

# COVID-19 PANDEMIC – BATTLE OF NARRATIVES: SOCIAL CONSTRUCTIVISM AS A DEFENCE MECHANISM

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## Abstract

*The article analyses the development of the COVID-19 pandemic situation in Slovakia, Czechia and Slovenia in the frame of expert, political and administrative narratives. The argumentative part mainly focuses on the development of the narrative in Slovenia and uses the examples from the Czech Republic and Slovakia as the reference frame. Information was collected from the various national media outlets and organized into the comparative time frames and compared with the epidemiological data. Slovenian inconsistencies in communication patterns developed into the complete disintegration of the pandemic crisis management and into the struggle for the supremacy of personal political agenda. As a case study, the article shows the constructivist relativism through the comparison of data and government-media narrative. Thus, the article addresses the issues of relativism on the one hand and of narrative absolutism on the other. The main aim is a critical presentation of “a crisis event” in connection to the government authorities spin on an event according to their political goals. The given case, due to a rather short period, strong media coverage and high data availability, shows inconsistencies of epidemiological data interpretation, resulting in multiple realities, causing multiple responses that paralysed effective decision-making as well as effective policy measures.*

**Keywords:** *Czechia, Slovakia, Slovenia, COVID-19, Social constructivism, Social relativism.*

## INTRODUCTION

In 2020, SARS-CoV2 (from here on COVID-19, as it is commonly known) pandemics was an interesting “curiosity” that became a modern nightmare, which reduced the 2015 migration crisis, war in Syria and 2008 economic crisis into the oblivion. It hit globally and personally, and it showed us a

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civilizational mirror in many different ways. Despite historical understanding of a pandemic, world was absolutely unprepared for anything that we saw. However, history of pandemics shows that COVID-19 is a rather natural element comparable with the Asian flu of 1957-58 and the Hong Kong flu of 1968-70, both claiming between 1-4 million lives, not to mention the Spanish flu of 1918-20, claiming up to 100 million lives. We are skipping out less deadly epidemics and those which are not spreadable without human contact (e.g. HIV/AIDS). As well we will try to completely ignore that according to the World Food Programme (WFP, 2021), 9 million people die each year due to starvation. But, in average, western and developed world perspective “it does not happen to us. It does not happen to young, beautiful, successful people (even if this means being 85+ retired blue-collar worker)” prevails. This was visible at the outbreak COVID-19 in China, when it was treated as “people are blowing noses in China”, “just another flu”, etc. It happened in a relative silence, away from cameras, media and politicians. At this point the COVID-19 became a simple question of a narrative (Barreneche, 2020), different normalities and political power-play. When COVID-19 spread outside China, it became treated more and more seriously up to the point when WHO declared a pandemic. At this point a new reality frame was created to test everyone.

In the article we are trying to show the fluidity of the narrative (see: Barreneche, 2020) surrounding the COVID-19 responses. Perception and interpretation of what COVID-19 is, what are its effects, consequences and scenarios of the future were changing in different ways according to the interpretations of various involved stakeholders, taking into account their public and private or hidden interests. In 2023, in the case of Slovenia (where Constitutional Court of Republic of Slovenia post festum reversed most of the government rulings including return of the COVID-19 related fines), one can see that truth was of only secondary importance to those interests. The major premises are that any phenomenon that includes people is automatically a social phenomenon, even when based on health, safety, or engineering. A phenomenon, that requires decisions taken by politicians, is a political phenomenon. And any phenomenon that requires a scientific approach is a victim of a scientific method. Modern science is a victim of the specialisation, which gives the comfort of in-depth understanding of the specific aspect and dismisses as irrelevant other aspects. However, every phenomenon has simultaneously all the dimensions (even those overlooked, or purposefully ignored) and it acts in all its potential. At the same time human perception strongly depends on individual’s interests. The same is valid for the COVID-19

outbreak (e.g. Balanzá-Martínez et al., 2021; Buzzi et al., 2020; González-Sanguino et al., 2020); it is not only a medical phenomenon, but it has legal, economic, psychological, political, agricultural, and even architectural and artistic component (e.g. Matthewman, Huppatz, 2020; Naumann et al., 2020). And based on ones' specialisation and interests, individuals will focus on those and other elements and interpret them accordingly. In this manner COVID-19 as a new reality is not only a medical condition but it becomes a social phenomenon, open for interpretation (Barreneche, 2020). And this interpretation will define the response. Social constructivism does not necessarily oppose functionalism, but it subdues it. A case of COVID-19 is one of the best cases in modern history, due to the fact that it includes all and everyone. In the article, we will try to show how change in the narrative (Barreneche, 2020), as a result of re-conceptualisation of COVID-19, created different responses to COVID-19 pandemic over the time, and how these responses influenced the development of the basic societal situation. The general limitation of the real time development is that no previous decision can be reversed, which means that we are unable to play scenarios and test them before the implementation, and that every adjustment is not adjustment of the situation from the past, but it is the adjustment to the new situation.

