilling prophecies of a crisis. However, life was given primacy as an object of governance as soon as the pandemic was perceived as exceptional. The biopolitical interventionist discourses and practices, including the crisis law, emerged shortly after Høie (2020) asserted that Norway had entered a ‘new phase’ due to the increasing numbers of infected persons.

The perception of Norway entering a ‘new phase’ corresponds to more than increasing numbers of infections. It also revolves around political decisions in comparable countries such as Denmark, which initiated a national lockdown a day before the Norwegian measures were hastily chosen and implemented. This strengthened the surging popular demands for governmental interventions and restrictions directed at limiting the spread of the virus (Fjellanger *et al.* 2020). As 67% of the population fully or mostly supported the government’s biopolitical interventions, whereas only 6% fully or mostly opposed them (Rønning 2020), so the change from noninterventionism to interventionism was always unlikely to hurt the government’s legitimacy.

Moreover, the Norwegian Directorate of Health – which initially embraced a liberal biopolitical approach (Brustad 2020) – had the authority to implement measures to cope with the pandemic. The directorate, like the electorate, supported interventionist policies in the aftermath of governmental interventions in comparable countries (Fjellanger and Folkord 2020). While the discussions between leading members of the government and directorate are unavailable to the public, the directorate clearly pushed for the radical switch from noninterventionism to interventionism. The government’s change from economic to biopolitical liberalism eased the path from noninterventionism to interventionism, but it nonetheless appears forced by the electorate and directorate as the rupture happened suddenly and without warning (Fjellanger and Folkord 2020).

Thus, the government perceived the situation as changing while the electorate and the directorate pressured the government to discard its initial noninterventionism in favour of interventionism. The government’s legitimacy would have withered had it resisted these demands. Therefore, contradicting the initial response appeared to be a safe strategy, as those potentially calling the government’s legitimacy into question were the ones pushing for this radical rupture in the first place. Furthermore, economic emergency packages eased potential outrage caused by the lockdown’s economic downturn. Thus, a combination of social factors enabled the government to replace its initial approach despite its political powers being inefficiently employed due to the contradictions this turnaround caused.

## Conclusions

Through typological classifications and exploratory investigations, this Foucauldian study has analysed the reasoning behind the policies employed by the Norwegian government to solve the Covid-19 crisis

and the discontinuities between the government's initial and later approaches. The first approach dominated when the pandemic had not yet caused considerable damage in Norway. It entailed dismissing biopolitical concerns in favour of protecting the market. During this stage, the government left things alone while appearing unprepared for a medical crisis that demanded governmental interventions. The second approach emerged as dominant when the virus spread throughout Norway – it caused fears and led to draconian measures being enforced to limit its spread. Evidently, the economy and freedoms that were initially prioritized were later discarded, and the political administration of life is currently of prime concern.

This governmental rupture is significant as it is not merely a question of the government seeking more effective policies, but a question of the government changing its very objective and *raison d'être* from passively safeguarding the market and individual freedoms to actively administrating the population's health. However, further research is called for. First, the contradictory change from liberal noninterventionism to biopolitical interventionism must be investigated further. Second, similar analytical endeavours analysing other governments are needed to make governmental approaches intelligible and enable comparative research into various national contexts. Third, such research would open up different analytical pathways, such as politicophilosophical discussions that seek to reconcile these biopolitical, liberal and potential other regimes, evaluations of the strengths and weaknesses of different approaches and investigations that explain the causes and effects of these regimes.

### Disclosure statement

No potential conflict of interest was reported by the author(s).

### Note on contributor

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