Research Article

ISSN 3071-2904

International Journal of Mental Health Research

# The Impact of Extended COVID-19 Lockdowns on Scottish Residents' Mental Health

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**Received:** 02 Jun 2026; **Accepted:** 06 Jul 2026; **Published:** 19 Jul 2026

**Citation:** Cosgrove A, James K. The Impact of Extended COVID-19 Lockdowns on Scottish Residents' Mental Health. Int J Ment Health Res. 2026; 1(3): 1-8.

## ABSTRACT

*This article will explore Michel Foucault's ideas with respect to the coronavirus pandemic (COVID-19), focusing on biopolitics and the influence of the surveillance state. The impact of extended and extensive lockdowns on the mental health of Scottish residents is scrutinized from a Foucauldian perspective. A key limitation of using Foucault's framework for analysing the pandemic must be recognized. While Foucault's perspective focuses on control mechanisms, it might lead to viewing all public health measures with suspicion. For example, the UK's vaccination campaign was said to have prevented approximately 100,000 deaths, demonstrating that biopower can be beneficial, not solely oppressive. The framework is most useful not as a comprehensive critique but to challenge uncomfortable assumptions about who wields power, whose lives are valued, and how consent is created. In this way, it remains a vital perspective for understanding not only COVID-19, but also the broader dynamics between governance, bodies, and society.*

## Keywords

Anomie, Biopolitics, COVID-19, Foucault, Lockdowns, Mental health, Scotland, Surveillance.

## Introduction

This article will explore and discuss Michel Foucault's ideas with respect to the coronavirus pandemic (COVID-19), focusing on biopolitics and the influence of the surveillance state. The impact of extended and extensive lockdowns on the mental health of Scottish residents is scrutinized from a Foucauldian perspective.

*Biopower* refers to the exercise of political authority over life and living entities. Foucault considers biopower as a shift in how power operates in modern societies [1]. Instead of power being shown through death and punishment, modern power works by administering populations, through their health, reproduction, sexuality, longevity, and productivity [2]. Foucault suggests that in modernity, the biological facts of human life become objects of political calculation and governance. Everyday life becomes the target and substance of power, as opposed to just being the backdrop against which political power operates. The concept of biopower helps to explain things like public health campaigns, census-taking, vaccination policy and even pandemic governance. The above issues are all examples of where political power is exercised through the regulation of living bodies and populations, instead of through force or power alone. Politics has become inseparable from life.

The COVID-19 response was essentially a massive exercise in biopower. Countries used medical knowledge to manage population health through various policy initiatives. Foucault described biopower as a form of power that emerged in modern states that focuses on managing populations and their biological life processes. Older forms of power, which Foucault dubbed 'sovereign power', were about the ruler's right to execute or spare an individual. However, biopower flips this, making it about the state's power to manage populations to maximize life, health, and productivity, but also to decide which lives matter less. Biopower manages population-level phenomena such as birth and death rates; public health and disease; life expectancy; reproduction; hygiene and sanitation; workplace safety, and healthcare systems [3]. The idea is that it controls individuals indirectly through the management of aggregate statistics, trends and the health of the population. Biopower relies on statistics, demography,

epidemiology, and public health expertise to manage populations. The goal is to make populations healthier, more productive, and with a longer life expectancy. However, this creates standards of 'normal' health, bodies, and behaviours, and although biopower seeks to bring populations towards these 'norms', this might be detrimental to the individual human experience and might not reflect it. The vaccination programme used during COVID-19 is an example of biopower. The government is not forcing individuals by threat of death, but managing population immunity through medical knowledge, statistical risk assessment, and public health infrastructure to optimise collective life.

Foucault's theory that modern states govern populations through management of life itself is directly applicable. During COVID-19, governments made decisions about health, movement, and bodies at a population level – such as lockdowns, vaccine mandates, contract tracing – all exercising power over biological life.

