Influence of government communication on risk perception. An analysis based on the context of the sixth wave of Covid-19 in Madrid

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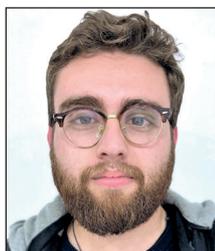
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Abstract

Risk theorists have frequently discussed the discursive construction of risk perception. In particular, the effect of media consumption on increasing the subjective perception of risk has been highlighted. Not much is known about how government communication affects citizens' impressions and attitudes in this area, something that this research seeks to address. During the sixth wave of Covid-19, triggered by the emergence of the Omicron variant, government discourse shifted from initial concern to what has become known as the "influenzaisation" paradigm, an attempt to normalise the disease. Based on the results of a survey carried out in January 2022 amongst 664 citizens of the Community of Madrid, we sought to demonstrate, using binary logistic regression (BLR) models, to what extent the degree to which the citizens of Madrid internalised the government's thesis of "influenzaisation" was related to a lower perception of risk. Similarly, the aim is to show whether agreement with the "influenzaisation" thesis also favoured positions that were less inclined to restrictions, so that government communication succeeded in reducing the social demand for measures. Finally, the study evaluates the predictive character of ideology on levels of risk perception and attitudes towards restrictive measures. The findings indicate that acceptance of the "influenzaisation" story led to a lower perception of risk and, as a consequence, reduced support for restrictive measures among those most exposed to this thesis. The discursive articulation of risk in government communication becomes a central element of crisis management and the strategic formulation of "risk de-escalation" or "post-risk" messages.

Keywords

1. From the state of alarm to "influenzaisation": changes in governmental discourses during the sixth wave of Covid-19

On 26 November 2021, the *World Health Organisation* (*WHO*) met to assess the emergence of a new variant of Covid-19, B.1.1.529, better known as Omicron, which was described as a "variant of concern" (*WHO*, 2021). The origins of this new variant appeared to be in South Africa. It was there that Dr. Angelique Coetzee became aware of its existence when she observed a patient with a different clinical picture to the one caused by the Delta variant (*BBC News mundo*, 2021). Initial data provided by the *WHO* indicated that Omicron carried an increased risk of reinfection and a potential for transmission never seen before, despite vaccination. However, evidence gathered by Coetzee and the teams treating the first patients infected with this variant showed that Omicron had rather mild symptoms and effects (potentially low hazard).

Shortly after the existence of Omicron became known, several countries took firm decisions that reopened a restrictive framework for action. Governments' fear of making mistakes similar to those experienced during the first wave led all EU states to ban travel to and from Southern Africa on 26 November, as did the United States, the United Kingdom and Israel (**Gómez**; **Sevillano**, 2021).

While the first measures taken by governments could re-activate a sense of high risk and danger, messages soon began to try to lower the level of alert. Joe Biden declared on 29 November that Omicron was cause for "concern but not for panic" (**Monge**, 2021). News reports during the first days of December were consistent with this discourse. On 9 December, *El País* stated that, if the mildness of the symptoms caused by Omicron is confirmed, its mass transmission

> "'could become good news', as the coronavirus would become a 'seasonal flu or cold-like pathogen'" (**Linde**, 2021).

The thesis of the so-called "influenzaisation" began to appear in the media in a social context marked by the exhaustion of the citizenry after almost two years of restrictions and on the verge of celebrating the Christmas holidays. Moreover, just a few weeks earlier, on 27 October 2021, the *Spanish Constitutional Court* had annulled some aspects of the second state of alarm, which was extended from 9 November 2020 to 9 May 2021, in its *Ruling nº 183/2021* (in July it had already declared several aspects of the first state of alarm unconstitutional).

While doubts about the severity of the new variant were at the centre of the first days of the sixth wave, the first doses of paediatric vaccines were received in Spain on 13 December and two days later they began to be administered. Likewise, the cumulative incidence (CI) continued to rise after the December long weekend break. According to data from the *Health Alerts and Emergencies Coordination Centre* (*Ccaes*) from the *Ministry of Health*, the 7-day CI (CI7D) on 10 December was 164.33 in Spain (77,977 cases diagnosed in the last 7 days).
https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/situacionActual.htm

One month earlier, on 10 November, the CI7D was only 35.82 (16,996 cases). On 17 December, the CI 7D was already 424.07 (201,225 cases).

Faced with the unstoppable increase in cases, with record daily figures, on 19 December, the president of the Spanish government, Pedro Sánchez, appeared from Barcelona and announced the extraordinary and telematic convening of the regional *Presidents Conference* for the 22ⁿᵈ with the aim of adopting, as he declared, new measures (*Cadena SER*, 2021, 1m 46s). Sánchez, who until then had kept a low profile in relation to the new variant, indicated that the cumulative incidence of these days warned of

> "a real risk to the health of our compatriots and, consequently, demands that we intensify our actions in the face of the spread of the virus" (*Cadena SER*, 2021, 1m 11s).

In the hours prior to the *XXV Conference of Presidents*, the different regional governments began to consider new restrictions that they would later present to this cooperation body. On 21 December, at least seven territories of different political stripes had already called for the return of mandatory face masks outdoors. In turn, Catalonia called for the nationwide implementation of the curfew already in force in its region, as well as the closure of nightlife and the generalised reduction of capacity and personal gatherings. The dissenting voice was once again that of Madrid. Its president, Isabel Díaz Ayuso, declared that she was not going to change the health strategy in her community. Furthermore, she took the opportunity to request a relaxation of the quarantine criteria, leaving everything to the massive implementation of antigen tests (*RTVE*, 2021).

It seemed, then, that the scenario of previous months was repeating itself. Faced with a rise in cases, most regional governments called for tougher measures and the only dissent was expressed by Isabel Díaz Ayuso, who preferred to opt for a "self-care culture" and minimal public intervention, and was totally opposed to increasing the level of restrictions

(**Díaz-Ayuso**, 2021). The president of the Community of Madrid sent a message of "calm" in the hours before the *Conference* (*Europa Press*, 2022): everything should continue as before, there was no reason to apply more restrictions.

