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Governing (In)vulnerability: affective arrangements and the withdrawal of shared protection in Austrian (post-)pandemic governance

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ABSTRACT

During the COVID-19 pandemic, vulnerability became a central category through which protective measures were justified, contested, and later withdrawn. In Austria, protection of those identified as vulnerable became harder to sustain as the pandemic moved from emergency response into political aftermath, and disputes over responsibility arose. This article examines how vulnerability and invulnerability were engaged with and reconfigured across phases of Austrian COVID-19 crisis governance. Drawing on affect theory, it conceptualizes crisis governance as emerging from shifting 'affective arrangements' – meaning the changing mix of people, practices, objects, and environments that shape how we affect one another. In this view, vulnerability is understood as a relational condition, and as a change in one's capacity to affect and be affected that is tied to unequal responsibility, risk, and exposure. Empirically, the analysis draws on an abductive, affect-sensitive frame analysis of two qualitative accounts from early political governance and the later GECKO expert advisory commission. Read across pandemic time, the material traces a movement from urgent improvisation to phases in which fatigue and politicization made shared protection harder to uphold. The findings show that vulnerability remained present but became detached from collective responsibility, shifting protection towards individuals and families and constraining crisis learning after COVID-19.

KEYWORDS

Crisis governance; vulnerability; invulnerability; affective arrangements; affect theory; pandemic policy; epistemic vulnerability

SUBJECT CLASSIFICATION CODES

D63 – equity, justice, inequality; I18 – government policy; regulation; public health

Introduction

The arguments developed in this article are based on research activities conducted in the “Cov_Enable: Re-Imagining vulnerabilities in times of crises” project, carried out collaboratively by the Bertha von Suttner Private University St. Pölten and the Centre for Teacher Education at the University of Vienna, Austria, between May 2021 and April 2025.

We examined if and how individual and public understandings and effects of vulnerability were reshaped during and after the COVID-19 pandemic, with a particular focus on children and adults with dis/abilities and mental health issues. It combined a participatory, qualitative, and longitudinal research design. Throughout the project, we conceptualized vulnerability as a concept which travelled across three interconnected levels. At the micro-level, we traced how children and adults with dis/abilities and mental health issues negotiated shifting risks, interruptions in support, and new forms of abandonment, while also developing situated practices of adaptation and resistance (Koenig and Barberi 2023; Koenig, Mandl, and Reisenbauer 2025; Subasi Singh 2023). At the meso-level, we analysed how institutions of education and disability-related support translated pandemic measures into everyday arrangements which enabled, restricted, or reconfigured participation in meaningful activities and spheres of life (Koenig and Barberi 2023; Weihs and Proyer 2025b). At the macro-level, we examined political, legal, and media framings of who appeared as vulnerable and in need of protection (Mandl forthcoming). The present article continues with this focus on the macro level.

During the COVID-19 pandemic in Austria, as in other countries, vulnerability became a central category through which protective measures were justified, organized, contested, and later withdrawn as

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collective obligations (Mladenov and Brennan 2021; VIECER 2023). Many of these measures had ambivalent effects. They could reduce exposure to infection while at the same time producing new harms through prolonged confinement, interruptions in schooling and care, inaccessible information, and the relocation of risk management onto families and individuals (de Ruiter et al. 2024; Koenig, Mandl, and Reisenbauer 2025; Mladenov and Brennan 2021). Following Mackenzie, Rogers, and Dodds (2014), such effects can be understood as ‘pathogenic vulnerabilities’, since they arise through social and institutional responses intended to address vulnerability, but which instead intensify dependency, exclusion, and harm.

These ambivalences became apparent as the pandemic moved from emergency responses to its political aftermath. Across democratic contexts, COVID-19 emergency measures raised questions about democratic standards and the longer-term effects of crisis governance, although established democracies often proved comparatively resilient in dealing with the effects of this crisis (Boin, McConnell, and Hart 2021; Boin and Hart 2024; Edgell et al. 2021; Sorsa and Kivikoski 2023). In Austria, protests against the government’s COVID-19 policies coincided with declining satisfaction in democracy and eroding perceptions of social cohesion among the public (Rump and Zwiener-Collins 2022). The boundary between scientific expertise and political decision-making became increasingly contested. Trust in the government declined, and perceptions of technocratic overreach and political blame deflection began to weaken public support for virus mitigation measures (Partheymüller, Eberl, and Bogner 2025).

Against this background, we here shift the focus from whether and how disabled people were made vulnerable by the pandemic to how vulnerability itself was articulated, stabilized, and displaced during each phase of crisis governance. By analysing qualitative material from central governance actors involved in different phases of the Austrian response to the pandemic, we trace how vulnerability initially supported a broad and collectively upheld orientation towards protection but later became increasingly treated as a matter related to specific groups and individualized responsibility. At the same time, continuing to take protective measures came to be marked out socially as excessive or anxious.

Our argument is underpinned by an understanding of vulnerability as an ongoing ontological relation of dependence, and openness to being affected by others (Gilson 2011). All subjects inhabit this relation, albeit never equally, since exposure to harm is distributed through unequal relations of power and institutional arrangements shaped by dis/ableism, age, health status, class, gender, race, and access to care (Cole 2016; Goodley et al. 2023).

Drawing on affect theory (Deleuze and Guattari 1987; Sauerborn and Albrecht 2024; Slaby and Mühlhoff 2019), we approach vulnerability as a relational and power-laden modulation of affective capacity (Rozmarin 2021; Sabsay 2016). Affective capacity refers here to the capacity to affect others, to be affected by them, and to have one’s exposure (i.e. the ways one is open or reachable in social relations) recognized as something that warrants collective response, meaning shared acknowledgement and action by others. Invulnerability, on the other hand, appears where shared exposure is distanced, disavowed, or relocated onto particular others (Gilson 2011; Cole 2016).

In particular, the article asks how central actors involved in the governance of the COVID-19 crisis in Austria made sense of vulnerability across different phases of the pandemic, and how their own affective implication in the crisis response shaped the shifting distribution of responsibility for protection.

Empirically, the analysis draws on an abductive, affect-sensitive frame analysis of two qualitative interviews. The first is an in-depth interview which was conducted with a former central political actor involved in the initial response to the pandemic. The second is a focus group interview involving former members of the GECKO Commission, an expert advisory body who were active in later stages. In what follows, we first conceptualize crisis governance as unfolding within affective arrangements of affecting and being affected. We then turn to ‘vulnerability’ and ‘invulnerability’, arguing that they can be understood as affective – political relations within crisis responses. After situating these dynamics in the Austrian pandemic context, we outline our abductive, affect-sensitive frame analysis of two qualitative accounts from different phases of Austria’s crisis governance. After the empirical analysis, the final discussion considers how these shifts might shape the conditions for crisis learning under prolonged uncertainty.

