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HEALTH PANIC MECHANISMS IN THE COVID-19 MEDIA DISCOURSE IN ESTONIA

Master's Thesis

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INTRODUCTION

Throughout history, health panics have regularly emerged when they are least expected – even at the time of writing this thesis. There is a natural regularity with epidemics – occasionally, they do rise, but they fade just as naturally (Lee 2014: 13). At the centre of this master’s thesis is the public communication surrounding the outbreak of the corona virus disease COVID-19, starting from late 2019 and continuing in 2020. The aim of this work is to analyze the patterns of health panic rhetoric and discourse in Estonia, thus identifying the key elements and mechanisms on the rhetoric level, and seek answers to research questions such as:

- 1) How are health panics, including COVID-19 panic, constructed, including in contemporary Estonian public discourse?
- 2) Which discursive mechanisms, rhetoric tools and themes can be identified as characteristic to the construction of a health panic?
- 3) How are such discursive mechanisms and rhetoric tools used in the COVID-19 discourse in Estonian media?

According to the constructionist views, “[...] what makes a given condition a problem is the "collective definition" of that condition as a problem, that is, the degree of felt concern over a given condition or issue” (Goode, Ben-Yehuda: 1994: 151), in other words even though a virus is a biological phenomenon, it affects the socio-cultural dimension as well, so that whenever something is perceived and interpreted as a *threat*, it generates both individual and collective feelings, such as – in the light of this thesis – *panic* (Moreno Barreneche 2020: 20). Therefore, even though these outbreaks tend to take us by surprise, we have a long-established system for collective definition when it comes to health panics – key motives or mechanisms, that apply as well to the COVID-19 rhetoric, that are being spread at the time of outbreaks. As Heather Loveday,

a professor of evidence-based healthcare in University of West London, said after doing research on a similar topic:

Governments, the media and the scientific community contribute to an almost inevitable “over-reaction” at the beginning of a new epidemic, but we continue to use language and images that confirm society’s worst fears. As professionals we have the knowledge to challenge and normalise the perceived threat of infection. We need people to take infection seriously and use reasonable measures to prevent it and protect themselves, but we also need to keep a sense of proportion that reduces fear, stigma and scapegoating. (Loveday 2020: 45)

Loveday’s example shows that there is interest and need in healthcare discipline too, for understanding of the mechanisms behind health panics. This gives a basis to believe that the current approach is important not just in the field of semiotics, but in general – in the context of this paper, first and foremost, to be able to identify the mechanisms that drive people and media during those difficult times, and perhaps aid the healthcare workers and governments to handle the situation more successfully or suggest some pre-knowledge about what to expect from a crisis. The current thesis is therefore attempting to take a step closer to what *we need* according to Loveday (see above), so that we would know what type of rhetoric is contributing to the construction of the feeling of a collective health panic, and therefore is rather contributing to the same *scapegoating*, instead of objectively acknowledging the problem and helping to overcome it as a society.

The analyzed material is based on Estonian discourse in two of the biggest newspapers – *Postimees* and *Eesti Päevaleht* – and an alternative news portal *Objektiiv*. Although I am bringing examples from works that highlight similarities between disease outbreaks historically, my main focus is on the Estonian context of COVID-19 discourse as it reveals itself in the three media channels. However, this research is not concerned with economic consequences, production-related topics, difficulties in the sports landscape caused by COVID-19 or other mediums (audio-visual) besides written media due to limitations set by the volume of this paper.

Even more so as the current topic is connected to the actual events at the time of writing, it is necessary to stress upfront that I am by no means seeking to find the truth and give opinions about the lethality and seriousness of any illnesses, including COVID-19, described in this work. Discussing any clinical epidemiological aspects of the disease and commenting on its severity would be seriously crossing my professional borders.

The structure of the thesis consists of three main chapters. The first chapter developing and defining the concept of health panic for creating a frame in which an illness situation can be understood as a health panic. The second chapter explored three discursive mechanisms identified

in COVID-19 discourse, giving overviews of their usage and tools of expression (the rhetoric devices), while the third chapter provides a short contextual overview of COVID-19 developments in Estonia and applying these frames to the research object to identify how COVID-19 has been portrayed as a health panic. Additionally, the more extensive part of chapter three is the analysis of COVID-19 discourse based on the selected sample to which the theory from chapter two will be applied. The empirical part itself is divided into three sections based on three umbrella mechanisms: vilification and victimization, exercise and warning, humour. At the end of the paper I present an overview of my findings from the analysis, discuss the process of writing and faced difficulties, explore further research possibilities and offer a conclusion for the work done as a whole

Historiography

I introduce the historiological overview with previous research done in the University of Tartu on relevant topics. Health discourse has rather been approached from the biopolitical angle in the department of semiotics of the University of Tartu. Ott Puumeister has extensively focused on biopolitical subjectification (article on “Biopolitical Subjectification” (2019); dissertation on “On Biopolitical Subjectivity: Michel Foucault's perspective on biopolitics and its semiotic aspects” (2018)). Additionally, Ott Puumeister and Andreas Ventsel have cooperated on bringing biopolitics together with biosemiotics: “Biopolitics meets biosemiotics: the semiotic threshold(s) of anti-aging interventions” (2018). However, Mari-Liis Madisson’s article “Hirmu verbaliseerimine (tänapäevases legendis)” (2010) analyzed the process of verbalizing fear accompanying the swine flu outbreak, covering a lifecycle of such a fear through five discursive stages: naming, placing into discourse, completed narrative, code signal and falling apart. This research offers a significant background for the current thesis, for its brief parallels with conspiracy theories, us-them mechanisms, verbal descriptions and falling apart stage (which I will come back to later) on the basis of a viral outbreak having similar public reactions. A couple of noteworthy master’s theses from the department include Tamari Guledani’s “Semiotic Considerations on Borderline Personality Disorder” (2016) and Merle Purre’s analysis of the stigma and discourse of psychiatric disorders amongst Estonian youth in her thesis “Psüühikahäirete stigma ja vaimse tervise diskursus Eesti noorte seas” (2015).

Although COVID-19 discourse started forming quite recently, several authors have shown interest in similar issues – blame attribution, construction of the other, psychological responses and fear. Sebastián Moreno Barreneche, focusing mostly on discursive and cultural practices in his research, studied four types of *others* in COVID-19 discourse through narrativity concept from a sociosemiotic angle, while attempting to legitimate the sociosemiotic approach in general (2020). He concluded that narrativity has the central role in the articulation of perception and therefore, someone needs to be blamed in abnormal circumstances in order to make sense of it – narrativity simply implies causality and agency (Moreno Barreneche 2020: 29). A short editorial piece from “Journal of Infection Prevention” by Heather Loveday discusses some of the aspects of media and government responses and how people respond to those. She came to the conclusion that the responses to novel infections have not changed much over the years and media, government, and even the scientific community all still tend to overreact by using the language that confirms our worst fears. (Loveday 2020) She draws many examples from previous virus outbreaks and seems to be taking a step closer to the health panic concept as a whole, insinuating that there could be a need for clearer actions and rhetoric regarding epidemics.

Disease and (panic) reactions researched together is not in that sense new and have attracted the interest of researchers from various sociocultural disciplines. Bubonic plague in India, Influenza (Peckham 2015), HIV/AIDS (Goldstein 2004; Peckham 2015), Ebola as *African disease*, leading to stigmatization (Monson 2017) and even comparisons of different epidemics in their responses via media reports and interviews (Lee 2014). Similarities often appear between different disease discourses – othering, fear and panic in media, uttered by governments and experts, everyday communications in the streets, extreme measures to control the outbreak. The attempt to identify the health panic frame around the disease discourse has been lacking, though. Indeed, the term itself is not entirely new, Jon D. Lee (2014) has briefly touched the term, but he seems to leave it undefined, mentioning it only in a chapter title: “Chronicle of a Health Panic”.

In this paper, I lean largely on the moral panic model as first described by sociologist and criminalist Stanley Cohen in “Folk Devils and Moral Panics: The Creation of the Mods and Rockers” (2002)[1972] and later developed further also by authors with sociological backgrounds, specialized in criminology and deviance, such as Stuart Hall et al, Jeffrey S. Victor, David Garland, Erich Goode and Nachman Ben-Yehuda, but also a medical historian Nancy Tomes and a political scientist – Michael Barkun – specialized in the subculture forming from the conspiracy theory discourse, while researching the existence of pervading patterns in known health crises as analyzed by Jon D. Lee in “An Epidemic of Rumours: How Stories Shape Our Perceptions of Disease” (2014) and Diane E. Goldstein in “Once Upon a Virus: AIDS Legends and Vernacular Risk

Perception” (2004). The result is what has been lacking so far: the development of the health panic concept with its different angles, covering common characteristics and mechanisms that will be applied to COVID-19 discourse.

Criticism towards the concept of moral panic is quite widespread, among many is the accusation of marginalizing crime or hazard (see for example Garland 2008: 20). But it is important to remember that calling something a *moral panic* does not imply that this something does not exist or did not happen at all, and that the reaction is based on fantasy, hysteria, delusion and illusion, or a community has been deceived by powerful entities (Cohen 2002[1972]: vii). However, they can be the results of a moral panic. When going deeper into the theory in this thesis, a clearer understanding of it will form. Covering the *panic* aspect in synthesis with interpretation and reaction, I cannot look past the theories regarding othering and victimization, including the connections to the origin of diseases, which has in many cases mixed with conspiratorial thinking, which has, according to multiple authors, hysteria- or paranoia-like elements (see for example Fassin 2010; Hofstadter 1964; Lee 2014; Showalter 1997) and therefore backing the statement that hysteria, delusion, illusion have the tendency to have an accompanying effect. Therefore, analysis on the existence of pervading patterns in known health crises as analyzed by Jon D. Lee (2014) and Diane E. Goldstein (2004) is leading the way to demarcate what the public’s interpretation and reaction consist of.

