Rethinking the State: Social Contracts in Times of Critical Societal Change

A social contract analysis through the lens of COVID-19 in the Netherlands, Spain and the United Kingdom

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Abstract

The outbreak of COVID-19 has largely impacted the dynamics between states and their respective societies. This research is concerned with the analysis of these state and society dynamics as perceived in the Netherlands, Spain and the United Kingdom during the first three months of the outbreak of COVID-19. The societal dynamics between state and society are described through investigating a social contract between state and society. The social contract is a theoretical concept that describes the exchange relation between state and society based on the provision of services by a state and the acceptance of state authority by citizens. The research is based on fieldwork in the form of digital interviews with citizens in the Netherlands, Spain and the UK and content analysis of press conferences in the respective countries. The analysis of this research was performed through looking at the way states have been spatialized. State spatiality is about the way power can be performed by states through the way they operationalize their power over a given space. The analysis shows that the different states all have a different approach towards 'dealing' with the COVID-19 outbreak. Nonetheless, citizen response towards this approach, in the form of (dis)satisfaction with the state response and implemented measures have shown to be rather similar. Thus, expectations from citizens towards the state show to be tailored towards the state response, creating a social contract in which citizens feel provided for by the state and legitimize the state approach. The framework of normativity that impacts the dynamics between state and society, and what is being understood as a 'correct' approach towards the COVID-19 outbreak has shown to be largely impacted by a neoliberal narrative.

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Introduction

States have had a pivotal position in protecting citizens against the outbreak of COVID-19. While global organizations such as the World Health Organization (WHO) play an important role in combatting the virus, the major actor in acting against the virus have been individual states (Ekmanis, 2020). While a virus does not consider national borders, states do. Consequently, each state has its own set of measures to fight the disease. COVID-19 is a corona disease, often causing a fever, dry cough, and tiredness. One in five people ends up in hospital with breathing problems (WHO, 2020, April 17). The virus originated in China in the winter of 2019 and has spread rapidly over the world. At the time of writing (1 August 2020), the virus has infected 17.613.859 people and led to the death of 679.986 people. With cases in over 180 countries, the virus has become a worldwide problem (CSSE, 2020). While the virus is a natural phenomenon infecting people all over the world, the politics surrounding the virus have also made it a social phenomenon. The way the virus has spread, for instance, is largely influenced by travel routes, and the attempts to reduce its spread are all based on human decisions on international-, national- and individual level.

Not every state can deal with the disease in the same manner. The unequal division of means such as medical tests or respiratory equipment lays bare how the historicity of socioeconomic political structures influence the opportunities for states to deal with the disease. The increased reliance on an overstretched and underpaid public sector shows how profit-making has long been prioritized over good care and education in many states. This painfully comes to expression for instance in the form of mass layoffs and income loss for self-employed (NOS, 2020, March 13; NOS, 2020, March 16). The neoliberalization of society plays an important role in the above-described developments. It is through neoliberalization that the welfare-states transformed towards states that acted in favour of financial markets (Lazzarato, 2011, p. 18). Arguably, this development has impacted states ability to respond in the COVID-19 outbreak. In the coming decades, it will become clear how the current pandemic will influence societal processes of decentralization and privatization. As described by Yuval Noah Harari (2020) at the beginning of the outbreak: "The decisions people and governments take in the next few weeks will probably shape the world for the years to come. They will shape not just our healthcare systems but also our economy, politics and culture" (p.n.a.).

The above-mentioned developments raise all sorts of questions related to who is to be responsible for dealing with the pandemic, who will pay for it, and who will be the ones that will be protected or excluded from protection. How such problems are experienced by citizens and

described by governments, can already be investigated. Because every state deals with the circumstances of corona individually, it is likely that the individuals' perception to what the current impact of COVID-19 is, and what role the state plays here will largely differ per country. To investigate such perspectives, social contract theory can help to look at societies perceived 'arrangement' with the state. A social contract rests on the collectively enforced social arrangements of society and the state (D'Agostino, Gaus & Thrasher, 2019). These social arrangements can take all sorts of forms but are nonetheless based on a structure in which there is a governing actor who provides certain services based on authority, legitimacy, and will. This will is provided to the actor by the citizens that the governing actor 'rules over' (own emphasis, Riley, 1982, p. *viii*).

This research considers the framing of the social contract used by individuals and the government in relation to the state. By doing so, this research will contribute to an understanding of a contemporary social contract in relation to the neoliberalist system. The focus of this research will be on the Netherlands, the United Kingdom (hereafter UK) and Spain. All three countries have a similar state structure, namely as they are European constitutional monarchs. At the same time, the impact of the disease, as well as the measures taken, have largely differed between the countries. Therefore, comparing the response of these states and how citizens of the respective countries relate to this response, provides a more comprehensive understanding of how citizens in these countries relate to their respective state as comparisons can be made between the countries.

To investigate the social contract, this research will identify images of state spatialization. State spatiality is about the way power can be performed by states through the way they operationalize their power over a given space (Ferguson & Gupta, 2002, p. 982). The research puzzle posed to structure this research, is, therefore:

> *"What images of state spatialization inform the social contract between citizens and the state in the Netherlands, Spain and the United Kingdom during the first three months of the outbreak of COVID-19?"*

To aid the investigation of state spatialization, narratives of vertical encompassment are used as provided by the different states and citizens from these states. The imagination and conceptualization of the state through 'vertical encompassment' helps to shape an understanding of how the social contract within the nation-states under investigation are being (re)produced and have constructed a specific so-called state spatiality. Next to vertical encompassment,

collective action frames have been used to define the government approach. A more elaborate explanation of these analytical frames will be provided in the analytical framework chapter as well as in the methodology chapter. The sub-questions that have guided this investigation are the following:

(1) *"What Collective Action Frames have been constructed through the press conferences in each country in relation to the current outbreak of COVID-19?"*
   a. *What images of vertical encompassment in relation to the outbreak of COVID-19 are offered through the Collective Action Frames used in press conferences in each country and how do these perspectives differ?*
(2) *What images of vertical encompassment are produced by citizens in the Netherlands, Spain and the UK during the first months of the outbreak of COVID-19?*
   a. *What images of verticality of the State exist among its citizens in the UK, NL, Spain and by what procedures and techniques of bureaucratic rationality did state verticality become real and tangible?*
   b. *What images of Encompassment of the State exist among its citizens in the UK, NL, Spain and by what procedures and techniques of bureaucratic rationality did state Encompassment become real and tangible?*

(3) *How do frames provided by the governments relate to images of vertical encompassment as produced by citizens of each state?*

How the sub-questions specifically aid the process of answering the research puzzle will be further discussed in the methodology chapter. While plenty of academic articles have been written related to medical aspects of the disease (see for instance: WHO (n.d.). COVID-19 Global literature on coronavirus disease), its social component has not yet been researched in-depth. By providing an account of the current sentiments of different groups in society, this research can help to create a better understanding of how a sudden shift of social life can impact the perception of normally invisible structures such as the state and neoliberalism. Therefore, this research bases its relevance on providing an insight into the narratives that people produce during the corona outbreak. Furthermore, this research adds to contemporary social contract literature as it gives an on-the-ground encounter of how social contracts between a society and state can develop in times of crisis. In providing this analysis, this research contributes to an

understanding of the development of the social contract during the outbreak and the possible societal shifts that will take place after the first peak of the outbreak.

Chapter 1 - Analytical Framework

This research is concerned with identifying the social contract that currently exists between citizens and the state based on how the state is imagined and presented during the first three months of the corona outbreak. This chapter will give an insight into the theoretical debate related to the social contract and accordingly it will be discussed how state spatiality can function as an analytical frame to unpack the contemporary real-life social contracts in the discussed states. Before going into a discussion about the social contract, I will first elaborate on the meaning of the state and neoliberalism within this research.

Modern State

The contemporary state can be argued to be one of the most significant agents in categorizing, classifying and identifying the worlds political, economic and social structures. In this role, the state attempts to monopolize physical and symbolic force (Demmers, 2017, p. 24; Milward, 2000, p. 3). In Europe, the state became this dominant force in the 16th century when territorial boundaries and political power became more sharply defined (Milward, 2000, p. 3). It was only a few centuries later, around the 18th and 19th century, that the image of a nation-state became dominant. While the 'image' of the nation, just like the state, in the minds of the people is presumed to be natural and eternal, in reality, the thinking of a nation in this way is still relatively young. Societal transformations in the form of "the rise of capitalism, technological innovation, Reformism, bureaucracy and the standardization of certain languages" (Demmers, 2017, p. 36) are several of the societal changes that have helped to reorganize power and made the rise of the contemporary state-system as nation-states possible (ibid).

Imagining the State

The state is an 'imagined' entity that is "conceptualized and made socially effective through particular imaginative and symbolic devices" (Ferguson and Gupta, 2002, p. 981). Ferguson and Gupta (2002) have argued that in these abstract terms, Benedict Anderson's definition of the nation also applies to the state. Anderson defines the nation as "an imagined political community" (Anderson, 2006, p. 6). He explains that the nation is an imagined concept for three reasons. First, because the 'members' of a nation feel connected with other 'members' of the nation while a member will never know all the other members of a nation. Thus, the nation as a community merely exists in the mind of the people. Secondly, in the imagination of the people, a nation is limited because there are boundaries beyond which other nations can be found. Lastly, the nation is being imagined as a community. People feel connected to 'their'

nation and are willing to sacrifice things (sometimes even their life) for the nation, because there is an idea of "horizontal comradeship" of those who are part of the nation (Anderson, 2006, pp. 6-7).

While the nation and state are related, and the two often come together in a so-called nation-state, their meaning is not completely similar. A nation is defined as a shared imagined community. While in essence the state also shares this definition, its meaning should be specified in more detail as "a relatively centralized, differentiated, and autonomous organization successfully claiming priority in the use of force within a large, contiguous, and clearly bounded territory" (Tilly, 1990, p. 43). Today, the perception of the nation-state has become so common that every state that fails to live up to the "socially cohesive, political responsive and administratively effective nation-state" (Demmers, 2017, p. 67), is considered a 'failed' state. This implies that, while state perception has shifted over time, there is still a normative idea as to what a 'good' state should look like. While the nation-state has not disappeared, its role has drastically been redefined (Castells, 2009, p. 5).

Neoliberalism

To see how the role of the state has shifted, it is necessary to take a brief look into neoliberalism. Neoliberalist thought focusses on the idea that political and economic practices should be done in such a way that they are liberating the individual and guarantee the individuals freedom. This is done by minimalizing the role of the state and by giving markets free play (Harvey, 2005, p. 2-3). The first experiment with neoliberalism was held in Chile in 1973 under the rule of Pinochet. The global spread of neoliberalism that followed has been a complex and uneven process (Harvey, 2005, pp.7-9). In Chile, the practice of neoliberalism was enforced on the population. However, as argued by David Harvey in his book *A Brief History of Neoliberalism* (2005), for neoliberalism to become a dominant practice, a basis of consent was necessary to legitimize a neoliberal turn. He argued that "The channels through which this was done were diverse. Powerful ideological influences circulated through the corporations, the media, and the numerous institutions that constitute civil society – such as the universities, schools, churches, and professional associations" (p. 40). According to Harvey, it was through these institutions that a climate was created in which neoliberalism became envisioned as the sole guarantor of freedom (ibid).

Neoliberalism is thus not simply an economic ideology, it is a way of structuring society and it influences all areas of social life. It goes even further to altering the individual's mind-set and behaviour towards a commodification of the self (Zizek, 2014, p.n.a). As Wendy Brown (2005) describes; "Neoliberalism involves a normative rather than ontological claim about the

pervasiveness of economic rationality and it advocates the institutions building, policies, and discourse development appropriate to such claim". (p. 40). The major difference with liberalist society is that economic rationality has extended to what were formerly non-economic domains. Hardt and Negri (2009) explain that capitalist accumulation functions through the dispossession of public wealth and health into private property (p. 137). Furthermore, they argue that a shift has taken place in which the economic centre of gravity shifted from the production of material commodities towards that of social relations (p. 135). This so-called 'living-labour' is an explanation of how wealth can be created through employing and exploiting labour-power (p.139).

The norms that neoliberalism has created for individuals is that they are rational individuals who can care for themselves. Hence, they are also responsible for their own actions and the consequences of these actions (ibid, p. 42). Through the shift towards neoliberalism and the lifestyle that comes with it, it has been argued that individuals have become entrepreneurial actors at any moment in life. In this society, the state is reduced to a firm who produces individual subjects that are responsible for themselves and especially for their own 'success' (ibid, p. 57). In the process of neoliberalization, the state has outsourced more and more risks from companies and states to individuals (Zizek, 2014, p.n.a).

This has had a lot of consequences for the individual in all parts of his life. Plenty of rights that were first facilitated by the government are now part of an individual's own responsibility. Collective protections are disappearing, and people are encouraged to secure themselves for all sorts of risks in their life. Consequently, individuals become indebted to stay secure. Students for instance often have to get a loan to pay their tuition fee and workers have to pay their company for traineeships to get a better function (Zizek, 2014, p.n.a). In other words, every part of life has become an investment in the self. In this new societal structure, debt is one of the main results of neoliberal policies and it has transformed the structure of welfare-state spending resulting in governments appealing and acting in favour of financial markets (Lazzarato, 2011, p. 18). State legitimacy, therefore, became largely dependent on economy: "Neoliberal rationality extended to the state itself indexes the state's success according to its ability to sustain and foster the market and ties state legitimacy to such success" (Brown, 2005, p. 41). To be able to understand the impact of the reconceptualization of the state and society in this manner, an analysis of the social contract is insightful. To see how the social contract can operate as a contemporary tool of analysis, it is first necessary to contextualize the social contract theory approach. Therefore, it is now time to unpack the theoretical debate about the social contract.

The Social Contract

The social contract is a theoretical concept giving insight into how a group of individuals is subject to a collectively enforced (social) arrangement (D'Agostino, Gaus, & Thrasher, 2019). More specifically, the social contract is about a governing actor, providing services based on authority, legitimacy, and will that it receives from citizens that it rules over (own emphasis, Riley, 1982, p. *viii*). In his book *Will and Political Legitimacy*, Patrick Riley argues that in its essence, contract theory is "an intersection of a theory of free action with a theory of politics in which will is treated as 'cause' and legitimate political order as 'effect'" (ibid). Thus, to unpack the social contract, investigating structures of freedom and autonomy, combined with structures of free will and legitimacy are key.

A critique of social contract theory is that it is often focussed on a theoretical society in which all actors are entering the social contract under equal conditions. Therefore, the imagined social contract that comes from these theories can be argued to be a 'desired' social contract rather than a realistic social contract. Why is it important for social contract theory to go beyond theorizing a desired social contract? Is it not useful to see what principles underlie a desired society? As argued by Janice Richardson (2007, p. 402), social contract theory shapes our image of equality and freedom. Accordingly, these images have a major influence on our understanding of ethics and political theory. Social contract theory thus influences our understanding of the aesthetics of a desired society and state. The aim of operationalizing the social contract in this research is to interpret the relationship between society and those agents and structures they comply to. Especially, the assumed shift in the social contract because of the outbreak of COVID-19 is of relevance in this research. Before diving into the ways through which social contract theory can be operationalized, I will briefly explain the classic understanding of social contract theory to see how this conceptualization helped to structure our normative values of society and state.

Traditional Social Contract Theories

The contemporary understanding of the social contract comes from Thomas Hobbes, John Locke, Jean-Jacques Rousseau, Immanuel Kant and Georg Wilhelm Friedrich Hegel (Riley, 1982). I will not be going into their metaphysical arguments but it is important to mention them here as they have helped to define a modern understanding of society and the state. While each of the philosophers had a different emphasis and different underlying assumptions in defining the social contract, they all gave an interpretation on individual will and political legitimacy (Riley, 1982, p. 200). Therefore, the concepts of individual will and political legitimacy can be seen as central in social contract theory.

