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COVID PASSPORTS IN POLAND AND EUROPE – SYMPTOM OF POST-PANDEMIC NORMALISATION OR BEHAVIOURAL INTERVENTION? A STUDY BASED ON EMPIRICAL RESEARCH AND DISCOURSE ANALYSIS

Abstract: The aim of the article was to determine whether COVID passports were perceived by citizens of Poland and other EU countries as an effective tool leading to post-pandemic normalisation or as a behavioural intervention to bring about a change in citizens' behaviour. Due to the complexity of the research problem, it was decided to use a diversification of materials as well as research methods. A secondary quantitative and qualitative content analysis of the *Eurobarometer* reports *Public opinion monitoring in the time of COVID-19: Europeans' reactions and perceptions of the COVID-19 pandemic* and a discourse analysis of media material from Internet resources in terms of perceptions/opinions about COVID passports were carried out. A main thesis was put forward, stating that COVID passports were primarily an instrument of behavioural intervention to encourage

vaccination uptake, leading to far-reaching social change, and three derived specific hypotheses: H.1. The results of the self-analyses indicate that the outcome of the behavioural intervention was the practice of perceiving COVID passports as a pass to the normality of social life (incentive – tourism, events, shops and restaurants); H.2. The results of the self-analyses indicate that the outcome of the behavioural intervention was the practice of perceiving COVID passports as digital surveillance tools leading to loss of personal freedom; H.3. The results of the self-analyses indicate that the outcome of the behavioural intervention was the practice of discrimination against unvaccinated people framed as a punishment for avoiding vaccination. All hypotheses were positively verified through interpretation and inductive inference.

Keywords: COVID passports, public behavioural intervention, COVID-19, post-pandemic reality, Poland, European Union.

INTRODUCTION

The World Health Organisation on 11 March 2020 declared COVID-19 a global pandemic. And while humanity had already struggled in the 21st century with the H1N1 influenza virus (2009–2010), SARS (2002–2004), MERS (2012), and Ebola (2014–2016), the emergence of the COVID-19 pandemic triggered action at a pace and scale that was new and surprising to citizens around the world (Bell, 2021, p. 60). The way in which the SARS-CoV-2 pandemic was handled highlighted the gap between the power of the United States, Europe, China and Russia and the global south, which was unable to develop its own solutions (Balfour *et al.*, 2022, pp. 3–4).

As part of international solidarity, the European Union has developed externally an initiative known as Team Europe. Internally, however, Member States have entrusted the European Commission with unprecedented tasks such as the purchase and distribution of vaccines. On 27 March 2021. The European Commission also presented its proposal to make credible COVID-19 vaccination certificates a reality in order to facilitate free movement during the COVID-19 pandemic (Narozniak & Princ, 2022, p. 34).

The EU COVID Certificate (UCC), vaccination passport or green pass are different terms for a document that was issued

from 1 July 2021 and recognised by all 27 EU Member States and some non-EU countries. The document was intended to facilitate travel between the various EU countries and also allowed the use of public places, i.e. restaurants, galleries or cinemas, where limits on people being in an enclosed space had been introduced. By presenting this document, it was possible, among other things, to avoid quarantine upon arrival in a given country, although the exact mechanisms for this depended on the internal regulations of individual EU countries. The content of the certificate was written in both English and the national language. The certificate consisted of a QR code, which could be displayed on a mobile device or printed out, and a digital signature, verified through the EU Gateway to confirm a traveller's status in the context of possibly being a carrier of the SARS-CoV-2 coronavirus. The EU Certificates were proof that a person had been vaccinated against COVID-19, had tested negative for the coronavirus or was a recovering patient. It was originally intended to be valid for one year, but on 13 June 2022 its validity was extended for a further year – until 30 June 2023 (European Commission, 2022). Finally, it ceased to be required on 1 July 2023.

This article attempts to determine whether COVID passports were seen as an effective tool leading to post-pandemic normalisation or rather as a behavioural intervention to bring about a change in citizens' behaviour.

The new approach is called behavioural public interventions (BIPs). It has been developed in recent years by administrations in the United States, the United Kingdom, Denmark, the Netherlands or France (Lunn, 2014, pp. 25–38). The growing popularity of the application of the behavioural approach is a manifestation of a paradigmatic shift in the thinking and implementation of public actions, which may also be important for Poland and Poles. The preparation of so-called behavioural interventions, i.e. initiatives that use the insights of behavioural economics to change people's behaviour to benefit welfare and social order (Datta & Mullainathan, 2012; Shafir, 2013, p. 1), consists of four steps: defining the behaviour to be changed, identifying barriers to behaviour change, identifying behavioural tools for behaviour change, preparing an initiative that uses as many of these tools as possible and addressing as many barriers