Previous studies on health panics have often approached their object via the *narrative* term (for example Lee 2014; Goldstein 2004). This, however, is something I am not taking over from them for the following reasons: 1) the use of the term does not appear to be well defined by them – while Lee considers different types of verbal sequences of ideas (rumour, legend, gossip, joke) as narrative’s subtypes (Lee 2014: 58), Goldstein seems to keep “[...] jokes and narratives” separate (2004: 6; 2). Therefore, the use seems rather liberal and does not correspond with semiotic understanding of narrative with its specific structure, levels of description, characters with specific roles etc (see for example Barthes 1994; Eco 1984); 2) the current research object does not include interviews or other versions of fully formulated narratives as opposed to Lee’s and Goldstein’s research, and looking at Cohen’s research, the descriptive terms used in moral panic studies are rather *opinion* or *reaction* (see for example 2002[1972]: 49), instead of narrative. Therefore, the decision to not approach the object via strictly defined narrative concept was made for the purpose of this paper.

This work aims to position COVID-19 discourse into a conceptualized health panic frame and offers a basic structure for the identification of health panics. As mentioned above, this theoretical frame has not been completely developed before and explicit identifiers have not been

verbalized. With the health panic structure around COVID-19 discourse, the empirical analysis is guided through characteristic discursive mechanisms, that reveal themselves through the need to structure and cope with an unfamiliarity and threatfulness accompanying the health concern.

Research object and methodology

At the end of 2019, a so far unknown pneumonia was found in China. According to the World Health Organization (WHO), it was first reported on December the 31st 2019 in China. A cluster of such pneumonia cases were identified in Wuhan, China. By the 10th of January it was identified as a new kind type of corona virus (like SARS and MERS once were). Due to cases found in five regions in one month, the corona virus was declared a Public Health Emergency of International Concern on January the 30th 2020. On February the 11th, the WHO announced a name for the new disease: COVID-19. A name was chosen based on relatability to the virus and pronounceability. According to guidelines, the name had to avoid inaccuracy and stigmatization, meaning reference to geographical location, an animal or any individual or group of people was not an option. As case numbers went up, the WHO started publishing, step-by-step, guidelines for travelling, mass gatherings, workplace rearrangements, individual care, preparedness on the state level. By March the 7th, 100 000 cases had been reported, and by March the 8th, 100 countries in total had reported COVID-19 cases. Two days after that – on March the 10th – the aspect of mental health is taken more seriously and guidance to deal with fear, stigma etc is offered by the WHO. Just one day later, on March the 11th 2020, COVID-19 is characterized as and declared a pandemic, turning Europe into an epicentre with just a couple of days later.¹ Gradually, state of emergencies and lockdowns are enforced in many European countries, following China's example, including Estonia (state of emergency declared March the 12th 2020²). While countries are working on *flattening the curve*³ (spreading the cases on a longer period of time to avoid overburdening the medical system and ergo saving more lives) of the highly contagious COVID-19, research for vaccine and medicine is in motion in several countries.

The polemic around the disease has been going on for a couple of months, starting basically from the beginning of the outbreak, and the opinions are often even extreme. Without even

¹ See the WHO's timeline here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen> (accessed 12.04.2020).

² <https://www.valitsus.ee/et/eriolukord-estis> (accessed 12.04.2020)

³ See for example: <https://cordis.europa.eu/article/id/415751-flatten-curve> (accessed 12.04.2020)

descending into deep analysis, three characteristic interpretations unfold, with media fuelling all of them – serious perception of threat⁴ (which already at this point hints that COVID-19 could be a health panic), recognition of panicmongering⁵ and recognition of hidden conspiratorial plots with COVID-19 being a smoke-screen⁶. Therefore, with just a brief look, a potential research object reveals itself. In this thesis, I concentrate on the discourse and rhetoric expressed through public communication surrounding the COVID-19 epidemic forming a health panic as research object.

As the two terms – discourse and rhetoric – are the fundamental concepts in the discourse analysis method used in this paper, I see it suitable to give the definitions to them at this point. As one option, Merriam-Webster Dictionary offers almost an equalization for rhetoric and discourse by explaining both as verbal communication⁷. However, it is not quite as simple. Other versions of discourse definition are suggested by the very same dictionary: “verbal interchange of ideas” or a more specific “a mode of organizing knowledge, ideas, experience that is rooted in language and its contexts”⁸. Dictionary definitions are far from conclusive, though. Although even Barthes’s brief comment on discourse sounds as “[...] nothing but the sequence of sentences which compose it” (1994: 98), he acknowledges, that there is a specific organization characteristic of discourses by which a message of a certain language appears that is far more superior to the linguistic or natural language (1994: 98). Rhetoric, on the other hand, is defined by Lexico Dictionary by Oxford as: “The art of effective or persuasive speaking or writing, especially the use of figures of speech and other compositional techniques”⁹, on the other hand Merriam-Webster Dictionary suggests a more general explanation: “The art of speaking or writing effectively”¹⁰, which *may* also include persuasion. Wayne Booth, a distinguished literary critic, specialized on the study of rhetoric, has agreed that the definition should not be limited to persuasion, but it includes a wide range of different tools: “The whole range of arts not only of persuasion but also of producing or reducing misunderstanding” (Booth 2004: 10). A somewhat contradicting and naturally more semiotic approach comes from Roland Barthes – the connotative level of language (1994: 94).

⁴ See for example: <https://www.err.ee/1061700/who-uue-koroonaviiruse-pandeemia-oht-on-nuud-vaga-reaalne> (accessed 15.05.2020)

⁵ See for example the overview of COVID-19 panic inducing rumours by the public service broadcaster ERR: <https://novaator.err.ee/1065628/pealtnagija-koroonaviirus-vallandas-sotsiaalmeedias-vaarinfotsunami> (accessed 04.05.2020)

⁶ See for example the overview of COVID-19 conspiracy theories by the public service broadcaster ERR: <https://www.err.ee/1080907/pealtnagija-vandenouteooriad-ohustavad-nii-neisse-uskujaid-kui-ulejaanud-uhiskonda> (accessed 04.05.2020); or the attempt to expose and debunk them in a blog fighting with propaganda by volunteers from Estonian Defence League: <https://www.propastop.org/2020/03/16/koroonavandenoud-meie-seas/> (accessed 15.05.2020)

⁷ See the third option here: <https://www.merriam-webster.com/dictionary/rhetoric> (accessed 09.04.2020)

⁸ Definitions found here: <https://www.merriam-webster.com/dictionary/discourse> (accessed 09.04.2020)

⁹ Definition found here: <https://www.lexico.com/en/definition/rhetoric> (accessed 09.04.2020)

¹⁰ Definition found here: <https://www.merriam-webster.com/dictionary/rhetoric> (accessed 09.04.2020)

That approach disregards the reduction of misunderstanding – connotations can, in fact, create it. Based on the previous, in this thesis I use discourse as a wider term, signifying a specific context where verbal communication is happening, delimited by “[...] its units, its rules, its “grammar” [...]” (Barthes 1994: 99), determined by that context, while rhetoric is what happens inside of discourse, the specific methods or tools used in communication through which meaning is created. In addition, I refer to *discursive mechanisms* in order to describe the patterns or analysis units inside the discourse. Specific analysis, theory and mechanisms will not be discussed in this chapter, though, and will follow later on.

As I briefly hinted, the method used in this paper is discourse analysis, approaching the object first through the health panic concept and its identified criteria, showing, how it is plausible to approach COVID-19 discourse as a health panic, and second, three identified discursive umbrella mechanisms, that frame the discourse at hand. The theoretical frame used in this thesis for discourse analysis, has its roots in social semiotician Theo van Leeuwen’s work (2008) for its practical textual elements such as actor roles, international relations researcher Lene Hansen’s and information science professor Helen Nissenbaum’s work (2009) in dissecting the cyber security worries in digital disaster discourse through imagined disastrous future scenarios (hypersecuritization) and the need for expert knowledge (technifications), Annita and Michelle Lazar’s, a duo of political science and linguistics, work on NWO¹¹ discourse and the rhetorical strategies used for construction of the other (2004). Naturally, such polarization tactics cannot be analyzed without the ideas of binarism by the Tartu-Moscow School (see for example Uspenski 2013). Previously mentioned works of Cohen (2002[1972]), Goldstein (2004), Lee (2014) and others support the analysis. As a result, I answer my research questions – how are health panics constructed and which rhetoric tools are used in Estonian media to represent COVID-19.