Contemporary social contract theory is formed by the ideas of John Rawls. Rawls describes a social contract theory in which society would be organized under a 'veil of ignorance'. It is the idea that when principles of justice for a basic structure of society would be determined by someone who would not know where they would end up in society, society could be organized in the justest way (Rawls, 1999, pp. 10-11). Rawls argues that to organize a society, two principles need to be considered. The first principle is about the distribution of civil liberties. According to Rawls, each person should have as much individual liberty as possible. Therefore, everyone should have the same level of rights and duties assigned to them. The second principle focusses on economic goods. This principle holds that there can be economic inequalities as long as the least economically advantaged person in society under these circumstances is still better off than under different circumstances. Thus, inequality and wealth and authority can be justified as long as it leads to a compensated benefit for everyone (Rawls, 1999, p. 13). Rather than providing us with a concrete way to apply the social contract towards an existing society, Rawls has provided a social contract theory that asks us to describe the most ideal situation.

Critiquing Traditional Contract Theory

While the contemporary social contract theory of Rawls and his more ancient predecessors do provide a perspective on a metaphysical approach, these theories show to be too devoid from reality to use as tools of analysis in relation to real-life social contracts. While Rawls and his ancient predecessors did not succeed in providing a sound image of what a real-life social contract looks like, their work did play an important role in defining what a 'good' society looks like. They set the parameters for describing what is 'just' and ethically acceptable. Thus, what it is to be a moral state (Richardson, 2007, p. 203; Riley, 1982, p. vii).

From a critical theory perspective, it can be argued, however, that neither of the theories is able to deal with real-life structures of inequality in this regard. A critique provided by Carole Paterman in her book *The Sexual Contract* (1988) is that the traditional social contract theories are passing the very notion of structures of inequality present in society. In the case of Paterman, this argument is made based on a feminist perspective. She argues that there is lacking inclusion of actual societal structures such as citizenship, employment and marriage as part of the social contract. Therefore, no sound image can be provided of the actual social contract in place (Paterman, 1988, p. x). This critique has been supported by Charles Mills in his book *The Racial Contract* (1997). Mills argues that the racial contract moves beyond the social contract in that it determines who is part of the social contract and who is not. Therefore, it would be impossible to analyse the social contract from using the theory of the veil of ignorance because Rawls theory

implies that everyone can be equally part of society whereas, in real life, people all enter the social contract under different conditions and with different outcomes.

Beyond Theory: A Realistic Perspective?

As became clear from the analysis above, depending on the approach that is taken, perceptions on who takes part in the contract, their role in the contract, and their aim in the contract differs largely (ibid). Because a society is not a homogeneous entity, the social contract is not experienced by everyone in a similar manner (ibid). Since the social contract impacts real-life perspectives and decisions, it is crucial that social contract theory reflects a realistic society rather than an abstract theoretical one. This research aims to contribute to a more realistic perspective towards the social contract.

The premise from which this research departs to investigate this perspective is that the social contract always is an exchange between the state and its citizens. Because the state provides for certain services such as healthcare, education, security, and economic prosperity, there is an agreement amongst citizens in society about the role of the state as an authority who governs. This 'social contract' and the exchange relation that is related to it, is a constant negotiation between society and the state. As became clear from the paragraph on neoliberalism, the social contract became increasingly centred around economic prosperity for both the state and its citizens in which expectations from citizens and processes of legitimation from the state have become centred around 'economic success' (Brown, 2005, p. 41; Hardt & Negri, 2009, pp. 42, 135-137; Lazzarato, 2011, p. 18; Zizek, 2014, p.n.a.). This shift in the social contract between citizens and the state, as well as the argued shift that took place in the social contract because of the outbreak of COVID-19, can be studied by analysing images that states attempt to authorize and legitimize about themselves, and how these images are perceived by society.

To do so, this research makes use of two analytical frameworks. The first, collective action frames, is used to lay bare the different frames used by states to describe their authority and legitimacy. The second, state spatialization accordingly helps to interpret these frames and helps to describe how the frames as provided by states are perceived by society. Both tools of analytical framing will be described in more detail below.

Collective Action Frames

This research makes use of framing as an analytical tool to identify the frames used by governments in each country to describe their authority and legitimacy over society. Frames are "schemata of interpretation that enables individuals to locate, perceive, identify and label occurrences within their life space and the world at large" (Goffman in 1974 in Benford &

Snow, 2000, p. 614). These frames have been used in this research to analyse the narratives governments have used to illustrate, and justify their approach towards the coronavirus outbreak as will be further discussed in chapter 4. To be able to divide the different tools used by the government to frame their approach, this research is concerned with Collective Action Frames (CAF). Normally, CAF's are used in identifying the frames that are used by groups of collective action to gain an understanding of their performance. While the state apparatuses are not traditional Collective Action groups, this frame will arguably still be able to identify important patterns within the data provided by this group. The specific frames that will be used in this analysis are *Diagnostic frames*, used to identify the problem, *Prognostic frames*, used to describe solutions to this problem, and *Motivational frames*, used to justify the chosen approach towards the problem (Benford & Snow, 2000, p. 616). To be able to accordingly interpret what these frames imply about their relation towards society, the second analytical tool used in this research is that of state spatiality.

State Spatialization

       State spatiality describes the way power can be performed by states through the way they operationalize their power over a given space (Ferguson & Gupta, 2002, p. 982). Thus, state spatiality can help to interpret how the state operationalizes its power as well as how this is perceived by citizens in society. How this can be done will be further explained in the following paragraphs.

       Ferguson and Gupta focus on the way the state is being spatialized. They argue that states are more than bureaucratic apparatuses, rather states are "powerful sites of symbolic and cultural production that are themselves always culturally represented and understood in particular ways" (2002, p. 982). The spatialization of the state takes place through the production of discourses, policies and practices by state institutions, and the (re)productions in relation to perceptions of these discourses, policies and practices by society in relation to the aesthetic space available to do so (Ferguson & Gupta, 2002, p. 982).

Vertical Encompassment

       To investigate how states are being spatialized during the corona crisis, this research uses properties of vertical encompassment. These properties are the "specific sets of metaphors and practices" that are used by states to (re)produce their 'spatial properties'. Vertical encompassment relates to the image states produce of themselves as operating both 'above' society and at the same time 'encompassing' societies localities, regions and communities

(Ferguson & Gupta, 2002, pp. 982, 984). In doing so, a particular imagined community is created over which the state can authorize its rule, and that rule is accordingly legitimized by citizens from this community. The way this is done is by using certain words and practices. In the case of this research, the implementation of measures against the spread of COVID-19 by the government and the response of citizens towards these measures can be investigated in this way. For instance, when a government emphasizes its centrality in protecting citizens by using terms such as 'we are responsible', and citizens respond by justifying this approach by arguing that they see the government as the central entity to deal with the outbreak, these specific narratives can be better understood through identifying narratives of verticality and encompassment as vertical encompassment help to illustrate whether the language used is related to hierarchical structures, structures of connection, or both.

Thus, in this research vertical encompassment will be used as an analytical tool to analyse what words were used by governments to legitimize certain practices during the outbreak of COVID-19 and how these words accordingly have reverberated among citizens. From this analytical frame, it becomes clear how the state and its citizens take part in the (re)production of specific words and practices and accordingly a specific imagination of state spatialization (ibid, pp. 994-5). It is this imagination of the state that can be argued to reinforce a specific social contract in which the dynamics between state and society are operationalized. Before diving into how this research is operationalized in the method section, let us first zoom in on a more detailed explanation of verticality and encompassment.

Verticality

> *"Verticality refers to the central and pervasive idea of the state as an institution somehow "above" civil society, community, and family. Thus, state planning is inherently "top down" and state actions are efforts to manipulate and plan "from above," while "the grassroots" contrasts with the state precisely in that it is "below", closer to the ground, more authentic and more rooted" (Ferguson & Gupta, 2002, p. 982).*

This quote shows the hierarchical structures of authority that are embedded in the concept of verticality. It could be argued that a traditional state approach is mostly concerned with spatiality in the form of verticality. This is because in such a state perspective, a traditional understanding of the state, as the government is central and all other institutions find themselves below the state. Looking at traditional theories regarding the social contract, most narratives provided by these writers are in line with a narrative of verticality. Verticality can be investigated by interpreting narratives as given by governments and individuals in relation to authority and

hierarchy. More specifically, in this research, the analysis of verticality has focussed on the language used by individuals and the state to describe the state as a responsible agency that operates above society and the tools that have been described on how this perspective is operationalized.

Encompassment

Where verticality is focussed on hierarchy, encompassment shows a more complex structure. This can best be understood by starting by yourself. By conceptualising yourself as part of a family, that is part of society that belongs to a specific geographical location and is part of a state apparatus, you are involving yourself with the conceptualization of encompassment. Encompassment can be seen as a set of ever-widening rings or circles that 'encompass' each other and in that way, form a network that can help to understand the spatiality of a state (Ferguson & Gupta, 2002, p. 982). State rule is present in every layer of these circles. While the implementation of state policy happens for instance on a government level, the execution of the policy and the influence the policy has, is present within all the other levels. This perspective is necessary and relevant as the image of a state as a top-down structure, and society as a bottom-up agency are conflicting with many of the real-life encounters with state and society. A useful conceptualization of the contemporary state is:

> *"The very conception of 'the state' as a set of reified and disembodies structures is an effect of state practices themselves. Instead of opposing the state to something called 'society', then, we need to view states as themselves composed of bundles of social practices, every bit as local in their materiality and social situatedness as any other"* (Mitchell 1991; Gupta, 1995 in Ferguson & Gupta, 2002, pp. 991-992).

To analyse state encompassment in this research, these bundles of social practices have been unpacked and analysed. It has for instance been investigated in this research *how* citizens have been policed by the specific COVID-19 measures in place as implemented by governments and policed through societal structures. Arguably, narratives of encompassment are in line with seeing society as a more complex outlook. The quote provided by Ferguson and Gupta is closely related to what feminist theorist Carole Paterman (1988), has used to describe a more realistic perspective on the social contract. In her argument, she advocated for the use of citizenship, employment, and marriage in defining the social contract (Paterman, 1988, p. x). It could, therefore, be argued that Paterman's feminist perspective on the social contract, as opposed to the more traditional perspectives on the social contract, is in line with a narrative of encompassment. In Ferguson & Gupta's analysis on verticality and encompassment in 2002, they

make use of both concepts rather than either of the two. It could be argued that verticality and encompassment exist next to each other and neither should be neglected. There are narratives of verticality, in which hierarchical state structures are central, and next to this encounters and narratives of encompassment are present. Therefore, vertical encompassment is an excellent analytical tool to grasp and analyse the complexity of real-life perceived spatiality of the state and with that, the contemporary social contract present in the Netherlands, Spain and the UK.

Chapter 2 – Method

To find an answer to the research puzzle, this research is based on qualitative data collected between 21 April 2020 and 19 May 2020. Data has been collected through online interviews with people in the Netherlands, Spain, and the UK and the online data collection of transcripts of press conferences from the respective governments during the outbreak of COVID-19. The data gathered in this research makes it possible to move beyond traditional theories of the social contract for two reasons. First, because the real-life examples enhance insight into the social contract that cannot be offered by mere theory. Secondly, because of the use of vertical encompassment as the analytical frame as an aid to operationalize the analysis of the social contract. The qualitative data provided in this research and the way it is being analysed thus provide this research with unique insights making it possible to create a dialogue between the existing literature and newly collected data. In this chapter, I will set out in more depth what research strategy is used to operationalize the social contract. I will, furthermore, describe how the research question and sub-question aid this task in relation to the different phases of this research. Finally, I will provide an overview of the ethical considerations and limitations of this approach.

Research Design

Research Strategy

It is often argued that patterns in society are difficult to analyse as they are so normal that they become invisible. It is the task of a researcher to put a light on such invisible patterns so that their shadows can be investigated. A way in which the invisible can become visible is when a deviation of the norm takes place (own emphasis, Søndergaard, 2002, p. 191; Lefebvre & Nicholson-Smith, 1991, p. 52; Panagia, 2010, p. 96). Arguably, the corona outbreak is a unique situation that deviates from a 'standard' societal situation. Therefore, society has needed to adjust in several ways. Arguably, patterns that normally remained invisible, have therefore now become visible and researchable. Based on these assumptions, the research strategy in this thesis is based on mapping those themes, structures, and narratives that lay bare the spatiality of the state which accordingly helps to describe the present social contract that exists between citizens and the state during the first three months of the corona outbreak. The epistemological approach taken in this research to do so is post-structuralist. Post-structuralism departs from the idea that there is no actual *truth* 'out there' (Søndergaard, 2002, p. 188). In relation to this epistemological nature, a qualitative research strategy is relevant and arguably even necessary as post-structural research

bases its understanding of *reality* on the concise encounter of people's experiences, understanding and beliefs to see how they have structured their reality. The focus of this research is to capture performances of meaning-making of individuals as well as the state. Because the focus of this research is to gain an understanding on the meaning-making processes, the ontological nature of the puzzle statement is related to meaning-making (and symbols) (see Mason, 2018, p. 8).

Data Collection

The focus of this research is on countries in Europe. More specifically, on the Netherlands, Spain and the United Kingdom. The selection of the region and specific countries serves several purposes. First, the demarcation of this research within the borders of Europe serves the purpose of being able to dive deeper into the underlying socio-historical structure of the region, making it possible to make more generalizable claims based on the combined data of the research. The focus on multiple countries helps to map the case in more detail. At the same time, the focus on multiple countries aids the identification of differences between them.

To analyse the individual narratives about the state and the corona outbreak, I have conducted semi-structured in-depth interviews with 27 participants in the Netherlands (n=10), United Kingdom (n=9) and Spain (n=8). In the selection procedure, a division has been made between people that work in the private sector, people that work in the public sector, and people that are self-employed or are currently unemployed. The underlying assumption of this selection was that the employment status largely influences one's view on the social contract in relation to the coronavirus outbreak as different groups would be affected by the outbreak in a different manner (own emphasis, Brewer & Gardiner, 2020). Therefore, by combining data from these groups, a comprehensive insight could be created into the experienced reality towards the state in relation to the current situation. While my selection criterion was based on specific sectors, I figured during the interviews that whether someone was still working at sight, working from home or not currently working, had a bigger impact on one's perspective than the specific sector. The selection method of participants was based on individual contacts. Thus, the participant collection has been performed through my individual network. Therefore, it could be argued that the sampling method was strategic snowball sampling. For a list of the participants, see Appendix A.

To gain an understanding of the state perspective that is being used within the different countries, four press conferences from each country have been analysed (n_{total} = 12). The speeches mainly contain narratives from Prime Ministers of the respective countries added by notes from experts or other ministers. To make sure to cover the first three months of the corona outbreak, I have selected speeches that link to different phases of the outbreak. The first

phase is the first time the outbreak is being mentioned in a public speech, the second phase is the decisions for people to stay home as much as possible, and the third phase is about the plan on how to get society back to 'normal'. The analysis that I have performed specifically looked at the framing that is being used by the different countries. I have looked at the use of diagnostic, prognostic, and motivational frames that have been used in the speeches and I have accordingly linked them to structures of vertical encompassment. For a list of the analysed speeches, see Appendix B.

Research Question and Sub-questions

The aim of this research is to describe the narratives of state spatiality through which an image is created about the social contract. There are three phases in this research that aid this process. By going over the research question and sub-questions, an in-depth explanation of the research strategy and phases will be provided. The research puzzle this research will answer is:

"What images of state spatialization inform the social contract between citizens and the state in the Netherlands, Spain and the United Kingdom during the first three months of the outbreak of COVID-19?"

