Are you afraid of growing old in Welfare Sweden?

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Abstract: The research presented in this paper focuses on social media usage, specifically Facebook, in times of the Covid-19 crisis when some Swedish citizens lost trust in their official institutions. Once Sweden decided not to comply with WHO recommendations, the great majority of the Swedish population rallied around the flag in support of that move. For those who questioned this approach not much support was available, so they turned to social media. We ran a survey of 371 Facebook users gathered around the “Dr Whistleblower oxygen for all” group. Combining quantitative and qualitative analysis, in this study we analyse the role of social media in situations when people lose trust in public institutions and are left out. The most interesting and surprising result of this study is the discovery of fear for Dr Whistleblower’s future, and fear for participants’ own lives. We argue that in times of grave crisis, when we need reliable information the most, we turn to social media not only due to its immediacy but also due to its ability to connect us with a much wider circle of people than our close circle of friends can do. Then, more than ever, we look for trustworthy information, we express our fears and look for help online, thus seriously disrupting the traditional news landscape.

Keywords: Sweden; trust; social media; whistleblower; fear; social support

1. Introduction

During the Covid-19 pandemic, Swedish authorities did not comply with WHO recommendations (Lindström 2020) and Sweden became notorious for implementing the less restrictive approach, a “Swedish way” or so-called “the Swedish experiment” (Esaiasson et al. 2021), that is and was based entirely on the recommendations of the Swedish Public Health Agency (PHA) (Folkhälsomyndigheten). That strategy resulted in, as it was presented on Swedish National Television on 21st November 2020 (Rapport n.d.), an 80% death rate of elderly over 70 years during autumn 2020 due to the Covid-19 pandemic. Together with such a high mortality rate, the virus was again present in elderly homes.

In such unprecedented, dramatic times, similar to wars, terrorist attacks, or natural disasters, our need for a trusted source of information is many times increased. What happens when the public administration of Sweden, a “world moral superpower” (Jansson 2018; Trägårdh 2018; Eriksson 2020; Sanandaji T. 2020), member of OECD, UN, and WHO, in the time of pandemic crisis decides not to comply with what the rest of the World is doing (Lindström 2020; Esaiasson et al. 2021)? Who to trust when public debate is lacking, and public institutions simultaneously ignore critiques of “the Swedish experiment” expressed by its 22 most reputable academics in the field of epidemiology and health? Where are those who do not trust “the Swedish experiment” to look for information and support?

This paper analyses the role of social media, specifically Facebook, in a time of crisis when the trust in public institutions is endangered or lost. We look at a group of adult people who reside in Sweden and are gathered around “Dr Whistleblower’s” Facebook group (Dr Jon Tallinger 2020) to analyse their feedback based on a large (n = 371) web-based survey panel during the Covid-19 outbreak.

2. Background

Trust in the EU, on average, is plummeting (Drakos et al. 2019) and the same trend is identified as a global phenomenon (Gil De Zúñiga et al. 2019). This decline in trust is directly connected with the experienced worsening of macroeconomic conditions by specific countries. A large body of literature identifies Sweden as a high-trust and low-corruption country (Rothstein and Eek 2009) with a long history of citizens’ high level of trust in institutions (Rothstein 2005).

When it comes to grave threats, when one country’s population feels extremely vulnerable (situations of wars, terrorist attacks, and pandemics) people look for more support from the government, the effect known as rally round the flag (Schraff 2020; Bol et al. 2021; Esaiasson et al. 2021). Interestingly enough, the Swedish approach
is in some scientific research (Kavaliunas et al. 2020) hailed as “evidence-based and in close partnership between the government and the society”, a successful model “noticed by the WHO and proposed as a future model”, while simultaneously perceived by others as “overconfidence in herd immunity” and “anti-traditionalist stance towards older generations” (Lindström 2020).

The Swedish self-image of an internationally oriented, humanitarian and moral superpower (Trägårdh 2018; Lindström 2020), introduced a sense of righteousness based on a national ideal-ego (Hansson and Jansson 2021). The literature argues that this self-perception veils dark sides of the Swedish reality, like a long history of structural racism (Hällgren 2005; Reyes 2005; Listerborn 2015) and results in deadly exceptionalism (Jansson 2018). During the Covid-19 crisis, Sweden disregarded coordination with other Nordic countries, the EU, and the WHO. Residents of Sweden found themselves in a rare and unexpected situation: to choose between Swedish exceptionalism and “the Swedish way” versus the strategy advised by WHO, EU, and all other Nordic countries.

