Mask communication: The development of the face covering as a semiotic resource through government public health posters in England and Wales

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ARTICLE INFO

ABSTRACT

This paper will explore the multi-modal semiotic properties of a selection of key public health information posters issued by the UK Westminster government on the use of masks and face coverings during the first year of the COVID-19 pandemic. Using multi-modal critical discourse analysis, we show how the posters featuring masks sustained consistent government-led branding, while drawing upon what we describe as "synthetic person-alisation" to manage the orientation of the crisis as the pandemic progressed. Through this analysis, the article will highlight the possible contribution of these posters to an environment characterised by political confusion and enabling of a relatively widespread rejection of mask-wearing as a public health responsibility. Examining this within a broader decline in trust in government, we suggest the various attempts to produce a positive message about mask-wearing contributed instead to the appropriation of masks as symbols of individual alignment within a contested political field.

1. Introduction

In this article, we will explore a specific strand of poster-led communication during the first year of the England and Wales COVID-19 crisis, focussing on the use of personal protection equipment (PPE) and specifically on the portrayal of the protective properties of face masks. Although the widespread use of masks arrived some time into the pandemic, they quickly became the most visually-foregrounded and one of the most contested of the recommended measures. The symbolic importance of masks in the UK was perhaps most visible in the 2020 Million Mask March on London, protesting against COVID measures by wearing Guy Fawkes masks in place of PPE masks, resulting in widespread disorder (Gayle, 2020). The effectiveness of masks had already become the subject of debate internationally (Yao, 2021), made worse by what Jones (2021) argues is an existent association between masks and hygiene measures popular in China, which had been routinely named as the country from which the pandemic emerged. In a period from March to the summer of 2020, the UK government message on the general use of masks oscillated between early dismissiveness and warning that panic-buying of medical-grade face coverings might endanger supplies to key workers.

However, from 11 May 2020 the UK government recommended that masks be worn in public spaces. Sanctifying medical professionals in a manner we explore later, warnings were still included against public use of the available medical grade coverings. Subsequently, face coverings became mandatory on public transport and NHS premises from 15 June 2020 and then in shops from 24 July 2020. However, as we will see, the shifting ways in which this strategy was presented through the posters would be unlikely to diminish the contested status of face coverings and their obligatory status.

This article will use multi-model discourse analysis to explore the semiotic properties of face coverings as found in UK government health information posters in the first year of the pandemic. By placing the posters in their wider context, we will see relationships with a declining shift in trust in government over the period. The analysis will be preceded by a discussion of the wider context of the pandemic in the UK, and particularly how the Westminster government sought to take charge of the public health messaging across the four nations in these early stages. This will show how multi-modal discourse studies can help inform our understanding of a shifting political landscape and its intersection with public health messaging.

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2. Masks as contested sign

Pollock (1995) argues that masks play a prominent role in codifying public forms of human expression and self-realisation. The identities that can be articulated with mask wearing can have a strongly political character that extends even beyond those outlined above, as Konzack (2017) emphasises in his discussion of the *Anonymous* group's use of the Guy Fawkes mask to display their commitment to political mischief and rebellion. Such associations can be even more widely shared at times of crisis or public trauma. Setting a theme we will explore below, Jones (2021) discusses the importance of masks in establishing the COVID-19 pandemic within an optimistic culture of mutual regard and generosity. This has echoes with Moshenska's (2010) discussion of the role that children's gas masks play in popular memory of and discussion around the Second World War towards inspiring the recall and expression of shared trauma.

In arriving at a full understanding of how masks have been communicated and promoted by government, we need to know something of the emerging political associations of the mask. In short, just as the public wearing of a mask became a statement of citizenship and shared responsibility, refusing to wear a mask when required has been offered as an expression of individual freedom (branded as a "muzzle" amongst anti-mask activists). Using Laclau's (1997) notion of "articulation", the mask has thereby become a key semiotic resource in Western libertarian discourses against individual restriction, even where these are directed to the common good, in a manner that fetishizes the sovereignty of individual will. As well as this, and in a manner that is also associated with the anti-government right, mask-refusal has become a means of expressing populist hostility against elite discourses and the perceived centralisation of power. Both together have situated mask refusal within the expressive lexicon of individualistic populism (Laclau, 2005, 176), set against the paternalistic state by a performative and amplified disavowal of institutional information and advice (Russo et al., 2019). By 2022, this was seen most clearly in the UK House of Commons chamber when, for many months after compulsory face covering wearing had slipped into "recommended", the governing Conservative party appeared largely mask-less, whilst face coverings were predominant on the opposing Labour party benches (BBC, 2021). Thus, the extent of Conservative members' alignment with these populist tropes on individual choice was clearly visible through this contested semiotic resource.