To be able to provide an answer to this puzzle, this question is broken down into three sub-questions. The first sub-question is concerned with finding an answer to an image of state spatialization as provided from a state perspective. To gain an understanding of the state perspective, the government approach of each country towards the outbreak has been used. The focus on national governments to analyse the state approach is relevant because, in each country, the national government is seen as the central state institute. Furthermore, in each state, governments have been the dominant actor in state intervention concerning the outbreak of COVID-19. The government approach has been analysed through performing a framing analysis of collective action frames used in a sample of the press conferences of each country. Doing so, gave insights in the way the outbreak was framed by governments, solutions offered, and motivations for this approach. Hence, the collective action frames provide a rich source of data from which several narratives related to verticality and encompassment could be found. Narratives of verticality have been detected by looking at the hierarchical positionality of the government vis-à-vis other actors and society, as well as narratives in which the state describes itself as 'rational' versus descriptions of society as being more 'irrational' (Ferguson and Gupta, 2002, p. 982). To detect narratives of encompassment, there was a focus on descriptions 'connectedness' between society and the state, and the way this connectedness was 'performed'

and experienced. (ibid, p. 991-992). The question that was answered in the first chapter by taking this approach was:

(1) *"What Collective Action Frames have been constructed through the press conferences in each country in relation to the current outbreak of COVID-19?"*

    a. *"What images of vertical encompassment in relation to the outbreak of COVID-19 are offered through the Collective Action Frames used in press conferences in each country and how do these perspectives differ?"*

After the framing analysis of government speeches through which the perspective of the state could be illustrated, a perspective from a society perspective has been gathered. Individuals from each country and different employment groups have provided this perspective through online interviews about their images of the state. The online interviews were semi-structured, leaving space for the participant to articulate their emphasis. Accordingly, structures of verticality and encompassment discussed in the interviews have been used to gain an image of the state spatiality from a society perspective in a similar way as happened in relation to the government approach. In doing so the second sub-question could be answered:

(2) *What images of vertical encompassment are produced by citizens in the Netherlands, Spain and the UK during the first months of the outbreak of COVID-19?*

    a. *What images of verticality of the State exist among its citizens in the UK, NL, Spain and by what procedures and techniques of bureaucratic rationality did state verticality become real and tangible?*

    b. *What images of Encompassment of the State exist among its citizens in the UK, NL, Spain and by what procedures and techniques of bureaucratic rationality did state Encompassment become real and tangible?*

By combining the perspectives of verticality and encompassment from the interviews, an understanding of the perception of state spatialization as perceived by citizens can be gained. The final step towards answering the research puzzle was to combine the data from the state and society perspective to envision the current dialogue between citizens and the state in a contemporary social contract. This final phase is thus meant to make visible the structures that are part of the contemporary social contract. This step is not part of the data collection anymore, rather it is the phase in which data is being processed. The third and final sub-question is thus

concerned with synthesizing the state and society perspective into one story to make it possible to answer the research question:

(3) How do frames provided by the governments relate to images of vertical encompassment as produced by citizens of each state?

Ethical Considerations

All interviewees have participated voluntarily. Prior to each interview, participants received a written introduction of my research. Accordingly, just before the interview started, participants were informed again about my research goal, the structure of the interview, and their right to withdraw from the interview or be silent about a question at any point in time. Each participant provided a vocal agreement that allowed the recording of the interviews and the use of data provided through the interviews. Because the research data provided by the interviewees does not contain sensitive data, none of the interviews has been performed anonymously. While there have been no privacy concerns by any of the participants, only the first name of each participant as well as the employment group they are in have been provided.

Limitations

Several important limitations are necessary to mention. First, there has been a language barrier with Spanish participants. Because I do not speak Spanish, or Catalonian, the mother tongue of my participants in Spain, the Spanish interviews were performed in English. This made it sometimes hard for participants to fully express themselves. Arguably, it could be that some of the meaning of the interviews has gone lost in this translation. By asking for clarification throughout the interviews, this limitation was largely tackled. In the case of the press conferences in Spain, not all speeches have been translated into English, it might very well be the case that only speeches related to an international environment have been translated. This is a limitation and bias within this research as it has influenced the selection of the speeches.

A third limitation of this research is the sample size of participants interviewed. While the sample of participants has been selected with the utmost care, there are several limitations to the sample. The sample is rather small to make conclusions about the whole of society. While the spread of participants over the countries is relatively wide, including many different perspectives, the sample size is not able to account for all the areas in all countries that might be affected more intensely. Therefore, the claims made in this research about society are still relevant but should be substantiated with more research in the future. Another limitation related

to the sample used in this research is the lacking perspective of marginalized groups. As becomes clear from other research (see for instance Devakumar, Shannon, Bhopal & Abubakar, 2020), marginalized groups are disproportionately affected by the outbreak of COVID-19 and will arguably have a different perspective on the social contract that remains under-researched in the scope of this research. It is important and relevant to perform more research on this topic.

Chapter 3 - Setting the Scene

To be able to contextualise the analysis of this thesis, I will briefly introduce the development of the disease in each country, as well as the main response of the government. In this thesis, there is no in-depth explanation about the disease itself as this is not relevant to the central topic of this thesis. Nonetheless, for a complete overview of research on the virus and developments of the outbreak see the database of the WHO (WHO, COVID-19 Global literature on coronavirus disease, n.d.). While plenty of data is available about the number of people that were getting infected or have died, it should be noted that the numbers mentioned in this data cannot be used as comparison material between the countries. Especially, because the data is based on the extensiveness of testing that has been done in each country. In some countries, test capacity to see whether someone was infected or not was rather low and, therefore, tests were only performed based on several factors. It is therefore inadequate to compare the country statistics with each other as this rather indicates something about testing capacity than about the size of the outbreak.

Netherlands

The first case of COVID-19 was confirmed in the Netherlands on 27 February 2020 (RIVM, 2020, June 23). Already at the 24th of January, when there were no cases known yet, an Outbreak Management Team (OMT) was being operationalized. The OMT existed of experts and would advise the government on the development of the situation (Rijksoverheid, 2020, January 24). In February, the OMT advised testing people who had travelled in Wuhan, the city in China where the virus had first turned up. However, the OMT did not find it necessary to buy testing or protection material (yet).

On the 6th of March, the first person with the disease died because of the virus (Rijksoverheid, 2020, March 6). On the 9th of March, the first national corona measures were implemented, focussing on hygiene. People were urged to wash their hands regularly and to sneeze in their elbow. Furthermore, people were asked not to shake hands anymore (Rijksoverheid 2020, March 9). At that point in time, 321 people were tested positive with the virus (CSSE, 2020, March 9). At March the 12th, infections had risen to over 500 people and new measures were implemented. Amongst other measures, people were asked to stay home when they had cold or other health complaints. Furthermore, meetings with more than 100 persons were cancelled. Schools stayed open as it was argued that children hardly had the risk to get ill (Rijksoverheid, 2020, March 12). On the 15th of March, with more than 1000 known infected

people, all restaurants and bars were closed, as well as schools. While the government did not find it necessary to close schools, the concern of many parents, teachers and scientists led to this decision (Keulemans, 2020; NOS, 2020, March 15).

The next day, Prime Minister (PM) Mark Rutte gave a speech in which he described that the Dutch strategy against the virus would be 'herd-immunity' in which it was expected that a large part of the population would be eventually infected and therefore become immune (Rijksoverheid, 2020, March 16). By the end of March, the first economic measures were taken in which self-employed were given deferral of payment if necessary and companies were temporarily compensated with 90% of the income if they expected an income loss of more than 20%. Furthermore, it was now possible for freelancers to temporarily receive compensation up until the Dutch minimum income (Rijksoverheid. 2020, March 27). On the 23rd of March, new measures were implemented. PM Rutte referred to these measures as part of an 'intelligent lockdown'. Part of the measures was that it was no longer allowed to be outside with more than 2 persons (households excepted). All employments that included physical contact (such as hairdressers and manicure studios) were closed (Rijksoverheid. 2020, March 23). On the 31st of March, 175 people died because of corona. This was the highest number of deaths related to corona in one day in the Netherlands (RIVM, 2020, 23 June). On the 21st of April, a total of 4000 people had died of the disease. Next to economic support for self-employed, the government decided to provide financial support for the KLM, a Dutch airline (Rijksoverheid, 2020 April, 24).

In May, measures started to be relaxed again. On the 2nd of May, Dutch testing capacity was increased. In doing so, the government hoped to get a better insight into the spread and immunity rate of the disease (Rijksoverheid, 2020, May 5). On the 11th of May, schools reopened and children would be able to go to school in little groups for half of the time. Moreover, hairdressers and other professions that involved people contact were allowed again (Rijksoverheid, 2020 April 21). More relaxation of the measures would happen from the 1st of June as long as numbers of hospital admissions were decreasing and the infection rate was lower than 1 (Rijksoverheid, 2020 May 19). On the 31st of May, only six new people were hospitalized, as compared to 611 people at the highest point on 27 March (RIVM, 2020, 23 June).

Spain

The corona outbreak in Spain had a slow start. The first infection was confirmed on the 31st of January, the second infection was confirmed on the 10th of February and the 4 infections that followed were confirmed only on the 25th of February (CSSE, 2020, March 9; La Moncloa,

2020, March 31). The first government measures were put in place on the 7th of March. Several blocks of a neighbourhood in Haro, a village in the north of Spain, were put into lockdown (Jones, 2020). On the 12th of March, the Catalan regional government had decided to quarantine 4 cities in the region after a significant number of cases were tested positive in that area (Carreño & Melander, 2020). On the same day, the majority of autonomous communities in Spain decided to shut down their schools (El País, 2020, March 12). The next day, on March the 13th, the Spanish government announced a state of alarm (La Moncloa, 2020, March 13). The state of alarm allowed the Spanish state to perform actions or impose policies that it would normally not be allowed to perform. Under the state of alarm, all powers were being centralized in the central government of Spain, including security forces and local police forces. These forces came under a direct rule of the government. As of the implementation of the state of alarm, people were largely restricted in their movement. Activities that were still allowed were: purchasing food, and essential pharmaceutical items, going to health centres, working or providing employment services, assisting seniors, minors, dependents, disabled and vulnerable persons. Next to the restriction of movement, all non-essential institutes such as restaurants and museums were shut (Zafra & Galocha, 2020). At the moment that the state of alarm was implemented, 5.232 people had already tested positive for the virus (CSSE, 2020, March, 9). On 17 March, an economic support package with a size of 20 % of the Spanish GDP was announced. Part of this package was used to support citizens that lost their income (Landauro, Aguado & Carreno, 2020). On 28 March, all non-essential workers were asked to stay at home until 9 April (García, 2020). Between 3 April and 11 April, the number of deaths, as well as new cases, started to show a decreasing trend. In the same period, the reproduction number of the virus was under one for the first time since the beginning of the outbreak (Fernández & Menayo, 2020). While the numbers were now decreasing, the number of people that had died was high. By the 12th of April, more than 16.000 people had died because of the disease (la Moncloa, 2020, April 12).

On the 13th of April, some non-essential workers that could not work from home were allowed to start working again (Mahtani, Medina, Saiz & Pitrarch, 2020). On the 26th of April, children under 14 were allowed to go out for walks again and from the 2nd of May, this also was the case for adults. On the 28th of April, the government announced the relaxation of lockdown restriction in four phases. Depending on several public health indicators, it would be decided whether the country could enter a new phase (El País, 2020, April 26). The phases were assigned per region. On the 31st of May, the country was still in a state of alarm, but measures have become lighter and authority has been given to the regions to decide about the development of the different phases (Cué, 2020).

The United Kingdom

Just like in Spain, the first two cases of corona were confirmed in the UK on the 31st of January (CSSE, 2020, March 9). On the 3rd of March, the UK government implemented the *Coronavirus Action Plan.* This plan described the steps the UK had already taken and was going to take in the future. The UK described its strategy as follows: To contain, delay, research, and mitigate (gov.uk, 2020, March 3). At that point in time, the number of people infected was 51. On the 12th of March, this number had already gone up to 459 (CSSE, 2020, March 9). The next day, the government announced a new phase in its strategy. The UK did no longer find itself in the containing phase but moved to the delaying phase. No specific measures were taken at this point. A justification for this was that the government tried to decrease the social impact as much as possible (gov.uk, 2020, March 12). On the 16th of March, there were still no new measures in place but Prime Minister (PM) Boris Johnson did advise that people should avoid unnecessary travel as well as pubs, clubs and theatres. It was stressed that this advice was especially important for pregnant women and elderly (BBC, 2020, March 16). On the 20th of March, the UK government implemented a Coronavirus Job Retention scheme, which provided grants to employers so they can provide employees up to 80% of their incomes (Ferguson, 2020). On the 23rd of March – with 6726 people infected – PM Johnson gave a press conference in which measures to mitigate the virus were tightened. People were urged to stay at home except for buying essential purchases or performing essential work. Furthermore, people were allowed to go out one time a day for some physical exercise (gov.uk, 2020, March 23). Public gatherings except for funerals were from now on prohibited. On the 25th of March, the *Coronavirus Act 2020* was implemented, making it possible to enforce the above-mentioned measures. Through this act, the parliament of the United Kingdom received 'emergency powers' to be able to implement the necessary measures to fight the coronavirus outbreak (legislation.gov.uk, 2020).

On the 27th of March, it was announced that PM Johnson himself was tested positive with the corona disease (BBC, 2020, March 27). On the 29th of March, a letter was sent to 30 million households in the UK in which the measures were mentioned and people were warned for the virus and it was argued that before the situation could get better it would first get worse (BBC, 2020, March 29). At that point in time, 19.780 people were infected (CSSE, 2020, March 9). The number of people infected and number of deaths were rapidly increasing without new measures being implemented. On the 9th of April, Easter weekend, people were urged to stay indoors. At that point, the number of deaths was 7978 and the number of people infected had exceeded the 65.000 (CSSE, 2020, March 9). On the 16th of April, the lockdown was extended

for another three weeks. Five conditions were set out to decide whether the lockdown could be eased after that (BBC, 2020, April 16). On the 30th of April, PM Johnson announced that the country was past the peak of the outbreak and a comprehensive plan would be set up to reopen the country (BBC, 30 April 2020). On the 10th of May, PM Johnson told people that could not work from home to go back to work. Furthermore, it was now allowed again to go for outdoor exercise without a limit. The slogan used by the PM during the outbreak changed from 'stay at home' to 'stay alert' (gov.uk, 2020, May 10). There has however been disagreement on the changed slogan. Scotland, Northern Ireland, and Wales did not adopt the new slogan as they argued that it would give a mixed message (BBC, 2020, May 10). Next to not adopting the slogan, there were several disagreements about the way the UK should get out of lockdown. Several mixed messages were provided by the different countries as to how they would get out of lockdown (BBC, 2020, May 28). On the 11th of May, Johnson published a document in which he set out the UK's recovery strategy. Part of this strategy was the description of 5 COVID Alert Levels that describe the different actions that need to be taken in different levels of the outbreak (gov.uk, 2020, May 11). On the 31st of May, the countries total infection number was 276.156 (CSSE, 2020, March 9).

Chapter 4. Government Approach

This chapter is concerned with analysing the government's role in the social contract. In doing so, the sub-questions that will be answered are: "What Collective Action Frames have been constructed through the press conferences in each country in relation to the current outbreak of COVID-19?" and "What images of vertical encompassment in relation to the outbreak of COVID-19 are offered through the Collective Action Frames used in press conferences in each country and how do these perspectives differ?". These questions will be answered by identifying and analysing the collective action frames used by the governments in the Netherlands, Spain, and the UK and accordingly describing the narratives of state spatiality in the form of verticality and encompassment as based on the collective action frames. Accordingly, the differences and similarity between the narratives of state spatiality will be discussed.

For each country, the diagnostic frame, i.e. the identification of the problem, can be argued to be rather similar as each country is dealing with a similar 'problem'. Nonetheless, the way the problem is described differs. This is clearly visible in the language used by each country. This is illustrated for instance by the use of plenty of power terms or the lack thereof. With the diagnostic frame as a starting point, it becomes clear for each country where the severity and weight of each countries problem definition can be found. Accordingly, the framing of the solution, the so-called prognostic frame has been set out. In this framing process, it becomes clear that the countries situations, while at first understood as rather similar, do differ largely in scope. Therefore, measures that are being implemented in the country, differ. Not only does this depend on the different way the corona outbreak has manifested itself in each country, but the proposed solution arguably also relates to a countries' ability to respond. I.e. the means available in a country to actively 'fight' the corona outbreak. Finally, the way each country has accordingly legitimized its current approach becomes clear from looking at the motivational framing used. From this frame, it becomes clear that countries do not only have a different level of ability to respond, they also use different rhetoric and argumentation to substantiate their approach.

The different frames discussed in this chapter are not always as separate as discussed above. In the case of Spain for instance, diagnostic frames are used as tools to justify and 'motivate' specific measures and therefore largely overlap with the motivational frames. Such overlap will be discussed in more depth in this chapter.