Lockdowns were used as population management during COVID-19 and the varying approaches show different exercises of biopower. China's dynamic zero-COVID approach is an extreme example of biopolitical population management. From early 2020 until late 2022, China pursued this approach, essentially trying to eliminate community transmission entirely rather than just manage it [4]. This meant aggressive, large-scale interventions the moment cases appeared [5]. China demonstrated biopower with fewer constraints due to the political climate, showing what population management looks like when less restrained by liberal frameworks.

Sweden's approach was different, the government refused to implement strict lockdowns like most of Europe and instead issued guidelines. The guidelines included work from home, if possible, avoid unnecessary travel, keep distance from elderly relatives, stay home if symptomatic [6]. These were social expectations as opposed to legally enforceable orders [7]. This is reminiscent of what Foucault called 'governmentality', essentially getting people to govern themselves. Compared with China, which operated through overt state control, Sweden's approach was biopolitical through social pressure and individual responsibilisation.

Alternatively, the UK used repeated cycles of restrictions, labelled 'circuit breakers', to suppress transmission but maintain economic activity [8]. This was marked by confusion, reversals, and visible political-scientific tensions that reveal a lot about the operation of biopower in liberal democracies. The 'circuit breaker' logic looks at society as an electrical system that can be temporarily shut down to prevent overload, then restarted. This treats social and economic life as something that can be mechanically switched on and off to manage biological crisis. This strange opinion that society can just stop and start at the press of a button feels very biopolitical. This opinion piece concentrates on the UK during COVID-19 as that is where the researchers were located. However, comparisons will be made with the actions of other countries where appropriate.

Initially, in March 2020, the UK government suggested allowing Coronavirus to spread through the population to build 'herd immunity' [9]. This is an example of biopolitics in its rawest form, explicitly calculating acceptable deaths to achieve population-level immunity. This idea was dramatically reversed and a lockdown put in place after Imperial College modelling predicted 250,000+ deaths [10]. The National Health Service (hereafter NHS) allegedly wouldn't have been able to cope with that many people dying and so the biopolitical calculation was changed when the hospitals (infrastructures managing life and death) faced alleged collapse. In October 2020, the UK implemented colour-coded regional tiers based on infection rates [11].

Different regions faced different restrictions simultaneously. This is an example of biopower operating geographically, where populations were managed differently based on local biological threat levels. Basically, your postcode determined your freedoms. The 'Eat out to help out' scheme in August 2020 involved the government subsidising restaurant meals to help restart the economy. This is an example of biopower in contradiction with itself, actively encouraging population mixing for economic reasons while trying to control viral spread. Vaccine rollouts exemplify biopower through their strategic prioritisation of lives to protect first. The Joint Committee on Vaccination and Immunisation (JCVI) systematically ranked population groups by priority, beginning with the oldest and most vulnerable, and then progressing to younger age groups.

The political-scientific tension is an important element to consider when looking at the COVID-19 pandemic through a Foucauldian lens. SAGE (Scientific Advisory Group for Emergencies) is a specialized expert panel activated during emergencies to gather independent scientific research and analysis from government, academia, and industry. It provides coordinated scientific and technical guidance to the Civil Contingencies Committee (COBR) and the cabinet [12]. The advice from SAGE clashed with the decisions of politicians, the lines being constantly blurred and contested [13,14]. SAGE [15] minutes were published eventually, revealing their disagreements with political power. The knowledge/power nexus of biopower is clear here, in the quarrel between who determines what qualifies as 'acceptable risk'.

In May of 2020, Dominic Cummings, chief advisor to the Prime Minister at the time, Boris Johnson, broke lockdown rules to travel to Durham. Public fury was rife not only about the hypocrisy of the situation but about how the established discipline was undermined. He had also taken a trip with his family to Barnard Castle in April of the same year. The police indicated that Cummings did not commit an offence by travelling from London to Durham, but there might have been a minor breach of lockdown rules at Barnard Castle [16].