Crisis as an affective condition and immanent relation (of governance)

It is challenging to establish an all-encompassing definition of the concept of ‘crisis’. Following Steg (2020), crisis can be understood as a normative relational category which marks a non-intended deviation from a declared normality. Similarly, for Boin, McConnell, and Hart (2008, 3), crises are ‘episodic breakdowns of familiar symbolic frameworks that legitimate the pre-existing sociopolitical order’. Tietjen (2023, 1281) argues that ‘crises’ are not just objective facts but also subjective forms of experience’. Socio-political crises such as the COVID-19 pandemic are both felt and performed individually as well as collectively, marked by existential disruption, affective upheaval, and demands for action. The pandemic was a perfect example of this, as it affected ‘not just anything ... but something of utmost importance to us’ by threatening the core values of ‘our health, lives, and health care system – of our individual and collective existence’ (Tietjen 2023, 1284). Tietjen goes on to say that crisis also involves a wider alteration of our affective lives, including our emotions, moods, and atmospheres, through which ordinary ways of being-in-the-world and being-together are disrupted. Fear, anxiety, helplessness, disorientation, and loss may mark the early crisis experience, while frustration, resignation, anger, and indignation can become more prominent as the crisis unfolds.

However, the COVID-19 pandemic cannot be treated as one uniform crisis experience. Tietjen (2023, 1283) warns that denying ‘the plurality of crisis experiences’ by using metaphors such as ‘we are all in the same boat’ are ‘highly problematic and even offensive’ (1287). This holds especially true when articulated by people in positions of privilege, since they risk denying the existence of injustices and placing disproportionate burdens on those already worse off. What registers as inconvenience, uncertainty, or temporary disorientation for some may emerge as precarity, isolation, or life-threatening risk for others.

Bringing these understandings of crisis into conversation with affect theory, we can conceptualize crisis as a relational configuration which shapes what can be sensed, endured, articulated, and acted upon. As Sauerborn and Albrecht (2024) emphasize, affect theory marks a shift away from cognitivist accounts towards an understanding of affectivity as material, embodied, and relational.

Deleuze and Guattari use the concept of *affect* to describe ‘the capacity to affect and be affected’ (1987, 261) – locating affect at the level of encounters between bodies (and things), rather than internal experience. Slaby and Mühlhoff (2019) go further, by emphasizing that affecting and being affected must be understood as inseparable. In this view, an affective relation is never a one-sided impact of one individual on another. Rather, ‘active and receptive involvement are inseparable’ (31), such that it becomes misleading to ask who is affecting whom. What matters is ‘how a relational dynamic of affecting and being affected evolves in the immanence of a given situation.’ Affect unfolds within ‘complex, polycentric, and spatio-temporally extended affective arrangements’ (Slaby and Mühlhoff 2019, 31). Such arrangements comprise persons, things, artefacts, spaces, discourses, behaviours, and expressions in a ‘characteristic mode of composition and dynamic relatedness’ (Slaby, Mühlhoff, and Wüschner 2019, 4). This refers to socio-material constellations through which orientations, responsibilities, and exposures are shaped, often beyond what actors can consciously grasp. However, while relations of affecting and being affected may be mutual, they are not symmetrical.

In relation to power and questions of decision-making, we understand ‘governance’ to mean a process of governing, rather than government alone. According to Bevir (2013, 1), governance encompasses ‘all processes of governing’, including all forms of coordination, rule, and collective conduct which operate across state and non-state sites. Following Boin, McConnell, and Hart (2008), crisis governance refers here to the organized conduct of the pandemic response across governmental, expert, administrative, and institutional sites. This includes expert advisory bodies, which Bouchat et al. (2025) conceptualize as organizational policy instruments which support internal policy-making processes and often operate at the intersection of governmental and academic arenas.

Governing under crisis conditions does not occur from outside the affective field, but from within it. Decision-makers are also affected by uncertainty, urgency, institutional fragility, and the anticipated consequences of action, yet they occupy positions from which being affected can be translated into decisions and actions which affect others. Slaby and Mühlhoff (2019) use the Spinozist notion of *potentia* to describe this connection between both having the power to affect and being affected, and note that it is historically formed – as past relations can sediment into bodily, social, and institutional dispositions. Crisis situations

can make these unequal affective capacities especially visible. While all actors are implicated in relations of affecting and being affected, only some are positioned to make their being affected count as a basis for collective response, while others are left to bear exposure with little public or institutional uptake. This takes us to the concepts of ‘vulnerability’ and ‘invulnerability’ – the other key objects of analysis in this paper – which we explore in the next section.

(In)Vulnerability as affective crisis response

Within crisis responses, vulnerability is rarely neutral. It is produced through categorization practices, legal distinctions, and institutional routines which determine whose lives are rendered in need of protection and under what conditions. Following scholars who adopt anti-essentialist understandings of vulnerability across feminist ethics, political theory, socio-legal scholarship, and disability studies, we too understand vulnerability as a relationally produced and unevenly distributed condition shaped through social, affective, legal, and institutional arrangements (Butler, Gambetti, and Sabsay 2016; Fineman 2008; Mackenzie, Rogers, and Dodds 2014). Zembylas (2024) describes this shift as a move towards understanding vulnerability as an affective–political relation which unsettles categorical assignments and instead draws attention to the conditions under which exposure becomes meaningful, speakable, or actionable. Rozmarin (2021, 190) similarly frames vulnerability as ‘a dual affective relation between subjects and their surroundings’. On the one hand, Rozmarin argues, vulnerability appears as an ‘affective response to rigid and injurious social formations, as they meld, hinder and limit life’ (196). On the other hand, vulnerability contains an active and potentially transformative dimension. As such, it is not only a condition that marks bodies as exposed to power, but also ‘an affective resource with which one can navigate the intensities of becoming as a path of creative transformation’ – even within oppressive conditions (Rozmarin 2021, 198).

Gilson (2011), too, directly locates affective capacity within the conceptualization of vulnerability. In ethical and political discourse, vulnerability is often restricted to meaning being ‘susceptible, exposed, at risk, in danger,’ and to being ‘weaker, defenseless and dependent, open to harm and injury’ (Gilson 2011, 311). While keeping these dimensions in view, Gilson argues that they can become misleading, and indeed can exhaust the meaning of vulnerability. Vulnerability, for Gilson, names ‘a basic kind of openness to being affected and affecting in both positive and negative ways’ – an openness which can take diverse forms in different social situations and which can make other conditions possible (310).