The Netherlands

Diagnostic Frame

In the press conferences of the Netherlands, Prime Minister (PM) Mark Rutte, was often accompanied by Hugo de Jonge, minister of health welfare and sport, and Jaap van Dissel the head of the RIVM, the National Institute for Health and Environment, who was presented as the 'corona expert'. The diagnostic frames used in the press-conferences from PM Rutte can be divided into three phases in which different tools of diagnostic framing have been used. First, the diagnostic framing of the problem was moderate. In the second phase of framing, the severity of the problem was stressed but not explained in detail. In the final phase, there was a focus on going back to the 'new normal' and the problems that could arise from this.

In the very beginning of the corona outbreak, PM Rutte emphasized a wait-and-see approach based on the little knowledge about *how* the outbreak would develop over time:

> *"We still find ourselves in the phase that we were in last week, the so-called containment phase. And, of course, we are preparing ourselves, should this be necessary, for the next phases. Whatever that exactly will be, will become clear when the time comes"[1] (Rijksoverheid, 2020, March 9).*

By using phrases such as "should this be necessary" and "when the time comes", PM Rutte's focus seemed to be on framing the outbreak as a 'possibility' rather than a 'definite reality'. In this first speech, PM Rutte emphasized how little is known at that point in time. Rather than using this description as a tool to emphasize the possible severity of the outbreak, PM Rutte used this emphasis to frame the outbreak as being 'moderate', i.e. as something not to worry about (yet).

A week later, on the 16th of March, the narrative of the speeches had changed. At that point, PM Rutte did emphasize the severity of the outbreak:

> *"The coronavirus impacts the whole country. Our country and the rest of the world. Together we are facing a huge task. Many people will recognize the feeling that, in the past few weeks, we find ourselves in a rollercoaster that seems to go faster and faster."[2] (Rijksoverheid, 2020, March 16).*

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[1] Translated from Dutch: "Wij bevinden ons nog steeds in de fase waar we ook vorige week in zaten, de zogenaamde indamfase. En wij bereiden ons natuurlijk voor, mocht dat nodig zijn, op volgende fases. Wat dat dan precies is, dat merkt u dan als het zover is"

[2] Translated from Dutch: "Het coronavirus houdt ons land in de greep. Ons, én de rest van de wereld. Samen staan we voor een opgave van enorme omvang. Veel mensen zullen het gevoel herkennen dat we de laatste weken in een achtbaan zitten die steeds sneller lijkt te gaan rijden"

The way the quote is described – in a 'we'-structure – illustrates a narrative of 'sameness' in which Rutte arguably positioned himself and the government as part of society. In doing so, Rutte engaged with a narrative of encompassment as he positioned the state as being intertwined with society. Next to the emphasis on togetherness in this quote, there was a focus on the severity of the outbreak. This was stressed through the use of metaphorical speech and comparison to a rollercoaster ride. However, there was no substantive description of the specific problems that the Netherlands was dealing with because of the corona outbreak. Therefore, the quote is empty in explaining in-depth what the situation at that time was like on the ground.

In the final phase of the press conferences, the corona cases were decreasing. Therefore, the diagnostic framing in this phase focused on problems related to going back to a 'new normal'. Rutte used the concept 'new normal' to indicate that the virus outbreak was not over yet, and people should stay alert but at the same time, people can go to work again, and start picking up their daily routines. A way through which PM Rutte framed the 'new normal' was by using the term "1,5-meter society"[3] (Rijksoverheid, 2020, May 6). One of the most important measures during the outbreak was to keep 1,5-meter distance between each other. By linking this measure to a description of the 'new' situation, PM Rutte illustrated *how* the measures would be embedded into the 'new normal'. In doing so, PM Rutte used a diagnostic frame as a motivational frame in which the desired behaviour was legitimized by referring to 'normality' to justify the government's approach. Before going into the motivational frame, first, the proposed solutions should be discussed under the prognostic frame.

Prognostic Frame

Prognostic framing has mainly been used in the press conferences to describe new sets of measures. At the beginning of the outbreak, these measures focussed on preventing the health care system from getting overloaded. Later, when different problems arose, such as a possible loss of income for a large part of the population, measures and prognostic frames were tailored towards these problems. The style of responding towards the described problems was more reactive than proactive. As became clear from the diagnostic frame, the government approached the outbreak step by step rather than by having an overall plan ready. An example of the reactive style could be found in the weekend of the 21st of March. It was one of the first hot weekends of the year and despite the corona measures urging people to stay at home, many people went outside. In the press conference that followed on the 23rd of March, disappointment was addressed with the fact that people had not kept to the measures as strictly. Using this

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[3] Translated from Dutch: "anderhalvemetersamenleving"

disappointment as motivation, several stricter measures were implemented (Rijksoverheid, 2020 March 23).

Throughout the press conferences, individual responsibility has been emphasized. The government approach was largely based on individuals' behaviour and responsibility. This narrative was also emphasized by the Dutch corona prevention slogan:

"Only together we will be able to control corona" (figure 1) (Rijksoverheid, coronavirus communicatiemiddelen, n.d.). [4] The emphasis of togetherness in this slogan seems to put the responsibility of society and the state in a similar position.

alleen samen krijgen we corona onder controle

Figure 1 Corona prevention slogan Netherlands

Based on these claims, it can be argued that the Dutch government mainly operates based on a narrative of encompassment in which they position themselves closely with society.

Another characteristic of prognostic framing was that the solutions were embedded in elaborate explanations and justifications. In a press conference from 16 March, for instance, three possible solution scenarios were being discussed by PM Rutte. Both their strategy and outcomes were being explained. In this solution definition, he did, thus, not only explain this preferred approach, but he also justified it with many examples and alternative options.

Motivational Frame

The motivational frame illustrates the way the Dutch government has legitimized its approach. From the prognostic frame, it became clear that the implementation of measures was based on a certain urgency. Once a problem arose, such as people that did not comply with measures, the government describes an urgency to implement new measures. In the case of the disobedience to rules, minister de Jonge said:

> *"The severity and the speed and the impact of the virus, asks to be taken seriously. It is for this reason that complying to the taken measures is so important. The virus does not spread itself, people spread it"* [5] *(Rijksoverheid, 2020, March 23).*

The government used this argument to reinstall new measures. Thus, the government response is reactive and through the use of urgency, measures could be justified. This strategy of 'urgency' was also emphasized when PM Rutte made use of descriptions of severity as became clear in the

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[4] Translated from Dutch: "Alleen samen krijgen we corona onder controle"
[5] Translated from Dutch: "De ernst en de snelheid en de impact van het virus, die vragen erom serieus genomen te worden. En juist daarom is het naleven van al die genomen maatregelen zo belangrijk. Het virus verspreid zichzelf niet, mensen doen dat."

diagnostic framing. By using metaphors of for instance a rollercoaster to stress the severity of the situation, diagnostic frames are used as a tool to create urgency to legitimize the state approach.

As described in the paragraph about the prognostic frame, PM Rutte elaborately discussed the possible approaches towards the corona outbreak. By describing several options, a narrative is provided in which the government shows to be considerate in their approach. Accordingly, PM Rutte would emphasize the efficacy of the chosen approach based on the scientific relevance and expertise on which this decision was argued to be based. The role of science shows to be crucial in the motivational frame of the Netherlands:

> *"[…] the answer to all the questions that arise, starts with the knowledge and experience of experts. Let us stick to that. […]. Their advice has been leading for all the measures that have been taken in the Netherlands until now. It is important that we keep sailing on the compass of science, knowledge and trustworthy facts" (Rijksoverheid, 2020, March 16).[6]*

In this quote, science is related to trust, knowledge and experience. Arguably, the effectiveness. as well as the necessity of the proposed measures, is thus substantiated by an approach in which authority is argued to be derived from 'the truth'. Rather than using government authority or reliability, PM Rutte thus emphasizes the reliability of science to strengthen the government approach. In taking this approach, it could be argued that PM Rutte derives his legitimacy from a narrative of encompassment in which practices of science help to structure the state approach.

Dutch Spatiality, a Conclusion

Now that the Collective Action Frames have been set out, what does this teach us about the image of Dutch state spatialization? While the use of non-concrete terms in expressing the severity of the disease, and the reactive approach from the government, could indicate a narrative of verticality, in which power is centralized in the government, I will argue that this is not the case. The lack of in-depth explanation of the situation on the ground could indicate an approach in which the government sees itself as 'above' the state but this is not the case in the Netherlands because the government is justifying this approach by arguing that the lack of knowledge is leading in the performance and approach of the government. Therefore, it is not out of a position of authority that this style of framing is being used but rather out of a position of the unpredictability of the situation. A second way through which the government visualizes

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[6] Translated from Dutch: "Maar het antwoord op alle vragen die leven, begint bij de kennis en ervaring van deskundigen. Laat ons daaraan vasthouden. […]. Hun advies is vanaf het begin leidend geweest voor alle maatregelen die tot nu toe in Nederland zijn getroffen. En het is belangrijk dat we op dat kompas van wetenschappelijke kennis en betrouwbare feiten blijven varen."

its spatial position is through expressing a sense of togetherness. Here the argument is that because there is so much unclear about the virus as well as the best way to deal with it, it is necessary to fight the virus together. It could be argued that in taking this approach, the government situates itself in an equal position towards citizens. The government thus appropriates a position of encompassment in which they desire a similar level of responsibility as citizens. Another way through which the narrative of encompassment is strengthened in the framing by the Dutch press conferences is using science and expert knowledge. By legitimizing the state approach through science, part of the authority of the government is placed outside of the traditional institution of the government. In sum, encompassment narratives are used to create a sense of sameness from the government towards society, and this image is being strengthened by the way the government positions itself in relation to science.

Spain

Diagnostic Frame

In the Spanish press conferences, the speeches are held by Prime Minister (PM) Pedro Sánchez. Just like the Netherlands, different phases of the outbreak are being discussed. However, differently from the Netherlands, the narrative used to discuss the outbreak stays the same throughout the different phases of the outbreak. From the first speech until the last one, the situation is described as tough and severe. A sample of the words spoken by PM Sánchez, on the 4th of April, illustrate the tone of voice characteristic of his press conferences:

> *"As I announced in my last press briefing, this week has seen the darkest hours, the toughest days and the most bitter times. Each day brings us an overwhelming summary of the figure on the number of dead. 11,744 lives have now been taken away, often in the cruellest fashion, completely alone. The daily figures of those who have died are moving and disturbing, but they are not the only figures to arrive. Today we can see that these three weeks of isolation and collective sacrifice are bearing fruit" (La Moncloa, 2020, April 4).*

By using adverbs such as the 'darkest hours', 'toughest days', and 'most bitter times', the severity of the situation is emphasized. Accordingly, the severity is also expressed through an explanation on the ground, i.e. the number of people that have died and the situation in which this happened. In this quote, the diagnostic frame is used as part of a motivational frame. This is characteristic of the Spanish press conferences. By arguing the situation has been severe, Sánchez illustrates the necessity of severe measures. By accordingly showing that these measures

are 'bearing fruit', the measures can be justified. Before the motivational frame will be further discussed, the prognostic frame needs to be set out.

Prognostic Frame

Spain's response was late. Namely six weeks after the first case was being confirmed (La Moncloa, 2020, March 13; CSSE, 2020, March 9). the government only responded with measures on the 13t^h of March. On this date, the Spanish government announced a state of alarm as of the following day (La Moncloa, 2020, March 13). The state of alarm made it possible to centralize all state powers towards government level, including security forces and local police. Through the centralization of state powers, the government implemented a lockdown in which people had to stay home and could only go out if they had an official decree stating the purpose of going outside (La Moncloa, 2020 March 13). From this approach, it could be argued that the Spanish government has provided an image of itself in line with a narrative of verticality as the focus of power was centralized in the government. The narrative used by the government to strengthen this approach was that centralization of power would be the best way to 'deal' with the outbreak. In his speech on the 13th of March, PM Sánchez described the role and authority of the government in relation to this approach by saying: "The Government of Spain will protect all citizens and guarantee the appropriate living conditions to halt the pandemic with the minimum possible consequences" (La Moncloa, 2020, March 13). In expressing himself in this way, PM Sánchez emphasized the government's central role, responsibility and authority towards and over citizens in Spain. This type of framing is in line with a vertical narrative in which the government positions itself 'above' society.

In the prognostic framing, Spain, however, also makes use of a narrative of encompassment. Namely when Spain positions itself vis-à-vis Europe. One of the statements made about Europe's responsibility to act was the following:

> *"Europe must not fail us this time. It is time for Europe to protect Europeans from this calamity, this tragedy we are suffering from. Europe has resisted for too long taking steps to progress in its shared responsibility. This is the attitude and the proposal I will pass on to my colleagues at the next European Council" (La Moncloa, 2020, April 4).*

Thus, there is a desire from Spain to be able to rely on Europe. It could be argued that by showing this desire, Spain is acknowledging that it cannot deal with this crisis alone. At the same time, the tone of voice, in which PM Sanchéz demands this approach from Europe, as well by the way he argues that he will be passing this message on to colleagues, illustrates the perspective

that there is no hierarchical structure in place but rather a perceived structure of encompassment in which the Spanish government voices its connection with Europe through the shared responsibility they have.

Motivational Frame

To be able to implement a restriction on the freedom of individuals as happened in Spain, the state's justification for its proposed measures is very important. In the press conference, it was explained how the state of alarm could be legally implemented and what the effect of this implementation would be on state rule. The state of alarm was being legitimized by a promise from the Prime Minister that health of citizens could better be protected when the state would be having more authority to respond (la Moncloa, 2020, March 13). Just like the Netherlands, the Spanish government has legitimized their specific approach by arguing that they based their approach on expert knowledge. However, the role of experts was not as apparent in the press conferences as there was no expert present to justify the state approach as was the case in the Netherlands. Two principal narratives can be found in Spain's interview through which the state of alarm is being justified. The first narrative focusses on stressing the severity of the situation, and the second narrative emphasizes people's responsibility.

As discussed in the paragraph on the diagnostic frame, Spain uses its diagnostic frame to justify their approach. In doing so, PM Sánchez frames his speeches in a way that are often related to a war narrative. For instance, in his diagnostic framing, when he refers to the precarious situation for care workers: "From the first to the last, our compatriots are fighting this war. Our healthcare workers have been fighting this virus for weeks, often with insufficient weapons and resources, on the front line" (la Moncloa, 2020, April 13). It could be argued that the Spanish government appeals to people's morale in a language that they are familiar with. The corona pandemic is a new concept with little set language whereas war has a clear language and, therefore, helps citizens to contextualize the situation. By using the language of war, the Spanish government is able to justify severe measures as war is seen as a severe situation in which an intense response is justified (own emphasis, Steuter & Wills, 2008, p. 3).

Next to war language, PM Sánchez also uses language to unify: "From the largest region down to the smallest, the autonomous cities of Ceuta and Melilla, and also the great city of Madrid, where I am from, down to the smallest municipality in our country, we are all called on to unite and pull in the same direction." (La Moncloa, 2020, April 4).

This message was strengthened by the slogan adopted by the Spanish government: "Together we will stop the virus" (figure 2)[7] (Gobierno de España, n.d.). In taking this approach, PM Sánchez emphasizes solidarity between individuals. It could be argued that, just like in the Netherlands, the appeal to individual and collective responsibility are a tool to centralize and explain the role of society within dealing with the corona outbreak.

Figure 2 Corona prevention slogan Spain

The above-described tools of languages of war and unity can be argued to be effective tools in justifying the state the highly interfering state response. War language influences the way individuals understand the outbreak and therefore, what they deem a justified response. Furthermore, the appeal to unity gives a sense of togetherness that can be argued to be an effective tool in emphasizing everyone's role and responsibility and not only that of the state. In taking this approach, the togetherness can be seen as part of a narrative of encompassment.

