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**Crisis as Method: Biopolitics, Legitimacy, and Authoritarian Neoliberalism in
Hungary's Pandemic Governance**

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Abstract

When COVID-19 struck, governments around the world reached for emergency powers. In Hungary, Prime Minister Viktor Orbán made an extraordinary announcement in the Hungarian Parliament where he rallied the Hungarian people to unify and support the government's COVID-19 efforts. However, under the guise of national emergency, the crisis did not merely justify temporary suspension of democratic norms, it also enabled systematic dismantling. This dissertation investigates how the Orbán government's pandemic governance discursively constructed legitimacy, reconfigured authority, and stratified protection, not as a short-term response but as part of a longer trajectory of authoritarian neoliberal consolidation. Framed as a war-like emergency, the pandemic was harnessed to naturalise rule-by-decree, centralised decision-making, and morally frame dissent as a threat to national unity. What emerges is a governance model where crisis management operates not only through law and policy, but through language, affect, and ideological performance.

To unpack this, the study applies Fairclough's three-tier Critical Discourse Analysis model, supported by theories of authoritarian neoliberalism and Foucauldian biopolitics. Drawing from speeches, legal texts, and media coverage from 2020–2022, the research explores how legitimacy was manufactured through patriotic appeals and moralised responsibility; executive consolidation presented as rational consensus; and selective care being extended to politically useful populations, while others were rendered invisible. Ultimately, this dissertation argues that Hungary's pandemic governance exemplifies how crises become tools to legitimise exceptionalism, restructure socio-economic structures, and govern populations through the calculated management of life and vulnerability.

Table of Contents

Abstract	3
Acknowledgements	6
1. Introduction.....	6
2. Literature Review.....	11
2.1 Emergency Governance	11
2.2 Selective Response	12
2.3 Media Legitimacy	14
2.4 Synthesis and Gaps in the Literature	15
3. Theoretical Framework	17
3.1 Authoritarian Neoliberalism	17
3.2 Biopolitics	19
4. Methodology	21
4.1 Data Collection.....	21
4.2 Data Analysis	22
4.3 Legitimacy	22
5. Critical Discourse Analysis	24
5.1 Textual Analysis	24
5.1.1 Legal Texts.....	24
5.1.2 Speeches and Interviews	25
5.1.3 Media Portrayal	26
5.2 Discursive Practice.....	26
5.2.1 Text Consumption	27
5.3 Social Practice (Explanation)	28
6. Discussion.....	30
6.1 Legitimacy and Affective Governance.....	30
6.2 Executive Consolidation.....	31
6.3 Selective Biopolitical Protection	31
Conclusion	32

Summary of findings and conclusions.....	32
Implications of research	33
Limitations and recommendations for future research	34
Bibliography	35

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1. Introduction

The COVID-19 pandemic prompted an unprecedented expansion of executive authority across the globe. In many countries, governments invoked emergency powers to manage the health crisis, often bypassing legislative oversight and reshaping governance norms in the process. These developments raise urgent questions about how modern states govern through crisis and what such responses reveal about the evolving nature of legitimacy, democracy, and state power. This dissertation examines how these dynamics unfolded in Hungary, a state that had already undergone significant democratic erosion and political centralisation under Prime Minister Viktor Orbán's Fidesz government prior to the pandemic.

Hungary declared a “state of danger” (*veszélyhelyzet*) in March 2020, which allowed the government to suspend laws, deviate from statutory provisions, and rule by decree under Hungarian Fundamental Law (Győry and Weinberg, 2020). The subsequent passage of the ‘Authorisation Act’ (Act XII of 2020) enabled indefinite emergency governance without parliamentary oversight (Walker and Rankin, 2020). Although the formal state of danger was lifted in June 2020, the Orbán government swiftly enacted new legal frameworks such as the Transition Act, allowing future emergencies to be declared independently of Parliament (ICJ, 2022). For the government however, it became a justification to enact such laws in order to effectively respond to “an invisible, unknown enemy” (Orbán, 2020a). These developments transformed pandemic governance into a mechanism for institutionalising legal exceptionalism, consolidating political power, and marginalising opposition forces.

This dissertation investigates:

To what extent did Hungary’s health and governance policies during the COVID-19 pandemic (2020–2022) affect the legitimacy of authoritarian neoliberal rule?

While neoliberalism is commonly associated with market liberalisation and state retreat, its evolution in Hungary reveals a more complex dynamic: one in which state power is not rolled back but reasserted through executive control, welfare selectivity, and ideological restructuring. COVID-19 governance offers a critical window to understand how this hybrid

regime operationalised the crisis not simply to contain a virus, but to re-legitimise and entrench its political model.

To answer this question, the dissertation draws on two interrelated theoretical frameworks: authoritarian neoliberalism and Foucauldian biopolitics. Authoritarian neoliberalism (Bruff, 2014; Tansel, 2017) describes a mode of governance in which neoliberal reforms are enforced through institutional insulation, executive dominance, and the marginalisation of democratic deliberation. Biopolitics (Foucault, 2010), meanwhile, examines how states govern populations through the regulation of life, risk, and health — often stratifying care and exposure along lines of political and economic value. These frameworks help reveal how the Hungarian state used public health to justify legal exceptionalism, how it protected some groups while exposing others, and how it discursively framed its actions as both necessary and legitimate.

This dissertation matters because Hungary exemplifies how authoritarian neoliberal practices such as executive dominance, market-preserving statecraft, and selective biopolitical governance converge under conditions of crisis (Bruff, 2014; Tansel, 2017). Even before the pandemic, Hungary was already undergoing significant democratic backsliding marked by institutional centralisation, weakening of judicial independence, and the erosion of checks and balances (Fabry, 2019). The Orbán government's pandemic response did not merely reflect temporary crisis management but reinforced a long-term political trajectory: expanding executive power, suppressing dissent, and selectively distributing protection, not to dismantle neoliberal structures, but to fortify them (Antal, 2022).