Elite rule-breaking destroys the mechanism of control that biopower created by operating through voluntary compliance. In August 2020, the *Lancet* published a study examining how these events had weakened crucial public health messages, terming it the 'Cummings effect'. The authors [17] found that the Dominic Cummings affair had caused a measurable and lasting collapse

in public confidence in the UK government's handling of the pandemic. Perhaps the most striking conclusion concerns the durability of the damage, as more than a month after the scandal, there had been no new recovery in confidence. Fancourt, Steptoe, and Wright's [17] main message is a warning to governments worldwide that political decisions can negatively impact public trust and pose a long-term risk to public health behaviours.

## Foucault's Discipline and punish

In *Discipline and punish: The birth of the prison*, Foucault [18] argues that modern governance works not through coercion but by producing self-regulating subjects, people who internalize rules and monitor their own behaviour [19]. In other words, the lockdown only worked because millions of people voluntarily complied with it. The 'Cummings effect' is so damaging because it disrupts this internalized discipline, and once the population saw that the rule makers didn't follow their own rules, the mechanism of self-regulation began to crumble. It is interesting to note that (in November 2020) although Boris Johnson had announced a lockdown in England, eight days later he held a 'gathering' at his flat with Cummings to celebrate his departure. This was the fifth of fourteen social gatherings Johnson's government was involved with and investigated for [20].

Foucault's concept of governmentality describes how modern states govern populations indirectly, by shaping the conditions in which people make choices, rather than commanding them directly [21]. In terms of COVID, the government couldn't physically stop people leaving their homes, so it governed through trust, nudging behaviour via information and appeals to civic responsibility, e.g., the campaign 'Stay Home, Protect the NHS, Save Lives' in 2021. Foucault's theoretical framework accurately predicted that this mode of power is inherently fragile and dependent on legitimacy. When that legitimacy cracks, as in the Dominic Cummings situation, the whole apparatus loses traction.

Foucault's panopticon metaphor describes how subjects behave as though they are being watched, even when they're not [22]. Arguably, lockdown compliance functioned panoptically, whereby people stayed at home partly because neighbours, cameras, and police might be watching. The Cummings case revealed that the watchers themselves were not being watched, undermining the asymmetry on which panopticon power depends. If visibility is only one-directional, compliance becomes a matter of resentment rather than an internalized norm. Foucault is often interpreted as depicting power as widespread, anonymous, and not confined to individual actors. Cummings' actions in relation to Foucault's beliefs could be viewed as contradictory, as they might not adequately account for moments when a specific individual's transgression visibly punctures a whole system of normalization. Or it could be argued that Cummings himself was less important than the government's defence of him, which was a structured, institutional act.

Social distancing markers, introduced during the pandemic, are a tangible example of Foucauldian disciplinary power in action. Social distancing markers were physical architecture that appeared in public spaces, such as floor stickers, arrows directing foot traffic, tape lines marking two-metre distances, plexiglass barriers, capacity limit signs, and one-way systems in supermarket aisles. Foucault [21] emphasized how discipline works through spatial organisation. Social distancing markers didn't require much enforcement, as the physical environment itself guided behaviour. Much like prison architecture or factory layouts, the space disciplines you. Similarly to Jeremy Bentham's Panopticon, the architecture works based on the absent overseer. Someone could always be watching, meaning individuals are less likely to engage in rule-breaking behaviour. People were disciplining themselves, monitoring distance from others constantly. This distance over time became almost instinctive and people learned new special habits such as avoiding proximity. This is what Foucault [18] described as 'docile bodies', bodies trained to behave in specific ways. By standing on markers, individuals showed that they were complying, while not doing so marked you as 'non-compliant', inviting social surveillance, correction, and sometimes ridicule and abuse.

