

11. The construction of the COVID-19 pandemic as a social problem: expert discourse and representational naturalisation in the mass media during the first wave of the pandemic in Canada

Lilian Negura, Yannick Masse & Nathalie Plante

Abstract

In this chapter, we analyse the evolution of expert discourse in the media during the first wave of the Covid-19 pandemic in Canada. We begin with an overview of the use of expertise in the Canadian public-health decision-making chain in the context of the COVID-19 pandemic, highlighting the tensions, contradictions and paradoxes of political communication that this process revealed. These decisions were widely reflected and debated in the media, hence the relevance of studying them from the perspective of social representations. Based on our analysis of 527 media products published by CBC/Radio Canada between 1 January and 31 August 2020, it was possible to document the type of expertise mobilised, the types of experts engaged by the media, the modalities of appropriation of this discourse by non-experts and the use of expert discourse by political actors. The analysis of the governmental measures that have generated the most controversy and debate in the media has allowed us to reveal the public's understanding of the pandemic through the process of

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representational naturalisation. Specifically, we show the role of expert discourse in determining which aspects of COVID-19 pandemic the public and political authorities in Canada have defined as a social problem.

1. Introduction

In December 2019, the public in Canada learned of the appearance of a new virus in Wuhan, China. Political and health authorities soon afterwards mobilised experts to develop measures to deal with the potential threat. This new reality was also beginning to attract the attention of the media, which was calling on experts such as virologists and public-health professionals to help understand it. Both the journalists and political decision-makers have therefore been turning to experts to better understand and manage this new reality. It is therefore important to examine the role played by expert discourse in the way this new virus has been understood by both Canadian authorities and the public.

In this chapter, we wish to analyse the evolution of the expert discourse in the media during the first wave of the COVID-19 pandemic in Canada. We propose to document the expert discourse mobilised in the media on COVID-19 pandemic and the use of this discourse by political actors. We have organised our analysis around the events and government actions that have generated the most controversy and debate in the Canadian media. However, our chapter goes beyond documentation to discuss the role of expert discourse in the construction of the COVID-19 pandemic as a social problem. For Colebatch, Hoppe and Noordegraaf (2010), the term “policy” refers to a conception of public policy that places the recognition of problems and their resolution at the centre of government decisions. However, it is not clear how a situation comes to be defined as a public-policy problem. According to Blumer (1971), the recognition and definition of a specific social problem is less an objective phenomenon than a historically and socially situated process. We therefore set out to analyse the definition of the social problem of the COVID-19

pandemic as a representational process. This process is related to the idea that social problems are emerging via the construction of a social reality by the interaction and communication between different actors (Berger & Luckmann, 1967) such as politicians, experts, or citizens.

Studies on the genesis of social representations are well known for examining the transformation of expert or scientific knowledge into common-sense knowledge (Moscovici, 2004). The processes of the representational genesis of COVID-19 have been already analysed by many authors (Pizarro et al., 2020; Páez & Pérez, 2020; Apostolidis, Santos et Kalampalikis, 2020). In this book, the chapter co-authored by de Rosa and Mannarini, in collaboration with researchers from 10 countries (2024, pp. 75–194), has unveiled the emergence of polemical representations in different geo-cultural contexts. More modestly, we proposed to better understand the specific role of expert discourse and experts in the representational naturalisation (Negura & Plante, 2021) of the COVID-19 pandemic as a new social reality. We hope to gain a better understanding of the process by which some situations associated with COVID-19 and acknowledged as harmful generated more government intervention than other situations in different regions of Canada and at different stages of the pandemic.

We will begin our chapter with an overview of the use of expertise in the public-health decision-making chain in Canada in the context of the COVID-19 pandemic by highlighting the tensions, contradictions and paradoxes in policy communications that this process revealed. We will demonstrate the relevance of studying these dynamics reflected in the media from the perspective of social representations. A brief explanation of the research objectives, the data used and some methodological aspects will follow. We will then discuss the results of our analysis of the evolution of expert media discourse during the pandemic in Canada. Finally, our analysis will focus on the role of expert discourse in determining the aspects of COVID-19 that the Canadian public and political authorities have identified as a social problem.

2. The COVID-19 pandemic in Canada: The public-health decision-making structure and the actions of decision-makers

As Canada is a federation, some government-managed jurisdictions are separated between the provincial (10) and territorial (3) states and the federal government. This is the case for public health. At the federal level, the central agency, the Public Health Agency of Canada (PHAC), makes recommendations based on scientific advice from experts in various fields (PHAC, 2011). The agency is headed by a Chief Executive Officer (CEO), also known as the Chief Medical Officer. Dr. Theresa Tam held this position at the time of our study in 2020. During a crisis, the CEO can make recommendations to the federal government to guide decision-making.

However, the federal government's power to impose or relieve health measures is limited. The federal government can declare a state of health emergency, but this gives it only limited powers, for example, the closing of Canadian borders, managing the storage and faster supply of medical equipment and setting up emergency funds (Canada, 2020).

The Public Health Agency's recommendations and federal government decisions can be supported by the work of some government-affiliated research institutes that bring together different experts from across the country. These institutes may be associated with universities. The Canadian Institutes of Health Research²²² will, among other things, fund research in Canadian research centres and work with international institutions, such as the WHO, to arrive at the best recommendations based on the latest research (CIHR, 2020).