as possible. Although public interventions can address a wide range of different aspects of citizens' lives they are based on a relatively simple logic of influencing citizens, which Bemelmans-Videc (2007) reduces to a division between 'carrots, sticks and preaching'. Interventions are thus based on punishments and bans, positive incentives or information and awareness raising (Olejniczak & Śliwowski, 2014, p. 15). Past experience suggests that the effectiveness of interventions depends on understanding the mechanisms of people's behaviour and how they make decisions (Shafir, 2013, p. 1). In other words, the interventions undertaken by public authorities will be more successful the better the intervention developers adapt their form and logic to the ways in which citizens make decisions. The behavioural approach rarely relies on education, as it is not an effective tool for behaviour change. Better results can be achieved by developing interventions to change the outcome of cost-benefit analysis, redesigning the context in which a decision is made or using the social context. The currently dominant public policy paradigm and the design of behavioural interventions assume that people are rational, driven by self-interest and seek to maximise their benefits while minimising their costs (Amadae, 2007), namely, they are largely selfish and will respond to incentives or prohibitions in a rational, thoughtful manner, calculating their gains and losses and considering all the 'pros and cons' (Low, 2011, pp. 1–2).

We therefore pose the following central question:

Do the analyses of empirical findings and multimodal discourse on COVID passports indicate practices that fit into the category of top-down designed behavioural intervention?

As well as specific research questions:

1. In the research material, are COVID passports seen as a document that puts the holder in a privileged position (carrot – a system of extended incentives – from returning to tourism through mass events to going out to restaurants)?
2. In the research material, are COVID passports seen as a tool for surveillance (e.g. biometric, behavioural) conducted using new technologies, and concerns about misuse of personal data?
3. Is the research material COVID passports are seen in terms of loss or punishment and there are opinions about

the loss of privacy and civil liberties in the context of the introduction of PC?

In this article, we hypothesise that COVID passports were primarily an instrument of behavioural intervention to encourage vaccination uptake, leading to far-reaching social change and derived directional hypotheses:

- H.1. The results of the self-analyses indicate that the behavioural intervention resulted in the practice of perceiving COVID passports as a pass to the normality of social life (tourism, events, shops and restaurants).
- H.2. The results of the self-analyses indicate that the outcome of the behavioural intervention was the practice of perceiving COVID passports as digital surveillance tools leading to a loss of personal freedom.
- H.3. The results of our own analyses indicate that the outcome of the behavioural intervention was a practice of discrimination against the unvaccinated framed as a penalty for avoiding vaccination.

MATERIALS AND METHOD

Due to the complexity of the research problem, it was decided to use a diversification of materials as well as research methods. The research material in this study consists of available empirical research on perceptions of the COVID-19 pandemic in EU countries with a particular focus on opinions on COVID passports in Poland and other EU countries, as well as media materials from Internet resources in the form of publications on green passes.

The content analysis (Berelson, 1952, p. 8; Holsti, 1969; Krippendorff, 2004, p. 413; Neuendorf, 2017, p. 17) of the empirical findings included 24 reports of the Eurobarometer Monitoring Public Opinion at the Time of COVID-19, available in the European Parliament's online archives, containing data collected from 28 European countries including Poland for the period from March 2020 to June 2021, i.e. three waves of the pandemic.

In total, the reports include 764 opinions on the concerns and experienced consequences of the COVID-19 pandemic in both the health, economic and social fields. The largest

number of opinions were collected in Italy (79), Germany (72), Spain (61), the Czech Republic (60) and France (54), while the smallest number were collected in Luxembourg and Croatia (1 each). Poland is ranked 15th among the countries asked for opinions (22) (EP, 2020a, 2020b, 2020c, 2020d, 2020e, 2020f, 2020g, 2020h, 2020i, 2020j, 2020k, 2020l, 2020ł, 2020m, 2020n, 2020o, 2020p, 2020r, 2020s, 2021a, 2021b, 2021c, 2021d, 2021e, 2021f). This is interesting because in the vast majority of European countries, the number of reported pandemic impacts by the population of each country, corresponds to its position in the Worldometer's COVID-19 data, conditional on the number of recorded infections and deaths. The exceptions are the UK, whose exodus started even before it actually left EU structures, and Poland (Worldometer, 2020, 2021, 2022).

In general, the first questions about COVID passports arose in the second wave of the pandemic (FR, NL) between August and February 2021, when work on the vaccine was already well advanced and the first December vaccination events (EP, 2020n, 2020o, 2020p, 2020r, 2020s, 2021a, 2021b) had occurred. Opinions on COVID passports (36) represent 4.7% of all opinions on the fears and experienced consequences of the COVID-19 pandemic (764), and 16.2% of all opinions on its social impact (222).