Spanish Spatiality, a Conclusion

The Spanish government positions itself in an authoritarian way by emphasizing their role to 'deal' with the outbreak and by centralizing power through the implementation of the state of alarm. This role is emphasized by several narratives. Through using adverbs that strengthen the seriousness of the situation and using war language, PM Sánchez has justified the centralization of the government. This strategy is mostly in line with a vertical narrative. The vertical narrative is thus reinforced both through law and language that emphasizes the central position of Spain's government in decision making. Next to a vertical approach, the Spanish speeches used two important narratives that were in line with a narrative of encompassment. The first narrative of encompassment comes up when PM Sánchez talked about the role of Europe in the corona outbreak. Interestingly, neither the UK nor the Netherlands has discussed Europe's role. In Spain, narratives of encompassment have been used when Europe is discussed in the way the interdependence between Europe and Spain is described. This narrative has been described by discussing the necessity for Europe to help Spain in decreasing the consequences of the corona outbreak. Within this narrative, the Spanish government describes itself as an entity that is not standing 'above' nor 'below' Europe, rather, the narrative emphasizes Spain's role of being a part of Europe. The second narrative through which encompassment is emphasized is through accentuating togetherness in the speeches. The argument is that the virus can only be 'defeated' together. Just like the Dutch narrative, the Spanish government emphasizes an individuals' responsibility. By focussing on the fact that 'everyone' needs to help to 'defeat' the

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[7] Translated from Spanish: "Este virus lo paramos unidos"

virus, the Spanish government situates itself in a position of encompassment in which the connectedness between citizens and the state is emphasized.

The United Kingdom

Diagnostic Frame

In the UK, the press conferences were mostly led by Prime Minister (PM) Boris Johnson but sometimes also by Foreign Secretary Dominic Raab who was sometimes accompanied by experts. In the development of the British speeches, a similar pattern can be found towards the diagnostic frame as in the Netherlands. Rather than responding directly to the outbreak, the UK's narratives showed to be more reactive than pro-active. At the beginning of the outbreak, the virus and its consequences were seen as serious but not problematic. In a speech on the 3rd of March, Johnson argued: "[…] let me be absolutely clear that for the overwhelming majority of people who contract the virus, this will be a mild disease from which they will speedily and fully recover as we've already seen" (gov.uk, 2020 March 3). In the same speech, Johnson had argued that the virus would become more widespread. Thus, there was no denial of the possible development of the disease. However, the necessity to respond was made less urgent by using diagnostic framing in which the effects of the disease were being described as 'mild'. When the outbreak developed, the seriousness of the outbreak became more emphasized in the speeches. On the 7th of May, Foreign Secretary Raab described the situations as follows:

> *"The virus is not beaten yet. It remains deadly and infectious, and we are working very hard right across government and with local government to bring it down in areas of concern, like in care homes, and I'm confident we can do it and we will do it" (gov.uk, 2020 May 7).*

While on the 3rd of March, the virus was described as a mild disease for most people, the words 'deadly' and 'infectious' in this quote illustrate the shifting narrative in the diagnostic frame. Furthermore, the availability of a response from the government is emphasized. While, at the beginning of the outbreak, the government tried to diminish its role – with a focus on responsibility for everyone – the role of the government was now emphasized in the approach the government is taking. Nonetheless, it remained rather vague as to *how* the government and also citizens were expected to respond precisely. This is illustrated further in the prognostic framing used by PM Johnson.

Prognostic Frame

The articulation of solutions by the UK was mostly focussed on measures for individuals. The argument made by PM Johnson for this approach was that the National Health Service (NHS) was central in responding to the corona outbreak and that individuals could help to 'protect' the NHS so that they could do their work (gov.uk, 2020, March 3). By framing the prognostic frame in this way, Johnson places the NHS 'above' the government. In doing so, it could be argued that, in the first place, the authority of the NHS is emphasized over the authority of the government. This argument will be strengthened when looking at the motivational frame but can also be illustrated by the characteristics of response from the UK.

The first response to the outbreak was rather quick. On the 3rd of March, with 51 known infections, the UK government published the *Coronavirus Action Plan*, in which the possibly necessary steps to be taken were explained. Despite the action plan, the UK's response could be described to be laid back. As described under the diagnostic frame, it was stressed by PM Johnson that the majority of the people would only become mildly ill and recover quickly. He argued that the UK has a fantastic healthcare system as well as fantastic surveillance and testing systems in place (gov.uk, 2020, March 3). Through using this narrative, Johnson, emphasizes the role of the NHS with dealing with the outbreak over their specific government role. Therefore, a vertical narrative can be identified here. Interestingly, the press conferences show a reluctance in enforcing measures. Rather, the state takes in an advising position in which they advise people to not go to the pub and stay home. In doing so, the UK government seems to take in a wait-and-see attitude in which a lot of autonomy is placed on individuals.

It was only on the 23rd of March – with 6726 people infected – that PM Johnson tightened the measures (legislation.gov.uk, 2020, March 23; Johns Hopkins, 2020):

> *"[…] though huge numbers are complying - and I thank you all - the time has now come for us all to do more. From this evening, I must give the British people a very simple instruction - you must stay at home. Because the critical thing we must do is stop the disease spreading between households" (gov.uk, 2020, March 23).*

While a solution is provided, little is said to specify the measures, nor to justify the approach. The one argument that is made, i.e. to stop the disease spreading between households is not further elaborated or explained. This style of framing is also visible in the slogan(s) used by the UK government. UK's slogan was: "Stay alert, control the virus, save lives" (Figure 3)

Figure 2 Corona prevention slogan UK

(gov.uk, official corona page, n.d.). Interestingly, the slogans of both the Netherlands and Spain was used as motivational frames in which a literal reference were made to how the virus can be prevented. However, in the UK, the slogan is more abstract in the motivation of *how* to do so. While it is mentioned that it is necessary to 'stay alert' and to 'save lives' it is not described how this should be done. To see what this implies about the government's narratives of verticality and encompassment, the motivational frame should be set out first.

Motivational Frame

Just like Spain and the Netherlands, the UK emphasizes the role of science and expert knowledge in making decisions: "Throughout this period of the next two months we will be driven not by mere hope or economic necessity. We are going to be driven by the science, the data and public health" (gov.uk, 2020 May 10). This motivation emphasizes the role of science in decision making and shows how science functions as a motivation for the specific approach taken by the UK. However, different from the Netherlands, it is not explained *how* science and data will be deployed to fulfil this task.

The motivational framing used in the UK is minimal compared to the other countries. Where the Netherlands and Spain attempted to elaborate on their why and how of the situation and measures, PM Johnson limited himself to brief statements. For instance, at the beginning of the outbreak, when he says: "[…] at this stage, and with the exception of all of the points I have just mentioned, I want to stress that for the vast majority of the people of this country, we should be going about our business as usual" (gov.uk, 2020 March, 3). Rather than explaining why this is the case, PM Johnson presented this as a given. In doing so, he centralizes a lot of authority in himself. In not explaining his statement, he arguably assumes that what he as a Prime Minister states can be taken as a given truth. By taking in this position, the verticality in the UK's state approach is emphasized.

Next to the emphasis on state authority, PM Johnson has emphasized the responsibility of the individual. He argued for instance that individuals are responsible to help the NHS cope with the disease. However, he has not emphasized *how* individuals can do so. Thus, PM Johnson's rhetoric and tone of speech emphasize his authoritarian position but at the same time, the content of the speech neglects an authoritarian and central state intervention. The emphasis on individual responsibility seems to be contradicting with the authoritarian position taken in by the government. However, it can be argued that the two narratives coexist, where the authoritarian narrative emphasizes verticality and the narrative of individual responsibility emphasizes encompassment.

State Spatiality in the UK, a Conclusion

The state spatiality in the UK thus shows to be complex. The practices and metaphors through which the state has represented itself seem to be almost contradicting. Narratives of verticality illustrate how PM Johnson positions himself and state rule 'above' society. The lacking explanation on the how and why of the approach imply an authoritarian role for the government. At the same time, narratives of encompassment illustrate a lacking direct response and emphasise the role of society through the placement of responsibility on individuals. The UK approach was to protect the NHS so that they could 'do their work'. This approach can be analysed in several ways. The first argument would be that by emphasizing the role of the NHS and individuals, as well as framing the outbreak as 'mild', the state is placing a lot of responsibility to respond in a proper way outside of themselves. In doing so, the state positions itself in a position of encompassing society. i.e. they have a role in preventing the virus from spreading but this is a task for everyone in society. The second argument, however, is that the lacking in-depth explanation of the government with regards to both the diagnostic and motivational frame, implies that the government does not deem it necessary to provide and explanation and expects society to follow their lead anyways. In taking in this position, the narrative is more focussed on a vertical approach in which the government operates as an authoritarian entity 'above' society. Arguably, both practices of verticality and encompassment show to be existing next to each other and reinforce a state approach in which plenty authority is positioned in the state and at the same time citizens relatively have a lot of freedom in decision making.

Discussion and Conclusion, Similar Structures but Vastly Different Approaches

In this chapter, I have set out three government approaches in the first months of the coronavirus outbreak. In doing so, the following research questions have been answered: "What Collective Action Frames have been constructed through the press conferences in each country in relation to the current outbreak of COVID-19?", "What images of vertical encompassment in relation to the outbreak of COVID-19 are offered through the Collective Action Frames used in press conferences in each country and how do these perspectives differ?"

Each government has shown to have a significantly different approach. Arguably, the main factors that influenced these differences are the different historical background that has shaped the aesthetics of each country differently, but also the government, and more specifically, the prime minister's attitudes. In this final part of the chapter, I will describe how the frames used by governments to account for narratives of verticality and encompassment have differed

and what this presumably tells us about the difference in state performance between the three countries in relation to the outbreak of COVID-19.

In Spain, the framing towards verticality was the most significant as compared to the other countries. In the diagnostic and motivational framing, the severity of the outbreak was stressed as a tool to justify top-down governance and measure-implementation. Furthermore, through a prognostic frame, the Spanish government positioned itself 'above' its citizens by arguing that it is their responsibility to protect its citizens and to guarantee appropriate living conditions. The power centralization over the autonomous regions strengthens this image. In the UK, the narrative of verticality was reinforced by the lack of diagnostic and motivational framing. The lack of an in-depth explanation of the situation and the lack of motivation for the proposed approach arguably implies a style of governing in which the positionality of the state 'above' society is assumed and therefore, it seemed as if the UK government did see no need for an in-depth explanation of the proposed approach.

In the Netherlands, it could be argued that a narrative of verticality is minimal. Rather, the Dutch approach and framing was emphasized through a narrative of encompassment.

The framing styles reinforced a narrative of encompassment in several ways. First, the style of the response, i.e. with little in-depth explanation and reactive rather than a pro-active approach, were argued to be impacted by the little knowledge available. Secondly, individual responsibility was framed as key in the Dutch approach. Finally, the role of science was emphasized in the motivational frame. All these frames contributed to a narrative of encompassment as the role of other actors within the outbreak were emphasized, and the government embedded itself within this network of actors rather than a positioning 'above' these actors. The emphasis on science and individual responsibility is not unique to the Netherlands. Especially in the UK, and to a lesser extent in Spain, these frames have also been used. In the UK, the emphasis on individual responsibility was the main narrative of encompassment. While there was an emphasis on state authority, the lack of state performance accordingly left a lot of space for individuals to fill in an autonomous response towards the outbreak. This framing can be argued to be part of a narrative of encompassment because government authority is being placed on individuals and the NHS. In Spain, framing on individual responsibility was present in another form, namely through a focus on the togetherness in fighting the disease. Furthermore, encompassment was emphasized in the prognostic framing in relation to Europe as it was argued that the only way through which Europe could come out of this crisis was to work together.

As argued by Ferguson and Gupta, the metaphors of verticality and encompassment "work together to produce a taken-for-granted spatial and scalar image of a state that both sits

above and contains its localities, regions, and communities (2002, p. 982). This chapter has provided an image of the way the state is spatialized from a government perspective. In doing so, this chapter contributes to the theory of vertical encompassment as it has provided an in-depth encounter of the frames and metaphors used to spatialize a state.

Chapter 5. Society

To complement the narratives provided by the previous chapter, this chapter will describe the spatialization that takes place in different countries based on individuals' narratives of verticality and encompassment in relation to the state during the first three months of the outbreak of COVID-19. The question that guides this chapter is: "What images of vertical encompassment are produced by citizens in the Netherlands, Spain and the UK during the first months of the outbreak of COVID-19?" Interestingly, despite the different government approaches towards the outbreak, the level of satisfaction with the government approach in each state has shown to be rather similar. To see how the individual narrative plays out, this chapter is divided into two parts. The first part focusses on verticality and the second part focusses on encompassment. In the first part, it is identified what narratives of verticality are used by individuals in relation to a perceived and desired state approach. In this part, there is a focus on the perceived centrality and boundaries of a state, and the positionality of a state in relation to Europe and the WHO. In the second part, images of encompassment are discussed by looking at the level of satisfaction people experienced towards the government approach. In this part, it becomes clear that the individuals' satisfaction is influenced by several actors and factors that relate to structures of encompassment in which citizens are governed by the structures that encompass them. The analysis that follows will focus on finding out why it is that the level of satisfaction with the state in each country shows to be similar but that, when zooming in on narratives of vertical encompassment, there are several differences between the countries. This will be done by zooming in on ways in which the measures implemented by each country has policed the participants.

Part I Verticality: Traditional State Perception

In the first part of this chapter, the following sub-question will be answered: What images of verticality of the State exist among its citizens in the UK, NL, Spain and by what procedures and techniques of bureaucratic rationality did state verticality become real and tangible?

State 'Above' Society

"It is really interesting in a case like a virus. It is not as if there is any deliberate or malicious act. It was beyond our control as a country there is still a lot of unknowns about where it is originated […]. I think the state has a duty to protect and safeguard its citizens as far as it can, once a situation like this is known and the complications are known" (Kate, UK).

When interviewees were asked what role they saw for the state in the corona outbreak, many participants gave a similar answer to Kate's. First, it would be acknowledged that the situation was unique and new and, therefore, hard to deal with. Accordingly, it was argued that because it is the state's duty to protect and safeguard citizens, this was still the case during the outbreak. In puting these responsibilities upon the state, it could be argued that the state operates 'above' society in an authoritarian position in which it has the power to decide an approach. This framing was not unique to the corona outbreak. Participants argued that because the state had an authoritarian position, they also had several duties such as providing for good health, and economic and social support for its society. Dealing with the corona-outbreak was no exception to this. The following state tasks were mentioned as most important during the outbreak: Protection, guidance, provision of information, and economic damage control. In the part on encompassment, it will be discussed how people related to their state's approach in relation to the ability to provide for these tasks. Next to duties for the state, it was argued by participants that individuals in a country also carried an individual responsibility in making sure that they kept to measures of the state:

"So, I am meaning that the responsibility would be, in each individual like the responsibility is in me. In going out, in in not talking to people, in avoiding to touch my eyes when I am outside, I mean being very respectful, that is my responsibility and each one from here, from the individual to the government, I think everybody has responsibility but the one who has to make the big decisions, would be the big government" (Pep, Spain).

In this quote, individuals are described as responsible. The way individuals are responsible is in line with the measures the government has urged individuals to stick to. Thus, based on this perspective it could be argued that the government's authority structures the role of an individuals' responsibility from 'above'. In this quote, this perspective is illustrated by the sentence "the one who has to make the big decisions, would be the big government" as this part

of the quote emphasizes the government's role. This approach illustrates a traditional image of the social contract in which the responsibilities of an individual are being enforced in a collective social arrangement as set out by the state (D'Agostino, Gaus & Thrasher, 2019).

State 'Above' EU and WHO

As becomes clear from the stories from participants, the state was thus seen as the principal actor to protect citizens. When participants were asked about the role of other actors, it was argued that they operated 'below' the state. For instance, to the question of what responsibilities the EU had compared to a state, the EU was often seen as an 'aid' to collaborate with. However, the responsibility to protect citizens against the coronavirus outbreak was positioned with the state. Koen, from the Netherlands, made the following argument to illustrate that responsibility lays with the Dutch state and prime minister:

> *"I would always place the responsibility with the national state. I would not, if Rutte would say: 'Hi guys Europe did this wrong and that is why we have the corona crisis' I would not think, this is not Rutte's problem […]. Europe is a tool for him to get certain things done, but not, he cannot get rid of his responsibility" (Koen, Netherlands).*[8]

The same argument was made for NGOs. Within the research, a special focus was placed on the World Health Organisation (WHO). The WHO describes its core function as: "to direct and coordinate international health and work through collaboration" (WHO, n.d.). They arguably play a central role as the principal international institute when it comes to the world-wide prevention of the outbreak of COVID-19. Seeing their function description, it could be argued that from their own perspective they either 'encompass' or stand 'above' states. However, hardly any of the participants mentioned the WHO and if the WHO was mentioned, its role was always in the service of the specific government or state. Thus, the narratives given by participants related to verticality have made clear that the state is positioned in the highest hierarchical position and as being the main institute with regards to its responsibility in the COVID-19 outbreak.