It was in this atmosphere that the day of the *25th Conference of Presidents* arrived. At its conclusion, a new appearance by President Sánchez took place in which, in the end, no announcement of restrictive measures for the whole country was made, except for the return of the mask to the outdoors. Sánchez worked hard to make it clear that we were in a wave of a different nature that should not worry us as much as others and where no invasive measures were needed, thanks to the success of the vaccination campaign. The idea that it was necessary to learn to live with the virus began to take shape, and the communication objectives focused on demonstrating the effectiveness of vaccines, preventing a new alteration of normality from compromising people's confidence in vaccination as the best guarantee for the end of the pandemic. In that appearance Sanchez literally said:

> "We all have the traumatic memory of March last year when the virus burst into our lives in a tragic way, and we all feel the fear of returning to that situation, I understand it, but we are not in March 2020 nor are we in Christmas 2020, and if we are not, it is because Spaniards have been vaccinated" (*RTVE* 2021, 2m 27s).

Graph 1. Epidemic curve in Spain and Madrid. Daily cases April 2021-January 2022. Source: *Ministry of Health, Health Alerts and Emergencies Coordination Centre*. *https://cnecovid.isciii.es/covid19*

Díaz Ayuso's position of not changing the health strategy in the face of the sixth wave ended up prevailing in the whole country. If we consult the restrictions in force during Christmas in the different territories, some that had been very tough in previous stages of the pandemic, such as Castilla y León, did not approve either a curfew or a Covid passport requirement. Neither did other regional governments of different political stripes such as Castilla-La Mancha or Extremadura. In no territory were curfews imposed, except in Catalonia and certain municipalities, depending on the number of inhabitants and their CI. Only in Galicia was a restrictive regulation established for meetings between non-cohabiting partners in public spaces after 2 a.m. (**García**, 2021).

On 29 December, President Sánchez appears again to review the year 2021 and the two years of the legislature. In this speech, the thesis that "we have to learn to live with and understand the virus" (**Marcos**, 2021) is already openly expressed. It is stated that "we must persevere with our strategy" (*El Mundo*, 2021, 8m 30s), i.e. not to change course for Omicron. According to Sánchez, one of the main pillars of this strategy would be the vaccination campaign and "personal protection with the use of masks" (*El Mundo*, 2021, 8m 50s). Actions relating to the reduction of social contact, the limitation of parties and events, or mobility, are eliminated.

After the holiday period, once the possibility of harmonious coexistence with the virus (normalisation) has been established based on accumulated experience and the decrease in lethality associated with the high vaccination rate, the President of the Government expressly proposed treating Covid-19 as an endemic disease, under the same parameters as ordinary influenza. On 10 January, the day millions of Spanish children go back to school, Pedro Sánchez gives an interview on *Cadena SER*'s *Hoy por hoy* programme in which, in addition to announcing the purchase of hundreds of thousands of oral antivirals from *Pfizer* and defending the fact that we cannot continue to ask for efforts from a society that has responded so favourably to vaccines, he says:

> "we have to evaluate the evolution of Covid towards an endemic disease" (*Cadena SER*, 2022, 2m 26s).

At one point in the interview, the journalist Àngels Barceló expressly asks him

> "are we heading towards the influenzaisation of the pandemic?" (*Cadena SER*, 2022, 3m 35s),
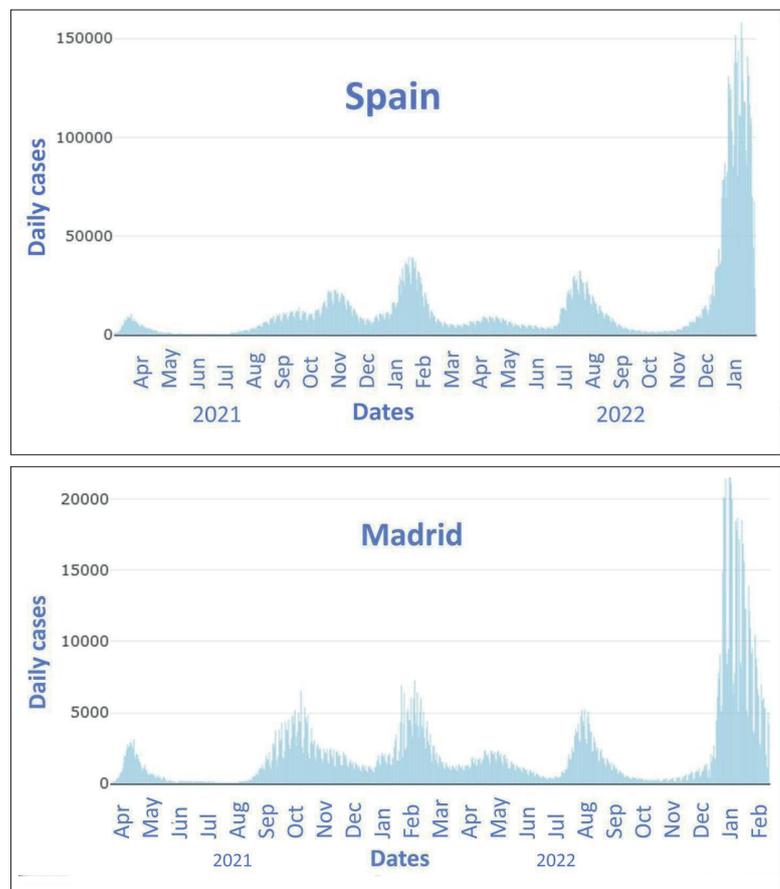
or in other words, to stop counting cases and stop testing, and Sánchez replies that "we have been working on it for weeks" (*Cadena SER*, 2022, 3m49s). The end of the exceptionality. On the same day, 10 January, *El País* published that "Spain is finalising a system to monitor Covid like the common flu", putting an end to the "exhaustive notification of cases" (**Linde**, 2022). A few days later, *BBC News* states that the influenzaisation strategy, a new paradigm in the treatment of Covid-19, is being led by Spain and wants to be exported to the rest of Europe (*BBC News*, 2022).