Opinions of Polish citizens on COVID passports were not included until May during the third wave of the pandemic (March-June 2021) (EP, 2021c) and accounted for 2.7% of all opinions on COVID passports (EP, 2020n, 2020o, 2020p, 2020r, 2020s, 2021a, 2021b, 2021c, 2021d).

The number of opinions on COVID passports of EU residents, like the overall number of opinions on the pandemic, corresponds to the number of infections and deaths (Worldometer, 2020, 2021), with 13 out of 27 EU countries expressing it. The opinion was expressed by 3 (NL, SE, PT) out of 6 countries enthusiastic about vaccination (DK, FI, IE, MT, NL, PT, SE), 6 (BE, IT, ES, DE, FR, GR) out of 12 realistic (AT, BE, DE, EE, ES, FR, GR, IT, LT, LU, RO, SI) and 4 (PL, HU, LV, BG) out of 8 countries sceptical about vaccination (BG, CY, CZ, HR, HU, LV, PL, SK). A proportional selection criterion based on the attitudes towards vaccination of the citizens of each EU country was therefore applied.

Public opinion polls conducted in the heat of the moment, in a crisis situation, are a valuable source of knowledge, allowing the authorities to continuously diagnose and choose the direction of change. Also of interest is the public's familiarity with the new document and its perception at a slightly later stage, which is to be served by discourse analysis of media materials.

Nowadays, it comes in different varieties – most often with the denominations critical analysis, linguistic analysis, social analysis (Kopytkowska & Kumiega, 2017, p. 177), and multimodal discourse analysis, which involves the study and interpretation of multiple codes used in a given communication, has been particularly popular in recent years. Multimodality is an interdisciplinary approach that provides concepts, methods and analytical frameworks for describing media practices with respect to their semiotic complexity. Multimodal and online communication increasingly model discursive practices (Bucher, 2015, p. 201).

The research task here is to identify the central discourse concepts (textual and visual) and their fillings (doxologies) that collectively construct social knowledge of COVID passports. This knowledge will be described using the assumptions of social representation theory, derived from Serge Moscovici (1984a, 1984b, 1988, 2000, 2001). We exploit the property of social representations specifying collective meaning-making processes, resulting in shared cognitive constructs that can change individual and collective thinking in society (Höijer, 2011, p. 3).

According to Moscovici (1984b, pp. 7–10), there are two main functions of representations. First, they conventionalise (anchor) concepts, persons, events and situations by giving them a concrete linguistic or visual form. They thus assign them to a general, previously known category, gradually isolating their common meanings.

Secondly, they are prescriptive in the sense that they are suggested to us and even imposed on us through social interactions, perpetuated structures and existing rules of social coexistence. Representations aim to “make something unfamiliar or the unfamiliarity itself familiar” (Moscovici, 1984b, p. 24). A number of mechanisms of conventionalisation of phenomena are used for this purpose, including: naming, emotional anchoring, thematic anchoring, metaphorical anchoring and

anchoring by way of basic antinomies. Media representations will be treated as constructs that generate meanings and social knowledge of COVID passports.

When selecting the research corpus for the multimodal discourse analysis, it was decided to choose web texts using tools in the resources of Google, the most popular search engine among Internet users (<https://www.google.com>). According to Polish rankings, it ranks first and accounts for 93.86% of all search traffic and queries of Internet users on the web (Mediapanel, 2023). Using the keywords: *COVID passports* in a year, we obtained a list of 100 items ordered according to the relevance of the search engine's recommendation algorithm (date of material selection and selection: 25 April 2023). An important element of the Internet user's activity is the use of references/links in the web structure and the individual composition of thematically related hypertexts. Aiming to faithfully emulate the Internet user environment, we indexed the network of related texts to two levels of depth. Accordingly, our dataset contained an item list of 100 consecutive, non-repeating natural search results (organic search – free links to websites) from the first search and algorithmically selected material from the second depth level for the items in the first list. Then, guided by purposive selection, a set of texts was selected for the final analysis, which substantively corresponded most closely to the subject of the study. The units of analysis were whole texts, together with their layout and visual elements. The final catalogue included digital publications from the following domains: www.gazetaprawna.pl (26), www.rp.pl (11), www.fakt.pl (3), www.wiadomości.wp.pl (3), www.krytykapolityczna.pl (2).

RESULTS AND DISCUSSION

1. COVID PASSPORTS IN EUROPEAN UNION SURVEYS

1.1. COVID passports as proof of security and document for returning to normality

Positive opinions on the introduction of vaccination passports clearly resounded in the survey material analysed. Citizens from

11 EU Member States including Poland expressed 21 opinions (BEx2, ITx4, PTx3, ESx3, DEx2, SE, FRx2, NL, PL, HU, LV) indicating the following positives:

- the possibility of renewed free movement within the EU (13 opinions);
- participation in public cultural and sporting events (12 opinions);
- security in shops, restaurants and offices (9 opinions);
- encouraging vaccination (3 opinions).