Methodologically we will compare epidemiological data between beginning of the epidemic in (February) 2020 to the introduction of a vaccine, corresponding to the end of the third wave (December 2021) from a reliable source, covering in the same manner all three selected countries (the Czech Republic, Slovakia and Slovenia) in order to reduce the potential discrepancies in reporting of COVID-19 data. These epidemiological data are representing the "objective frame" within which the societal actors functioned. In this manner we will further compare aforementioned states (based on national data from news portals siol.net, dennikn.cz and sme.sk) regarding the main COVID-19 related events and measures. Unless otherwise quoted further in the article, information is taken from siol.net for Slovenia. We will pay some additional attention to the case of Slovenia (due to data availability) and analyse discrepancies between development of epidemiological situation, its medical and political interpretation and upon that based protective measures.

## **1 SOCIAL CONSTRUCTIVISM AND THE REALITY OF COVID-19**

Social constructivism assumes that the individual as well as the social reality is based on individual and social perception of the reality, and thus

depending on one's identity as well as personal characteristics (e.g. Kim, 2001; Kukla, 2000).

In this perspective it means that there is no single pandemic of COVID-19, but they are as many of them as there are individuals and different possible combinations of relations (from being a leader or employee of the government, to being a member of healthcare personnel to being in retirement home or a small business owner) that these individuals enter into (Venuleo, Gelo, Salvatore, 2020, also Naumann et al., 2020; Toleikiene et al., 2020). At the same time each of these interpretations is functional for itself, in many cases being unable to recognise the equally legitimate opposite functional reality in another frame, due to lack of our mental ability to process the multiple realities (on multiple realities see: Ayaß, 2017) and non-binary results. The main problem arising from this situation is that, in the world of binary truth (simultaneously assuming that each person believes that (s)he is either right or wrong), all these interpretations affect each other in many cases in profound way.

A side effect of social constructivism, based on explanation above, is that one needs to doubt that there is anything like conspiracy theory. It is only different interpretation of the reality, that is considered to be powerful enough to attract attention and harmful to the predominant interpretation of the reality (on epistemic perspective of conspiracy theories see Douglas et al., 2017). In some cases, we are able to disprove certain theories (flatness of the earth), while in other cases this is impossible (e.g. existence of the deity). In case of COVID-19, so called conspiracy theories are in many cases what Descartes (1850) calls "Cartesian doubt", when he in search of the truth, reduces everything to the level of "I think, thus I exist" and further constructs re-construct his reality accordingly (it is necessary to understand that each thinking being has different capacity and interest of processing the reality through the methodical doubt as a tool to discover the "truth"). On the other hand, conspiracy theories tend to simplify and establish the logic in information-overburdened world (e.g. Douglas et al., 2017; Prooijen, Jostmann, 2013). However, this approach does not always result in understanding of the reality as it is seen by others. Thus, conspiracies and discreditations become part of the normality that surround a pandemic.

## **2 LINK BETWEEN ABSTRACT AND REAL: SOCIAL ACTORS**

The theoretical frame of the reality provides a frame of the reasoning processes and motives surrounding the pandemics, but it maintains

distance between the reality and its understanding and interpretation. In order to bind both pieces together, it is requested that we understand who the affected society is. In the policy context (Naumann et al., 2020) one would deal with policy actors, but since we need to understand the situation in a broader context, we will prefer to use a term like social actors, since many of the relations do not necessarily happen on the level of policy but on the political or social level. And only in understanding the motivation of social actors one can understand the complexity of the problem that was globally unveiled with the COVID-19. Among the most common and general groups of social actors we can indicate individuals, interest groups, businesses, researchers, pharmaceutical industry, healthcare institutions, media, political parties, state structures or governments. Some of the social actors are very generalized while others are rather specific. Each of these actors has a different life role (parent, partner, employee, owner, etc.), which in many cases creates an internal conflict, regarding the situation, and depends on the mood and the external stimulus. At the same time each of the actors has different motives for interpretation of the reality and actions that follow (assuming premeditated behaviour). In general, on the level of social actors we can see two sets of motives, based on declared interests and those that are usually hidden. In some cases, both categories of motives overlap, but in many cases they do not. Hidden motives might have much more Machiavellian foundation. We further mark as Machiavellian principles those that are following the logic: “the end justifies the means” (for further reference see: Femia, 1998). The Table 1 below represents the correspondence between various social actors (stakeholders) and their motives. We argue that according to different authors (e.g. Arendt, 2003; Bloch, 2023; Pinterič, 2022) through history there is established split between declared (legitimate) motives/interests and those which are not proclaimed but they exist as true motives of certain behaviour and which we describe as Machiavellian, as being true but masked into the narrative of legitimate motives. This way we are able to assess the reality (which is of utmost importance in the time of fake news hysteria).