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[8] Translated from Dutch: "De verantwoordelijkheid zou ik altijd neerleggen bij de nationale staat. Ik zou niet, als Rutte zou zeggen: 'hee jongens Europa heeft dit fout gedaan en daardoor zitten we nu in de corona crisis' dat dat zou ik niet denken van ohja nee het is niet Rutte's probleem. […]. Europa is dan een tool voor hem om bepaalde dingen gedaan te krijgen maar niet, daar kan hij geen verantwoordelijkheid voor afschuiven"

Spatial Conceptualization of State Boundaries

Another way through which narratives of verticality were discussed in the interviews was through talking about the definition of a state and especially by discussing boundaries of the state. As described in the introduction, the state is an 'imagined' entity that is "conceptualized and made socially effective through particular imaginative and symbolic devices" (Ferguson and Gupta, 2002, p. 981). In theory, the state (polity under a system of governance) and the nation (a shared imagined community) come together in the territory of a country and its borders in the form of a nation-state. However, this theoretical reality often plays out differently in practice. In this paragraph, two examples of different state perceptions in the UK and Spain will be discussed to illustrate how state boundaries can impact ones' image of the social contract.

the UK exists of 'countries within a country" comprising of England, Scotland, Wales and Northern Ireland. While the countries form a unitary parliamentary democracy, and a constitutional monarchy, they also have their own governments (The National Archives, 2003). Participants have described how Boris Johnson laid out measures for the whole of the United Kingdom, and how the next day leaders of Scotland and Ireland, laid out their own plan. Here, a lacking unity in state definition creates conflicting realities as to what the boundaries of the state are. This quote by Fraser illustrates what kind of complications this can give:

> *"We actually had different countries within the UK doing their own thing. So, although Boris Johnson gave advise for the UK as a whole, we then had Nichola Sturcheon up in Scotland giving different advice to Scottish people, so actually the UK has almost broken apart in terms of the measures that it's taking" (Fraser, UK).*

A topic of complaint in the UK was that measures have been unclear. By the decentralization of information provision, it becomes rather difficult for both the government and society to execute and adhere to state rule. It now becomes a matter of identity or sense of belonging that influences people's decisions as to what advice to adhere to. The perception of what is defined as the state thus largely influences ones' perception of the righteousness of government measures and advice. Interestingly, the outbreak of COVID-19 can also work unifying. Several participants in the UK have argued that because of the outbreak, tensions surrounding Brexit have moved to the background, creating a society in which more unity is being experienced.

In Spain, the struggle for state definition, as is the case in Catalonia, has influenced peoples' satisfaction and level of compliance towards the measures. Pep, a Catalonian participant, experienced the centrality of Spanish state rule as problematic for the way the corona

outbreak developed in Catalonia. He believed that Spain was using the outbreak to regain control in the Catalonian region. As a critique for the Spanish approach, he argued:

"I have to say that the government in Catalonia have always been a little more strict in terms of the rules. They wanted to confine the whole population before Spain allowed that and they sort of follow the same kind of premises but two weeks later. So, Catalonia has always claimed, you are late, let us do it, let us do it" (Pep, Spain).

To Pep, as well as for other participants who lived in Catalonia, there was no nationalist sentiment connected to Spain. Gemma, another participant from Catalonia argued that to her the Spanish Flag was as neutral as the French flag and that she felt connected with Catalonia and not with Spain. Nonetheless, for Gemma, this did not mean that she believed that the corona outbreak could better be dealt with by Catalonia. She argued that the Catalonian government would have as much difficulties with getting resources as the Spanish government had. Therefore, to her, the Catalonian independence was something to be handled outside of the current situation.

While some participants see state measures to corona as undeniably connected with a fight for state centrality, others have argued that the state centrality is necessary in the case of a crisis, and questions of independence are not related. The cases from Spain and the UK show how state definition can influence the way state rule is being experienced and judged. In line with the description of the 'imagined' state in the introduction, these examples illustrate that state form and understanding deviate in the mind of each individual.

Conclusion and Discussion

In response to the research question – What images of verticality of the State exist among its citizens in the UK, NL, Spain? – the first part of this chapter has shown that the state is perceived as central in the prevention and controlling the outbreak of COVID-19 and, therefore, as the main responsible entity to deal with the corona outbreak. This is similar for each country. When asked to participants why they held the state responsible for providing good health, social, and economic support, it was argued that from looking at a definition of the state, these tasks were central duties of a state in all times. Dealing with the corona-outbreak was no exception to this. Especially in relation to the EU and the WHO, the state was seen as the first and foremost entity to deal with the corona outbreak. The EU and the WHO were seen as tools that could help the state in their tasks but not the other way around. This approach illustrates a vertical narrative in which the state is placed 'above' society and other agencies. While individuals

were argued to be responsible in adhering to state rule, the state was leading in this approach. A nuance in defining the state as 'above' society can be found in state definition. Participants from Spain and the UK have argued that with the outbreak, complexities related to state definition were emphasized. What is perceived as 'the state' impacts were the agency of responsibility is placed by citizens. Nonetheless, in different state definitions, there was still no question that the state – however it was defined – was central to dealing with the corona outbreak.

The state perception as provided in this research has shown that seeing the state as responsible is not something new. How does this fit with the perceived decentralization of the state related to globalization, individualization, and neoliberalization? While the state's structures have become more and more complex and spread, this chapter has shown that this does not take away responsibility from the state apparatus. Thus, the spatial outlook of the state apparatus has changed over time, but whether there is an outbreak or not, people have described to hold the state equally responsible. More nuance to this argument will be provided in the next part of this chapter on encompassment. It is described in the previous chapter that state response was rather different in each country. However, this is not something that has largely been reflected in the interviews. People did perceive the state approach has highly legitimate. How come that people in each country perceive the state in a similar manner while there is a clear differentiation in the framing used by the states themselves? This question will be further investigated by looking at narratives of encompassment provided by the participants of this research.

Part II: Encompassment

This part focusses on governmentality through encompassment: ways in which people are being policed through the measures and their attitude towards this with a focus on the perception of the legitimacy and authority of the measures. In doing so, this chapter answers the following sub-questions: "What images of Encompassment of the State exist among its citizens in the UK, the Netherlands, and Spain?" And "By what procedures and techniques of bureaucratic rationality did state Encompassment become real and tangible?"

Images of Encompassment: (dis)satisfaction State Approach

In this paragraph, the first sub-question will be answered by providing a timeline in which the state approach will be discussed by looking at what is expected and how satisfied participants were with the state approach throughout the three months in which this research has been conducted. It was argued by participants in all countries that the response of the government has been too late and too slow. Furthermore, measures were experienced as

restricting. However, once the seriousness of the situation became more widely spread, measures that restricted individual freedom became more accepted and legitimized by participants. It was argued that the government approach was sufficient. This perspective changed when participants discussed the end of the outbreak. At the point of the interviews, it was not yet known what approach countries would take to relax measures. However, participants foresaw many problems for this phase. Before elaborating on these problems, the beginning of the outbreak will be discussed with a focus on the perceived tardiness of state responses.

Too Little Too Late

In all three countries, but especially in the Netherlands and the UK, participants have critiqued the government response for being too late and too slow. The major reason participants used to argue that the government response was slow, was by arguing that the government 'could have seen the outbreak coming'. Alex, from the UK, argued for instance: "We could see in nations like Italy and Spain already that it was getting really bad, and it, anybody with half a brain could have told you that the same thing was going to happen to us". Some participants even argued that if the state would have responded quicker, fewer people would have died. On the ground, the tardiness of state response was felt in several ways. For instance, in the lack of equipment that was argued to be a consequence of the late response. Fraser, a junior doctor working with COVID-patients in the UK, described the scarcity in his work as follows:

> *"I remember at the start of April having to wander around wards and leave my ward to go to different wards just to try and find some protective equipment. To go in and see a patient with and at times you were finding equipment that wasn't suitable or adequate" (Fraser, UK).*

This quote illustrates the severe situations that were created by a late response. Such experiences (that have been described in all countries) illustrate a narrative of encompassment in which the state approach indirectly impacts participants lives through the approach they took towards the outbreak. When participants were asked to describe why state response was late, it was often argued that the inability for the government to respond can be related to the gradual decrease of government involvement in the health care system in the past years. Jonathan from the UK argued for instance: "unfortunately we are seeing the effects of an underfunded health service in the UK. So, the mistakes that were made, maybe were 10 years ago." This argument and relation to neoliberalism will be extensively discussed in the next chapter.

Restricting Measures

While it was argued that a response was 'too little too late', participants also described that they did not acknowledge the severity of the outbreak themselves in the beginning. Several participants have argued that in the beginning, they experienced the measures as rather restricting. What does this contradiction in people's desire and response at the beginning of the outbreak tell us? Arguably, it shows that from a normative base, both the state and society respond in a neoliberal manner. If freedom is restricted this is experienced negatively. Therefore, the state is cautious in its response and people are unhappy with restrictions the moment they are implemented. However, when the severity of the outbreak became visible, people realized that the state might have acted only too late. Therefore, the normative frame provided by neoliberalism arguably shows to be unable to provide a fitting response to a crisis like a pandemic.

Acceptance and Satisfaction

Once urgency and relevance for the measures were understood and accepted by the participants, they felt more comfortable with the measures in place. When people were asked whether they were satisfied with the implemented measures by their respective government, they responded mostly positive. The satisfaction with measures, once they were in place, was substantiated by the argument that the country was doing 'the best they could' in the specific circumstance: "I think the government are doing the best that they can in such an extraordinary situation. There is no blueprint for this" (Kate, UK). Furthermore, because measures were perceived to be effective, people tended to agree with the approach taken by their respective state. Thus, while the state approach and situation have largely differed, because people had trust in the approach once it was in place, the population has been rather satisfied with the crisis response. It could be argued that because of the outbreak countries have found a new mode of society. Therefore, it is easy for citizens to justify a state response that they would normally not accept (i.e. less democratic and more restricting of their freedom).

Going Back to the New Normal

However, at the point that things are 'going back to normal' this new mode might not apply anymore, making it harder for states to legitimate their approach. The focus of individuals will likely shift again from the direct provision of health towards an indirect provision of health through income. This is illustrated quite well when participants were asked what they expected for the future:

"And then you think is it all worth it that millions of Dutch people will be unemployed and companies have gone bankrupt? So, then you are really considering does health go before economy? We have almost arrived at a tipping point where we might need to start choosing for economy. Well it is really… it is an ethical issue and it is just really difficult" (Lorijne, Netherlands).[9]

The role and what is expected of the government and state shows to have shifted after the peak of the outbreak. Lorijne's quote characterizes people's concerns with regards to the economic system once the lockdown would be over.

Conclusion

This paragraph has illustrated how acceptance and compliance with a government approach largely relate to different needs that people have at specific points in time. A necessity for healthcare during the outbreak was arguably higher than economic security. Therefore, people were more lenient towards individual restrictions than they would 'normally' be. Once the peak of the outbreak was assumed to be over, the balance in the social contract however changed. Because the focus on health care started to decrease again, people became more critical of restricting measures. Thus, in the 'agreement' between citizens and the state, citizens' acknowledgement of state restrictions and behaviour is impacted by the perceived needs from a society perspective. To see how this played out on a country level, the next paragraph will zoom in and discuss the participant's perceived procedures, techniques, and bureaucratic rationality used in each country during the outbreak to police society.

Tangible Encompassment: Procedures, Techniques, and Bureaucratic Rationality

All countries have shown similar weaknesses, in the lateness of response as well as in the fact that health systems in all countries have been underfunded in the past years. However, each country also shows differences in how people eventually have been policed. The next part will give some examples for each countries approach and response as experienced by individuals, starting with the Netherlands, followed by Spain and the UK.

Netherlands, Soft Policing

The measures in the Netherlands have allowed people to still go outside as long as 1,5-meter distance was maintained between people. A majority of the Dutch participants argued that the Dutch approach was largely based on a responsibility and trust in society. It was furthermore

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[9] Translated from Dutch: "En dan denk je van ja is dit het allemaal waard dat straks miljoenen Nederlanders zonder baan zitten en bedrijven failliet? Dus dan ben je heel erg aan het afwegen van is de gaat de gezondheid voor of de economie? En we zijn nu bijna ook bij een kantelpunt gekomen dat we misschien meer moeten gaan kiezen voor de economie. Nou het is heel… het is een ethische kwestie en het is gewoon heel lastig."

argued by many participants that more restricting measures would not have been effective: "if we would get Spanish situations, people would revolt" (Bart, Netherlands). Most Dutch participants did only mildly feel restricted by the rules. It was argued that the present rules were necessary and other than not being able to see friends and travel, they did not feel restricted.

> *"Well I have to say that I can still do most things. Working times have remained the same despite that the job itself has changed. With regards to activities, I did sports regularly […] these are things that are still allowed, so I have to, it is OK I have to say. Except that I cannot meet with friends because normally you would have dinner in the evening with someone for instance and I am not doing that now" (Susan, Netherlands).[10]*

As has become clear in the previous paragraph, people's emphasis has shifted from earning money towards staying healthy. However, this argument needs slightly more nuance. Looking at the Netherlands, the participants that had the least secure jobs were more critical about the state approach than people that had a stable employment position. Thus, even though everyone's focus shifted, this did not mean that income as value disappeared altogether. Especially people that were self-employed and were not able to get income during the corona outbreak argued that they needed to rely on the state and were, therefore, more involved with the state approach. Thus, one's position in society largely determines whether someone is more or less dependent on the state and therefore, how 'visible' the state is in one's life. This difference in job security was less of a factor in Spain's policing as the overall situation was more restricting.

Spain, Explicit Policing

   In Spain, people were largely restricted in their movement, as valid reasons to go out were limited. Many Spanish participants have argued that in Spain people are keeping to the rules as much as they are being policed to do so. Thus, when the measures were being relaxed, participants have described crowded promenades, full of people taking a walk. Several participants have argued that it is in Spanish culture to touch and hug each other and that therefore, the authoritarian positioning of the state was the only way to make sure the disease would not spread:

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[10] Translated from Dutch: "Nou ja ik moet zeggen dat ik de meeste dingen eigenlijk toch wel kan doen, de werktijden zijn wel gewoon hetzelfde gebleven ondanks dat het werk misschien opzich inhoudelijk wel iets anders is nu. Ehmm ja en qua activiteiten, sporten deed ik ook al regelmatig […] nou dat zijn dingen die nu ook gewoon nog mogen, ehmm ja dus ik moet, het valt mee moet ik zeggen behalve dan het afspreken met vrienden of vriendinnen want je gaat 's avonds ook weleens met iemand wat eten bijvoorbeeld en dat ehh dat doe ik dan nu niet."

"I think as we are in an alarm state, in order to follow the rules and to make it possible that this social distancing, it is necessary to have police officers or military someone that can lead this situation and can observe that people is doing is right. So, I think it is in Spain specifically, we have a very social culture so we might think 'oh it is okay if I meet with one friend' but actually it is not. Or we are told that it is not okay so I think it is really necessary because if not, people wouldn't follow the rules" (Cristina, Spain).

While this can very well be seen as a generalizing statement, the fact that many participants argued in this way showed that this argument also became a tool for citizens to justify the restrictions of their freedom through the measures that were in place.

UK, Implicit Policing

Because of the late and slow response from the government at the beginning of the outbreak, people started to take their own measures. While the response was argued to be slow and late in Spain and the Netherlands as well, the UK was the only country in which participants described that as a result of a lacking response they decided to autonomously take on restricting measures. Alex, and Sophia, who lived with another roommate in Wales, argued that for them it was common sense to take an autonomous decision on measures. They argued that it was especially necessary to do so because the government was lacking any serious response at that point.