The most significant public-health decisions implemented during the COVID-19 pandemic came from provincial governments. Each Canadian province may decide, following the recommendations of different experts, what actions to take to deal with the pandemic within their jurisdiction. Provincial public health structures are similar to the federal structure. A Director of Public Health (also known as the Chief Medical Officer of Health) oversees the public-health recommendations that are issued to

governments. Based on recommendations from research and academic institutes, laboratories and expert panels, governments can make decisions based on a variety of scientific evidence. However, it is the Director of Public Health who sets the tone for the recommendations and informs the public about the state of public health (CCNPPS, 2018). The provincial government, specifically the Prime Minister, remains the decision-maker.

On the provincial government side, their public-health jurisdiction allows them to declare a health emergency with more coercive measures. In particular, it allows provincial governments to prohibit access to certain places, to legislate the wearing of masks, to restrict home visits and to quickly establish contracts to obtain medical equipment. These decisions can be supported by public-health recommendations from both their own and federal governments.

The first Canadian case of COVID-19 was confirmed on 28 January 2020 in British Columbia²²³, heralding the beginning of a major social change. The epidemiological situation and government measures to respond to the pandemic have evolved differently in each province. Among the important decisions that have been made in Canada, we note that Quebec and Ontario, the two provinces with the highest number of cases in the country, have been subjected to several restrictive measures that we have summarised in Figure 1. Although public-health governments in Canada benefit from expert recommendations that allow them to make decisions based on a variety of scientific data, the measures taken by the provinces have diverged widely. For example, in British Columbia, the province that experienced the first case of COVID-19 in Canada, no large-scale lockdown has been imposed. Only restaurants, bars and some specific services were eventually forced to close. Gatherings of 50 or more people were also banned (British Columbia, 2020; The Canadian Press, 2020). In Quebec and Ontario, on the other hand, all businesses deemed non-essential were forced to close for several weeks.

By examining the expert discourse in the media, this chapter thus proposes to understand the role of that discourse in how the COVID-19 pandemic was understood and conceptualised by policy makers and the public in Canada during the first wave (January-August 2020).

3. Theoretical framework

We situated our analysis within the theoretical framework of social representations (Moscovici, 2001). Various reasons explain the relevance of using the theory of social representations for the study of the complex dynamics through which expert discourses, particularly those found in the media, participate in the definition of what constitutes a problem in relation to the COVID-19 pandemic and in decisions about public policies^{2,4} to address that problem. Before coming to this point, however, it is important to explore the very notion of *public policy* and the place of experts in the development of government-action plans. Two distinct perspectives help to clarify the place occupied by expert discourse.

The first is closely concerned with the decisions made by governments, the forms that action plans take and their effects. From this perspective, the experts play the role of advisers and guides in the decisions. The policy is expected to be based on scientific knowledge relevant to the problem (COVID-19 or other) to which the *social policy* is intended to respond. This perspective is part of what Colebatch et al. (2010) call the paradigm of “authoritative instrumentalism”:

In the narrative of authoritative instrumentalism, governing happens when ‘the government’ recognizes problems and decides to do something about them; what it decides to do is called “policy”. (*Ibid.* p. 12).

This first understanding of the place of experts presupposes various elements, namely: 1) science is the truth upon which good decisions should be based; 2) the definition of the problem in question is already constituted, accepted and known, 3) the expert speaks in the name of “science”, knows the truth about the problem (either because they have discovered it or because they have studied it) and transmits this truth to the politician, and 4) the politician applies this truth in a plan of action. Thus, this perspective is more interested in the effects of public policy (*outcomes*) than in the process and dynamics that may have guided its development.

This last point is rather the focus of the second perspective, which examines the role of expert discourse in the formation of public policy and in the definition of social problems. This perspective is part of a counter-narrative following the study of the “activity of policy making” (Colebatch et al., 2010, p. 16; Fairclough & Fairclough, 2012, Blumer, 1971, Spector & Kitsuse, 1977; Cronbach, 1980; Radaelli, 1995). Indeed, experts then come to be regarded as social actors with an active role in the construction of social objects, including social problems (be it the COVID-19 pandemic or other problems). Their influence in the constitution of policies is dynamic. Moreover, this perspective emphasises not the logical and rational aspect of political decision-making, but rather its uncertain aspects and its inherent contradictions and paradoxes (Fairclough & Fairclough, 2012, Debray, 1973). In this process of the collective definition of a problem and the development of action plans, the influence of expert discourse is not negligible, according to some authors, even though it is not linear or unilateral. Indeed, it reflects the particular role of experts in the public policy development process, which Haas (1992) also refers to as “deference to the knowledge elite” (p. 7). Indeed, faced with the uncertainty and complexity of issues, government actors are increasingly turning to specific groups of experts capable of proposing explanatory models of problems and, as a corollary, of formulating predictive hypotheses on the future developments of these models (Debray, 1973; Radaelli, 1995).

Various studies show that the decision-making process behind the implementation of social policies is eminently contextual and contingent, and that expert recommendations may or may not be incorporated into decisions. Farr (1993), for example, points out that there is a clear distinction between political action (adopting a policy) and the technological advances or scientific research that preceded and potentially influenced it. Haas (1992), from a more international perspective, also points out that both the findings and the recommendations of experts are far from always being consistently applied by decision-makers.