> ‘ The importance of the perceptive dimension of risk makes communication essential to consider how the intervention of political and media messages can alter, diminish or accentuate the citizenry's sensations in the face of a specific phenomenon ’

At the same time that *Moncloa* began to speak of "influenzaisation", this same framework was conveyed by the Madrid Regional Government, a discursive convergence that had not previously occurred in almost two years of the health crisis. On 13 January, the Deputy Minister of Public Health of Madrid, Antonio Zapatero, gave an interview in which he said that it would be possible to assimilate the coronavirus to influenza in spring and ruled out a new wave after Omicron (**Belver**, 2022). Previously, in November 2021, he had stated that in Madrid there was already "herd immunity", which is why he argued that they had entered "this new phase of coexistence with the virus" (*Onda Madrid*, 2021). Almost two months before the "influenzaisation" thesis was advocated from the central government, one of the main health officials of the Community of Madrid was already arguing that the cumulative incidence (CI) should cease to be the relevant indicator of the evolution of the disease, to focus exclusively on "patients admitted to hospitals" (*Onda Madrid*, 2021). Stop counting cases, start counting only serious cases, as a first stage of normalisation.

If we leave aside the chronological account of governmental discourses during the sixth wave and take a brief look at the communication strategies that institutions have maintained throughout this health crisis in Spain, the role that experts assumed in the transmission of the message, a way of legitimising the harsh measures of confinement and paralysis of "large sectors of the economy" (**Crespo**; **Garrido**, 2020, p. 16), stands out. Governmental communication in our country generally sought permanent technical-scientific endorsement and was oriented, in the early stages of the coronavirus, towards major measures to intervene in social behaviour to save lives and avoid health collapse. In a context of uncertainty never seen before, the Spanish government was forced to establish, with the leading role of experts, "constant communicative spaces" for the provision of information through daily press conferences, and also had to face throughout the process "intra-territorial tensions" derived from our system of distribution of competences (**Castillo-Esparcia** *et al.*, 2020, pp. 2-3).

The success of government crisis communication strategies seems to be largely related to aspects such as combating misinformation, maintaining credibility or translating measures in accordance with social norms -such as solidarity- that facilitate compliance with decisions (**Hyland-Wood** *et al.*, 2021). During the first state of alarm, governments promoted actions of permanent information and individual responsibility to protect the common good, empowered experts to gain credibility and tried to justify exceptional regulations on the basis of the priority position of the right to health. After the end of this first stage, and especially with the advance of the vaccination campaign, as the severity of the disease was reduced in a large part of the population, an ideological-partisan divide began to appear, pitting the government against the opposition and different regions against Moncloa. The initial consensus on the need for measures began to be replaced by the classic ideological debate between individual freedom and state intervention.

2. Risk communication and risk perception: from classical theory to new debates arising from Covid-19

The concept of "risk society" includes an extensive reflection on the relationship between risk perception and risk production (**Beck**, 2019, p. 66). For Beck, the "risk society" breaks with the culture of visible or material need, so that these risks are not easily evident in an immediate and univocal reality (**Beck**, 2019, p. 67). The condition of risk is predominantly perceptual, making the "instruments of risk-defining domination" central to the struggle to conceal or expose risks, a struggle to warn or displace the consequences of the invisible threat (**Beck**, 2019, p. 68).

The importance of the perceptive dimension of risk makes communication, or the discursive construction of risk, essential to consider how, in situations that objectively constitute a risk, the intervention of political and media messages can alter, diminish or accentuate the citizenry's sensations in the face of a specific phenomenon. According to **Farré-Coma** (2005, p. 108), risk perception derives from processes of "structural mediation" of the information ecosystem. In this regard, recent research has found a higher perception of risk about SARS-CoV-2 among those who were most exposed to and followed news and information content about the pandemic (**Mora**; **Melero**, 2021). Similar evidence was obtained by **Muñiz** (2011) for the case of AH1N1 influenza in Mexico, linking higher risk perception to consumption of certain media and interpersonal conversation about the issue.

The subjective condition of risk means that it "cannot be distinguished from the perception of risk" (**Farré-Coma**, 2005, p. 104) because there is no threat other than that which the subject has internalised and assumed, regardless of whether it is more or less certain. Considering that risks are constructed in discourse and as a product of perception, risk communication is aimed at shaping or adapting behaviour by conveying that there is a hypothetical risk or, in crisis contexts,

a manifest risk that merits preventive action (**Riorda**, 2011). The absence of risk communication would seek just the opposite, to lower the belief about the impact and extent of the threat.

> ' The risk perception helps to explain positions in favour of individual constraints and does so in the expected sense '

In the specific field of government action, risk communication aims to raise awareness and reduce the vulnerability of the potentially sensitive public to an emergency or event (**Riorda**; **Fontana**, 2016). The *WHO Department of Infectious Hazards Management* (*IHM*) specifies that risk communication aims to ensure that groups that may be most negatively impacted by the emergency "understand and take appropriate protective measures" by mitigating behaviours that increase vulnerability with information (*WHO*, 2018, p. 9). A clear example of this type of communication was the action developed in March 2020 by Downing Street under the slogan "Stay home-Protect the *NHS*-Save lives". The communication management of vaccination campaigns has also become a paradigmatic model of risk communication, in particular, because of the effect of the infodemic and initial vaccine confidence problems in some countries (**Warren**; **Lofstedt**, 2021).

For personal protection measures to be taken, or for the recommendations of the authorities to be followed, it is indispensable that there is an undeniable or sufficient awareness of the risk. Recent research has shown that risk perception influences the adoption of protective behaviours (**Bruine-de-Bruin**; **Bennett**, 2020). Therefore, a longitudinal study of perception levels can explain different collective behaviours and their outcomes on health indicators of disease impact, especially when assuming that risk perception is critical in the early stages of such a health emergency (**Wise** *et al.*, 2020). However, it is noteworthy that most of the research on risk perception has so far been conducted on environmental catastrophes and not so much on infectious diseases, with some exceptions such as swine flu, Ebola or avian influenza, hence there are no fully robust theoretical models of these scenarios (**Dryhurst** *et al.*, 2020).

In the SARS-CoV-2 pandemic, the main actions of governments have been directed at limiting social contact and ensuring the use of masks, but compliance with these recommendations or restrictions weakened as the exceptionality dragged on due to the difficulties of some citizens in making visible the true severity of the disease and the likelihood of contagion (**Joslyn** *et al.*, 2021, p. 599).