Overall, EU citizens agree that the COVID passport is an effective tool and will provide security when travelling and in larger gatherings of people, but there is no clear support for this solution (EP, 2021c). 76% of Italian adults are convinced of its effectiveness, 75% of Spaniards, but only 57% of Poles and 52% of Hungarians. Only 21% of Poles strongly agree that it will be an effective tool in the fight against a pandemic and will ensure the safety of travel and major events; 36% tend to agree, 15 tend to disagree, 18% strongly disagree and 9% are not sure (EP, 2021c). The introduction of EU COVID Certificates is more likely to be supported by older respondents, aged 55 or over (71%–73% depending on the category), residents of the largest cities (72%) and respondents from households with an income of at least PLN 3,000 per capita (75%) (EP, 2021c; Omyła-Rudzka, 2021, p. 7).

Its effectiveness is slightly more believed in by women 73% than men 72%, those between 50 and 74 years 76% to 70% under 35 years, with higher education 75% to 70% with lower education (EP, 2021e). The results of the analysis corroborate the findings of studies showing a correlation between age, gender, education and income and attitudes from COVID passports conducted in the USA, UK and Japan (Garrett *et al.*, 2021; Drury *et al.*, 2021).

Only just over half (58%) of Poles believe that a COVID passport should be required for entry into the country while Italians (79%) or Spaniards (77%) see it as a necessary security measure. Only 27% of adult Poles strongly agree, 32% tend to agree, 15% tend to disagree, 17% strongly disagree and 10% are not sure.

Only 49% of Polish citizens see its usefulness as security for mass events and even fewer (36%) think it should be required in shops, restaurants or offices.

Only 22% of Polish adults think that all large public venues such as concert halls and stadiums should require a vaccine passport, 27% rather should, 20% rather disagree, 22% strongly disagree, 9% are not sure.

As many as 27% of Poles strongly disagree that the document should be required in shops, catering establishments and offices, 28% tend to disagree, 22% tend to agree and 14% strongly agree, 10% have no opinion (EP, 2021c). The quoted results indicate that Poles, in contrast to many other nations, do not see the need to monitor their activity within their own country, believing it to be too much of a cost, leading to digital monitoring of citizens' behaviour, which was done by means of mobile applications and activity analysis by means of developed online algorithms. This supports hypothesis 2, stating that the result of the behavioural intervention was the practice of seeing COVID passports as digital surveillance tools leading to a loss of personal freedom.

The results of the analysis also indicate that Poles, like many other EU residents, perceive the personal benefits of having a vaccination passport (34 opinions) and the fact that they can motivate people to receive the vaccine (3), in line with results also obtained outside the European Union in the USA, UK and Japan (Garrett *et al.*, 2021). The data obtained from the analysis of the reports allow us to positively verify hypothesis one, stating that the outcome of the behavioural intervention was the practice of perceiving COVID passports as a pass to normal social life (tourism, events, shops and restaurants).

Ultimately, the analyses show that attitudes to the introduction of certificates make the biggest difference in respondents' attitudes to vaccination. Respondents who have already vaccinated with at least one dose are 80% in favour of COVID passports, as are respondents who definitely want to vaccinate (73%) and would rather take the vaccine (71%). In contrast, those who definitely do not intend to vaccinate and are unlikely to take the vaccine are mostly opposed by 80% and 66% respectively (Omyła-Rudzka, 2021, p. 7). This shows that the strongest inhibitor or obstacle to be eliminated was the fear of taking the vaccine. The cited results confirm the positive relationship between vaccination and attitudes towards passports described in a similar study conducted in the UK (de Figueiredo *et al.*, 2021).

1.2. The COVID passport as a source of concern, controversy and risks

The analysis of the survey material showed that Poles and citizens from other 8 EU Member States expressed 15 opinions (DEx3, PTx2, ESx2, FRx2, BE, IT, BG, NL, PL) indicating the following negatives of the introduction of COVID passports:

- may lead to discrimination against non-vaccinated persons (10 opinions),
- threatens patient's confidential medical data – government/ employer/private app providers will receive it along with vaccination information – (9 views),
- will bring negative consequences for business (2 opinions),
- can lead to discrimination against the poor (free screening for people who have not had the opportunity to be vaccinated (2 opinions),
- the dangers of reintroducing free travel and tourism (2 opinions).