**Table 1:** *Social actors and their motives*

<b>Social actor</b>	<b>Legitimate motive</b>	<b>Machiavellian motive</b>
Individuals	Personal well-being	Maximisation of comfort
Interest groups	Representation of the interests	Maximisation of social power

Businesses	Economic development	Maximisation of profits
Researchers	Advancement of science	Maximisation of funding
Pharmaceutical industry	Health protection	Maximisation of profit
Healthcare institutions	Health protection	Maximisation of profit
Media	Information dissemination	Maximisation of profit/ influence
Political parties	Representation of people	Maximisation of social power
State structures/ governments	Providing stable social environment	Maximisation of control over the state and people.

*Source: Author's analysis*

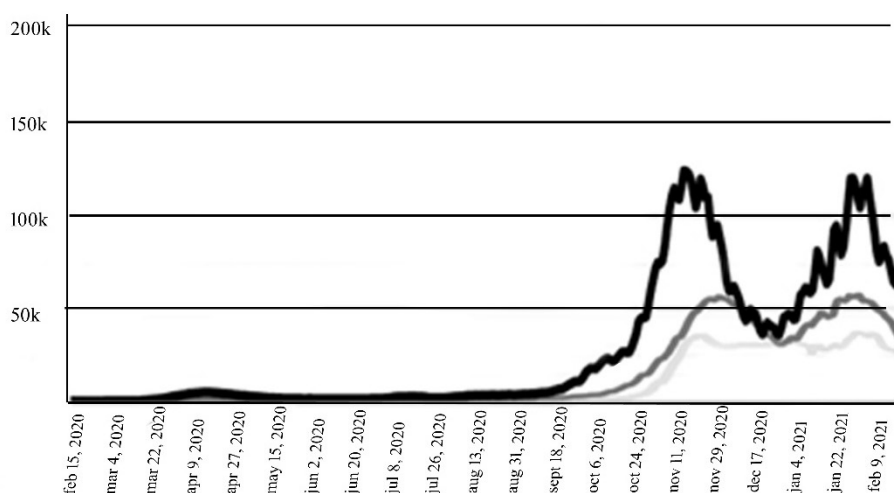
Obviously, the Table 1 is simplified and there are differences in the perception that one cannot deny. Comfort depends on personal definition, as well as social power or influence. Also, one cannot deny that there is research also within healthcare institutions, or pharmaceutical industry, so the social actors do overlap, which makes reality more complicated. However, this is important in order to understand the complexity that happened within an extremely short period of time on the global scale. Living in a world of multiple realities, where research gives different and often contradicting results, influences our ability to establish the truth which leads into the simplification and development of self-fulfilling prophecy theory in action (see: Pinterič, 2022). In these conditions one's believe what is real causes his reaction to be the consequence of such believe, even when it is objectively false (see: Merton, 1948; Wiley, 2003). This, in the perspective of Table 1 results in persons believing in either legitimate motive or Machiavellian motive to be true (with different variations to both). Each person, being also a social actor, establishes its own interpretation (either through educational process, personal experience or social interaction) of the reality, takes the stance of the truth (own construction of the reality) and acts accordingly (see: Naumann et al., 2020).

### **3 COVID-19 PANDEMIC IN NUMBERS IN THE CZECH REPUBLIC, SLOVAKIA AND SLOVENIA**

It is impossible to indicate every small detail of the development of the COVID-19 pandemic for each individual country. But it is possible to see the

main characteristics on few cases that can on one hand reveal the important differences in narratives, in connection to the pandemic. As comparative cases we can take into the consideration the Czech Republic, Slovakia and Slovenia. It can be done so just for the sake of argument, that these three countries are often mashed together as Central European Countries, Slavic countries, post-communist countries (see: Klimovský, Risteska, Jüptner, 2014). Regardless of different reasons, they have one rather defining similarity: all three countries were run in the COVID-19 era by right-wing populist governments<sup>3</sup>, which would indicate the ideological necessity for rather similar responses in dealing with the health crisis. Slovenia changed the government from the centre-left to right wing populist in the first days of the pandemic. At the same time, all three countries do have one or another form of post-socialist predominantly public healthcare system, which would also indicate a similar response at this level. These two similarities are important in the perspective of the development of the COVID-19 pandemics in each of the countries.