The Panopticon might seem like an obvious comparison between Foucauldian ideas and the pandemic as there has been a lot of research already done on the topic [23-29]. However, integrating Durkheim's concept of *anomie* with Foucault and COVID-19 offers an interesting angle on how the pandemic disrupted social order, while simultaneously creating new forms of surveillance and control [30-32]. Anomie refers to a state of normlessness in which social norms break down or become unclear, leaving people without reliable guidelines for behaviour. This creates anxiety, confusion, and a sense of moral panic. The following description of moral panic aptly resonates with how COVID-19 was perceived and managed, specifically in the UK.

> A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions: ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible [33].

During COVID, groups like the unvaccinated and those refusing facemasks were seen as threats, with media highlighting these fears and promoting a culture of fear.

## Applications

During the pandemic, social behaviours such as handshakes, visiting family, and going to work were suddenly halted, and frequent rule changes created uncertainty about what was 'allowed'. Social institutions that usually provided moral guidance, such as schools, churches, and workplaces, were closed, and the future became radically uncertain. Durkheim argued that humans need clear norms to function, and without them, they experience

profound anxiety [34]. Normal social rules were shattered by COVID-19 lockdowns and in that state of anomic anxiety, people actively sought surveillance and external control. This came in the form of contact tracing apps that monitored location [35]; QR codes that tracked movements, such as 'logging in' when eating in a cafe [36]; vaccine passports that determined access to social situations [37,38] and social media shaming of rule-breakers [39]. The absence of norms (*anomie*) generated demand for total surveillance (Panopticism). Some people welcomed being watched because surveillance provided the structure that they were missing. It could be argued that the pandemic showed that Panopticism is not only imposed from above but demanded from below when *anomie* becomes unbearable.

As discussed, when traditional norm-setting institutions such as churches, community gatherings, libraries, museums, cafes, and schools closed, the state became the primary source of behavioural guidance. This was achieved through several methods. Daily press conferences are viewed as ritual displays of authority that establish new norms, with visible policing (both by the actual police and by other members of the public, such as teachers, healthcare workers, and customer service employees – those in charge of communal spaces) making rule enforcement more apparent. Public statistics like case counts, deaths, and R rates established 'objective' standards for behaviour, while slogans such as 'Stay Home, Protect the NHS, Save Lives' offered straightforward moral clarity. The state basically used surveillance to create and enforce new norms, ending the normless state.

In contrast to the traditional panopticon—where a central authority observes, and individuals are unaware of when they are watched, internalizing discipline—in the COVID-19 social media panopticon, everyone watched everyone, and no clear authority was present; the government, scientists and the media were constantly giving out their own, often conflicting, messages. Norms kept changing (e.g., wearing masks and social-distancing requirements), but surveillance remained constant; people were being watched all the time, although the actual rules were unclear. An example of this might be someone posting a picture of themselves in a restaurant to social media and receiving hundreds of comments arguing about whether this was breaking the rules. The conclusion to this comparison is that during the pandemic, people experienced both the anxiety of anomie and the pressure of Panopticism. This created a uniquely distressing situation where there is the knowledge of being watched and judged, but no knowledge regarding the expected standards. The ludicrous situation of universities being closed for months on end, but you could meet a student by chance in a supermarket aisle, shows that regardless of ludicrousness, rules had to be followed and with a serious demeanour.

Discourses such as 'Eat out to help out' and 'Stay Home, Protect the NHS, Save Lives' were normalized during the pandemic, and functioned much like mantras. According to Foucault, discourse is not only a language, but a system of statements that produces reality, creates subjects, and enables certain actions while prohibiting others [22]. The slogan 'Stay Home, Protect the NHS, Save Lives' creates a logical chain whereby staying at home equals morality and going out equals killing people. The phrases also call into being specific types of subjects: the responsible citizen who stays at home; the selfish rule-breaker who does not; and the heroic NHS worker who must be protected. By repeating these phrases constantly, they became 'common sense' rather than governmental commands. Individuals started to believe that they were not being controlled, instead feeling that they were simply doing the obvious and natural things (the internalization of self-discipline).