While neoliberalism is often framed as a project of expanding individual freedom and limiting state intervention, its practical evolution has revealed deep contradictions. In moments of crisis, neoliberal regimes frequently abandon their rhetorical commitment to liberty, instead embracing authoritarian measures to safeguard markets, discipline populations, and maintain political legitimacy (Bruff, 2014; Brown, 2015; Tansel, 2017). Understanding the Hungarian case during the pandemic is crucial not only for diagnosing democratic erosion at a national level, but also for recognising broader global patterns where states manage populations through emergency powers, biopolitical exclusions, and

market-preserving authoritarianism. At stake is the broader question of how crisis management can be repurposed to not merely protect public health, but to reinforce legitimacy through selective and exclusionary governance.

To investigate this, the dissertation adopts a qualitative interpretive approach using Critical Discourse Analysis (CDA) using Fairclough's three-tier model to examine how executive authority, legitimacy, and biopolitical governance were discursively constructed in Hungary's pandemic response. It examines government decrees, speeches, media reports, and NGO documentation to trace how legitimacy was constructed discursively, institutionally, and performatively. This interpretive method is then complemented by a discussion section that synthesises patterns of legitimacy, consolidation, and selective protection emerging from broader textual archives. In doing so, it treats legitimacy not as a fixed state but as a process actively shaped through legal mechanisms, media framing, and strategic appeals to protection and unity (Beetham, 1991).

The central argument of this dissertation is that Hungary's pandemic governance did not simply represent a temporary response to a health crisis, but actively deepened authoritarian neoliberal rule. Executive power was expanded and normalised through the logic of emergency; health protections and economic support were distributed selectively in line with political loyalty and market value; and state-controlled media framed these developments in ways that reinforced the government's legitimacy. Rather than undermining its authority, Hungary's response to COVID-19 reproduced and strengthened a model of governance based on legal exceptionalism, selective biopolitical care, and market-preserving authoritarianism.

The dissertation unfolds in a structured progression that builds towards a critical understanding of Hungary's pandemic governance. It begins with a review of the existing literature on emergency health governance, selective protection, and media legitimacy, establishing the empirical and conceptual groundwork for the study. The theoretical chapter then introduces the core frameworks of authoritarian neoliberalism and biopolitics, which inform the subsequent analysis. The methodology chapter follows, detailing the qualitative research design, data collection strategy, and the application of Fairclough's Critical Discourse Analysis model. Building on this, the analysis chapter analyses the

discourse that shaped Hungary's COVID-19 response. Finally, the discussion brings together the empirical and theoretical threads to reflect on the wider implications for legitimacy, executive consolidation, and biopolitical governance under contemporary authoritarian neoliberal regimes.

2. Literature Review

2.1 Emergency Governance

In a symposium study on state of emergencies during COVID-19, 41 of 71 countries (around 55%) declared a state of emergency and relied on emergency powers in response to the pandemic, including Hungary (Grogan, 2020). Following the declaration of a 'state of emergency', Act XII of 2020 (also known as the Authorisation Act) was subsequently passed, which granted Prime Minister Viktor Orbán's government the power to rule by decree without parliamentary oversight (Beauchamp, 2020). While the government framed this move as a time-limited public health measure, scholars such as Kovarek and Dobos (2023) argue that these powers far exceeded what was necessary to contain the virus. Schweiger (2022) highlights that the pandemic acted as a catalyst for intensifying democratic backsliding by normalising crisis governance, as the government continually revised the "state of emergency" and expanded executive decree powers into areas unrelated to public health such as education policy, media regulation, and municipal finance. Gellen (2023) similarly emphasises that Hungary's crisis management practices institutionalised flexibility for the executive, with emergency decrees and legal adaptations outlasting the initial health crisis. His analysis shows how governance structures were deliberately recalibrated to maintain executive discretion, reinforcing the view that pandemic governance served broader political consolidation goals rather than remaining confined to temporary public health measures.

Antal (2022) further supports this view by drawing on the concept of the state of exception, arguing that Hungary's emergency governance did not represent a break from constitutional norms, but rather the continuation of an existing trajectory toward legal exceptionalism. From this perspective, the COVID-19 pandemic merely accelerated pre-existing authoritarian trends, with emergency laws shielding decision-making from both public deliberation and institutional accountability. The International Commission of Jurists (2022) concluded that Hungary's pandemic response systematically undermined the rule of law under the pretext of managing a public health crisis. Although this dissertation does not treat the state of exception as a standalone theoretical lens, Antal's contribution remains central to understanding how executive power can be legitimised through the repetition of crisis logic.

However, some scholars caution against viewing the expansion of emergency powers as inherently authoritarian. Stasavage (2020) contends that temporary suspensions of normal procedures during crises are not necessarily anti-democratic, emphasising that the crucial test lies in whether accountability mechanisms are restored once the crisis subsides. Similarly, Ginsburg and Versteeg (2020) find that most democracies respected legal limits during the pandemic, with emergency powers withdrawn after the immediate danger passed. Schedler (2022) argues that crises strain democratic norms but do not automatically trigger systemic authoritarian shifts. However, these perspectives largely rest on cases where institutional checks remained robust and emergency measures were genuinely temporary.

Hungary's pandemic governance challenges the boundaries of Stasavage's framework. Batory (2022a) offers a convincing argument, suggesting that the urgency inherent in crisis situations enables parties with authoritarian tendencies to bypass constitutional checks and balances, as limited time for deliberation makes such constraints easier to discard. While other states retracted emergency powers once the immediate health threat diminished, Hungary institutionalised executive dominance through the Transition Act, allowing future states of emergency to be declared without parliamentary oversight (Walker and Rankin, 2020). The government's early actions included a decree that eliminated parking fees and suspended financial support for political parties until the end of 2020, redirecting these funds to a pandemic-related emergency fund significantly impacting municipalities' finances (Hopkins, 2020). This pattern suggests that, rather than serving temporary pragmatic needs, emergency governance became a strategy to consolidate political power and entrenched authoritarian neoliberal rule.

2.2 Selective Response

Hungary's pandemic governance not only expanded executive power but also restructured the distribution of protection, resources, and vulnerability across different populations. Kovarek and Dobos (2023) documents how key public health became political instruments where decisions were made by government officials rather than medical professionals. Batory (2022a) highlights that general practitioners and medical professionals were severely underprepared to manage the pandemic, a weakness rooted in the centralisation

of healthcare resources under Orbán's administration. In the creation of a Coronavirus Task Force, (Batory, 2024) found only one medical professional represented the force while 51 out of 108 hospitals in the country were taken over by military officers. The militarisation and sidelining of health professionals suggest that Hungary's pandemic response was less about safeguarding public health and more about consolidating state control. By reconfiguring the pandemic as a matter of security and political command rather than medical expertise, the government entrenched a form of governance where protection became selective and politicised. This not only blurred the boundary between health management and authoritarian manoeuvring, but also exposed how biopolitical strategies were harnessed to prioritise regime stability over genuine public welfare.