2.1 The role of social media in a time of crisis

Not only do people turn to social media in a time of crisis due to its immediacy (Castillo 2016) and in expectation of fast reaction, we do it also because social media connects us with other people, a much wider circle than our closest circle of friends (You and Hon 2019). However impressive social media’s influence on our lives is, we are witnessing the decline of trust in information achieved through social media due to its “fake news” and “conspiracy theories” dissemination frequency where “panic travels faster than the Covid-19 outbreak” (Martin et al. 2020). Rumours and conspiracies thrive in environments of a low level of security and trust (Shahsavari et al. 2020) which in the case of the Covid-19 crisis resulted in infodemic or increased fake news sharing among social media users (Apuke and Omar 2021; Islam et al. 2020). One of the greatest strengths of social media was and is one of the strongest limitations. By delivering the information at enormous speed, the same information even almost instantly available is not the most reliable (Goel and Gupta 2020). Still, fake news is not new and is known as a worldwide issue (McGonagle 2017; Apuke and Omar 2021). It is clear that users of social media must be critical when sharing news, especially in situations of grave crisis.

Though much was written about fake news and sharing unsafe myths (Iosifidis and Nicoli 2020), in this paper we focus on another effect and capacity of social media - social support in times of crisis. We have witnessed many examples of positive social media usage in the Covid-19 crisis. It is noted that during government lockdowns, informal social networks quickly mobilized citizen-to-citizen support and crowdsourcing (Harrison and Johnson 2019; Carlsen et al. 2021). The capacity of social media communication is identified as a useful channel for political activism and engagement (Ida et al. 2020). It is also noted that social media could be used more in times of crisis by official institutions (Malecki et al. 2021; Li et al. 2020). However vast and interesting the positive side of the social media communication coin is, we focus here on social media usage in times of crisis in situations when citizens lost trust in their official institutions in Sweden.

2.2 Dr Whistleblower

Finding themselves in such a rare situation, when Sweden is one of the few countries that are not complying with WHO recommendations, most Swedish citizens trusted public institutions and followed the recommendations of PHA (Esaiasson et al. 2021). However, at the same time, some questioned this approach, and who needed support.

One of those who openly criticized PHA measures and “the Swedish experiment” was a Swedish medical doctor, Dr Jon Tallinger, a specialist in general medicine. He used his personal Facebook group to publicly share information about the treatment of older Covid patients. According to Dr Tallinger, older Covid patients were not given appropriate medical care. Dr Tallinger addressed his followers for the first-time 10th of April asking for help so the oxygen could be offered to all Covid patients, as he had witnessed that older Covid patients were given morphine when according to Dr Tallinger they should be on oxygen. In his Facebook posts, he expresses strong opposition to the Swedish experiment advocating a change of proposed measures.

Dr Tallinger’s words resonated with many Facebook users resulting in aggregating many followers in a short period. After several weeks, Dr Tallinger starts another Facebook public group Dr Whistleblower oxygen for all 1st of May 2020 which at the moment of writing this paper gathers 3400 members. Once we have identified vivid activity on Dr Whistleblower’s Facebook group page we got in contact with Dr Tallinger asking for collaboration in this research to understand how people are using social media in times of crisis. Dr Jon Tallinger
agreed to help us run the survey with his followers by publishing the link to the survey on the group’s Facebook page.

The data collection, analysis process and thematic analysis are described next.

3. Method

The method used in this research consists of a descriptive case study employing embedded mix-method research. We ran a survey with 371 Facebook users who were gathered around Dr Whistleblower’s group. The person behind the Dr Whistleblower group, Dr Jon Tallinger, accepted an invitation to collaborate in this study and published a link to the Sunet survey tool onto Dr Whistleblower’s Facebook wall. Agreeing that the survey will be short we ran it online by using the Sunet survey tool from May 27th until June 15th 2020.

The participants of the survey were given a chance to answer 9 questions. None of the questions was obligatory to answer. In a great majority (7 of 9) of questions, participants were offered to choose between Yes and No, simple dichotomous answers where they would simply choose to agree or disagree with a given statement. However, thinking that maybe some of the participants would like to say something more about these issues, and in order to not lose the more nuanced perspective (Etz et al. 2018), a free text comments fields titled “please explain why”, or simply “comments” below each question was offered to all survey participants. To answer the 2nd question users were offered only textual fields, while to answer the 6th questions users were given to choose between several options. Finally, all participants of the survey signed online consent for taking part in this research study.