The material used consists of opinion stories from the online versions of the two biggest Estonian newspapers *Postimees* and *Eesti Päevaleht* and one alternative media news portal *Objektiiv*. The most highlighted characteristics of the panic(s) is exaggeration and disproportion (see for example Cohen 2002[1972]; Garland 2008; Goode, Ben-Yehuda 1994; Hall et al 1978; Victor 1998 and others). They are divided into two assumptions: the attribution of the label *moral panic* means that the phenomenon or event in question has exaggerated significance and qualities either 1) in itself – compared to more reliable and objective sources – and/or 2) compared with

¹¹ New World Order – a term identified in many politicians’ speeches (see for example Lazar, Lazar 2004) and widely used in conspiracy theories in reference to a one and only world order, ruled by the powerful Illuminati, in which the freedom of people is controlled via unimaginable means (for example microchips a.k.a. the mark of the beast etc).

other problems (Cohen 2002[1972]: vii). As an example, I will highlight both identifiers regarding COVID-19. In the COVID-19 discourse certain sources are considered more reliable, considering the general reputation of Estonian newspapers – *ERR*, being the public service broadcaster, is considered as objective and true, *Delf* (belonging to the same media conglomerate as *Eesti Päevaleht*), on the other hand, has a more *yellow* reputation. Second, COVID-19 as such has widely been compared to other diseases, too – the comparisons of death rates and hazardousness of influenza and COVID-19 have been spreading through social media and other individual opinions, even reached virologists in interviews in order to confirm or debunk the similarities¹². A common lay approach considers influenza and COVID-19 as more or less the same in their seriousness, with exaggerations and spreading of panic by media about the corona virus. I will be bringing examples from *ERR*, but did not choose it as the primary research material. As profitability is an important aspect in media industry (see for example Lee 2014: 10; Stuart et al 1978: 53), I see it justified to concentrate rather on private-owned media groups which are more likely to follow the profitability aspect than the public service provider *ERR*. By juxtaposing public mainstream approach to alternative¹³ approach, it allows me to uncover a more complete understanding of the health panic, because as Hall et al suggested, a lot of what we understand as public opinion actually lies outside of public media, in more informal channels (1978: 135). Alternative media could be considered as one of such channels, publishing among others rumours, unofficial theories and biased articles. Therefore, I find that analysing purely mainstream media reactions does not cover the essence of health panics. People’s opinions vary greatly and not all is portrayed in mainstream media. True, not even alternative media gives a complete overview, but alternative mediums tend to cover rather what is believed (for example the previously mentioned rumours and conspiracy theories) in smaller individual groups.

When choosing the sample, the first filter was the number of the papers. Two biggest conglomerates were standing out, leaving out the public service broadcaster. Next to these, *Objektiiv* is, according to its description, news- and opinions portal by *Sihtasutus Perekonna ja*

¹² <https://ekspress.delfi.ee/intervjuu/viroloog-andres-merits-koroonaepideemia-pole-valtimatu?id=89171293> (accessed 19.04.2020)

¹³ As a comparison, alternative media portal *Telegram* prefers, according to their site, the term *transparent media*. For the purpose of this thesis and due to not including *Telegram* in the sample (note set volume restrictions), alternative media “proceeds from dissatisfaction not only with the mainstream coverage of certain issues and topics, but also [...] its critique emphasizes alternatives to, *inter alia*, conventions of news sources and representations; the inverted pyramid of news texts; the hierarchical and capitalized economy of commercial journalism; the professional, elite basis of journalism as a practice; the professional norm of objectivity; and the subordinate role of audience as receiver. Alternative media, at least in its ideal form, is produced outside mainstream media institutions and networks”. (Atton, Hamilton 2008: 1)

*Traditsiooni kaitseks*¹⁴ (SAPTK), that dwells on its objective to protect Estonian cultural continuance and the *conservative values* giving a foundation to it. It is being read and written by people with different backgrounds, while being an alternative (far right) news portal, which makes it a great object for the current sample. Out of those papers, opinion stories were chosen as the focus area (except in case of *Objektiiv*, which does not allow search filtering based on any other criteria other than a keyword) in order to get a diversified overview of the Estonian discourse – opinion stories allow the author to express themselves more freely and sincerely; articulate their *legitimate fears and reactions, concerns* (van Leeuwen 2008: 56).

The time period and keyword for initial article filtering were, respectively, from 15th of February until 31st of March 2020 and *koroonaviirus*¹⁵. In this research, I have mostly referred to COVID-19, which raises questions about the difference in the chosen keyword. While *koroonaviirus* is more suitable in the search of Estonian papers because of its Estonian form, another reason lies in the fact that not all authors refer to COVID-19 homogeneously. Forms such as Covid19 and COVID-19 both were represented, not to mention Sars-CoV-2 and its various forms with capital letters and dashes. Therefore, in order to cover differently-formed representations of COVID-19 name, too, the decision was made in favour of the general name of the virus in Estonian language that is more likely to appear in opinion stories. The initial results based on the hard filtering are shown in the *table 1* below and bring the total number of articles to 128. Underneath are shown final numbers after empirical filtering, based on the focus area of the opinion stories, leaving the final total number of close read articles to 84. Articles concerning economics, production, school closing polemic, sports landscape, translation and language, fully a foreign country, giving an intro to a video or radio medium, have been left out from the sample in order to keep the focus.

	<i>Postimees</i>	<i>Eesti Päevaleht</i>	<i>Objektiiv</i>	Total
Initial number	55	37	36	128
Final number	34	28	22	84

Table 1. Sample of the research material before and after empirical filtering.

The keyword search returned articles from *Postimees Heureka* and *Pärnu Postimees*, with tags *today's paper* and *news from Estonia and abroad*, introductions and conclusions of *Raadio Kuku*

¹⁴ Foundation for the Protection of Family and Tradition

¹⁵ Corona virus

radio shows and of *Räägime asjast* radio show by radio *Tre*¹⁶ in *Objektiiv*. All written material that corresponds to the topic and has a wholesome material in writing, was left in. For example, radio shows describing concrete opinions also in the written text. Same keyword search returned video results in *Objektiiv* to its video broadcast *Fookus*. While these contained similar introductory paragraphs in writing, these results are not included in the sample, because the written part was short and incomplete, not being suitable as standalone material. All three papers returned results to editorials. These were not cut, unless the contents proved irrelevant.

¹⁶ According to the end note in the article, radio show *Räägime asjast* is actually broadcasted in three radios: *Tre*, *Ring FM* and *Kuressaare Pereraadio*. <https://objektiiv.ee/raagime-asjast-kohe-ei-lahe-paremaks-piiranguid-tuleb-juurde/>.

1. CONCEPTUALIZING HEALTH PANICS

In the first chapter I am opening up the theoretical framework used in this thesis for defining health panics. In the centre of this chapter is the health panic concept that will be defined and delimited. I answer to questions such as what is a health panic and how is it identified, constructed. Here, the starting point is moral panic that will be developed further into a similar but narrower concept. The need to start from moral panic is connected to the construction of threat scenarios, that are largely constructed and spread in media, where the attribution of blame to a moral enemy is turning into a *panic*. The health panic conception will open up the problem at hand more successfully than almost more than 50-year-old moral panic could. In the first part I explore the concept itself – the definition of its predecessor moral panic and how do I get from moral panic to health panic. In the second part I look at objects of moral panics and how they change in the light of health panics, and how risk and risk perception is tied to it. The third part is focused on media, which is considered the most important agent of such panics (see for example Cohen 2002[1972]) and open up its role in constructing health panics. Throughout this chapter I will be giving illustrative examples from the current COVID-19 discourse.

1.1. From moral panic to health panic

In order to delimit the health panic concept, Cohen's definition of moral panic is needed as a foundation.

A condition, episode, person or group of persons emerges to become more defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the

moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. Sometimes the object of the panic passes over and is forgotten, except in folklore and collective memory; at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way the society conceives itself. (2002[1972]: 1)

In short, it is a societal response to beliefs about a threat from moral deviants: “a moral panic is a form of collective behaviour characterized by suddenly increased concern and hostility in a significant segment of a society, in reaction to widespread beliefs about a newly perceived threat from moral deviants” (Victor 1998: 542-543). Goode’s and Ben-Yehuda’s (1994: 156-159) discussion lists five key moral panic criteria for successful definition of an instance:

- 1) Concern: a general heightened level of concern, measurable by society’s actions (including the, perhaps alternative in nature, action groups (Cohen 2002[1972]: 97), led by moral crusaders – subjects strongly fighting for a *good cause* (Cohen 2002[1972]: 109; Goode, Ben-Yehuda 1994: 153-154)) in public environment, regarding the behaviour of certain groups and the consequences it may bring;
- 2) Hostility: increased level of hostility towards the affected group of people that is being perceived as threatening. This is where the *them* and *us* construction, including stereotyping, and turning to rhetoric tools (good-evil) to mark the opposition, manifests itself the most;
- 3) Consensus: the presence of a minimal unit of agreement about a threat in a society or in a segment of it;
- 4) Disproportionality: an implicit assumption that the concern and reaction are out of proportion and exaggerated compared to the actual threat, group or phenomenon. These kinds of disproportionality and exaggeration are often induced by certain keywords, embodying distortion from regular life – *scandal*, *shock*, etc (Hall et al 1978: 84) and it is often *the extremest* of proportionality (Hennoste 2001: 31);
- 5) Volatility: starting and erupting suddenly and fading just as suddenly.

True, their approach is quite narrowly concentrated on the behavioural aspect of moral panic, but transforming the explanations based on what we take from Cohen’s definition about condition and episode, it does not have to be applied only on the threatening *human behaviour*. A different type of condition or other phenomenon could correspond just as well to these criteria, with perhaps a little different function. As will be seen later, it could appear with a different (or additional) element than behaviour of a deviant person or group in the picture. For example, in COVID-19

discourse the concern aspect can manifest itself in more than one way – there is apparent concern for health, economics, medical system and even government plots hiding behind the outbreak.

Cohen's (2002[1972]: vii) recognition of different type of characteristics – *discursive formula*, he calls them – that represent moral panics, function as a complement to Goode's and Ben-Yehuda's criteria:

- 1) *Novelty vs familiarity*: seemingly new, although perhaps lying dormant and difficult to recognize, but acting as camouflaged versions of traditional and known evils;
- 2) *Damaging in themselves vs mere warning signs*: twofold effect of damaging the community by its existence, but suggesting the existence of a deeper continuous problem;
- 3) *Transparency vs opacity*: people can openly see what is happening, but need the experts to explain the hidden data that is not otherwise known for the lay persons.