However, some raise the question on whether countries were even prepared for the pandemic. Capano et al. (2020) argues that administrative and policy capacity rather than political intent shaped uneven responses during COVID-19. Following a typology on policy capacity, policy failures such as uneven health protection and shortages, were not necessarily political, but reflected limited state capacity under pressure (Capano et al., 2020). Cepaluni et al. (2022) similarly suggests that early pandemic outcomes, such as mortality rates and healthcare inequalities, did not neatly correlate with regime type because both democracies and autocracies experienced governance failures based on structural health system capacities rather than purely political characteristics. Similarly, Tooze (2021) contends that selective crisis responses were not confined to authoritarian regimes; rather, neoliberal democracies across the world prioritised market stability and financial systems over equitable social protections. This suggests that selective protection of populations during COVID-19 may reflect a broader systemic feature of global neoliberal governance, rather than a uniquely Hungarian phenomenon. These perspectives caution against interpreting pandemic-era inequalities solely through the lens of deliberate authoritarian manipulation.

While the argument of policy capacity offers valuable insights into the structural limitations many countries faced during the pandemic, in the case of Hungary, it overlooks the deliberate political decisions that exacerbated existing inequalities, suggesting that governance failures were not merely a result of constrained capacity but also of intentional, politically motivated actions. Evidence from Hungary's second COVID-19 wave

indicates that health inequalities were not simply accidental outcomes. Oroszi et al. (2021) found that mortality rates were disproportionately higher among Roma communities and poorer districts, despite official data showing lower infection rates—suggesting systemic under-testing and state neglect. This uneven exposure to risk suggests deliberate patterns of biopolitical management rather than generalised system inability to respond to the pandemic. Prior to the pandemic, The Lancet (2018) had already warned of Hungary's chronic healthcare underfunding, high out-of-pocket costs, and medical emigration which were conditions that left the system vulnerable to collapse. Hungary's pandemic governance exhibited patterns of selective intervention that aligned too systematically with political loyalty and economic stratification to be explained by administrative failure or general neoliberal dynamics alone.

2.3 Media Legitimacy

Another area of concern in Hungary's pandemic governance was the government's tight control over public discourse. New legislative provisions criminalising "fake news" related to COVID-19 introduced under the Authorisation Act allowed the Orbán government to suppress criticism under the pretext of crisis management (Picheta and Halasz, 2020; Hungarian Helsinki Committee, 2020). Esencay (2024) observes that these new laws, although framed as necessary to prevent misinformation, were frequently used to intimidate journalists and opposition voices. Public broadcasters simultaneously promoted a narrative presenting Orbán as a decisive national protector, reinforcing the government's legitimacy while narrowing the space for dissent (Esencay, 2024).

However, some scholars warn against interpreting all emergency media restrictions as authoritarian. Greer et al. (2021), in their comparative study of pandemic governance across multiple democracies, highlight that many states implemented emergency communication measures that blurred the distinction between legitimate crisis management and censorship. They emphasise that the unprecedented speed and scale of the COVID-19 pandemic forced governments to centralise information channels, streamline messaging, and sometimes limit media access not necessarily as a deliberate strategy to erode press freedom, but as an improvised response to crisis conditions. In this view, the problem lies less in the existence of communication controls, and more in whether they are transparent, proportionate, temporary, and accountable to democratic

oversight. From this perspective, Hungary's media restrictions might initially be interpreted as part of a broader global pattern of emergency governance rather than evidence of distinct authoritarian intent.

Yet, Hungary's media governance strategy during COVID-19 was distinguished by its consolidation of executive control over information, extending well beyond the immediate health crisis. As Bayer (2021) notes, the Orbán government operationalised the pandemic not merely to control public health narratives, but to restructure the media ecosystem in ways that insulated executive authority from scrutiny. Furthermore, while media control during crises is not unique to authoritarian regimes, the Hungarian case displays particularly aggressive features. Bátorfy and Urbán (2020) highlight that the pandemic amplified a decade-long project to consolidate media ownership under Fidesz-aligned interests. This is in line with the selective management of information that mirrors the broader biopolitical governance strategies analysed in this dissertation, where the control of truth production becomes an extension of the control over life itself. During the pandemic, Hungary's ranking in the World Press Freedom Index fell further, with Reporters Without Borders (2021) highlighting the use of "fake news" laws to discourage investigative reporting. Hungary's response thus reveals how authoritarian neoliberal regimes use crises not only to reinforce sovereign authority but also to reengineer the discursive conditions of political legitimacy through media and information.

2.4 Synthesis and Gaps in the Literature

The literature reviewed in this chapter offers a rich but fragmented account of Hungary's pandemic governance. Scholars have traced how emergency powers expanded executive discretion (Antal, 2022; Batory, 2024), how support and protections were allocated along political and economic lines (Kovarek and Dobos, 2023; Oroszi et al., 2021; Aidukaite et al., 2021), and how media control shaped crisis narratives to bolster legitimacy (Bátorfy and Urbán, 2020; Esencay, 2024). Taken together, these studies highlight how the Hungarian government leveraged the pandemic not merely to manage a health crisis, but to reinforce executive dominance and restructure the relationship between state, society, and information.

Yet three key gaps remain. First, while Hungary is frequently identified as an authoritarian neoliberal regime (Tansel, 2017; Fabry, 2019), few studies have examined how pandemic governance specifically reproduced and legitimised this model. Existing work tends to treat legal exceptionalism, economic selectivity, and media control as separate domains, rather than as intersecting strategies of crisis-enabled rule. Second, although research has documented disparities in health and economic vulnerability, the literature rarely engages explicitly with biopolitical theory to understand how these exclusions were produced and legitimised. The potential to analyse Hungary's pandemic response as a form of biopolitical governance where risk and protection are distributed based on political utility and market value remains largely untapped. Third, there is limited inquiry into how these crisis strategies operated together, reinforcing each other across institutional and discursive fields.

