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**The Expression of Distress Among Quora Users: Discursive  
Analysis of Covid-19 Suffering in Life Narratives.**

Dissertation submitted to the department of English as a partial fulfilment of  
the requirements for Master's degree in Language Sciences

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### **Statement of Originality**

We hereby declare that the dissertation entitled [The Expression of Distress Among Quora Users: Discursive Analysis of Covid-19 Suffering in Life Narratives], is entirely our own work. We affirm that this work has not been previously submitted for any other degree or qualification at any other institution. We have properly acknowledged all of the sources we used and obtained information during our research. This dissertation represents our original contribution to the field of [Language Sciences], based on our own analysis and understanding.

## ***Dedication One***

*To my wonderful parents*

*My mother Djamila for her love and motivation throughout my academic journey.*

*My father Mohammed for his belief in my potential*

*To my gorgeous sister Wiam and dear brother Zaki*

*To my handsome nephew Yanis and my adorable niece Aline Lina*

*This dissertation is dedicated to you with my endless love and gratitude.*

*Manel Amani*

## *Dedication Two*

*To my beloved family*

*My father for his constant support and encouragement.*

*My mother for her constant presence, and unconditional love.*

*To my dear brother Oussama and my two lovely sisters Bouchra and  
Roumaissae*

*This dissertation is dedicated to you with my deepest gratitude and love to  
each one of you.*

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## **Abstract**

Our research revolves around the analysis of digital discourse, specifically focusing on analyzing life narratives of Covid-19 suffering shared by Quora users. The rapid growth of online platforms has resulted in a wealth of user-generated content, offering a valuable resource for studying human experiences and emotions. With Quora broad user base and diverse range of topics, this application serves as an ideal platform to explore how individuals express and communicate their experiences of suffering within the realm of social media. To achieve our objective, we have selected a corpus consisting of 16 narratives. Our primary goal is to explain the subjective experiences of internet users and examine the linguistic devices they employ to convey their suffering and distress. By closely analyzing these stories, we sought to identify and explore the discursive strategies employed by Quora users. Through our research, we aimed to contribute to the understanding of digital discourse analysis and gain insights into how individuals navigate and express their experiences of suffering within the dynamic landscape of social media platforms.

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## List of Abbreviations

APA The American Psychological Association.....	7
TV Television.....	48
ICU Intensive Care Unit.....	53
PCR Polymerase Chain Reaction.....	53
UK United Kingdom.....	55
ITU Intensive Care Unit.....	56
PPE Personal Protective Equipment.....	57
CPAP Continuous Positive Airway Pressure.....	Story 7
CA California.....	Story 8
LA Los Angeles.....	Story 8
VA Veterans Affairs.....	Story 8
EMT Emergency Medical Technicians.....	Story 12
CT Computed Tomography scan.....	Story 13
CPR Cardiopulmonary Resuscitation.....	Story 13

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# *General Introduction*

## General Introduction

This research work surveys the analysis of emotions in a digital discourse. The study focuses on the expression of suffering in life narratives shared by Quora users. In fact, we decide to study and analyze how suffering manifests itself in Quora application during Corona Virus Disease of 2019.

We choose this corpus according to certain criteria: testimonies from individuals affected by the virus Covid-19, including the person speaking, their family members, close friends and medical professionals. The study aims to explore the long-term effects of the virus on these individuals, focusing on their internal distress with its marks and means. Additionally, the study seeks to identify and analyze the discursive strategies that appear to be employed in digital discourse. This analysis raises questions about the nature of the means used by these individuals in their narratives as well as the nature of strategies used in the different enunciative situations.

The rise of the digital era facilitated the sharing of personal experiences, especially when it comes to suffering, which holds a social dimension and becomes a key area of interest across numerous disciplines within the social sciences and humanities. Moreover, this kind of interaction is often supported by various techniques that speakers use to express themselves. The explicit and implicit expression of anxiety, depression and others is frequently used in these statements. From this perspective, it serves the purpose of seeking relief and consolation, evoking empathy...etc.

When people recount their experiences, they often bring their own perspectives, emotions, and subjective interpretations into their storytelling. It becomes evident that subjectivity in this interaction is present through linguistic markers such as: shifters and a certain vocabulary. Also, we can probably detect discursive strategies, perhaps unconsciously since much of these individuals express themselves freely without being specialized in this specific field.

The purpose of our study is justified by the profound impact of Covid-19 on individuals and communities around the world, leading to the widespread of suffering, sadness and disruption of daily life. However, discourse was the only way for people to relieve themselves and feel less isolated after the lockdowns we have all experienced. Numerous awareness campaigns were also widely carried out. Fortunately, communication and technological means are available to facilitate this. Otherwise, many people would die of terror, panic attack and anxiety long before the virus hit them. Therefore, we are interested in the suffering expressed on social media. Life narratives provide powerful lens through which we can understand how individuals make sense of their experiences of suffering. By conducting a discursive analysis of these narratives, this study attempts to improve our understanding of how suffering is constructed and experienced throughout the pandemic.

This study is based on observations made on the Quora application. The sharing of life stories on such platforms can provide a sense of support to individuals who may feel isolated and to raise public awareness of the gravity of the situation and the necessity to increase caution in order to prevent contamination.

The choice of our corpus follows certain criteria regarding the quality and quantity of the studied topic. In other words, we selected stories that appear to be the most significant in terms of content, particularly in the period when the pandemic was at its peak (from March 2020 to December 2021).

Consequently, this work led us first to the main problematic question :

- How is suffering manifested on Quora application by storytellers ?

Other sub-questions are structured as follows :

1. What are the linguistic markers used by Quora users in expressing their suffering?
2. Do they resort to discursive strategies?
3. Does public suffering reveal itself by expressing its distress on Quora platform?

It should be noted that the goal of this research is to investigate the expression of suffering in life narratives on social media, specifically in Quora application while highlighting the discursive strategies, enunciation markers and the role of subjectivity in these stories.

Thus, the above mentioned questions guided us to the following hypotheses:

- Since the principle of Quora users is to narrate their stories of suffering, we suppose that they may use affective verbs, adjectives and other markers related to suffering.
- Probably they may also use discursive strategies of Capture, Legitimation and Credibility.
- Quora users may use markers of subjectivity in order to express their inner suffering or even their personality through certain behaviours or attitudes.

To carry out this research, the present work is purposefully divided into three chapters. The first chapter will be devoted to the theoretical background of our research, which means the basic notions related to our study such as emotions, feelings, suffering, distress, and life narratives according to scholars. Then, the second chapter deals with research design and methodological framework. This chapter will attempt to explain the subjectivity of Internet users by analyzing the linguistic means used to construct their image and convey distress and suffering expressed by these users. The third chapter is concerned with the analysis of the discursive strategies employed by Quora users. Finally, we will conclude our research by providing a summary of the findings.

*Chapter One*  
*Literature Background*



## **Chapter One : Literature Background**

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## 1.1 Introduction

In everyday conversations, people frequently engage in storytelling by recounting events from their lives, sharing anecdotes, discussing personal experiences or reflecting on significant moments. These narratives can involve various aspects, such as childhood memories, achievements, challenges, or any other events that hold personal significance. We can distinguish several themes in life stories such as: domestic violence, distress, discomfort or suffering...etc.

This chapter explores the main concepts of the expression of suffering and distress in social media platforms. It delves into studies from psychology, linguistics and literature to gain a complete understanding.

## 1.2 The Notion of Affectivity

In psychology, affectivity refers to the subjective experience of emotions and feelings. It includes how individuals perceive, feel, and express their emotional states. It is a broader concept as it involves the internal aspects of emotions including emotional responsiveness (intensity of the emotional reactions of individuals to different events) and regulation (processes and strategies to manage and control the emotional experiences).

Affectivity is defined in APA Dictionary of Psychology as: the degree of a person's response or susceptibility to pleasure, pain and other emotional stimuli. This means that emotion represents the tendency of individuals to experience and react to different emotional states. Affectivity explores individual differences in how they experience and react to emotions, some people may respond more intensely or strongly to emotional events and the others may have a lower degree. (2015,p.28).

Thus, we deduce that affectivity is directly linked to feelings and emotions. The affects constitute here a large category including other sub-categories which are the feelings and the emotions which serve as markers of subjectivity. They are generally experienced and displayed abundantly in everyday life and everyone has their own way and means of expressing themselves and expressing their feelings and emotions.

### **1.3 Emotions and Feelings**

Emotions generally refer to complex psychological and physiological responses to stimuli that involve physiological changes, behavioural tendencies and subjective experiences. Emotions are often considered to be more temporary and intense responses to specific events or situations. Lazarus (1991). Feelings, on the other hand, are subjective experiences that arise from emotions and other internal states. Feelings are often described as the conscious awareness or subjective experience of emotions. They can be seen as the mental representation or perception of emotions. According to Panksepp, emotions refer to primary, instinctual responses generated by specific neural systems, while feelings are the conscious experiences that arise from these emotions. He defined feelings as: subjective experiences that emerge from the brain's processing of emotions. (2005).

#### **1.3.1 Emotions in Psychology**

The word “emotion” is derived from the Latin word “Emovere”, which means to be “stirred up” or “stimulate”, in this concept Jersild (1960) said: The term emotion denotes a state of being moved, stirred up or aroused in some way. In psychology, based on the appraisal theory, emotions are viewed as states that reflect evaluative judgments (appraisal) of the environment, the self and other social agents, in light of the goals and beliefs of the organism, which motivate and coordinate adaptive behaviour. Hudlicka, (2011). According to the above viewpoint, emotions are viewed as reflections of evaluative judgments or evaluations that people draw about their environment, themselves, and other individuals. These evaluations involve determining the situation's importance, significance, and implications in light of their aims and values.

In this field, emotions are considered subjective experiences or states that arise in response to specific environmental stimuli or events. That is to say, emotions refer to complex psychological and physiological processes that involve subjective feelings, physiological responses and behavioral expressions in response to internal or external stimuli. In this state, the influential psychologist and philosopher, James

proposed the James-Lange theory of emotions. According to this theory, emotions result from physiological responses to external stimuli. In other words, we experience emotions as a direct consequence of our bodily reactions.

The emotional experience causes physiological changes; it is primarily identified by the presence of a variety of expressive components. Ekman (1980) proposes the existence of innate emotional programs that, once active, cause three different types of responses: expressive (facial expressions), physiological, and subjective.

### **1.3.2 Emotions in Language Sciences**

The study of emotions in linguistics is a fascinating topic that investigates how language is used to express, communicate and convey emotions. The study of emotion in linguistics includes various subfields, including psycholinguistics, cognitive linguistics, sociolinguistics and pragmatics. Schwarz-Friesel (2015,p.167) notes that emotions can be expressed on three different levels: (1) detectable bodily symptoms (trembling, blushing, etc.), (2) non-verbal expressions (gestures, laughter, etc.) and (3) verbally, through intonation, interjections, affective words, expressive speech acts, emotional metaphors, emotional implicatures...etc.

Schnoebelen (2012), Majid (2012), Foolen (2016) and Alba-Juez & Mackenzie (2016) explored the ways in which emotion is encoded in language across various linguistic levels including:

- Phonological Level: vocal cues and prosody, which describes the patterns of pitch, rhythm and intonation in speech, can be used to convey emotions. For instance, speaking with a higher pitch can represent enthusiasm, whereas speaking slowly and monotonously can indicate sadness.
- Lexical Level: certain words contain emotional connotations and are commonly associated with specific emotions. For instance, expressing an emotion explicitly by using words like "happy," "angry," "fearful," or "sad".

In addition, metaphors, idioms, and figurative language are used to evoke emotional responses and add depth to emotional expression.

- Sentence structure and word order can help to encode emotions at the syntactic level. The use of exclamatory phrases or interjections, such as "Wow!", "Yay!" or "Oh no!" can convey surprise, enthusiasm or panic. Moreover, repetition, intensifiers or ellipsis are examples of syntactic patterns that can be utilized to indicate emotional emphasis or intensity.
- Emotions are encoded at the semantic level by the meaning and interpretation of words and phrases. The use of connotation, metaphorical language and emotionally laden phrases all contribute to the emotional meaning.
- Pragmatic Level: emotions are encoded and understood within the context of communication and shared knowledge. To encode and understand emotions, pragmatic aspects like speech acts, implicatures, presuppositions and nonverbal clues play a role. The goal of the speaker, the relationship between participants, and cultural norms all influence pragmatic encoding of emotions.

In addition, Jakobson who is a prominent linguist and semiotician, proposed six functions of language, one of which is the emotive function. According to him, the emotive function of language, also referred to as the expressive or affective function, focuses on the emotions, attitudes and subjective experiences of speaker. He emphasized the importance of this function in conveying personal feelings and establishing a rapport with the audience. He said that: in the emotive function, language is used primarily to express the speaker's emotions, desires, and evaluations. It reflects the subjectivity of the speaker and aims to influence the hearer on a personal and affective level. (1960).

The speaker is the center of attention in the expressive function. He expresses his own feelings and opinions regarding the object or person he is discussing. It is characterized by the use of first-person pronouns and determinants, emotive words, and distinctive punctuation marks, it results in a specific vocabulary selection. As a result, the latter becomes the site of affective expression. This feature of subjectivity in the text can be seen not just in the lexicon but also in more complex parts.

### 1.3.3 Feelings

Feelings are the complex interactions of thoughts, emotions, beliefs and cultural background that shape our unique subjective experiences. They go beyond the first emotional reaction and are impacted by social variables, memories and personal interpretations.

perception, interactions and overall well-being. Although the terms "feelings" and "emotions" are commonly used interchangeably, feelings relate to a broader and more complicated range of subjective experiences impacted by feelings, ideas, beliefs and prior experiences.

Feelings are highly subjective and can vary greatly between individuals. Dr Antonio Damasio, a neuroscientist and author, emphasizes that feelings are unique to each person due to the intertwining of emotions with personal memories, values, and beliefs (2017). Individual experiences and past traumas can significantly impact how feelings are perceived and how strong they are.

### 1.3.4 Emotions and Feelings in Discourse

Alba-Juez & Thompson (2014) state that: *Emotions have many faces and phases*. They suggest that emotions are a very complex, mysterious and multidimensional phenomenon, they are not limited to a single expression or experience, but can manifest in various ways and evolve over time. The phrase "many faces" indicates that emotions can take many forms. They can be expressed through a range of facial expressions, behaviours, cognitive and physiological responses. For instance, happiness, sadness, anger, fear, surprise and other emotions can all be expressed through various facial expressions. On the other hand, the term "phases" refers to the dynamic nature of emotions. Emotions are not static states but they can unfold in different phases. Emotional experiences can vary over time, showing different intensities or shifts in focus. For example, a person may feel happy upon receiving good news first, then move into a state of contemplation or reflection before finally experiencing a sense of acceptance.

Language is no longer thought to be a totally objective and valid representation of reality, it is, in contrast, viewed as an intersubjective expression of correlational ‘truth’, where the expression of emotion plays a fundamental part. Ludtke (2015). This statement emphasizes how emotion plays a part in language. Emotions are regarded as important components of human communication, affecting how we use and understand language as well as they add a subjective and personal dimension to language. They can colour our perceptions, influence our word choices and impact the meaning behind our expressions. As a result, language is viewed as a medium that conveys not only factual information, but also emotional nuance and subjective opinions.

Furthermore, there are scholars like Damasio (2017) who argue in his book *The strange Order of Things* that it is difficult to find a text or discourse where no tint of emotion could be found. He suggests that emotions are always present, even in forms of communication that appear neutral or objective. This could be in the words choices, the tone of the discourse, or the underlying objectives and intentions of speakers. Emotions, in this sense, are an inherent aspect of human expression and communication.

In fact, the consideration of emotions in discourse is not a recent object of study, and we can see this very clearly by referring to Aristotle in his work (*The Rhetoric*) and the famous rhetorical devices: the Logos, the Ethos and Pathos. The logos focuses on logical reasoning and evidence-based persuasion, it involves presenting logical arguments and evidence such as facts and statistics. Pathos appeals to the emotion and seek to evoke an emotional response from the audience such as empathy. It involves using emotional language, vivid imagery and personal anecdotes to create an emotional connection. Lastly, ethos refers to the credibility of speaker or writer, it involves establishing trust. This means that during ancient times emotional phenomena were recognized as useful and usable in order to persuade the audience by means other than the simple mastery of words and arguments. Claverhousse Jebb (1909).