Finally, various works also show how expert discourse, while having significant influence, is only one among several factors, which ultimately comes to weigh more or less heavily in the

decision-making balance (Haas, 1992, Spector & Kitsuse, 1977, Fairclough & Fairclough, 2012). The fact remains that very great attention is generally given to experts as “discoverers” of reality (Farr, 1993; Blumer, 1971). Fewer works have looked at the process through which expert discourse participates in the construction of the social reality (Berger & Luckmann, 1967) of the problem, and especially at the contradictions, tensions and paradoxes that go through this very process—and which then come to determine the aspects that will or will not be retained as part of the official definition of the problem and the action plans targeting it. It is clear, however, that experts occupy a special place when it comes to producing knowledge that is shared in society (Hass, 1992). The expert, in this respect, therefore actively participates in the production of social representations and of objects of common sense. Through their discourse and its retransmission through the media, they participate in the transformation of an abstract, distant and scientific notion into a common, collective, concrete and everyday object of knowledge. This transformation of an abstract notion into a concrete image defines what Moscovici (2004) called the objectification of social representations. This process, together with the representational anchoring, makes it possible to respond to the unknown and to face the uncertainty. A particular aspect of the process of the objectification of social representations allows us to study even more precisely the role of expert discourse in the construction of social reality, namely the naturalisation of social representations (Negura & Plante, 2021). By definition, this stage follows the selective construction and structuring schematisation of social representations (Moscovici, 2004).

Once naturalised, “ideas are no longer perceived as the products of the intellectual activity of certain minds, but as the reflection of something existing outside. There is a substitution of the perceived for the known” (Moscovici, 2004, p. 109). Ideas, notions and concepts, once naturalised, lose their falsifiable, theoretical or imaginary character; they simply “exist”:

At this point of concretization people can talk about the object, and through communication the object acquires the density of meaning that makes it a ‘natural’ fixture in people’s minds (Philogène, Deaux, 2001, p. 6).

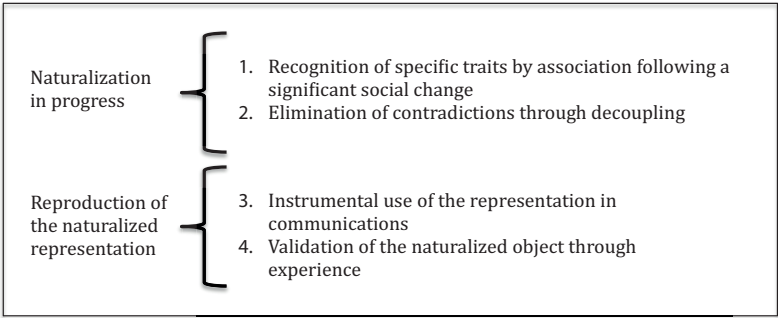


Figure 2. The four phases of the process of naturalisation.

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This last element refers more specifically to the reification of social representations, a process that gives a permanent, real, immutable character to entities that were once questionable, debatable and refutable (Mahendran, Magnuson, Howarth, Scuzarello, 2019). Finally, representational naturalisation is itself a dynamic phenomenon that can be studied in four phases: 1) recognition of specific traits by association following significant social change 2) elimination of contradictions through decoupling 3) instrumental use in communication and 4) validation through experience. (Negura & Plante, 2021) In the first two phases, the naturalisation process is under development. It is a dynamic which involves the constitution of the naturalised object, which is then reproduced in the following phases. The last two phases, on the other hand, have as their role the reproduction of the constructed social object and are observable when naturalisation is already stabilised (fig. 2).

There are only a few opportunities to study social representations when they are in the process of naturalisation. The COVID-19 pandemic offers one such opportunity.

4. Methodology

To meet our research objective, we used the *eureka.cc* database to collect all media articles from Radio-Canada and CBC News on the subject of the COVID-19 pandemic that were published between 1 January and 31 August 2020. CBC/Radio Canada is

Canada's public television and radio broadcaster. 18.2 million unique visitors per month visit the CBC.ca news channel and 5.2 million visit Radio-Canada.ca, its French-language version²²⁵. We selected news articles for our analysis as it is the main information source that created debate and relayed information on COVID-19 at the time. Being a completely new topic, other sources of written information were limited, even in government official documents. Experts used media articles as a way to express quick opinions which better represent their view of the pandemic during the first wave.

We have limited our corpus to a selection of articles on two themes. The first included all articles in which experts on viruses, associated care or research surrounding COVID-19, including the Chief Medical Officers of Health, spoke in the media. The second included articles in which First Ministers and Ministers of Health were cited in addition to various agencies, ministries and health authorities. With this preliminary corpus, we proceeded with a reasoned sampling consistent with our research objective. Articles referring exclusively to specific geographic locations or to very singular or local cases related to the SARS-CoV2 virus or COVID-19 disease were removed. However, we retained articles that discussed key events, even if they were specific cases (e.g. outbreak on the Diamond Princess cruise ship). We set aside articles that addressed only international events without discussing the Canadian context (e.g. reflections about the decisions of other countries and their impact in Canada, WHO decisions, etc.). Finally, we kept articles written by news agencies and published on Radio-Canada and CBC if they met the previous criteria. 430 media articles were therefore retained by our sampling.

We then carried out an analysis of the collected materials using analytical questioning method (Paillé and Muchielli, 2012). The corpus thus constituted was questioned according to an analytical grid developed beforehand while formulating new questions in order to bring out themes and in-depth reflections on our initial research question.