The results signal the existence of discriminatory mechanisms hidden in the introduction of PC, which place unvaccinated persons in an exclusionary situation (e.g. for health, religious, economic or institutional reasons), indicating the existence of an incentive (normal social life) as well as a penalty (exclusion from social life) for avoiding vaccination. Nevertheless, it is evident that Poles, as well as other inhabitants, when weighing all the “pros and cons”, point to ethical, legal, political and moral doubts that arise here. The data obtained allow us to positively verify the third hypothesis, which states that the behavioural intervention resulted in the practice of discrimination against non-vaccinated persons.

Adult, employed Poles are particularly concerned about revealing their personal data and information about their health status to their employer (55%), government institutions (63%) and private application companies (66%). As many as 72% trust their doctors and are comfortable with the knowledge that they have access to information about their health status and vaccinations received.

Overall among the Europeans surveyed, younger people (under 35) feel more comfortable allowing their employer (57%), government (52%) and private companies (45%) access to their personal health information than older people (50 to 74), (54%,

47%, 33%). Those with higher levels of education are slightly more satisfied that their employer (58%), government (54%) and private companies (44%) have access to their health information than those with lower levels of education (55%, 46%, 38%). The results of the analysis clearly indicate concerns about personal security and the annihilation of the private sphere as a result of COVID-19 restrictions (Momani, 2020). Respondents fear the loss of control over their digital identity of data collection and algorithmic analysis of individuals, which Alexei Krivolap (2022) writes about when showing the world of the glass man with nothing to hide, confirming hypothesis two.

2. CENTRAL LINGUISTIC CONCEPTS OF COVID DISCOURSE

2.1. COVID passports – history of the idea, objectives and rules of application

The linguistic expressions of the analysed hypertext form definitional scripts about COVID passports, exposing content about enabling access to tourist activities, cultural activities and amenities in daily life:

Digital Green Certificate [...] used not only to facilitate free travel but also as a ticket to events (PC-6), mild coercion, i.e. sanitary passports (PC-17); common EU immunity certificates, standardised vaccine passports, an app with a unique QR code containing personal data and information on being vaccinated, a special app being developed in cooperation with the intelligence community to be ready for download (PC-2), a digital document (also to work as an app on a smartphone), a digital pass that should make life easier for Europeans (PC-4).

COVID passports require an international consensus, defining detailed technical specifications, as to the format of the certificates, specifically:

A supranational agreement on a common certificate without which safe travel cannot be restored (PC-2); the EC chief expressed the view that passports should be based on elements such as vaccination

information, a negative test result for SARS-CoV-2 or the acquisition of immunity after COVID-19. She estimated that it would take about three months to implement the vaccination certificate system (PC-3).

In the publications analysed, we find indications of the intentionality of the passports in the direct statements of the experts to signal the authenticity and scientific objectivity of the discourse:

The aim of the passports is not only to keep the population safe from people spreading the virus but also to get them to be vaccinated. "Vaccine passports can be used as an incentive to change behaviour. [...] They signal what society expects of individuals. They express a social norm to which people should conform. They are no different from other forms of conditioning used in many settings / Dr Joan Costa-Font, health economist at the London School of Economics" (PC-6).

The introduction of passports is intended to prevent an uncoordinated, open and flexible approach by individual countries to these documents:

The Brussels initiative is an attempt to stop a repeat of the chaos in movement across the EU that prevailed before the introduction of the COVID-19 certificate. [...] the worsening epidemiological situation poses the risk of differing approaches by countries to this document. France has already announced that the certificate for those not vaccinated with the booster dose will expire on 15 January 2022. In addition, the validity of the tests, which were supposed to be an alternative to vaccination, will be limited to 24 hours in France (initially it was 72 hours, then 48 hours). This is precisely the situation of different treatment of the certificate that we want to avoid (PC-9).

2.2. COVID passports as privileged proof of security, return to normality, access to tourism and cultural and social life, economic development

This central notion is filled with content about COVID passports in a display of positives. Quoted statements from politicians,

government officials and EU representatives reinforce the thematic anchoring relating to the advantages and benefits of the certificates:

COVID passports is the idea of a common EU immunity certificate that unites tourism countries. These include, in particular, countries where tourism is (or rather was) one of the most profitable industries (PC-2); [...] COVID passports, testing on a massive scale, introducing privileges for those who are vaccinated, and finally compulsory vaccination [...]. These are safety standards that have worked and are working in many countries so that today they are just loosening the restrictions (PC-13).