It is evident from the above that compliance with regulations aimed at curbing infection may be closely linked to an understanding of the effects of the disease and its likelihood of occurrence. This perception may be influenced by other variables, such as the citizen's ideology or partisan sympathies. Thus, in the United States, although Republicans and Democrats had similar levels of risk perception, the former tended to develop less protective attitudes and support for restrictions (**Joslyn** *et al.*, 2021).

These findings hinder the direct connection between risk perception and the development of responsible behaviour, in a context of strong politicisation of apparently technical and non-ideological public health measures (**Druckman** *et al.*, 2021). Even the more right-wing position of individuals has been linked to less vaccine-friendly attitudes (**Paul** *et al.*, 2021) or the combination of populist and radical right-wing positions with opposition to mandatory vaccination (**Juen** *et al.*, 2021). Not only partisan affection is a variable to be taken into account, belief in the importance of public intervention (a classically differentiating ideological aspect) and cultural values related to attitudes of prosocial solidarity can specifically explain a higher perception of risk and a higher propensity to follow certain preventive measures (**Dryhurst** *et al.*, 2020). Already in classic works on risk perception theory, the presence of cultural biases that generate selective attention to threats depending on individuals' lifestyles has been noted (**Wildavsky**; **Dake**, 1990), which connects with the ideological or belief perspective mentioned above.

Other authors, working on the basis of the Italian case, and without analysing differences by ideology, although they did analyse territorial differences (level of affectation by region), concluded that the greater the awareness that the country was facing a complex and dangerous situation, the more uncertainty increased and the greater the support for hard restrictions (**Motta-Zanin** *et al.*, 2020). Individuals' support for government decisions depended to a large extent on their perception of risk, with the degree of knowledge of the context playing a role. It is possible to find some notes on differences in risk perception, not so much related to the classic variables of information exposure or knowledge of the situation, but rather to socio-demographic variations or specific positions concerning the physical space in which the subject is located. In Germany, a study revealed that women were more concerned about Covid-19 than men and that people felt very safe at home or outdoors, but very unsafe in restaurants, in shops and on public transport (**Gerhold**, 2020). According to the same study, contrary to what one might initially think, older people showed a lower perception of risk than younger people, as measured by the estimated probability of infection (**Gerhold**, 2020), because, although older age groups are those who may suffer the worst consequences of infection, their lifestyle habits also distance them from activities that increase the likelihood of infection.

Interestingly, lower risk perception does not correspond to lower anxiety (**Gerhold**, 2020, p. 6). Although in the above-mentioned study the elderly were not the most at risk, they were the most fearful of Covid-19. The individual and probabilistic sense of risk does not correspond exactly to the fear of the effects of the disease (danger). Someone may feel very much at risk of infection, aware of the implications of his/her lifestyle, but may not have a deep fear of the consequences of becoming ill, which he/she has been able to relativise, or which in his/her case are minor.

The terms risk perception and hazard perception, as a way of explaining behaviours and attitudes towards the pandemic, have been used interchangeably (synonymous treatment) in specialised studies. Some authors argue that both the probabilistic dimension and the consequences of the disease are factors that are part of the same construct that allows us to measure risk perception as an umbrella idea. Nevertheless, based on the components of the Health Belief Model, "susceptibility-vulnerability" can be separated from "severity" (**Rosenstock**, 1974; **Moreno-San-Pedro**; **Gil Roales-Nieto**, 2003; **Green** *et al.*, 2020). Taking these two elements we propose to distinguish risk perception from hazard perception, and their measurement on separate but related scales. The first concept explains how close a subject feels to risk (fear of the possibility of taking it on). The second concept is more concerned with the understanding of the individual consequences of risk as danger.

3. Objectives, methodology and working hypotheses

The arrival of the sixth wave of the pandemic has provoked a remarkable paradox in Spain. Despite being the most contagious phase of all those that had occurred so far, and which initially caused an intense sensation of risk and danger, as the days went by it was described in government communication as the least dangerous and a new discursive framework was initiated that sought to normalise the health situation ("learning to live with the virus"). In some media reports, the Omicron variant, the protagonist of this sixth wave, was even described as the trigger for the end of the pandemic. Whether it was due to the exhaustion of the population in the face of the measures restricting individual freedoms, or to the need for a recovery of economic activities, in just a few weeks, the national government, in parallel to the communication of scientific groups and the media, reduced the level of alert and, therefore, also accelerated the reduction of the perception of the risk that this sixth wave represented for the population as a whole.

This decline in Spaniards' concern about the effects of the pandemic had been slowly but gradually taking place since 2021, coinciding with the progress of the vaccination campaign. According to data from the *Centro de Investigaciones Sociológicas* (*CIS*), in May 2020, 59.9% of Spaniards were very concerned about the coronavirus crisis. In April 2021 this figure was 48.7%, and in January 2022 it was lower than at the beginning of the pandemic (38.5%).

This research attempts to explain the factors that accelerated during this sixth wave the decrease in risk perception among citizens and the "normalisation" of the pandemic

Graph 2. Evolution of the levels of concern (%) about the coronavirus crisis among Spaniards (April 2020-January 2022).
Source: based on the *CIS* series L.2.02.06.003

between the first days of December 2021 and January 2022, which also led to lower social demand for restrictive measures aimed at fighting the pandemic. In particular, we wonder:

RQ1: How does the degree of citizens' agreement with government discourses of "influenzaisation" affect their perception of risk in the face of the sixth wave of the coronavirus? What other factors explain individual and societal perceptions of risk?

RQ2: What elements help us to understand the different positions of citizens on restrictive measures? Do ideology and the assumption of the "influenzaisation" thesis influence the favourable or unfavourable disposition towards these measures?

In order to answer these research questions, it is necessary to pose a system of relationships that seeks to determine explanatory elements of the articulation of social perceptions of the pandemic based on three hypotheses:

HP1. A higher degree of agreement with the governmental thesis of "influenzaisation" –high internalisation of the dominant governmental discourse in wave 6– is related to a lower perception of risk, i.e. as the individual takes on board the governmental discourse, his or her subjective perception of risk is reduced. The latter would confirm that political communication becomes what **Beck** (2019, p. 68) calls "instruments of risk-defining domination".

HP2. Agreement with the governmental thesis of "influenzaisation" favours positions that are less inclined to restrictions. Political discourse shapes social demand for public intervention.