This dissertation addresses these gaps by advancing a synthesising framework that draws on both authoritarian neoliberalism and biopolitics. It argues that Hungary's pandemic governance cannot be understood through legal or institutional analysis alone, but must be approached as a coordinated strategy of population management, legitimacy construction, and executive entrenchment. The next chapter outlines this theoretical foundation, showing how the fusion of emergency legal powers, selective welfare protections, and media control exemplifies a mode of governance that governs through life, risk, and exclusion under neoliberal imperatives.

3. Theoretical Framework

Understanding Hungary's COVID-19 governance requires a theoretical lens that goes beyond assessing the effectiveness of public health policy. This paper draws on two interrelated theoretical frameworks: authoritarian neoliberalism and biopolitics, to examine how the pandemic was governed not just as a health crisis, but as a political opportunity. Together, these concepts provide a foundation for analysing how state power was consolidated, how populations were differently managed, and how legitimacy was produced during an extended period of emergency governance.

3.1 Authoritarian Neoliberalism

The concept of 'neoliberalism' has been contested and widely used as an umbrella term in explaining diverse forms of socio-economic transformations (Thorsen, 2010, p. 196). As Springer, Birch, and MacLeavy (2016) observe, neoliberalism has been used to understand developments across a wide range of domains, from urban governance and labour reforms to migration, citizenship, and even climate policy. This conceptual flexibility has enabled it to function as a powerful political critique, particularly in activist circles. However, this breadth has also led to warnings about its analytical looseness. Venugopal (2015) notes that neoliberalism is often deployed indiscriminately, sometimes used to describe any form of marketisation, deregulation, or inequality without precision.

This dissertation defines neoliberalism as an ideologically driven, transnational project of market-oriented restructuring, pursued by both states and international institutions (Gallo, 2022). Importantly, neoliberalism poses a contradiction where it is not anti-state because it depends on a strong and active state to construct markets, enforce property rights, discipline labour, and suppress dissent. As Peck (2010) argues, neoliberalisation involves "roll-back" policies (dismantling welfare) and "roll-out" strategies (expanding surveillance, punitive governance, and institutional control). While it rhetorically champions freedom and choice, it does so in ways that constrain collective action, transfer risk onto individuals, and elevate market outcomes as the ultimate measure of legitimacy (Brown, 2015). Thus, the neoliberal state is both market-making and market-preserving (Bruff, 2014). It promises individual freedom through market participation while simultaneously eroding the collective institutions and democratic mechanisms that might challenge or temper market rule.

This found contradiction in neoliberalism leads to the concept of authoritarian neoliberalism, which was introduced by Ian Bruff (2014) to address a central paradox: despite growing public disillusionment and resistance, neoliberalism has not only endured but intensified. Following the 2007–2008 global financial crisis and the Eurozone debt crisis, states intervened heavily in the economy by bailing out financial institutions, imposing austerity, and expanding executive authority (Nelson et al., 2012). These interventions stood in stark contrast to earlier portrayals of neoliberalism as an ideology of state minimalism and non-intervention (Bruff, 2016, p. 114). Instead, authoritarian neoliberalism reveals a new phase of crisis-driven governance, in which the state plays an active role in preserving market rule that often comes at the expense of democratic accountability.

Bruff's formulation draws primarily on the political theory of Nicos Poulantzas (1978), particularly his concept of authoritarian statism, which describes the increasing concentration of power in the executive and the erosion of democratic participation within capitalist democracies. Bruff (2014) uses this to explain how neoliberalism persists not through broad public consent, but through institutional insulation and the depoliticisation of economic governance. This mirrors Harvey's (2007, p. 69) observation, where neoliberalism depends on a "seductive but alienating possessive individualism," in which people are free to act as market agents but are discouraged, or actively prevented from building strong collective structures such as trade unions or redistributive political parties. As later developed in collaboration with Tansel (2019), authoritarian neoliberalism captures the strategic adaptation of neoliberalism to legitimacy crises by entrenching executive dominance and marginalising opposition, without necessarily dismantling formal democratic institutions.

As critics such as Bruff (2014) argue, neoliberalism does not retreat in the face of crisis; it adapts, embedding itself more deeply through executive centralisation, legal exceptionalism, and the removal of economic governance from democratic deliberation. Authoritarian neoliberalism is therefore not a break with neoliberal orthodoxy, but its strategic evolution under conditions of legitimacy crisis. As Tansel (2017) suggests, it represents a mode of governance in which neoliberal reforms are no longer subject to democratic negotiation, but are instead enforced through mechanisms that restrict political

contestation and shield economic policymaking from public influence. As states face mounting pressures—economic inequality, public health emergencies, environmental breakdown—they increasingly turn to emergency governance as a tool to preserve market stability and executive control (Biebricher and Beddeleem, 2021). This dissertation acknowledges these nuances while treating authoritarian neoliberalism as a flexible but useful framework for interpreting the Hungarian state’s pandemic response as a fusion of market logic and political centralisation.

3.2 Biopolitics

The second framework employed in this study is biopolitics, a concept developed by Michel Foucault in his lectures at the College de France (1976-1979). Foucault defines biopolitics as the form of power that takes life itself as its object, meaning the state’s ability to regulate populations through mechanisms such as public health, medicine, risk management, and surveillance (Dillon and Lobo-Guerrero, 2008). Rather than exercising power through punishment or coercion alone, modern states increasingly govern through “governmentality” – the management of populations via statistics, norms, and administrative controls (Foucault, 2010). According to Lemke (2011), the concept of Biopolitics allows for an exploration of the connections between the physical being and moral-political existence. This means that understanding the pandemic through a biopolitical lens becomes especially visible as decisions about who is protected, who is exposed, and how resources are allocated can reveal underlying social and political priorities.

Extending to authoritarian neoliberalism, McGregor (2001) argues that neoliberalism turns healthcare into a commodity and health into an individual responsibility, which reconfigures public health into a space governed by market logic rather than collective care. From a Foucauldian perspective, neoliberalism is not merely a set of economic policies, but a rationality that governs life through techniques of control, normalisation, and responsabilisation. In neoliberal societies, biopolitical governance often reflects market imperatives: the protection of economically productive groups, the disciplining of labour, and the neglect of populations deemed marginal or disposable (Schrecker, 2020; Labonte & Stuckler, 2016). This reflects Foucault’s insight that power increasingly operates through

the regulation of populations, shaping how individuals perceive themselves and their responsibilities.