Linguistic expressions compile positive associations of passports with economic development, effectiveness of vaccine promotion and control of vaccine campaigns:

Certificates in Europe have proven to be the best means of promoting vaccination (PC-12); People must finally be made aware of the fact that vaccination is a gift, not a compulsion! Of course you don't have to be vaccinated if you don't want to go to the theatre or the cinema (PC-18); 'Green passports' will boost the economy and encourage vaccination sceptics [...] countries that are introducing similar solutions hope that e-certificates will, in time, become a convenience for travellers [...] health 'passports' for the time being can only be useful from a medical point of view as a tool to improve surveillance of vaccination campaigns and recorded side effects. [...] Such a solution would allow certain groups to reasonably return to normal functioning in society. Various forms of 'rewards' could also become an incentive to vaccinate for those who have so far been hesitant: you show social solidarity, you gain immunity, and on top of that you can do more; if you don't show solidarity, you suffer the consequences (PC-5); More vaccinated, fewer deaths and hospitalisations, and less loss to GDP – these are the effects of the introduction of the COVID passport. [...] Thus, Bruegel analysts estimate that the passports avoided in the second half of 2021 a GDP loss of €6 billion in France, €1.4 billion in Germany and €2.1 billion in Italy. (PC-12); COVID passports would thus become passports to normality, once free and freely available, now rationed for public health reasons (PC-6).

The above discourse analyses allow us to confirm hypotheses one, two and three by linking COVID passports to a system of incentives, digital surveillance as well as consequences (penalties) related to vaccination avoidance.

2.3. COVID passports as evidence of behavioural interventions, a source of concern, controversy and risk

The next central notion can be described as a multi-vocal statement about COVID passports in the exposure of negatives. Here we find statements about the controversies, concerns and doubts that the certificates raised:

Possible vaccination passports would raise unparalleled objections in the United Kingdom [...]. In Finland, press comments stress that at this stage – when only about 5 per cent of the population has been vaccinated and international standards have not been developed – it is difficult to assume that certificates would provide benefits for travel, for example. Similar doubts are raised about the passport condition for admission to cultural or other mass events. There are claims from organisers that this would constitute a form of ‘covert coercion to vaccinate’. On the other hand, attention is drawn to the fact that the audience for such events consists mainly of representatives of the younger generation, who are not likely to be vaccinated any time soon (PC-3): [...] here there is a kind of veil of silence in the European Union, i.e. we have no clear declarations as to what will happen next with passports (PC-10).

In response to the COVID-19 pandemic, many countries have introduced new methods of monitoring and surveillance of citizens using technological advances for these purposes, and this in turn can be seen as a threat to freedom and civil liberties. Some media statements touch on these issues and are particularly loaded, not least because of their strong emotional anchoring. These include statements by academic authorities, celebrities and politicians about unethicity, violations of privacy and personal freedoms, and contradictions with the rules of democracy, especially in the context of extending surveillance

and control over citizens along the lines of the behavioural interventions already used by European governments:

COVID passports are proof that behavioural interventions targeted by governments at citizens should be banned. They are not only unethical, but also contrary to the rules of democracy. Behavioural manipulation has been used increasingly in public policy for at least two decades, ever since psychologists and behavioural economists such as Daniel Kahneman, Amos Tversky and later Richard Thaler and Cass Sunstein (with the exception of Sunstein, all Nobel laureates) described ways to influence people using knowledge of their cognitive biases. Considering such interventions as a standard policy tool pushes us into the arms of a soft, paternalistic totalitarianism. In such a regime, we may be left formally free to choose, but a caring authority ensures that we always choose what it expects of us (PC-6). This is everyone's decision [...]. It is about freedom. You are enslaved from all sides today. Even those f*** COVID passports. This selection is enslavement. It's not about persuading you to vaccinate. It's about holding people accountable whether they are vaccinated or not. Social accountability is something very important. However, we live in an age where free will is very much taken care of, so any attempt to coerce people to do anything will always be met with opposition. I am not saying whether it is good to be vaccinated or bad (PC-14); the exercise of fundamental freedoms is conditional on showing the appropriate certificate. In addition, this certificate depends on the acceptance of a second dose of a vaccine, about whose efficacy and safety there is often still some controversy. A vaccine that has not yet been fully tested in a proper, clinical manner. [...] We are against mandatory vaccination, and against the introduction of a vaccination certificate. For this is a blatant violation of fundamental freedoms (PC-15); Trouble with the COVID passport system has been reported by people who have chosen to be vaccinated with the Johnson & Johnson single-dose vaccine. After the system started to suspend their EU COVID certificates, the Ministry of Health stopped issuing them. For many citizens, however, this means a problem. They have business trips to England, Switzerland or Austria ahead of them, and their passports are no longer valid for a fortnight after receiving the booster dose (PC-7).

This helps confirm the veracity of hypothesis two stating that the result of the behavioural intervention was the practice of perceiving COVID passports as digital surveillance tools leading to a loss of personal freedom.