'Stay Home, Protect the NHS, Save Lives' can be broken down into three sections to be analyzed from a Foucauldian perspective. The first part ('Stay Home') is a direct behavioural instruction; the second ('Protect the NHS') appeals to collective responsibility and national infrastructure; the third ('Save Lives') is the moral imperative. As in the case of 'responsibilisation' in Sweden, one of the goals of the slogan was to make individuals feel personally responsible for NHS capacity and others' lives, and the NHS was perceived to be in a constant state of extreme vulnerability where its literal collapse was just around the corner or a day or two away at most. As previously discussed, Foucault [18] argued that modern power operates not by prohibition but by making subjects responsible for managing themselves. Each person is the manager of their own compliance. The popular phrase created an internal judgment that monitored individual behaviour; each outing induced scrutiny of whether you were 'protecting the NHS' or 'saving lives'. The collective, repetitive use of the phrase created what Foucault called 'normalization', in which the phrase becomes the norm against which behaviour is measured, and from which deviation is visible and shameful [19]. The use of the slogan could be described as biopower operating through conscience. By translating population-level biopolitics, such as managing the NHS capacity and reducing death rates, into individual moral duty, biopower had become much more personal.

The 'Eat Out to Help Out' slogan is intriguing for its contradictions of biopower and for having emerged just months after the 'Stay Home…' slogan. In short, the government needed to reignite consumption to manage the economic health of the population, partly to try and quell the impending surge of the 2021 cost-of-living crisis. Health and economics were butting heads and struggling to find a balance; this balance came in the form of 'Eat Out to Help Out'.

Biopower is about managing all aspects of population life, including economic productivity, mental health, and social cohesion, not just about preventing death. The use of the words 'Help Out' framed going to restaurants as being part of a civic duty. It was (again) everyone's responsibility to contribute to the economy and 'assist the nation', creating virtue from consumption. The flexibility of biopower is clear in these two slogans, especially in the shifting moral imperatives based on what the population allegedly needed at the time from staying home to save lives, because it feels like a civic duty, to going out and spending money among people, again, because it was made to feel like a civic duty.

What might be observed as 'cult-like' behaviour, in terms of repetition of phrases that to a certain extent control behaviour and social norms, would be seen as normalization through ritualized discourse under Foucauldian analysis. Foucault argued that truth is produced through power relations rather than discovered [22]. Slogans repeated on TV, posters, social media, and in conversation create their own truth through repetition. The scale of repetition of slogans, such as the two mentioned previously, was massive. Degun [40] reports that government public information campaigns reached about 95% of adults on average, with their peak exposure occurring approximately 17 times per week. It is important to recognize that social media users involved themselves and others in restorative narratives by tagging images of honourable self-denial with the '#stayathome' hashtag. SAGE expressed concern that achieving 50% compliance was 'unachievable' due to 'behavioural fatigue', especially after observing the government violate its own rules [41]. People were performing compliance, not just following instructions, portraying a public identity as a 'good citizen'. People used the hashtag to turn a restriction into a badge of honour. By repeating or reposting the 'Stay Home, Protect the NHS, Save Lives', the individual is enacting the subject position of being a responsible citizen. This is furthered by modern technology and the ability to perform acts of moral goodness for a wider audience, thereby receiving greater validation when what you are doing is perceived as socially correct behaviour.

## The vaccination, biopower, and governmentality

The UK's COVID-19 vaccination rollout is particularly interesting when viewed through a Foucauldian lens. In terms of biopower and biopolitics, Foucault argued that modern states exercise power over populations as biological entities, not merely as individuals, and manage birth, death, and disease collectively [2]. The UK vaccination rollout was an excellent example of this. The state mobilized a system to manage the biological health of the entire population. Priority lists were drawn up by age, vulnerability, and occupation [42]. People were ranked by biological risk, and the NHS became an instrument of biopower on a massive scale.