These characteristics seem to have a controversial nature – both of these sides should be recognized in order to identify something as a (moral) panic. Moving closer to the health discourse, I will look at Nancy Tomes's approach.

Tomes has researched two periods in the 20th and 21st century that she has conclusively named as germ panic due to the drastic raise in awareness and public discussions about health and health worries. The first period in 1900-1940 was more concerned with germs in the *microbial contamination* sense that you could come in contact via surfaces, food etc. According to Tomes, this is the time period, when people started paying more attention to hygiene and learned to shield others from their sneezes and coughs in order to not spread any germs. (2000: 192) The second, ongoing¹⁷, era was triggered in 1985 by the raise of AIDS epidemic and “sensitized both scientists and the public to other “emerging” infectious diseases that have as yet affected relatively few people but seem to have the potential for more deadly outbreaks” (Tomes 2000: 194). Tomes suggests that the second wave of health anxiety would be better described by the term *viral panic*, since the anxieties are rather focused on viral pathogens (2000: 194). Her *panic* terms are adapted from the very same moral panic concept (2000: 192). While even Cohen himself has admitted that the term *panic* is unfortunate, because of its connotations of irrationality and being out of control (Cohen 2002[1972]: xxvii), “[T]hese are not panics in the sense that a fire sends people rushing for exits but rather *involve a more generalized sense of anxiety* [my cursive – K.P.]” (Tomes 2000:192). Although the word *panic* refers to random chaotic outbursts, moral panics *can* be highly organized by leaders and other influencers to form opinions and mobilize a community to

¹⁷ Ongoing at least in 2000, considering the year of publishing.

take actions against the believed threat (Barkun 2011: 98). The essence of original moral panics, after all, is, that they are *moral* – depending on “[...] social judgements about right and wrong conduct, not simply judgements about technical mistakes” (Barkun 2011: 100). Tomes’ usage of the conception is, therefore, more neutral, recognizing that moral panics can be premature. For example, in case of AIDS pandemic, it is presumptuous to assume that the anxieties concerning a disease that has affected more than 20 million¹⁸ people worldwide, is out of proportion. (Tomes 2000: 192)

Barkun explains the aforementioned mobilization happening in two ways: 1) lead taken by the government officials; 2) pressure exerted by individuals (Barkun 2011: 98), similarly Stuart et al.’s research has identified the discipline theme, where the need for social and moral discipline is insinuated (1978: 127). Cohen rather sees an overall political shift being based on a moral panic, that was initially orchestrated by media and public figures (Cohen 2002[1972]: 1xvi). All are visible in the corona panic discourse. After declaring the state of emergency in Estonia on March the 12th¹⁹, representing a major shift in Estonian political landscape, the government-applied restrictions have gotten stricter over time²⁰. On the other hand, there are opinions, that the measures are still not strict enough, and pressuring of the Estonian government to take (more) action is spreading in (social) media. For example, the Facebook group “Peatame koroonaeestis”²¹²² is requesting a fully restricted quarantine to rid Estonia of the disease once and for all²³, and an article on www.err.ee published an appeal by beauticians to close beauty salons by the order of the government²⁴.

1.2. Objects of panic and perceived risk

Originally in Cohen’s theory, the objects mostly associated with moral panics and deviance are young working-class men, school violence, drug-taking, child abuse, satanic rituals, sex and

¹⁸ According to Tomes, the number of infections by the year 2000 was around 22 million (2000: 192)

¹⁹ <https://www.err.ee/1063213/valitsus-kuulutas-valja-eriolukorra> (accessed 02.04.2020)

²⁰ <https://www.err.ee/1068125/uued-piirangud-kaubanduskeskustes-jaavad-lahti-toidupoed-ja-apteegid> (accessed 02.04.2020)

²¹ <https://www.facebook.com/peatamekoroonaeestis> (accessed 02.04.2020)

²² Let’s stop Corona in Estonia

²³ <https://www.facebook.com/photo/?fbid=106268687688887&set=a.102586418057114> (accessed 02.04.2020)

²⁴ <https://www.err.ee/1065760/kosmeetikud-paluvad-enda-too-keelatud-teenuste-nimekirja-lisamist> (accessed 02.04.2020)

violence portrayals, single mothers and welfare cheats, refugees (Cohen 2002[1972]: viii-xviii). Naturally, in some aspects there has been a change over a decade-long period. Single mothers are not under that much stigma anymore and in Estonian context there has not been a strong correlation between welfare cheating and single mothers – rather, Estonian media mediates the struggles single mothers have due to low welfare support and alimony conflicts²⁵. On the other hand, refugee and immigration topics are fluctuating in time. Foreigners become the victims of othering (see for example Barkun 2011; Goldstein 2004; Tomes 2000 and others) as will be discussed later. Additionally, refugees have become associated with another security issue – terrorism²⁶. There appears to be a thin line between what is acceptable, what is not, with this association. As David Altheide put it: “Terrorism and the terrorist threat are still regarded as legitimate and objectively real [...]; it is not viewed as a social construction and the government actions are not treated in the mass media as arbitrary overreaction” (2009: 93). Yet, he acknowledges that on alternative media, terrorism is constantly joined with moral panic (ibid). Although, international terrorism is becoming a standalone modern fear, too (Cohen 2002[1972]: xxv). As hereby demonstrated, the attribution of moral panic has changed over the years and besides some mentioned objects losing their connection to moral panics, there is both change in the existing ones and new ones emerging.

Besides moral panics, in its original sense, contemporary world has developed other anxieties, insecurities and fears that are fed by specific risks, for example the emergence of techno-anxieties, *disease hazards*, food panics, safety scares about travelling, the very same international terrorism (Cohen 2002[1972]: xxv). He seems to use the term *panic* quite liberally in this context. Based on the usage of *food panic*, it seems even Cohen himself could have used the term disease or health panic – he has not emphasized any explicit preconditions, that would deny the usage of health/disease panic, but confirm food panic. The novel aforementioned risks form a phenomenon called *risk society* (Cohen 2002[1972]: xxv) – a theory developed by Ulrich Beck (1992), referring to risks that modernization and technological advances produce and how society systematically mitigates, channels, even dramatizes them (1992: 19). Its global scope, self-reflective quality and pervasiveness, Cohen argues, “[...] creates a new backdrop for standard moral panics” (2002[1972]: xxvi), which leads to perceptions of heightened risk and therefore *evokes images of*

²⁵ See for example: <https://www.postimees.ee/6680783/uksikema-koigega-saab-hakkama-iseasi-mis-hinnaga> (accessed 08.04.2020); <https://www.delfi.ee/news/paevauudised/rahvahaal/uksikema-miks-meie-riik-ei-hooli-uksikvanematest?id=78038934> (accessed 08.04.2020)

²⁶ See for example <https://maailm.postimees.ee/3777055/saksa-politsei-teab-sadu-terroristidega-seotud-pagulasi> (accessed 08.04.2020) or Ilmar Raag’s opinion story about (not) constructing the terrorism image on refugees in accordance with moral panic <https://www.aripaev.ee/arvamused/2015/11/18/ilmar-raag-terror-ja-pagulased-arme-tee-ise-vaenlasi-juurde> (accessed 08.04.2020).

panic (ibid). According to Cohen, the distinction between risk and panic leans on how risk analysis is perceived – if it is primarily moral, then the distinction is fading (2002[1972]: xxvi). He even acknowledges:

The story of HIV-AIDS shows how the clearly organic nature of the condition can be morally constructed and result in changed value positions about sexuality, gender and social control. The demography of risk was informed from the outset by the ascription of moral failures to homosexuals and other groups. (2002[1972]: xxvi)

Therefore, as Cohen's statements well demonstrated, the concept of health panic can be considered an expansion of his earlier theory of moral panic, applied to a narrower discourse, when the risk dimension is taken into account in the representation. Similarly, the importance of risk in health discourse has been apparent in by Kathleen Woodward's research (1999: 179-180). Although, even when all statistics point to objectively low risk, it rather causes us to sense the opposite and see it represent our future, or what Woodward calls – statistical panic (1999: 180-185). "What in fact panics us, however, is that we cannot be certain of our own future" (1999: 187) – in other words, the future is unknown and unfamiliar.

As shown, the risk aspect comes in rather strongly especially in panics around health and disease. For that, Goldstein has described several models, that have been developed over the years. The most relevant one for current purpose – the Health Belief Model – was developed already in the 1950s to assess health beliefs and predict health behaviours based on different variables: perceived susceptibility of the health threat, perceived severity of the condition, perceived benefits of strategies to reduce the threat, perceived barriers to taking action, cues that motivate individuals to take action, and lastly, demographic and structural variables that affect decision-making. As Goldstein observed, they all boil down to one key variable – potential susceptibility. (2004: 63) In other, more general, terms – risk, which is often considered as a construct, dependent on individual calculations, decisions and relations with social structure (Kiisel, Sepp 2017: 201). The perception and acceptance of risk has a strong correlation with blame – who is perceived as responsible for the hazard and to whom the damage is inflicted (Cohen 2002[1972]: xxvi) – which, as already seen, is inherent to the types of panics discussed here (ibid; Goode, Ben-Yehuda 1994:157). For example, in health panics this can manifest itself in decisions based on individual reasonings concerning self-isolation – who is the threat associated with and how high is the risk that I will get in contact with the source of threat?