**Graph 1:** *Development of the COVID-19 (active cases in the Czech Republic, Slovakia and Slovenia in absolute numbers)\**



\*Black line: the Czech Republic, dark grey: Slovakia, light grey line: Slovenia.

Source: Worldometers, 2021; Authors' modification: merging country reports into a single graph.

<sup>3</sup> Slovakia was run by the conservative and populist OĽaNO led coalition most of the COVID-19 period. Slovenia was run by conservative populist coalition under SDS and the Czech Republic was run by the ANO led coalition, while ANO party is again marked as conservative and populist.

Graph 1 shows several things. First, there is the difference between a number of active cases for individual countries. The second thing one can observe is rather different distributions of active cases between countries.

Based on the same source (e.g. Worldometers, 2021), we could observe also different distribution of deaths. In the Czech Republic in the same period, deaths are following the pattern of active cases (in waves) in Slovakia, deaths peaked and are maintaining certain stagnation, while in Slovenia after the peak the deaths were significantly reduced and are kept at the rather low daily number after January 2021. However, for the understanding of the broader perspective, the pandemic data on daily active cases should be sufficient to assume that countries had different developments of the pandemic. Additional information that helps to put the Graph 1 into the perspective, the countries were 3<sup>rd</sup>, 6<sup>th</sup> and 29<sup>th</sup> most infected (no. of cases per 1 million people) in the world (for comparison Germany was at the 72<sup>nd</sup> position). All of them are in the similar positions also regarding the number of deaths per one million people; 3<sup>rd</sup>, 7<sup>th</sup> and 13<sup>th</sup> respectively and Germany 43<sup>rd</sup> (Worldometers, 2021). These numbers are dynamic and all three countries were doing rather well in the first wave in spring 2020, which can be seen in Graph 1 as almost invisible bump in the curves in April 2020. It means that the ranking itself has additional value other than putting the cases in the global context of the moment. General fact is that all three countries managed the first wave rather well while they all failed after the summer 2020. All three countries have also higher death rates per one million and the Czech Republic and Slovenia also higher number of cases per one million than Sweden (Worldometers, 2021), which was generally strongly criticised by authorities and analysts (e.g. Bjorklund, Ewing, 2020; Norberg, 2023; Ahlander, Polland, 2022) for its approach to the COVID-19 pandemic management.

Based on these, rather limited comparable data, we can see aforementioned results differ among countries, which would suggest that approaches were slightly different. Based on the Graph 1, one can see that also the Czech Republic and Slovakia had different development between second and third and third and fourth wave. Between the second and third wave, the Czech Republic managed to significantly decrease the number of active cases in mid-December 2020 while Slovakia achieved the decrease only partially. And the opposite is valid for the decrease between the third and fourth wave in February 2021, when Slovakia did much better and the Czech Republic only slightly decreased the number of active cases before the fourth wave. At the same time, Slovenia started the second wave



with a short delay and then stagnated since the end of October 2020 until February 2021.

#### **4 COVID-19 IN THE NARRATIVE AND THE EFFECT OF THE ANTI-COVID-19 MEASURES**

A general narrative, promoted also in the Czech Republic, Slovakia and Slovenia was changing over time, from “we are monitoring the situation” through “it might be dangerous”, “we need to flatten the curve”, to “there will be the second wave”, “we are monitoring the situation” and “vaccination is a solution”. All these basic slogans were used in different forms, not only in the states in focus but generally around the world. The ones which are usually left out are the voices of the sceptical part of the society, explaining about being just a cold, nothing big to bit more down to earth explanation of virus induced pneumonia that spreads like flu. Regardless of the medical aspects, the pandemic changed the societies to the extent that the medical part became unimportant (e.g. Apostolidis, Santos, Kalampalikis, 2020; Vaslavskaya, Vaslavskiy, 2021; Pinterič, 2022). Based on the last used data from January 2021 world was, despite all efforts (vaccination pressure and societal closure), going into the third wave, new virus strains were reducing the vaccine potency, and measures had only a limited effect of keeping the healthcare systems minimally functional. In the meantime, social, economic, fiscal and political damage was increasing.