The influences on mask-wearing extend beyond their use in vying for favour within a populist political environment. Prejudicial associations between mask wearing and Asian culture also articulated with the "China virus" nomenclature favoured by populist politicians in the USA and elsewhere. We also see what de Kloet et al. (2020) describe as a "biopolitical nationalism", in which South-East Asian governing authorities foreground their national commitment to hygiene practices as a means of enhancing their international image. These have included regulated public display, including the maintenance of social distance between individuals, the avoidance of gathering in groups, and, at various stages, the promotion of sanctioned outside activity such as daily exercise. However, none of these have the conspicuous and sustained visibility of the face mask, which sits alongside the spiked structure of the virus itself as the most recognisable symbol for the pandemic. These multi-directional associations between masks and discourses around and from Asian and Chinese culture (Jones, 2021) reveal the complex power that the mask holds. In a context in which "media visibility", as Thompson (1995) describes it, has become central to civil and political life, it can be of little surprise that the face mask's impediment to the distinctiveness of the individual has become a dominant semiotic resource in the COVID-19 environment.

2.1. The COVID-19 context

Public health management in the UK, particularly England, is the cornerstone of pandemic control. Communicable disease control had been a local concern in the UK since the Public Health Acts that started in the 1870s, where medical officers for health would monitor disease occurrence and spread on a local level. This continued in one form of another after the NHS was formed in 1948 with the Medical Office for Health bridging the gap between the NHS and local government in the case of public health. Annual reports from the nineteenth century onwards use meticulously drawn street maps to chart the occurrences of notifiable diseases in each town. However, the major restructuring of the health care system under the 2012 Health and Social Care Act in the UK saw the abolition of local public health care bodies and the creation of Public Health England, hastening the decline of public health medicine and eroding the roles of the specialist medics employed there. As academic specialist Allyson Pollock argued in *The Observer* (26 April 2020), this move of public health out of the NHS and into local authority management was further exacerbated by government "austerity" cuts to local authority budget, removing 49.1% of funding across the period 2010–18. Public Health England, too, had to make £500m in "savings" over five years, reducing the number of local hubs from the previous 343 English local authority areas to nine regions. During the early months of the COVID-19 pandemic, scientists therefore had little reliable data upon which to base advice. Local knowledge had been further diminished when the decision was taken early on to centralise control and management of the pandemic through the NHS 911 service. Overall, cuts dispersed the professional capital and institutional memory necessary to tracking outbreaks of notifiable diseases, just at the time it was most needed.

Globally, in 2020 the World Health Organisation (WHO) urged national governments to place testing at the heart of their pandemic planning. As early as January 2020, the WHO had offered the tricolon "test, trace, isolate" as the template to follow. This is a traditional public health model, where testing ensures you do not wait for the infection to take hold before acting. However, the UK saw the abrupt cessation of test and trace on 12 March 2020, as the testing capacity looked to be overwhelmed. When testing did resume, it was outsourced to commercial organisations, leading to media suggestions that quantifiable targets were being prioritised over quality (BBC1 *Panorama*, broadcast 29 March 2021).

More damagingly for public perception of government competence, an investigative report by the *Telegraph* (Nuki and Gardner, 2020) revealed that a three-day simulation to test the country's preparedness to deal with a serious influenza pandemic had already been carried out in 2016. Code-named *Operation Cygnus*, this predicted that in the event of a pandemic the UK's health care system would be likely to collapse from lack of resources, with particular concerns centring on a shortage of ventilators. The redacted report gave four main "learning points" and a further 22 recommendations, none of which were enacted.

Despite showing a wanton disregard for the warnings of *Operation Cygnus*, as well as the advice of the WHO to "Test, test, test", government messaging sustained the claim to be "led by the science". The Westminster daily press conferences saw the Prime Minister flanked by scientific advisors who became household names. The arrangement conveys trustworthiness and expertise, with scientists standing watch over the negotiated decision-making of politics. However, the maintenance of this reassuring conceit was compromised by a developing and unknown virus yielding unpredictable data, the management of which reveals the intrinsic nature of "science" as unresolved and evolving. Previous disinvestment, current political mismanagement, and the uncertainty of an evolving virus contributed to a campaign necessarily defined by contingency and adaptation.

In spite of their political neglect, the UK was able to call upon distinguished experts in infectious disease, as well as the resources of its National Health Service. However, after a year into the pandemic the UK had the highest pandemic-related death rate in Europe, and had the most detrimentally affected economy of any of the leading nations. During this period, critical reflection alighted on the early wearing of masks or

face coverings by those outside of medical contexts. The effective medicalisation of society that the wearing of masks entails reveals interweaving debates about science, mutual care and civic liberty. This has parallels with Foucault's (1973) work on medical subjectivity, but where the behavioural obligations of the clinic are cast into a public space (van den Berg, 2020). In this context, this article will therefore explore one of the contributing factors to these debates, using a selection of the UK government's public health posters. The concentration will be on the first year of the pandemic, in an environment of worsening death rates, contradictory messaging and prominent public expressions of dissension.