Another such example was provided by Seona. Before the government closed schools, Seona had already taken her children out of school as she did not find it safe anymore for them to go to school. Seona described that as a consequence of this action she felt socially judged both by the school and her family who found her measures an exaggeration of the situation. This case shows part of the normative frame that was present surrounding the first weeks of the outbreak in the UK. There was a socially acceptable response and anything that would be more restricting was perceived as 'overreacting'. It could be argued that the state's response largely influenced this narrative in which people are expected to behave 'within the lines'.

Thus, while being more careful than prescribed by the government was not forbidden, social pressure largely influenced individuals' behaviour as to how strict one can keep to the measures and interpret the states rule. The example of the roommates illustrates the freedom that individuals have to take their own measures, the example of Seona illustrates that there can be implicit restrictions towards such an approach based on the present normative frameworks. Thus, the behaviour of individuals vis-à-vis a state apparatus is not only influenced by this state apparatus but also by the larger normative and discursive structures that are in place.

Conclusion and Discussion

The approach taken by the governments of different countries has led to different governance structures, policing society in different ways. Thus, the individuals perceived and lived space differed per country as became clear from the above-described narratives of encompassment. Looking at the Spanish situation, a restriction of the lived physical space is increasingly apparent compared to the UK and the Netherlands. In the UK and the Netherlands, the government approach has shown to be largely impacted by a neoliberal discourse in which freedom is seen as the ultimate goal (Brown, 2005, p. 70). Arguably, state response has been late as the neoliberal society, in which autonomy is central, does not account for collective disasters. The example of Seona in the UK shows the difficulty that can be experienced when a response deviant from the norm is being performed. While the lived physical space in the UK and the Netherlands was only restricted to a certain extent, the example of Seona illustrates the restrictions of perceived space that can be imposed by societal norms. This phenomenon and the role neoliberalism plays in the development of normative frameworks will be further discussed in the final chapter.

Conclusion and Discussion

This chapter was concerned with answering the question: "What images of vertical encompassment are produced by citizens in the Netherlands, Spain and the UK during the first months of the outbreak of COVID-19?" The images of verticality as illustrated by the participants have shown how the state is being positioned 'above' society. In this positioning, the state was often seen as the national government, but some exceptions were impacting the coherence of the image of a state. Nonetheless for all state definitions, the positioning of the state as 'above' happened both through the application of responsibilities on the state and through positioning other actors 'below' the state. From narratives on encompassment, it became clear that policing happened differently in all states. Interestingly, different state approach has not led to different levels of expectations and satisfaction. However, it became clear that state satisfaction largely relied on the different needs and desired that people have at a specific point in time. When the need for health care was the highest, people were more willing to give up individual freedoms. Furthermore, this chapter showed that the different government approach has led to different structures of policing and how people have adjusted to these forms of policing accordingly.

The complication that different state approach has not led to different levels of satisfaction and expectations towards the state can be understood through the tools used by

individuals to justify the state approach. These tools were being expressed through narratives of encompassment in which the interconnectedness of state and society structures became visible. The first tool described by participants was acknowledgement. Through acknowledging that their state did the best they could in the given circumstances, participants justified state measures and response. The second tool of justification was that of cultural identity. It was often argued that another state response would not have been possible in the respective country due to the culture of the country. i.e. people are used to freedom (Netherlands) and people will not listen if rules are not strictly reinforced (Spain). Arguably, the citizen's desire to justify their state's approach lays bare that citizens from different countries have different expectations of what a state should do and look like. Furthermore, this approach towards the state has shown that no matter the state approach, there seems to be a desire to justify the approach. It could be argued that the social contract as perceived from society, shows to be strong as, from a society perspective, while there are complaints, the state approach is still largely being justified and adhered to.

Chapter 6. Vertical Encompassment: A Timeline

In the final chapter, several elements discussed in the thesis will be combined. In doing so an answer will be formulated for the final sub-question "How do frames provided by the governments relate to images of vertical encompassment as produced by citizens of each state?" As described earlier, participants have assigned several tasks/obligations to a state. What was desired of a state most changed over time. Pre-corona, the state's tasks ideally were to structure and organize the healthcare, economy, and education. In the second phase, the first months of the corona outbreak, healthcare became central. Arguably, because all other state tasks became dependent on the health of the population. When corona infections started to decrease, the gravity of state focus shifted again. Especially in this final phase, participants have discussed the necessity to balance healthcare and economy. While in the second phase there was a large understanding as to why it was necessary to stick to the government measures (to protect society), the longer people were restricted, the more people started to question the state approach. Next to data from the interviews, this finding is being substantiated by the decreasing number of trust in government approach in all three countries (CIS, 2020; Fletcher, Kalogeropoulos & Kleis Nielsen, 2020; RIVM, 2020, June 12). In this chapter, I will discuss how the 'agreement' between society and state developed in relation to structures of neoliberalization pre-corona, during the corona outbreak, and in the phase of relaxing corona measures and moving back to 'normal'. In doing so, this chapter gives an insight into how the larger structures, encompassing state and society influence the social contract. This perspective is necessary to create a complete image to answer the final sub-question. It is the aim of this chapter to synthesize the different perspectives from state and society as discussed in the previous chapters with a perspective on neoliberalist society. In doing so, this chapter will give a complete image of the dynamics present within the social contract.

Pre-Corona

When participants were asked to define a state and accordingly describe a state's obligations, the descriptions were theoretical and often utopian. Some of the definitions were:

> *"The state has to make sure that as many individual rights as possible are being safeguarded" (Koen, Netherlands).*[11]

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[11] Translated from Dutch: De staat moet zorgen dat er zoveel mogelijk individuele rechten worden gewaarborgd.

"So, I think the state have several responsibilities, they have to look for the wellbeing of the population, and in this wellbeing, we should include health security education, like everything, right?" (Cristina, Spain)

"The state is a theoretical framework or apparatus that is involved in governance and safeguarding of a countries citizens and they are there to set the I guess measures and laws and rules by which people need to live. But in a way that is not arbitrary or dogmatic. Because they need to maintain certain freedoms for people, you know certain liberties and things" (Kate, UK)

Based on these definitions, participants were asked whether they felt that their specific state was providing for the obligations and state tasks they proposed. Mostly after a silence, people answered that they felt that this was not entirely the case. Especially people working in the culture sector, education, or in healthcare gave descriptions of the dismantling of their sector in the past years. The dismantling of these sectors was not in line with most descriptions of what was expected of a state. Bart, a musician in the Netherlands described for instance: "Look we, as self-employed, have in recent times had some setbacks anyway with regards to government policies".[12] He described how in the past years, several economic regulations for self-employed musicians have been abolished, leading to a personal decrease in income of 3000 euros per year. Alex, a musician student in the UK, described how his relation to the state has been impacted by the contemporary state approach:

"I probably am like many students slash younger people who do feel a disconnect with the state. Partly because I mean you know we pay crazy levels for tuition fees whereas every single politician who went before us did not. And we are the first kind of Guinea pig generation who are asked, you know the last 20 years, fees have gone up from nothing to 9000 pounds a year" (Alex, UK).

The stories from Alex and Bart are in line with the understanding of a neoliberal society as described in the analytical frame. Under the assumption that neoliberalism is the sole guarantor of freedom, the state's responsibility has become structured by an economic rationale in all spheres and individuals are viewed as responsible for their own actions and hence also for the consequences of these actions. Risks that initially 'belonged' to companies or the state have now been redistributed towards individuals (Brown, 2005, p. 42; Lazzarato, 2011, p. 18; Zizek, 2014, p.n.a). Arguably, it is because of this rationale, that states are not able to provide for the state

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[12] Translated from Dutch: Kijk de wij hebben als zelfstandig ondernemer heb ik de afgelopen tijd sowieso een aantal ehh ja tegenslagen gehad in de zin van het beleid van de overheid.

definitions and tasks as described at the beginning of this paragraph. It furthermore, helps to understand why, as a musician (but also in health care and education) it has become much harder to get government support. Accordingly, the individual relation to the state is arguably influenced by the new role the state takes on. As is illustrated by Alex's quote, he does feel he has a negative connotation with the state and does not feel related to the state. The disconnect with the state does not implicate, as became clear from the previous chapters, a disregard of corona measures. Rather, even if there was a perceived disconnect with the state, people argued to comply with the measures because they saw it as the right thing to do. To see how the corona outbreak has impacted the dynamics between the state and society, the next part of this chapter will set out how neoliberalism played a role in the social contract.

During Corona

As described in the previous chapter, the government response from each country was late and there was a lack of equipment. It was argued by several participants that to be stocked for a pandemic would not be possible. However, the consequences of the scarcity of equipment and space in hospitals were enormous. As described in the previous chapter by Fraser, the lacking equipment in the hospital made that he had to wander around the different wards to make sure he could stay protected. A similar story was told by Patricia, a nurse in Spain:

> *"I think that the problem of a nurse for example is that the government, since a long time ago, they were cutting things and cutting ehmm employers and so in the pandemic they knew that there were, the hospitals were less prepared to a pandemic or something that makes them with more crowded people. Because the records of the government and right now I think we need material. For example, we don't have ehmm, at first we start with a mask and we had to have it for fifteen days… the same mask" (Patricia, Spain).*

Like Patricia, many other participants have argued that the dismantling of health care, education, and culture have impacted the government's ability to respond during the outbreak. The dissonance between the neoliberal system and ability to deal with the corona outbreak is clearly shown. Arguably, the neoliberal system in which the governments are caged does not offer the right tools to respond directly and adequately. Next to the lack of physical tools and space that restrict the government in their response, the mind-set of the governments has also impacted the response. Especially in the UK, the framing used at the beginning of the outbreak was focussed on sticking to 'normal' as long as possible. This approach was incentivized by not harming the economy more than necessary.

Nevertheless, through the development of the outbreak, the government's incentives seemed to shift. The governments used a type of motivational framing in which they expressed responsibility for the health and economic welfare of its citizens and citizens accordingly expressed a desire for the state to take responsibility. Spanish PM Sánchez said: "The Government of Spain will protect all citizens and guarantee the appropriate living conditions to halt the pandemic with the minimum possible consequences" (la Moncloa, 2020, March 13) and PM Johnson from the UK argued that: "Throughout this period of the next two months we will be driven not by mere hope or economic necessity. We are going to be driven by the science, the data and public health" (gov.uk, 2020, May 10). While at the beginning of the outbreak and before the outbreak, narratives provided by participants about the state and government were largely critical and negative, the state approach during the outbreak was mostly perceived as positive. Participants argued that the state did the best they could and that measures showed to be effective: "At least I see a good intent to understand the situation, to coordinate, to take ownership, being clear on the steps that needs to be taken" (Gemma, Spain).

There seemed to have been a shift in the way state and society related to each other both in desires and expectations. The motivational frames from the governments and the narratives provided by individuals seem to be part of a 'rethinking' of the state's focus and emphasis and therefore of the social contract. Governments were able to restrict the freedom of individuals in their country because they promised to provide for the health and welfare of its citizens. A way through which this social contract was arguably ensured in all three countries was by providing economic support for citizens. All governments implemented programs through which economic support could be provided. Therefore, people were satisfied with the measures once they were in place. In taking this government approach, people felt they were being provided for and therefore, they saw the state as legitimate in taking care of its citizens. The desire of citizens to be provided for by the state when necessary was one of the main tasks of a state as mentioned by the participants. While it could be argued that the state's function in society should be reconsidered during the outbreak, it should be questioned whether the construction of the social contract during the outbreak is fundamentally different as compared to the social contract before the outbreak.

It could be argued that the state's mode of response, i.e. to provide for and take responsibility for the health situation in the country, was still largely informed by an incentive to keep the economy running. Such arguments were supported in the interviews by several participants. Bart from the Netherlands argued:

"What you see a lot here in the Netherland is that, of course we have a liberal government that mostly concentrates on large companies. So, it is not for nothing that the agricultural sector is being compensated with 5 billion, and that KLM received 2 to 4 billion and that there hardly any conditions were set for this money. While the aviation sector, also with Schiphol contributes for 3,5% to the gross national product, while the cultural sector receives 300 million, this is a fraction, and they contribute 4,5% to the gross national product. So, there is, all the supporting measures are always embedded in a politically coloured image" (Bart, Netherlands). [13]

This quote is characteristic of a question that was central for many participants. Namely, what should be the balance between health and economy? This question became especially important towards the end of the outbreak.

Getting out of Corona

The legitimacy that the state had derived throughout the outbreak, based on seemed to decrease after countries had complied to the measures for a while. While people were satisfied with the state approach during the outbreak, people got dissatisfied with the state approach when it comes to 'getting back to normal'. This story showcases something interesting: it seems as if we are willing to let our freedom being restricted and give a lot of power and authority to the state to protect us as long as it does not restrict us in our very being for too long. How this works, and what this implicates should be further investigated.

Thus far, with regards to the individual's relation to the state, the analysis in this thesis has considered the differences per country but hardly into the differences between different groups within society. The interviews illustrate that people that did not get compensated by the state were less satisfied with the state approach than people that were. When talking about how people related to the state, a distinction could be made. The group that related closest to the state, were nurses and doctors. Fraser argued:

"Overall, I'd say I feel very relatively attached to the state, in that it's my employer. Ehhm and the states advise affects my employment, the way I work which obviously impacts sort of my life I guess as a whole.

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[13] Translated from Dutch: Wat je hier in Nederland veel ziet is dat ehm we hebben natuurlijk een liberale regering die vooral concentreert op grotere bedrijven. Dus het is niet voor niks dat ehh de landbouw met 5 miljard wordt gecompenseerd, en ook KLM kreeg 2 tot 4 miljard en daar worden eigenlijk nauwelijks voorwaarden aan gesteld. Ehm terwijl de sector van de luchtvaart, is ook met Schiphol draagt bij voor 3,5% aan het bruto nationaal product terwijl de culturele sector krijgt 300 miljoen, dat is daar een fractie van en die dragen voor 4,5% bij. Dus er is, alle steunmaatregelen zijn altijd ehh ingebed in een politiek gekleurd plaatje.

But I'd say it [relation to the state] is much more than most of my friends that are not employed in the sector" (Fraser, UK).

A similar argument was made by other doctors and nurses. Arguably, the visibility of the state, especially during the outbreak was relatively high for this group in society. There was another group to which the state visibility was high. The people that were mostly affected by the state approach also described the visibility of the state in their life. The more the state went against individuals' norms and values, the more visible the state seemed to be. Seona from the UK argued for instance that to her the state was very visible mostly because the state was taking the wrong approach according to her. On the other hand, people that were largely satisfied with the state approach and did hardly experience negative consequences from the state approach did hardly think about the state: "I have never really considered the role of the state. I don't have much to do with it actually" (Tom, Netherlands). It seems as if as long as people are provided for and not being restricted in their 'freedom'[14], they are willing to empower the state in their actions. Once the urgency of the outbreak from a health perspective was decreasing and the urgency in the form of economic uncertainty was increasing, people came to question the state approach more. Arguably the state was now more and more restricting their lives and therefore, became more visible.

Conclusion and Discussion

This chapter argues that to understand the social contract between state and society, it is necessary to go beyond the direct dynamics between state and society. An image needs to be given of the bigger structures in which this dynamic operates. In analysing these dynamics, this chapter has provided an insight into the timeline of the relationship between state and society as contextualized through a neoliberal reality. In doing so, this chapter has answered the sub-question: "How do frames provided by the governments relate to images of vertical encompassment as produced by citizens of each state?" Before the corona outbreak, the tasks and obligations of a state as described by society were not met by actual state performance. In the past years, states have left more and more of their 'initial tasks' to the market. This was especially felt by self-employed in each country. In the first month of the corona outbreak, the state approach was critiqued based on the scarcity of tools to respond, as well as the mind-set with which was responded. Arguably, the mind-set of the countries, as well as the available means, were largely impacted by the neoliberal paradigm, the countries found themselves in.

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[14] What is meant by freedom is not set in stone, rather it is dependent on an individual's perspective.