In his work on disciplinary power and surveillance, Foucault [18] described how modern institutions discipline individuals through observation and normalization [19]. During the vaccine rollout there were mechanisms that echoed this. Vaccine passports and NHS COVID passes created a system where proof of bodily compliance became a condition of social participation [38,43]. Data collection was extensive, with every jab logged, tracked, and monitored nationally.

Foucault's concept of governmentality describes how states shape the conduct of individuals, so they self-regulate in line with state objectives – controlling from a distance through norms rather than force [21]. Rather than completely mandating vaccines, the UK relied heavily on methods that aligned more with governmentality, such as messaging campaigns to make vaccination feel like a civic duty; social norms and peer pressure; and potentially nudge theory (booking systems, reminders, walk-in centres) where changes in the way choices were presented influenced decisions and behaviours [44]. Citizens were encouraged to want to be vaccinated.

Foucault argued that knowledge and power are inseparable, those who control knowledge control what counts as truth [1]. During the vaccine rollout, scientific authority (such as SAGE and the NHS) became the legitimate arbiter of truth for many. Alternative voices on vaccine hesitancy, or concerns about side-effects were marginalized as misinformation [45]. The discourse around vaccine safety was tightly managed – with real tensions around AstraZeneca's clotting risks, where official messaging visibly struggled with transparency [46]. This illustrates Foucault's point that dominant medical discourse does not simply describe reality – it constructs what is permissible to say. Post-COVID reports indicate that mistrust and misinformation regarding COVID-19 vaccines have led to a decrease in public trust in vaccines [47].

A Foucauldian reading risks making all public health interventions seem sinister. Critics would argue that the rollout saved over 100,000 lives in the UK [48] – suggesting biopower can be productive and protective, not merely controlling. Vast amounts of personal data were collected, and people were nudged and encouraged to comply, but the data was largely used to make the vaccination rollout fairer, ensuring that the most vulnerable people were reached first [44]. While Foucault might suggest that the high public uptake was the result of manufactured consent, it seems reductive to dismiss the choices of millions of people as mere submission to state power. Many simply wanted to protect themselves and those around them. Most importantly, whatever mechanisms of control were involved, the rollout arguably worked and saved many lives. Foucault's framework is a useful tool for asking critical questions about power and the body, but it struggles to account for the fact that state intervention in public health can be genuinely beneficial rather than simply repressive. However, Foucault from Discipline and punish onwards, argued that power is primarily productive or positive, unless and until it becomes rigid within institutions.

## The changed meaning of the rainbow symbol

During the COVID-19 pandemic in the UK, rainbows appeared in windows across the UK as a symbol of hope and gratitude for the NHS and key workers. This was largely spontaneous and community-led [49]. However, the rainbow had been, for decades, the defining symbol of the LGBTQ+ pride and liberation. While a symbol can have multiple meanings, in the case of the rainbow, it functions both as a 'community' emblem within the LGBTQ community and as a symbol of support for the NHS during the COVID-19 pandemic [49].

Symbols are never neutral. The rainbow flag was created as a bold symbol of LGBTQ+ visibility and defiance, during a period when queer individuals faced pathologization, criminalization, and social exclusion [50]. Four decades later, this same symbol transformed into a sign of national unity embraced by state institutions. This represents a remarkable cultural change. It raises an important question: what becomes of a symbol of resistance once it is mainstreamed?

Foucault's [18] concept of normalization describes how behaviours once seen as transgressive become integrated, domesticated, and made acceptable by and to mainstream culture [22]. For instance, the rainbow symbol's shift from a marker of queer protest to its appearance in NHS window displays illustrates how its political significance was softened and redefined to promote wider acceptance and conformity.

Foucault's concepts on sexuality and power suggest that definitions of normal and deviant are always shaped by power structures [51]. Throughout much of the twentieth century, the medical community frequently classified homosexuality as a disorder [52]. Today, the rainbow symbol on the same institution presents a historical irony. American theorist Lisa Duggan [53] introduced the term 'homonormativity' to describe how LGBTQ+ culture and symbols can be depoliticized and integrated into mainstream, consumer-oriented narratives [54]. The COVID rainbow is a notable example because it did not signify queer liberation but rather represented compliance, community spirit, and gratitude towards the NHS (or, more broadly, the state). Instead of challenging the social order, this symbol was repurposed to reinforce it, highlighting Duggan's [53] caution against such depoliticization.