Through our analytical questions, we have come to understand that experts discourse differs depending on certain criteria (e.g. their epistemic perspective, their place in public debate and their

proximity to the international and Canadian political power). This allowed us to take them into account during the analysis and thus to have a more nuanced and diversified understanding of their contribution to the construction of COVID-19 as a social problem.

5. Results

Through various key events, we will show how experts discussed the COVID-19 pandemic in the CBC and Radio-Canada media. We will treat these events in chronological order and mention the contradictions, the concepts mobilised and the positions of the experts that emerge from our corpus of data.

In January 2020, the media we studied discussed the new virus in China, which was believed to be similar to SARS [Severe Acute Respiratory Syndrome]. This new coronavirus was associated by the Chinese authorities with an outbreak in a seafood and fish market in Wuhan (Radio-Canada, January 18)²²⁶. The first interventions of the experts in the media show some optimism that the virus was discovered and reported quickly by China. Sometimes referred to as “Chinese virus” or “Chinese coronavirus” by experts (CBC, 18 January, 26 January, 27 January), preliminary data on the virus showed that there was no human-to-human transmission of the virus and that the infection may have come from an animal source (CBC, 9 January). The possibility of “low-level” human-to-human transmission was quickly confirmed (CBC, 18 January), and fears about possible cases in Canada were expressed by experts (Miller, 11 January). The entry of travellers from China was of concern to Canadian public health, which recommends that measures be implemented in place at airports, even though it stated that “the risk of citizens becoming contaminated is low” due to the small proportion of travellers from Wuhan (Radio-Canada, 18 January). The risk of pneumonia and the infection of several people outside Wuhan were, however, of concern to health authorities (Radio-Canada, 20 January).

The Canadian experts’ gaze turned shortly thereafter to the situation in the country with the first confirmed case on 28 January 2020 due to a traveller returning from Wuhan. Despite the sharing of misinformation on the transmission of the virus that worried

authorities and the risk of finding several other cases in the country (Harris, 26 January), several independent experts stated that Canada was well prepared to contain this type of virus, in contrast to the SARS crisis in Toronto in 2003 that killed 44 people. According to these experts “the situation now is very different. We know what these risks are, we know how they’re going to come at us and what you’ve seen is the perfect example of [public health testing systems] working” said Allison McGeer, an infection disease specialist, about the public health capacity of limiting the spread of COVID-19 (Miller, 26 January). New information on the virus confirmed that it could be airborne as a result of prolonged contact with other people (Miller, 26 January). Experts therefore recommended that people wash hands regularly and cough into their elbow. The possibility of the virus spreading via surfaces in public places led to a systematic washing of subway and bus stations in Toronto (CBC, 27 January).

The effectiveness of the surgical mask, worn by some citizens in Toronto, came under question. However, the essence of the debate on the mask would come later. New data on infected but asymptomatic people led Canadian public health to recommend in April that the mask be worn (Bureau, 29 April; Tasker, 7 April). The question of the wearing of masks among young children was also a subject of debate. In fact, the requirement for everyone to wear a mask at all times in schools was the subject of a petition signed by about a hundred people, including doctors and paediatricians, as well as teachers. The petition was in response to a government announcement for the new school year that masks would be mandatory in public areas of the school, except in the classroom (Radio-Canada, 25 August). However, another petition two months earlier collected more than 1000 signatures from doctors who demanded that the wearing of masks for children under 12 years of age be abandoned in Quebec schools because of the learning problems that could result from the mandatory wearing of masks:

Forget about the whole ‘distancing’ thing with kids under 12. Children need to play together, to communicate, exchange, share. They need contact with their peers, not to grow up with a fear of the other, a fear of the virus

explains the paediatric gastroenterologist and co-author of the letter, Véronique Groleau (Boisclair, 8 June). She justified their position by invoking “the anxiety that this type of environment can generate in young children” (Boisclair, 8 June). Some experts from other provinces were also debating that issue, with opinions differing. Some believed that among younger children, “wearing a mask is probably not a solution” because of the tendency of children to touch their face, which could increase the risk of infection (Bolduc, 8 July). In short, the wearing of masks has sparked a lot of debate and brought out contradictions in the points of view of several experts, even within the same field of study, such as paediatrics.

The first confirmed cases in Canada were from travellers or their immediate families, raising questions about the effectiveness of prevention and screening measures at airports. At the same time, a possible closure of Canada’s borders was being discussed in the media. However, Canadian public health was very reluctant to recommend this action: “viruses know no borders, and we have to balance our public health measures knowing that they are never completely perfect” (Thomson Reuters, 4 March). Experts said that the border closure would only slow the spread of the virus by a few weeks, but would do nothing to stop outbreaks in Canada (Gollom, 2 March). Canadian experts were basing their recommendations on WHO recommendations (Zafar, 13 March). Nevertheless, in the days following the WHO’s declaration that the global health situation was akin to a pandemic, several countries had decided to limit travel and partially close their borders, and public opinion seemed to be pushing the Canadian government to do the same (Patel, 16 March). Canada would follow suit by closing its air borders to visitors and foreigners on 18 March in the face of rising numbers of cases from travellers from Iran in particular (Radio-Canada, 17 March), and by closing its land border with the United States on 25 March. The border closures came at the same time as the provinces of Quebec and Ontario announced measures to lock down and close businesses. However, many experts were concerned about the effectiveness of lockdowns before they were put in place: “In the absence of data, prepare-for-the-worst reasoning leads to extreme measures