Applied to Hungary's pandemic response, biopolitics helps explain how lockdowns, health measures, and mobility restrictions were selectively enforced. Industrial sectors critical to the economy remained operational, exposing low-wage workers to greater risk, while health resources were not evenly distributed across municipalities. Kovarek and Dobos (2023) argue that political considerations influenced public health decisions, with opposition-controlled regions facing funding cuts and administrative obstacles. In this sense, biopolitical power was exercised in a way that reinforced political inequality and aligned with the state's broader economic and ideological objectives. Neoliberalism's power over global health lies not only in its economic prescriptions but also in the paradigms it naturalises— shaping what is considered rational, responsible, and legitimate in health governance (Rushton, Williams, 2012). This governing insight aligns with Foucault's governmentality and is central to understanding how Hungary framed its COVID-19 response in ways that legitimised selective protection and market-driven logic under the guise of public health.

However, biopolitics is not a one-size-fits-all concept. Agamben critiqued pandemic governance as a form of totalitarian control, likening lockdowns and mask mandates to the "bare life" of individuals stripped of political agency (Lindholm, 2024). However, Lemke disagrees with Agamben's state-centric view of regulation, suggesting that shifting public and legal domains to the private sphere can also suspend the political agency of individuals (2011). This view has been challenged by Esposito and Brown who argue for a more nuanced interpretation of biopolitics— one that recognises both its disciplinary functions and its potential for collective care (2008; 2015). With acknowledgement of the neoliberal role in pandemic governance, this dissertation sides with the former interpretation: while some state interventions may have been necessary, the selective and strategic deployment in Hungary suggests that biopolitics served not only to protect life, but to govern populations in line with political and economic priorities.

4. Methodology

This research investigates not only what governance measures were implemented during the COVID-19 pandemic in Hungary, but how they were discursively constructed, justified, and contested. To do so, it adopts a qualitative interpretive methodology, suitable for uncovering how legitimacy is produced and sustained through language, law, and symbolic action. The paper deploys Critical Discourse Analysis (CDA), shaped by the theoretical lenses of authoritarian neoliberalism, Foucauldian biopolitics, and governmentality. Rather than treating governance as a set of policy outputs, this study conceptualises it as a discursive and symbolic process. The choice of CDA is grounded in the understanding that authoritarian neoliberalism operates not only through structural reforms but through ongoing ideological labour that normalises exceptional measures (Bruff, 2014; Tansel, 2017). Similarly, biopolitics offers tools to explore how populations are stratified through health policy and risk management (Foucault, 2010). Together, these theories guided the analysis toward language, discourse, and exclusions central to pandemic governance

4.1 Data Collection

Data were gathered through purposive sampling of over 50 publicly available, politically significant texts produced between March 2020 and December 2022. Sampling was informed by theoretical relevance (Charmaz, 2006), focusing on documents likely to reflect or shape the legitimacy of pandemic governance. Materials were selected based on their discursive visibility, political authority, and relevance to health policy, legal reform, or media framing.

The final dataset included:

- Political speeches and press briefings (Orbán, senior officials, opposition leaders)
- Legislative documents (e.g. Act XII of 2020, Transition Act)
- Media coverage (from pro-government outlets like Magyar Nemzet and critical sources like 444.hu)

- NGO and international reports (e.g. Hungarian Helsinki Committee, International Commission of Jurists)
- Public health and economic policy announcements

The analysis is based on publicly available documents, many of which are translated into English through Google Translate. Translation may result in the loss of subtle rhetorical or cultural nuances, particularly in legal and political discourse. Every effort was made to ensure accuracy, including triangulating translated texts with secondary reports and academic commentary, but the interpretive limitations of working across languages must be acknowledged.

4.2 Data Analysis

The analysis applies Fairclough's (1993, 2003) three-level CDA model, which integrates:

- **Textual analysis:** Examined word choice, metaphors (e.g. "invisible enemy"), and rhetorical strategies used to justify executive action.
- **Discursive practice:** Assessed how texts were produced, disseminated, and taken up across state-aligned and oppositional spaces.
- **Social practice:** Linked the discourse to broader patterns of authoritarian neoliberal rule and legal exceptionalism.

CDA is used to uncover how Hungary's pandemic governance was framed as necessary, protective, and virtuous, while selectively legitimising authority and suppressing contestation. The findings are further developed through an integrated discussion section, which draws on theory-informed codes (such as legitimacy and affective governance, executive consolidation, and selective biopolitical protection) to illuminate how discourse and institutional practice fused to entrench authoritarian neoliberal rule.

4.3 Legitimacy

Legitimacy is understood here as a constructed and contested process, not a fixed state. Following Beetham (1991) and Brown (2015), legitimacy was operationalised through three interpretive dimensions:

- Discursive legitimacy: The framing of emergency measures as morally necessary or publicly beneficial
- Institutional legitimacy: The routinisation of extraordinary legal procedures within constitutional frameworks
- Performative legitimacy: Public displays of consent or tolerance (e.g. election outcomes, media compliance, absence of large-scale dissent)

These dimensions were embedded in the coding process, allowing the analysis to trace how legitimacy was built, challenged, or naturalised across different discursive fields.

5. Critical Discourse Analysis

This section applies Fairclough's (1993, 2003) three-tier model of Critical Discourse Analysis (CDA) to examine how Hungary's pandemic governance was discursively constructed, justified, and contested. The analysis proceeds in three layers: (1) the textual dimension, analysing linguistic features such as metaphor and evaluative language; (2) the discursive practice dimension, exploring how texts are produced, disseminated, and interpreted; and (3) the social practice dimension, situating these discourses within Hungary's broader authoritarian neoliberal context. The purpose of this multi-layered approach is to move beyond the surface meaning of texts to reveal how language constructs social realities, privileges certain interests, and reinforces power structures.