In this regard, emotions play a significant role in persuasion. They are intertwined with ethos, pathos, and logos because they seek to engage, connect with, and affect the emotional responses of audience. Speakers and writers can use the power of emotions to make their message more engaging, memorable, and persuasive by skillfully combining these devices. Emotions give language depth, resonance and relatability which strengthens its ability to persuade the listener.

As we already cited, emotions are subjective experiences and can vary from one person to another of the same event, their subjective perspective shape how they express and communicate their emotions.

We can say that the easiest and most direct way to identify emotion in a discourse is to look at the lexical and semantic level. It is clear that someone is expressing emotion when they use the words and lexis used to describe feelings.

According to Orecchioni, in her *Enunciation* (2009), the pronoun 'I' is the most obvious marker of subjectivity. In addition to the use of the personal pronoun "I", which is the common way that shows the presence of speaker in his discourse, Kerbrat-Orecchioni also speaks of other expressive linguistic units in the discourse that she calls "deixis" and "subjectivemes". Deixis refer to "I, here, now", bringing together linguistic units which serve to involve the speaker in the discourse while taking into account the constituents of the communication situation. These are pronouns, adverbs and adverbial phrases that emphasise the presence of speaker in the discourse. The emotional dimension is thus associated with the presence of the speaker. Moreover, even if certain linguistic units are neutral in language, it is through their use in discourse that they acquire an emotional dimension.

Subjectivemes are terms with an affective value used to describe the emotional commitment of speakers. They can be nouns, adjectives, verbs, adverbs...etc. linked to the affectivity and emotional expression of persons. These terms often contain an emotional dimension in language. Thus, it serves to place and highlight the feelings and emotions that a person feels in the discourse. These expressions should be



considered subjective and expressive as they indicate that the subject of speech is emotionally involved in the content of his speech.

To summarize, any type of discourse contain an emotional dimension and to put it into discourse, speakers use various linguistic and language processes, whether explicitly or implicitly, to express emotions. Language does not have a strict category of words dedicated solely to emotions or feelings, instead there are implicit expressions and concepts of subjectivemes and affectivemes. Orecchioni (1980).

#### **1.4 Distress**

Distress is largely defined as a state of emotional suffering characterized by symptoms of depression (e.g, lost interest, sadness, hopelessness) and anxiety (e.g, restlessness; feeling tense). Mirowsky and Ross (2002). These symptoms may be tied in with somatic symptoms (e.g., insomnia; headaches; lack of energy) that are likely to vary across cultures. Kleinman (1991), Kirmayer (1989). Numerous things, such as interpersonal conflicts, financial difficulties, stress from school or work and health issues can lead to distress. It may also result from disturbing incidents such as violent crime, natural disasters or accidents. In general, we can define distress as a painful experience that lasts and prevents us from leading our lives. It is subject to physical and psychological suffering.

#### **1.5 Suffering and Pain**

The definition of suffering in the Merriam-Webster dictionary: the state or experience of one who suffers. It may refer to the physical, emotional, mental pain or distress. However, pain is defined as: a localized or generalized unpleasant bodily sensation or complex of sensations that causes mild to severe physical discomfort and emotional distress and typically results from bodily disorder (such as injury or disease).

Suffering and pain are closely linked that suffering frequently implies experiencing pain or distress. It can relate to a general state of hardship or difficulty,

whereas pain refers to a specific physical or emotional sensation. In some cases, the suffering is prolonged, whereas the pain is temporary.

### 1.5.1 Suffering

The word "suffering" has its etymological roots in the Old English word "sufferan " which means "to undergo, endure or bear." The term has evolved over time to encompass a wide range of experiences involving distress, pain and hardship.

Suffering in discourse refers to how individuals use language to express and convey their experiences of distress or hardship. Kleinman (1988), Suffering in discourse refers to the ways in which individuals and communities communicate, negotiate and represent experiences of distress, pain or hardship through language and discourse practices. It involves the analysis of linguistic and discursive strategies employed to express and shape narratives, meaning, and social constructions of suffering.

Furthermore, we owe Cassell (1991) who definitively drawn the attention of medicine to the concept of suffering. He defined suffering as a perceived threat or damage to a sense of self. Here suffering is defined as distress resulting from threat or damage to the body or self-identity of persons. According to Cassell, suffering goes beyond physical pain and discomfort, when someone is suffering, they are realizing that something important to their sense of self is being challenged. Thus, suffering can vary in intensity, duration, awareness and source. Physical suffering is a sort of distress that occurs when the physical well-being of persons is threatened or harmed, whereas mental suffering is distress that originate from the cognitive or emotional self-identity.

Anderson in his book *Human Suffering and Quality of Life* (2013) states there are three dimensions of suffering, namely physical, mental and social that encompass different aspects of human experiences and obstacles. These categories illustrate the numerous ways in which people might feel or encounter suffering in their lives. Each dimension is explained below:

- **Physical Suffering:** Any kind of discomfort, pain or distress experienced by the body is considered physical suffering. It comprises both acute and chronic physical ailments, injuries, illnesses and physical limitations that can cause physical pain and discomfort. Poverty, starvation, aging or any circumstance that impacts the well-being of body can all cause physical suffering.
- **Mental Suffering:** Mental suffering includes psychological and emotional distress. It covers a wide range of emotions, including anxiety, sadness, fear, stress and existential crises. Internal causes like negative thoughts, self-judgment and unresolved emotions, as well as external events such as trauma, loss or tough life circumstances, can all contribute to mental suffering.
- **Social suffering** is the pain and distress a person feels as a result of social interactions and societal factors. It includes feelings of social rejection or disconnection as well as experiences of loneliness, discrimination, injustice, oppression and isolation. The various factors, such as racism, inequality, violence or a breakdown in social relationships, can all contribute to social suffering.

Suffering entails significant cognitive and subjective interpretation of emotional events, resulting in feelings that influence how one perceives and generally reacts to suffering. In other words, suffering is a complex and multifaceted experience that involves intense negative emotions such as sadness, anger or despair that contribute to distress and pain. In this case, the psychological representation of pain is closely related to the human condition because it is essential to human life, psychological formation and identity.

### **1.5.1.1 Suffering in Illness**

Illness is another cause of suffering. We now know how to soothe physical pain. However, the patients are not spared from their profound anguish. In serious illness, mental suffering sometimes takes over; Feeling physically weak or paralyzed, knowing that you are unable to provide for yourself and your family, hurts as much as the physical pain. Therefore, suffering in illness includes the physical, emotional,

and psychological pain. It can manifest in various ways, including pain, discomfort, anxiety, depression and loss of quality of life.

### **1.5.2 Pain**

The word "pain" originated from the Latin word "poena," which means "punishment" or "penalty." In Latin, "poena" was also associated with suffering and torment. Over time, the word evolved in Old French as "peine" and then in Middle English as "pein" eventually becoming "pain" in modern English. Pain is a crucial aspect of the human experience. It is a complicated phenomenon that causes a variety of emotional, physiological and psychological reactions.

The International Association for the Study of Pain (1973) state: Pain is an unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage. This definition highlights several key points about pain:

- Pain is subjective: Pain is a personal experience that can only be truly understood and described by the individual experiencing it. It includes both the sensory aspects (the physical sensations) and the emotional aspects (the feelings and emotions associated with pain).
- Pain is multidimensional: Pain involves not only physical sensations but also emotional and cognitive factors. It can be influenced by psychological, social and cultural factors, it may also affect the overall well-being of a person.

### **1.6 Life Narratives**

Throughout human history, people were fascinated by the stories of others. Whether through literature, film, personal accounts. Stories have the power to captivate and inspire us, but the stories that we tell about ourselves, our life narratives, reflect our experiences, values, beliefs and identities. These narratives can take various forms such as memoirs, autobiographies, oral histories and social media posts.

The term life narratives is commonly used in the fields of sociology, psychology, and anthropology to study and analyze the subjective experiences of individuals associated with their lives.

According to McAdams (2001) Life stories are the autobiographical memories and accounts that people construct to make meaning of their lives. Concerning this definition, life stories are based on autobiographical memories, which are personal recollections of important events and experiences that shape the life of an individual. Examples of autobiographical narratives include autobiographies, journals, personal diaries or oral histories that people share about their experiences

In general, life narratives are the accounts about our lives that we create and tell. They aid in our understanding of ourselves and how we interact with others as they include our personal experiences, emotions, memories and interpretations, which collectively contribute to our sense of self. Moreover, life stories are not separate experiences, but they are linked to the social reality in which we live. They reflect the interaction of personal life with the broader social context. The significance of our life narratives is influenced by our experiences and relationships with others, as well as the cultural and historical situations in which we live. Plummer (2001). However, life narratives have a broader scope and can include both autobiographical stories of an individual and narratives about their lives created by others. That is to say, they can include perspectives, memories and interpretations of multiple individuals, such as family members, friends...etc.

## **1.7 Conclusion**

To sum up, the literature background chapter looked at different areas of study including psychology, linguistics and literature. It has provided a comprehensive framework for understanding the complexities of affectivity, emotions, feelings in the context of suffering, distress and pain in life narratives. Emotions and feelings are internal experiences that affect how we see and react to the world around us. When we feel pain, whether emotional or physical pain, it can make us suffer and feel

distressed. Therefore, the life narratives we create about our lives are influenced by our emotions, feelings and the challenges we face.

*Chapter Two*  
*Research Design and a*  
*Theoretical Account*

## **Chapter Two : Research Design and a Theoretical Account**

### **Part One : Research Design**

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## 2.1 Introduction

Throughout this chapter, we will discuss in the first part the key components of research design, including the selection of an appropriate data sources and the establishment of clear research objectives.

The second part deals with the position of subjectivity in the expression of suffering. Since the sufferer can only express his/her speech in the first person, in this chapter, we will analyze the signs of subjectivity in the corpus. Before dealing with subjectivity, an overview of enunciation itself seems fundamental to us.

## 2.2 Methodological Framework

A linguist/researcher chooses a theme for his work through observation, reading or curiosity. But before going deeper into his studies and analysis, he needs a well-defined and representative corpus. The linguist, then, before proceeding to collect information and define key concepts, must choose a field, a corpus, oral or written, which will enable him to ensure a relevant and rigorous study. David considers corpus as: A collection of linguistic data, either written texts or a transcription of recorded speech, which can be used as a starting-point of linguistic description or as a means of verifying hypotheses about a language. (2008,p.171)

When conducting research, selecting a corpus is a crucial step. In what concerns our work, we have tried to collect a written corpus, a corpus appearing on Quora application.

## 1.3 Corpus : Constitution and Description

In order to confirm the hypotheses presented in the introduction, it is essential to determine a corpus on which we will work. We extracted our corpus from Quora application which is a popular online platform that allows users to ask and answer questions related to various topics. Quora aims to provide a platform for people to share knowledge and is known for having a diverse and active community of users.

The corpus then consists of 16 narratives that have been selected .A collection of testimonies of medical professionals and patients who have recovered from COVID-19 narrating their experience, their suffering and their fight against the Coronavirus. We selected the stories (from March 2020 to December 2021) because it covers an important period when the virus was extremely dangerous, widely spread and had a major effect on people.

Indeed, our research is primarily based on the analysis of a freely and objectively chosen corpus, which makes it a usable material. A field where language, technology and society constantly manifest themselves. Therefore, the emphasis is placed on statements intended for a wide audience.

Quora is a question-and-answer platform, in which users can share their knowledge and experiences by answering questions posted by other users. To share personal stories, users can either answer questions related to their experiences or create their own questions and share their stories as answers.

The following table describes life stories of Quora users :

<b>Stories</b>	<b>Questions</b>	<b>Names</b>	<b>Dates</b>	<b>Views</b>
Story1	Can you share you covid experience ?	Julie Foxioto	15/09/2020	3.5k
Story2	How many of you had a horrible case of Covid and barely survived ?	Alif Patnaik	15/03/2021	83
Story3	Are you a covid-19 survivor ?if yes,how did you beat it ?	Shiv Charan	20/05/2021	611
Story4	How many of you had a horrible case of Covid and barely survived ?	Twiki	22/03/2021	707

Story5	What is your experience as handling the corona virus as a doctor?	Anand Kapadia	25/04/2020	101
Story6	What has your hospital experience been like having Covid 19 ?	Chris Freyler	19/12/2021	1.5k
Story7	What is the covid-19 hospitalized experience ?	Lesley-Anne James	22/08/2021	396
Story8	Those who have had COVID-19 already, how quickly did you start experiencing symptoms after being exposed? Did the symptoms show up suddenly?	Susan O'neill	10/04/2021	1.2k
Story9	Those who have had COVID-19 already, how quickly did you start experiencing symptoms after being exposed? Did the symptoms show up suddenly?	Siva Muruganandam	01/10/2020	5.3k
Story10	How much covid ruined our life ?	Mayank Soni	30/04/2021	08
Story11	Doctors and nurses treating patients with COVID-19, what is the current	Damian Dallan	24/03/2020	2.5k

	climate in your hospital?			
Story12	What are doctors going through during this pandemic?	Norman Wolf	30/04/2020	284
Story13	How has the pandemic affected your life ?	Anurag Tiwari	09/05/2021	433.4k
Story14	How are you dealing with the global pandemic?	Pallavi	30/04/2021	15.8k
Story15	How did it feel get infected with Covid-19 ?	Una Higgins	07/07/2020	2.4k
Story16	If you have mild Covid, how long does it last ?	Sati Marie Frost	03/01/2021	191.7k

**Table 2.1 : Information on The Corpus**

## 2.4 Analytical Framework

Our research work deals with the discursive analysis of the 16 narratives of Quora users, to show how these stories are expressed and to study the processes and different strategies deployed by these users.

To carry out this research, it is essential to rely on the Enunciation theory of Catherine Orecchioni (2009) to identify and study the linguistic markers by which the users reveal themselves and leave their mark on their statement, implicitly or explicitly. To do this, we will adopt a quantitative method for the study of linguistic markers and indices of subjectivity. This means that we must begin by identifying and studying markers that denotes the presence of the speaker in the 16 selected life narratives. Namely: diexis and subjectivemes (Nouns, verbs, adjectives and adverbs). After this, another qualitative analysis is necessary to study the discursive strategies of Charaudeau (2002).

We will study the different discursive strategies used by these speakers using the following grid:

<b>CATHERINE KERBRAT- ORECCHIONI</b>	Subjectivity	Deixis	I – You - We
		Subjectivemes	Affective nouns Affective verbs Affective adjectives Affective adverbs
<b>PATRICK CHARAUDEAU</b>	Discursive strategies		Capture strategy Legitimation strategy Credibility strategy Dramatization strategy

**Table 2.2 : Theory Analysis**

We choose these theories because they offer a valuable insights into the expression of suffering and distress, as well as they align perfectly with the depth of our analysis.

The chosen method is based on the analysis of enunciation in discourse. The aim is to identify the subjective signs of internet users in our corpus. Then, we will examine the different discursive strategies deployed by these speakers. Everything is, therefore, intertwined in subjectivity. If we want to understand how suffering manifests itself in these life stories, we must be able to identify the features that discourse analysis should address. In other words, it involves a thorough analysis of the strategies of capture, legitimation and credibility in the pre-selected discursive productions.

## Part Two : The Position of Subjectivity in The Expression of Suffering

### 2.1 Enunciation

The idea of enunciation is related to philosophical reflection, but as Charaudeau and Maingueneau (2008) demonstrate, it has also piqued the curiosity of linguists, making this category productive in various approaches that make up language studies. Since Saussure, the explanations of enunciation appeared in many domains of linguistics, including textual linguistics, pragmatics and discursive analysis. When we talk about enunciation we refer directly to the works of Benveniste, Maingueneau but also Orecchioni.

In linguistics, enunciation refers to the process of producing a spoken or written utterance in a particular context, taking into account the physical and social environment of speaker as well as their intentions and beliefs. Enunciation is concerned with how language is used in specific situations and how it is influenced by factors such as the identity of speaker, the audience and the cultural context.