HP3. Ideology is a predictor of levels of risk perception and of the citizens' position on the need for restrictive measures. Pandemic management is a positional issue rather than a technical or cross-cutting issue.
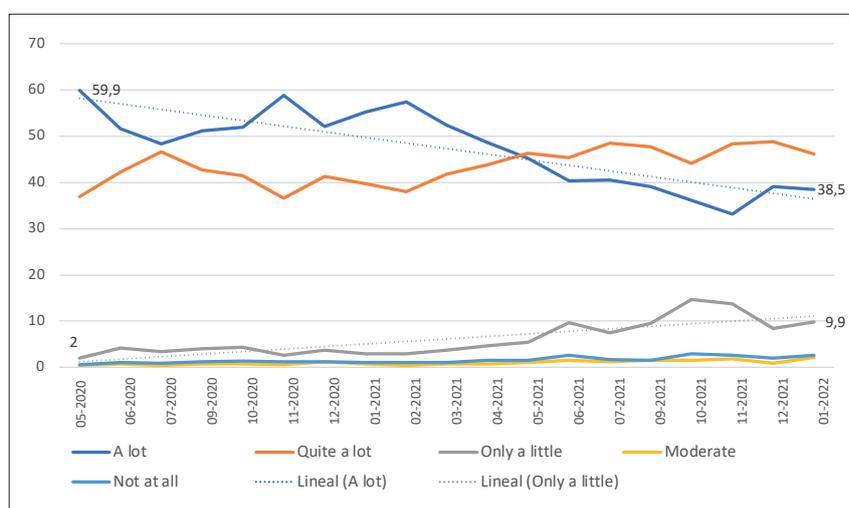
In order to carry out this research, data from the demoscopic study "The sixth wave of the pandemic in the Autonomous Community of Madrid", designed and implemented by the *Knowledge Transfer Group Laboratorio de Comunicación Política* (*Labcom*) of the *University of Murcia*, were used (full details of the study can be found at the following link: *https://www.cemopmurcia.es/estudio-6a-ola-de-la-covid-en-la-comunidad-de-madrid*

> " Government communication and political discourse have a significant influence on individuals' perception of risk in the context of a health crisis "

The fieldwork, conducted between 18 and 29 January 2022, was carried out using a combination of the computer assisted web interviewing (CAWI) online interview procedure, and computer assisted telephone interview (CATI) for household telephone and mobile phone interview procedure. For the fieldwork using the CAWI procedure, a double snowball strategy was implemented after sending the questionnaire to university professors and a viralisation strategy in social networks through organic traffic and paid segmentation. The sample is made up of 664 respondents, the universe being the Spanish population over 18 years of age residing in the Autonomous Community of Madrid.

The Community of Madrid has been taken as the universe because of the peculiar position of its regional government regarding the restrictions on individual liberties throughout the pandemic, which clashed directly with the position of the national government, and deviated from the position of other autonomous governments, both of the *Spanish Socialist Workers' Party* (*PSOE*) and the *Popular Party* (*PP*), and also of the nationalist governments in the Basque Country and Catalonia. However, during the sixth wave, the regional government's position remained along the lines of easing the restrictive measures, which the Spanish government eventually agreed to after the *Conference of Presidents* held at the end of December.

The sample is representative of the population under study in terms of sex, age and habitat, differentiating, in the latter case, residents in the capital from residents in the rest of the municipalities of the Community of Madrid. The representativeness of the sample is the result of a filtering process of its initial composition (768 cases), using as a reference framework the data from the continuous census of the *National Statistics Institute* (*INE*). The elimination of cases from the initial sample responded to the time criterion, with the cases obtained last being eliminated. The overall results of the survey have to be interpreted by taking into account a sampling error of ±3.9% for a confidence level of 95.5% and P = Q. Of the 664 people in the working sample, 52% were women and 48% men, aged between 18 and 98 years (M=50.78, SD=17.44). A structured, closed questionnaire with few questions was used as an adaptation to the administration model, and a pre-test was carried out on 40 people to solve interpretation problems. The internal consistency of the indicators used was also assessed.

To test the hypotheses, binary logistic regression (BLR) has been used as an analytical technique to examine which factors influence two opposing phenomena. In this case, two regression models are tested:

> Model 1 (BLR). Perception of risk= Perception of danger+Discourse+Ideology+Age+Sex+Education+Habitat+Occupation.
>
> Model 2 (BLR). Position versus constraints= Risk perception+Danger perception+Discourse+Ideology+Age+Sex+ Education +Habitat+Occupation.

The operationalisation of the dependent and independent variables incorporated in the two models is as follows:

DV (1). Perception of risk. Respondents were asked whether they were more or less afraid of losing a family member, friend or acquaintance and whether they were more or less afraid of becoming ill. With these two items, an additive index was constructed, ranging from 1 "minimum risk perception" to 5 "maximum risk perception". Good internal consistency is obtained in the indicator, according to the correlations within it (α=0.748). To consider the variable as a dependent variable, it is dichotomised by taking a value of 0 when the index ranges between 1 and 2.5, and a value of 1 when the index ranges between 2.51 and 5.

DV (2). Position on restrictions. Respondents were asked to rank themselves on a scale of 1 to 10, with 1 meaning they were in favour of no restrictions and 10 meaning they were in favour of governments regulating social contact to limit transmission of the virus. For the regression model the variable is dichotomised taking the value (0) when the scale is 1-5, and value (1) when the scale is 6-10.

In turn, the following variables are incorporated as independent explanatory variables:

IV (1). Perception of danger, asking respondents whether they believed that the sixth wave was much more dangerous, significantly more dangerous, equally dangerous, significantly less dangerous or much less dangerous than previous waves (this measurement is based on a comparative reflection that makes it possible to assess the real significance of the current perception of danger and avoids previous contextual bias).

IV (2). Degree of agreement with the influenzaisation discourse, for which an additive index (α=0.627) was constructed from a scale where 1 was "do not agree at all" and 5 was "strongly agree", with the following four statements:

> 1) Economic reactivation is a priority right now and therefore restrictions limiting productive activity must be reduced, even at the risk of taking longer to limit the spread of the coronavirus.

2) Stopping our lives in 2020 was the right decision, but now we have to completely return to normal. We will have to take risks, including deaths, but we need to get our lives back.