In addition, the central notion discussed is embedded in the discrimination against the unvaccinated and those without COVID passports. Exclusionary selection, however, has a second bottom – intervention and deliberate influence on specific social choices, which points to the truth of hypothesis three. It is also incompatible with respect for human freedom and may consequently hinder the building of trust in political and medical authorities:

It is interesting that those reluctant to embrace the idea of a COVID passport often criticise it as unfair discrimination on the basis of belief or a Bill Gates conspiracy. They are unaware that it is in fact a tool to influence their attitudes and choices. What they are protesting against is not meant to punish them. It is supposed to change them. [...] COVID passports are meant to condition perverse individuals by imposing costs on those of their choices that the authorities do not accept (PC-6).

The positive (practical) value of passports (reward) is juxtaposed with the restrictions imposed on the unvaccinated and their exclusion from participation in cultural, social, civic and economic activities (punishment). The expressions filling the central concepts clearly reinforce the unjust and discriminatory nature of passports from ethical, political, legal and scientific perspectives:

For vaccine passports to be fair, everyone should have the chance to be vaccinated without incurring more costs, otherwise they will become potentially discriminatory. Firstly, some people will have to be excluded because they cannot be vaccinated due to allergies or pregnancy. Secondly, the immediate implementation of passports would prevent people in many lower-income countries from travelling, as they may not receive the vaccine until 2022 (PC-6); [...] if vaccination is not mandatory, passports allowing travel would be discriminatory. [...] the introduction of passes would discriminate

against people who cannot yet be vaccinated because, for example, they do not belong to a risk group. In the Czech Republic, voices in favour of the introduction of passports were raised in January, when vaccination started and expectations were much higher than now. In the discussion, attention was drawn to the possibility of discrimination against certain groups of the population (PC-3); all because the governments in Paris and Berlin fear potential discrimination against unvaccinated Europeans. This is mainly about young people who do not belong to the priority groups and will mostly not be vaccinated until the holidays (PC-4).

3. VISUAL REPRESENTATIONS OF COVID PASSPORTS

The sample of materials taken from the pages allows us to assess visual representations as a constitutive element of multimodal discourse. The choice of images and illustrations remains with the senders and authors, who, by selecting them into specific textual formats, reproduce and shape, or even impose, specific social meanings. Visual codes in combination with linguistic ones lead to a multimodal construction of specific knowledge about COVID passports. The lines of visual discourse can be organised into three dominant visual representations. The first visualises the use of modern technology in the ways in which COVID passports are used and fits into the concept of a new biometric human identity, which supports hypothesis two. The identity indicated is based on biological data, such as fingerprints or a digital photograph, and has the hallmarks of a 'depersonalised' human identity. Such a 'personless' identity can easily lead to people being avoided, stigmatised and consequently excluded from the community (Ferdek, 2022, p. 57). Two further representations are visualisations of the dissemination and promotion of immunisation and the evocation of positive associations with passports. These are focused on the freedom to travel and it certainly represents dominant information with high positive associative power, confirming hypothesis one.

In the analysed corpus of online texts, the image has two functions: illustrative (the image serves the text – a hierarchical relationship) or complementary (text and image are semiotic partners – a linear relationship). Graphic highlights and illustrations

evoke non-linear reception by navigating users to the exposed parts of the texts. We conclude that the process of reception and assimilation of images is controlled by conspicuous elements (salience theory) (Itti & Koch, 2000). The photographs and illustrations accompanying the texts are not numerous or varied. It can be inferred that the authors are drawing from a limited and versatile 'COVID' collection of photographs, graphics and illustrations, which is most likely a free online image bank. These are images deliberately designed for use in different contexts and do not necessarily faithfully record or document reality. The most numerous visual representation of COVID passports are illustrations of the QR code displayed on mobile phone displays. In general, the layout of visual materials is characterised by low sensory stimulation and poor interactivity in terms of stimulating the viewer's cognitive activity. It has to do with an unstructured hypertext structure, linearity and unidirectionality of communication, lack of selection and integration of different fragments of both texts and images. The authors selected visual codes that had the potential to become discursive dominant codes (e.g. QR codes of certificates on phone screens) – on the assumption that they would become codes illustrating current important communicative events and social situations, becoming part of the creation of desired meanings. The second group of codes will be called arbitrary (e.g. the symbolism of certificates as travel passports guaranteeing freedom of travel), i.e. universal, equally understood and read regardless of cultural conventions. In the research material it is possible to find, not entirely successful and well thought out, unrealistic representations associated with certificates. These deviate from natural reality and, according to the theory of social semiotics, representations that are not faithful representations of the natural world may be perceived as less credible (e.g. hyperbolisation of the vaccine ampoule and miniature people).