Enunciation theory has its roots in the work of French linguist Benveniste who defines it as an individual appropriation of language. Enunciation is: “The activation of language through an individual act of usage.”<sup>1</sup> (1974,p.80). For Maingueneau, this act is a unique event presented in specific situations : “An act of enunciation is a unique event, realized in unique circumstances.”<sup>2</sup> (1986,p.2) . Orecchioni, for her part, also provided a definition of enunciation. She defines it as “[...] The set of observable phenomena that occur during a specific communicative act.”<sup>3</sup> (2009,p.39).

In short, enunciation refers to the process of producing speech or written language considering both its linguistics and contextual dimensions. In other words, the focus is placed on the production of language in relation to its users and to the background context. Enunciation is not mere sequence of words, it involves how

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<sup>1</sup> Original quote: La mise en fonctionnement de la langue par un acte individuel d'utilisation.

<sup>2</sup> Original quote: Un acte d'énonciation est un évènement unique, réalisé dans des circonstances unique.

<sup>3</sup> Original quote: L'ensemble des phénomènes observables lorsque se met en branle, lors d'un acte communicationnel particulier.

individuals construct and deliver their message considering both the linguistics structures and contextual factors. It examines the interplay between language and the specific situation in which it is used, including the intentions, thoughts, feelings and the social and cultural influences on speech of speakers.

## 2.2 Subjectivity in Discourse

The notion of subjectivity refers to the personal perspective and opinions of an individual that can not be objectively verified. It is a concept that has been explored in various fields including: philosophy, linguistics, psychology and sociology. In linguistics, subjectivity can be analyzed through the use of language. Linguists study how language reflects the perspective of speakers and how it is shaped by their cultural and personal experiences. For example, the use of certain words or phrases can reveal the emotional state of speakers, their beliefs and their social position.

Subjectivity is defined by Benveniste as: “The capability of the locutionary agent to manifest himself, present himself as a subject.”<sup>4</sup> (1966,p.259). According to Orecchioni: “In a sense, every lexical unit is subjective since the words of a language are nothing more than substitutive and interpretative symbols of things.”<sup>5</sup> (2009,p.68). She believes that all words in a language are subjective to some degree because they are only symbols that substitute and interpret things. Therefore, the use of language is inherently subjective and influenced by the perspective of the speaker.

We can therefore say that subjectivity is the exact opposite of objectivity, which is defined as the use of factual language that eliminates personal prejudices and emotions. The subjectivity is a general term that works for divers factors and means, especially feelings and emotions. Moreover, the relationship between subjectivity and emotion is one of inclusion rather than equivalence. Indeed, all feelings are subjective, but all subjectivity is not just an emotion or a feeling. Being a general phenomenon, subjectivity can include all categories that show the presence

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<sup>4</sup> Original quote: La capacité du locuteur à se poser comme sujet.

<sup>5</sup> Original quote: Toute unité lexicale est, en un sens, subjective, puisque les mots de la langue ne sont jamais que des symboles substitutifs et interprétatifs des choses.

of the subject of the speaker such as judgments, affectations, attitudes, values, opinions...etc.

### 2.3 Markers of Subjectivity

Subjectivity is the presence of the enunciator in his statement, more or less explicitly, as we already noted. In order to accomplish this, the speaker leaves linguistic traces in the form of markers of subjectivity to indicate his presence. These markers enable the enunciator to identify as a speaker or subject and reveal his attitudes, opinions and feelings in the utterance.

Orecchioni has expanded the inventory of subjectivity markers and designates the nouns and adjectives that convey subjectivity “subjectivemes”. These include axiological nouns that are derogatory or praiseworthy, affective or emotional adjectives, non-axiological evaluative adjectives and axiological evaluative adjectives. The same applies to verbs and adverbs, which also connote subjectivity. Adverbs that convey subjectivity contain value judgments or degrees of adhesion or rejection of the speaker in relation to the contents of his utterances.

Orecchioni considers that the problem of enunciation lies: “In the search for linguistic markers (shifters, modalizers, evaluative terms, etc.) through which the speaker leaves their mark on the utterance, it becomes part of the message (implicitly or explicitly)...[...].”<sup>6</sup> (2009,p.44). Shifters represent the linguistic terms that refer to the referential coordinates of me/here/now expressed by personal, spatial terms and temporal markers.

#### 2.3.1 Deixis

Deixis is a term used in linguistics to describe the way in which language uses words to point to specific things or people in the context in which they are expressed. In other words, deixis is the grammatical feature that allows speakers to identify a particular referent by its location, time or perspective.

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<sup>6</sup> Original quote: La recherche des marques linguistiques (shifters, modalisateurs, termes évaluatifs, etc.) par lesquels le locuteur imprime sa marque à l'énoncé, s'inscrit dans le message (implicitement ou explicitement).



According to Orecchioni, deixis are:

Linguistic units whose semantic-referential functioning (selection during encoding, interpretation during decoding) involves considering certain constitutive elements of the communicative situation, namely: The role played by the actants of the utterance in the process of enunciation. The spatial-temporal situation of the speaker, and potentially the addressee.<sup>7</sup> (2009,p.51)

### 2.3.1.1 Personal Deixis

Personal deixis is a type of deixis that refers to the way in which the speaker or writer uses language to refer to themselves or to the person they are speaking to. It involves the use of personal pronouns such as "I", "you", "we", "me", "my", and "your"...

According to Orecchioni :

To receive a specific referential content, recipients indeed require the receiver to take into account the communicative situation, which is necessary and sufficient in the case of "I" and "you": they are pure deictics. It is necessary but not sufficient in the case of "he/they" and "she/they," which are both deictic (negatively: they simply indicate that the denoted individual does not function as either the speaker or the addressee) and representative (they require a linguistic antecedent).<sup>8</sup> (2009,p.56)

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<sup>7</sup> Original quote: Les unités linguistiques dont le fonctionnement sémantico-référentiel (sélection à l'encodage, interprétation au décodage) implique une prise en considération de certains des éléments constitutifs de la situation de communication, à savoir : - le rôle que tiennent dans le procès d'énonciation les actants de l'énoncé - la situation spatio-temporelle du locuteur, et éventuellement de l'allocataire.

<sup>8</sup> Original quote: Pour recevoir un contenu référentiel précis, les personnels exigent en effet du récepteur qu'il prenne en considération la situation de communication, et cela de façon nécessaire et suffisante dans le cas de « je » et « tu » : ce sont des purs déictiques ; nécessaire mais non suffisante dans le cas de « il(s) » et « elle(s) », qui sont à la fois déictiques (négativement : ils indiquent simplement que l'individu qu'ils dénotent ne fonctionne ni comme locuteur, ni comme allocataire) et représentant (ils exigent un antécédent linguistique).

Personal pronouns are the primary means of signaling the presence of the enunciator (the sufferer in our case), this helps the speaker or listener to establish their positions in the conversation.

Referring to the analysis of our collected corpus and adopting a selective sorting of excerpts, we were able to identify the personal deixis markers found in the narratives of people suffering from Covid-19.

### **The pronoun "I"**

The presence of the speaker in his story requires him to resort to a certain number of personal pronouns that have a certain degree of subjectivity stronger than other personal pronouns.

Internet users of Quora application relate their suffering in the first person. They use the personal pronoun "I" :

- « **I** had become so sick a few days later **I** could barely make it to the bathroom because **I** couldn't breath ». (story 1)
- « By Tuesday night **I** had the shakes, sweats and high fever that was brutal! **I** was shaking so bad **I** actually thought **I** chipped a tooth ». (story 6)
- « **I** couldn't sleep because **I** was sure that **I** was going to die ». (story 7)

### **The pronoun "WE"**

The pronoun "we" is also a tool for the involvement of speaker in their statement. The "we" that we found in our corpus is inclusive, meaning that it covers both the enunciator and addressee.

The use of 'we' in these excerpts is meant to include others in order to work together to overcome suffering during covid-19 pandemic :

- « please stay alive to fight this Corona. Please stay alive to help who need help. **We** are in this together. » (story 13)
- « I am just mustering up the courage to go on, and so should you. **We** have to. Now is not the time to be weak. Now is not the time to crumble or break down. » (story 14)

In the following statement, the 'we' is also employed to include others, it highlights the impact of the pandemic on their mental well-being and describe the severity of this virus.

- « The sudden impact at mental level was so much that **we** were not able to come out of it as easily as **we** thought and it took some time. » (story 10)

### **The pronoun "YOU"**

The pronoun "you" is a second-person pronoun , it refers to the interlocutors. It is a subjective pronoun, meaning it is used as the subject in a statement.

- « Wherever or to whichever corner are **you** there in the world, I would ask **you** and request **you** to GET BACK HOME and stay with your family in these times »( story13)
- « COVID-19 can remain on surfaces for hours. Because of this, **you** must sanitize not only your hands but also in an ideal case, every object that **you** get in contact with » (story11)

According to Orecchioni, there is a generic "you" that replaces the first-person singular pronoun "I" in written language to create a sense of distance in statements. In other words, instead of using "I" to refer to oneself, the speaker uses "you" in a generic sense to refer to people in general, it allows him to detach himself and present information in a more impersonal way :

- « when **you** wake up and try to move it take everything in **you** to not scream out loud from the pain or break down in tears like a child that has fall off its bicycle » (story1)
- « Now is the time to gather up every bit of strength **you** have in every goddamn cell in that body of yours and fight back.My brother always says this to me » (story14)
- « My inhalers pretty much stopped me from being admitted to hospital and the oximeter calmed me down as I could tell I was still ok. Because **you** are sleeping most of the time and when **you** are awake **you** are in the now so **you** don't get time to work out how bad **you** feel until **you** start to get better. » (story15)

As a result, Quora users tend to be subjective and attempt to sensitize those who do not believe in this virus through their stories.

The following table lists all subjective shifters in the stories that make up our corpus (the collection was done manually) :

<b>Pronouns</b>	<b>I</b>	<b>YOU</b>	<b>WE</b>
<b>Occurrences</b>	357	97	35
<b>Percentages</b>	73%	19.8%	7.1%

**Table 2.3 : Subjective shifters in life narratives**

The distribution of pronouns in our corpus constitutes 73% of the pronoun "I" with an occurrence of 357, followed by 19.7% of the pronoun "you" with an occurrence of 97, 7.1% of the pronoun "we" with an occurrence of 35.

All of the enunciative features of self-presentation shown in the table are present. The members of Quora application expressed their distress during the pandemic, personal pronouns are used here to express their suffering and to raise public awareness of the seriousness of the Coronavirus.

First and foremost, "I" is a personal pronoun that serves as the speaking subject. According to the distribution of pronouns in our corpus, it is ranked first, and its use is estimated in the table to be 73% of the total number of pronouns. Thus, the frequent usage of "I" allows us to assess the degree of involvement of speaker in discourse.

Then, the pronoun "you" which refers to the interlocutor is ranked second according to the distribution of pronouns with 19.8%. It is used to promote public awareness of the severity of the covid-19.

Finally, the pronoun "we," which is also a tool for engaging the speaker in discourse, comes in third place in the distribution of pronouns at 7.1%. The "we" in our group corresponds to the plural form "I" (speaker + interlocutors)

### 2.3.2 Subjectivemes

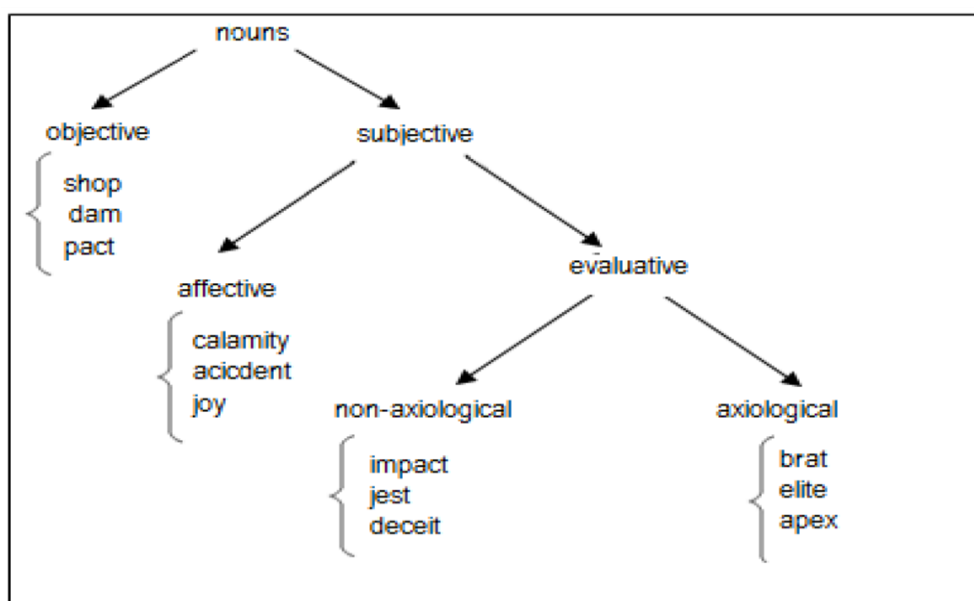
This category includes, according to Orrecchioni (2009,p.96), nouns, adjectives, verbs and adverbs that have a subjective value either of an affective or evaluative type (axiological or not).

In our work, we focus on affective units that allow us to highlight the way emotions are manifested in the life stories of our corpus. For this study, we have only selected elements related to our subject, namely affective verbs, affective nouns, affective adjectives and adverbs.

#### 2.3.2.1 Nouns

It turns out that most affective and evaluative nouns are derived from verbs or adjectives. There are, however, words that are intrinsically nouns and can be laudatory or deprecating. Those are called axiological, they express a value judgment. A certain number of inherently substantive units can be useful to us regarding the issue of pejorative (derogatory) / meliorative (valorizing) terms, known as axiological terms.<sup>9</sup> (2009,p.107)

**Figure 2.1 : Nouns Classification According to Orecchioni**



<sup>9</sup> Original quote: Un certain nombre d'unités intrinsèquement substantives peuvent nous être utiles concernant le problème de termes péjoratifs (dévalorisants) / mélioratifs (valorisants) appelés axiologiques.

**Examples :**

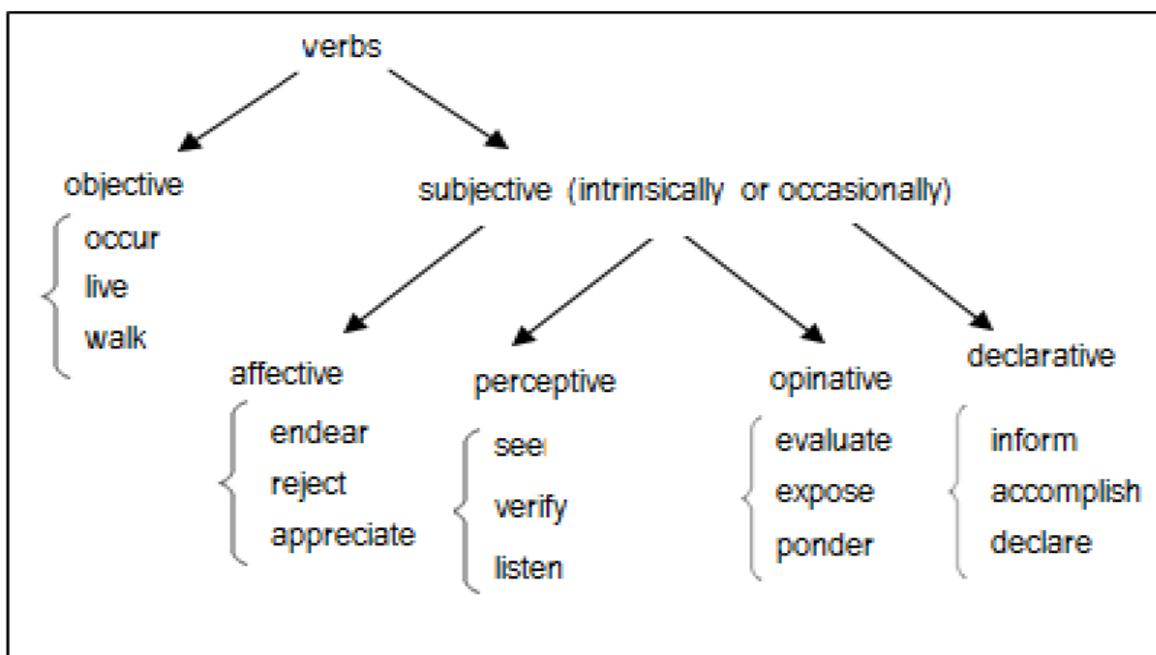
The nouns presented below all convey a clear affective nature granted by the sender. For this reason, they are considered typical examples.