3) The new variant of the coronavirus called Omicron is more seasonal flu-like and therefore less dangerous, although more contagious.

4) Full-spectrum vaccination significantly increases the security against coronavirus infection and allows a large part of our traditional way of life to be restored.

IV (3). Risk perception (applicable to Model 2), according to the above operationalisation: additive index from two items ranging from 1 «minimum risk perception» to 5 «maximum risk perception».

Finally, different control variables (CV) are used in the analysis: participants' ideological self-placement (measured on a scale from 1 "left" to 10 "right"), a highly relevant variable whose influence needs to be estimated in all the proposed relationships (according to HP3); gender (0 "male"; 1 "female"); age on a scale; habitat (0 "Rest"; 1 "Capital"); level of education (0 " Other education"; 1 "University") and occupation (0 "Not working"; 1 "working").

4. Analysis of results

4.1. Madrid residents' perception of risk in the sixth wave: descriptive analysis and explanatory models

As reviewed in the second section, research on risk perception has focused either on the conditions of the individual, from an essentially socio-demographic understanding (elements that explain particular feelings about an actual or potential threat), or on the effect of media exposure (it is generally assumed that media discourse and high media consumption increase risk perception). However, despite the emphasis on the constructivist perspective of risk, insufficient attention has been paid to the role of government communication in this phenomenon, or, in other words, how governments can install and uninstall different impressions in the citizenry in the face of similar risk conditions.

Our HP1 suggests that a higher degree of agreement with the governmental thesis of "influenzaisation" is related to lower risk perception in the individual. Before testing this relationship, it is useful to describe how the sample performs on each of the variables that make up HP1. In this research, interviewees were allowed to express their perceptions of the risk of the sixth wave in comparison to those same perceptions in the past. Respondents were asked how closely they felt today about the possibility of getting sick or the fear of losing a friend, family member or acquaintance compared to the same feeling during the initial phases of the pandemic, particularly during the first state of alarm (March-June 2020).

For 51.7% of those interviewed, their fear of getting sick was much or much less today than they remember feeling at the beginning of the pandemic. For 17.8% it was just the opposite, they were more afraid of getting sick now, and for 30.4% their fear was the same as in the past. Regarding the possibility of a death caused by the disease in their immediate environment, for 53.2% of respondents, their fear of losing a family member, friend or acquaintance was much or much less today than they remember feeling at the beginning of the pandemic. 16.0% were now more afraid of losing someone close to them and for 30.9% their fear was the same as it had been in the past. Men, younger people, working respondents and those living in Madrid are more strongly in favour of considering that the possibility of becoming ill or losing someone close to them due to Covid-19 is lower than in the past (they have a lower perception of risk).

To analyse the degree of agreement of the interviewees with the "influenzaisation" discourse, it is necessary to recall that this discursive framework is based on two main messages. On the one hand, the reactivation of the economy, which is a discourse that ties in with the demands of the electorate ideologically further to the right, was one of the communicational levers used by President Díaz Ayuso during the toughest stages of the pandemic and during her electoral campaign for the regional elections of 4 May 2021, based on a discourse of "freedom" (**Zanotti**; **Turnbull-Dugarte**, 2022). On the other hand, the idea that it is necessary not only to revive the economy but also to revive social life –especially for the young– and thus avoid the effects of restrictions and the exceptional nature of the pandemic on mental health since it would begin to be legitimate to assume certain risks and costs.

The discursive framework of the need not to introduce further restrictions to reduce the impact of the pandemic on the economy convinces half of the respondents. 34.6% support the idea that

"economic reactivation is a priority and therefore restrictions limiting productive activity should be reduced, even at the risk of taking more time to limit the spread of the coronavirus",

compared to 39.0% who agree little or not at all with this argument (24.8% "more or less agree" with this idea). The other part of the speech, which focuses on the fact that

"Omicron is more like seasonal flu and therefore less dangerous, even if more contagious", is supported by 48.7% compared to 27.8% who do not agree or strongly disagree.

This message is further reinforced by the idea that

"full-spectrum vaccination considerably increases safety against coronavirus infection and allows us to regain a large part of our traditional way of life (social contact, leisure activities...)",

with 68.5% supporting this argument compared to a mere 13.8% who disagreed. In general terms, and although the economic argument is less transversal, the messages related to the character of Omicron and vaccination achieved a strong

installation among the citizens of Madrid before the end of January 2022.

Men, younger people, those ideologically more to the right, people who work and those who live in the city of Madrid took up the discourse of "influenzaisation" more resolutely, which, although a product of the national government's discursive management, was in line with the theses maintained by the president of the Community of Madrid for this sixth wave and, in general, for the entire period of the pandemic. Only the commitment to vaccines behaves differently in relation to ideological identification, with a concentration of anti-vaccine respondents among those identified with more right-wing positions.

Knowing these data, the BLR model No. 1 (see Table 1) allows us to address relevant explanations of individuals' levels of risk perception. Note that risk perception as DV has been dichotomised in the model from the median of the distribution. Some of the most interesting conclusions are obtained by finding that the degree of agreement with the governmental discourse of "influenzaisation" significantly and negatively influences the perception of risk (the greater the agreement with the discourse of "influenzaisation", the lower the perception of risk), which confirms the relationship proposed in HP1 (see Graph 3). This shows how government communication and political discourse have a significant influence on individuals' perception of risk in the context of a health crisis, a variable (the perception

Table 1. Binary logistic regression models to explain risk perception

	Model 1a		Model 1b	
VI_ Perception of danger	0.841	***	0.903	***
VI Discourse	-0.261	**	-0.371	**
VI_ Ideology			-0.142	***
VI_Age	0.005		0.001	
VI_Sex	0.371	*	0.384	*
VI_Habitat	-0.472	**	-0.526	***
VI_Education	-0.638	***	-0.611	***
VI_Ocupation	0.299		0.158	**
Constant	-1.432	*	-1.509	*
-2 log. of plausibility	710.954		649.683	
R2 Cox & Snell	0.199		0.219	
R2 Nagelkerke	0.269		0.295	

Note: * p≤0.1; ** p≤0.05; ***p≤0.01

Graph 3. Probabilities of the effect of ideology and influenzaisation discourse on risk perception

of risk) that reacts to the messages installed by the public authorities, the legitimised issuers of the social definition of risk. In this sense, the perception of risk cannot be dissociated from the political elite's capacity not only in the media but also in discourse, to shape moods that link the subjective analysis of reality.