5.1 Textual Analysis

5.1.1 Legal Texts

Legal texts such as Act XII of 2020 ('Authorisation Act') deploy a hybrid of technical and affective language to justify the centralisation of executive power. The act positions itself as a "necessary" response to the pandemic (p.1), immediately framing its exceptional measures as both urgent and rational. Terms such as "danger", "responsible decision", and "action" (p.1) produce a sense of inevitability, embedding legal exceptionalism within the lexicon of the crisis. Simultaneously, the act also draws on affective language and nationalistic expressions that places the Hungarian people as the referent object. "National coming-together" and "joint action" or "join forces" (p.1) encode the legal text with emotional resonance, framing compliance as both civic duty and patriotic virtue. As Butter and Knight (2023) argue, such rallying rhetoric shapes Hungary's pandemic governance from a technocratic procedure into a symbolic defence of the nation against external and internal threats. Through a blend of legal formalism and emotive invocation, the act constructs what Fairclough would call "discursive legitimacy", embedding extraordinary powers within a narrative of national protection and moral urgency (Yu and Zheng, 2023).

This rhetorical move also serves a strategic silencing function. By presenting emergency powers as a product of unity, the law implicitly delegitimises dissent as selfish or unpatriotic. A binary is thus established between a loyal collective engaged in "joint action" and any actor who questions or "obstructs" (2020, p.2) government measures. In this way, the text not only authorises legal exceptionalism, but also helps construct a discursive

environment where contestation is equated with disloyalty. This supports Antal's (2022) observation that in Hungary, emergency rule no longer appears as a rupture from constitutional norms, but a recurring political mechanism embedded in everyday governance. What appears as unity is a mechanism of depoliticisation, has also given rise to the declaration of a state of danger that justifies indefinite executive rule that can restrict fundamental rights (Beretka and Ósze, 2025).

5.1.2 Speeches and Interviews

In his address to the Hungarian Parliament, Orbán (2020a) characterised the coronavirus as an "invisible, unknown enemy", framing the pandemic as a war-like threat that necessitated extraordinary measures. This metaphorical language positioned the government as a protective force, justifying the declaration of a "state of danger" and the implementation of emergency powers. Orbán emphasised national unity and collective action, stating, "We have learnt that however grave the danger, our best chance of conquering it is by acting together" (2020a). The use of inclusive pronouns and calls for unity discursively constructed the Hungarian population as a moral collective, where obedience became synonymous with loyalty. The speech also highlighted the government's proactive stance, with Orbán asserting, "We Hungarians must make responsible decisions for ourselves: we cannot expect others to make decisions for us" (2020a). This narrative of self-reliance reinforced the government's authority and framed its actions as necessary and commendable. This language echoes Tansel's (2017) argument that authoritarian neoliberalism regimes maintains hegemony not through repression alone, but through moralised narratives that depoliticise state-market fusions and portray centralisation as care.

This discourse is underpinned by national exceptionalism. Orbán has repeatedly positioned Hungary as culturally and morally distinct from "unexceptional others," stating that "the Hungarian people's most valuable asset is that which sets it apart from all others... if we were the same as others, what purpose would we serve?" (Bradford and Cullen, 2022). This mythologising of Hungary's uniqueness enabled a discursive framing in which executive decisions could be justified not merely as functional, but as spiritually and historically ordained. Bradford and Cullen (2022) observe that even modest achievements were framed as heroic triumphs, while critics were derided as undermining the nation. This

contributed to what Fairclough (1993) identifies as evaluative language, where moral and affective positioning replaces factual neutrality in political discourse. National character thus became a legitimising resource, allowing Orbán to moralise sovereignty while insulating it from critique. This framing echoes Beetham's (2013) notion that power and legitimacy are co-constitutive and Orbán's call for collective action is not merely rhetorical but prescribes an obligation, constructing obedience as a civic and moral duty that legitimises the state's expanded authority. These textual features collectively enact what (Bruff, 2014) identifies as an authoritarian neoliberal tactic, where legal and discursive strategies fuse to present concentrated executive power not as a political choice, but as a moral and national imperative. This becomes crucial in discursive legitimacy, where consent is not freely deliberated but manufactured through moral appeals to responsibility, patriotism, and urgency (Randall, 2001).

5.1.3 Media Portrayal

Pro-government media headlines, including phrases like "Our most important goal is to protect the jobs of Hungarian people" (Magyar Nemzet, 2020a), further fused public health with nationalism, reinforcing the notion that executive authority was both effective and socioeconomically righteous. Szabó (2020) highlights that 43.8% of metaphors on leading Hungarian newspapers were on the concept and theme of war. In contrast, figures such as the Hungarian Helsinki Committee, Soros, and foreigners were routinely labelled "violators", and anti-patriotic (Magyar Nemzet, 2020b; Gall, 2020), thus delegitimising democratic dissent and constructing loyalty to the government as synonymous with loyalty to the nation. Merkovity et al. (2024) uses the term "illiberal crisis management", to explain how health communication became a vital part in authoritarian messaging to the public. For instance, media posts portraying Orbán as a hard-working and competent leader were often posted in comparison to his political critics, whom he had no time to deal with because "effective crisis management requires all the energy" (Merkovity et al., 2024). These textual choices worked collectively to construct a naturalised image of executive power, where state intervention was framed as heroic, opposition as destabilising, and crisis governance as morally incontestable.

5.2 Discursive Practice

Discourse production during the pandemic was highly centralised. Government briefings, legal texts, and public speeches were drafted and vetted through a tightly controlled bureaucratic apparatus, ensuring message discipline and coherence across platforms (Batory, 2022b). Mechanisms such as “national consultations” functioned as top-down tools of manufactured consent, ostensibly participatory but tightly curated surveys to justify policies as direct responses to the popular will (Batory and Svensson, 2019). This form of manufactured consent ensured that policy measures such as keeping schools open despite rising infections were discursively framed as people-driven, while in fact engineered top-down (Batory, 2022b). This production process reflects authoritarian neoliberalism’s tendency to conflate state and party, blurring the line between governance and political campaigning (Bruff and Tansel, 2019).