- 1) «Went into **depression** and didn't realize I was in depression until very long» (story10)
- 2) « **Anxiety** became second nature » (story10)
- 3) « the joint **pain** was with me fairly constantly » (story8)
- 4) « **The fear** of not knowing what was wrong to being moved without being told why at the beginning makes everything very terrifying » (story7)
- 5) « When the **pain** and feeling of uncertainty cripple the mind and **fear** of losing everything killed all the motivation to live and I felt like giving up » (story3)

Thus, these subjective nouns and precisely affective nouns which are identified in these stories can be considered as derivatives of either verbs or adjectives. In this case, the nouns '**pain**', '**anxiety**', '**weakness**', '**horror**', '**suffering**' and '**panic**'. They are successively derived from the adjectives “**painful**”, “**anxious**”, “**weak**”, “**horrible**”, or from the verbs “**to suffer**”, “**to panic**”. These affective nouns are deprecating or pejorative units. Internet users have used them to express their suffering and distress during the Covid-19 pandemic.

**2.3.2.2 Subjective verbs**

The classification of adjectives and nouns differs significantly from the classification of verbs by Orecchioni. Some verbs, in the author opinion, contain a strong subjective component.

**Figure 2.2 : Verb Classification According to Orecchioni**

Orecchioni makes a distinction between subjective verbs, which suggest an emotional response or value assessment and objective verbs, which enunciate a quality independent of the enunciator. According to her the analysis of a subjective verb is somewhat more difficult because the evaluative value of verb depends heavily on context.

In the linguistic framework put forth by Orecchioni, there are two categories of subjective verbs:

**Occasionally subjective verbs :** “These are verbs that involve the evaluation of the object or the process by the agent of the process in terms of good/bad or true/false.”<sup>10</sup> (2009,p.147). Depending on the situation and the intent of the speaker, these verbs can be used subjectively or objectively. These verbs do not naturally possess subjectivity but they can be added using particular language or environmental clues. These verbs are generally used subjectively to convey the judgment of the speaker, assessment, or attitude.

<sup>10</sup> Original quote: Sont les verbes qui impliquent une évaluation de l’objet, du procès, par l’agent du procès, en termes de bon / mauvais ou de vrai / faux.

**Intrinsically subjective verbs** : “These verbs involve an evaluation that always originates from the subject of the utterance.” <sup>11</sup> (2009,p.153). These are verbs that indicate subjectivity, evaluation or attitude by nature. They express the point view of the speaker or judgment. Therefore, their meaning is necessarily subjective. Subjectivity is inherent in these verbs and is not dependent on extra language or contextual factors.

Through the meaning of the word, the verb can convey a value judgment, a feeling, a will or a thought that is unique to the speaker when used, communicates the speaker's state of mind. In this context, Orecchioni identifies four primary types of subjective verbs:

a- Affective verbs

c- Opinion verbs

b- Perceptive verbs

d- Declarative verbs

### **The affective verbs ( emotion verbs ) :**

It is basically related to the translation of the emotions reflecting a favourable or unfavourable bias from the agent towards the object, implying a positive or negative opinion. Here are some examples of people who used these verbs to express their suffering during the pandemic:

- « Hi I'm currently **suffering** from COVID-19 and I'm 22years old » (story 9)
- « Now the part we have not talked about is you are so fatigued and hurt so much you **struggle** to just remember to care or feed yourself or shower » (story1)
- « Constant mental loading due to anxiousness & negative thought process and **worrying** about the future » (story )

These highlighted verbs are used by speakers to express their suffering during their hospitalization due to the Coronavirus, such as the verb "**to suffer**", "**to worry**" or even "**to struggle**".

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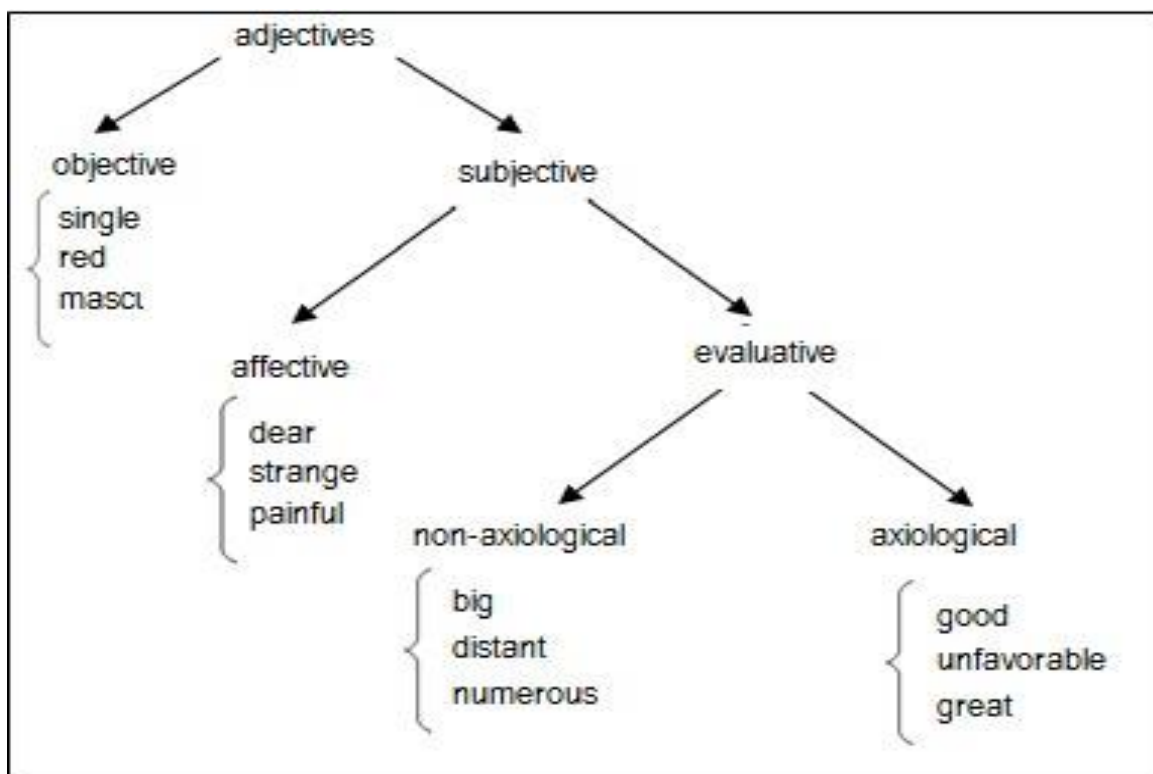
<sup>11</sup> Original quote: Impliquent une évaluation ayant toujours pour source le sujet de l'énonciation.



### 2.3.2.3 Subjective Adjectives

In terms of subjective adjectives, Orecchioni attempted to investigate this concept in a more detailed way, focusing on categorizing them in order to provide a clear picture of subjectivity in discourse. As the diagram shows:

**Figure 2.3 : Adjectives Classification According to Orecchioni**



Orecchioni (1997) contends that everything is relative in the use of adjectives. She claims that the meaning or interpretation of adjectives is subjective and dependent on the context in which they are used. In other words, how adjectives are understood and evaluated varies from person to person or situation to situation. According to this viewpoint, adjectives do not have fixed or objective meanings, rather their interpretations are relative and impacted by a variety of variables including: cultural, societal, and personal variations.

Because our study is centred on emotion, we focus mainly on the function of affective adjectives.

### The affective adjectives

Affective adjectives express both a characteristic of the object they refer to and the emotional reaction of speaker to that object. They also imply active participation on the part of the speaker and demonstrate his presence in the utterance. In other words, these adjectives express a personal assessment of the object.

In this concept, Orecchioni says in his book « *L'énonciation* » :

Affective adjectives simultaneously express a property of the object they determine and an emotional reaction of the speaking subject towards that object. As they involve an emotional commitment from the enunciator or manifest their presence within the utterance, they are enunciative.<sup>12</sup> (2006,p.95)

These are some examples from our corpus that show the role of affective adjectives in subjectivity:

- « I was feeling **tired** and very **weak** » (Story 15)
- « But I am **tired**. I am **exhausted** » (Story 14)
- « ...so what I have cant be covid right? the coughing continues for weeks and breathing with broken ribs is one of the most **painful** things in the world until you try to move, or sleep. » (Story 1)
- « Anxiety became second nature. Was always **anxious**, and it came to fore in COVID » (story10)
- « I have never felt so **stressed** in my life, I'm an intensivist, and I am quite used to intense moments, and the choices, and people are critical and die without any treatment, and you [usually] make the difference » (story11)

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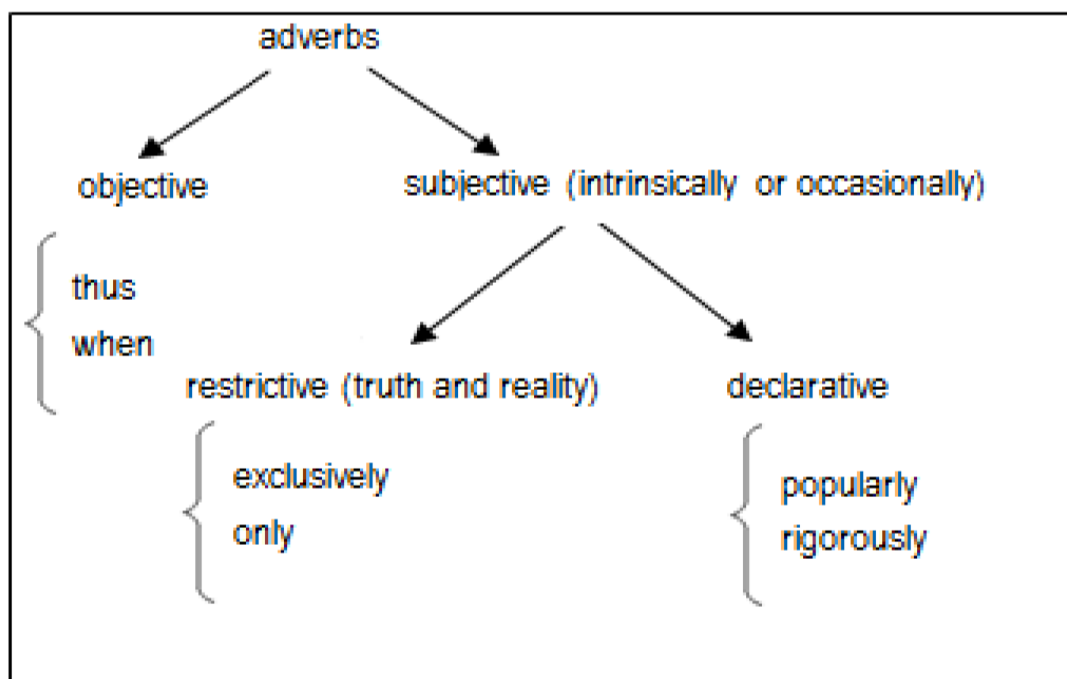
<sup>12</sup> Original quote: Les adjectifs affectifs énoncent, en même temps qu'une propriété de l'objet qu'ils déterminent, une réaction émotionnelle du sujet parlant en face de cet objet. Dans la mesure où ils impliquent un engagement affectif de l'énonciateur, ou ils manifestent sa préséance au sein de l'énoncé, ils sont Énonciatifs.

- « I saw **frustrated** doctors who had negative opinions and stopped caring if a person is dying » (story 13)

### 2.3.2.4 Adverbs

Orecchioni (1997) classifies subjective adverbs in terms of their modalizing functions. According to her, this has to be done because of the complexity of the task of generating a taxonomy of subjective adverbs. The author defines modalization as: the set of significant procedures that indicate the degree of agreement (strong or mitigated)/uncertainty/repulse by the enunciator to what is enunciated.

**Figure 2.4 : Adverbs Classification According to Orecchioni**



Adverbs are words that modify or characterize a verb, an adjective, or another adverb. It adds details to the manner, place, time, degree or intensity of the action or state described by the word it modifies. However, our goal is to draw attention to the adverbs that express the emotional state of a speaker.

We will only focus here on adverbs that express an emotional reaction from the speaker like:

« Staff **frantically** wave us out of the way, pushing gurneys carrying men and women on mobile respirators - it's not chaos, but it is hectic » (story11 ).The adverb here expresses an emotional state of urgency, panic, and desperation.it used to describe the staff acting in a frantic manner.

- « but I have more joint pain than I did before, and am **horribly** sensitive to dust now »(story8)

We are also interested in the degree or intensity of adverbs because it is prevalent across our corpus:

- « Now the part we have not talked about is you are **so** fatigued and hurt **so** much you struggle to just remember to care or feed yourself or shower » (story 1)
- « It's **very** scary when it affects your breathing and you don't have equipment to check the oxygen in the blood» (story15)
- « at the beginning makes everything **very** terrifying as all control has been taken away from you » (story7)
- « gravely ill is considered a reasonable position. It **really** is that bad » (story11)
- « It's a **very** severe pneumonia » (story11)

In these excerpts, Internet users employed the adverbs "very-so-really" in a very remarkable way. Its use has a single purpose, which is to inform the interlocutors of the intensity of their suffering and the severity of virus through the processes of capture and dramatization.

## 2.4 Conclusion

Thus, we will state at the end of this chapter that our purpose was to uncover the subjective markers employed by Quora users to describe their suffering, pain and distress during the pandemic.

In the case of our corpus, we chose to prioritize the subject-related elements that we consider sufficient and representative, such as the personal pronouns I-you-we and the subjectivemes. Furthermore, the main aim of posts is to express oneself and share personal experiences with the Coronavirus: a subject that involves the majority of internet users in revealing suffering, distress and struggles with the virus that affected the entire world. The disclosure of these feelings can be a sensitization for people about the severity of the disease and a wake-up call for those who do not believe in it.

To conclude this analysis section, we can say that the suffering of internet users is expressed through the use of various linguistic devices referring to the speaker, namely personal deixis and subjectivemes. These linguistic elements allow people to reveal their identities and express their suffering while sharing their experiences of COVID-19.

**Chapter Three**  
**Discursive Strategies and**  
**the Expression of Suffering**  
**in Life Narratives**

## **Chapter Three : Discursive Strategies and the Expression of Suffering in Life Narratives**

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### 3.1 Introduction

This chapter will be devoted to the analysis of discursive strategies based on the theory of Charaudeau, our investigation focuses on finding the discursive strategies used by internet users in expressing their suffering and distress during The Covid-19 Pandemic. It is required to define each concept separately in order to understand what "discursive strategies" are. Besides, it should be taken into consideration that these are the discourse-specific strategies. Thus, what does the term "strategy" actually mean?

### 3.2 What is a Strategy?

Etymologically, the word "strategy" derives from the Greek « strategos » which means military commander or general, which in turn derives from « stratos » (which means literally a prairie or valley that lies beneath, and figuratively a "camping" or "army") and egos (to conduct or lead).(online etymology dictionary).

In Cambridge dictionary, a "strategy" means a detailed plan for achieving success in situations such as war, politics, business, industry, or sport, or the skill of planning for such situations and a way for doing something or dealing with something. We discovered through extensive research that this notion grants a privilege to military and political thought. Liddell stated in his book, *Strategy* [1], that strategy is: "*The art of distributing and applying military means to fulfil the ends of policy*"(1967p.335).

Beaufre, in his article entitled "Vue d'ensemble de la stratégie " (1962, p.420), specifies that :

The aim of strategy is to achieve the objectives set by the policy by making the best use of the means at our disposal. However, these objectives can be offensive (conquest, imposing the acceptance of such or such onerous conditions), defensive (protection of the territory or such or such interests) or even simply aiming for the political status quo.