We have gathered more than 26 thousand words of text (approximately 59 pages) and performed a qualitative analysis of the free-text comments.

3.1 Analytical approach

The quantitative results for the survey were submitted to descriptive statistical analysis. A thematic approach was used for identifying, analysing, and reporting the results of the free-text comments (Scharp and Sanders 2019). Inspired by Braun and Clarke’s (Braun and Clarke 2006), Søe (2014), six-step thematic analysis method as an iterative process. All qualitative comments from the survey were exported to one word document, where all comments were treated as one integral text (Glasdam and Stjernswärd 2020). To perform the qualitative analysis, through reading, three coders identified themes through the first round of independent coding and the excel file was used to copy comments aligned with specific themes. After that, a meeting was held where the differences were discussed and as well as a new coding frame. The themes that were identified by all coders were accepted and coders performed another round of independent coding (O’Connor and Joffe 2020).

Table 1 Code frequency

<table>
<thead>
<tr>
<th>Code</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>losing trust</td>
<td>104</td>
</tr>
<tr>
<td>generating trust</td>
<td>80</td>
</tr>
<tr>
<td>fear</td>
<td>46</td>
</tr>
</tbody>
</table>

Once codes and themes were generated and reviewed, based on the reorganisation of the material, codes were collated to identify three themes: “losing trust”, “generating trust” and “fear” (subsection 4.2). Table 1 presents the frequency of codes. Finally, the quantitative analysis was performed by using SUNET software.

Since this is an explorative study that investigates an emergent, grave situation issue without preliminary research (Streb 2010), the goal of this study is not to generalise the results but rather to understand a phenomenon (Tampere et al. 2016), we argue that a methodological approach is appropriate. In the following section, we present the results of this method.
4. Results

We start by first analysing the quantitative results of the survey. After that, we present a content analysis of the qualitative data gathered through free-text comments and the answers to question 2.

4.1 The Survey

In this subsection, we present all the survey questions and quantitative results gathered from 371 Facebook users who participated in the survey (see Figure 1).

Almost all survey participants (370 of 371) answered the first question (Figure 1). The great majority (358 or 96.8%) expressed their trust in the information that Dr Jon Tallinger - Dr Whistleblower publishes, while just 3.2% said they do not trust it. As those who trust find the information on Dr Whistleblowers’ Facebook page relevant, 86.7% of them (314 of 362) share the information with their Facebook contacts. Almost the same proportion of participants do not trust the information given by Swedish institutions (336 of 361) or 93.1%, as well as 91% (333 of 366) finds that information coming from Dr Whistleblower is in contrast with the information coming from the mainstream media.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>No of responses</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Do you trust the information Jon Tallinger - Dr Whistleblower publishes?</td>
<td>358</td>
<td>96.8</td>
<td>12</td>
<td>3.2</td>
<td>370</td>
<td>1.0</td>
<td>0.2</td>
<td>1.0</td>
</tr>
<tr>
<td>2  Please explain why do you trust/or do not trust information published by Jon Tallinger - Dr Whistleblower</td>
<td>Replied by filling the textual field</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  I share information Jon Tallinger - Dr Whistleblower publishes with my contacts.</td>
<td>314</td>
<td>86.7</td>
<td>48</td>
<td>13.3</td>
<td>362</td>
<td>1.1</td>
<td>0.3</td>
<td>1.0</td>
</tr>
<tr>
<td>4  Information coming from Swedish institutions regarding the Covid-19 crisis is reliable.</td>
<td>25</td>
<td>6.9</td>
<td>336</td>
<td>93.1</td>
<td>361</td>
<td>1.9</td>
<td>0.3</td>
<td>2.0</td>
</tr>
<tr>
<td>5  Information Jon Tallinger - Dr Whistleblower publishes is in contrast to official/mainstream media.</td>
<td>333</td>
<td>91.0</td>
<td>33</td>
<td>9.0</td>
<td>366</td>
<td>1.1</td>
<td>0.3</td>
<td>1.0</td>
</tr>
<tr>
<td>6  Official/mainstream Swedish media cover the Swedish Corona situation</td>
<td>367</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly, showing both sides (for and against) the official Swedish Corona strategy</td>
<td>18</td>
<td>4.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mostly cover stories that support the official Swedish Corona strategy</td>
<td>267</td>
<td>72.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mostly cover stories that criticize the official Swedish Corona strategy</td>
<td>63</td>
<td>17.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not sure</td>
<td>19</td>
<td>5.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Jon Tallinger - Dr Whistleblower risks something by becoming a whistleblower?</td>
<td>350</td>
<td>95.6</td>
<td>16</td>
<td>4.4</td>
<td>366</td>
<td>1.0</td>
<td>0.2</td>
<td>1.0</td>
</tr>
<tr>
<td>8  Followers of Jon Tallinger - Dr Whistleblower’s social media have a political affiliation.</td>
<td>45</td>
<td>12.7</td>
<td>309</td>
<td>87.3</td>
<td>354</td>
<td>1.9</td>
<td>0.3</td>
<td>2.0</td>
</tr>
<tr>
<td>9  I agree with the official Swedish Corona strategy?</td>
<td>18</td>
<td>4.9</td>
<td>348</td>
<td>95.1</td>
<td>366</td>
<td>2.0</td>
<td>0.2</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Figure 1 Survey questions and results
When asked to choose between several options (Question 6, Figure 1) to describe how official Swedish, or mainstream media cover the Corona situation in Sweden, 72.8% (267 of 367) participants said that official Swedish media mostly cover stories that support the official Swedish Corona strategy, while 17.2% of participants (63 of 367) claimed the opposite. An almost equal number of survey participants said that they find information to be covered fairly 4.9% (18 of 367), or 5.2% (19 of 367) expressed that they were not sure about it. It is very interesting to note that a great majority of participants 95.6% (350 of 366) believed that Dr Jon Tallinger risks becoming Dr Whistleblower. Nearly the same number 95.1% (348 of 366) said that they do not agree with the official Swedish Corona strategy (Question 9, Figure 1).