of social distancing and lockdowns. Unfortunately, we do not know if these measures work” said epidemiologist John Ioannidis to CBC (Crowe, 19 March). Mental health specialists also spoke out to explain the harmful effects on mental health of prolonged lockdown: “but this does not mean that mental health should take a back seat. I am very concerned about the psychological distress of some people said” the president of Ordre des psychologues du Québec, Christine Grou (Lecomte, 26 March). However, many experts believed that those measures were necessary to curb the spread and avoid congestion in hospitals (Zimonjuc, Barton et Ling, 28 April). “Flattening the curve” was a phrase often used to represent the evolution of infection cases over a long period of time (Osman, 19 March).

Also, it was the outbreak of a crisis situation in seniors’ residences and long-term care centres, particularly in Quebec and Ontario, that alarmed the experts. In light of data showing that elderly people with COVID-19 are particularly at risk of complications that “presumably has something to do with the immune system in some way” (CBC News, 12 March), health authorities became concerned about outbreaks in nursing homes (Radio-Canada, 13 March). Measures therefore became needed to avoid “families being devastated” due to the high mortality rate in those residences (The Canadian Press, 11 April). While the situation in retirement homes was feared by experts, the difficulty in recognizing the virus led to an increase in cases and deaths associated with COVID-19. Community transmission and asymptomatic carriers of the virus made it difficult to trace cases across the country. Moreover, some experts believed that a herd immunity to the virus could be achieved through deconfinement “by possibly obtaining immunity to the coronavirus by letting [children] infect each other [in schools] and develop the disease” (Bolduc, 14 May). Although, several experts feared the risks of such a strategy, particularly among young people who might believe they are invincible (CBC Radio, 31 March). Many citizens attending rallies, particularly youth, were portrayed as responsible for the increase in cases and emergencies during the deconfinement period (Jones, 24 July).

While the schools were closed without much debate, the discussions on their reopening brought up several divergent points

among the experts. Still, the fact that children with COVID-19 generally developed few or no symptoms was of concern to the experts. However, the closure of the schools was not questioned in the first weeks of the lockdown. It was toward the end of the period of lockdown and business closures that some experts were discussing the possibility of reopening the schools, which had at that point been closed for a month. Notably, in Quebec, the National Director of Public Health wanted to reopen the schools in May, a few weeks before the end of the school year, to allow young people to develop immunity to the virus (Agence France-Presse, 29 June). Several experts believed that the danger of reopening schools would be very low (Maltais, 12 April). However, the possibility of an increase in transmission if schools reopened was discussed by public health experts (Sampson, 24 April).

On the other hand, epidemiologists, paediatricians and virologists, especially in the rest of Canada, were opposed to school reopening measures (Bolduc, 14 May). Beyond the issue of herd immunity and risk in children, the debate on transmission also highlighted certain contradictions. Media experts cited an Australian study that reportedly showed, using preliminary data, that there was “virtually no transmission of COVID-19 between children” (CBC, 4 May). In contrast, another article stated that “new data from Germany suggest that children are as likely as adults to transmit the coronavirus” (Bolduc, 10 May). In short, many independent researchers proposed strategies for deconfinement around mask use and ventilation (CBC Radio, August 10; Radio-Canada, 25 August), around the types of classrooms that should be built/designed to avoid contact and regarding the risks to children’s learning that would result from shortening the school calendar even further: “I think we will be returning to a school setting so long as the right policies are in place -- a school setting that is safer in terms of infection transmission risks and that offers opportunities for learning, socialization and, importantly, peer-to-peer learning and development” (Weikle, 28 July).

The beginning of the debate on the reopening of schools also coincided with the experts’ discussions in the media about deconfinement. As with other topics, there was a divergence in the experts’ discourse on this topic. On the one hand, some

epidemiologists believed that ending the lockdown was possible as early as April, about a month after the beginning of the lockdown, provided that the relaxations were gradual (Maltais, 12 April). Deconfinement measures had to be carried out by providing for increases in cases and the possibility of closing down certain sectors if necessary:

we shouldn't be afraid of our fellow citizens. The caseload is now low enough that we can start to venture into the territory of opening up economies at the same time not be so confident to be flagrant with our hygiene discipline

explains epidemiologist Ray Deonandan (Zafar, 9 May). On the other hand, experts believed that it was still too early to take such measures, even in May (Bolduc, 10 May; Maltais, 12 April). Avoiding large gatherings remained, however, a measure recommended by all the experts in the media analysed.

Between June and August, Canadian provinces quietly eased several measures while keeping physical distancing in public spaces in place (CBC News, 29 June). Many researchers believed that the virus could not be eradicated and that before widespread vaccination: “we need to accept that COVID-19 will be with us for some time and to find ways to deal with it,” said 18 public health and infectious disease experts in an open letter to Prime Minister Justin Trudeau (Zafar, 9 July). Finally, the last few weeks of August show that a slight increase in cases was underway in Canada. Most experts were concerned that the abandonment of many measures and non-compliance by some citizens could lead to a potentially alarming spread of the virus (Girard and Maltais, 17 July; Radio-Canada, 26 July).