The graphical structure of the texts makes use of uncomplicated and unsophisticated measures: highlighting of expert statements in a box, change of font shape and colour. The aim is to make the text more attractive and coherent, e.g. by using standardised markings (shape, colour, bold font) for individual thematic sections.

SUMMARY

This article performs a secondary (quantitative and qualitative) content analysis of the available empirical research on perceptions of COVID passports and a discourse analysis of media material from websites to try to determine whether COVID passports were perceived as a symptom of post-pandemic normalisation or rather a planned behavioural intervention.

A main hypothesis was put forward stating that COVID passports were primarily a behavioural intervention instrument to encourage vaccination uptake, leading to far-reaching social change, and three specific hypotheses. All were confirmed by inductive inference based on analysis of empirical studies and discourse study. Hypothesis two (the outcome of the behavioural intervention was the practice of perceiving COVID passports as tools of digital surveillance leading to a loss of personal freedom) was confirmed most strongly, while hypothesis one (the outcome of the behavioural intervention was the practice of perceiving COVID passports as a pass to normality in social life) and hypothesis three (the outcome of the behavioural intervention was the practice of discrimination against the unvaccinated framed as a punishment for avoiding vaccination) were confirmed somewhat less frequently. This distribution indicates not only the perception of COVID passports in the perspective of a government-designed and top-down behavioural intervention, but also citizens' concerns about the monitoring of their social life and fear of losing control of their digital identity and personal freedom.

Public behavioural interventions may be a viable opportunity for authorities to steer social behaviour in a direction that is more conducive to well-being and social order, but they raise a number of important questions about the limits of limiting civil liberties, respect for the dignity of the human person, security, protection and sharing of personal data collected on a large scale, among others. Although education in a behavioural approach is seen as an ineffective tool for behavioural change, it is probably worthwhile to make an effort focused on developing effective information, education and communication strategies to put trust in authorities.

SOURCE MATERIAL FOR SOCIOLOGICAL ANALYSIS

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- European Parliament (2020c). *Public opinion monitoring at a glance in the time of COVID-19: 3 April 2020*. Eurobarometer.
- European Parliament (2020d). *Public opinion monitoring at a glance in the time of COVID-19: 20 April 2020*. Eurobarometer.
- European Parliament (2020e). *Public opinion monitoring at a glance in the time of COVID-19: 27 April 2020*. Eurobarometer.
- European Parliament (2020f). *Public opinion monitoring at a glance in the time of COVID-19: 5 May 2020*. Eurobarometer.
- European Parliament (2020g). *Public opinion monitoring at a glance in the time of COVID-19: 12 May 2020*. Eurobarometer.
- European Parliament (2020h). *Public opinion monitoring at a glance in the time of COVID-19: 19 May 2020*. Eurobarometer.
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SOURCE MATERIAL FOR DISCOURSE ANALYSIS

- <https://serwisy.gazetaprawna.pl/zdrowie/artykuly/8457120,certyfikat-covid-pe-ue.html> (PC-1)
- <https://serwisy.gazetaprawna.pl/zdrowie/artykuly/8079775,paszport-covidowy-przywileje-podroze-szczepionka-covid.html> (PC-2)
- <https://www.gazetaprawna.pl/wiadomosci/swiat/artykuly/8107582,paszporty-szczepien-na-swiecie-dzialaja-w-izraelu-w-ue-sa-w-planach.html> (PC-3)
- <https://www.gazetaprawna.pl/wiadomosci/artykuly/8111869,powrot-do-zycia-tylko-z-zielonym-paszportem.html> (PC-4)
- <https://serwisy.gazetaprawna.pl/zdrowie/artykuly/8079775,paszport-covidowy-przywileje-podroze-szczepionka-covid.html> (PC-5)
- <https://serwisy.gazetaprawna.pl/zdrowie/artykuly/8148210,stodolak-behaworyzm-medyczny-apartheid-paszporty-covidowe.html> (PC-6)
- <https://www.rp.pl/zdrowie/art19172241-system-sie-pogubil-przez-doszczepianie-nie-wszyscy-dostaja-paszport-covidowy> (PC-7)

- <https://www.rp.pl/polityka/art19137551-przepisy-w-unii-europejskiej-certyfikaty-covidowe-pomoga-w-podrozach> (PC-8)
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- https://www.fakt.pl/polityka/nawet-wsrod-opozycji-nie-ma-porozumienia-co-do-paszportow-covidowych/229bd79?utm_source=www.fakt.pl_viasg_fakt&utm_medium=referral&utm_campaign=leo_automatic&srcc=undefined&utm_v=2 (PC-13)
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- <https://krytykapolityczna.pl/kraj/milada-jedrysiak-michal-sutowski-czwarta-fala-covid-19-polska/> (PC-17)
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