

Did the Pandemic Normalise Authoritarianism?

Emergency Governance, Surveillance, and the Changing Threshold of Democratic Control

Suhaana Khanna¹

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Abstract: Did COVID-19 normalise authoritarianism, or did it expose political tendencies already present? This paper distinguishes authoritarian regime change from a shift in the threshold at which unusually intrusive state action becomes acceptable. It develops the author's three-stage model—*emergency acceptance* → *institutionalisation* → *psychological internalisation*—through an interdisciplinary engagement with Nye, Lukes, Foucault, and Galtung. A structured comparison of Hungary, India, the United States, Taiwan, New Zealand, and the United Kingdom examines emergency legislation, digital monitoring, minority scapegoating, and democratic resistance. Brazil and protest episodes in Germany, Australia, and the Netherlands provide supplementary contrasts. The evidence is evaluated on two sides: mechanisms that could make exceptional control ordinary, and institutional, social, and policy developments that interrupt that progression. Documented expansions of executive authority and health-data systems support a conditional normalisation argument; legal reversals, data-deletion commitments, continuing dissent, and policy withdrawal constrain it. Evidence for lasting psychological internalisation is substantially weaker than evidence for emergency acceptance or administrative embedding. The pandemic is therefore best understood as an enabling and sometimes accelerating condition, not a sufficient cause of authoritarian transformation. Its political significance lies in the experience of an altered boundary of legitimate intervention, whose persistence depends on oversight, technological design, equal treatment, and citizens' continuing ability to question authority.

Keywords: COVID-19; Authoritarian Practices; Emergency Governance; Normalisation; Surveillance; Political Power; Democratic Resilience.

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I. INTRODUCTION

George Orwell's *Nineteen Eighty-Four* invites a disturbing question: what happens when people stop recognising political control as exceptional? The novel is not evidence about COVID-19, and treating a public-health emergency as equivalent to its fictional dictatorship would erase distinctions this paper needs to explain. Its relevance is conceptual. It directs attention away from the dramatic arrival of a dictator and towards the quieter movement of boundaries: what becomes understandable, then acceptable, and eventually ordinary (Orwell, 1949).

This paper asks whether the pandemic normalised authoritarianism. Its central claim is not that democratic governments suddenly became dictatorships. It is that the threshold of acceptable intervention might change before regime labels do. Answering that question requires separating three possible outcomes: a temporary willingness to accept emergency restrictions, the incorporation of exceptional powers into institutions, and a more enduring psychological acceptance of control. These outcomes can coincide, but evidence for one does not establish the others.

The distinction matters because COVID-19 was a genuine health emergency, not merely a political pretext. Governments had responsibilities to protect life, while citizens had reasons to limit activities that might endanger others. International human-rights guidance recognised that exceptional health measures could be legitimate, but required legality, necessity, proportionality, and limits on their duration (OHCHR, 2020). Calling every restriction authoritarian would make authoritarianism indistinguishable from collective action. Equally, assuming that a health purpose makes every restriction democratic would exempt emergency government from scrutiny precisely when scrutiny matters most.

The argument is therefore deliberately two-sided. On one side, emergency justification can enlarge executive discretion, make intrusive infrastructures easier to introduce, and turn compliance into a social expectation. On the other, restrictions can remain contested, subject to legal review, and reversible. The question is not whether intervention occurred, but whether its justification escaped the conditions that originally made it acceptable. A measure can become administratively routine without becoming normatively

uncontroversial; a citizen can follow it without accepting an unlimited right to impose it again.

The paper's conceptual contribution is the sequence *emergency acceptance* → *institutionalisation* → *psychological internalisation*. Unlike a generic account of democratic backsliding, this model follows the relationship between emergency legitimacy, organisational capacity, and ordinary expectations. It also allows the sequence to stop. Parliamentary challenge, data minimisation, judicial remedies, and policy withdrawal can interrupt a transition without requiring the state to abandon its public-health responsibilities.

The comparative analysis examines Hungary, India, the United States, Taiwan, New Zealand, and the United Kingdom. They are not presented as a representative sample or as equivalent democracies. Their value lies in the different combinations they reveal. Hungary tests emergency power within an already deteriorating political order; India connects digital governance with minority exclusion; Taiwan complicates any simple opposition between effective public health and democratic government; New Zealand and the United Kingdom show both exceptional intervention and mechanisms of correction. The United States makes clear why policy, authority, and dissent must be examined at more than one level of government.

The conclusion is conditional rather than evasive. The pandemic made unusually extensive intervention politically possible and, in some cases, helped embed new forms of control. Yet the available evidence does not establish a general, lasting internalisation of authoritarian authority. What it establishes more securely is an experience of lowered emergency thresholds, with different institutional consequences. Whether that experience becomes a durable precedent depends on how effectively societies insist that necessity must be demonstrated again, rather than merely remembered.

II. POWER, CONSENT, AND THE MEANING OF NORMALISATION

➤ *Authoritarian Practices are Not Simply Strong Government*

This paper uses *authoritarian practices* to mean exercises of political control that weaken meaningful accountability, suppress contestation, or subject people to arbitrary or discriminatory interference. This is an analytical definition, not a claim that all states displaying one such practice share the same regime type. The distinction follows research that evaluates emergency conduct separately from the overall democratic character of the state (Edgell et al., 2021). A democracy may act illiberally in a particular domain, while an authoritarian government may implement an epidemiologically sensible measure. Neither observation settles the larger political question.

Normalisation is also more demanding than frequency. Three meanings need to be distinguished. *Operational normalisation* occurs when an exceptional practice becomes

familiar in everyday administration. *Institutional normalisation* occurs when it becomes embedded in durable powers, procedures, or infrastructures. *Normative normalisation* occurs when people treat that practice as an ordinarily legitimate exercise of authority. Repetition may contribute to each, but cannot by itself demonstrate the last. Familiarity is not consent, and consent under danger is not an unrestricted mandate.