Political elites like Árpád Potápi explicitly reinforced the alignment of national policy with the electoral will of “Hungarians across the border” (Kövér et al., 2021), which symbolically expanded the boundaries of the national community and consolidated a transnational base of support. This strategic overreach is not merely symbolic; it institutionalises a form of exclusionary solidarity that privileges certain populations while marginalising others, a biopolitical move that delineates who counts as part of the “protected” community (Foucault, 2003). This media architecture embodies what Fairclough (2003) describes as the “institutionalisation of discourse”: a condition in which hegemonic messages are embedded within the very structure of communication systems, making counter-discourses increasingly difficult to articulate and access. It also reflects authoritarian neoliberal strategies of depoliticisation, where political decisions are masked as technocratic necessities (Bruff, 2014).

5.2.1 Text Consumption

On the consumption side, the Hungarian public was not a passive recipient but an active participant in reinforcing these discourses—though within highly constrained conditions. The repeated invocation of “the people” as both the subject and object of policy decisions (Orbán, 2020b) effectively mobilised a collective imaginary that linked obedience to patriotic virtue. For example, Orbán’s assertion that closing schools would only be permissible “when the majority of people want it” (2020c) inverted accountability: the government’s decisions appeared as direct enactments of public will, even as those

“consultations” were strategically crafted to deliver desired outcomes (Batory and Svensson, 2019). This consumption pattern illustrates what Beetham (1991) calls the co-production of power and legitimacy: rules and obligations are internalised by the public, who come to perceive exclusionary or coercive measures as not only legal but rightful.

The reiteration of nationalist rhetoric and moralising frames—such as portraying dissenters as “saboteurs” or “anti-patriotic” (Kövért et al., 2021)—also shaped a culture of self-policing, in which deviations from official narratives were socially sanctioned. Furthermore, these consumption dynamics had biopolitical implications. By selectively foregrounding certain groups (e.g., cross-border Hungarians) and excluding others (e.g., the Roma community), the state’s discourses delineated the contours of the “worthy life” (Mbembe, 2003; Lemke, 2011). This biopolitical logic was not only rhetorical but materially enforced, as opposition-led municipalities were starved of resources, and vulnerable populations were made invisible in both discourse and policy (Batory, 2022).

5.3 Social Practice (Explanation)

Finally, the discourses analysed above must be situated within Hungary’s broader socio-political context, where authoritarian neoliberalism has evolved as a governing logic. The pandemic did not disrupt this trajectory but intensified it. State narratives promoted selective protection and uneven care, consistent with a biopolitical logic that prioritised economically valuable populations and politically loyal constituencies (Pókay, 2020). Orbán declared: “Our concept is that measures should be implemented which help to keep people in employment... not to reimburse them for lost income, but to implement measures which enable people to stay in employment” (2020d). This language reframed welfare as a mechanism of discipline rather than care, signalling a preference for productivity over protection. The framing of support as assistance to employers rather than workers aligns with the neoliberal valorisation of market continuity, in which economic stability is prioritised above equitable social relief. As here, neoliberal rationality is embedded not in overt austerity, but in the moralisation of self-reliance and productivity discursively cast as responsibility. Their exclusion, both discursive and material, signals what Mbembe (2003) and Lemke (2011) would describe as a form of necropolitical management, a governance logic that determines who is worth protecting and who is made invisible. Through this lens, the “war” metaphor takes on a deeper ideological function: it disciplines the population, centralises obedience, and stratifies protection.

Crisis governance was not simply a temporary response, but a reproduction of authoritarian neoliberal norms—marked by legal exceptionalism, media capture, and selective care—all of which were rendered acceptable through sustained discursive framing.

6. Discussion

This section synthesises the findings of the CDA by drawing out three interrelated patterns that illustrate how Hungary's pandemic governance operationalised legitimacy: (1) legitimacy and affective governance, (2) executive consolidation, and (3) selective protection shaped by biopolitical sorting. These patterns do not merely describe the discursive construction of power, but they point to a broader political logic in which emergency governance is not a temporary suspension but a normalised instrument of authoritarian neoliberalism.

6.1 Legitimacy and Affective Governance

Legitimacy was discursively constructed through appeals to unity, sacrifice, and patriotic duty. Statements such as “This is not the time for debate; this is a time for unity and action” (Orbán, 2020a) reframed parliamentary oversight as obstruction, morally justifying centralised authority. Inclusive rhetoric “We will not give up on a single sick person” (Orbán, 2020b) and Justice Minister Judit Varga declaring “No Hungarian is left behind” (Varga, 2020). These declarations created performative legitimacy, projecting universal protection as an accomplished fact, even as structural exclusions persisted. This results in performative legitimacy, even as public health measures disproportionately benefited politically loyal or economically productive groups. In *Magyar Nemzet*, Foreign Affairs Committee Chair Németh Zsolt (2020) argued: “The prosperity of these neighbouring countries is in our interest given the large Hungarian minorities living there”, further moralising foreign policy as an extension of domestic loyalty and national unity. These discourses sustained the legitimacy of emergency governance as obedience was framed as moral obligation, and unity as the antidote to critique.

At the same time, citizens were exhorted to face their “responsibility”, a discourse that privatised risk and reframed structural deficiencies as personal failings. This individualisation of responsibility reflects the logic of neoliberal governmentality, whereby care is retracted from the state and redistributed as moral obligation (McGregor, 2001). When state performance was questioned, legitimacy was reinforced through blame redirection. Orbán's framing of EU institutions as “liberal imperialists” (2020d) casts foreign critique as ideological aggression, repurposing nationalism to insulate the government from accountability. These rhetorical manoeuvres displaced institutional scrutiny with

affective loyalty, it frames the crisis as one requiring obedience, sacrifice, and strong central command.

6.2 Executive Consolidation

Emergency governance was not presented as a deviation but as rational necessity. The Authorisation Act (Act XII of 2020) provided open-ended decree powers under the guise of “responsible decision-making,” casting executive dominance as morally urgent and technically rational. Orbán’s repeated appeals to centralisation “It is no accident that everywhere around the world the first step in crisis management is centralisation” (Orbán, 2020e) universalised Hungary’s exceptionalism, neutralising critique by embedding it in a global norm. This discursive strategy was mirrored institutionally as pandemic decrees restructured municipal budgets and suspended opposition financing, while the “fake news” law criminalised dissenting narratives, particularly around aid and death tolls (Drinóczi and Bień-Kacała, 2020). Gardos, Hungler, and Illessy (2024) further observe that pandemic-era economic policies weakened labour protections, disproportionately harming low-wage workers. These practices produced what Beetham (1991) calls institutional legitimacy, where rule is not only legal but normatively justified by the appearance of moral order and efficiency. As Antal (2022) and Schweiger (2022) highlights, Hungary exemplifies how crisis governance can evolve into a mode of permanent legal exceptionalism, in which executive authority is normalised, and constitutional norms are hollowed out under the guise of crisis response. This illustrates Tansel’s (2017) thesis that authoritarian neoliberal regimes do not retreat under crisis, but reconfigure governance to reinforce elite alliances.