Despite the general information available for Slovenia shows a slow increase in the growth of economic subjects, the insight in the structure, shows that there is 5% decrease in newly established personal business with 20% increase in their closures (Grgič, 2021). In between March 2020 and February 2021, the unemployment increased from 7.9% to 9.4% in Slovenia. Unemployment increased also in Slovakia from 5.2% to 7.9% as well as in the Czech Republic from 3 to 4.3% (Tradingeconomics, 2021). On the fiscal level, public debt increased in all three countries. According to the available data regarding the period between early 2020 and last available information, the public debt in the Czech Republic increased for about 6 percentage points, in Slovakia for 10 percentage points and in Slovenia for about 15 percentage points. This indicates the power of the economic shock by the epidemic measures in individual countries, as well as the level of the involvement of the state (by restrictions as well as with mitigating measures). Both bits of money and economy related information show the different economic consequences of COVID-19 in the selected countries,

despite all three countries had in general very similar strategies in fighting the pandemic. This indicates different interest levels of governments for economic sustainability in the time of crisis, which seem to be the strongest in the Czech Republic and weakest in Slovenia (similar would be suggested by the second wave development as indicated in Graph 1).

**Table 2:** *Distribution of the measures between countries (March 2020 – January 2021)*

	The Czech Republic	Slovakia	Slovenia
March 2020	<p>1.3. first cases</p> <p>4.3. management of public gatherings</p> <p>7.3. suspension of flights to certain areas (some of these measures were taken already before march), self-quarantining if coming from endangered regions, random health check at the borders</p> <p>10.3. schools closed</p> <p>12.3. state of emergency</p> <p>13.3. complete border closure</p> <p>14.3. economy closed</p> <p>15.3. curfew</p> <p>16. 3. national quarantine</p> <p>17.3. ban of export of medications (some similar bans applicable already earlier)</p> <p>18.3. face masks mandatory</p> <p>19.3. contact tracing via mobile phone (still in power after a year)</p> <p>23.3. all public gatherings banned</p> <p>30.3. military deployed to support medical personnel; regional quarantine lifted</p>	<p>6.3. - first case</p> <p>10.3.-selective quarantine</p> <p>15.3. state of emergency.</p> <p>16.3. closed schools, economic restrictions</p> <p><b>21.3. new government</b></p> <p>25.3. face masks, social distancing required</p>	<p>4.3. first case</p> <p>7.3. public gatherings limited to less than 500 people</p> <p>9.3. public gatherings further limited, schools as well</p> <p>10.3. partial closure of the borders for the risky destinations</p> <p>12.3. epidemics declared, limitation of travel for medical personnel, epidemic action plan invoked, closure of the schools declared for 16.3.</p> <p><b>13.3. new government,</b></p> <p>13.3. limitation of workers' rights to medical personnel</p> <p>14.3. government claims control over the medical equipment prices</p> <p>16.3. all public life closes. Open are only necessary services (post, gas stations, agricultural and food stores, pharmacies), with limitations.</p> <p>17.3. borders close, reduction of work hours for the open facilities.</p> <p>18.3. due to general panic, there is no face masks available (also in state reserve)</p> <p>19.3. launch of the propaganda action to enact the rules "together we can"</p> <p>20.3. all gatherings with and movement are forbidden with exception of necessary life activities and work.</p> <p><b>23. 3. government cancels the crisis management team, assuming that all ministries got functional in new situation and appoints COVID-19 government speaker.</b></p> <p>25.3. medical experts recommend use of face masks (initially they were dismissing this form of protection)</p> <p>30.3. restriction of movement to the municipalities, and mandatory use of face masks and hand gloves in closed public spaces</p>