These distinctions make the argument falsifiable. If a technology is retired and its data deleted, a strong claim of continuing infrastructural control needs revision. If public support falls when danger is held constant or declines, a claim of unconditional acceptance weakens. If comparable restrictions in a later, unrelated crisis provoke renewed objections, the original emergency may not have created a transferable norm. The model should identify what evidence could contradict it, not reinterpret every outcome as another form of domination.

➤ *Nye: Coercion, Attraction, and the Legitimacy of Protection*

Joseph Nye distinguishes power exercised through coercion or material inducement from power exercised through attraction. His account developed principally in international relations; applying it to domestic emergency government is an extension rather than a direct restatement. It helps distinguish a threat of punishment from a government's capacity to make its goals appear credible and desirable. Soft power is not synonymous with propaganda, nor does all persuasive rhetoric qualify as attraction (Nye, 2004, 2017).

For pandemic governance, the useful question is how these mechanisms combine. A quarantine requirement might be backed by sanctions, explained by credible health officials, and accepted because citizens value protecting vulnerable people. The policy is not purely hard or soft. Its political character depends partly on whether persuasion supplies reasons citizens can inspect, or instead makes scrutiny appear disloyal. A trusted institution can encourage compliance without undermining autonomy; an institution that discourages challenge may use apparently reassuring communication to narrow it.

Ethos, pathos, and logos offer an interpretive lens without implying that governments used them in measurable or equal proportions. Expertise can establish credibility, suffering can create emotional urgency, and epidemiological reasoning can explain a restriction. None is inherently authoritarian. The concern arises when their combination moves from persuading people about a bounded policy to persuading them that emergency authority should not need independent justification. Nye thus helps explain acceptance, but not whether that acceptance is free, informed, or durable.

➤ *Lukes: Visible Compliance and Invisible Alternatives*

Steven Lukes' account of power distinguishes observable decision-making, control over the political agenda, and the shaping of preferences through which people may accept arrangements that disadvantage them. The third

dimension asks why conflict may remain latent rather than visible. It is not simply a more sinister name for persuasion, and it does not justify assuming that anyone who agrees with government has been deceived (Lukes, 2005).

Applied here, the first dimension concerns who imposes restrictions and who must obey. The second concerns what can be debated: whether legislative scrutiny, privacy objections, or the costs of particular measures enter the agenda. The third concerns how the limits of debate become accepted. A citizen may come to believe that questioning the executive during a health emergency is itself irresponsible, even while retaining the formal right to speak. The point is not that this necessarily occurred everywhere, but that conventional indicators of regime survival would miss it if it did.

Lukes also creates a demanding evidentiary problem. If support for restrictions is interpreted as ideological power and opposition as evidence of suppressed alternatives finally emerging, the theory risks becoming impossible to disprove. To avoid that trap, this paper does not infer domination from support alone. It asks whether people can access competing information, revise their judgement, reject measures without disproportionate penalties, and distinguish protecting health from protecting an incumbent. Acceptance becomes politically troubling when those possibilities are obstructed, not merely because it differs from the researcher's preferences.

Preference-shaping provides a more precise account of this process than an assumption that all consent is manufactured. The argument does not need to claim that citizens' interests are obvious to an external observer. People may reasonably value safety above convenience during danger. The relevant test is whether they retain the conditions for choosing, questioning, and changing that balance.

➤ *Foucault: Observation, Self-Regulation, and Population Management*

Michel Foucault's discussion of the Panopticon explains how the possibility of observation can produce self-regulation without uninterrupted direct enforcement. Discipline does not merely forbid behaviour; it organises routines, visibility, and expectations. His later lectures distinguish disciplinary mechanisms from forms of security concerned with managing populations and patterns of risk (Foucault, 1977, 2007). Both perspectives are useful, but they should not be collapsed into the claim that every health database is a digital prison.

The distinction between quarantine monitoring and exposure notification illustrates the analytical value of this approach. The former can make an identified person's movements visible to authorities; the latter can alert someone to a possible contact without providing the state with a continuous record of location. Those architectures create different relationships between knowledge and authority. Foucault supplies questions about how people become legible and how they adjust their conduct; the empirical analysis

must establish what a particular system actually collects and permits.

Self-regulation also requires interpretation. Staying home because one believes it protects a vulnerable relative is different from staying home because one fears invisible punishment. The behaviour may look identical while its political meaning differs. Peer disapproval can reinforce either solidarity or coercive conformity. Consequently, psychological internalisation cannot be measured simply by reduced mobility, app adoption, or adherence to guidance. Evidence must address the reasons for compliance and its persistence beyond the relevant risk.

The three theorists should therefore remain in productive tension. Nye explains attraction and legitimacy; Lukes asks whether preferences and available alternatives are shaped by unequal power; Foucault examines the arrangements through which conduct becomes observable and self-managed. They are not three interchangeable stages on a ladder. Together, they explain why a state can secure obedience through more than force, while also warning against assuming that obedience is evidence of authoritarian success.

➤ *Galtung: Whose Safety, whose Suspicion?*

Johan Galtung broadens the analysis from state–citizen relations to inequalities within society. His work on structural violence concerns harms embedded in social arrangements; his later conflict framework distinguishes attitudes, behaviour, and underlying contradictions (Galtung, 1969, 1996). The conflict triangle belongs to this later framework and should not be attributed solely to the 1969 article. Here it is used as a heuristic, not as a causal test.

In a health emergency, the visible behaviour might be policing or tracing; attitudes might include fear and communal suspicion; the contradiction might involve unequal citizenship or existing political exclusion. The analytical gain is to ask why the same public-health justification has different implications for different groups. The framework does not prove that minorities have weaker biological immunity, nor that every uneven outcome was deliberately engineered. It directs attention to how an emergency can attach a new protective language to an older hierarchy.