In accordance with risk perception, Goldstein has explored the notion of vernacular theory, that gives the researcher insights to local expertise, lay cultural expressions and risk models, that

can be distant (and usually are) from academic theories (2004: 72). From vernacular theory, she made conclusions about four aspects that should be kept in mind when handling public (risk) perceptions:

- 1) Experience is frequently superior to *objective* information;
- 2) Shared experience creates observable patterns identified by community members;
- 3) Experiential (alternative and disregarded by medical authority) ways of risk construction addresses daily concerns, experiences, worldviews of the people, who are coping with illness, sexuality and other health- and risk-related issues;
- 4) Vernacular theory raises questions about dominant cultural assumptions, while using local rules, forms of discourse and staying in the local cultural context. (2004: 73)

Although Barkun agrees to some extent, he sees a different tendency with extraordinary dangers that lie outside a community's experience. In this case there is no basis for construction based on the past, but the understanding is more hypothetical and dramatized, therefore still colliding with expert knowledge. (2011: 120-121). In any case – the perception of risks and disasters in a society or community creates a reality, based on which belief is formed and that, in turn, can significantly change behaviour in the response to a believed emergency (ibid: 34). Conclusively – risks calculated and identified by experts are not often convincing enough and therefore we tend to make ill-advised decisions (Kiisel, Seppel 2017: 197). Those vernacular beliefs are greatly expressed through alternative media and social media, although opinion stories and op-eds tend to mirror the vernacular beliefs spread during a period of heightened risk. Therefore, next will be looked at media and the problems of media representations (in other words, how is media portraying events and phenomena), taking a prominent role in health panics.

1.3. The role of media in health panics

One of the most important aspects in health panics is media. This importance can be summarized as follows: “The ease with which information passes between disparate parts of the modern world has at times resulted in significant benefits for humankind, but it has also enabled the widespread and rapid diffusion of panic and negative stereotypes” (Lee 2014: 103). This is not an isolated view – various authors have emphasized the role of media in developing people's understandings

and views on contemporary (threatening) phenomena (see for example Cohen 2002[1972]; Goldstein 2004; Goode, Ben-Yehuda 1994; Hall et al 1978; Tomes 2000 and others).

News items have an effect on our consciousness of raising awareness of similar items that may have otherwise been ignored – this is called sensitization – a phenomenon in which reinterpretation of neutral or ambiguous items as deviant is evoked (Cohen 2002[1972]: 59). Cohen has acknowledged that the very same sensitization is the simplest type of generalized belief system – hysteria (ibid) – accompanying health panics. Infectious diseases have been shaped by the publishing and entertainment industries and the fact that disease related content has become popular over the years, is in turn an indication of a heightened interest in contagion and diseases in general (Tomes: 2000: 191, 194). Media has often been deemed guilty of overproportionate exaggerations, inaccurate statements and, especially in disease epidemics, scaremongering (Lee 2014: 13) and therefore having a sensitizing effect and provoking reactions similar to hysteria, delusion or paranoia.

Media can take on a role in any one or all three aspects when it comes to constructing those panics (Cohen 2002[1972]: xxiii-xxiv): 1) agenda setting – selecting deviant or problematic events that are deemed as newsworthy, selecting suitable stories for panic narratives (Stuart et al 1978: 53, 60); 2) transmitting images – transmitting the claims of claims-makers, by sharpening up or dumbing down the rhetoric or moral panics; 3) breaking the silence and making the claim – instead of transmitting someone else’s claims, being the claims-maker itself. In other words, information reaches the public “[...] already processed by the mass media and this means that the information has been subject to alternative definitions of what constitutes “news” and how it should be gathered and presented” (Cohen 2002[1972]: 7).

The public has a tendency to absorb fast-changing information and shape their stories and conversations based on it, therefore “the accuracy of their conversations [is] only as good as the last newspaper article they had read” (Lee 2014: 10). Lee identifies two critical issues with this. First, he stresses that there are three different layers of vocabulary – technical medical of the scientific community, simplistic vocabulary employed by most newspapers, widely varied communication styles of laypeople – out of which media has the responsibility to rephrase information coming from the scientific community to become understandable for the public. That leads to loss of nuance and meaning resulting in miscommunication and misunderstanding. (ibid) In order to get a better understanding of the essence of the issue at hand, it is preferred to approach the problem through, a more semiotic term, language (instead of vocabulary) – it is the act of translation between the aforementioned languages and misunderstandings it causes that is the issue. Such language problem is often insinuated through unprofessionalism in critical opinions

towards media – the information is delicate and precision is important²⁷. Second, media in general is a problematic source of information – one of its main goal's is profit: newspapers constantly make decisions about what is published and where (is it a first page material, pushed to later pages or left out completely), based on potential interest and *newsworthiness* (Lee 2014: 10; Stuart et al 1978: 53), which often realizes itself in deviance-related and dramatic reports (Cohen 2002[1972]: 8; Tomes 2000: 197). In more detail, newsworthiness is a term coined in media studies. According to a prominent Estonian expert in the same field, Tiit Hennoste, newsworthiness has two presuppositions:

- 1) News are meant for the readers and therefore must answer to the questions the readers have about the world;
- 2) News have to be connected to the readers' and society's interests (2001: 29).

For the purpose of this thesis, it is important to emphasize Hall et al's explanations whose approach is a precondition to the study of the panics discussed in this paper. Events are not just *naturally* newsworthy, but it is identified via a couple of elements, such as extraordinariness, dramatic nature, events concerning elite persons. (Hall et al 1978: 53-54) Although Hennoste agrees that the inclusion of elites and extraordinariness are two of the three most important elements, he proposes a longer, more thorough, list of ranked criteria: 1) influence on readers; 2) extraordinariness or unexpectedness; 3) inclusion of prominent people or institutions; 4) strong conflict; 5) closeness, either geographical or emotional; 6) recentness; 7) actuality (2001: 30-31). Hennoste finds that together with the extraordinary nature goes extreme proportionality – it is always *the best, the worst, the biggest* etc that adds newsworthiness (ibid). As Hall et al suggest, here comes in the role of a journalist, enhancing the drama, extraordinariness, tragedy etc, including in the headlines, in order to attract the reader. This can happen via various key words, such as *shock, sensational, scandal* and others. As a general rule, the more elements or criteria a story scores, the better. Additionally, the responses play, too, a vital role, including official responses. (Hall et al 1978: 31, 53-54, 84) “Things are newsworthy because they represent the changefulness, the unpredictability and the conflictful nature of the world” (Hall et al 1978: 54). That, in turn, raises questions about accuracy and completeness of information flowing between different sources (Lee 2014: 10). On the other hand, David Altheide argues that next to this newsworthiness, moral panic has become a format in the entertainment media to present opposing opinions, that would challenge general knowledge, which motivates reactions from the public

²⁷ See for example: <https://leht.postimees.ee/6905634/viirusest-ohtlikum> (accessed 18.05.2020)

(Altheide 2009: 81, 90, 95). The opposing sides would enter into an open dialogue via media and thus motivating the public to become part of it.

Then again, according to Tomes, “the making of a [...] panic has never been a wholly conscious or orderly process” (2000: 197). She sees the following problems with conscious creation of moral panics:

- 1) When a particular interpretation of a disease is achieved, scientist, journalists, activists, advertisers lose control over the meaning that was originally attached to it;
- 2) Seeking newsworthiness, which leads to disappointment after the realization that the discovery was not that significant after all;
- 3) Attracting attention requires maximizing and dramatizing risk – it needs to be a general threat that can endanger anyone, even when there are clearly identifiable risk groups. This can inevitably have a frightening effect for some period of time, but leads to – as Tomes put it – *a boy who cried wolf* scenarios, in which future warnings are easily disregarded. Alternatively, that type of news stories can distract attention from objective explanations and therefore fuel the spread of a disease;
- 4) The entertainment industry’s tendency to create conspiratorial content (small groups of evildoers, government conspiracies, alien invasions etc), instead of facing the complexity of the health problems at hand. (Tomes 2000: 197)

On the other hand, these are, generally speaking, aspects connected to *constructing* a moral panic. In other words, dramatizing, exaggerating, hinting to the conspiratorial essence, are all the tools being used – and it has previously worked based on Cohen’s (2002[1972]) and Hall et al’s (1978) examples. Perhaps Tomes underestimates the power of media? Or, alternatively, her idea can be seen as if such panics happen in the minds of the public when there is access to indefinite number of sources with different explanation, giving the reader the possibility to put together their own individual interpretation (an application of the *bricolage* term – construction achieved by using whatever comes to hand²⁸ – would be due in this case). Still, Tomes herself contradictively confirmed that the attentiveness to a perceived (health) risk is determined by a range of factors that are mostly affected by media and look further from mere statistics when it comes to forming an understanding (Tomes 2000: 192):

- 1) Whether a disease is deemed newsworthy; reinforcement of the importance and covering by media;

²⁸ Dictionary definition found here: <https://www.merriam-webster.com/dictionary/bricolage> (accessed 09.04.2020)

- 2) Whether it has commercial potential to sell products or services, so that advertising amplifies concern about its avoidance;
- 3) Whether its incidence reflects other societal problems, so that activists and reformers become invested in its prevention.