April 2020	6.4. quarantine for foreigners 13.4. reopening borders 24.4. curfew revoked.	22.4. relaxation of protective measures starts.	18.4. government allows the movement between municipalities for maintaining the personal property in another municipality. 29.4. reopening of museums and libraries. 29.4. restriction of movement is lifted
May 2020	11.5. economy reopening. 17.5. state of emergency revoked, as well as most restrictions and extreme measures. 25.5. face masks mandatory only in special cases	Relaxation of measures, 22.5. face masks are not mandatory	4.5. partial opening of the economic activities, including outdoors dining facilities (special conditions applied) 11.5. restart of public transportation 15. 5. end of epidemics declared
June 2020	1.6. gatherings up to 500 people are allowed, most restrictions are lifted	14.6. state of emergency lifted.	<b>30.6. Minister of interior resigns (partially due to alleged political involvement in police investigation regarding the medical equipment business in March 2020), prime minister accepts his resignation.</b>
July 2020	23. 7. introduction of traffic light system to control pandemics.		15.7. Partial reintroduction of face masks in closed public spaces
August 2020	27.8. face masks are needed only in few exceptions	11-14.8 preparation for second wave, traffic light strategy.	
September 2020	1.9. face masks mandatory in most of public settings <b>21.9. health minister resigns in the light of increasing numbers of COVID-19 cases.</b>	3.9. two counties are marked red code 22.9. new daily record of infections	4.9. full reintroduction of face mask in closed public spaces 15.9. introduction of mandatory face masks in crowded open public spaces 21.9. limitation of business hours for dining facilities at 22h <b>22.9. Minister of interior remains in the position despite his resignation in June 2020</b>

October 2020	<p>5.10 state of emergency declared, limitations of public gatherings are put in the place, borders remain open.</p> <p>9.10. further restrictions of public life and gatherings. Parts of education system are closing.</p> <p>13.10. closure of dining facilities, schools temporary closed.</p> <p>Demands for mandatory masks are including more and more cases with each update of measures in October.</p> <p>21. 10.general lock-down – closure of public life.</p> <p>28.10. curfew</p>	<p>1.10. emergency state declared; public life closed.</p> <p>12.10. schools closed</p> <p>24.10. movement restrictions</p> <p>28.10. Curfew</p> <p>29.10. start of mass testing</p>	<p>14.10. Government divides country in regions to monitor the pandemic situation.</p> <p>16.10 mandatory wearing face masks outdoors, gathering limited to 10 people, restriction of all public gatherings.</p> <p>17.10. schools closed, limitation of business activities, limitation of movement between (closure of) “red regions”</p> <p>18.10 – declaration of 30 days epidemics.</p> <p>20.10. curfew</p> <p>24.10 further limitation of economic activities, reduction of public transport,</p> <p>27.10. restriction of movement to the municipalities, with work related exceptions.</p>
November 2020	<p>18.11. partial reopening of primary schools.</p>	<p>16.11. opening of certain sport, cultural activities.</p>	<p>13.11. prohibition of any gatherings with exception of members of the same household.</p> <p>16. 11. closure of public life. Partial closure of the borders.</p>
December 2020	<p>27.12. the restrictions are increased to minimal activities needed for life.</p> <p>Vaccination started</p>	<p>19.12. reintroduction of restrictions regarding public life with the family and religious gatherings exceptions</p> <p>26.12. first vaccines delivered</p> <p>29.12. second prolongation of the 1.10 state of emergency</p>	<p>13.12. partial liberation of certain unnecessary economic activities (e.g. cosmetic salons).</p> <p>In safer regions stores with wardrobe are opened as well.</p> <p>Introduction of contact tracing mobile application as token of right to pass municipal borders (still within the region).</p> <p>Tighter restrictions regarding face masks (only face masks are allowed and no other face-covering options – previously scarf covering nose and mouth was permitted).</p> <p>Between 24.12 from noon to 25.12. 8PM people can leave the municipality to meet within two families and six people (children under 15 are not counted in the quota), same rules apply for New Year Eve.</p> <p>22.12. start of quick testing</p> <p>26.12. first transport of vaccines is delivered</p>
January 2021		<p>1.1. reintroduction of restrictions regarding public life that was lifted on 19.12.</p> <p>1.1. Government orders work from home for all cases when possible.</p>	<p>13. 1. epidemics state of emergency prolonged for 60 days.</p> <p>25.1. primary schools reopened for 1-3 year</p>

Sources: *siol.net, denikn.cz and sme.sk*

Table 2 should be read in the combination with the Graph 1. In this manner we can see certain correspondence (or lack of it) between development of the pandemic and governmental measures. Based on these two elements, we can see two strong similarities. First, all three countries reacted decisively in the first wave. Even if in two of them government has been changed in early stage of the pandemic (see: Nemeč, 2020; Fink-Hafner, 2020). Secondly, all three countries let the infections spread (despite better understanding of the virus, especially after seeing Bergamo case of Italy in spring 2020) in the second wave, and introduced the measures at a very late stage when the numbers of infected and dead were already exponentially growing. Additionally, all three countries secured their borders in a first wave much better than they did it in the second wave. Until the late winter 2021, the Czech Republic and Slovenia discovered COVID-19 infection in approximately 10% of population while Slovakia it had officially infected about 6.5% of population (calculation based on Worldometrics, 2021). Share of vaccinated people is not even remotely significant to change a curve of spread of the virus. The Slovenian spring 2020 research<sup>4</sup> indicates that numbers of actually infected people are possibly five times bigger (due to asymptomatic development of illness) than discovered and the Czech Republic reports a significant number of re-infections (e.g. Fabiánová et al., 2021) of people, who officially were already officially cured from COVID-19 (which indicates no long-term immunity<sup>5</sup>).