Invulnerability, for its part, is conceptualized by Gilson (2011) as the consequence of narrowing vulnerability down to a negative state. If vulnerability is associated primarily with weakness and dependence, then it becomes something to be rejected, mastered, or projected elsewhere. Gilson (2011, 313) describes this as a ‘double disavowal’ which obscures the potential for vulnerability to be understood as shared affectability. The ‘projection of vulnerability onto others and disidentification with those vulnerable others’ therefore goes hand-in-hand with treating vulnerability as a solely negative condition (Gilson 2011, 313). Vulnerability then appears as ‘a reified negative property of certain types of individuals’ (312), while others come to imagine themselves through strength, autonomy, and control. Invulnerability, then, becomes an act of closing off certain modes of being affected which could transform or implicate the self. In doing so, however, it also blocks alternative forms of knowing which could unsettle one’s self-understanding. In this way, invulnerability ‘enables us to ignore those aspects of existence that are inconvenient, disadvantageous, or uncomfortable for us’ (314).

Cole (2016) sharpens this view of invulnerability as closure by describing how it becomes organized through social hierarchy. The ‘vulnerable/invulnerable binary,’ Cole argues, produces ‘rigid social hierarchies’ (261). Some subjects come to appear exposed, dependent, weak, or injurable, while others become aligned with autonomy, competence, and sovereignty. Within this binary, invulnerability emerges as the desired position of distance from dependence. Cole describes it as a ‘masculinist ideology or affect that disavows weakness and dependence in any form’ (262). As a particular affective modulation, invulnerability works through aversion, shame, projection, and disidentification. It allows some subjects, institutions, and publics to appear autonomous or less affected, while vulnerability is attached elsewhere.

This distribution of affectability also shapes the politics of recognition. Sabsay (2016, 280), for example, shows how vulnerability may circulate through humanitarian and moral economies as a device which solicits compassion while simultaneously reaffirming the ‘borders of assigned injurability’. The ‘suffering other’

can become recognizable as vulnerable, while the relations which produce exposure remain insulated against political contestation. Under crisis conditions, these affective orientations become consequential in rapid decision-making. Pandemic governance required governments to protect populations understood to be at serious risk while also deciding how far collective restrictions should reach, whom they should burden, and for how long they could be maintained (Boin, McConnell, and Hart 2021, 47). Crosweller and Tschakert (2021, 5) show that crisis leadership is often shaped by a ‘pervasive denial of vulnerability, also among powerful decision makers,’ and especially where leaders are expected to appear rational, autonomous, technically competent, and emotionally controlled. This posture can transfer vulnerability onto citizens as resilient, self-regulating subjects, making protection appear as a targeted intervention for particular groups. Mckeown, Bui, and Glenn (2022, 112) show how resilience discourse can ‘ontologise vulnerability’ and strip political discourse of ‘the language of social struggle’. Similarly, Heikkilä and Mustaniemi-Laakso (2023) caution against treating vulnerability as a self-evident status and instead conceptualize *vulnerabilization* as a socially and legally produced process. Under conditions of emergency and scarcity, crisis governance often shifts from universal protections towards targeted measures, selectively foregrounding certain lives while deprioritizing others. Such moves may enable urgent support, yet also risk lowering overall levels of protection by establishing hierarchies of deservingness. As Heikkilä and Mustaniemi-Laakso note, ‘the rhetoric of vulnerability both opens doors to protection and closes them’ (151). Where measures fail to accommodate different sources of vulnerability, they may themselves become sites of vulnerability, by both generating new vulnerabilities and intensifying those already existing. This gives rise to ‘different individual and collective *crises within the crisis* with intersecting and overlapping sources to vulnerabilities’ (Heikkilä and Mustaniemi-Laakso 2023, 161, emphasis added). We now explore how this can look in practice, taking the Austrian response to COVID-19 crisis as an example.

Shifting affective arrangements of crisis governance across the pandemic: the Austrian case

In the early months of the pandemic, vulnerability operated as a central language of justification for protective measures within Austrian crisis governance. Political communication foregrounded the threat posed to populations identified as particularly at risk, including older people, those with pre-existing health conditions, and people with disabilities. Then Chancellor Sebastian Kurz’s remark that ‘soon everyone will know someone who has died from Corona’ (Czejkowska and Froebus 2021, 96, author’s translation) exemplifies how mortality was mobilized to justify far-reaching restrictions and to orient public attention towards the urgency of collective protection.

In Austria, these early appeals to protect ‘vulnerable groups’ met a disability-support landscape which was marked by unresolved tensions. Although Austria ratified the UN Convention on the Rights of Persons with Disabilities in 2008, Article 19’s commitment to independent living has remained only partially implemented, with deinstitutionalization progressing slowly and without a comprehensive strategy across federal and provincial responsibilities (CRPD 2023). Institutional residential services continued to constitute large parts of the support landscape, while personal assistance developed unevenly (Koenig and Barberi 2023). People living in institutional settings were particularly subject to prolonged restrictions, including extended visitation bans and curfews. Disabled people and chronically ill individuals living independently often had limited access to tests, masks, and protective equipment, with recognition achieved only after sustained advocacy by disabled people’s organizations (Koenig and Barberi 2023). As the pandemic progressed, political emphasis shifted from the protection of vulnerable groups towards the preservation of population-wide healthcare capacity. By the summer of 2022, many of those previously framed as ‘worthy of protection’ were left without any safeguards or accommodations against the COVID-19 virus (Koenig, Mandl, and Reisenbauer 2025). These patterns reflect what Naue and Flieger (2022) describe as Austria’s oscillating attention to people with disabilities, where moments of visibility in the name of protection are followed by recurrent phases of institutional neglect.

At the same time, the atmosphere shifted over the prolonged duration of the pandemic. In the first phase, uncertainty and fear were accompanied by a fragile sense of solidarity (Kieslich et al. 2023). Media consumption increased, compliance was widespread, and public trust temporarily consolidated – a dynamic which was described as a ‘rally around the flag’ effect (Melischek and Seethaler 2023). Crisis communication

largely reinforced government narratives, while opposition voices were marginal in media coverage (Eisele et al. 2022). Nevertheless, this configuration proved difficult to sustain. As restrictions persisted, fatigue and polarization intensified, and trust in official communication began to erode.