III. THE THREE-STAGE MODEL AND RESEARCH DESIGN

➤ *Emergency Acceptance, Institutionalisation, Psychological Internalisation*

- Stage 1: emergency acceptance. A perceived threat changes the balance between liberty and protection. Citizens may accept unusual restrictions because they understand them as necessary, temporary, and connected to a specific danger. The observable indicators are bounded expressions of support and participation, not merely a government's decision to issue an order. Research on civil liberties during COVID-19 finds that

concern about health security can increase willingness to sacrifice rights, while also identifying substantial differences across social groups (Alsan et al., 2023). That supports a mechanism of conditional acceptance, not universal submission.

- Stage 2: institutionalisation. Emergency action is translated into law, administrative routines, data systems, contracts, and professional capabilities. Embedding during an emergency is not yet persistence beyond it. The stronger indicator is continued availability or repurposing after the initial justification changes. This stage can be democratic if capabilities remain purpose-limited and independently controlled. It becomes an authoritarian risk when executive discretion expands without effective

review, or when safeguards exist on paper but cannot be enforced. The unit of analysis is the particular power or system, not an entire country.

- Stage 3: psychological internalisation. People adjust their own conduct and expectations so that direct enforcement becomes less necessary. The author's distinctive claim is that control can move from an external demand to an internal standard. However, two levels must remain separate. Internalising a protective behaviour during a crisis is not the same as accepting enduring political domination. The latter would require evidence that people continue to legitimate comparable interference after its health justification weakens, or transfer that acceptance to other domains.

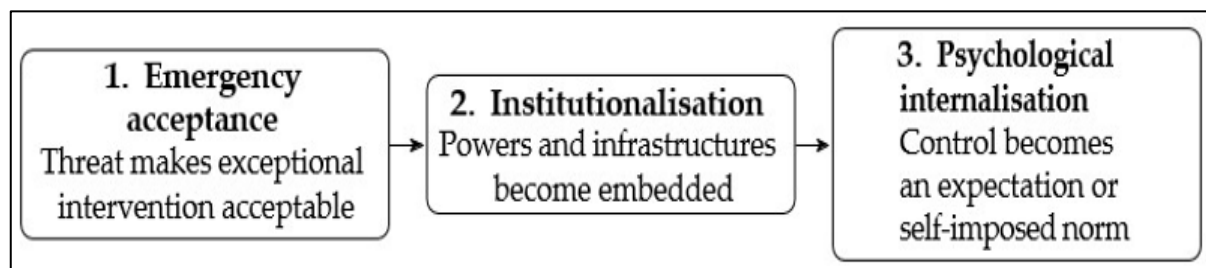


Fig 1 The Author's Three-Stage Model. Arrows Represent Hypothesised, Contingent Transitions, Not an Inevitable Sequence. Review and Withdrawal can Interrupt Each Transition; Behavioural Internalisation Alone does Not Establish Authoritarian Normalisation.

The sequence is a mechanism to investigate, not a universal chronology. People may begin policing one another before an institution is fully established. A retained database may persist without public enthusiasm. Strong opposition can coexist with normalisation among other groups. Feedback is also possible: familiarity with an institution may make a later restriction easier to defend. The model's originality lies in joining these different levels while requiring evidence at each transition, rather than treating them as interchangeable signs of authoritarianism.

It generates three propositions. First, greater perceived danger should increase emergency-specific acceptance, but not necessarily support for unrestricted authority. Second, institutional persistence should be more likely where review and exit arrangements are weak. Third, durable psychological internalisation should require more than repeated compliance: it should appear in attitudes towards continuing or renewed control when immediate danger is no longer sufficient to explain support. These are propositions for comparative assessment and future testing, not estimates derived from an original dataset.

➤ A Structured Comparison Rather than a Causal Experiment

The paper conducts a qualitative, documentary comparison. It does not report interviews, an original survey, or statistical findings. Cases are selected for contrasting mechanisms, including adverse and limiting evidence. For each case, the comparison asks: what existed before 2020; what changed through pandemic governance; what legal or technical powers were created or activated; what constrained them; and what evidence exists of later institutional or

normative persistence? Government documents establish formal design and official decisions. Court judgments establish findings in particular disputes. Academic studies supply independently assessed mechanisms and comparative context.

These sources have different limits. An official privacy notice is evidence of a stated architecture, not an independent security audit. A minister's assertion that data have been deleted should be identified as an official assertion, not silently converted into verification of every copy. A judicial finding in one case does not describe an entire state's treatment of a minority. Democracy assessments provide context, but their categories and aggregate movements cannot identify the causal effect of one emergency. The comparison uses triangulation where available and explicit qualification where it is not.

The core policy evidence concerns 2020–2023, with later accountability documents used to examine retrospective review. That boundary avoids treating every subsequent political development as a pandemic legacy. New Zealand's inquiry reports, for example, provide evidence about review after emergency governance; their existence does not demonstrate that all recommendations have been implemented. The comparative classifications below are the author's interpretations of documented episodes, not country scores or new measurements of democracy.

➤ Separating Creation, Acceleration, and Revelation

Three causal relationships are possible. *Creation* means that COVID-19 produced a power or practice that would probably not have appeared in the same form at that time

without the pandemic. *Acceleration* means that it made an existing trajectory faster, broader, or easier to justify. *Revelation* means that the emergency exposed an already existing capacity or institutional weakness. A single case can contain all three, but each requires separate evidence.

The appropriate counterfactual is not a world without government intervention. It is the likely path of the same political system without this particular emergency. Because that path cannot be observed directly, this paper looks for pre-pandemic legal frameworks and political trends, explicitly pandemic-linked decisions, and identifiable reversals. A new contact-tracing system is more directly attributable to the crisis than a long-running struggle over judicial independence. A later general data-protection law cannot be counted as a pandemic outcome merely because it was enacted after 2020.

This strategy improves attribution without eliminating uncertainty. The selected cases differ in disease exposure, state capacity, prior epidemic experience, and constitutional arrangements. They cannot function as interchangeable controls. Their purpose is to assess whether the proposed mechanisms are plausible, where the sequence breaks, and which stronger claims the available evidence cannot sustain.