In the light of all these external elements, we need to analyse the narrative of those who are preparing the bases for policy measures and those who are responsible for adopting the plan of actions. As Naumann et al. (2020) indicate, a proper narrative is of a vital importance for compliance with the policy measures taken in place. And the narrative for the general public is organized by the mass media, which are under high pressure in the COVID-19 period, when people requested transparency and truth from the governments (Luengo, García-Marín, 2020). In the legitimate public demand for transparency the Slovenian case shows negative effects of mixed legitimate and Machiavellian interests, lack of transparency and epidemiological development. Hafner-Fink and Uhan (2021) indicate this as the issue of trust that has personal as well as collective and institutional

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<sup>4</sup> Slovenia conducted national research regarding COVID-19 in spring 2020 in order to assess the development of the first wave of covid. Research was considered important to reduce the restrictive measures (see: Nacionalna raziskava o razširjenosti COVID-19, 2020).

<sup>5</sup> Which is also not granted by vaccination. Some countries are already declaring second re-vaccination in the autumn for those who already got two pharmaceutically prescribed shots.

component. In their research they establish that, in the case of Slovenia, next to general distrust in institutional system and government, the change of government in the early phase of the pandemic, additionally contributed to lack of trust that potentially resulted in negative perception of undertaken policy measures. Fink-Hafner (2020) at the same time indicates that the undemocratic tendencies of the Janša lead government took a new opportunity in the conditions of the pandemic. This corresponds with the idea that public health issue was becoming increasingly political over time. Both parts (Fink-Hafner, 2020; Hafner-Fink, Uhan, 2021) of the argument contribute to the government inability to avoid the independent realities, which additionally undermine a state authority in the management of the pandemic in the country. However, such development is not without the evidence-based reality in some major political events.

According to Table 2, the omnipotence of the Slovenian Prime minister and the government team became more and more evident over time, as well as their lack of consistency and responsibility (see also Pinterič, 2023). If the first period was not overly popular, and was marked with lack of the consistency, predictability and information, the development of the events led towards political appropriation of the epidemic, neglect of the experts and buying social peace with financial subsidies that will burden the future generations. In this perspective we can see the cases from Table 2 that the same expert changed his mind on situation in retirement homes within few days, or minister of Interior, Hojs, opposing the opinion of the ministry he led (see: Pinterič, 2023). We can also see cases when the officials from the National Institute of Public Health (NIPH) do not know their own recommendations at the press briefing (and they respond with arrogance), when the expert groups use a populist rhetoric instead of trying to explain the situation (e.g. Krek on multiple occasions) (see: Pinterič, 2023). In the course of the epidemic, the government COVID-19 speaker, Kacin, was on multiple occasions using an insensitive language (as well as others), and overtaking the role of the interpreter of the reality, even when he did not have sufficient information which led him into the conflicts with journalists as well as with members of the government on behalf of whom he should have been informing the public (see: Pinterič, 2023). Despite she was publicly often perceived as a defender of hard restrictions, Beović (head of government COVID-19 task force) in retrospective often indicated the main issues of the development of epidemic was too soft measures, but when it came to decisive moments, she as well as the rest of the experts suggested softer measures, which lead to the second wave that was not contained

until the early 2021 (see Pinterič, 2023). The most evident case happened in the light of introduction of curfew, where government and ministers declared that they acted based on the opinion of experts, while individual experts as well as Beović later argued that they never recommended curfew as a justifiable measure. After this and similar disagreement on different measures in public, Government office for communication at few occasions banned presence of certain ministers (e.g. minister of Education) and different experts (including Beović and Krek) to be guests in national daily news (M.Z., G.C., 2021; Pinterič, 2023).

Fast changes of the measures, without proper explanation (e.g. switch from “masks useless” to “masks mandatory”) created lots of distrusts in the public, mixed with anger due to disruption in life patterns and lack of clear and consistent information. This culminated in the protest movement that started when government mistreatment of the public procurement procedures became evident in combination with quality issues of the equipment. Protest movement was active predominantly from early May 2020 until summer, and it became an additional political tool for Janša’s fight with political opponents and mass media. In this perspective public health challenge became a political crisis which led into few attempts of interpellations of different ministers, resignation of one minister, and destabilisation of the governing coalition. Fink-Hafner (2020) marks all these processes as the deconsolidation of democracy and autocratisation tendency in Slovenia.