These shifts did not occur in a linear sequence but overlapped one another. Social media became a key arena for competing interpretations of the crisis, amplifying resentment towards expert-led decision-making and narrowing the space for shared orientations (Melischek and Seethaler 2023). A significant discursive shift occurred following the announcement of a national COVID-19 vaccine mandate in November 2021, requiring all residents over 18 years of age to be vaccinated or face penalties (Druml and Czech 2022). The populist Austrian Freedom Party (FPÖ) capitalized on this moment by framing vaccination as an infringement on personal freedom, while proponents emphasized it as a collective responsibility (Schwörer and Fernández-García 2022). By 2022, as restrictions were gradually being eased, public discourse increasingly shifted towards retrospective blame. Media narratives focused on alleged policy failures, which contributed to declining democratic satisfaction and a reassessment of pandemic governance (Rump and Zwiener-Collins 2022). This reorientation became institutionally visible at the province level. In the Lower Austrian coalition agreement between the FPÖ and the Austrian People's Party (ÖVP) (2023), for example, pandemic policy was cast as a harm which required restitution through measures such as ending vaccine mandates and rehiring dismissed unvaccinated workers – framing public health measures as state violence (Austrian Bioethics Commission 2023).

Methodological approach

The following empirical analysis draws on qualitative material generated through fieldwork conducted between May 2021 and April 2025. All interviewees received detailed information about the research project, the use of their data, and their rights as participants, and all provided written informed consent.

Initially, the project set out to document crisis responses in real time, describing our research as a form of 'live-ticking' of history in the making. Over time, however, it became evident that the crisis could not be adequately captured as a bounded event, nor could its dynamics be stabilized through linear phases of data collection and analysis. Our methodological approach therefore shifted alongside the crisis itself. While the project initially employed a constructivist grounded theory framework (Charmaz 2014), we encountered its limits when analysing fluid social processes and affective dynamics. Standard coding and categorization proved productive for organization but risked 'decontextualization and fragmentation' of relational and temporal dynamics (Nespor and Barylske 1991, 810; quoted in St. Pierre and Jackson 2014, 717). As such, we changed to an abductive analytic approach (Timmermans and Tavory 2012), which is understood as an ongoing movement between empirical material, theoretical elaboration, and renewed engagement with the field. Rather than allowing theory to emerge inductively from data, or applying predefined frameworks deductively, analysis instead proceeded through repeated re-readings of interviews and field material against the background of evolving theoretical sensitivities and contextual crisis developments.

As previously mentioned, we follow Boin, McConnell and Hart's (2008) definition of crisis as an episodic breakdown of the familiar symbolic frameworks which legitimate sociopolitical orders. This means that in the aftermath of a crisis, governance actors are forced to move beyond the operational level to a strategic level of crisis politics, in which they must recount the event's causes, account for their responses, and negotiate institutional futures. Crisis politics thus functions as discursive struggles to produce a dominant interpretation of the situation. In line with Wetherell (2013, 355), we view these accounts as affective-discursive practices, in which affect and meaning-making reflect a functional continuum. By focusing on the 'entanglements of embodiment and discourse' (351), we try to capture how the affective texture of the interviews constitutes an integral part of the sociopolitical meaning-making process. While they do not provide direct access to the participants' inner states, they can show how actors who were positioned within affective crisis arrangements narrated their own relations of affecting and being affected.

To analyse such affective-discursive accounts, we use affective frame analysis. Frames can be considered 'interpretative schemata' which 'signify and condense the 'world out there' by selectively punctuating and encoding objects, situations, events, experiences, and sequences of action' (Snow and Benford 1992, 137; quoted in Sauer 2019, 322–23). Frames have also been defined as 'organized ideas' which bring coherence

to a designated set of elements' (Marx Ferree et al. 2002, 105; quoted in Sauer 2019, 323). They are schemata through which a situation is made intelligible by relating a problem to possible responses, responsible actors, affected actors, values, and narratives. In moving from rational to affective frames, attention is directed towards how these relations are affectively charged. In this way, affective frames produce not only understandings of political issues, but also 'affective attachments to or dis-affection from the issues' (Sauer 2019, 323).

The abductive stage of the analysis consisted of reading participants' accounts alongside the wider project material and the theoretical framework developed above. The two qualitative datasets used for the present article capture two distinct and sequential temporal phases of the pandemic and different positional locations within its governance. The first (conducted in the summer of 2024) was generated via an in-depth interview with a former central political actor responsible for measures implemented during the initial phase of the pandemic. The second dataset was generated via a focus group interview with three former members of the Austrian GECKO Commission (Gesamtstaatliche COVID-Krisenkoordination), an expert advisory body established in December 2021 to support structured pandemic management and interdisciplinary scientific advice. This Commission brought together expertise from medicine, epidemiology, public health, social psychology, law, bioethics, economics, and social organizations.

This material was analysed using three abductively refined questions. First, we asked from which affective arrangement within the unfolding pandemic each account was given, and how the actors narrated their capacity to act, decide, justify, or learn within relations of affecting and being affected. Second, we asked how (in)vulnerability became intelligible and actionable within the account: how it was named, attached to actors or situations, translated into action, and where it remained implicit or uncertain. Third, we asked how the account narrated the possibility of learning from the crisis and under what conditions crisis learning could alter future governance.¹

Results: acting without a script: locating vulnerability in early pandemic governance

Interviewee 1's account begins with him recalling entering office only weeks before the pandemic reached Austria. As he did so, he encountered a health ministry in which crisis management structures were effectively missing:

The whole department was empty. That means crisis management in Austria, in the health sector, no longer existed. [...] And up to that point, what we were doing was in reality an emergency construction. There was an Epidemics Act from the year 1917, in its basic outlines. There were no crisis units. There were no, no, no, procedures. There was no specialist department. There was nothing at all. (lines 60–71)

The actor locates early crisis response in a ministry without functioning crisis structures. In the absence of established procedures, he describes a situation in which affective intensities such as responsibility and urgency had to be translated into action while the crisis was already escalating. The sense of being affected by the events intensifies when he turns to the international images which entered the field of decision-making in late February 2020. He recalls how he followed reports from the city of Bergamo, Italy, and describes how they appeared to use the language of war.