Finally, 87.3% (309 of 354) said that people who gathered around Dr Whistleblower’s Facebook group do not have any specific political affiliation (Question 8, Figure 1). In the next subsection, we present content analysis.

4.2 Content Analysis
To get a more nuanced picture the participants were offered to leave free-text comments. As mentioned before, we have received many pages of free-text comments. Therefore, here we present the content analysis of the answers to question 2 and all free-text comments.

4.2.1 Losing trust in government institutions and media
As recent scientific contributions argue, the so-called “Swedish way”, “the Swedish experiment”, or “Swedish model” have been widely supported by most of its citizens at the beginning of the Covid-19 crisis (Lindström 2020; Esaiasson et al. 2021). However, just several months later, when it became evident that Sweden was looking at “the horrendous death toll” while its Prime Minister argued that the Swedish Covid strategy hadn’t failed (Palm 2020), the trust in governmental institutions started to lose its ground. On a local, Swedish level, there were not many things offered for those who were not rallying around the flag (Schraff 2020). Therefore, they turned to social media. When asked directly if they trust Swedish governmental institutions they say:

Absolutely not. Very much of what comes from FHM [Swedish PHA] contradicts recommendations from WHO, and FHM [Swedish PHA] doesn’t give any scientific grounds to their decisions and recommendations, they only speculate. I have done research myself (I am a published researcher in informatics, not medicine. However I understand how research is done) and I know how to look for facts. FHM [Swedish PHA] does not base their recommendations on facts

To mitigate public health threats in the digital age (Chou et al. 2018), users of social media are working hard on identifying health misinformation online. The same with those gathered around Dr Whistleblower’s Facebook group. They are fact-checking, analytical people, doing constant benchmarking of Swedish procedures and results with other neighbouring countries.

FHM [Swedish PHA] together with the state have completely failed in their strategy. Thousand dead people and there is no end to it! Comparable countries like Norway, Finland, and Denmark, follow, test, treat, isolate, and that is exactly how one operates with such type of publicly dangerous infection. And they succeeded!

In line with the results of Strömbäck and colleagues (Strömbäck et al. 2020) many people do not trust mainstream media. This is how users comment on the information given by governmental institutions and mainstream media.

The general Swedish media (SVT,DN, AFTONBLADET) seem to go the errands of the politicians to make them look good rather than questioning when things go wrong. Such as the fact that directives for Drs and Nurses is to treat older Covid-19 patients palliatively (suspected Covid patients at care homes get a shot of morphine instead of Oxygen). Which is a death sentence, since morphine makes it harder to breath and oxygen eases it.