The newsworthiness and significance enforcement seem to work both ways and the shown contradiction outlines an important point – the line is quite thin between successful construction of understanding and disregarding of something. However, as Cohen put it, despite everything, there is often a difference between opinions in media and public – even Cohen has discussed the possibility of media responses being too extreme and stereotypical as opposed to public opinions in which the dramatization was decreased (2002[1972]: 49). This is a good ground to look further from official media and gather individual opinions through social media to see the contrast between the two. Despite the contradiction between Tomes and Cohen, the previous confirms that health panic is a vague phenomenon and they “[...] come in a variety of shapes and sizes as do the forms of deviance to which they purportedly respond” (Garland 2008: 13), therefore the reactions cannot always be unified. Still, there is a tendency of health panics being homogeneously expressed through specific keywords (Lee 2014: 5). “[...] T[t]he virus itself would not be considered a major global threat without a discursive environment that transforms every confirmed infection or death in an actualization of that mainstream narrative” (Moreno Barreneche 2020: 24), where infections and deaths trigger interpretative processes (ibid). Lee (2014: 1, 5) emphasizes some rhetoric tools that seem to create the basic descriptive stories in which changes in a couple of details would describe a totally different disease outbreak. Such keywords and -motives include *novelty*, *moving past country borders* and *infecting the world*, the *short period of time it takes for the disease to spread*, *scientists and doctors struggling to tackle it*, *emphasizing fear*, *invisibility* and attributing it to a deviant or foe (Barkun 2011: 85), rising *panic*, *death*, including the death of doctors, *lockdowns*, *economic disasters* and others. A similar case and way of structuring is observable with our current object through specific mechanisms as the COVID-19 discourse will be explored further.

Based on the earlier, an answer to the first research question – how are health panics constructed – has started to unroll. I suggest to conclude health panics as a form of heightened risk and anxiety

situation in which general collective recognition of a threat to a community members' health is present, changing their behaviour due to increased concern and hostility towards the deviants who are recognized as responsible for starting the threat and/or working against freeing from the threat or sustaining health and life. At a time of health panic, dramatized and exaggerated reports, including certain type of keywords, such as *scandal* or *the worst*, (emphasizing extremeness through its proportion), *invisibility*, *struggles* etc, carrying dramatic connotations, and alternative theories emerge, taking over media. The criteria that shape a health panic consist of consensual concern or a heightened risk perception, hostility towards a deviant who is believed to be connected with the threat, disproportionality that manifests itself through figuring largely in media and at the same time being recognized as disproportion by the community, volatility that has shown itself in previous health panics (although in case of COVID-19, it is too soon to make any conclusions concerning volatility). While the health panic itself is an issue, that seems to be new for a society, other, more general problems, are hinted at or even brought to attention in the health panic discourse, all the while exhibiting the need for expert knowledge concerning the phenomenon. What often contributes to the successful health panic construction, is the perception of risk that can, for example, be in connection with geographical distance.

2. STRUCTURING AND COPING MECHANISMS AS DISCURSIVE MECHANISMS IN HEALTH PANICS

Humankind has always been concerned with questions such as *how*, *why* and *where* (Lee: 2014: 58), however if not getting the satisfactory answers fast enough, we tend to fill in the gaps ourselves and put together theories to reduce ambiguity (Cohen 2002[1972]: 36; Lee: 2014: 58). As shown earlier, unfamiliarity is a great source of *panic* and according to Moreno Barreneche (2020: 29) it is often blame that helps us make sense in this. In order to understand or handle anything new, the human mind needs to create a story (Barkun 2011: 80, 119), fill it with their own meaning – we take what we are familiar with and match its elements roughly with the unfamiliar, leading to different interpretations, based on worldviews and experiences (Lee 2014: 2). It is in human nature to structure the world through stories and patterns. For an individual, their own views, concept of health and disease are as important (or even more important) as the doctor's (Lee 2014: 122), which creates a parallel with previously discussed vernacular beliefs and risk perception. It is plausible to call this a structuring mechanism. When it comes to health and illness, one of the assumptions of medical semiotics is that the symptoms a patient experiences are subjectively produced by the patient themselves and have few relations to internal events, rather they are culturally and socially constructed narratives about the patient's life or the society they live in (Cobley 2009: 265). The previous assumption is a strong statement claiming that symptoms are not trying to describe any internal changes. While I agree that the *how* symptoms are described is culturally-socially constructed, the objective is to describe what is happening inside the patient's body. Therefore I propose to tone the assumption down a little with the term *illness representations*: the “[...] means of experiencing, representing, and negotiating illness, highlighting the interface of experience with cultural models of thought and action” (Goldstein

2004: 74), they “serve as statements of cultural knowledge and understandings and also provide scripts for future care seeking and health decision making” (ibid).

Next to the initial step – structuring – of information-handling during an outbreak, is coping. How to handle the situation and manage to come out of it as successfully as possible? Lee is describing the concept of mediation – which, by dictionary definition, is defined as an act of agreement, compromise, reconciliation – as a synonym for *to cope*, an internal struggle to come to peace and balance out stress and anxiety resulting from an unnerving phenomenon (2014: 110). In other words, “[T]he act of mediation is [...] a positive act, a movement toward learning to constructively deal and live with a given situation or circumstance” (Lee 2014: 110)

The definitions of the term pair coping and structuring mechanisms can be concluded as follows. The coping mechanism is here excessively based on Lee’s approach through mediation and humour – it is a process through which we find relief to stress and anxiety, in other words, cope with the situation (Lee 2014: 110). By structuring mechanism, I consider a step with a less emotional connotation – a process for understanding the unfamiliar and creating order in this unfamiliarity (Cohen 2002[1972]: 36; Lee: 2014: 58). Approaching the discourse via these two terms opens up the backgrounds of the discursive mechanisms – the need for clarity.

The chapter as a whole is dedicated to those exact patterns that help us as humans construct, make sense and cope with the phenomena at hand – health panics – while at the same time constructing a discursive frame of the health panic. The first part is exploring the structuring mechanisms via the deviants’ and victims’ motive through origin interpretations together with blame, maleficence and freedom rhetoric. The second gives an overview of a cautionary and exercise motive, the third focuses on mediation or coping with the outbreak through the humour mechanism. Similarly to chapter one, examples from COVID-19 health panic discussion are given throughout this chapter.

2.1. Vilification and victimization mechanism

According to Theo van Leeuwen, there are active (*dynamic forces* in an activity) and passive (represented as *undergoing* the activity) roles identifiable in any text (2008: 33). In this paper, these are approached in two interconnected mechanisms and appear respectively as villains (or actors who have been assigned the blame) and victims. This kind of polarization is often fuelled

by dramatization of deviance (Cohen 2002[1972]: 87), seen as an important denominator in health panics. But not only – such opposing is characteristic to a culture or community in general; by differentiating between *us* and *them*, *new* and *old*, we define an unfamiliar *someone* or a *phenomenon* from our perspective via a contradiction (Lotman, Uspenski 2013: 208, 221-222; Uspenski 2013). So that this polarization can either refer to an impure *other* who is the direct link to a threat (a disease or contagion, in this case) or an entity (turning into a deviant in the discourse) not taking action to eliminate the threat or is even preventing the elimination of the threat altogether. As an illustration of this serve Lee's (2014: 49-50) examples about news report themes from the SARS outbreak: the assignation of fault and blame landed largely on the government of *not being prepared enough* for such an epidemic or on Hong Kong's airports (if only they had been controlled better, the virus *would not have* escaped as it did!). While these are more specific, tracing back to the exact institution, this is not the only manifestation of such assignation. The blame can, too, be rather generic, considering again Lee's judgement: "it may easily be said that if the airline industry had not existed, the disease would not have had the impact it did" (2014: 94). Blame and vilification of someone or something *else* is – I would dare to say even – the main mechanism in health panic discourse.

While the previously mentioned polarization is fundamental to health panics (and to other unpleasant or threatening situations) in general, there are more specific tactics that can be recognized. The threat situation is constructed via spiritual dichotomies and utmost vilification, such as referring to its *maleficent* or *evil* nature (Lazar, Lazar 2004: 236), whereas the *us* in this is the *victim* and finds itself innocently and forcibly dragged into a *fight*. The *our* side can, too, appear via *hero* rhetoric – *the workers of the health system*, an imagined collective actor with no explicit individual identification, whose *bravery* is *constantly* recognized and applauded (Moreno Barreneche 2020: 26). An analogy with *disease* and *infection*, *cure* is often emphasized as a rhetoric tool in such constructs (Cohen 2002[1972]: 46). In case of health panics, it may not appear metaphorically as *cure to the virus*, but instead refer to the characteristics of the *other*, together with *untamedness* and clear descriptions of *violence*, where the human life is shown as *worthless* to the villain (Lazar, Lazar 2004: 232-235). Taking into account that such untamed evil is put into the context of disease and health, I propose another identifier – reference to the *insanity* of the villains.

The element strongly attached to our western values is freedom (Lazar, Lazar 2004: 228), which constructs the idea of what is right and what is not. In health panics, including COVID-19 panic in Estonia, the most obvious example illustrates the threat to our physical freedom – the right to move freely or being quarantined. But not only, the freedom can be endangered by a *war*

(perhaps the metaphorical kind) with our *enemy* who is changing our life so drastically (Lazar, Lazar 2004: 227-229). While such decisions are originating visibly from the government, criminalization of political actions, lexically (and explicitly) designating someone as a *criminal* (Lazar, Lazar 2004: 231; see also Cohen 2002[1972]), can be identified as the next tactic. While Moreno Barreneche (see above and 2020: 26) identified the continuity of a certain type of construction tactic, keeping up this kind of *repetitions* grants, that “New angles, new semantic features are added each time a new expression is used, gradually building up a more multifaceted concept” (van Leeuwen 2008: 19). It is an ongoing formation that can add new dimensions – for example an element of evaluation (ibid). Repeating the same characteristics transforms our perception of the object or phenomenon (see also Peterson 2015: 37).

Often with described role polarization and blame attribution, emerges the need for expert knowledge – *technification*, as named by Hansen and Nissenbaum (2009: 1166-1167), and similarly articulated by Barkun (2011: 98) as pressure from individuals to *do something* (differently). The *right way* of handling the situation and counter *solutions* become the accompanying themes. While *better expertise* is constantly demonstrated throughout a health panic, expert knowledge applies right from the beginning of it.