I then followed an intensive care physician from Bergamo on Twitter, who posted a report every morning from the intensive care unit there, describing what was happening. And x, who was a war reporter at the time, an ugly term, but that is what it was called, said: This reads like my work, like war reporting. (lines 83–88)

The immediacy of these visuals re-emerged in his later reflection on their impact on the self: 'In a situation like that, in a completely agitated state of exception, where no one sleeps anymore and everyone feels that they are now responsible for whether people live or die – you are simply no longer normal' (lines 195–197). He narrates this sense of responsibility through corporeal intensities which permeated the onset of the pandemic. Against this background, the interviewee describes the first priority of political action: 'We said that we would give the protection of those affected first priority, placing health at the centre. Regardless of whatever else there might be. That is the very first priority.' (lines 93–96)

While the formulation 'protection of those affected' carries an affective weight, the questions of which groups are actually affected have not yet been clearly specified. Crisis governance placed an understanding

of vulnerability to risk at the centre of its actions before it had been attributed to stable groups or categories. The account then moves on to the scale of the administrative labour which was needed:

There were then four staff members who would produce 140 ordinances in the first year. There were people who slept on a camp bed in the office for the first four weeks. Real heroines, all women, who did this, and completely unthanked, and then mistakes happened. And they did happen. Of course. There is no other way in such a situation. Were they later criticized? But at least from the outside, nobody ever thanked them. (lines 113–119)

The absence of recognition is positioned alongside the acknowledgment of error as an expected outcome of sustained strain, while critique is displaced elsewhere. In the sequence of this account, this suggests a contrast between public exposition and backstage operational work, while also pointing to a gendered division in how responsibility and visibility were distributed. His remark that this work was done ‘completely without thanks, and then mistakes happened’ situates vulnerability within female operational roles which absorbed the pressure, while remaining largely invisible in public-facing narratives. Notably, it is immediately after this insertion that he introduces vulnerability explicitly for the first time, in relation to the ongoing need for clarification and interpretive work: ‘at that point, relatively early on, the term *vulnerable persons* emerged, and it was vague and imprecise’ (lines 113–115, emphasis added). He recalls how these first broad ordinances generated thousands of questions from people, organizations, and institutions:

What does this now mean for group XY? What does this mean for group YY? [...] What does this mean for me in my work situation, in my private situation? What does this mean in my institution? (lines 103–125)

Vulnerability circulates through these questions as a practical problem of classification and response. The interviewee names this process as one in which ‘one group after another’ and ‘one situation of affectedness after another’ arrived in the ministry (lines 152–153). Asked how vulnerability entered the political discourse, the interviewee refers to it originating ‘from the expert side’ (line 165). In the initial phase of the pandemic, the category was primarily associated with two main groups considered to be at risk:

Because it was essentially about two large groups. In the initial situation, that is. On the one hand, we knew that senior citizens had a significantly higher mortality rate, also according to international experience and the state of knowledge at the time. So there was particularly acute need for protection there. That was the assumption. And secondly, people who were acutely weakened because of their illness situation. What do I know. People with severe cancer? Or in other areas. Here too, the information was very raw, in many cases there was no information. (lines 138–135).

In this first articulation, vulnerability and whose protection should come to be prioritized becomes actionable according to the risk of mortality, under conditions of limited knowledge. The hesitant ‘What do I know’ interrupts the sequence and exposes the provisional character of the knowledge on which action depended. The composition of early expert advisory bodies contributed to this narrowing. The interviewee stresses that the expert committee was diverse in terms of pandemic assessment, but not in terms of disciplinary or experiential knowledge:

We were one-sided in terms of disciplinary specificity, that is, there were mainly people from the field of virology, physicians, statisticians, researchers in that area. Only after a few weeks did the first child psychiatrist join, and that was a major deficiency. From my point of view, that was a serious mistake. (lines 179–183)

He links the intelligibility of vulnerability to the forms of knowledge present in the advisory setting. From an affect-theoretical perspective, governance becomes capable of registering particular exposures only through the expertise and representation which make those exposures perceptible. Disability appears as marginalized knowledge in the early protective frame. The interviewee first describes how attention concentrated on senior citizens and care homes, shaped by international reports of mass deaths in institutional elder care:

The priority was always under discussion, also at the expert level. But this is not an excuse on my part, it was simply the case that, after there had been these major cases internationally with 200, 300 deaths in care homes in Canada, our concentration was very strongly on senior citizens. [...] The second thing, which from my point of view was much more difficult in hindsight, was this question of institutions and people in the elder-care, nursing care and disability sector [...] which always came a bit short. (lines 248–259)

Disability-related vulnerability becomes nameable as a shortcoming after the initial emergency frame has already been organized around other signals. It was not wholly outside the protective frame, but it was not distinctly present within it. This ambiguity becomes explicit when disability-related groups and representatives approached the ministry:

That was exactly the phase when groups from the field of people with impairments came, representatives came, and said: Hello! We were not sure where we belonged for the last six weeks. Do we belong, so to speak, to the nursing homes or not? Many institutions treated it as if that were the case. Our lawyers at the time also answered yes. They assumed that it was included. But of course it is a completely imprecise representation if this large group is not explicitly named in the ordinance text. (lines 274–281)

The question ‘Where do we belong?’ exposes the problem of vulnerability as a question of institutional attention. Legal interpretation filled the gap left by the absence of explicit naming, but implicit inclusion did not resolve the practical uncertainty of organizations and disabled people. The interviewee then makes explicit their unequal capacity to affect the governance process:

The impact, the intensity, depended on how engaged and how clear groups were and how quickly groups also acted together, for example when it was clear, okay, this is an association that represents the field. [...] And that is why it was very strongly determined by who stood up. It should not be like that, but it was like that. (lines 317–328)

Recognition depended on collective representation, and the ministry’s capacity to be affected by incoming claims. The phrase ‘It should not be like that, but it was like that’ marks the normative problem, that those already affected by inadequate rules had to carry part of the burden of becoming visible to the state. The interviewee describes the difficulty of regulating disability-related settings without sufficient understanding of everyday life in institutions: ‘It is not as if there is comprehensive knowledge of all areas, of how life in an institution works at all, what people need, where the basic need for social life together lies.’ (lines 311–313)

The problem was not that protection was absent, but that protection was organized according to categories and priorities which could become counterproductive when they lacked situated knowledge of what constituted particular vulnerabilities. The interviewee later gives a broader definition of vulnerability. Asked directly what vulnerability means to him, he answers:

Very, very, very literally: people who are more at risk from injury, from different situations. But this is not only the core health area, that is, the classical biomedical health area. Psychological questions belong to it just as much. Social questions belong to it just as much, all those things that we did not have at the table at the beginning of the pandemic. (lines 437–442)

This retrospective formulation is broader than the initial emergency category. It names vulnerability as heightened susceptibility arising from different situations and explicitly includes psychological and social dimensions, yet none that could truly enter the field of affective capacity.