A large emphasis in the free text comments was given to the mainstream media who were identified as lacking critical thinking and objectivity. According to our informants, Swedish media was publishing mostly news that supported the “Swedish way” without traditional journalistic criticism which is in line with the literature (Wahl-Jorgensen et al. 2016).

They don’t cover any source with with different opinion than Goverment / FHM [Swedish PHA]
Hodkinson (2016) said journalism is never unbiased. For those who answered the survey the filtering of news is made top-down, from the government level, presenting a kind of censorship. Some of the informants believed that people employed in the media fear for their positions, and therefore introduce self-censorship. Many users reported disappointment for lack of criticism during press conferences organised by the Swedish PHA.

The censur is fully comparable with Chinas. No critical review or questions or follow-up questions at, for example, press conferences. They just convey.

As Chou and colleagues argue (Chou et al. 2018) social media users are vigilant analysts. More observant informants noticed dark patterns in mainstream media reporting. Dark patterns are events where data presentation is twisted, by using small visual tricks to skew, steer the perception of the data in the eyes of the observer (Mathur et al. 2019).

It’s highly manipulative, they “lye with the truth”, they are very competent in gathering information, creating reports and prognosis that can be found on their web site. But their main web site has a manipulative data display that is different from all other countries way to visualise the same data, their trends point always downward.

4.2.2 Who to trust when you lose trust in government institutions in times of crisis?
For those who are mistrustful in government institutions, finding trustworthy information is not only difficult but hard work to do. Here we present the process of trust negotiation as described by the participants.

As (Llewellyn 2020) argues, in times of crisis trust is the most important thing if one wants to communicate health advice. Therefore, it is not surprising that trust created around the info published on Dr Whistleblower’s Facebook page comes from the fact that Dr Jon Tallinger is a Swedish medical doctor. Being a doctor who publicly raised an important issue for some is a relevant base for the creation of the trust.

I trust him, he is a doctor.

The effectiveness of public institution measures in times of crisis is dependent on the trust in those institutions (Lewnard and Lo 2020). Therefore, one of the most important questions of this study was if the informants trusted the information posted on Dr Whistleblower’s page. Many of the respondents reported that Dr Jon Tallinger describes the situation they recognize.

I work in health care and I know exactly what he is pointing at.

Being lost without trust in their public institutions, those who are not from the same professional field as Dr Whistleblower search and compare content published by other experts. They build trust after evaluating Dr Whistleblower’s posts. This is the reply to the question if they trust Dr Whistleblower.

Of course I do! Many other experts agree with Jon also.

The trust in information published on Dr Whistleblower’s page was created in case informants were able to backtrack the published events, see quotes below.

Very much evidenced. I also look it up. I got a brain. And know how to use it. His references are clear. I can follow them back in few steps

If it is not possible to backtrack and confirm the published information through some other channels, the trust is endangered. Of course, among Dr Whistleblower’s Facebook followers are also those who find Dr Whistleblower’s words not completely true.

Sometimes he doesn’t have details in information 100% correct, and sometimes he is blunt, but he is totally truthful!

4.2.3 Fear
The literature argues that healthcare professionals who raise concerns about their workplace and our health should be treated as heroes (O’Neill 2021). Unfortunately, many of them face negative consequences for speaking out, and during the Covid-19 crisis, this behaviour has spiked. It is interesting to note that the great majority of respondents, 95.6%, believed that Dr Jon Tallinger risked a lot by going public with the information he published on Facebook. They reported believing that Dr Whistleblower’s public contribution was courageous,
risking his job and maybe even his medical doctor licence. Here is just one very short quote that expresses the dominant feeling.

*He risks everything.*

It is already widely accepted that in crisis situations social media changes the communication landscape (Coombs 2010). As social media has become a natural environment for expressing feelings (Giuntini et al. 2019), in this case too, informants turned to social media for new information and for expressing their fears. While the average Dr Whistleblower’s followers read, evaluated published information, and shared content, when talking about their practices online on an implicit level they expressed another fear. Finally, people were afraid for their own lives. The words are strong and disarming.

*They are lying, and killing elderly*

Being left without support, deprived of traditional trust in their public institutions, a feeling of fear and insecurity permeated their lives. Unaware of the literature findings that argue for Facebook usage as a shield for decreasing stress (Rus and Tiemensma 2018), participants intuitively shared their feelings looking for relief. The feeling of distress and disappointment was directly expressed by the following quote where the user openly shares fears for their future.