2.1.1. Origin and blame

Universally, people have consistently shown interest in the etiological aspect of different phenomena, including in regards to diseases (Goldstein 2004: 77; Lee 2014: 58). For example, in case of AIDS:

Whether the narratives focus on government conspiracies, African or Haitian AIDS, “patient zero” type characters, superbugs transmitting the virus through bites, or hundred-year-old AIDS cases, the concern is the same: establishing a first – a source for this thing that made our world change so irreversibly. (Goldstein 2004: 78)

Each time an outbreak emerges, it is natural that rumours and stories start to form – regarding who is responsible, where did it come from, how contagious is it etc (Lee 2014: 13). There is a certain similarity, a common foundation, across different diseases (Lee 2014: 72). Tied together with origin is blame on someone who can be assigned the fault of starting the whole epidemic – the search for the *patient zero* is considered quite a popular theme in disease news reports (Lee 2014: 12). It is important to note, that it is both the public and scientific community who are concerned

with this – the medical community seeking answers that could help us rid people of the illness (Goldstein 2004: 77-78; Lee 2014: 58), the public looking for answers that are not yet provided to reduce ambiguity and cope with the situation.

In order to move forward with the analysis, a look into the popular themes under origin is necessary to cover the common aspects of a health panic discourse. The borders of these can be rather foggy and different themes can be intertwined, as Tomes has illustrated based on popular culture and journalism: “The concept of *nature striking back* has been embroidered with conspiratorial plots involving corporate skulduggery, international espionage, and bioterrorist attacks” (Tomes 2000: 191).

Lee has identified the following themes in his research, that seemed to classify individual disease stories: 1) conspiratorial plots; 2) experiments gone wrong; 3) animal origin; 4) extra-terrestrial origin – although less popular, it is still a noteworthy category, referring to the space-relatedness (Lee 2014: 63), that has seeped into other topics, be it conspiracy theories or extra-terrestrial life-forms. Goldstein’s classification highlights three origin stories concerning AIDS: 1) animal origin and natural contagion to humans; 2) old and until now confined human disease unknown to science; 3) laboratorial origin (2004: 80).

While not explicitly mentioned in this context, one additional prevalent theme connected to origin is recognizable in all health panics – the problem of the *other* (see for example (Barkun 2011; Goldstein 2004; Lee 2014). Although the problem of the other is not just a separate theme here, but also has a strong ground in conspiratorial plots (and disease discourse in general), for the purpose of this thesis, conspiracy theories are not researched in such detail and a separate category approaching the origin and, at the same time, distancing from *someone else*, who is being assigned the deviant’s role, is successfully covering the purpose at hand.

I therefore propose a slightly modified classification of the themes, based on the relevancy and conclusiveness, leaving out the extra-terrestrial origin, which was a small theme in SARS discourse, *separate experiments gone wrong* due to – as Lee (2014: 63) also duly noted – thin line between this and conspiracy theories. Handling the disease, including its laboratorial origin, experiments gone wrong *and* conspiratorial plots, can all be considered under one class, that refers to someone’s fault who intentionally or unintentionally let the virus escape; even Lee’s own approach analyzes them together (2014: 64). I would also leave out Goldstein’s second classification, which does not answer to the question *where does it originate?*, but leaves with an open speculation “[...] that a small isolated ethnic group had the virus but also had an acquired immunity to it; and, thus, it is only when the virus spread outside the group [...] that the disease gained devastating effects [...]” (Goldstein 2004: 87). This way the ethnic group becomes the

centre and responsible for the disease (Goldstein 2004: 88). Ending up with that type of stories, can again be considered the act of othering. Moreover, such category has not been prevalent in the COVID-19 discourse, so it is justified to not go any deeper with it. In conclusion, the suggested classification, that is explored next, would be as follows (in a random order): animal origin, geographical othering, man-made origin, including conspiratorial plots.

2.1.1.1. Animal origin

Many largest outbreaks, such as AIDS, malaria, bubonic plague and others, are associated with zoonotic origin and transferring from animals to humans (Goldstein 2004: 81; Lee 2014: 92) – a zoonosis (Goldstein 2004: 81). What is concerning with this scenario, is the fact that occasionally, the disease is far more severe in humans than it was in its animal host (ibid). Some of the main culprits associated with AIDS epidemic include different types of monkeys, insects, sheep and rodents, while the most widely spread explanation is the *African green monkey theory* (currently retracted) based on a genetic analysis, according to which HIV started spreading from Africa in the 1950s when the virus crossed over from monkeys to humans (Goldstein 2004: 81). On the other hand, with SARS – being caused by a corona virus, which are known to be capable of infecting animals and therefore making the crossover plausible (Lee 2014: 15) –, cockroaches, cats and dogs, snakes, bats, badgers, pangolins were to blame at one point or the other; although one species was being mentioned more than others – the civet cat (Lee 2014: 71-72). In general, many theories concerned China's exotic animal market (Lee 2014: 72).

Here, the intensely emotive issues of food, violence, and sex come into play, calling up deep stereotypes and complex symbolic worlds and providing grist for the imagination. Uncooked meat, ingestion of internal organs, sexual contact, blood injection, bites, and experiments all are equally noted in scientific journals and over the dinner table as explanations for transmission. (Goldstein 2004: 83)

One way or another, at least in case of HIV/AIDS, the exchange of bodily fluids is a prerequisite (Goldstein 2004: 84). COVID-19 stories do include an aspect of transmission through bodily fluids, though narrowly concentrating on the food factor. The biggest blame in COVID-19

communication falls on bats, that are a popular species in the Chinese exotic animal market. It has been speculated that the corona virus reached its first human victim at a food market via a bat²⁹.

2.1.1.2. Geographical othering

The believed zoonotic nature of various diseases is not just a standalone theme. Often times, since it refers to a point of microbial transfer from an animal to a human, it is believed to be possible only in the developing world (note for example SARS and Guangdong province in China). (Lee 2014: 92) The Chinese gastronomic customs, judged as unhealthy and primitive by then Western world, form the intersection point for the blame of origin (Moreno Barreneche 2020: 20-21). Moreover, in such panic situations, an *axiologization* (Moreno Berreneche 2020: 26) mechanism reveals itself via the enforcement of stereotypes and attribution of symbolism to otherwise regular words or place-names during mass communication. That can attach strong ideas and emotions, new meanings (in this case negative connotations) to those words – the precondition to previously mentioned sensitization (Cohen 2002[1972]: 27, 62). Such attribution of diminishing characteristics, cultural stereotypes and symbols to a *non-western* entity is what Lazar and Lazar (2004: 234) have called *orientalization* – an othering strategy concerning narrowly other cultures, nations, even religions. In case of COVID-19, there is a tendency with Hubei province, more specifically the city of Wuhan, China. Wuhan is not just a city in China anymore, it signifies a crisis, the start of a pandemic, a deviant. *China* and *the Chinese* have turned into a cluster of meaning linked to a collective identity of virus spreaders (Moreno Barreneche 2020: 28). Such connectedness between animal origin and construction of the *other* is especially visible when the transmission is speculated to be dependent on food habits or sexual activities (Goldstein 2004: 84).

Such differentiations and symbolism leads to a link between health panics and boundaries – not just the obvious physical or movement-based boundaries, such as quarantines, set during every major health panic, but also psychological boundaries forming a gap between *us* and *them*, highlighting a community's perception of purity and defilement (Barkun 2011: 88; Lee 2014: 61). Disease stories often “[...] reveal a strong emphasis toward othering – emphasizing the disease as having come from somewhere else” (Lee 2014: 61). For example, AIDS stories form a complex discourse concerning identity and the construction of *otherness*, a discourse that articulates

²⁹ <https://maailm.postimees.ee/6879471/uuringute-jargi-on-uee-hiina-viiruse-alge-seotud-nahkhiirte-ja-madudega> (accessed 06.04)

perspectives on trust and blame, which form on the basis of worldviews that ground risk perceptions (Goldstein 2004: 79), discussed earlier.

Any new virus or bacterium that originates in a foreign country is immediately and irrevocably tied to that place and the people who live there, and thus AIDS becomes synonymous with Africa, SARS with China, etc. At the same time that these diseases become synonymous with race, they can also reshape racial boundaries, changing the way laypersons and professionals within an ethnicity perceive each other. (Lee 2014: 62)

Although the stories are frequently explicit about travelling scares, it is rather referring to an even bigger point of concern surrounding health panics – immigration and the foreign, race and racialization (Hall et al 1978: 132; Lee 2014: 61, 91; Tomes 2000: 195): belief that immigrant groups carry contagious diseases is not a new phenomenon (Barkun 2011: 85). This gives possible explanations to an incident in Estonia at the end of January. Two Chinese tourists were taken to a hospital for health checks, due to seeming suspicious to the hotel personnel. The hotel claimed that they had not been seen at breakfast very often and spent a lot of time in their room, which gave them reason to believe their guests might have some health issues. All necessary checks pointed to good health and there were no reasons for *corona virus panic*³⁰.

Public reactions often take a step further and point to a deeper problem (note the characteristics, Cohen’s discursive formula from before) via blame on globalization (Lee 2014: 92), though belief of racial impurities has been a common theme in disease stories for a long time, they have taken a more prominent role in the globalizing world, where travels between countries is frequent and easy (Tomes 2000: 195). In today’s world, diseases have the possibility to take “a plane ride [...] to spread halfway around the globe” (Lee 2014: 92). But it is not just the disease itself that can travel fast in the modern world – the same applies for rumours, false news and conspiracy theories (refer back to media subchapter).