Learning from and for future crisis is a recurring theme in the interview. The interviewee repeatedly distinguishes serious reflection from retrospective score-settling: ‘We will in reality need a serious process of coming to terms with it, one that is not about settling scores, but one that is about saying: Hello, this is what we need to do differently next time so that we are better prepared.’ (lines 188–190)

The image of future preparedness appears procedural, as the interviewee suggests that crisis experience should become codified in ways that future actors can retrieve:

This process of experience that comes out of a crisis situation must not be left under the carpet, where it has now ended up. We have to bring it into very concrete codifications, so that a minister in the year 2467, when the next pandemic comes, can simply say: Hello? Where is the drawer? Where is the pandemic law? I will look at that. Bang, bang, bang. (lines 198–206)

The drawer image promises orientation, speed, and reduced friction; yet the interviewee’s later reflections show that learning cannot be reduced to a stored procedure. Asked what he would do differently with the knowledge now available, he says:

To begin one week earlier and assign ten people to carry out very swift, quick, rough information-gathering in the core areas of endangered groups. What is feasible in the situation, what one should pay attention to, what risk exists where, what can become counterproductive with good will. And to weigh that. (lines 459–464)

Learning means creating institutional capacities to be affected earlier using situated knowledge. The phrase ‘what can become counterproductive with good will’ acknowledges that protective intentions may themselves produce harm when they are not informed by the conditions under which people live, receive support, or depend on social relations.

The interviewee also traces a turning point in how the conditions for such learning became more difficult, altering how measures were retrospectively felt and interpreted:

One thing was this prevention paradox. It hit quite hard. Prevention paradox means that many people at the time had the feeling: Okay, what did not happen? That it did not happen because many people reacted extremely well is not what one then has in mind. Instead, an underestimation emerges. (lines 478–482)

He links the ‘prevention paradox’ to the prolonged duration of the pandemic: ‘This mood spread. And it combined with not wanting to anymore, because it simply went on for too long’ (lines 488–489). The account then turns to politicization and the collapse of the early protective consensus: ‘This party politicization. That means that parts of politics simply broke away from us. [...] As a result, this large, broad solidarity that had existed at the beginning collapsed’ (lines 503–520). The crisis, as the interviewee recalls, became harder to learn from because the memory of threat weakened while the memory of restriction remained. His formulation of risk minimization brings this closure into focus: ‘There was a total longing to believe something that, so to speak, minimized the risk in one’s own, in one’s own thinking’ (lines 532–533). This longing marks a desired shift towards invulnerability as affective closure. In his account, people wanted to believe that the risk was smaller than the measures had assumed. The vulnerability of others no longer put the same pressure on collective conduct.

Governing the crisis during a fading pandemic: shifting responsibilities and the trade-off of vulnerability

The group interview with three former members of the GECKO Commission was conducted in January 2024. The discussion begins with the members’ different entry points into pandemic advisory work and then turns to GECKO’s temporal position within Austrian crisis governance. One participant stresses that GECKO came into being when much of the pandemic’s trajectory had already unfolded:

GECKO only actually came about quite late in the pandemic. By then, essentially everything had already happened. What was left was basically only Omicron. And then the measures were lifted relatively quickly. Freedom Day, we remember, Freedom Day in March, on March 5, 2022, all measures were lifted. (lines 104–108)

The commission entered a field in which vulnerability could no longer easily organize collective protection, as it was shaped by fatigue, contestation, and a growing pressure to end the pandemic as a collective problem. One participant describes a public perception in which the commission became retrospectively associated with decisions and burdens that preceded its existence:

Because everything was already so far toward the end, and yet in public perception it became: GECKO decided everything, from the very beginning, so GECKO is to blame for everything. That is the public perception, right? (lines 110–113)

GECKO’s formal capacity to make decisions remained limited, while its affective exposure to blame increased. The Commission became considered as the body ‘behind’ pandemic governance, and thereby absorbed affective resentment. Its members, by contrast, describe their mandate as advisory and procedurally bounded:

From the second or third meeting onward, the procedure became clear quite quickly: the government asks us questions, which we answer so that it can better prepare its decisions, and in these answers the expertise of different disciplines on the one hand and also interest groups on the other comes together. (lines 177–181)

The same speaker adds that political actors initially drew on expert authority in ways that could obscure the political character of decisions: ‘At the beginning, there was partly an attempt to hide this a little behind GECKO’ (lines 186–187). However, GECKO’s capacity to affect governance was indirect. It lay in the preparation of decisions, the articulation of expertise, and the bringing together of disciplinary and interest-based perspectives. Political actors retained the authority to decide and to frame decisions. The work of

the Commission was still affectively charged as an authoritative source: ‘the experts said it’ could support ad hoc decisions, while the Commission later became an object of blame.

The theme of vulnerability enters the discussion as a problem of attention, and public acceptability:

A major topic, (...) was in a sense: which people does one have to pay particular medical attention to, what can one do for them, and what must one do to protect them without generating too much resistance in the population as a whole. (lines 248-251)

The GECKO members frame vulnerability as a relation that has to be weighed between medical risks tied to exposure and anticipated social response. The question ceases to be who requires protection, but instead how far the exposure of some can continue to shape collective conduct once resistance becomes part of the governing equation:

There, vulnerable persons were of course always a justificatory topos, which the Constitutional Court also recognized, and in that sense it was always considered in legal argumentation, without this being, legally speaking, the major GECKO topic. (lines 326-329)

Vulnerable persons remain ‘considered’ – i.e. taken into account in measures – and recognized as a legal justification. They remain a “topos” who can authorize measures without necessarily sustaining the affective relation through which protection remains a collective obligation. This marks an early form of distancing. Vulnerability is still present in the argument, but the relation to those exposed is partially translated into the language of justification, proportionality, and acceptability.

The central affective shift which took place during the later stages of the pandemic is articulated when one participant describes the movement from a general threat to risks concentrated among specific groups:

After this general threat situation was no longer existent in that sense, the threat scenario shifted much more to subpopulations. And that is probably the most political dimension of the pandemic, which has not really been worked through and where it is difficult to find answers. Ultimately, the risk moved from a general risk for the population to a risk for specific groups. And with that, I suddenly see this duality between an egoistic need for protection and a collective need for protection. These two no longer go together. (lines 346–354)

During the early stages of the pandemic, self-protection and the protection of others could be articulated together. Once the general threat receded from public feeling, however, the protection of specific groups required people to remain affected by risks they no longer experienced as their own. This meant that vulnerability, as an affective relation, lost part of its binding force. A participant develops this through the example of masks.