The origin of the term “strategy” carries a military connotation, but it was adapted for use in many fields. The various authors who provided definitions for this concept gave a selective attention to the wide range of strategy related issues and by reviewing some of the most significant definitions, we seek to define the idea of strategy as a multidimensional concept.

According to Van Dijk a strategy involves human action, that is, goal-oriented, intentional, conscious, and controlled behaviour (1977a, 1980b). To put it in another way, these actions are controlled by a cognitive information, a desired goal or purpose to reach, we do something in order to achieve a certain result.

Strategy is therefore made for a purpose and for intended ends or results. The word « strategy » is also defined by Charaudeau and Maingueneau: “Any action carried out in a coordinated manner to achieve a specific goal.”<sup>13</sup>(2002, p.548). Which means organizing thoughts in order to achieve goals. This definition includes a final goal with rules and series of choices that lead to a desired result. By the way game theory presents this notion as a set of rules determining the behavior of a player in any possible game situation. As a result, strategy is a term that refers to a complex web of thoughts, choices, goals, perceptions and expectations that guide individuals from different fields to accomplish specific ends. Whoever makes the strategy must do calculations by proposing several operations before choosing the most suitable one. This means that the necessary precondition to formulate a strategy is a clear understanding of the desired ends.

### 3.3 Discursive Strategies

Researchers in their understanding of how discourse works, they consider discursive strategies to be the crucial part that guarantees the coherence of speech and gives it performative potential. Discursive strategies are the intersection of two notions “strategy” and “discourse”. We view discourse in its ultimate practical

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<sup>13</sup> Original quote: Toute action menée de façon coordonnée pour atteindre un certain but.

dimension as a strategic tool attempting to have an impact on the audience. To put it another way, discursive strategies are the possibilities of structuring language activities and the arrangements of certain linguistic tools available to the speakers in order to achieve their goals.

A speaker frequently uses strategies while setting goals to be achieved. To choose the one that is rigorous and normative is essential to succeed in attaining them. In this case, the discursive strategies are:

“The act of an individual or collective subject being led to choose (consciously or unconsciously) a certain number of language operations; speaking of strategy only makes sense in relation to a framework of constraints, be it rules, norms, or conventions... it requires a goal, a situation of uncertainty and calculation.”<sup>14</sup> Maingueneau et Charaudeau (2002, p.42).

Among the existing strategies in discourse analysis, we cite the discursive strategy which refers to the possible choice of speaker in a communication situation. It is because the act of language is not subject to any fatality that would prefigure its structuring. There is no ready-to-wear language, each enunciation is unique.

The above statement highlights the unique nature of language and the fact that each act of language is distinct and not predetermined. Language is not just a means of conveying information but also a form of action and it is not a static entity but is constantly changing and evolving. Furthermore, language is not just a matter of words and grammar, but also of context and intention. The meaning of speech act is not determined by its literal content but also about the intention and choices of the speaker and the social and cultural context in which it occurs.

In the Dictionary of Discourse Analysis, it is the idea of the speech act thanks to which the strategy is put into action on language. Therefore, we observe various

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<sup>14</sup> Original quote: Le fait d'un sujet (individuel ou collectif) qui est conduit à choisir (de façon consciente ou non), un certain nombre d'opérations langagières ; parler de stratégie n'a de sens que par rapport à un cadre de contraintes qu'il s'agisse de règles, de normes ou de conventions(...) il faut un but, une situation d'incertitude et de calcul.

issues determining the linguistic position of subjects. Here, about discursive strategies, Charaudeau (2002,p. 549), proposes dividing the issues into a few titles as "an issue of legitimation" (legitimation strategy) which aims to determine the subject's position of authority, " an issue of credibility" (credibility strategy) which aims to determine the position of truth of the subject, and also "an issue of capture" (strategy of capture) which aims to bring the partner of the communicative exchange into the frame of the thinking of the speaking subject.

In discourse analysis, the speaker who employs strategies to achieve an intended end is led to select the most appropriate one. He communicates with his interlocutors using signs and a specific discourse that fits into the context of the communication situation. Charaudeau and Maingueneau (2002 , p.42) state that:

“Every utterance constitutes an act (promising, suggesting, affirming, questioning...) aimed at modifying a situation. At a higher level, these elementary acts themselves integrate into specific language activities (a pamphlet, a medical consultation, a TV news broadcast...) that are in turn related to non-verbal activities.”<sup>15</sup>

Thus, not all discourses necessarily fall under what is called oral conversation, as long as there are still other forms of manifestation of language. The speaker does not express his thoughts in a single way (He can express with a written discourse (the said) and an implicit discourse (the unsaid). But, it is up to the interlocutor to derive the scope of the message or to understand the information from a word, sentence or context and try to read between the lines. This leads the speaker to use strategies of capture, legitimation and credibility in order to transmit his discourse and achieve his objective.

In general, discursive strategies as defined by Dominique Maingueneau and Patrick Charaudeau, are the techniques and tactics used by speakers or writers to

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<sup>15</sup> Original quote: Toute énonciation constitue un acte (promettre, suggérer, affirmer, interroger...) visant à modifier une situation. A un niveau supérieur, ces actes élémentaires s'intègrent eux-mêmes dans des activités langagières d'un genre déterminé (un tract, une consultation médicale, un journal télévisé...) elles-mêmes en relation avec des activités non-verbales.

affect and shape the beliefs, attitudes and behaviours of their audience. It is related to the linguistic phenomena that people use to communicate with each other. Charaudeau emphasizes that the speaker cannot make his choice outside of this universe where these three types of strategies are precisely manifested: the space of choice of the speaker is a space where three types of discursive strategies are deployed: strategies of capture, strategies of legitimation and credibility strategies. Koçbaşı (2020, p. 455).

### 3.3.1 Capture Strategy

The capture strategy includes implied charm operations to win the support of the speaker by giving him the appearance of belonging to a cause or a group. It is a game of mousetrap in which logic and reason are excluded. Everything is played in an emotional register. Thus, the speaker attempts to charm his addressee, in order to appear to support him in his thesis, he must also play on his effect. Charaudeau states that these strategies involve charm operations aimed at gaining the support of recipient by creating the illusion of being involved in a cause or group.

Charaudeau also emphasizes the importance of touching the emotions audience: the capture must touch the sensitivity of the spectator. You can never hold the attention if you make lies or contradict yourself, the speaker must be believable. According to him : “Capture strategies aim to seduce or persuade the partner of the communicative exchange in such a way that they eventually enter the thought universe underlying the act of communication and thus share the intentionality, values, and emotions it carries.”<sup>16</sup> (2002, p.93). That is to say, the capture strategy actually seeks to draw in or persuade the communication partner in such a way that he enters the universe of thought that underlies the act of communication and shares the intent, values, and emotions it contains.

The capture strategy produces distinct discursive configurations depending on the communication situation. For example, in literary communication, which resides

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<sup>16</sup> Original quote: Les stratégies de captation visent à séduire ou persuader le partenaire de l'échange communicatif de telle sorte que celui-ci finisse par entrer dans l'univers de pensée qui sous-tend l'acte de communication, et partage ainsi l'intentionnalité, les valeurs et les émotions dont il est porteur.

on the cover pages of books, the editor must touch the sensitivity of reader through the choice of words (word games). Furthermore, it is one of the most commonly used discursive strategies by Internet users who have suffered from COVID-19, with the goal of attracting the attention of other Internet users and making them aware of the seriousness of this disease.

In order to capture the attention of audience and make them captive to their actions, we must in some way identify a weakness point, to make them aware of the threat to their own lives and more importantly the lives of those close to them and those they care about.

#### **Excerpt 1**

«India is at Crisis. If someone can help you then its **YOU, YOUR FAMILY &FRIENDS. Stay Inside because IT has his eyes on you and wants to kill you.** Please stay alive and support to fight this corruption which couldn't provider hospitals and beds and ventilators. **please stay alive to fight this Corona.** Please stay alive to help who need help» (story 13) .The statement uses language that evokes fear and sense of danger as well as it create a sense of unity and shared responsibility among the reader and loved ones, it emphasizes the importance of you, your family and friends.

#### **Excerpt 2**

«lol anyways **my experience** wasn't awful but I know others where they aren't as fortunate. My suggestion **.Life short. Be kind to people** , spend it with people that want you in their lives and do something you love .But most importantly . Be kind to yourself and health. I've abused myself for years with the people I kept in my life and in my own destructive patterns. **Covid was a blessing in disguise .If u have it, treat it serious.** While if you are healthy, 99.9999% will be fine, **it's fucked up virus and can turn quickly.** » (story 06).

In this passage, the author uses phrases like "Life is short," "Be kind to people," "Be kind to yourself," and "Covid was a blessing in disguise." These statements are intended to capture the attention of readers and evoke an emotional response. The author also emphasizes the importance of treating COVID-19 seriously, highlighting the potential severity of the virus.

In the capture strategy, the speaker employs different techniques to influence and make those who make fun of this virus more aware of their responsibilities.

### Excerpt 3

« ... It's a dangerous job, and then you have **nutcases claiming the virus doesn't exist?** Telling doctors it's their imagination that patients, including otherwise healthy patients, are dying or becoming seriously ill? That's very insulting to the doctors and the patients. » (Story 12). The author expresses frustration and disbelief at the claims made by "nutcases" who deny the existence of the virus and dismiss the experiences of doctors and patients. This language is intended to capture the attention of readers by using strong and derogatory terms.

Overall the use of the capture strategy can help communicators to make their messages more engaging and effective by capturing the attention and interest of the audience.

### 3.3.2 Legitimation Strategy

According to Charaudeau, "Legitimization is, along with credibility and capture, one of the three realms of discourse strategies. Legitimization strategies aim to establish the authoritative position that enables the speaker to take the floor. This position of authority can be the result of a process that involves two types of construction."<sup>17</sup> (2002, p.340)

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<sup>17</sup> La légitimation est, avec la crédibilité\*et la captation\*, l'un des trois espaces des stratégies de discours. Les stratégies de légitimations visent à déterminer la position d'autorité qui permet au sujet de prendre la parole. Cette position d'autorité peut être le résultat d'un processus qui passe par deux types de construction.

Legitimation strategy aims to establish a position of authority from which the discourse can unfold. In many cases, the speaker feels compelled to legitimize his or her words. Whether he attempts to establish institutional or personal authority, his quest is to have him recognize the right to speak and the right to hold the type of discourse he claims. The search for ideological kinship (argument from authority) is one of the processes that contribute to the quest for legitimacy. This legitimacy: “This position of authority can either stem from a factual situation or from the role granted to the speaker by any given institution. However, it is also possible that the speaker needs to construct a position of legitimacy in the eyes of their interlocutor”<sup>18</sup> Charaudeau (2002, p.340).

In addition, the discourse cannot find legitimacy apart from this authority, whose position is established by the strategy of legitimation that grants the speaking subject the right to speak. This means that the discourse of a publisher must establish its position of legitimacy in the eyes of his reader, which is accomplished through two different constructions: (a) institutional authority founded on the status of the subject, granting knowledge authority (expert, scholar, specialist) or decision-making power (responsible for an organization). (b) personal authority, which is founded on the activity of persuasion and seduction of subject, giving him *de facto* authority, which can be layered on the previous one.

The question of legitimation strategy arises in discourse analysis on two levels: at the practical and professional levels, it is about understanding how the discourse gains legitimacy in the eyes of those who use it. The speech occupies a place within linguistic planning, in which the speaker performs calculation operations to choose the words that fit his speech before putting them in it.

In our situation, the Quora app is flooded with users that employ the legitimation approach to share their actual experience with COVID 19: **Excerpt 1**« In todays testing times when even the closest of friends and relatives turn away from

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<sup>18</sup> Original quote: Lui venir soit d’une situation de fait [...], soit de la place qui lui est accordée par une institution quelconque. Mais il se peut également qu’il ait besoin de se construire une position de légitimité au regard de son interlocuteur.

their kin when they suspect the other person is sick, **we as doctors** had to step into the ring of fire, the COVID icu. » (Story 5)

In this case, the legitimacy of doctors is highlighted by comparing their actions with those of friends and relatives. While others may choose to distance themselves from the sick due to fear or concern for their own well-being, the doctors willingly enter the high-risk environment of the COVID ICU. It stresses the legitimacy of doctors by demonstrating their dedication to their profession, ability to take risks, and role as essential healthcare providers during difficult times.

Another passage that illustrates legitimacy is about a medical college junior resident who suffered from the Covid-19 pandemic .**Excerpt 2« I am a junior resident in a medical college.** I have been doing back to back COVID duties, like everyone else, often without protective gear. Some of my loved ones are battling for their lives in different cities. I can't even get leave to go and see them because there aren't any doctors to replace me. I have been still doing my duties, even though I had high fever yesterday, because the rt PCR report takes days to come here. » (story 14)

In this example, the narrator wishes to legitimize his conduct and evoke understanding or empathy from others. He frames his condition as a result of shared circumstances, personal sacrifice and a lack of alternatives, all of which contribute to justifying his continuous dedication to his obligations despite the challenges he faces.

### **Extract 3**

«**I'm an intensivist**, and I am quite used to intense moments, and the choices, and people are critical and die without any treatment, and you [usually] make the difference.» (story 11)

The author establishes his professional expertise as an intensivist, someone with specialized knowledge and experience in critical care. By presenting himself as an authority in his field, he aims to legitimize his claims.



### 3.3.3 Credibility Strategy

The credibility strategy is built on the veracity of the speaking subject in using various linguistic and non-linguistic cues to establish oneself as credible source of information and making the message more realistic and believable to the recipients.

It is deliberative (is it or is it not credible?) and evaluative (being more or less credible) which means that the speaker positions himself as a judge, scrutinizing his own speech critically and deriving the levels of veracity from it. These strategies aim at constructing a truth position that would give the discourse a credible character. In developing these strategies, the speaker poses as an evaluator of his or her own discourse and defines the degrees of certainty.

For Charaudeau (1998), credibility is a fact of discourse strategies which, like the strategies of legitimization and capture, consists, for the speaking subject in determining a position of truth, so that he can be taken seriously.

We can deduce that credibility is a strategy used by the speaker to make his discourse plausible, it is mobilized by the speaker to give credibility to his speech. It has two objectives: first, to eliminate doubt about what is being said and secondly, to build a position of truth. To do this, the speaker uses several procedures: evaluated and nuanced statements, quotation style, supporting statistics, figures and references. It therefore puts the interlocutor in a position of challenge because it gives him the opportunity to examine, discuss and verify the veracity of his words or what he says.

The discourse made automatically reflects the personality of the speaker, so he must inevitably base his statement on a convincing arguments. According to Charaudeau and Maingueneau (2002), credibility is, therefore, a result of a trial that one makes on someone and what they see or hear and after making a judgement one can decide that the person is credible or not.

#### Excerpt 1

« And for the record, it is NOT like flu, it is more often than chronic pneumonia and it is **killing hundreds** here each day. **The head of emergency care, Dr Roberto**

**Cosentini**, says they have never seen anything like it, and he and his staff are warning other countries, especially the UK, that they will see it soon. It's a very severe pneumonia, and so it's a massive strain for every health system, because we see every day **50 to 60 patients** who come to our emergency department with pneumonia, and most of them are so severe they need very high volumes of oxygen» (story11)

In this example, the narrator provides evidence to support his claim, he draws on a credible authority figure in the field of healthcare Dr. Roberto Cosentini to show that Covid-19 is more dangerous than others think. Furthermore, this statement emphasizes the severity of the virus and highlighting the high death toll. By presenting facts and quantitative data "50 to 60 patients", the narrator seeks to establish seriousness and truth fullness of the situation.

Speakers may establish trust with their audience by describing their personal experiences with Covid-19.

### **Excerpt 2**

« COVID exposed my vulnerabilities, and I got hugely stressed for poor thought process which caused me psychosomatic illnesses (digestive system, chest pain). With time and positive thinking and habits, the impact has receded, and it will continue to recede if positive thought process and habits are continued which I will definitely continue. A request to all to maintain positive habits, positive thought processes otherwise our mind and intelligence ends up working against ourselves. It causes health issues. » ( story10)

By sharing his own journey of overcoming these challenges through positive thinking and habits, the speaker establish credibility through his personal experience. His suggestion to stay positive to avoid the impact of the virus on their mental and physical health, contributes to credibility strategy.