Epidemiological data for Slovenia and early warnings from the experts (despite the differentiation of opinions), as well as the decisive action of the government in the first wave show that the second wave in Slovenia (and potentially in many other European countries) could have been preventable with the second hard lock down including closure of the borders in mid-August 2020. A political decision for catching the balance between open economy and hospital capacities caused thousands of deaths in Slovenia as well as in other countries. If one of important points of expert-political unity was that fast and firm reaction in many countries in spring 2020 prevented devastating results, lack of speed and firmness in the same countries caused extreme loss of human life, health as well as economic opportunities, since the limitations of economy and society are already lasting longer than in the second wave. Nemeč et al. (2020) already provided an issue of pandemic inconsistency and partial response to it.

## CONCLUSION

As indicated in the introduction, the analysis of the COVID-19 development and the response patterns in the Czech Republic, Slovakia and Slovenia show the fluidity of the narrative and interpretation, despite the fact that development line remains rather stable. Thus, we can further argue that it is well visible that social and political aspects of the analysed situation prevail at the end over the other (in this particular case medical) aspects. Dominant interpretation will define the response. Social constructivism does not necessary oppose functionalism, but it subdues it, as it was stated already in the introduction. In the article, we tried to show how the changes in the narrative, as a result of re-conceptualisation of COVID-19, created different responses to it over the time, and how these responses influenced the development of the basic societal situation. As it was showed by the media analysis of the Slovenian case of public communication, the narrative was shifting over the time and created various understandings of the medical situation. Construction of the public reality as it was presented by the authorities went from denial (of a problem) to reduction of the importance of the issue towards the state of panic and overall blaming of everything and everybody in order to avoid admitting inner inconsistencies in the narrative. Despite the desire to speak with one voice, authorities in Slovenia had different understanding how the voice should sound (corresponding to the Table 1).

COVID-19 pandemic was initially a public healthcare crisis. However, within a year, it managed to be, through shifting narrative, reshaped in every other possible type of crisis, with no long-term medical solutions<sup>6</sup>. This might be marked also as a lack of time for a proper development of effective policies. However, it is hard to accept this argument, knowing that the Slovenian medical doctrine is in many cases still using 1980s base, as well as for the fact that COVID-19 was not a regular policy outcome but extreme situation. Thus, it only unveiled the significant incompetence of relevant

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<sup>6</sup> In this manner, it seized to be a medical crisis and became a societal crisis that is reshaping the general perception of the modern society. In many ways it is drill exercise in information society/smart society in which the unquestioned political structure will dictate and control predominantly jobless population on minimal allowances. With the development of smart technologies, legitimate concerns were raised regarding the reduced number of productive workforce. There were long term speculations that within few decades less than 50% of work-ready population would be employable. Governments around the world can use the current situation as future experience in all the necessary aspects in order to prevent social restoration of pre-technological social patterns.



institutions to function in crisis situations effectively. On the response level (from the functionalist perspective) governments of many (not only analysed) countries failed in crisis management of irregular events<sup>7</sup>.

Social constructivism leads us towards the dangerous field of systematic rejection any objective truth and gives us the power to establish individual truths, which are not absolute, even when the individual believes in them as in objective truths. The main argument to support social constructivism as a valid method of understanding the analysed case of pandemic is in the fact that not only there is limited amount of undisputed medical information on COVID-19, but also, and mainly, due to the fact that medical experts, as well as politicians, did not interpret the same medical situations in a same manner over the time. In other words, they were “re-constructing” the objective value of any given “fact” according to their daily political needs and context. At least at the level of the European Union, we can argue, that different interpretation of the numbers in the late summer 2020, directly caused the second wave with all the consequences, which would have been preventable or less severe if the governments would have acted in late August 2020 as they acted in mid-March 2020. In other words, constructivist approach of the European governments (in general and not only those of Slovenia, Slovakia and the Czech Republic) to the political COVID-19 narrative indirectly killed thousands of people, while reducing the levels of political freedoms, even those, which did not pose danger to public health.

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<sup>7</sup> This suggests that another health crisis within the next 40 years would be dealt with less chaotically, due to “fresh” knowledge regarding the procedures, while later on this knowledge would be lost due to generational change and society would be condemned to “repeat the history”.

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