3. Methodology

Our analysis of the posters draws on principles within social semiotics and multimodal critical discourse analysis (MCDA) (Ledin and Machin, 2018; Machin and Mayr, 2012). Strategies that are deployed in advertising design are both persuasive and ideological; used by designers and producers to shape the representations of events, actions, participants and settings for particular ends (Machin and Mayr, 2012). In the analysis we will identify which semiotic and discursive choices have been used in the construction of these posters, how these choices combine to represent particular interests and communicative goals. Semiotic modes such as iconography, layout, colour, text and typography are amongst the ways of packaging the interests, values, ideas and/or perspectives of the authorities behind the campaign (Ledin and Machin, 2014). We therefore analyse these relevant components of poster design and how they are used to address and seek to persuade.

The analysis of the text itself will be informed by the imagery and will draw on Fairclough's (2001, 52) work on synthetic personalisation, which he defines as "a compensatory tendency to give the impression of treating each of people 'handled' *en masse* as an individual": that is, the confection of personality and the benefits of individual address in a mediated setting. This draws upon similar linguistic strategies to what Scannell (1995) describes as "conversationalisation" in public communication, as well as elements of Horton and Wohl's (1956) analysis of media address as para-social interaction. All of these forms of media address are united by the imperative to engage personably and to invite sympathetic engagement. In thinking about how this applies to our context, the conversational linguistic features that are established traits of advertising language will be explored in this context of public health messaging.

In our analysis, we propose that the posters be seen as part of a greater discursive environment. Discourse is understood "as the recontextualization of social practices" in ways that construct and reproduce cultural and politics interests (Van Leeuwen, 2008, 4). Advertising design and its representation and reproduction of discourses builds on, as well as transforms social practices. Any design process therefore participates in the translation of social practices. How is the production and consumption of the message expressed in the choice of design? Which added values are included and what participants, settings, conditions or processes does the design seek to downplay or even exclude? Choices like these mean that a variety of transformations occur as a campaign responds to a changing consumer environment. What is left in, what is taken out, and how a text is organised on the page are all factors that can help us better understand the overall discursive construction of the posters as they evolve. We will also make use of Kress and van Leeuwen's (1996) grammar of visual design. Their dissection of this deserves to be understood in its full complexity. However, in order to see how the written text operates in the fuller context of the posters and images we limit our focus to just three of the main semiotic components:

- represented participants
- modality
- composition

In this context, "modality" refers to the "the property of showing the degree of validity or truth value in a picture" (Scollon and Scollon, 2003). Kress and van Leeuwen (1996) offer a list of indicators of modality in visual semiotics:

- colour saturation
- colour differentiation
- colour modulation
- contextualisation
- representation
- depth
- illumination
- brightness

Importantly, in addition to representing social practices, advertising is often also used to explain, justify, legitimate and evaluate these very practices (see Ledin and Machin, 2018) through the visual semiotics that we will explore.

As noted above, we have chosen to focus on posters that feature masks/face coverings during the first year of the pandemic which covers the period in which they came into use in the UK. The selection of posters is based on the extent of their visibility: the campaign occupied a prominent place in public spaces, included national and local print media, appeared in government social media posts, and informed and worked alongside broadcast media messages. The posters we have selected are analysed chronologically and come from four main periods of the first year of the pandemic (March, June and July 2020 and February 2021). Each poster has been selected for the visual prominence it gives to face coverings: not just occupying the place of symbolic importance noted in the opening sections, but a key point of contention during the year of the sample. As we note above, PPE was prioritized for healthcare workers early in the pandemic, and so we have included a prominent poster from that period that features healthcare workers wearing masks. As well as showing a greater range of the posters available, this provides a contrast with those later posters that use images represented as members of the public.

3.1. Analysis and discussion: To mask or not to mask

Where confusion might have been allayed by certainty, the first year of the pandemic saw the government's recommendations on masks criticised for their opaqueness. Early on, the message was to concentrate on hand washing and social distancing; a clear emphasis reinforced by the WHO. However, the management of case numbers worldwide resulted in high global demand for personal protective equipment (PPE), including medical-grade face masks, resulting in ambivalent messaging from across the WHO and national governments on whether limited stocks of masks would be better directed towards professionals than individual members of the public. In spite of this, masks took became a feature of the UK's public health advice and public discourse, with journalists such as Allegretti (*The Guardian* 5 July 2020) writing of "anti-mask" campaigns presenting an immediate manifestation of dissent.