In turn, within what is theoretically consistent, higher hazard perception influences higher risk perception, a result that is not necessarily to be expected the other way around. Less predictable is the relationship between this variable and several fundamental socio-demographic characteristics in the structural division of the population such as habitat, education and gender (with different levels of significance): being a woman, from an area other than the capital and not having a university education increases the probability of expressing a higher perception of risk.

Derived from the results of model 1b shown in Table 1, it can be concluded, along with the above, that ideology is a predictor variable of risk perception levels, as hypothesised in HP3. Graph 3 shows that similar to the position on the "influenzaisation" discourse, the further to the left the individual is positioned, the smaller the likelihood of low-risk perception. These data differ from those obtained by **Joslyn** *et al.* (2021) for the United States, where, in principle, no differences could be established between risk perception according to the ideology (conservative or liberal) of the citizens, even though behaviour in the face of the pandemic did show a relevant divergence according to ideology or party affinity.
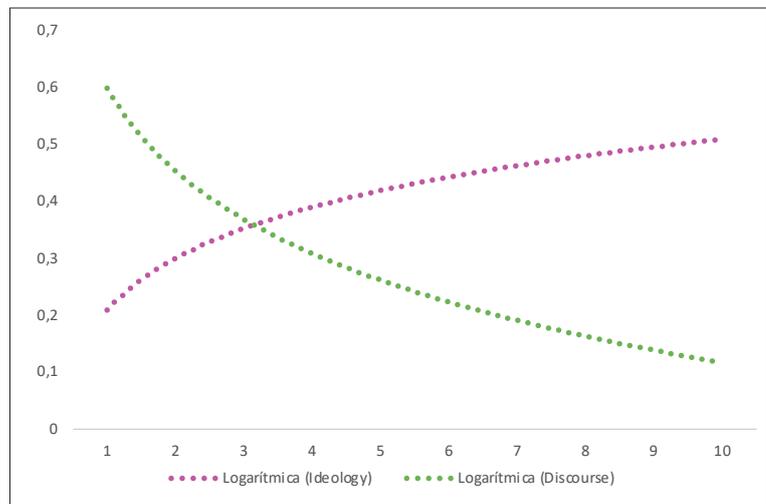
4.2. Position of Madrilenians towards restrictive measures in the sixth wave: descriptive analysis and explanatory models

Having analysed the influence of political discourse on the orientation of social perceptions of risk, which for our purposes should be defined as "risk defining capacity" on the part of governments, the next logical level is to question why it is in the interest of governments to modulate levels of risk perception. Risk communication theory tells us that its effects are aimed at raising awareness and avoiding vulnerable behaviour (**Riorda**; **Fontana**, 2016). On the other hand, the strategic objective of "de-escalation of risk" or "post-risk" communication –how to restore normality to communities that have been subjected to a high degree of exceptionality– has not yet been defined. We theorise that in this scena-

rio, the aim is to raise awareness of "non-risk" so that people stop believing that restrictive measures are necessary or that the absence of such measures does not generate a lack of protection and insecurity (the demand for intervention falls because the relevance of the intervention taking place in a favourable scenario is not assumed). Regarding these assumptions, the aim is to find out whether the citizens who were most receptive to the government's discourse of "influenzaisation" were also the least supportive of restrictive measures (HP2), in short, whether the demand for intervention policies is also sensitive to the discourse (as was the perception of risk).

Initially, an exploratory examination of the distribution of results on the scale of support/rejection of restrictive measures shows that the average position of all respondents about restrictions is 6.03, with 45% of the population occupying the first five positions on the scale (those most favourable to the existence of no restrictions) and the remaining 55% being more favourable to restrictive measures. At the extreme ends of the scale, 15% support no restrictions at all (bands 1-2), with 18% opting for less radicalism by placing themselves in bands 3-4.

With regard to the segmentation of the results by sex, age groups, ideology and habitat, as shown in Table 2, there is evidence of polarisation in the opinions of the different groups regarding their position on the restrictions. Men, the youngest (under 44), those on the right of the ideological spectrum, those who work and those who live in the capital are the most likely to hold positions of less control and restriction. Ideology seems to play an important role in this case as a predictor of the individual's position. Thus, among groups further to the left, the average for this question is 7.72, while the average for those further to the right of the ideological spectrum is 3.03.

Analysing now the result in Table 3 of the two BLR models on the respondents' position on constraints, it is found that risk perception helps to explain positions in favour of individual constraints and does so in the expected sense (consistent with findings such as those of **Bruine-de-Bruin**; **Bennett**, 2020). However, the same is not true for the perception of danger, which does not show a statistically significant relationship with the position on constraints. The exclusion of the "risk perception" variable from the model would introduce significance to the "hazard perception" variable with a b of 0.304 and a Nagelkerke R^2 of 0.512, indicating that both variables, risk perception and hazard perception, are helping to explain virtually the same phenomenon.

The model tested also shows that ideology is a predictor variable of the position on restrictive measures to regulate social contact (HP3), something that was already intuited in the previous descriptive analysis: the further to the right the respondent is, the less favourable he or she is to restrictions, which is consistent with the discourse that the president of the Community of Madrid has maintained since the beginning of the pandemic. The inclusion of ideology in the model significantly increases the capacity to explain the dependent variable (position on restrictions) and allows us to highlight how the ways of fighting the pandemic in Spain have ceased to be technical orientations and have become part of the worldviews and values of the citizenry, in such a way that the anti-interventionist impulse of the right in the Community of Madrid as opposed to a left that is prone to public control of social life, explains the politicisation that health measures, which should have been of a scientific-technical nature, have reached.