**Excerpt 3**

« I get a sensation of my battered lungs seizing up, and pain in the middle of my chest. It goes away fairly quickly, but...pretty scary. So...get the vaccine. Because you don't want to get the disease. » (story8) His description of the symptoms adds credibility to his arguments in favor of getting the vaccine as means to avoid experiencing those symptoms.

**3.3.4 Dramatization**

In order to capture the attention of interlocutors and make the events with them more vivid, impressive, and emotional, dramatization is an effective capture process. In general, the intention of the speaker in this strategy is varied, either to give a dramatic, even a tragic turn to a situation, to exaggerate or accentuate the events. This strategy contain three types of discourse: Victimization, the portrait of the enemy, heroism.

Among the distinct discursive procedures used in dramatization there is amalgamation which is expressed through figures of speech such as the metaphor, personification, etc.

According to Charaudeau, this dramatization strategy is staged with the help of various discursive procedures, including amalgam. Amalgamation is, one might say, an abusive analogy: two events, two facts, two phenomena are brought together without any distance being set that would allow this comparison to have an explanatory effect.

We can see from the following excerpts that Internet users who are narrating their stories want to draw and hold the attention of every person by dramatizing the facts:

**Excerpt 1**

« Moving to ITU at rapid speed under a plastic sheet with the porters ensuring nobody got in the way and a team of doctors swapping oxygen canisters every minute because

I was on 100% oxygen **was a surreal experience** that you would normally be only see in a **film**. They were all dressed in full PPE and it looked like I'd been through a **nuclear bombing** ».

This passage involves dramatization strategy to vividly convey the intensity and surreal nature of the experience. The narrator is describing an experience that is typically only seen in film, and then describe the appearance of doctors in a full PPT as resembling the aftermath of nuclear bombing. The use of descriptive language adds a layer of dramatic effects and evoke strong emotion to the reader, it suggests that the situation is so extraordinary and dramatic that it seems like a scene from a fictional movie.

In the following examples, the internet user employs a metaphorical language, he uses the term warrior to equate his duties as a doctor dealing with the disease to that of a person who is skilled in the art of warfare and prepared to engage in wars. In a broader sense, he is conveying a sense of bravery, strength and determination. This adds a dramatic and heroic quality to his experience.

**Excerpt 2** « I actually started feeling like **a warrior** » **Excerpt 3** « It was my time to become **a warrior** »

#### **Excerpt 4**

« **The medical teams** are **fighting a war** here and they are losing » (story11). This statement contains an amalgamation, it involves blending or merging different concepts in order to create a vivid or imaginative description (metaphorical expression). This case combines the concepts of the medical teams with warfare, the medical teams are compared to soldiers in a war and their struggles and challenges fighting the virus is linked to a battle.

Overall, the use of amalgamation in this statement adds depth, intensity and emotional impact to the description of the efforts of medical teams during the Covid-19 pandemic.

It is important to emphasize that dramatization strategy in our corpus used a particular lexicon of emotions to convey suffering and distress. Internet users frequently use phrases that imply the presence of emotional semantics, as we have observed. “Capture refers to the attitude of appealing to the emotions of one's interlocutor (or audience), eliciting a certain emotional state that is favorable to the speaker's persuasive intent, in short, to seduce and captivate them.”<sup>19</sup> Charaudeau (1995,p .8)

For instance, consider the expressions and phrases in the excerpts below:

- 1) **The fear** of dropping your oxygen level kept me up for the whole night. (story3)
- 2) breathing with broken ribs is one of the most **painful** things in the world (story1)
- 3) Friday night I started getting **severe side pain** and **back pain**. Weirdest **pain** I've ever felt. (story6)
- 4) So every pain I never felt I went into **panic** mode. (story6)
- 5) at the beginning makes everything **very terrifying** as all control has been taken away from you .(story7)
- 6) They rush past wards already rammed with beds all filled with people in **terrible distress**. (story11)

The lexicons: **Fear, Pain, Panic, Terrifying, terrible, distress**...indicates the presence of emotions in discourse and attest the subjectivity of internet users. Therefore, Internet users produced a dramatic impression and put themselves in the position of victims of Covid-19 by employing terms that emphasize suffering.

We believe that the usage of such terminologies is a dramatization or even capture strategy utilized by Quora users to grab the attention of readers or convey a strong emotion.

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<sup>19</sup> Original quote: Il s'agit [la captation] de l'attitude qui consiste à toucher l'affect de son interlocuteur (son auditoire), à provoquer chez lui un certain état émotionnel qui soit favorable à la visée d'influence du sujet parlant, bref à le séduire, à le rendre captif.

### **3.4 Conclusion**

At last, this chapter has given us the opportunity to analyze the discourse of Internet users. This allowed us to better understand the various strategies they used. Based on the theory of Charaudeau, we saw that discursive instances can put themselves in different positions and behaviours to achieve their goals and have strategies of capture, credibility, legitimation, and dramatization.

# *General Conclusion*

### General Conclusion

In our study conducted on Quora application, we aimed to analyze the expression of suffering in life narratives of Internet users, specifically those affected by COVID-19. Our primary objective was to examine how individuals conveyed their experiences of suffering through social media, paying close attention to their subjectivity, enunciation markers, and the discursive strategies employed in their stories.

Based on the theories of Catherine Orrechioni (2009) and Charadeau (2002), we examined the discursive strategies employed by Quora users to express their distress as well as the subjective markers they used to convey their suffering. After the analysis of 16 life narratives, the results revealed that in the analysis of deixis expressions the use of first-person pronoun "I" was prevalent in posts, as the purpose of Quora users was to share personal experiences with the virus Covid-19. Secondly, in the analysis of subjectivemes, there was a dominance of affective language and emotive lexicon related to suffering in these narratives. Lastly, Internet users employed various discursive strategies, such as capturing attention, legitimizing their experiences, establishing credibility, and employing dramatization. Among these strategies, dramatization and capturing attention through emotive language were the most common, while legitimization played a significant role and its exclusive focus on COVID-19 discussions, granting all members a sense of legitimacy in their narratives.

Through this study, we were able to address our research question and confirm the initial hypotheses regarding the role of personal markers (deixis) and subjective markers (subjectivemes) in the expression of suffering and distress. We also confirmed that Internet users, in order to achieve their objectives, they adopt different positions and behaviors, employing strategies such as capturing attention, establishing credibility, legitimizing experiences, and utilizing dramatization.

Initially, we had intended and planned to include a spoken discourse in this work. However, due to time constraints, we were unable to delve into that aspect. Nonetheless, we recognize the potential for future research in the domain of digital discourse, particularly within the context of social media. Exploring the concept of spoken



## General Conclusion

discourse analysis of emotion could be a valuable direction for future doctoral thesis or further investigations.

While acknowledging the limitations of our analysis, we hope that it inspires new avenues of research on digital discourse, especially within the realm of social media platforms.

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# *Appendices*

## Story 1

### **JulieFoxioto « Can you share you covid experience ? »**

Covid is no one's friend. I got sick in the first days of February. My daughter's boyfriend came over with what appeared to be a head cold. The head cold was not obvious at first as he had taken some stuff to make him feel and appear normal. He was a frequent visitor spending the day playing games with the family and having movie nights; it was not a big deal that he was here. About 4 hours after he got here he started to snuffle and sneeze. He says, Oh, Mom, it's just allergies or something. So I explain I don't want to come off mean but after dinner he would have to go home and not do movie night. I am a high risk when anyone is sick around me. I catch things at the drop of a hat. I kept him across the room from me the rest of the evening until my husband took him home. The next day I did not give it another thought. I had an odd lump in my throat. The following no matter what I ate it felt like it was dry and sharp like a broken chip scratching down your throat. I tried eating an over ripe banana. Felt like I was trying to swallow dry gravel. Handed it to my husband and asked if there was something wrong with the food. This lasted a few days. By day 4 I had sniffles, sore throat, fevers, that lasted about a 5 days getting worse each day then it became hard to breathe and my ears hurt. Fevers still running from 99.0 which was not bad to 105.2 which left me feeling like I was boiling from the inside. My eyelids felt like they were burning my eyes. So I would take more Tylenol or other fever breaker. Breathing got harder yet. I started coughing around day 7 or 8. and I continued to have a cough for 3 stinking months. The cough was dry and scratchy. It felt like my head cold was making its way to my chest. By day 14 I was clearing up in my head cold but my now chest cold was still there. I was negative for the flu when I went in. They said it's just an upper respiratory infection. It's a virus and nothing they can do. I went home and spent the next 3 weeks in my bedroom. This is because I had become so sick a few days later I could barely make it to the bathroom because I couldn't breathe. If I took more than a small breath the coughing would kick in. Now this is not a normal cough. This cough jerks and racks your whole body; it's not just 3-4 coughs and you are done. When you cough you keep coughing and can't stop. You start to

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think it is not going to stop. It finally stops after a good 30 -60 seconds of coughing; it starts back up as you are trying to catch your breath about 15 seconds later. this continues for anywhere from 10 min to a 30 min cycle. I broke a couple ribs from all the coughing. after 3 weeks in my room I finally came out to my living room and I hear about the covid virus not hitting us until March 3rd so what I have cant be covid right? the coughing continues for weeks and breathing with broken ribs is one of the most painful things in the world until you try to move, or sleep. they you learn you can sleep a little if you lay on those ribs very carefully. This is the first relief and good sleep you feel in almost 2 months. Then you learn the Truth. IT'S A TRAP!!!! when you wake up and try to move it take everything in you to not scream out loud from the pain or break down in tears like a child that has fall off its bicycle. Now the part we have not talked about is you are so fatigued and hurt so much you struggle to just remember to care or feed yourself or shower. you can no longer think straight. You may not be making the best decisions because your brain does not care. Only thing your body wants is the ability to breath and move without pain. you feel like you are living in a fog. the fevers continued in my case for over 3 months and still going at times. At one point I knew I needed to see the doctor again but I felt I was too sick to leave my house to even see a doctor. I could not make it far as my car to have someone take me to said doctor. It felt like my body was giving up, there was no energy, no desire, no real hunger; just feeling hot, cant breath, cant move waiting for death to make it to you. (turns out he was busy) For at least 2 of the 3 weeks I was stuck in my bedroom I was not sure I was going to make it and decided if I was going to die it would be in my own damn bed. Because it is a virus. this means that there is nothing they could do except address the symptoms and at that point it was all over the news that if you feel like you have covid do not leave your home, do not see the doctor, there is nothing they can do for you. if you need to go to the ER then go but don't expect much. of course if you are under 65 they would not test you for it and if you don't need a ventilator it did not matter how sick you were you were sent back home. Basically if your lungs did not show pneumonia you were out of luck for any kind of help. well its just over 6 months later and I still get pain in my ribs and lungs. there are times when I am just sitting and it becomes tight in my chest to breath. get hit

with moments of confusion that is similar to when I was sick. the ongoing headaches are always something to look forward to as they are not more frequent and sever than they were before getting sick.now to find out that the immunity for this virus as it is hitting all time highs is only good for around 4 months is terrifying you bet I am at home. I am avoid the public as much as I can. I can only say I wish delivery was an option where I live as I would almost never leave.Really all I can say to sum this up is, IT'S AMAZING WHAT YOU CAN LIVE THROUGH.

### Story 2

**Alif Patnaik « How many of you had a horrible case of Covid and barely survived ? »**

I won't say horrible cause the strain in odisha wasn't dangerous like in Mumbai and delhi. But the fear is real. Just when the lockdown was at its end, few people came from Delhi for a meeting, and the duty was handed to my father. The same day in the night he had a fever of 102°c. Me being the doctor should have realised it. But there were hardly any case in our area, and I was thinking that incubation period for covid is 3 days, so it is unlikely the meeting would be the reason, so with a senior doctor's advice I started him on cefidixime and paracetamol. Believe me, even after 3 days of meds, kaadha, lemon grass tea, soup, sleeping (all day), nothing changed the temp, infact it took up to 103°.Then I suggested papa to go for covid test, and when he was there, he saw all the members from the meeting. Everyone was infected from the delhi visitors. This time I was scared, cause if it's a delhi strain then with my father's cormobid conditions, it's dangerous and since he stayed with us for 3days, we were now in risk too and with grandfather staying with us, it was like hell to us. As soon as the test came+ve, papa msged me that he's getting admitted and the next thing I know we were sealed. Quarantined. The next 16 days is a story only a survival can understand.I'm only glad that my father came back strong, lost a lots of weight including my whole family, but we can proudly say "WE SURVIVED ON OUR OWN"

### Story 3

#### **Shiv Charan « Are you a covid-19 survivor ?if yes,how did you beat it ? »**

My COVID Experience was a bit weird but the darkest one, Summing up my experiences down here :Amidst Covid fears and confusions, Life was going really good for me till MAY 8th of 2021 arrived. I work in an IT firm, the day was Saturday and I was working till 3.30 pm and everything was going perfectly fine.At around 3.45, within minutes, my whole body started aching badly from inside as if someone has just switched on something within and I felt feverish(could feel the heat radiating out of my body). First I thought its just a simple heat issue because of the month and sitting in front of a computer for hours. So I took bath with fresh cold water(usually will do that when I have that kinda feel)and had a small nap, but things started to elevate at around 6 pm, where I could not even stand and felt like someone is hanging on my back. I checked my body temperature and it was almost 100 to 105 F by 6.30 PM.But I didn't inform my parents and Isolated myself, hoping it would just be a normal bacterial infection or other similar kinds of things, but I seriously had no idea that night is gonna be an unforgettable night in my entire life.Later that night after 11.30 pm, I started to hear strange things, different voices. First I thought it's just an imagination but later found that I started hallucinating due to a high fever. I could literally hear my pounding heartbeat the entire night, which was really terrific.It literally felt like someone has hijacked my body from inside and dictating its own terms. The fear of dropping your oxygen level kept me up for the whole night. The situation of checking on yourself, whether you are able to just breathe properly or not, was really terrific. It was really difficult for me to cross that night, especially those headaches and high pulse literally made me mad, I was literally watching my clock till it showed 7.00 am Morning of MAY 9th. First thing in the morning I called my family doctor and explained to him all my symptoms.He advised me to be in isolation and started me with a couple of tablets including some antivirals and Vitamin supplements, as he did not want me to wait till the test results(for safety). I had a fever on and off for the next three days and nights, with severe body ache, tiredness, cold and dry cough. I gave Swab on Tuesday(11th MAY 2021) afternoon

and the results were Positive with a medium viral load of COVID on Thursday(13th MAY 2021) morning.I am advised to be in Home Quarantine from 13th MAY to 26th MAY 2021 and currently in that period.Another stressful yet irritating thing during isolation that I needed to handle was STRESS. When the pain and feeling of uncertainty cripple the mind and fear of losing everything killed all the motivation to live and I felt like giving up. I feel a bit better now, Thanks to the treatment of the family doctor and myself. He said the time I started my treatment was perfect and that is the one and only reason I have reduced its's impact on my body.But I am aware that the biggest challenge for me now, will be returning back to my normal routine after quarantine

Because the impact of tiredness has not even affected me physically but also depressed me mentally, it would definitely take me time to handle, but I know I have the confidence to bounce back.But if I rewind through my thoughts now I could see that Covid has taught me 2 different lessons for my life, the slow-moving time during the symptoms taught me how precious life is and it has taught me how to handle and approach things from a totally different perspective. Literally this is the second innings and I really know now, things will be totally different when I am back on the track.

### **Story 4**

**Twiki « Are you a covid-19 survivor ?if yes,how did you beat it ? »**

I grew up surrounded by germs, shoveling cow shit on a dairy farm and played in the mud as a kid. After that I spent decades inundated with germs and viruses at work which most likely shocked my immune system into peak shape. Made some chicken soup when I tested positive and after 14 days I went back out in below freezing temps to deliver thousands of pounds of food daily, by hand, in the snow, out of semi trailer. I smoked a cigar on day 10 just to give the virus a firm middle finger. This doesn't work for everyone so don't try this at home. Being clean and washing hands is good, however I firmly believe that growing up in a sterile environment (people with immune deficiency excluded) leads to a weak immune system. I will say I was scared

to death when I got a positive result. I had worn a mask religiously and used hand sanitizer and wipes until my skin dried out, it didn't help. The worst part of the virus was epic gas, it manifested in my guts, however I lost my sense of smell for a couple weeks so it was a wash.