Drawing on Ledin and Machin (2014), we can look at the earliest posters to appear in England, and explore their iconography, layout, colour, text and typography to unpack the values and perspectives of the authorities behind the campaign. These public health posters were commonly found in public spaces and in newspapers, and featured the clear, tricolon slogan which became a standard feature of subsequent posters: "Stay home. Protect the NHS. Save lives" (see Fig. 1). This design of poster also presents a top line that is the constant in all subsequent public health message posters for COVID-19: the left side of the image contains the text "HM government" and the official government crest in white text over the dark background, whilst the right corner carries the familiar blue and white NHS logo. The blue of the NHS logo is repeated in a line that runs down the left side of the government logo. In this way, the NHS and the government are aligned in delivering the

Fig. 1. Poster from March 2020.

message: the NHS's standing as one of the most consistently trustworthy organisations in the UK, giving the weight of its history and credibility to a government in whom levels of trust routinely fluctuate. The use of "HM" rather than "UK" is also relevant, as it carries the official but non-political warrant of the Sovereign rather than the more divisive usage of United Kingdom in a context in which the four nations could in theory (and eventually did) develop separate public health policies. This format and placement of the government's logo and the NHS logo remains consistent across the various campaigns throughout the first year of the pandemic.

In terms of the changing visual content set within this overarching government/NHS branding, the early posters featured a trio of NHS workers, arranged in the manner of a holy triptych in full PPE. The workers are visible just as head and shoulder shots, with neither rank nor function apparent, but all staring directly out of the posters to engage the reader. The dramatic colouring, of red/orange/yellow on a black background with white text anchors the gravity of the situation by drawing on the established semiotic coding of the bio-hazard with a modality far removed from real world colouration. Maintaining

consistently across modes and platforms, the lectern used at the daily Downing Street press conferences featured a similar but subtly adapted slogan in its orange/yellow/black colourway framed by chevrons, helping to sustain a consistent message across media. The text in the centre of many of these posters linked with the tricolon slogan: "Stay home / to help us / save lives". The "us" in the poster provides a metonymic link to the NHS workers, embodied through synecdoche by the three anonymous, masked figures directing their gaze towards the reader. This link is also made through the mirroring of the text with the slogan, where the difference lies in the middle phrase "protect the NHS" now reoriented as a plea from the occupants of the poster, and therefore the NHS as a whole, "to help us". In the public-facing poster, the text also mirrors the grammatical non-standard omission of the deictic "at" in "stay (at) home", which submits to the US popular-cultural form in order to sustain a more symmetrical tricolon.

The smaller text below this main message comprises the parallel clauses: "Anyone can get it, anyone can spread it"; the "it" anaphorically linked to the "Coronavirus" at the top of the main block of text. In using the indeterminate grouping (Van Leeuwen, 1996, 38) of "anyone" rather

than alternatives such as "we all", the address retains the personalised figures of the NHS staff, otherwise distinguished by the exclusive "us". The focus therefore remains on the most-trusted agency of the NHS and its staff, but weighs their exceptionality against the risks that they share with "anyone". Interestingly, this is the only part of the text on this range of posters that contains any punctuation, structuring the two part of an anaphoric emphasis on "anyone" directed towards the reader.

This poster (Fig. 1) from March 2020 is one of several calling upon similar conventions and style, the elements of which we will return to, but is the most widely-used version in public spaces at this time. It makes explicit the message of staying at home, situating this directive at the fore and centre of the image, with only a visual reference to masks that are clearly of medical grade, implied as appropriate for use by specialist staff. Indeed, the portrayal of full PPE bears a close resemblance to Lynteris's (2016) description of filmic representation of heroism in the pandemic: spectacular and anonymised.

3.2. The popularisation of masks and its problems

While masked NHS workers are to the fore in this early poster, the issue of mask-wearing is one of the earliest divisions between the Westminster government and Scottish government's policy. This division became clear when then-Health Secretary Matt Hancock, at the daily press conference on 21st April 2020, expressed scepticism in changing the policy to recommend wearing face coverings, citing medical advice in asserting their lack of effectiveness in halting the spread of the virus and declaiming "weak science". On the same day, in Holyrood, Nicola Sturgeon announced new non-mandatory guidance recommending that people in Scotland should wear face masks in contexts such as shops or public transport where social distancing would be difficult to maintain (Honeycomb-Foster and Johnston, 2020).

Sturgeon's recommendation for the Scottish context draws upon an emerging culture in which face coverings which becoming a popular daily practice. Responding to apparent shifts in the public appetite for masks, daytime TV shows, as well as TikTok and YouTube videos, sprang up to show people how to make their own, often using handkerchiefs and old *t*-shirts, held in place with elastic bands (see Dosani, 2020). As the market potential became apparent, enterprising retailers started selling masks at various levels of quality and price (see Mcilkenny, 2020).