IV. THE CASE FOR NORMALISATION: THREE MECHANISMS

➤ *Exceptional Executive Power and the Problem of the Exit*

Hungary is the sharpest warning in the manuscript, but also the clearest reason to distinguish pandemic-induced change from prior authoritarian development. V-Dem's 2020 report, examining developments through 2019, already described Hungary as an electoral authoritarian regime (V-Dem Institute, 2020). The pandemic cannot therefore explain the beginning of that classification. It entered a political environment in which executive concentration was already a major concern.

The crisis nevertheless created a specific opportunity. Hungary declared a state of danger on 11 March 2020; Parliament adopted Act XII on coronavirus containment on 30 March, authorising the extension of emergency decrees. The legislation provided for parliamentary revocation of the authorisation, so describing Parliament as abolished would be inaccurate. The more defensible concern is that the authorisation lacked a fixed expiry and operated within an already weakened system of counterweights (Hungary, 2020; European Parliamentary Research Service, 2020).

The initial state of danger ended on 18 June 2020. On the same day, a state of health crisis introduced a regime of epidemiological preparedness. The Venice Commission recorded this succession and emphasised the importance of regular review where emergency arrangements lack a specific time limit (Venice Commission, 2020, paras. 47–49). This is not simply an unchanged decree surviving its announced repeal. It is evidence that the termination of one formal emergency does not automatically restore the pre-emergency distribution of authority.

The causal interpretation is therefore acceleration through institutional substitution. The virus explains the occasion and legal vocabulary of the new arrangements; it does not explain the prior deterioration that made their scrutiny less secure. Nor does the documentary record establish that Hungarian citizens internalised emergency authority. Laws reveal what government could do, not what people privately believed. Hungary supports a claim about the conversion of emergency justification into continuing governing capacity more strongly than it supports the final psychological stage.

The United Kingdom provides a revealing comparison rather than a reassuring opposite. The Coronavirus Act 2020 contained expiry, reporting, and parliamentary-review provisions, including the framework in sections 89, 97, and 98 (United Kingdom, 2020). Yet a parliamentary committee later criticised the all-or-nothing character of renewal votes and the limited ability to scrutinise individual powers. The House of Lords also examined extensive use of secondary legislation and uncertainty about the distinction between legal requirements and guidance (Public Administration and Constitutional Affairs Committee, 2022; Select Committee on the Constitution, 2021).

These findings identify a democratic version of the same institutional problem. A formal review mechanism can exist while giving legislators little practical opportunity to revise an individual measure. Moreover, many restrictions were introduced under the pre-existing Public Health (Control of Disease) Act 1984, rather than solely under the new Coronavirus Act (Select Committee on the Constitution, 2021). The pandemic both activated inherited authority and encouraged new legislation. Attributing every restriction to a single emergency statute would obscure the mechanism and exaggerate the novelty.

The comparison suggests that normalisation can begin through procedural habits as well as retained powers. If urgent executive action repeatedly precedes meaningful debate, an emergency style of governing can become familiar. This is an inference from the documented scrutiny problems, not proof that the practice became permanently accepted. What the cases establish is the need to evaluate the exit process: who can decide that necessity has ended, and can they do so independently of the executive benefiting from exceptional authority?

➤ *Digital Surveillance: Infrastructure, Permissions, and Function*

Orwell's telescreen offers a literary analogy for anxiety about visibility, but digital health systems must be distinguished technically (Orwell, 1949). Proximity notification, location monitoring, and vaccination credentials collect different information and enable different actions. Treating them all as continuous state surveillance would eliminate the very variation needed to test the argument. The significant questions are what is collected, where it is held, who can access it, and whether its function changes.

India's Aarogya Setu illustrates how emergency technology can blur the boundary between consent and practical obligation. An Oxford-supported analysis records that the 1 May 2020 guidelines made use mandatory in specified settings, including containment zones, before later guidelines softened the requirement (Agrawal et al., 2020). The Ministry of Home Affairs' 30 May guidelines instructed employers to pursue installation on a best-efforts basis for employees with compatible phones (Ministry of Home Affairs, 2020). These documents support a changing policy, not an assertion that every Indian citizen was continuously compelled to install the application.

The May 2020 data protocol contemplated contact, location, demographic, and self-assessment data, specified health-related purposes, and included retention limits with a review provision (Ministry of Electronics and Information Technology, 2020, paras. 5–6). This is evidence of substantial datagovernance capacity built around an emergency. It also shows that safeguards were part of the formal design. The concern is not established merely by the existence of data collection, but by the scope of permissions and whether individuals could meaningfully challenge collection or later use.

Institutionalisation therefore has two possible meanings in this case. A system can become embedded as a useful health service without retaining its original surveillance function. Alternatively, capacities can become available for new forms of intervention. Determining which occurred requires evidence about function and data, not simply the continued existence of an application. The later Indian government response, discussed below, prevents the paper from treating persistence as automatic.

New York's Excelsior Pass presents a different architecture. Its March 2021 launch announcement described a voluntary platform, developed with IBM, for displaying vaccination or negative-test credentials, including through a printable pass (New York State, 2021). The announcement does not establish a universal requirement to provide driver-licence information or a capacity for continuous travel monitoring. A credential establishes eligibility at a particular point; it is not, without additional evidence, a location-tracking system.

The remaining conceptual concern is narrower and stronger. When access to ordinary venues depends on verifying health status, a health-data check can become part of everyday participation. The relevant threat to autonomy would depend on the rules of access, the availability of alternatives, and the proportionality of the requirement. The official description of voluntary app use cannot alone establish that every surrounding social choice was unconstrained; equally, practical concerns cannot justify asserting technical functions for which evidence is absent.