Throughout the outbreak, society and the state started to relate to each other differently. Individuals justified the way their freedom was being restricted, and governments described their responsibility as caretakers for society beyond the economic realm. Whether this shift in expectations and desires between the state and society can be identified as a shift away from the neoliberal realm should however be questioned. Arguably, state incentives and lines of argument, still closely linked to neoliberal foundations. The shifting mode of state-society relations can be argued to have been temporary. Once individuals started to find economic concerns more threatening again than health issues, their dissatisfaction with restrictions in their freedom grew. Thus, expectations of the state and the dynamic of state and society are closely related to neoliberal incentives both from the state and society. As long as people feel ensured in their means necessary for personal growth, it seems as if they accept the approach the state is taking. Once the state is restricting individuals in this process, there seems to be a lot more resentment and disagreement with the state's approach.

Conclusion and Discussion

During the outbreak of COVID-19, a remarkable shift took place in state-society relations. Before the outbreak, there was a trend in which the countries of Spain, the UK, and the Netherlands, became more and more involved with a neoliberal paradigm. Individuals became more responsible for their own life, states governance were led more and more by the free market, and the world became increasingly interconnected. However, when the outbreak began, countries turned inwards, and state governance took place on a country-level. In this thesis, the shift towards a new state-society relation has been analysed and discussed by making use of the social contract and the analytical framework of state spatiality. It became clear what tools of legitimacy and authority were used by the state and how these tools were perceived, evaluated and critiqued by individuals in society. In providing this analysis, this thesis has given an insight into contemporary social contracts between state and society in the Netherlands, Spain and the UK. Furthermore, this thesis has illustrated what the consequences of societal change can be for the dynamics in a social contract and how this change seems to be always subject to the larger structures that encompass state and society.

To come to these findings, this thesis has considered the following research question: "What images of state spatialization inform the social contract between citizens and the state in the Netherlands, Spain and the United Kingdom during the first three months of the outbreak of COVID-19?" By answering this question, the contribution of this research was twofold. First, this research has contributed to the field of social contract theory. While the framework is as old as philosophy and its theory is intertwined with our conceptualization of society and state, there is little research in which the theory is being performed in contemporary society. This research contributes to this analytical gap by providing a way to operationalize the theoretical frame of the social contract through the use of vertical encompassment. Secondly, this research provides an insight into the dynamics at play between state and society in a neoliberal context during a moment of important societal change. In doing so, this research provides an understanding into the way society is encapsulated by neoliberalism and more specifically, it defines the role of society and the state within these structures and the dynamics present when these structures are subject to societal change.

Research Findings

In chapter 4, the social contract as framed by different governments in different states has been analysed. In doing so, this chapter has given an insight into the tools of authority and legitimization used by the Netherlands, Spain and the UK to discuss their approach towards the

outbreak of COVID-19. The frames used by each country differed largely. What does the different state approach as described in chapter 4 tell us about the contemporary state and its position within the social contract? There is no unambiguous answer that can be provided here. The difference between the states might be caused by the difference the socioeconomic and cultural historicity of the state's as well by the different intensity of the outbreak in each state. To say something about the contemporary state and positionality in the social contract, it is necessary to zoom in on the specific states.

In the Netherlands, a narrative of encompassment was used as a tool to emphasize sameness and to legitimize a mild approach with little intervention from the state. This approach illustrates a strategy of political legitimacy in which the free will for individuals is only mildly limited, leaving space for the individuals' autonomous responsibility. The UK also used a mild approach, the way this was narrated happened in an authoritarian tone of voice. In doing so, it could be argued that PM Johnson placed himself 'above' society. Therefore, the main tool used to legitimize state approach in the UK was through using narratives of verticality in which the individual will was emphasized. In Spain, the authoritarian position of the Spanish government and its implementation of measures was stressed through narratives of verticality but at the same time, the emphasis of PM Sánchez on togetherness illustrates the use of narratives of encompassment. While individual will was limited, political legitimacy was increasingly used compared to the other countries. Interestingly, the different approaches have not led to a difference in state perception in the three countries.

In chapter 5, the perception of citizens towards the state was investigated through narratives about verticality and encompassment as described through the stories of participants of this research. Through their stories, the state became imaged as being 'above' society. Other actors, such as the WHO and the EU were argued to operate 'below' the state. The image of the state 'above' society, as in a narrative of verticality, were strengthened by descriptions of a state's responsibilities both before and during the outbreak. Based on this narrative it could be argued that there is a rather traditional image of the state in the mind of society.

Next to these general observations, state perception was impacted by individuals' image of how 'the state' is defined. i.e. as a country, multiple countries (the UK) or autonomous regions (Spain). The different state images as provided by some participants arguably can be problematic for the government justification of their approach, as not all participants perceived the national government as the legitimate political entity, and therefore experienced more confusion towards the government rule or simply were less willing to follow the state rule. This

could be problematic because individuals would autonomously decide which rules to adhere to, creating a dissonance and unclear state policy response.

How the state response policed individuals, differed per country as different measures were implemented and different language was used in the framing of the speeches. From a perspective of encompassment, it became clear that next to the different styles of policing by governments, there was also a difference in expectations from society towards the state. While in Spain, people expected to have strict rule, the Dutch participants expected to have a certain level of autonomy. Arguably, the difference in expectation eventually has led to similar levels of (dis)satisfaction with the state approach in each country. This becomes clear from the similarity in arguments used by participants to justify their state's approach. The first argument that was used to justify the approach that was taken by the respective governments was that the state did the best it could, given the circumstances. A second way through which the state approach was justified by participants was through referring to a cultural identity present in the country. Seeing that citizens largely agreed with the approach taken by their respective state, it could be argued that from an individual's perspective, there was a will towards the authoritarian position taken in by their respective government as well as a justification of the political legitimacy used by their governments.

In the final empirical chapter, it is argued that it is necessary to go beyond the direct interaction between state and society to understand the social contract. Therefore, an account is provided of the role of neoliberalism within the (re)construction of the social contract between society and the state. This chapter has illustrated how state-society relations are highly dependent on what society desires from a state and that what society desires of a state is largely influenced by the neoliberal structures from which it operates. The shifting mode of response from the government towards society during the outbreak of COVID-19 could be seen as a shift away from a neoliberal discourse as states turned inward, however, several patterns within the way the state responded to the outbreak prove otherwise. The desires of states to keep the economy running 'as normal' as long as possible for instance. This is a narrative that is not only enforced by the state but also by society. Once the individual economic risks became more present that the perceived health risks, participants felt less inclined to keep to the measures, or at least showed a desire for the government to make a 'rational' consideration about their personal economic consequences versus health consequences. This line of reasoning is in line with a neoliberal society, in which citizens are responsible for their own 'success'. In the midst of the corona outbreak, the success of individuals was centred around staying healthy. It was arguably thus relatively easy for the government to provide for security and justify restrictions of freedom.

However, the more the number of infections started to decrease, the factors that impact an individual's 'success' increase again, making it harder for governments to justify a specific approach and less likely for individuals to go along with this approach.

Limitations and Future Research

This research aimed to move beyond the theoretical social contract by investigating the contemporary relation of society and the state. In this investigation, these experiences have been described through narratives of the spatiality of the state as explained through the analytical frame of vertical encompassment. From this analysis, it has become clear that one's position in society largely impacts the individuals' perspective towards the state. With regards to employment position, it could be argued that whether or not the state offers a certain level of security the satisfaction with the state approach is being impacted. Nonetheless, the perspective of marginalized groups in society has remained underexposed in this research. To be able to give a complete image of the social contract, the role of the marginalized in society should be further investigated. To see how the role of the individual within state relations changes over time, especially in the coming years after the outbreak, it would be highly interesting to continue this research and expand the scope of this research. The extent to which people are prepared to comply with the limbo in which we find ourselves – with one foot inside the pandemic, and the other back into the 'normal world'- would be relevant to investigate in relation to the social contract. Several articles have implied that the future will shift social contract relations based on a need to collaborate for economic support (Wodak, 2020) or because of a shifting role of the state (Coates, 2020). This is not something that came forth from this research but it would be interesting to see whether this is the case and how this plays out in the future.

Rethinking the State, Perspectives on the Social Contract

Now, what do the findings in the analysis that have described state spatiality, tell us about the contemporary social contract in times of the outbreak of COVID-19? Three main lessons can be drawn. The first lesson is about the seemingly 'healthy' social contract between state and society. The second lesson is about positionality within the social contract, and the final lesson is about the bigger structures of the social contract. Ultimately, in all three countries, the social contract seems to be quite 'healthy'. How the states legitimize their approach are accordingly being used by its society to justify the approach. The argument made by citizens, that the state is doing the best it can in the specific context illustrates how governments get a lot of space to govern. the social contract thus seems to be rather balanced out. While several things

are described to go wrong, the state's way of legitimizing its approach is being copied by individuals in society. This also becomes clear from the fact that different states have different approaches but all approaches are being legitimized by the argument that this is the best thing the state can do. Interestingly, the outbreak has been approached differently by each state but this has not impacted the social contract negatively. It can be argued that this is the case because different populations expect different things from their respective governments. The second lesson is that one's position in society largely impacts the social contract. The more individuals feel as if their freedom is restricted by the state, the more there is a disagreement with the state approach. This is in line with the social contract theory described at the beginning in which it is described that because everyone 'enters' the social contract under different conditions, the relation and dynamics between individuals and state always differ. This is an interesting dynamic that has shown to be present in all three countries. The final lesson is about the necessity to include not only the relation between state and society but also the structures that 'encompass' state and society to provide a complete image of the social contract. In the case of this research, there was an emphasis on the neoliberlization of the social contract. In taking this inclusive approach, this research has shown that vertical encompassment as a tool to analyse state spatiality is an excellent analytical frame to lay bare contemporary structures of the social contract.

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Appendix A – Contact list

COUNTRY	SECTOR	PROFESSION	NAME	AGE	CITY	WORKING/WORKING FROM HOME/NOT WORKING
NETHERLANDS	Private Sector	Baker	Roy	28	Utrecht	Working
		Start-up	Koen	25	Amsterdam	Working from home
		Supermarket employee	Bo	27	Tilburg	Working
		IT	Tom	29	Hengelo	Working from home
	Public Sector	Nurse	Susan	25	Nijmegen	Working
		Night Nurse	Karin	56	Lichtenvoorde	Working
		Nurse	Nadia	37	Tilburg	Working
		Marine Officer	Niels	28	Nijmegen	Working from home
	self employed/unemployed	Yoga teacher	Lorijne	28	Amsterdam	Lost part of work/working from home
		Musician	Bart	27	Rotterdam/Almelo	Not working
UNITED KINGDOM	Private Sector	Graphic designer	Jess	-	London	Working from home
		Cartographer	Jon	51	South-West of England	Working from home
	(charity)	National trust fund	Alison	37	Plymouth	Working from home
		National trust fund	Kate	38	Dorseth	Working from home
	Public Sector	Junior Doctor	Fraser	-	Winsdor	Working
		Pediatric Nurse	Bridie	23	South-West London	Working
	self employed/unemployed	Pianist	Alex	22	Wales	Not working
		musician	Seona	50	Summerset	Lost part of work/working from home
		musician	Sofia	22	Cardiff	Not working
SPAIN	Private Sector	Mortgage Broker	Ana	23	Madrid/Barcelona	Working from home
		senior vice president HR	Gemma	-	Granolleres	Working from home
		American Company	Núria	50	Granolleres	Working from home
	Public Sector	Teacher	Cristina	23	Madrid	Not working
		Nurse	Patricia	23	Madrid	Working
	self employed/unemployed	Actor	Pep	55	Catalunia	Not working
		Part-time English Teacher	Kim	-	el Puerto de Santa Maria in Andalusia	Not working
		Real Estate	Anita	58	Casares, Andalusië	Working from home

Appendix B – List of Press Conferences

Netherlands
1. 6 March 2020: one of the first speeches on the beginning of the outbreak: https://www.rijksoverheid.nl/onderwerpen/coronavirus-covid-19/documenten/mediateksten/2020/03/06/letterlijke-tekst-persconferentie-na-ministerraad-6-maart-2020
2. 16 March 2020: TV Speech PM Mark Rutte: https://www.rijksoverheid.nl/documenten/toespraken/2020/03/16/tv-toespraak-van-minister-president-mark-rutte
3. 23 March 2020, stay at home measures being announced: https://www.rijksoverheid.nl/onderwerpen/coronavirus-covid-19/documenten/mediateksten/2020/03/23/persconferentie-minister-president-rutte-ministers-grapperhaus-de-jonge-en-van-rijn-over-aangescherpte-maatregelen-coronavirus
4. 6 May 2020: explanation on how to get out of the current situation: https://www.rijksoverheid.nl/documenten/mediateksten/2020/05/06/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-na-afloop-van-crisisberaad-kabinet

United Kingdom
1. 3 March 2020: Statement Coronavirus Action Plan: https://www.gov.uk/government/speeches/pm-statement-at-coronavirus-press-conference-3-march-2020
2. 23 March 2020: Statement to stay at home: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiYy-fI1djpAhVkMewKHVwtBeAQFjABegQIChAE&url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fspeeches%2Fpm-address-to-the-nation-on-coronavirus-23-march-2020&usg=AOvVaw29tFRJmWWdCFEVyh90JIAp
3. 7 May 2020: Statement by Foreign Secretary, starting to think about the next phase: https://www.gov.uk/government/speeches/foreign-secretarys-statement-on-coronavirus-covid-19-7-may-2020
4. 10 May 2020: Statement of Prime Minister, the next phase: https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-10-may-2020

Spain
1. 13 March: announcement of state of emergency: https://www.lamoncloa.gob.es/lang/en/presidente/intervenciones/Paginas/2020/20200313state-emergency.aspx
2. 28 March: announcement of staying at home for non-vital workers. https://www.lamoncloa.gob.es/lang/en/presidente/intervenciones/Paginas/2020/20200328press-briefing.aspx
3. Spain 04 April 2020: new measures https://www.lamoncloa.gob.es/lang/en/presidente/intervenciones/Paginas/2020/20200404press-briefing.aspx
4. Spain: 12 April: continuation of the measures: https://www.lamoncloa.gob.es/lang/en/presidente/intervenciones/Paginas/2020/20200412press-conference.aspx

Appendix C – Plagiarism declaration

Declaration of Originality/Plagiarism Declaration
MA Thesis in Conflict Studies & Human Rights
Utrecht University
(course module GKMV 16028)

I hereby declare:

- that the content of this submission is entirely my own work, except for quotations from published and unpublished sources. These are clearly indicated and acknowledged as such, with a reference to their sources provided in the thesis text, and a full reference provided in the bibliography;
- that the sources of all paraphrased texts, pictures, maps, or other illustrations not resulting from my own experimentation, observation, or data collection have been correctly referenced in the thesis, and in the bibliography;
- that this Master of Arts thesis in Conflict Studies & Human Rights does not contain material from unreferenced external sources (including the work of other students, academic personnel, or professional agencies);
- that this thesis, in whole or in part, has never been submitted elsewhere for academic credit;
- that I have read and understood Utrecht University's definition of plagiarism, as stated on the University's information website on "Fraud and Plagiarism":

"Plagiarism is the appropriation of another author's works, thoughts, or ideas and the representation of such as one's own work." (Emphasis added.)[15]

Similarly, the University of Cambridge defines "plagiarism" as *" ... submitting as one's own work, irrespective of intent to deceive, that which derives in part or in its entirety from the work of others without due acknowledgement. It is both poor scholarship and a breach of academic integrity."* (Emphasis added.)[16]

- that I am aware of the sanction applied by the Examination Committee when instances of plagiarism have been detected;
- that I am aware that every effort will be made to detect plagiarism in my thesis, including the standard use of plagiarism detection software such as Turnitin.

Name and Surname of Student: Emma Bakker

Title of MA thesis in Conflict Studies & Human Rights:

Rethinking the State: Social Contracts in Times of Critical Social Change

A social contract analysis through the lens of COVID-19 in the Netherlands, Spain and the United

Kingdom

Signature	Date of Submission

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[15] https://students.uu.nl/en/practical-information/policies-and-procedures/fraud-and-plagiarism
[16] http://www.plagiarism.admin.cam.ac.uk/what-plagiarism/universitys-definition-plagiarism