A useful way of illustrating the popularisation of masks in UK public discourse was in their treatment on the daytime TV news and discussion shows. Calling upon what Lewis (2008) refers to as the input of "popular expertise", these would invite guest input from medical specialists to explain practices around hygiene and self-care in plain language. This medical advice usually included detailed recommendations on washing hands before putting on the mask, avoiding touching the mask when in use, its careful removal with repeated hand washing, and the final disposal of the mask in a secured plastic bag. Just as the first poster associates mask wearing with NHS professionals, this situates mask wearing within the medical regime of scrubbing, rather than precautionary steps appropriate to the practical circumstances of travelling on public transport and "essential" shopping. This medical use of masks set alongside the public use of face coverings illustrates the collision of two realms of discourse and practice, each expressing context-appropriate expectations and responsibilities. The masks used in medical contexts are there to help prevent the wearer from contracting an illness and are most usually worn in conjunction with a visor as shown in the poster above (Fig. 1). The public wearing of face coverings attains outcomes more associable with altruism (Alexander, 2021) in helping prevent the spread of possibly infectious droplets being coughed or sneezed out of an infected person. Such lapses in establishing distinctions between the various uses of masks is consistent with any confusion in their overall efficacy.

Masks became an advisory measure, though not yet mandatory, in early June 2020, just over two months after the poster with NHS workers

in Fig. 1. This is also the time when the Westminster government changed its slogan to another tricolon: "Stay alert. Control the virus. Save lives". This slogan was much ridiculed for its ambiguous suggestion of "staying alert", albeit one set within a rhetorical structure recognisable from the March poster (a patterning of two words/three words/two words). While elements persisted, the colour palette of the message also changed from the bio-perilous orange and yellow of Fig. 1 and the government press conferences to a calmer, but equally connotative, blue and yellow with white text. The particular shade of blue is identical to that used on the posters to represent the NHS logo. Crucially, however, this campaign is also the first time that face coverings for the public appear, with the emphasis shifting to non-health care workers. We will look at two examples of the posters released at this time, both of which are typical of those in this series, to explore how the shifting political landscape is being articulated in the public health messaging.

The posters from June 2020 shows a lone female shopper (see Fig. 2), and a solitary female user of public transport (standing in the open space of a station platform) (see Fig. 3), both images of personal isolation accord with advice on maintaining a "socially distant" two meters from one another. The associated text,"Coronavirus. Face coverings when shopping" and "Coronavirus. Face coverings when travelling", avoids the straightforward and technical description "mask", already the preferred item in public discourse, instead opting for the broader category "face coverings" that could include such alternatives as scarves or bandanas. As well as this, the text has shifted to omit any active agent: foregoing any verbs – such as "help" in the previous poster (Fig. 1) – in favour of a noun phrase, that both underplays the reader's relationship with the NHS and asserts the phrase as an unambiguous instruction. Also, unlike the earlier poster there are additional instructions in smaller white text below this headline text, and it is in this less central position where we start to see an active agent in the appearance of the main verb: "Wear face coverings in enclosed spaces, if you can". We see the use of synthetic personalisation, combining direct address and a question set within a conversational discourse. This therefore allies the retreat from the technical discourse of "masks" with a phrasing in keeping with the exchange and compromise of conversation, addressed explicitly to the reader with "you" and surrendering any commitment to face coverings to the will of the individual.

The images in Figs. 2 and 3 show members of the public engaged in everyday activities, semantically associated with, and performatively committed to, the "stay alert" message. One woman (Fig. 2) is shopping, her face turned upwards as she examines the shelves of a well-stocked vegetable aisle in a supermarket. The context of the shot links with the notion of "essential shopping" for fresh produce, combining the scrupulous use of face coverings with diligent practice in maintaining healthy eating during the pandemic. The second woman (Fig. 3) is standing on a windswept station platform, the only other people present apparently official staff members in hi-viz jackets standing some distance away. Not engaging with anyone, her off-frame gaze is showing her attentiveness to what the context invites us to assume is an approaching train. Like Fig. 2, alertness is manifest in overt commitment to the task at hand, rather the more usual commuter distractions of phone-checking in order to maintain what Argyle (1967) calls a mannerly "civil inattentiveness" towards surrounding activities and expectations of privacy. The subject's hands are stuffed deep into her coat pockets, and her steady gaze is calm and assured. Both images show members of the public practising social distancing, at ease in their compliance with public health messaging.