6. Analysis of the results

Our results show that the identified discourses are marked by numerous contradictions and tensions, for example when experts comment on wearing masks or reopening schools, and that the experts have sometimes changed their opinion regarding certain measures. In short, the expert discourses on the COVID-19 pandemic have been transformed and modulated over time and with

regard to the stakes prioritised in public debates. These numerous tensions are in apparent contradiction with the “authoritative instrumentalism” (Colebatch et al., 2010). Let us remind that this paradigm states that science is the bearer of truths on which political decisions should be based. From the point of view of representational dynamics, however, the presence of tensions and even contradictions is not necessarily a reflection of unscientific debates or erroneous knowledge but is rather indicative of the process of a representational naturalisation of the COVID-19 pandemic taking place. Indeed, once completed, the process of the naturalisation of social representations allows ideas to exist in the same way as physical objects; they lose, in that respect, their debatable character.

Moreover, a more in-depth study of the naturalisation process can rarely take place at the time of its occurrence, which limits our ability to adequately understand the potential effect of these contingencies on the construction of social reality. Indeed, the tensions and contradictions that may have emerged during this process are obliterated from the naturalised representation. However, this is precisely what our results allow us to do. Indeed, it was possible for us to observe the naturalisation process of the COVID-19 pandemic in progress, and more precisely with regard to the first two phases, namely: 1) the recognition of specific traits by association, following a significant social change and 2) the elimination of contradictions through decoupling²²⁷ (Negura & Plante, 2021).

6.1 Recognition of specific traits by association, following a significant social change

The notion of significant social change is in many ways similar to the concept proposed by Wagner (1998) of the *constructive event*, i.e. an event during which an entity is named, associated with attributes and values, and becomes integrated into a significant universe. The declaration of the pandemic by the WHO in March 2020 constitutes the significant social event that triggered the transformation of the entity of a new coronavirus into a social object.

As we have seen in the presentation of the results, this major change can be subdivided into several other events that have also

led to significant social changes located specifically in Canada and finally in Quebec and Ontario. At each of these events, from the appearance of the first case in China, to the first case in Canada, the closing of the border, confinement measures and other various measures put in place, expert discourse has contributed to the recognition of specific traits through the association of the virus with certain groups.

As in other studies of social representations of COVID-19 and other infectious diseases, we find that these groups have evolved and are distinguished between heroes (such as health-care workers), villains (such as travellers, young partygoers and rally participants) and victims (such as elderly people) (Wagner-Egger et al., 2011). As shown in our results, one of the specific traits of the pandemic problem is thus recognizable in the association of the virus with the increased risk of physical health problems and death for the elderly (and chronically ill). The victims of the virus are then clearly identified: the elderly. However, the various expert discourses show that the risks to the physical health of the elderly are not the only consequences of the COVID-19 pandemic (Bavli, Sutton & Galea, 2020). Other traits are thus associated with the pandemic, such as mental health problems, economic survival, learning and developmental difficulties in children, etc. These traits target specific groups such as youth, the unemployed, and children who are also affected, albeit differently, by the pandemic.

In another vein, the association of the COVID-19 pandemic with specific groups, whether those groups are viewed positively by the population (such as medical personnel) or negatively (such as young partygoers believing themselves to be invincible), is implicit in expert discourse and in fact draws on the baggage of shared representations (e.g. the social representation of young people as reckless, see Masse, 2020). This is in line with the comments of several authors who emphasise the mainly symbolic aspect of this type of association, particularly with regard to the othering and association of problems with groups that are already marginalised or stigmatised (Mayor et al., 2012). This process allows the group that benefits from it to reduce the perception of threat and the discomfort generated by the state of anxiety (Páez & Pérez, 2020).

For Farr (1993) this underlines the responsibility of scientists and the importance for science to consider common sense:

The mere publication of medical statistics generates new social representations and reinforces or alters old ones. If scientists ignore social representations they may find that the consequences of the advice they offer governments are not what they intended. They will then be heavily into the business of altering social representations that arose from their previous advice (p. 202).

In many ways, our results show that the COVID-19-pandemic problem confronts contradictions where the needs of some have clashed with those of others. Health, mental health, the economy, social issues, education and the quality of learning are, so to speak, in competition. Indeed, in the media, experts, by identifying the aspects of the pandemic according to their field of expertise, inevitably put them under tension. In this way, physical health finds itself in competition with mental health, the economic survival, the education and quality of learning, as well as the social problems (poverty, homelessness, domestic violence and child abuse).

6.2 Elimination of contradictions through decoupling

It can be seen that in the second phase of the representational naturalisation, a process of decoupling is under way with regard to the dangers associated with the COVID-19 pandemic. The danger of this pandemic is mainly perceived with regard to physical health, especially that of the elderly, but it has been decoupled from the other elements mentioned above. This is reflected in the centrality of the debates on the transmission of the virus, regardless of the issue at stake (mental health, education, violence, poverty, economy, etc.). Debates stated in our results concerning the reopening of elementary schools in Quebec are one good example; the quality of education was rapidly overshadowed by the debate on children's immunity to the virus or their possible contribution to herd immunity. This observation is in line with Jodelet (2020) when she explains that biological life has supplanted other forms of life in recent years. Health is often associated with the physical health of the body and the absence of disease, leaving mental or