Because it was accepted to some extent to protect myself with a mask, but when I need the mask to protect others, then this solidaristic act is probably where part of the ideologically-driven political debate ultimately ignited. (lines 355–359)

The mask thus becomes symbolic of the affective politics of the later pandemic. As self-protection, it remains partially intelligible, yet as the protection of others, it demands a positioning towards someone else’s exposure. This tension also shaped the Commission’s internal sense of responsibility. One member, speaking from a public health background, describes a professional and ethical unease:

For us, however, it was somewhat the point of the argument: if we do not place the need for protection of the 10% vulnerable at the forefront, then who will? That was perhaps our strength, or for me also this strong unease in this very political GECKO Commission. (lines 359-365)

The emphasized ‘we’ marks the advisory actor’s self-location within the field. Public health expertise is narrated as a responsibility to keep vulnerable groups in view when political priorities shift elsewhere. The ‘strong unease’ is tied to the affective conditions of advisory work in this phase. The Commission discusses protection while knowing that its recommendations will enter a political calculus in which the needs of specific groups are weighed against economic priorities and public tolerance. The same speaker names these trade-offs directly:

I can also accept it when the Federal Chancellery says: we have a different assessment there, the arts are pushing back, the leisure industry, tourism. And that then means that the 5% vulnerable will have difficulties. Or when students are no longer tested, that means that, if I am the parent of a chronically ill child, the child may, because

of the still existing threat situation, attend classes less frequently or not at all. But these are the trade-offs that lie in there, and we did not handle the situation well. (lines 373–380)

The numerical movement from ‘10% vulnerable’ to ‘5% vulnerable’ might be a slip, yet it also registers a shrinking political weight. Vulnerability becomes easier to contain when it is recast as a residual problem, and the costs of reopening can then be narrated as difficulties borne by a limited subgroup. The chronically ill child exemplifies the consequence concretely. When testing in schools stops, participation becomes conditional on a family’s ability to absorb risk privately. The child may attend less often or not at all. The withdrawal of testing and masking affects the conditions under which disabled, chronically ill, and immunocompromised people can share public institutions with others.

The interview subsequently turns to the failure of upholding even minimal accommodations. One participant recalls efforts to think about ‘safer settings’ after population-wide measures had lost support:

There was no willingness. I was really quite surprised at times, because, between us, in the time when everyone was wearing a mask – what would have spoken against it, even though there was no longer a major threat scenario in general, but still for specific groups? What would have spoken against the railway saying, for example, there is one carriage where masks are worn, and those who want to wear masks sit there and others do not? What would have spoken against the State Opera saying, on Sunday there is a performance where everyone comes tested and with a mask? These safer settings, this idea [...] and we have completely scorched earth there. (lines 435–446)

The failure to enact even such modest accommodations reveals a damaged capacity for shared protection. The phrase ‘scorched earth’ (*verbrannte Erde*), carries the affective residue of the preceding years. Practices once normalized became politically and socially difficult to sustain even in limited forms. A further reflection from one participant describes how the withdrawal of shared measures shifted pandemic management into private life:

We never managed to introduce general behavioural recommendations. Something like etiquette, if you will. A kind of traffic code for COVID management [...] and I had the impression that this was perhaps the second original sin, where it was shifted from the social into the private. Because then every family, every school class, every association cobbled together and established its own pandemic management. And of course that could never work, because it does not interlock. (lines 599–611)

The metaphor of a ‘traffic code’ imagines shared rules for moving among others under conditions of risk. Its absence leaves each family, class, and association to assemble a separate micro-order. Yet, privatized responsibility weakens the shared conditions through which the protective actions of some can be taken up, amplified, and sustained by others. One participant describes a recent infection in which her own precaution could not compensate for the absence of shared protection:

I was the only one wearing a mask. And we know with masks that it is good when others also wear masks. If one wears a mask only as an individual person, it only helps to a limited extent. I can explain it to myself in the end, when one is packed in there for hours, that is just how it is. (lines 620–624)

Masking remains relational, as its protective force depends on what others do in the same space. When protection is privatized, the individual can still act, yet the surrounding arrangement no longer amplifies that action as the virus can still move across households, classrooms, transport, workplaces, and events. The person who remains cautious becomes responsible for managing exposure without being able to reshape the shared conditions in which exposure occurs.

The social meaning of masking changed after mandates were lifted. One participant recalls how continuing to wear a mask attracted hostility: ‘In the period after the lifting of the mask requirement, you actually got hostile looks, along the lines of: have you still not understood that it is over?’ (lines 721–722). Another adds: ‘Yes, or something like: you are panicking, you are spreading panic with your mask.’ (lines 725–726).

The mask no longer signified only caution or care. It was also read as an affective disturbance in a public atmosphere organized around the pandemic being over. Continued protective conduct became socially marked as panic. This affective closure also shaped how the pandemic is remembered:

I have the impression that there is rather an unease among us about remembering this phase. There will again be several reasons for that. One is, of course, that the pandemic was an event that took place in my own immediate environment. I think every one of us at some point made assessments that did not then occur in that form, which

may be connected with implications of political action. The whole thing is now largely being tabooed. I believe that this is even a population-wide phenomenon. (lines 473-481)

Remembering is difficult because the pandemic entered people's own environments. To remember the pandemic would mean to remain affected by what one feared, misjudged, endured, caused, or avoided. However, the tabooing of the period narrows the space in which crisis learning can take place. Another participant continues by describing a difficulty in making sense of the memories left by the pandemic: 'We all had, I think, our memories, out of which we now do not make very much context or sense. [...] I myself am hardly able to grasp and classify it now' (lines 489-496).

This expert voice speaks from a position of implication. The crisis resists easy ordering even for those who held the potential to affect it. Learning requires more than collecting decisions and evaluating outcomes – it requires forms of narration which can contemplate ambivalence without turning the entire period into either heroic solidarity or illegitimate coercion.

So, what do we take with us? Do not trivialize. Neither the mistakes nor what the reason for the measures was, because the mistakes are being made larger and the trigger is being made smaller. And as I said, there may well be specific reasons for that. But what happened in northern Italy, what happened in Spain at the beginning, happened and should actually not be forgotten. (lines 802-806)

This final sentence names the central problem of the aftermath of crises. Mistakes remain available to memory because they attach to anger, loss, and blame. The reasons for the measures recede because prevented harm leaves fewer traces. The memory of danger fades, while the memory of restriction intensifies. In this affective arrangement, collective protection becomes easier to reinterpret as excess:

What is clear is that if we do not work it through, if the story is not also told differently [...] then we more or less lose the whole narrative of the meaningfulness of collective action, because where is the story of solidarity? (lines 496-502)

If the pandemic is remembered primarily through coercion, inconvenience, and error, then the affective grounds for shared protection are eroded further.

Discussion

Several limitations delimit the scope of the analysis. First, the empirical corpus is small and purposively selected. It consists of two insider accounts into Austria's post-pandemic governance. It does not claim to represent Austrian COVID-19 governance as a whole. Secondly, the analysis does not make use of empirical material from disabled people or other groups addressed as vulnerable during the pandemic. The broader project did engage these perspectives widely, and that body of work shaped the ethical and conceptual orientation and sensitivities of the present analysis. Within these limits, this paper focused on how central actors in Austrian COVID-19 crisis governance made sense of vulnerability across different phases of the pandemic, and how their own affective implication in crisis response shaped the shifting distribution of responsibility for protection.