Both are also masked, but in coverings that are seen to be colourful and conspicuously non-medical in design. This can be contrasted with the hyper-medicalisation in the PPE equipment in Fig. 1. Even when masks became mandatory across the UK on public transport in June 2020, this lacked accompanying guidance on the appropriateness of quality for the grade of face covering to be used (see Horwell, 2021). This contrasts with the governments of France and Italy, who clarified that face coverings should be at least two layers thick, and later of

Fig. 2. Shopper, June 2020.

medical grade. In the UK, on the other hand, the single layer mask remained dominant after a prolonged period in which the appropriateness and composition of masks had been problematized, and with less prominent talk and policy action on the necessary protective qualities. What this and these images attest to is the emphasis on individual ease in negotiating measures, in a manner that has escaped the overt discourses of medicalisation that we saw in the first image (Fig. 1).

3.3. Masks and individual decency

The confusion in governments' policies relating face coverings was added to in June 2020 by the news that then-Prime Minister Boris Johnson's chief advisor, Dominic Cummings, had seemingly flouted the very rules about travel that he had helped devise; driving his family from their home in London to his family's home in Durham, despite a positive diagnosis of COVID-19. The cornerstone of the early government messages about public health policy had been "stay at home" and appeared in first position in the tricolon of the first slogan: "Stay home. Protect the NHS. Save lives". When Johnson supported Cummings, giving precedent

to any claim that the order to stay at home after a positive diagnosis (those who had a positive diagnosis were informed using the imperative "must" self-isolate) was a de facto guideline. Earlier imperatives were thereby cast into doubt and issues raised around government trust (Dobbs, 2020).

Accordingly, July 2020 saw a shift against the emergent mixed messaging on the wearing of face coverings that was having a detrimental effect on promoting and normalising a realisable public health strategy. Later campaigns therefore began to represent mask wearing as an altruistic activity (Alexander, 2021), extending the use of the layout and design of the posters to full page adverts in national newspapers. Typical of this later imagery is one that shows a young man on a bus, wearing a mask and appearing to smile to camera (see Fig. 4):

As with the women in the posters we looked at earlier (Figs. 2 and 3), the man is shown conforming to rules on socially distancing (in fact, no one else is visible in the close-cropped photo), and, again, is seen to be wearing a mask of a determinedly non-medical fabric and individualised design. Also continuing the theme of Figs. 2 and 3 from earlier in the campaign, the block and lettering colours are primarily in the blue/
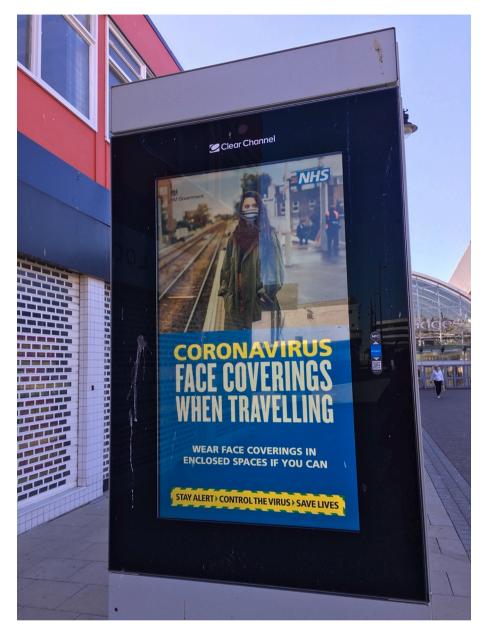
Fig. 3. Public transport user, June 2020.

white/yellow spectrum, drawing upon the main hue of NHS branding. However, while the two posters illustrated in Figs. 2 and 3 portrayed their subjects as distracted by the activities of their daily routines, contextualised by the use of conversational text to address the reader at the bottom of the poster, much greater use of synthetic personalisation is found in this image's direct gaze and smile towards camera (Fairclough, 2001). In keeping with this, the text is composed to foreground the agencies of the speaker and reader: "I wear this to protect you. Please wear yours to protect me".

As we look to the smaller explanatory text, this interpersonal mode of address then switches to an institutional voice of instruction: "Wear a face covering to keep your nose and mouth covered at all times on public transport, unless you have a good reason not to". This additional text gives explicit instruction as to just how to wear a mask, but again personalises it to the individual reader as "you", combining the formal lexicon of "at all times" and "unless…" with the mitigating conditional "if you can" (in Figs. 2 and 3), allowing space for non-compliance. The explicit message, which asserts the mutual altruism behind wearing a mask, is thereby lent emotional weight by the use of personalisation, in

association with the smiling visage of the young man in the poster, who presents as the "I" of the first-person testimony. Consistent with this empathetic tone, the exemption is premodified by the value judgement of "good", presenting the question of whether to mask in moral terms rather than as a matter of obedience to medical guidance.

This poster also sees the return of punctuation, used in the smaller text as a grammatical necessity, but in the main text serving to complete the utterance implicitly attributed to the words of the man in the picture, emphasising its distinctiveness from the reproducible and depersonalised form of the governmental slogan.