### Story 5

#### **Anand Kapadia « What is your experience as handling the corona virus as a doctor? »**

I had always been a very studious chap. But these 3 years of residency has changed me alot. Treating patients has become my passion. And now the aim of studying has shifted from scoring marks or cracking exams to learning ways to cure my patients. Treating patients is my inspiration to study. Working in a government hospital has its pros and cons. You have to fritter your energies for even trivial things, which otherwise could have been managed by a simple verbal command in private setups. But the good part is the category of patients we serve are very grateful to us. Extremely poor as they are, they cannot afford treatment anywhere else. You are their last hope. You can sense their eyes pleading for treatment. And that is what inspires me always. It makes me feel i have such an important

role to play in their lives right now. And the smile and gratitude with which they greet you when you cater to them is to say the least, soothing to the heart. And so when the corona pandemic kicked in and our hospital was amongst the first ones to go upfront, we knew we could be called in any moment. There were mixed reactions in our group. Some were scared to the core as the news of young doctors contracting corona and dying was already doing rounds by then. I, on the other hand, had a pretty strange feeling. I actually started feeling like a warrior. Comparing myself with the soldiers on duty will be utterly wrong. But if i could even be one percent of it, i would consider myself lucky and accomplished. I started imagining i will get to be a member of the team, one on whom the whole world has pinned all hopes on at the moment. Felt like dhoni coming out to bat during the world cup with the whole of india rooting. Finally the day had come. I walked into the corona ICU. In today's testing times when even



the closest of friends and relatives run away from their kins when they suspect the other person is sick, we as doctors had to step into the ring of fire, the covid icu. Duty calls. 'Duty' the word always transpires emotions in me and inspires me to go that extra mile. I had a strange feeling of excitement when I first stepped in. It was my time to become a warrior. All the patriotic songs started humming in my head. The final high came when i started 'donning' the ppe kit. It was disheartening to see the sick ones who could not even meet their loved ones as no relatives are allowed in, not even for seconds. We were their only family for the next few days or maybe weeks. Running around in PPEs is not easy. It gets sweaty. Suddenly you have the desire to itch, go to the loo, drink water and what not. But nope you cannot, until your duty ends. Even in such physically demanding situations, you got to go on. And there is no scope of mistakes. Finally after the shift ends you are relieved, you cannot wait to get out of the PPE and quench your thirst. But alas you cannot unless you have washed your clothes which you had worn and taken a good bath. It indeed is tough. But it is all worth it. If my efforts save even one life, I would feel satisfied.

### Story 6

#### **Chris Freyler « What has your hospital experince been like having Covid 19 ? »**

Let me tell you this. I'm stubborn as all hell! And if you know me, I hate the hospital. While I know there's an agenda behind this virus and it pisses me off, i didn't want to get it but no way in hell am I injecting that vaccine kn my body. I'll take my chances with my immunity and health of fighting it off. I started with a light cough Tuesday. By Tuesday night I had the shakes, sweats and high fever that was brutal! I was shaking so bad I actually thought I chipped a tooth! 😊 Then as always, I start to overthink. Almost panic. I think "what if I have a preexisting that I don't know about and covid attack it?!" So every pain I never felt I went into panic mode. Haha. Friday night I started getting severe side pain and back pain. Weirdest pain I've ever felt. It is a little different too having something like this and living alone. But I have a caring family and a good group of friends when I wanted to talk. All hours didn't matter. I appreciate you all more than ya know! And I have like my own private concierge service. Lol I kept ignoring the pain hoping it would go away, it didn't. I mentioned

it to my friend who is a nurse. She told me to contact a teledoc to get their opinion. So I checked and my insurance had one with no copay. So I sign up and the doctor told me to get to the ER ASAP. He said it's best to be safe. My aunt also told me earlier in the day that my cousins friend just died of dehydration with covid, he was 21 and healthy! He wouldn't go to the hospital. So, I decided to not be stubborn and just go. The staff was great! They said I am very low risk for blood clots but they ran a ton of blood work, checked my heart twice and some chest X-rays. 3 hours later I was good to go. Diagnosis, torn rib cartilage from coughing. 😊☐. It Made it easier the doctor and nurses were great. I was the only one on the covid part on Saturday night. I think I actually made some friends. Lol Anyways, my experience wasn't awful, but I know others where they aren't as fortunate. My suggestion. Life is short. Be kind to people, spend it with people that want you in their lives and do something you love. But more importantly. Be kind to yourself and health. I've abused myself for years with the people I kept in my life and my own destructive patterns. Covid was a blessing in disguise. If you have it, treat it serious. While if you are healthy, 99.9999% you will be fine, it's a fucked up virus and can turn quickly. Never forget that. I'm still a little nervous. They said these next two days are critical because it's when they see oxygen levels drop. But I'm still at 100% and my fever is still low. 2 more days and I should be in the clear! It's weird I can feel my bodies confusion. The swings in my temperature are 1-4 degrees. Brutal. Overall, this has been the greatest lesson yet. It initiated a transformation I was unaware of.

### Story 7

#### **Lesley-Anne James « What is the covid-19 hospitalized experience ? »**

As someone who nearly died from it in the UK it can be summed up by 2 words - bloody scary! The fear of not knowing what was wrong to being moved without being told why at the beginning makes everything very terrifying as all control has been taken away from you. Being accosted by a group of people in full PPE telling you that they are putting you on CPAP now to save your life was probably the second worst moment in the world. The first was not knowing if each breath would be my last. Being unable to breathe and conscious is up there as the scariest things that you

can ever go through. The staff were amazing and I knew that they would do all they could. The problem was, there was very little they could do. I had an NG tube and catheter so that I could be fed and given my meds because the most I could have my mask off for was 10 seconds. I lost muscle in 3 days that meant I couldn't stand on the scales and hit the floor. They kept giving me antibiotics and getting portable chest X-rays to monitor the fluid in my lungs, but it didn't recede for over 2 weeks. After a day or so, I didn't know whether it was day or night and was slipping in and out of consciousness. Moving to ITU at rapid speed under a plastic sheet with the porters ensuring nobody got in the way and a team of doctors swapping oxygen canisters every minute because I was on 100% oxygen was a surreal experience that you would normally only see in a film. They were all dressed in full PPE and it looked like I'd been through a nuclear bombing. The process of trying different masks will be burned into my brain forever. I can't breathe without one so having them forced onto my face one by one to find one that fit was horrific. Finally, I couldn't sleep because I was sure that I was going to die. 9 weeks of hospital, 3 in ITU, 5 on CPAP, still going home on oxygen unable to walk properly or do anything - that was all rubbish but the staff were great and tried to do what I needed quickly and in a friendly manner. They made this time as positive as they could have and helped me to process what I needed to. 1/10 - would not recommend.

### Story 8

**Susan O'neill « Those who have had COVID-19 already, how quickly did you start experiencing symptoms after being exposed? Did the symptoms show up suddenly? »**

In the case of my husband and me, we know when he got infected, and I'm pretty sure I got it from him. We were on a plane from Palm Springs, CA, the very day the city shut down after visiting with our then-LA kids in the mountains for a few days. This was on March 19. Very few people in the airport had masks; I remember wondering where they'd gotten them, because they were such a rare sight. The plane was about 1/3 full, given that the world had been cancelled, as had a lot of flights, and a lot of passengers on the few planes going out. We had a row of three seats

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apiece—all of us. My surroundings were quiet and uneventful. Across the plane from me, Paul's experience was a bit different. I didn't realize it until he told me, as we left the airport for a taxi, that the guy directly behind him had spent the whole trip sneezing and coughing. On March 22, Paul started coughing. He was completely exhausted, and could barely get out of bed—and this is a guy used to long walks, and tennis two or three times a week. I felt fine; I went for walks in the 'hood by myself, keeping away from other wanderers, and at home I made him vats of chicken soup and forced him to eat and drink. On March 30, I was walking home from one of my rambles when I suddenly felt like my knees had turned to sand. Painful sand. My feet felt like I'd broken them. I limped the last two blocks home, and the joints in my fingers were so sore it was all I could do to grip the door handle and pull it open. I dragged myself up the one flight of stairs to our apartment—it felt like climbing a mountain—and collapsed on the couch, and woke up hours later, feeling like I'd run a marathon. So if Paul got it from the guy behind him, which certainly seems likely, that was three days incubation time. If I got it from him—and I have no reason to think I didn't, since we shared the same air, the same bed, and the same closed-up rooms and artificial heat of very early Spring in Brooklyn—it took me eight days from his first symptoms to get sick. For both of us, the onset was quick and nasty; we never went to the hospital (our doc checked in with us by phone, and discouraged us from coming because the VA was full of hellish cases, and she felt it was safer to stay at home and treat the symptoms as well as possible and only come in if we felt unable to breathe), but we were in horrible condition. The symptoms seemed to change in a weird rolling pattern for me: the cough started on my second day and was always there, and the joint pain was with me fairly constantly, but I had little fever; there was a day or two of nausea, one solid day with no sense of smell, then a few days when nothing tasted normal or right, then a week of nights when I slept sitting up because my sinuses kept draining when I lay down. Paul spent days outside on our terrace, where he'd put up a hammock, dozing and coughing in the sun, and nights hacking his lungs out. We both had a couple days when it hurt our heads to touch the tops of them—it reminded us of the fever we had when we were in the Peace Corps and had amoebic dysentery, but at most we registered only a degree or two over

normal. Throughout our confinement, our daughter—who lives just around the corner from us—was a lifeline, shopping for us so we could force ourselves to eat a bit here and there, bringing us some masks a friend had given her, and scaring up some Children’s Tylenol because all the adult pills were stripped from the drugstores. Then, on April 18, my coughing just stopped. I suddenly felt...almost good, but weak. I asked Kym to buy some seeds for our neglected planters, and stuck snap peas and kale seeds in the ground. Paul, too, felt a lot better. He had a brief coughing relapse a couple days later, but it could’ve also been his seasonal allergies. So for me, 19 days of misery. For Paul, basically a month. He took a long time to get his energy back to a reasonable level; my recovery was a bit quicker, although I suffered from “brain fog” for a couple months, a kind of weird hyperactive lack of focus that had me burning stuff on the stove because I forgot it was there, and picking up books I wanted to read, then putting them down because I couldn’t follow them and remember what I’d already read. That’s gone now, but I have more joint pain than I did before, and am horribly sensitive to dust now—not an issue pre-Covid. I mean, if I breathe it in—from something as mundane as dislodging a book from the shelf that I haven’t looked at in a year—I get a sensation of my battered lungs seizing up, and pain in the middle of my chest. It goes away fairly quickly, but...pretty scary. So...get the vaccine. Because you don’t want to get the disease.

### Story 9

**Siva Muruganandam « Those who have had COVID-19 already, how quickly did you start experiencing symptoms after being exposed? Did the symptoms show up suddenly? »**

Hi I'm currently suffering from COVID-19 and I'm 22years old.. I got symptoms on 23rd September with mild tiredness on daytime..but the main picture was in night..I can't move my legs ..heavy pain in thigh and cough muscles and mild fever. I prayed for the quick sunrise..next day heavy muscle pain , tiredness, fever and mild cough..on the second day evening went to the local clinic.. doctor prescribed me an injection and some tablets (paracetamol). On 3rd day mild fever, tiredness and rare rough coughs, the happy part was no muscle pain due to the medication. After that

for 5–6 days fever was gone, slightly tiredness, rare cough and sometimes difficult to breathe but I think it's just normal due to cold like something...and I'm still in recovery path...Thank you...

## Story 10

### **Mayank Soni « How much covid ruined our life ? »**

Thanks for A2A.COVID did have an impact on many lives mentally, financially and so it did have an impact on me.I can see the impact in 2 ways. Negative & Positive.The mental impact was tremendous to say the least at that point of time.I was not able to absorb the pressure and had high expectations regardless of the environment around me.I didn't have the right thought process and habits to handle the uncertain and sudden COVID 2020. The sudden impact at mental level was so much that we were not able to come out of it as easily as we thought and it took some time.Sometimes, time heals, and it takes time to heal.How Covid impacted me personally:Lost Internship in O&G (Oil & gas) industry in Covid 2020.Created tremors & anxiety within me when share price of oil went to negative in April 2020, whether to pursue or not. Just had decided to be in oil & gas and then this...Ruined Mental health due to toxic relationship.

Didn't Exercise

Didn't Meditate

Didn't take break.

Constant mental loading due to anxiousness & negative thought process and worrying about the future.Anxiety became second nature. Was always anxious, and it came to fore in COVID.

Didn't get job caused great mental anguish. Went into depression and didn't realize I was in depression until very long.Didn't understand what I was suffering from. Didn't understand why I was suffering from separation of love when that person didn't love me. Didn't understand why I wasn't able to move on. Didn't understand why it was taking so much time to move on.I would say COVID exposed my vulnerabilities, and

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I got hugely stressed for poor thought process which caused me psychosomatic illnesses (digestive system, chest pain). With time and positive thinking and habits, the impact has receded, and it will continue to recede if positive thought process and habits are continued which I will definitely continue. A request to all to maintain positive habits, positive thought processes otherwise our mind and intelligence ends up working against ourselves. It causes health issues.

Note:

Positive Habits:

Start Working out (Exercise Daily)

Breathing exercise for 10 min daily

Take a walk-in garden/park for 10 min daily.

Meditate

Improve your thought process one step at a time. Discard unnecessary unhelpful thought and keep positive good ones. For mean/ negative people; stay away from them as much as possible. If you can't avoid them, say they are in your workplace or acquaintance, maintain distance, set some boundaries that cannot be breached and butter their ego if and when you come close to them. Don't let their toxicity/negativity come into your head. If it comes into your head consciously throw it away. Keep their positivity in mind but be alert from them.

Don't think too much. Don't think what others think. They have lot of their issues to deal with in life. Stay away from Gossip. They will gossip for 1/2 days then forget about you when a new gospel of topic comes to their fore. Smile. Smile will release all your negative emotions and bring you to present moment. You will be able to see how wonderful life is! How beautiful existence is! That you are privileged to live this life and experience it. You are able to experience the splendid nature, the grandeur of the universe, the fiery sun that lights you up every morning, the glowing moon in the night, and your able to experience human consciousness! Now, that's a big privilege to have.

Relax & Chill!

Hope it helps!

There is always a positive side in every negative event. Pick up the positive side, take up the positive thought process, form positive habits and you will come out mentally stronger from the challenge. Ultimately your happiness & health are the two most important things. Rest can be taken care of if you use your intelligence, wisdom, and maintain disciplined positive thought processes & positive habits. Relax & Chill!

### Story 11

**Damian Dallon « Doctors and nurses treating patients with COVID-19, what is the current climate in your hospital? »**

Staff frantically wave us out of the way, pushing gurneys carrying men and women on mobile respirators - it's not chaos, but it is hectic. They rush past wards already rammed with beds all filled with people in terrible distress - gasping for air, clutching at their chests and at tubes pumping oxygen into their oxygen-starved lungs. Masked, gloved and in a hazmat suit, my team and I are led through corridors full of gasping people who look terribly ill. This isn't really a ward, it's a waiting room, we just have to use every bit of space. The medical teams are fighting a war here and they are losing. The sheer numbers of people succumbing to the coronavirus is overwhelming every hospital in northern Italy - and it could easily overwhelm the rest of the country as well. The staff are working flat out trying to keep their patients from deteriorating further. They are trying to stop them from dying. In groups they crowd around the latest patients. Attaching monitors, drips and most importantly respirators. Without them the patients will simply go downhill fast. It looks like an intensive care unit (ICU), but it is actually just an emergency arrivals ward. The ICU is full. The people being treated are new arrivals, but they look far worse than that. Anywhere else in the world they would be intensive care cases but here, to qualify, you are actually on the point of death, not just gravely ill. In this pandemic, gravely ill is considered a reasonable position. It really is that bad. The arrival of people here is an absolute constant. This killer pandemic is virtually out of control. We have all heard what has



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been going on here, but no journalist has been allowed in here to see it, until now. Through plastic bubbles that fit over the heads of the most ill, staff struggle to communicate with patients. The weak can barely speak and above the noise of the ward and the constant bleep of heart monitors and breathing pumps, it's almost impossible to make out what they are saying. The bubbles are attempting to equalise the air pressure in the lungs. Nobody expected this, nobody even imagined they would be treating so many so quickly.