6.3 Selective Biopolitical Protection

Despite rhetorical appeals to universal protection, care was extended selectively. Orbán’s pronouncement that pandemic support should “enable people to stay in employment” (2020e) prioritised employers and labour market continuity over direct welfare. This economic framing depoliticised the crisis response and naturalised market-preserving interventions. The Transitional Act (2020) centralised fiscal authority by requiring Prime Ministerial approval for pandemic spending effectively shielding protection decisions from scrutiny. Over 300 billion forints (£631.6 million) in COVID-related contracts were awarded disproportionately to Fidesz-linked firms (Szekely, 2025), and opposition-led municipalities were routinely underfunded. Meanwhile, Roma communities—overrepresented in mortality

statistics—remained largely invisible in official discourse. These patterns reflect a biopolitical logic: some lives are deemed worth protecting; others, by omission, are rendered expendable (Foucault, 2003; Mbembe, 2003).

Performative legitimacy was constructed through symbolic gestures of care, directing local governments to “help the elderly” (Orbán, 2020a) while structural support was withdrawn. The invocation of “illegal migrants” as viral threats (Bakondi, 2020) further illustrates how racialised threat discourses were used to justify exclusion, anchoring biopolitical sorting in nationalist security logic. As Stuckler and Basu (2013) argue, neoliberal health governance tends to safeguard markets while retracting social protections. In Hungary, this retreat was not passive but politically engineered wherein the state not only managed the crisis but managed who the crisis was allowed to harm.

The Hungarian case demonstrates that authoritarian neoliberalism is not merely a structural condition but a dynamic and discursively mediated regime of rule. Legitimacy is manufactured through moral appeal and affective unity; crisis is seized as a tool for consolidating power; and care is distributed along partisan and biopolitical lines. Far from being exceptional, pandemic governance in Hungary reveals how legal instruments, discursive strategies, and technocratic rationalities coalesce to entrench executive authority and suppress pluralism. What emerges is not simply a pandemic response, but a blueprint for permanent emergency governance.

Conclusion

Summary of findings

This dissertation has explored how Hungary’s governance during the COVID-19 pandemic shaped the legitimacy of authoritarian neoliberal rule. In addressing this question, it has shown that the Orbán government’s pandemic response did not simply reflect a temporary suspension of democratic norms, but a systematic reorganisation of power, protection, and discourse. Legitimacy, far from being residual byproduct of performance, was actively constructed through legal engineering, affective mobilisation, and selective intervention.

Three core findings emerge from the analysis. First, the expansion of executive authority codified through the Act XII of 2020 (‘Authorisation Act’) and subsequent legislative

instruments were framed not as an exceptional deviation, but as a necessary act of national stewardship. Crisis rhetoric and militarised metaphors rendered dissent suspect, thus enabling the institutionalisation of decree-based governance. Second, the health and economic protections were not universally applied but strategically distributed according to political loyalty and economic utility. This selective biopolitical protection is aligned with a neoliberal logic in which care is conditional, and life is governed through stratified risk. Third, state legitimacy was affectively produced through narratives of unity, sacrifice, and national exceptionalism. Citizens were cast as moral agents of resilience, while critique was reframed as betrayal. The findings suggest that Hungary's pandemic response exemplifies a sophisticated form of authoritarian neoliberalism, one that fuses state centralisation with affective appeals and market-preserving rationality. Legitimacy was not passively conferred but actively manufactured through the moralisation of obedience, the individualisation of responsibility, and the symbolic universalism of care.

Theoretically, this research advances the literature on authoritarian neoliberalism by foregrounding the discursive and biopolitical dimensions of legitimacy construction. While prior accounts have focused on institutional erosion and economic restructuring (Bruff, 2014; Tansel, 2017; Antal, 2022), this study shows that crises like COVID-19 operate as ideological junctures. This means moments in which the state re-narratives its authority, moralises its interventions, and redefines the boundaries of democratic participation. By weaving together Foucauldian biopolitics and discourse analysis, the dissertation also demonstrates how power is exercised not only through law or policy on paper, but through language and dissemination of information that renders inequality acceptable and exclusion invisible. Together, these findings illuminate how Hungary's pandemic governance deepened authoritarian neoliberal rule under the guise of national solidarity and crisis efficiency.

Implications of research

These dynamics bear wider implications. Hungary's case suggests that the pandemic was not merely a rupture but a revealer and accelerator, magnifying existing trajectories of authoritarian entrenchment and neoliberal governance. The legal exceptionalism, discursive moralism, and selective care observed here are not anomalous; they represent a governing template that may outlast the crisis itself. As states continue to navigate

ecological, economic, and geopolitical disruptions, the Hungarian case exemplifies a future in which legitimacy is not grounded in accountability, but performed through narratives of fear, duty, and sacrifice.

Limitations and recommendations for future research

That said, the dissertation is not without its limitations. It relies primarily on publicly available documents and translated materials, which may miss subtleties in tone, cultural idiom, or local reception. Furthermore, the analysis focuses on how legitimacy is discursively produced rather than empirically received. Future research might address these gaps by incorporating citizen interviews, public opinion data, or comparative studies across similarly situated regimes. Such work would enrich our understanding of how authoritarian neoliberalism is internalised, resisted, or reconfigured from below.

In closing, this dissertation argues that Hungary's COVID-19 governance was not an aberration but a culmination, a crystallisation of a longer trajectory in which crisis becomes a mode of rule, and legitimacy is manufactured not through deliberation, but through discipline, affect, and selective care. It is a model in which democracy is neither abolished nor preserved, but repurposed and rendered ornamental in service of a deeper political logic.

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