Overall, we can see that there has been a shift from the second person pronouns of the June posters to the first-person testimony of the July posters. In this way, the posters become more relatable: saying they are a person just like us, wearing their mask. The element of trust thus shifts from the directives of the institution/State to the example of a fellow member of the public. It is thereby positioned as the responsibility of the individual, rather than the State, to decide upon the use of a face covering.

We have dwelled on the "synthetic personalisation" (Fairclough,

Fig. 4. Public transport user, July 2020.

2001) this form of representation involves, but since "please" is rarely found in advertising texts, the terms of address we see in Fig. 4 warrant some more interpretation. Carter and Nash (1990, 69) direct us to three conventional elements to advertisements that apply most powerfully to medical products:

1. Situation: some situation exists (COVID-19 pandemic);
2. Problem: a problem is associated with that situation (its spread);
3. Solution: there is a solution in the form of a product or service (wearing face covering).

As we are being "sold" a solution which meets a supposed lack or need that we have, the use of "please" is rarely found. Indeed, to invoke a plea would replace the power of the product or service with the inclinations of an empowered consumer, reversing the preferred dynamic. In our public service adverts, the product is replaced by a sanctioned behavioural practice. We can see how the power dynamic shifts in these texts towards showing the consumer/member of the public in a more powerful position, indicated by the inclusion of the appeal for help

implied by the use of *please.*

Also in keeping with the turn of focus away from the conventions associated with government communication, the tricolon slogan has changed in its design. Where the posters from early June (Figs. 2 and 3) had the slogan as a banner across the bottom of the design, with the chevrons of the first tricolon design repeated but in a less urgent green and yellow colourway, the July poster has moved the tricolon to a neat yellow-framed box in the bottom right corner. As well as occupying a less prominent position overall, the middle phrase – "control the virus" – is now rendered in a slightly larger font, emphasising the main message of presenting the public with the responsibility to control the virus.

3.4. Blurred visions of the future

This final poster we look at in detail was displayed in February 2021, when fatigue during the third national lockdown and the first anniversary of the first lockdown was acknowledged in the government slogan "Let's keep going". At this time, the four nations were all in different stages of lockdown, but all had announced provisional dates by which

time lockdown could start to be eased. However, this later campaign was mobilised to reinforce the main messages: hand washing; social distancing, and mask-wearing. Agency MullenLowe summarise:

[The] new national campaign reminds people that their continued effort is helping to stop the spread of coronavirus. Even with the end of lockdown in sight, small acts such as washing hands, wearing a mask and maintaining social distancing are still crucial to the fight against the virus.
https://www.campaignlive.co.uk/article/department-health-social-care-lets-keep-going-mullenlowe/1708428

The presuppositions built into this statement reflect the assumed compliance with long-standing guidance. For example, an assumption of knowledge established earlier in the campaign, triggered by "reminds", and compliance implied through "continued effort", as well as the use of continuous present tense "is helping" reinforcing this on-going commitment.

These assumptions around public support and engagement are apparent in the poster for February 2021 (see Fig. 5) that deals explicitly with masks rather more light-heartedly than previous iterations:

The image in Fig. 5 shows a man wearing spectacles and a red mask, photographed through the shelves of a supermarket where he appears to be struggling to read the back of a packet. The lenses of his glasses are obscured by condensation, which is a popularly-remarked side-effect of wearing a face mask. Rather than emphasising the inconvenience, the text focuses on the productive outcome of the man's choice: "Every foggy lens is making a difference". The use of "foggy" as a metaphor here is jocular and refers to the state of the glasses, while leaving the cause of the misting to the now hard-won contextual knowledge of the reader. Importantly, the use of continuous present tense in "is making a difference" links to the ongoing process of compliance expressed in the above quote from MullenHowe. Unlike the personal plea of Fig. 4, this is also a declarative without a human agent, the active agent being the "foggy lens", following a pattern found in all of the posters during this period of the campaign.

The smaller text below further emphasises a knowing community of ethical and diligent mask wearers, united within the elision of "us" in "Let's keep going".

By covering our mouth and nose we're helping stop the spread of COVID-19, because anyone can catch it, and anyone can spread it.

Again, there is no reference to face masks themselves, which are

Fig. 5. Shopper, February 2021.

obliquely referenced in the verb phrase "by covering". The continuing sense of collective effort is emphasised in the first-person plural pronoun "we" and possessive pronoun "our". The text also calls again upon use of continuous present tense in "[are] helping stop the spread", calling for on-going public resilience. The message found in the first of the posters from March 2020 (see for example Fig. 1) is repeated here, slightly amended: "anyone can catch it, and anyone can spread it". The shift from "get" to "catch" neatly alliterates this clause, whilst visually offering a word of parallel length to "spread" and deepening the campaign's accumulated indebtedness to the language of conversational informality.