And for the record, it is NOT like flu, it is more often than not chronic pneumonia and it is killing hundreds here each day. The head of emergency care, Dr Roberto Cosentini, says they have never seen anything like it, and he and his staff are warning other countries, especially the UK, that they will see it soon. It's a very severe pneumonia, and so it's a massive strain for every health system, because we see every day 50 to 60 patients who come to our emergency department with pneumonia, and most of them are so severe they need very high volumes of oxygen. And so we had to reorganise our emergency room and our hospital [to] three levels of intensive care. I have never felt so stressed in my life, I'm an intensivist, and I am quite used to intense moments, and the choices, and people are critical and die without any treatment, and you [usually] make the difference. As you may already know, avoiding contact with people is the first thing you have to do in order to prevent this virus to spread.

As more and more people stay home, the only time they go outside is for buying food or solving urgent problems. This is why they still have a high chance of getting the virus and not even knowing it. COVID-19 can remain on surfaces for hours. Because of this, you must sanitize not only your hands but also in an ideal case, every object that you get in contact with. It sounds crazy to clean every single thing you touch. But you can easily do that in 1 minute after you got home. If you are interested to learn how, I wrote an entire article in my profile description about that.

## Story 12

### **Norman Wolf « What are doctors going through during this pandemic? »**

It's pretty scary and lonely. Many of them have families, and they had had to talk with their spouses and make the decision to live separately so as not to risk infecting their families. It's bad enough to fear they might get infected or even die, but risking their families too? That would be a nightmare. And even if the doctors don't get infected, they see their patients getting seriously ill, with some dying. That's hard on any doctor, even one who has seen many patients die over the years. In Saskatchewan alone, over 30 medical personnel (doctors, nurses, EMTs etc) have been infected. Some were infected at conferences, some on vacation, and some on the job. It's a dangerous job, and then you have nutcases claiming the virus doesn't exist? Telling doctors it's their imagination that patients, including otherwise healthy patients, are dying or becoming seriously ill? That's very insulting to the doctors and the patients.

## Story 13

### **Anurag Tiwari « How has the pandemic affected your life ? »**

My father was having cold on April 2nd and on April 3rd, he got vaccinated with his first dose COVISHIELD. He had this cold a couple of days before vaccination. During the same week I believe it was on April 5th when i had fever, then next three days were followed by cold, cough and tiredness. Then the same thing happened to my Mom in the same weak. But we got well by the end of the week i.e. April 11th. However, my father's Cold was still there and April 13th he got fever as well, which after a week from the vaccination. Even though he has been taking proper medicines, he got sick. He was feeling a bit well when he went out to a medical store to get some medicines during afternoon as his doctor added some more medicines. I was not aware of this till afternoon. While paying to medical store he stopped feeling his senses. He quickly sat on his bike and thought of going back home. But then it was too hot, and too sunny that he had lost his senses and fell from the bike while riding. He fainted and within a couple of minutes he got back into his senses and called me. I brought him back home. I didn't know how to react to this and didn't know what

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was that. For next three days he had high fever, he coughed a lot and often kept sleeping. Initially we thought it's viral and would go away soon but it didn't. Then on 16th we got his CT thorax done and then Antigen, both came positive. Yes, My father was tested COVID Positive. I still did not know how to react to this as he was handling it himself with a friend who is a Doctor. Till then i did not know if this was serious and whether it's Mild/Moderate or Severe. With my Uncle's help who is a doctor, we rented an Oxygen Concentrator and bought an Oximeter. My father was sitting on couch and fighting for his life but i did not understand that until now. I have been that foolish that i didn't know

what is a saturation level and how much it should be in a normal human body. Maybe there are many people who doesn't know. Everyday his Saturation started decreasing. it was already 82 on the first day we measured. I thought within a week he will recover and it will all be well. But 19th, when we measured his Saturation it was 57-62 and that's extremely less. With help of one valuable friend, oxygen cylinders were arranged at home on Monday morning but even that did not Control and Increase the Saturation. I asked my father what he thinks? should we get him to the hospital? Since i have been a person who had always looked up to his father, i thought of taking his opinion once. He said, there are no beds and oxygen anywhere in the city but i think i do need a hospital. Now i got scared, i have never handled a situation in my life like this. My father being the one taking care of whole family, running back and forth always, i never did those. I was scared and panicked because i didn't know what to do and wherever i consulted Doctors told me to isolate at home. Because people are dying in hospitals. Even though i did not want to get him admitted to hospital, i tried Called on COVID Care and registered for a tested positive patient, hoping to get a bed in govt hospital. But no calls or reply from them. My father had nice contacts who helped me in getting a bed in a govt hospital. We got him admitted. He had oxygen at 70 that night and for next three days it increased to 82. Doctors kept shouting at me for going into COVID ward but i did not listen. I did not have the strength to leave my dad in COVID Ward coz of what i have heard and what i have seen in last few days. I saw Saturation 82 as improvement, concluding, as a son, my

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father is getting well. I parked my care behind the covid care and post mortem house then thought of taking a nap because its been three days already i have not slept. But then, i saw a wrapped dead body. Few minutes later crossed the 2nd dead body. Then again and again from evening to morning to night. I counted till 43 by night and then stopped counting. 50 and more people died in a day and are dying every day due to COVID. I was in the COVID care near to my father, i saw people dying at the Hospital gate because of lack of beds and oxygen, people dying at the Covid Ward gate because the bed got occupied before they could reach, failing CPRs, people fighting for beds, people fighting with Doctors because they couldn't save their patients. I saw frustrated doctors who had negative opinions and stopped caring if a person is dying. For my father they said he cant be saved because they got used to it. Remdesvir, the famous injection that should save lives, is reaching Govt Hospital but getting sold in black to rich people. People have been buying it for 10k and more, i ran for few medicines from one store to another and then i had to travel 20 kilometers to get those medicines. I lived in the crisis, i lived the broken world, i lived the pandemic, i lived the corruption, if there is a Hell then i was living it. Then i got a call from the COVID Ward Doctor and they suggested to arrange an ICU as Saturation is fluctuating a lot and they wont be able to save my Dad if it dropped suddenly. I panicked and didn't know what to do. I cried and ran from one ICU to other for 2 hours but did not get anything. Made numerous calls for 3 hours to my father's contacts. Even though city DM referred to help but Hospitals couldn't do anything. After 6 hours i was able to arrange an ICU as i got one empty bed. My dad was immediately shifted to ICU. However no proper care for next three days. My father saw Nurses injecting incorrect doses to wrong patients. Junior Doctors were not attending. My father had to call me every time for all his challenges. With so many people dying around it was really hard to stay positive. Sometimes i lost hope and faith but also my father's voice every time told me to fight this situation like daddy is fighting. It looked more like the govt is trying to reduce the population because there is no better way than this. I sat and prayed 'Mrityunjai Jaap' and 'Hanuman Chalisa and Ashtak'. I did that throughout the day and night. I just prayed and prayed for few days. Then one day Saturation reached 92 and my Dad was tested negative. I got a call from Ward Doctor to discharge my

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father and take to some non-covid facility. Every day that my father was living, it was a WIN for me. Everyday at the hospital was a WIN. And i wanted to stay there till my father gets well. If you are breathing even at saturation 55-60 that means you are alive. You still have time to fight. You may not be able to take deep breath for days in COVID. Take short breaths, one in, one out. Count your breath till you win this fight over. For your family, one in and one out. DESIRE TO SURVIVE. Survive for that one person who will cry if you are gone, not for those who did not attend you. Desire to Survive. I was happy and ran again back and forth but could not arrange a non-covid ward. Consulted with my doctor uncle and he suggested to let him stay in ICU because there is no Oxygen in the city. So i asked my dad to stay covered and safe inside for a couple of more days. My Doctor Uncle told me to keep my dad in ICU for a couple of more days but i was not convinced as my body was slowly dying without sleep and no proper diet. I had to stay well to take care of my father and family. So Monday 26th, I talked with my mom and spoke to Dad as well. He agreed and told me take him home. I got my Dad discharged directly from ICU and brought him home. There were many challenges in that as well but not that big as compared to what i have already seen. At home i had a concentrator, two cylinder and i arranged one more. Ran for next three days continuously to refill oxygen. With some good contacts i was able to get oxygen. I was the only one who discharged my father directly from ICU and brought him back home in past 8-9 days. I did not take this decision on faith only, My father desired to survive this, i and my mother believed in him. I tried motivating him during these times in the same way he used to motivate me when i wasn't getting promotion or job. I and My mother, we took care of my father and got him well with proper diet and home remedies. His saturation now a days is 97-98 without Oxy Machine. He is able to walk and climb 4-5 stairs. Helping him with some therapies and yoga. I am not sure if i was positive or negative about anything that happened around because this was a crisis this whole world is dealing with. Wherever or to whichever corner are you there in the world, I would ask you and request you to GET BACK HOME and stay with your family in these times. Jaan hai , Jahaan hai.If you really are reading this then THANK YOU for your time. I wanted to spread positivity. Not everyone who had corona is dying. Stay positive and

follow a healthy life style. Eat good, think good and be happy. When you are happy, you generate antibodies which fight for your happiness. India is at Crisis. If someone can help you then its YOU, YOUR FAMILY & FRIENDS. Stay Inside because IT has his eyes on you and wants to kill you. Please stay alive and support to fight this corruption which couldn't provide hospitals and beds and ventilators. please stay alive to fight this Corona. Please stay alive to help who need help. We are in this together. IT needs to answer. #stayalive #oneration

### Story 14

#### **Pallavi « How are you dealing with the global pandemic? »**

This will be my last and only answer on the pandemic. Because I am done. Silence is the only thing I have to offer right now. I haven't spoken much about it frankly, because I have no strength to do so. I am a junior resident in a medical college. I have been doing back to back covid duties, like everyone else, often without protective gear. Some of my loved ones are battling for their lives in different cities. I can't even get leave to go and see them because there aren't any doctors to replace me. I have been still doing my duties, even though I had high fever yesterday, because the rt pcr report takes days to come here. I could not arrange a bed for my own family members while I arrange beds in my govt hospital for any stranger who calls me. I was on the phone all day and all night, on facebook on twitter, begging pleading with random people just to get a bed, just to get my hands on remdesivir or a oxygen cylinder. I don't know what I deserve as a health worker, I don't know what's fair and what's unfair. I just know that I have never felt so helpless and unworthy before. Dealing with it though, getting my shit together. Silently plodding on, doing what I should be doing. Will we get through this? I don't know is the only honest answer to this. Right now, I just want to get through each day sane and alive, so that I am there for my family. So that they aren't abandoned. Let me be alive, let me be alive, let me be alive is what I am chanting every single day. I don't want to be called a hero, a warrior, a savior, any of that. I don't want to be applauded for doing my job in times like this. Am willing to do everything and lay my life on the line if I have to. I don't care frankly and am not saying this just to draw attention that I am a saint, I have seen death so

much in the last one year, I have hauled so many corpses out of the hospital, that I really dont care about my own life too much.I just want access to health care, I just want a shot at life for my loved ones, I just want to stay alive so that I can be outside the hospital for the people I love even if I cant see them, if just to tell them, that “am there outside. Am here for you. Am here. You are not alone.” I just want to get them what they need to keep breathing, without hundreds of numbers slamming the phone in my face.But I am tired. I am exhausted. I am heartbroken and lost, yet I am just mustering up the courage to go on, and so should you.We have to.Now is not the time to be weak. Now is not the time to crumble or break down. Now is the time to stand like a wall and do the things one needs to do. Now is the time to ask yourself “whats the best I can do right now?” Now is the time to gather up every bit of strength you have in every goddamn cell in that body of yours and fight back.My brother always says this to me,And it rings in my ears again and again and again.

Pallavi.

Stand your ground.

I will, Bhai.

I will.

### **Story 15**

#### **Una Higgins « How did it feel get infected with Covid-19 ? »**

It happened so quickly - I was fine during the day and then suddenly my temperature went sky high and I started to get a sore throat and earache. I was a little scared as I usually have a low temperature so I knew something was wrong. I tried to get through to my doctor and then emergency services who advised me to wait and see how it progressed. I am asthmatic so started using my inhalers. I was feeling tired and very weak but knew I needed to drink lots of water and take tablets to lower my temperature. It is so different from flu! It’s very scary when it affects your breathing and you don’t have equipment to check the oxygen in the blood(oximeter). I slept 90% of the time trying not to worry. On the 4th day I felt even worse and had to be visited by paramedics who decided to take me by ambulance to see a doctor at the

hospital. I was checked out and they decided I could go home for now - at that point I decided to buy an oximeter so I could monitor my oxygen levels myself. My inhalers pretty much stopped me from being admitted to hospital and the oximeter calmed me down as I could tell I was still ok. Because you are sleeping most of the time and when you are awake you are in the now so you don't get time to work out how bad you feel until you start to get better. That's when you realise it was touch and go! It took nearly 6 weeks to get over all the symptoms!

### **Story16**

#### **Sati Marie Frost « If you have mild Covid, how long does it last ? »**

With my mild COVID, I was acutely ill for about three weeks, and then appeared to recover, but the exhaustion, the tightness in my chest when I get tired, the lack of taste and smell, the dizziness, the issues with hearing, the aversion to eating, the muscular pains, the hair loss and the tendency to get chilblain-type sores on my feet whenever I wear shoes and go out for more than an hour...those are still with me, a full year later. And probably the mood swings and depression too, though it's harder to tell if those are a result of the illness itself or a more general result of the pandemic. I really think we need to try and break this pervasive idea that you either die (or nearly die), or it's mild and you're fine afterwards. My illness was mild: I didn't come close to dying, and didn't even need medical care. But it was still debilitating, and I have no idea when or if I will fully recover.

Take it seriously. Please.



## ملخص

يركز بحثنا على تحليل الخطاب الرقمي. في هذه المذكرة، نحاول تحليل روايات حياة مستخدمي تطبيق كورا. هدفنا هو دراسة كيفية التعبير عن المعاناة على وسائل التواصل الاجتماعي أثناء تفشي كورونا. اخترنا مجموعة من 16 قصة حيث نحاول أولاً شرح ذاتية مستخدم الإنترنت وتحليل العلامات اللغوية المستخدمة للتعبير عن المعاناة والضيق. بعد ذلك، نقوم بفحص هذه القصص من أجل تحديد الاستراتيجيات الخطابية المتميزة التي يستخدمها مستخدمو تطبيق كورا.

**الكلمات المفتاحية:** تحليل الخطاب - المعاناة - الذاتية - الاستراتيجيات الخطابية - مستخدمي الإنترنت

## Résumé

Nos recherches portent sur l'analyse du discours numérique. Dans ce mémoire, nous essayons d'analyser les récits de vie des utilisateurs de Quora. Notre objectif est d'étudier comment la souffrance s'exprime sur les réseaux sociaux lors de l'épidémie de Covid-19. Nous avons sélectionné un corpus de 16 récits où nous tentons d'abord d'expliquer la subjectivité de l'internaute et d'analyser les marqueurs linguistiques utilisés pour exprimer la souffrance et la détresse. Ensuite, nous examinons ces histoires afin d'identifier les stratégies discursives distinctes employées par les utilisateurs de Quora.

**Mots clés:** Analyse du discours - Souffrance - Subjectivité - Stratégies discursives – Les Internautes

## Summary

Our research focuses on digital discourse analysis. In this dissertation, we try to analyze the life narratives of Quora users. Our objective is to study how suffering is expressed on social media during the outbreak of Covid-19. We selected a corpus of 16 narratives where we first try to explain the subjectivity of the Internet user and to analyze the linguistic markers used to express suffering and distress. Then, we examine these stories in order to identify the distinct discursive strategies employed by Quora users.

**Keywords:** Discourse Analysis - Suffering - Subjectivity- Discursive Strategies – Internet users