Read across pandemic time, the two accounts make it possible to trace three shifts in the affective arrangements through which (in)vulnerability could be governed. The first concerns the translation of exposure into actionable categories under conditions of urgency. In the early interview, vulnerability entered governance through the perceived imminency of responsibility for life and death, in a governance context which was ill-prepared for that task. The actor describes being affected by missing procedures, incomplete knowledge, and warlike images from Italy, while also occupying a position from which these pressures had to be turned into concrete ordinances and protective priorities. Governing under these conditions took the form of improvisation under pressure. Vulnerability first became actionable where exposure could be linked to risks of mortality, and attached to older people and people with pre-existing health conditions. These categories stabilized action in a situation in which delaying the response itself appeared dangerous.

The second shift concerns the reconfiguration of vulnerability after the first classifications entered situations government actors had not anticipated. Vulnerability gained political relevance through the capacity of organized actors to affect the process, by entering decision-making arenas and generating presence,

persistence, and pressure. Disability-related exposure was insufficiently articulated within the first regulatory frames. This uncertainty was handled largely through legal reasoning rather than explicit political recognition. The first interviewee's retrospective wish to have known earlier what 'can become counterproductive' identifies that epistemic void. Protection had been extended in principle, but the conditions under which it might be lived had not been sufficiently attended to.

The third shift appears in the later GECKO account, in which members of this advisory body describe being affected by public fatigue, polarization, and the erosion of collective orientation. Their advisory role positioned them within an affective arrangement in which they affected political decisions indirectly, while becoming publicly associated with outcomes outside of their control. Scientific expertise was drawn into an arrangement which absorbed blame and enabled political distancing. Within this context, vulnerability remained materially present, yet the reciprocal expectations required to sustain collective adjustment had weakened. Even minimal shared accommodations which were oriented towards reducing harm were no longer imaginable as publicly legitimate.

The theoretical contribution of this analysis lies in showing how crisis governance can detach the ontological and social dimensions of vulnerability from one another. Vulnerability remains an ontological condition of openness to being affected by others, but crisis governance determines whether and how this shared condition becomes socially and institutionally consequential. In Gilson's (2011) understanding of epistemic vulnerability, learning requires openness to not knowing, to being wrong, to discomfort, and to being changed by what one comes to know. Invulnerability, by contrast, is 'a closure to certain modes of being affected,' and especially to those which might disturb the self's sense of mastery or innocence (313). In the accounts analysed here, invulnerability operates as closure within relations of affectability. The desire to move on can reduce the capacity to be altered by another's continuing exposure. Vulnerability is then relocated onto those who remain organized around risk and who are dependent upon protective infrastructures. The vulnerable 'other' remains recognizable, yet recognition no longer necessarily generates shared responsibility. Vulnerability can also stabilize distance and even create hostility.

Applied to crisis governance, epistemic vulnerability can be understood as the institutional capacity to let categories, priorities, and memories be revised by the situated knowledge of exposure. A pandemic law in a drawer may orient action, but it cannot provide the knowing in advance of how a measure will affect participation, support, or care. Gilson (2011) makes clear that epistemic vulnerability cannot mean demanding further openness from those already disproportionately exposed to harm. By distinguishing oppressive invulnerability and strategic refusals of vulnerability undertaken by those exposed to domination, she shows how limiting one's openness to certain relations can be necessary for survival and resistance. Such protective closure differs from the pursuit of invulnerability because it does not deny vulnerability as such.

Governance arrangements which act upon others face a different ethical and epistemic demand. Their authority must remain susceptible to revision by those whose lives are reorganized by the decisions of those governing. Without such susceptibility, vulnerability risks remaining visible as a property of particular groups while losing its force as a relation of mutual implication.

Implications

By tracing how (in)vulnerability was constructed, translated, and displaced across phases of crisis governance in Austria, this analysis highlights the limits of approaches which rely primarily on procedural reform or the promise of being better prepared. It points towards a relocation of governance within epistemic vulnerability itself. Governing under conditions of uncertainty requires time and institutional space to fully consider what it means to be affected and to affect others through action. This demand becomes even sharper under the current conditions of polycrisis, where overlapping and prolonged crises no longer unfold as bounded events followed by stable phases of recovery (Tooze 2022). In such conditions, institutions cannot rely on a later moment of consolidation in which the effects of their decisions will be calmly assessed and integrated. They need ways of learning while acting, especially when uncertainty, fatigue, and public pressure narrow what can still be heard as relevant knowledge. Without such conditions, vulnerability continues to be displaced, solidarity is eroded, and the dynamics which intensify crisis are reproduced.

Collective processing of the crisis experience depends on socio-political conditions in which vulnerability can remain a shared, though contested, relation. Where this relation is sustained, actors can stay attuned to

how their actions implicate the lives of others. Where it is interrupted, vulnerability becomes individualized, responsibility is repositioned, and opportunities for reflection narrow. What is lost is not only learning in an institutional sense, but also the capacity to inhabit exposure to vulnerability as a matter of common concern. The Demos Helsinki report *Humble Government*, developed as part of the Finnish Steering 2020 project, offers a concrete operationalization of such a governance stance by linking uncertainty, fallibility, feedback, and revision within an experimentalist account of policy-making. Humble policy-making begins from the acknowledgement that complex problems cannot be fully known in advance and that goals, instruments, and responsibilities must remain revisable as situated knowledge emerges (Annala et al. 2020). Schütze et al.'s (2022, 28) account of affect as a 'dynamic glue' disrupts any assumption that affective crisis experiences can become transformative by themselves. Affect may conserve established structures, territorialize relations, and routinize social life as much as it may open up possibilities for change. Its transformative potential requires a 'willingness for affective experimentation,' through which consolidated patterns of affecting and being affected can be interrupted in real-life arrangements (Schütze et al. 2022, 28). Re-centring vulnerability as a publicly inhabitable affective relation, then, opens the possibility for forms of governance which remain responsive to exposure, difference, and interdependence, even under conditions of prolonged uncertainty – before those who remain exposed are turned into exceptional 'others.'

Declaration of generative AI statement

In the preparation of this manuscript, generative artificial intelligence (ChatGPT, OpenAI, GPT-5.2) was used for language editing and stylistic refinement. All conceptual development, theoretical argumentation, empirical analysis, and interpretive decisions are entirely the responsibility of the authors.

Note

1. The interviews were conducted in German. Selected quotations have been translated into English as verbatim as possible for the purposes of this article.

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