Table 2. Differences in position on the scale of support/rejection of restrictive measures according to sex, age, habitat and ideology

		Average	Standard deviation	N valid
Sex	Man	5,44	3,10	316
	Woman	6,57	2,77	343
Age	18-24	5,55	2,59	55
	25-44	5,28	2,83	185
	45-64	5,79	3,12	245
	65 and over	7,33	2,66	174
Habitat	Capital	5,74	2,99	352
	Rest	6,36	2,94	307
Ideology	Far left	7,72	2,58	137
	Left	6,74	2,61	173
	Centre	5,65	2,82	191
	Right	4,25	2,52	77
	Far right	3,03	2,60	36
	NA/DK	5,27	3,19	45

Table 3. Binary logistic regression models to explain pro-constraint positions

	Model 2a		Model 2b	
VI_ Risk perception	0.322	***	0.416	***
VI_ Danger perception	0.146		0.136	
VI Discourse	-1.646	***	-1.476	***
VI_Ideology			-0.347	***
VI_Age	-0.002		0.003	
VI_Sex	0.301		0.240	
VI_Habitat	-0.098		-0.126	
VI_Education	0.209		0.324	
VI_Ocupation	-0.722	***	-0.607	**
Constant	4.852	***	5.323	***
-2 log. of plausibility	611.351		511.035	
R2 Cox & Snell	0.326		0.391	
R2 Nagelkerke	0.437		0.524	

Note: * $p \leq 0.1$; ** $p \leq 0.05$; ***$p \leq 0.01$

Perhaps the most relevant finding derived from the results of Table 3, in relation to HP2, is that of the effect of the "influenzaisation" discourse on the position in favour of restrictions (the more this government-installed discourse is adopted as one's own, the more support for restrictive measures that should be adopted by those same governments is reduced). The demand for public intervention no longer depends exclusively on an individual's ideology or subjective analysis of contextual risk, but particularly on the way in which government communication activates frameworks of understanding.

> The perception of risk cannot be dissociated from the political elite's capacity not only in the media but also in discourse, to shape moods that link the subjective analysis of reality

Furthermore, non-parametric analysis of Kendall's tau-b correlations shows that there is also a statistically significant inverse relationship between influenzaisation discourse and risk perception (-0.224) and hazard perception (-0.487). In short, the model indicates that HP2 is fulfilled, and allows us to identify a sequential effect according to which, if greater acceptance of the influenzaisation story leads to lower risk perception and lower levels of risk perception reduce support for restrictive measures, then the new governmental discourse would have the effect of reducing the social demand for measures and avoiding discredit due to a not very proactive attitude in this sense. The ability of government communication to guide risk perception, and the effect of risk perception on citizens' positions on measures, make the discursive articulation of risk a central element of crisis management.

5. Discussion of results and conclusions

For more than a century we have been discussing with empirical contributions the influence of communication campaigns on the opinions and attitudes of the citizenry. The Covid-19 pandemic has allowed social scientists and communication scholars to verify these effects. Throughout these lines, we have maintained that the discourse generated by the political elites in Spain, taking as a case study the population of the Community of Madrid during the sixth wave of Covid-19, which is synthesised in the "influenzaisation" thesis, has had a significant effect in reducing citizens' perception of risk and in relaxing their attitudes towards restrictions. It must be recognised, however, that the case of the Community of Madrid, although crucial –due to the previous role played by its autonomous government, the influence of Díaz Ayuso's singular discourse on the population and the very importance of this community in the country as a whole– may entail a certain bias. This bias derives precisely from those characteristics that make the case relevant and decisive. Assuming the above, our results should be complemented and contrasted with comparative studies between different regions and with others at the national level.

In this research, we show that government communication and, specifically, President Sánchez's new speech in December 2021, which coincided in part with the argument that Díaz Ayuso had defended for the Community of Madrid, played a fundamental role in citizens' attitudes towards the perception of risk. Thus, in a situation of high incidence caused by the new Omicron variant, the use of political messages and their reproduction in the traditional media ecosystem and on social networks were related to an alteration in the perceptions of the citizenry regarding the pandemic in general, and in particular regarding the consequences of the new variant, reducing the feeling of risk, bringing the citizenry closer to positions of less demand for restrictive measures and, as a collateral effect, reducing the willingness for the new vaccination (third dose and child vaccination).

Our research tests the impact of government communication on the citizenry in a time of heightened uncertainty. Risk communication had a significant influence on the behaviour of citizens at the beginning of the confinement. This pattern remained more or less stable for just under two years, aiding social control through selective isolation and restriction measures. However, in December, the implementation of a message that focused on reducing the impact of the sixth wave reduced the sense of risk, which was also helped by high vaccination rates, lower mortality rates and confidence in the effectiveness of self-care measures.

Acceptance of the "influenzaisation" story led to a lower perception of risk and, as a consequence, reduced support for restrictive measures among those most exposed to this thesis. The new governmental discourse achieved its goal of reducing the demand for measures, which had both strong economic and social impact, and thus avoided discrediting governments for not being proactive enough. The ability of government communication to guide risk perception throughout the pandemic, and the effect of risk perception on citizens' positions on government-imposed measures, make the discursive articulation of risk a central element of crisis management.

Future lines of research should delve deeper into the capacity of government communication to influence the perceptions of the citizenry in a scenario of potential risk, and how public opinion will depend on this success in the face of measures that restrict or attempt to guide certain behaviours. It also opens up the possibility, firstly, of continuing to discuss with new data the receptiveness of audiences to government discourses in the risk

> The degree of agreement with the governmental discourse of "influenzaisation" significantly and negatively influences the perception of risk (the greater the agreement with the discourse of "influenzaisation", the lower the perception of risk)

de-escalation phase and, secondly, of replicating predictive models such as those presented here for other risk scenarios, be they health, environmental, technological or public safety. By replicating these models, it would be possible to test whether in different types of risk the influence of government communication is equally decisive or which variables condition the perception of audiences.

> The ability of government communication to guide risk perception, and the effect of risk perception on citizens' positions on measures, make the discursive articulation of risk a central element of crisis management

Finally, our study demonstrates the connection between ideology and levels of risk perception, in line with **Wildavsky** and **Dake** (1990) or **Dryhurst** *et al.* (2020), and also the ability of ideology to explain the position towards constraints. In Spain, as in other countries around the world, the management of the pandemic became a positional issue that went beyond the technical and "common sense" to enter the realm of values and partisan struggle. This evidence poses a new challenge for crisis and risk communication –and management– studies. Understanding of risks and willingness to follow technical recommendations are mediated by ideological battles and polarised contexts that could challenge any governmental coping strategy if left unchecked.

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