*Who wants to grow old in welfare Sweden?*

In the following section, we lay the conclusion of this study.

5. Conclusion

Based on the results of the study presented here, we argue that regardless of rising criticism and doubts, social media remains an important channel for connection, communication, and information analysis in times of crisis. Also, without hesitation, we argue that in situations of grave crisis when trust in public institutions is lost, people turn to social media as an alternative media channel looking for help, calling for action, while simultaneously using the same channel as an emotional outlet. However, the most unexpected finding of this study is the discovery of fear.

It is important to note that here we do not talk about the fear of unexpected health outcomes in the Covid-19 crisis (Tishelman et al 2021). Many informants mention fear as a suppressing factor of open public debate, fear that controls media coverage, and finally describes their feelings about their future. The great majority of respondents expressed fear for Dr Jon Tallinger’s future in Sweden, believing he risks a lot. Finally, being aware of how Sweden left their elderly without proper care and protection during the Covid-19 crisis, they report fear for their near future.

Bearing in mind that this study analysed social media practices in Sweden during the beginning of the Covid-19 crisis, a country renewed as a “world moral superpower” (Jansson 2018; Trägårdh 2018; Eriksson 2020; Sanandaji T. 2020) and the country that belongs to “the world elite” (Åberg 2019), this comes as surprise and needs further investigation.

5.1 Theoretical and practical implications

As mentioned before (see Section 1 and subsection 3.1) this is an explorative study and the results of it can not be generalized as this study analyses reactions of a quite small group of people. First, there were not many people who did not agree with the “Swedish way”, and second, we analysed only those who used Facebook and openly expressed their feelings on Dr Jon Tallinger’s page. Therefore, this study contributes to the analysis of social media usage of those who felt completely excluded and forgotten by the Swedish institutions.

In a country of Jante Law (Cappelen and Dahlberg 2018) where modesty and egalitarianism are appreciated and emphasised, it is not easy to find those who would publicly criticise the majority. Finding these particular people on social media does not come as a surprise as social media were used ‘en masse’ during the Covid-19 outbreak (Glåsdam and Stjernswärd 2020). However, according to our knowledge, there is not much in the scientific literature about this group of people’s behaviour or feelings. Therefore, we argue that this study could be taken as an inspiration for further research as we believe that no one should be left behind, especially in a grave crisis.
This research is also a call to Swedish public institutions to look at social media and use it in times of crisis. By now it is a very well-known fact that social media are very good tools for fast dissemination of the dominant knowledge, being true or false (Juhász et al. 2017, Iosifidis and Nicoli 2020, Apuke and Omar 2021). This fact offers an alternative and quite a cheap opportunity to the public institutions when fast analysis of minorities’ behaviour and needs are in question. If public institutions are aiming and claiming to not leave anyone behind, social media analysis in times of crisis is a way to go.

Finally, this study finds the discovery of fear and silencing critical voices quite interesting and disturbing. This goes in line with Pamment’s analysis (2021) and draws attention to quite dangerous “media blackout” practices. As Pamment argues, the informants of this study have also identified bending of public institutions’ narrative to justify national policy (Baekkeskov et al. 2021) and protect the branding of Sweden (Jansson 2018; Trägårdh 2018; Eriksson 2020; Sanandaji T. 2020) which represents a dangerous threat to democracy.

5.2 Limitations and future research
We are fully conscious of the limitations of this study. Starting from the number of surveyed participants (371), whose contributions are followed through only one social media channel, Facebook, and during a limited period. Still, we believe that the survey result and content analysis presented in this paper is informative material that should be taken into consideration when analysing public reactions in times of crisis. Especially if we do not forget surprisingly many testimonies and striking words with which they express their feelings.

At the time of finishing this article, Dr Jon Tallinger has left Sweden and resides in Denmark, while Sweden is facing the so-called “third wave” of the Covid-19 crisis. We hope that the research results provided in this, and other studies will help Sweden and its institutions to collaborate with a larger pool of experts to find a better way for managing this and any other crisis that might come. We hope that no Swedish citizens will again feel left out or left without proper medical attention.

References
Dr Jon Tallinger (2020) ‘Dr Whistleblower Oxygen for all’. URL:https://www.facebook.com/groups/OxygenForAll/about


Jansson, D. (2018) ‘Deadly exceptionalism, or, would you rather be crushed by a moral superpower or a military superpower?’, *Political Geography* 64.


Rothstein, B. (2005) *Social traps and the problem of trust*.