psychological health, which is still highly stigmatised in Canada (Findlay et al., 2021, Lévesque, Negura et al., 2018, Sareen et al., 2005) and elsewhere in the West (Roelandt et al., 2017), in the background. Health risks for the present and the future are, moreover, fraught with uncertainty. Furthermore, for Jodelet (2020), this is what distinguishes the COVID-19 pandemic from other pandemics that preceded it, where the focus was more on victims and mortality. In the case of COVID-19, although mortality was emphasised, attention quickly shifted to uncertainty and diffused risk due to possible transmission by asymptomatic individuals. The decoupling carried out in the process of the naturalisation of the COVID-19 pandemic between the different risks that this problem presents to society also joins, although on another register, the comments of Bavli et al. (2020). For these authors, collateral damage has not been sufficiently taken into account in governmental decisions and measures. For us, not only have these elements not been taken into consideration, but they have in fact been decoupled from the pandemic problem, whose naturalisation process has contributed to making it a problem centred foremost on physical health risks.

Also, expert discourse participates in the debates, but does not allow for decoupling or responding to contradictions. It is the political decisions that have been made that allow decoupling to be done. The function of the expert discourses of legitimisation regarding political decisions underlines the particular role of experts in the process of representational naturalisation of the COVID-19 pandemic. This is all the more important as the amount of information (and disinformation) concerning COVID-19 and the speed of their propagation is unprecedented (Jodelet, 2020). The experts then symbolically come to play the role of gatekeepers; the journalists who interview them, and who represent the public, expect them to be clear, precise, consensual and unequivocal. For Moscovici (1993), these social expectations of science are both a reflection and an effect of the social representation of science. He adds that this representation of science as a uniform and consensual entity helps to bring it closer to belief:

[P]aradoxically the quest for consensus in a science as a sign for its exceptional character can have the consequence of setting one

theory apart and above discussion, hence changing it into a belief made immune against falsifications and contradictions as religious or political beliefs can be (Moscovici, 1993, p. 366).

Thus, beyond the competence, the credibility and legitimacy of the expert rests on a remarkably symbolic foundation. In the face of threat and chaos, the expert symbolically holds the tools to restore order (Éliade, 1965). This can be explained, among other things, by the anchoring of expert or scholarly knowledge in the thema opposing the initiated (or the sacred) to the profane (Negura, Plante, Lévesque, 2019). The notion of thema, or themata in the plural, refers to dyadic oppositions that are at the source of the human capacity to create new knowledge, to imagine concepts and at the same time to organise them (Markova, 2017, Moscovici and Vignaux, 1994). In the case at hand:

The adjective “profane” [...] ends up designating [...] the ignorant in relation to the expert, the uninitiated in relation to the insider [...]. The profane [has] become the one outside the laboratory, a laboratory which, in this context, occupies the place formerly reserved for the temple, or the room of mysteries (Borgeaud, 1994, p. 391).

The thema that opposes the initiated to the profane contributes to anchor scientific knowledge in a distinct representational sphere. It also gives an exceptional character to experts, scholars and other initiated to “sacred things” (Durkheim, 1925, p. 25). The sacralised aspect of science here is not due, for example, to its complexity or its methods, but rather to its character placed at a distance and reserved for a very specific group, and thus prohibited to other non-knowers, non-initiated, in other words, lay, people.

Another important element that the debates and contradictions in the expert discourses demonstrate concerns, if not the absence, at least the scarcity of consensus among experts²²⁸. This can be seen, for example, in the question of the wearing of masks, in schools as well as in public spaces, debated within the same field of medical specialisation, or the question of the closing of borders or the transmission of the virus by children (to name but a few examples). This contributes to reaffirming our position that the

decoupling, necessary for the process of representational naturalisation, is the result of political decisions that have been taken, and not of expert discourse. Indeed, these decisions cannot be based entirely on expert discourse (which is contradictory and limited) and necessarily draw on the values, norms and interests of political actors, their ideology, and even the imitation of government measures taken elsewhere, in short, within the realm of the common sense. As also explained by Rapaelli (1995), we are dealing with the broad meaning of knowledge:

[...] not only expert opinions and social research, but also the transformation of expert ideas into the kind of knowledge actually used by political actors; a knowledge in which research, information held by public administration bureaux, and even opinions expressed by the mass media are all intertwined. [...] Research creeps or is absorbed into the policy processes via indirect, cumulative and diffuse processes (mainly through ideas and argument), and in combination with lay knowledge (p. 164).

According to the *deficit model* (Wagner, Kronberger, Seifert, 2002), a dominant model that is epistemologically close to the paradigm of “authoritative instrumentalism”, basing political decisions of the utmost importance on common sense would probably be the worst-case scenario. However, as we can see from the inability of expert discourse to eliminate contradictions: No science will relieve common sense, even if scientifically informed, of the task of forming judgement. (Habermas, 2003, p. 108)

7. Conclusion

Our results thus allowed us to observe the first two stages of the process of representational naturalisation (Negura & Plante, 2021) of the COVID-19 pandemic. Following the significant social change created by the pandemic, the experts, according to their specific expertise, the solutions they proposed and their proximity to the power, contributed during the first wave of the pandemic to the process of recognition of the specific traits of COVID-19 by explaining in the media its nature and its threats. This process has implicitly facilitated the association of these traits with certain

groups (such as the physical vulnerability to the virus of the elderly, the psychological suffering of young, the learning difficulties of children and the precariousness of the unemployed). The tensions between these pandemic traits in relation to the specific needs of different groups (the physical health of some in comparison to the mental health of others, for example) in the specific context of the pandemic create contradictions and conflicts that are resolved by decoupling physical health from other traits in the second stage of the representational naturalisation process. This phase of the elimination of contradictions, dominated as we have seen elsewhere by polemical representations (Páez & Pérez, 2020), is in progress at the moment of the first wave of the pandemic. This explains why we have not found, in our corpus, elements of the third and fourth phases of representational naturalisation, by which the new social reality is reproduced.