Taiwan complicates the contrast between democratic trust and surveillance even further. Official documentation describes digital fencing applied to people under quarantine or self-health management, including an extension designed

to prevent attendance at large events. The same statement specifies purpose-related collection and a maximum 28-day retention period for personal data collected by venue proprietors (Taiwan Centers for Disease Control, 2021). That limit must not be misreported as applying indiscriminately to every database or monitoring tool. Taiwan demonstrates that democratic government can use intrusive monitoring, while the interpretation of that monitoring still depends on boundaries and safeguards.

Across these cases, the most credible institutionalisation mechanism is not that every dataset necessarily survived. It is that emergencies can establish procedures for making personal status legible to institutions. Whether those procedures become authoritarian depends on their capacity for arbitrary interference and their escape from accountable purposes. The author's threshold argument survives technical differentiation: learning to live with a verification system can alter expectations even if that system is not a telescreen. But the alteration remains a hypothesis unless subsequent attitudes or uses are observed.

➤ *Scapegoating and the Movement from Peer Pressure to Peer Policing*

The Indian minority case preserves the original essay's most important link between political control and social hierarchy. Wolff and colleagues describe how narratives surrounding the Tablighi Jamaat gathering associated Muslims with deliberate infection, including the circulation of the expression *CoronaJihad* (Wolff et al., 2022). The evidence supports the existence of a stigmatising public narrative. It does not justify precise claims about its total reach, uniform public acceptance, or every actor's intention.

The Bombay High Court's decision in *Konan Kodio Ganstone* offers a more tightly bounded primary source. On 21 August 2020, the court quashed the challenged proceedings against the petitioners. Justice Nalawade's reasoning criticised propaganda and the possibility that the foreigners had been made scapegoats; Justice Sewlikar agreed with the operative decision but not all the reasoning (Bombay High Court, 2020, paras. 27, 52 and operative order). Preserving that disagreement is important. The judgment cannot be presented as unanimous judicial confirmation of every broader allegation about national policy.

Galtung's triangle clarifies the proposed mechanism. The behaviour consists of accusation, enforcement, and public condemnation; the attitudes involve fear and communal suspicion; the underlying contradiction concerns equal membership in a political community. COVID-19 did not create that contradiction. The health emergency supplied a new way to frame an existing minority as a threat to others' safety. This is an interpretation of the documented narrative and judicial criticism, not a claim that health investigations were inherently illegitimate or that all differential tracing was discriminatory.

The distinction is crucial because investigating an outbreak cluster is a legitimate epidemiological activity.

Establishing selective enforcement would require comparable information about other gatherings, exposure, testing, and legal treatment. The materials reviewed here do not supply a sufficiently matched comparison. The stronger claim that Muslim attendees were disproportionately tested for political reasons is therefore not treated as an established finding. The analysis instead focuses on the documented conversion of cluster-related concern into a broader communal accusation.

Horizontal control supplies the third supporting mechanism. The original essay's literary reference to Arthur Miller's *The Crucible* illustrates how accusation can circulate through a community rather than flow only from rulers (Miller, 1953). The analogy is not evidence that pandemic citizens behaved like participants in a witch trial. Its analytical purpose is to ask when mutual responsibility becomes punitive surveillance: when neighbours or institutions treat disagreement, rather than demonstrable harm, as a reason to condemn someone.

Empirical psychological research provides a more cautious basis. Schumpe and colleagues find that perceived social-distancing norms predicted later distancing behaviours, while trust in government and cultural tightness predicted support for some mandates (Schumpe et al., 2022). These findings show that behaviour responds to more than direct state punishment. They do not establish learned helplessness, a nationwide culture of denunciation, or post-pandemic acceptance of domination. The paper retains peer policing as a plausible pathway, while refusing to turn every instance of social influence into authoritarian internalisation.

Taken together, the three mechanisms explain why normalisation remains worth investigating. Executive procedures can outlast one declaration, infrastructures can make new forms of verification ordinary, and communities can reinforce state objectives without constant enforcement. None alone proves completion of the model. Their conjunction creates a risk of ordinary control acquiring emergency legitimacy without continuing to meet emergency conditions.

V. THE CASE AGAINST NORMALISATION: THREE TESTS

➤ *The Baseline may Explain More than the Pandemic*

The strongest counterargument is that COVID-19 supplied an occasion, not the principal political cause. Hungary's pre-2020 trajectory has already demonstrated the problem. Freedom House's 2021 assessment likewise described India's change in classification in terms of a multiyear pattern, not a transformation caused solely by the virus (Freedom House, 2021). It would be methodologically careless to place a pandemic marker on a long historical trend and then treat subsequent deterioration as its consequence.

Freedom House's country-count comparison also requires careful interpretation. For 2020, the organisation reported 73 countries with declining scores and 28 with improvements. The difference of 45 is the gap between those

country counts, not a 45-point fall in a single global freedom score (Freedom House, 2021). Even correctly reported, the comparison documents the broader political context rather than measuring the pandemic's independent effect. An aggregate decline can include elections, conflict, repression, or other developments unrelated to health restrictions.

Brazil is a useful supplementary contrast because it challenges the expectation that authoritarian tendencies necessarily take the form of maximal health intervention. Wolff and colleagues distinguish fear-invoking from fear-minimising strategies and examine Jair Bolsonaro's response as an example of the latter (Wolff et al., 2022). The political danger in that account is not simply compliance with lockdowns. It is the use of crisis narratives to support a leader and diminish competing sources of authority. This contrast limits any equation between strictness and authoritarianism.

Taiwan offers a second challenge. Its early response drew on preparations developed after SARS and combined data integration with public communication (Wang et al., 2020). Constitutional research notes that it did not invoke a constitutional state of emergency, but also describes broad statutory delegation and retrospective legal authorisation (Ginsburg and Versteeg, 2021). Thus, the absence of one formal emergency category does not mean the absence of intrusive powers. Nor does administrative effectiveness demonstrate that every power was adequately constrained. Taiwan is a demanding comparison precisely because it combines features the original argument might otherwise place on opposing sides.