Feminist philosopher Sara Ahmed [55] writes about how certain objects and symbols become associated with happiness and good feeling in ways that smooth over political tensions [56]. In other words, society gives you guidelines to achieve happiness in socially-accepted ways. The use of the rainbow symbol, seen in windows across the UK during COVID, was framed and proclaimed as a warm, feel-good gesture. Ahmed's [55] theories would suggest we question what the positivity of the symbol was concealing such as the underfunding of the NHS and the disproportionate deaths of black and minority ethnic key workers [57].

## Conclusion

It is worth considering the ideas of Judith Butler [58] on performativity. Butler argued that identities are not fixed but are produced through repeated acts and performances [59]. The act of placing a rainbow in a window was a performance of national solidarity. Millions of homes displayed the symbol in their window, which helped to produce a shared identity of being a 'good citizen' and supporting the NHS. Then we also had 'clap for the NHS' ritual on Thursday evenings. It could be said that the rainbow performance simultaneously required setting aside the rainbow's queer history, especially for members of society who proudly displayed a rainbow flag to support the NHS but previously objected to these same flags being displayed as a symbol of LGBTQ+ pride [49].

Examining how the rainbow symbol was used is interesting; however, it is also important to acknowledge that many NHS workers are part of the LGBTQ+ community. For many in that community, seeing their colours adopted as a sign of national solidarity was a meaningful moment.

The COVID-19 pandemic provides an interesting opportunity to analyze Foucauldian theory in practice. Throughout the different themes discussed in this article, a clear pattern is evident. The pandemic was more than just a health emergency; it represented a significant exercise of biopower, where the state regulated populations by controlling biological life.

Throughout the pandemic response, from lockdowns and vaccine rollouts to contact tracing apps and social distancing markers, the mechanisms of disciplinary power and biopolitics were evident at every level. The UK's experience highlighted the tensions within liberal biopower, a system based on voluntary compliance, nudging, and governmentality rather than direct coercion, making it vulnerable to legitimacy issues. The Dominic Cummings incident sharply revealed this vulnerability, when those responsible for setting rules visibly violated them; the internal discipline Foucault described as vital to modern governance began to break down.

Incorporating Durkheim's idea of *anomie* deepens this analysis by showing how the breakdown of social norms during the pandemic unexpectedly increased public interest in surveillance and control. Rather than just accepting being watched, many people actively desired it, since Panopticism provided the structure that anomie had removed. This complicates the view of surveillance as merely a top-down enforcement.

The pandemic slogans and discourses (such as 'Stay Home, Protect the NHS, Save Lives' and 'Eat Out to Help Out') illustrate how biopower functions through language, shaping moral identities and redirecting civic responsibility to achieve population-based goals. Their contradictions expose the adaptability and tensions inherent in biopolitical governance.

Finally, the use of the rainbow symbol demonstrates how cultural signs of resistance can be absorbed and domesticated by mainstream power structures. This reflects Foucault's theories of normalization and prompts important questions about visibility, political memory, and which histories are flattened in the pursuit of national unity.

## Limitations

A key limitation of using Foucault's framework for analysing the pandemic must be recognized. While Foucault's perspective focuses intensely on control mechanisms, it might lead to viewing all public health measures with suspicion. For example, the UK's vaccination campaign was said to have prevented approximately 100,000 deaths, demonstrating that biopower can be genuinely beneficial, not solely oppressive. The framework is most useful not as a comprehensive critique but to challenge uncomfortable assumptions about who wields power, whose lives are valued, and how consent is created. In this way, it remains a vital perspective for understanding not only COVID-19 but also the broader dynamics between governance, bodies, and society.

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