However, the reality of the COVID-19 pandemic, according to our data, is already being identified as primarily a major risk to the physical health of the population. More precisely, it is a pandemic with two faces: very serious for a certain part of the population, quite benign for the others (which explains the constant and necessary efforts to convince the population to respect the restrictions). It is also a virus with invisible transmission (by asymptomatic people), which explains the use of masks, whose physical reality also helps to keep the virus visible. Finally, the risks are also associated with the overcrowding of intensive care units, which must be avoided at all costs, and with the importance of flattening the curve. These three elements constitute, in view of our results, the object of the COVID-19 pandemic. Recalling the concepts used by Wagner (1998), objects are entities that have been domesticated. As a result, objects are *specific* to the group that participated in their creation. Conversely, it is also the objects that give the group its specificity. Thus, what other authors such as Bavli et al. (2020) have presented as the collateral effects of government measures are, in this perspective, just as direct consequences of the COVID-19 pandemic as the number of hospitalisations, but they are being decoupled during the process of representational naturalisation. In other words, another society, at another time, could have identified mental-health issues as a

central element in the fight against the COVID-19 pandemic, which would obviously have given rise to a completely different set of practices and social reality. As Apostolidis et al. (2020) have also pointed out: “[...] the COVID-19 pandemic is not only a medical object, but also and eminently a social one. A polemical, polymorphic and conflictual object generating tension at several levels.” (p. 2)

We can thus see that experts have presented a varied discursive dynamic in the media. On the one hand, the experts’ discourse varies in terms of their proximity to the object of study, as well as their proximity to the decision-making power. On the other hand, the discourse also varies with regards to contradictory study results and, as a corollary, to varying positions on the measures to be adopted. There is therefore no a uniform expert discourse on the truth of the virus, contrary to what seems to be suggested by policy makers when they claim in the media, for example, to base their decisions on the best scientific advice. Moreover, policy makers influence the direction of expert discourse through their decisions. The expert discourse then serves to justify these decisions or comes to criticise them without contributing in a decisive way to the construction of the reality of the COVID-19 pandemic. The expert discourse and the political discourse thus participate in a dynamic way in the representational naturalisation of the COVID-19 pandemic.

The chapter provides a better understanding of expert involvement in the development of health measures during the COVID-19 pandemic in Canada. However, these results allow us to go further and propose a powerful conceptual tool for the analysis of public policies by calling upon the model of representational naturalisation (Negura & Plante, 2020), an approach from the theory of social representations (Moscovici, 1976), that explains the process by which constructed representational objects become social reality. This analysis thus addresses in another way the question of the cognitive dimension of public policies when “the object of public policies is no longer only to ‘solve problems’ but to build frameworks of interpretation of the world” (Muller, 2000, p. 189). In fact, the chapter, by proposing an analysis of the social construction of the COVID-19 pandemic in Canada, illustrates the socio-cognitive

process by which public policies are developed and implemented from a referential that is integrated into a discourse on the basis of expert legitimisation. Through the study of the political and expert discourse on the COVID-19 pandemic in Canada during the very first wave, the chapter illustrates the representational naturalisation at the beginning of this process by contributing to validating this theoretical model (Negura and Plante, 2020) and to engaging it in the context of public-policy making.

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Endnotes

222. Canada's health research granting agency.

223. The Canadian Press (2 March 2020), Timeline of COVID-19 cases across Canada, *CBC News*, <https://www.cbc.ca/news/health/canada-coronavirus-timeline-1.5482310> (Consulted on 10 January 2024).

224. The terms policies, public policies and action plans are used interchangeably and as synonyms.

225. CBC/Radio-Canada's news site hosts 10,000 pages of information and 4,000 hours of audio and video segments that are viewed each month. It was these sites that were consulted for our analysis. According to the CBC Annual Report, 83% of Canadians use at least one CBC/Radio-Canada service each month, and the same proportion of Canadians consider CBC/Radio-Canada to be a trusted source of information.

226. All article dates are from 2020. All references with the date without the year are journalistic references from our corpus. Some have no specific authors, and others are written by news agencies (e.g. Reuters). However, all the articles cited have been published on the news websites of Radio-Canada or CBC. We have cited the most representative examples. Other articles in the corpus analysed may also have similar content.

227. As the process of representational naturalisation is ongoing, the analysis revealed the first two stages rather than the last two where naturalisation is confirmed: instrumental use in communications and validation through experience (Negura & Plante, 2021).

228. An interesting point is that in research using the symbolic coping model (Wagner, 1998), the emergence stage is consistent with the diffusion of COVID-19's hegemonic social representation and is largely based on the idea of consensus (see Páez et Pérez, p. 2). However, when we look specifically at the discourses of the experts, we see that they are far from being so consensual. The pressure for compliance came after decisions were made by the various levels of government.