The baseline argument nevertheless should not become determinism. Existing institutions condition a shock; they do not make the shock irrelevant. A new application, an expanded decree mechanism, or a documented scrutiny failure can still be pandemic-induced even when the surrounding system predates it. The defensible causal claim is interactive: COVID-19 altered opportunities and justifications, while pre-existing arrangements shaped whether those changes became durable. That is more precise than saying either that the virus caused authoritarianism or that nothing politically new happened.

➤ *Dissent Remained Visible, but Visibility is Not Enough*

The survival of dissent directly challenges the strongest version of psychological normalisation.

ACLED recorded more than 10,600 US demonstration events between 24 May and 22 August 2020 (Kishi and Jones, 2020). However, that total included many causes, especially racial-justice demonstrations. It cannot be presented as a count of anti-lockdown protests or as direct evidence that a majority rejected emergency health measures. It shows that collective political mobilisation continued during the emergency.

More specifically, research examines anti-lockdown demonstrations in Germany, while a University of Queensland report documents protests against COVID-19 restrictions in Australia. Amsterdam police's retrospective

assessment describes mobilisation around coronavirus measures in the Netherlands (Lange and Monscheuer, 2022; Jarzabkowski et al., 2023; Amsterdam Police, 2021). These examples establish the occurrence of protest without supplying a comparable global protest series. They establish contestation, not comparable national rates of opposition or a common political meaning across movements.

Protest is therefore disconfirming evidence for universal passivity, but not decisive evidence against partial normalisation. A vocal minority may reject a policy while others accept it. Some citizens may oppose one intervention but favour others. Conversely, the absence of protest may reflect practical costs, fear of infection, or exclusion from political channels rather than genuine agreement. Demonstration counts cannot identify which explanation predominates without evidence about participants and non-participants.

The content and treatment of dissent also matter. Defending a right to contest restrictions does not require endorsing misinformation or violence. A democratic government can regulate a gathering for a demonstrable health risk, but cannot equate criticism of its policy with hostility to public welfare. Institutional resilience concerns whether peaceful disagreement remains possible and consequential, not whether every protest goes unregulated. On this account, visible dissent is one interruption in the proposed sequence, not a certificate of democratic health.

The psychological literature similarly warns against treating populations as uniform. Alsan and colleagues report substantial differences in willingness to exchange liberties for health security (Alsan et al., 2023). The threshold metaphor should therefore refer to distributions of acceptance, not a single national mind. A public can become more supportive of one measure, more polarised about another, and less trusting of its government at the same time. That complexity weakens sweeping claims of internalisation while leaving the mechanism open to properly differentiated research.

➤ *The Hammer and the Dance: Withdrawal is Real Evidence*

The original essay's hammer-and-dance metaphor is retained through Wolff and colleagues' discussion of alternating restriction and relaxation, drawing on Pueyo's contemporary formulation (Wolff et al., 2022). It is a descriptive metaphor, not evidence that every country followed an optimal epidemiological strategy. Its theoretical importance is that control can tighten and loosen, rather than proceed continuously towards greater restriction.

England's *Living with COVID-19* plan, published in February 2022, set out the removal of remaining domestic legal restrictions, including the legal self-isolation requirement from 24 February. Its scope was England, not a single uniform policy for all four UK nations (Cabinet Office, 2022). By September 2022, the Department of Health and Social Care reported that all temporary, nondevolved Coronavirus Act provisions had expired or been repealed (Department of Health and Social Care, 2022). These are

concrete exit events, although they do not mean that every provision of the Act or every pre-existing health power disappeared.

Digital withdrawal supplies an especially important test. The NHS COVID-19 app used Bluetooth-based exposure notification and was designed not to collect directly identifying information or GPS location. It closed on 27 April 2023 (Department of Health and Social Care, 2020; UK Health Security Agency, 2023). This defeats a blanket claim that pandemic apps necessarily became permanent tools of centralised movement surveillance. It also demonstrates why technological design matters before the exit: a decentralised notification architecture creates different possibilities from a system that assembles identifiable movement records.

India supplies further adverse evidence. In a written parliamentary response publicised on 8 February 2023, the government stated that Aarogya Setu's contact-tracing function had been discontinued and the collected contact-tracing data deleted (Press Information Bureau, 2023). This is an official statement, not an independent audit of deletion. Nevertheless, without contrary verified evidence, the paper cannot claim that those records necessarily remained available for continuing surveillance. The statement significantly limits the original retention argument.

Australia's official statistical account also describes the easing of restrictions after initial and Delta-related lockdowns, and a different response during Omicron without new lockdown restrictions (Australian Bureau of Statistics, 2022). Such episodes indicate policy reversibility. They do not, by themselves, prove that changing citizen preferences caused relaxation: vaccination, clinical understanding, administrative costs, and political judgement may all affect policy. Withdrawal is evidence against continuous control, not a complete explanation of why governments chose to withdraw.

Nor does normalisation require an identical level of control at every moment. A state might retain a reserve power while seldom using it. A citizen might accept its reactivation in an emergency while opposing permanent restrictions. This distinction prevents the counterargument from becoming too easy. The important evidence concerns what was withdrawn, what remained available, and what required renewed authorisation. The documented exits show that progression through the model was not inevitable.

VI. COMPARATIVE SYNTHESIS AND INSTITUTIONAL RESILIENCE

➤ *Different Cases, Different Stopping Points*

Table 1 summarises the core cases by mechanism rather than ranking countries by a single authoritarianism score. It also makes a central limitation visible: none supplies adequate case-specific longitudinal evidence to establish durable psychological internalisation. The legal and technological record is considerably stronger than the attitudinal record. This asymmetry should determine the

confidence of the conclusion rather than disappear beneath the theoretical appeal of the final stage.

One result follows immediately. Institutionalisation during a crisis can coexist with institutional dismantling afterwards. Calling all emergency administration normalisation would hide that distinction. A second result is that resilience is domain-specific. Courts may constrain one policy while legislatures defer on another; a privacy-preserving application may operate alongside more intrusive administrative practices. Consequently, neither authoritarian risk nor democratic resilience should be inferred from a country's most alarming or most reassuring episode alone.