However, while the campaign developed towards personalisation and conversationalisation (Fairclough, 2001), elements of the original messaging would recur, including a similar positioning to that found in the previous image (Fig. 4). After much criticism over previous slogans, the simplicity of the message in the first "Stay home. Protect the NHS. Save lives" is revived at this stage, housed with a red and yellow chevron box similar to those used in the first three posters (Figs. 1–3). The overwhelming use of muted greens and browns of the main image is broken only by the yellow packet the subject holds in front. As with all the posters in this campaign, another strip of yellow is used for emphasis, underlining of the "Let's keep going" and in the second line of text and foregrounding the aspect of sustained attitude of care that is the focus of each poster. Thus, the poster exhibits adapted versions of the conventions of crisis and medical advice from earlier in the year, while showing a softening of address and focus on the everyday experience of observing restrictions.

4. Conclusions

These posters and images were produced to adapt to a particular set of developing circumstances. The coalesced confusion over face coverings and the lack of a "world leading" (or any other form of) test and trace system; combined with a general weariness to contribute to a plummeting decline in trust in the government's messages. This is reflected in the think tank British Futures (2020) and Kantar's (2020) reports on public attitudes during the first lockdown. An added factor was the May 2020 misadventures of then-chief advisor to the Prime Minister Dominic Cummings, who was revealed to have broken COVID-19 rules by travelling with his family across England after testing positive for the virus. Further revelations around "Partygate" (the popular label given to the scandal surrounding parties and social gatherings given by the British government during the periods of national lockdown) revealed that Cummings' behaviour was not exceptional, and was in fact characteristic of the lax approach of the wider Westminster government to their own laws.

Importantly for our analysis, this decline in trust is echoed in the public health messaging posters we have analysed here. Using multimodal discourse analysis, we have shown how a combination of visual and textual semiotic resources have been employed to display public health messaging whilst at the same time reflecting shifts in the political landscape. We see the shift in pronouns in particular, moving from the personal testimony of health care workers in the first lockdown, to the directives of early summer as the country emerged from that lockdown. With the erosion of trust in the government in general, highlighted by the Cummings debacle, the posters shift towards personal testimony of embodied representations of the public, softening and reanimating message from the State, through greater engagement with features of synthetic personalisation. Necessary continuity is apparent in the placement of the NHS logo and HM Government-approved slogan. Along with sustained use of 'NHS blue' throughout, we have also seen how colour is used to appropriately convey a sense of urgency, as in Fig. 1, or admonitions for calm, in Figs. 2 and 3. Finally, the gradual emergence from the third lockdown in February 2021 saw a different use of the collective pronoun, as the posters present a reunited collective voice of the nation, claiming shared experience of the pandemic.

There was a dramatic shift in the use of pronouns from the first lockdown poster to the third (Figs. 1–3). The "us" is metonymically implied to be the NHS frontline staff, linking to the slogan of "Save the NHS". The public are glossed as the indeterminate grouping (Van Leeuwen, 1996, 38) "anyone". By February 2021, we can see the same slogan, and even the same parallel text. However, there is also a shift from the exclusive "us" of the NHS workers to the community of "us" who are being marshalled into behavioural practices that are for the benefit of all. The personal testimonies of the summer's posters, which continued into campaigns leading into the second lockdown, culminated in the highly emotive "Look him/her in the eyes", where each poster showed a close-cropped face, partially obscured by an oxygen mask, with the name of the patient shown below the main text, such as "Tony/COVID-19 patient" or, within the same campaign, "key workers" such as "Paul/49 bus driver". These unite in combining the representation power of the personal testimony with the sympathetic nominations of affected patients and workers (Van Leeuwen, 1996, 52) creating a greater sense of individual investment in the posters.

The development of the overall campaign towards individual agency and trust has to be seen along two axes. We have already looked in some detail at the government mismanagement and poor practice that has so far characterised the COVID-19 pandemic in the UK. This has undoubtedly played a significant part in the resistance to vaccination and, as we have alluded to here, the wearing of masks (even referred to disparagingly as "face nappies" by anti-mask advocates). However, and looking forward, this should also be seen in the context of an increasingly argumentative political culture (Higgins and Angela, 2014; Mouffe, 2005), largely fuelled by those populist leaders, including in the United Kingdom, that have largely failed in their pandemic management responsibilities. The question for on-going research might well be whether this shift towards the ethics and good humour of the individual identified over the course of this campaign may be filling the gap in ethics responsibility we see at governmental level, with negative implications for communicating informed and clear public advice. Multimodal discourse analysis is an important tool in such research.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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