The comparative evidence also reframes the author's two-sided structure. The supporting side identifies pathways; the opposing side identifies stopping points and rival explanations. They need not cancel each other out. Together they suggest that the pandemic could lower the threshold of intervention temporarily while leaving the threshold of unaccountable authority substantially contested. That is a political change worth studying even when it does not amount to regime transformation.

➤ *Resilience Means the Capacity to Correct, Not the Absence of Mistakes*

New Zealand's *Borrowdale* litigation makes this distinction concrete. In August 2020, the High Court declared that the stay-at-home requirement during the first nine days of lockdown was not prescribed by law, while recognising that the requirement was otherwise necessary, reasonable, and proportionate in the circumstances (High Court of New Zealand, 2020). The finding did not condemn every subsequent restriction. It separated substantive justification from legal authority and demonstrated that emergency necessity did not place official action beyond review.

That is a stronger definition of resilience than simply observing that democracy survived. A system is resilient when a person can bring a challenge, a court can assess it independently, and legal error can be publicly recognised. The timing still matters: a later judgment cannot undo every restriction already experienced. Correction therefore needs to be accessible during an emergency, not only after its political urgency has faded.

New Zealand's Royal Commission provides a second, retrospective mechanism. Its Phase One report was delivered on 28 November 2024; the inquiry submitted its full suite of reports to the Governor-General on 26 February 2026 (Royal Commission of Inquiry, 2024, 2026). Publication creates opportunities for public scrutiny and institutional learning. It does not establish that government has implemented every recommendation or that disagreement about the response has ended.

The United States shows why resilience cannot be measured by counting only restrictions struck down. On 13 January 2022, the Supreme Court stayed OSHA's vaccination-or-testing standard for large employers in *NFIB v. Department of Labor*. On the same date, in *Biden v. Missouri*, it allowed the federal healthcare-worker vaccination rule to operate while litigation continued (Supreme Court of the United States, 2022b,a). These were distinct rulings about distinct legal authorities. The Court did not declare every vaccine requirement unconstitutional, and the cases do not provide a politicalscience verdict on authoritarianism.

Table 1 Case-Based Assessment of the Author's Model

Case	Pandemic-linked mechanism	Limiting or corrective evidence	Causal interpretation
Hungary	Expanded decree authority; successive emergency arrangements (European Parliamentary Research Service, 2020; Venice Commission, 2020)	Initial state of danger ended; parliamentary revocation legally available (Hungary, 2020; Venice Commission, 2020)	Acceleration of pre-existing concentration, not pandemic-created regime change.
India	Emergency app requirements and minority-stigmatising narratives (Agrawal et al., 2020; Wolff et al., 2022)	Softer installation guidance; judicial correction; official tracing-data deletion statement (Ministry of Home Affairs, 2020; Bombay High Court, 2020; Press Information Bureau, 2023)	New emergency capacities interacting with older divisions; mixed persistence.
United States	Venue-based health credentials; contested federal health authority (New York State, 2021; Supreme Court of the United States, 2022b)	Voluntary credential format; judicial differentiation; continuing mobilisation (New York State, 2021; Supreme Court of the United States, 2022a; Kishi and Jones, 2020)	Multiple authorities and domains; no single national trajectory inferred.
Taiwan	Data integration and quarantine-related digital fencing (Wang et al., 2020; Taiwan Centers for Disease Control, 2021)	Stated purpose and retention limits; constitutional and statutory distinctions (Taiwan Centers for Disease Control, 2021; Ginsburg and Versteeg, 2021)	Prior preparedness plus new intervention; effectiveness does not resolve rights questions.
New Zealand	Restrictive health measures under emergency conditions (High Court of New Zealand, 2020)	Judicial declaration of illegality; retrospective public inquiry (High Court of New Zealand, 2020; Royal Commission of Inquiry, 2024)	Emergency intervention with functioning, though imperfect, correction mechanisms.
United Kingdom	Emergency delegation and reduced legislative scrutiny (United Kingdom, 2020; Select Committee on the Constitution, 2021)	Temporary non-devolved provisions ended; notification app closed (Department of Health and Social Care, 2022; UK Health Security Agency, 2023)	New and inherited powers combined; substantial documented exit.

- *Note:* The last column contains the author's qualitative interpretation, not an independently estimated effect.

Emergency acceptance varies within each case. Durable psychological internalisation is not established by these institutional observations.

Their comparative importance lies in differentiation. Effective oversight asks whether the responsible institution possesses the claimed authority and whether the measure meets applicable legal conditions. It need not always say no.

If democratic resilience meant rejecting every collective health obligation, it would become indistinguishable from governmental paralysis. Conversely, judicial intervention alone does not establish that the entire political system is healthy. It establishes that a particular constraint operated in a particular dispute.

These episodes align with comparative constitutional research arguing that pandemic executives were not uniformly unbound (Ginsburg and Versteeg, 2021). The paper draws a narrower inference: resilience works through

institutions that can distinguish acceptable intervention from unacceptable claims of authority. It is the continuing capacity to make that distinction, rather than any predetermined policy outcome, that interrupts the author's model.

➤ *Safeguards at Each Transition*

The three-stage sequence suggests where safeguards should act. At emergency acceptance, communication should make disagreement compatible with civic responsibility. Governments should state what is known, what remains uncertain, why a restriction is needed, and what evidence would change it. This is a normative recommendation derived from the model, not a claim that perfect communication eliminates coercion. Transparency matters because citizens cannot give meaningful conditional acceptance if the conditions are concealed.

At institutionalisation, the safeguards must be legal and technical. Each power should have a specified purpose, a review date, and an identifiable body capable of ending or narrowing it. Parliamentary renewal should permit scrutiny of individual provisions rather than demand acceptance of an entire package. The British committee's critique shows why the design of review matters, while international guidance supplies the standards of temporariness and proportionality (Public Administration and Constitutional Affairs Committee, 2022; OHCHR, 2020). A sunset clause is valuable, but repeated automatic renewal can empty it of practical effect.

Technological limits should operate independently of official goodwill. Data minimisation, limits on onward access, verifiable deletion, and separation between health and unrelated enforcement functions reduce what a retained system can do. A technology's political significance depends on permissions as much as on existence. Independent auditing is especially important where the only evidence of deletion is an official assurance. The comparison between the NHS notification architecture and identified-person monitoring demonstrates why privacy is partly a matter of design, not simply a promise (Department of Health and Social Care, 2020; Taiwan Centers for Disease Control, 2021).

At psychological internalisation, safeguards concern the conditions of citizenship. Authorities should avoid portraying peaceful criticism as a threat equivalent to disease transmission, and communities should distinguish evidence-based concern from collective blame. Minority remedies matter because arbitrary control is often easiest to introduce against people whose objections already receive less weight. The Indian litigation illustrates both the danger of stigmatising narratives and the possibility of legal correction (Bombay High Court, 2020). Resilience must be assessed from the position of people exposed to exclusion, not only from that of a comfortable majority.

Finally, emergency closure should be demonstrable. A credible exit includes publication of which powers ended, which functions were disabled, which records were retained under ordinary law, and what new authorisation would be required for reactivation. The purpose is not to erase

institutional memory or prevent future preparedness. It is to prevent a remembered emergency from becoming a standing justification. A democracy can retain the knowledge required to respond quickly while refusing to retain unrestricted permissions.

VII. LIMITATIONS AND A RESEARCH AGENDA

This paper's first limitation is selection. Its cases are chosen to develop and challenge mechanisms, not to represent all political systems. It cannot estimate how often normalisation occurred worldwide. Its second limitation is evidentiary asymmetry: legal changes and official system designs are easier to document than the meaning citizens assign to their experience. The most original element of the model is therefore also the least securely demonstrated. That tension should motivate research rather than be concealed by a confident conclusion.

Third, attribution remains incomplete. Pre-existing political concentration, pandemic severity, prior health preparedness, and policy conflict interacted. A qualitative comparison can identify plausible links but cannot estimate a single pandemic effect after controlling for all those factors. Fourth, official documents may describe intended safeguards rather than actual compliance. The paper explicitly distinguishes those claims, especially for data deletion, but lacks independent audits of the systems discussed.

The Indian Digital Personal Data Protection Act 2023 illustrates the danger of an overly elastic legacy argument. Its section 17 provides state-related exemptions, but India's data-protection policy process predated COVID-19, as the 2018 expert-committee report confirms (India, 2023; Srikrishna Committee, 2018). The Act raises questions about the balance between privacy and state authority; its timing alone does not establish a causal connection to pandemic governance. Similarly, the post-9/11 analogy cannot be a substitute for evidence: the USA PATRIOT Act expanded powers, but the USA FREEDOM Act 2015 subsequently restricted bulk collection under specified authorities (United States Congress, 2001, 2015). Emergency trajectories can include both consolidation and correction.

Future research should measure institutional and normative persistence separately. A legal panel could code powers before, during, and after the pandemic, distinguishing creation, activation, amendment, expiry, and repurposing. A technical study could examine retention and access rather than counting applications. A citizen panel could compare support for identical hypothetical restrictions across time while holding risk constant. Vignettes could vary the purpose—health, security, or ordinary policing—and the availability of review, testing whether acceptance transfers beyond the original emergency.

Such a design should distinguish reported behaviour from reasons, and support for protective measures from support for weakening accountability. It should also examine variation by minority status, resources, and prior political

experience. The critical prediction is not merely that people accept restrictions when frightened. It is that exposure to emergency control changes what they subsequently accept under comparable or weaker justifications. If that prediction fails, the model may explain temporary compliance without demonstrating authoritarian normalisation. That would be a meaningful result, not a reason to redefine failure as success.

VIII. CONCLUSION

Did the pandemic normalise authoritarianism? The strongest answer is neither an unqualified yes nor a declaration that nothing changed. The evidence reviewed here supports a shift in the circumstances under which unusually intrusive intervention became acceptable and administratively feasible. It supports specific instances of expanded executive authority, new forms of health-data governance, and the use of emergency narratives to reinforce exclusion. It does not establish that those developments produced a general transformation into authoritarian regimes or a lasting public acceptance of unlimited control.

The author's three-stage contribution remains valuable precisely because the evidence is uneven. Emergency acceptance is not institutional persistence; institutional persistence is not psychological internalisation. Hungary shows how a crisis can accelerate an existing trajectory. India shows both exclusionary narratives and correction. Taiwan shows that democratic practice and intrusive monitoring can coexist. New Zealand, the United Kingdom, and the United States demonstrate different ways in which emergency authority remained answerable, even when oversight was delayed or incomplete. The outcome depends on transitions, not simply on the presence of restrictions.

The most defensible thesis is therefore conditional: COVID-19 temporarily lowered the threshold for extraordinary control and sometimes helped embed it, while the conversion of that experience into durable authoritarian normality depended on pre-existing vulnerabilities and the strength of interruption mechanisms. The psychological final stage remains a proposition requiring better longitudinal evidence. Qualifying it does not abandon the original insight. It prevents a compelling warning from being mistaken for a completed empirical demonstration.

Orwell supplies the closing question, not the answer. Familiarity can make authority harder to notice, but it can also make its costs clearer and its limits more urgently demanded. Democratic resilience rests on preserving that second possibility. An emergency may justify exceptional action; it should not allow its justification to become ordinary by default.

➤ Data and Source Availability

This study uses the publicly accessible scholarship, legislation, court decisions, official policy documents, and primary research reports listed below. No original participant data were collected and no new statistical estimates are reported. Figure 1 and Table 1 are the author's conceptual synthesis; neither presents measured population attitudes.

The principal policy episodes concern 2020–2023, with later review documents identified by date. Source verification and revision notes are supplied separately in SOURCE_AUDIT.md.

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