2.1.1.3 Man-made origin

Man-made origin often associates with conspiracy theories. Together with conspiratorial plot, it is a concept explored more extensively in my own bachelor’s thesis (Peterson 2015). I suggested to use David Coady’s (2003) definition to cover the important aspects, but still leave some space for

³⁰ <https://www.err.ee/1030328/koroonaviiruse-hirm-tallinnas-osutus-alusetuks> (accessed 05.05.2020)

cloudiness, which is an intrinsic characteristic of conspiracy theories. Therefore, I see the very same definition to be suitable for this paper:

A conspiracy theory is a proposed explanation of an historical event, in which conspiracy (i.e., agents acting secretly in concert) has a significant causal role. Furthermore, the conspiracy postulated by the proposed explanation must be a conspiracy to bring about the historical event³¹ which it purports to explain. Finally, the proposed explanation must conflict with an “official” explanation of the same historical event. (Coady 2003: 201)

An explanation of conspiratorial plot or conspiracy is hereby derived from the previous as *agents acting secretly in concert*. A maleficent actor, the villain, is obviously the most important role in conspiracy theories, around which a whole conspiracy theory is built.

One of the basic principles of conspiracy theories is the assumption that everything is connected, nothing is as it seems and nothing happens by accident (Barkun 2003: 3-4; Barkun 2011: 10, 71) – everything is meaningful, nothing is random and what we know publicly is purposefully misleading (Barkun 2011: 10). In addition, Lee finds that there is an interesting underlying facet of conspiracy theories: even if there is no clear sense of who is being targeted, there is always a passion for the conspiracy itself (2014: 73) – it is sort of like a conspiratorial paranoia (Lee 2014: 60) – a topic that will not be discussed in this thesis too extensively, but is still worth mentioning, together with belief, which appears to be an inciting element and the driving force in most lay opinions and conceptions (see for example Barkun 2011; French, Brotherton 2011; Lee 2014) as a mechanism of production and spread. The wish to find secret plots drives many lay theories, which can lead to distrust of such important institutions as government and medical officials. This distrust that underlies lay responses to health panics, form complex and detailed conspiracy theories (Goldstein 2004: 52). Purposeful germ warfare or bioweapons for targeted genocide, population control (Goldstein 2005: 52; Lee 2014: 60, 64), including sterilising vaccines (Fassin 2010), are just a few examples of theories concerning man-made origin in this discourse. What is interesting, is that this kind of conspiratorial thinking has been around for a while: the emergence of conspiracy theories, targeting medicine to explain novel syndromes, were discussed already more than a couple of decades ago (Showalter 1997: 26-27).

A common conspiratorial thinking pattern speculates that what we see, is not the real problem. In case of disease discourse, scares and lockdowns are believed to serve as an exercise as appears from Lee’s example about SARS or, as a more specific element, disease explanations

³¹ One important remark regarding the aspect of *historic event*. Although the situation or phenomenon described by the research object is current, the moment when the outbreak started is still considered past or historic and therefore refers to the plan or plot kicked off in the past and therefore justifies the use of such wording.

boil down to hazardous *vibrational frequencies* through subliminal programming of emotions and thoughts (Lee 2014: 65). Seems that frequency in general is a phenomenon drawing a lot of conspiratorial attention. Currently, the radio frequency connected to 5G network is being blamed for COVID-19 spread: it is believed that both, the network implementation and COVID-19 *started* from Wuhan, China³². But such a frequency scare is not an isolated case – similarly, health worries surrounded the implementation of 4G network³³. A generalization based on this can be made: conspiracy theories are continuously worried about new technological advances through spreading frequencies that have a negative effect on our health³⁴.

2.2. Exercise and warning mechanism

Although the exercise motive is often included in conspiracy theories as the government's *test run* for restricting people's freedom and preparing for economic destruction (Lee 2014: 65), this is not the only format of such a theme. Hansen and Nissenbaum describe *hypersecuritization* as constructing exaggerated threats with disastrous results – disaster scenarios, that form a sequence of threats and outcomes, yet no such scenario has never really been seen in reality (2009: 1157, 1164). This is what corresponds to Lee's findings: a common mechanism in disease news reports has been *cautionary* content, becoming visible, for example, via utterances by doctors worried about even *more deadly* or *contagious versions* of the disease, emerging in the close future (Lee 2014: 51). Such motive gives us a *warning* of the upcoming – usually flu – season and predict obscene number of infected people and deaths worldwide. Future scenarios are intertwined with calls for *better preparedness* (Lee 2014: 43), but also are insinuating new rules or a *new strategic era* (Lazar, Lazar 2004: 223). The cautionary motive goes hand-in-hand with the very same exercise motive, suggesting that the situation has been an exercise to know *how to* actually *be better prepared* in the future.

³² <https://lounaestlane.ee/uus-koroonahullus-inimesed-on-hakanud-havitama-5g-mobiilimaste/> (accessed 12.04.2020).

³³ <https://www.telegram.ee/toit-ja-tervis/4g-mobiilside-kiirgus-mojutab-aju-aktiivsust> (accessed 12.04.2020).

³⁴ Although this is already an insight to another research topic – technophobia

2.3. *Humour as a discursive mechanism*

During many epidemics, one common tool for achieving relief and peace of mind was – although relative in nature, depending on how the receiver perceives the circumstance – humour (Lee 2014: 110). Alternatively, Madisson has found that humour, including irony, is exposed in the last – falling apart – stage of an outbreak, where fear and seriousness of the situation have cooled down and no new explanations or origin stories are produced (2010: 232-233). Although, in many cases, humour is present throughout the disease outbreak and has the mediating role (refer above or to Lee 2014: 110). Our jokes, sayings, songs, stories and other means of expression work as a distancing tool (Goldstein 2004: 5) to express the disease’s distance and disassociation with ourselves and to assign “the disease to a group understood as distant” (Goldstein 2004: 6). This can be concluded in the previously discussed term *illness representations* (Goldstein 2004: 5) – the way humans structure their understanding of the disease. Such understandings and commentary are represented most extensively in ever-changing jokes and stories (Goldstein 2004: 6).

Lee brings an example of a friendly banter regarding SARS epidemic from his interviews. One of his interviewees had a roommate suffering from allergies and ergo frequent sneezing which usually triggered the interviewee’s banter, that started with “Ha ha ha: you have SARS”. Same with someone coughing. (Lee 2014: 95) “This does not [...] mean that the existence of jokes is a sign that SARS was not taken seriously. For when it comes to jokes about disease, the underlying reality [...] is always more serious, and often far darker, than the punch line” (Lee 2014: 117-118). Humour is just our natural reaction to stressful situations (Lee 2014: 113). Therefore, humour can be seen originating from two types of distributors: 1) individuals targeting individuals, 2) publicly figuring individuals or groups targeting a wider public.

Lee’s conception ties mediation strongly with stigmatization and labelling *of someone*, meaning that mediating the fears associated with a disease is the ultimate response to stigmatization, *while* being the one who belongs to the stigmatized group (2014: 110). Goldstein, while exploring the humour aspect of disease concerns on the basis of AIDS narratives (2004), found that the jokes about AIDS emerged soon after the first documented case in 1981, with early ones focusing more on the gay population and drug usage (Goldstein 2004: 6). The stigmatized group is the one to be the *topic* of the joke, not the initiator, as opposed to Lee’s statement. For example, as illustrated by Goldstein (2004: 6):

Question: Do you know what gay stands for?

Answer: Got AIDS yet?

It represents well the belief that gays are the main community exposed to AIDS, keeping the *distance* from everybody else. Based on this, it is possible to make two observations. As Lee's own example about the non-stigmatized creators of the TV show South Park and joking around SARS epidemic in the series also illustrates (2014:114):

- 1) Mediation, as disserted by Lee, can happen without labelling – humour is used by both stigmatized and non-stigmatized subjects (see examples above);
- 2) By expanding Lee's application of the term stigmatization to the whole health panic, a line between disease and stigma could be drawn – the topic (virus) itself is stigmatized and ergo humour is used to ease anxiety caused by it.

A virus spreading in 2009-2010 held three separate names over time: Mexican flu, swine flu and H1N1, each having the mission of being less offending than the previous one and avoiding stigmatization. However, they all gave material for humour. (Lee 2014:156-157). What Lee observed was that majority of jokes concerning H1N1 animal origins relied on puns and wordplays, presenting a less serious nature (2014:160). For example, via an analogy with medicine, so feasible to a disease discourse: "What's the difference between bird flu and swine flu? With bird flu the doctor gives you tweetments. With swine flu he'll just give you some oinkment" (Lee 2014: 160.). On the other hand, racist sentiments were rarely expressed in such way (Lee 2014: 160). Instead, racist innuendos were based on the fact that a person is of *a certain stigmatized race*. For example, one of Lee's interviewee's shared a joke that her ¼ Mexican housemate was ¼ responsible for swine flu (2014: 158), suggesting that there is a "strong correlation [...] between ethnicity and pandemic, such that a person who was only "¼ Mexican" could still be definitely associated with the H1N1 virus" (Lee 2014: 159).

Three joke motives, surrounding health panics, roll out from Lee's research. First type of jokes acting as *metacommentary* on public reactions to pandemics. They can, for example, appear in the form of hyperboles. The exaggerative character of such jokes forces its audience to become aware of the *backward nature* of public communication and *question* their understanding. (2014: 161) Among these is also what I consider a subtype of humour, more specifically metacommentary – a parody. Despite the fact that Lee defines parody as an antilegend to fight unwanted stories, highlighting their absurdities, their role still is to show information in a humorous light (2014: 174), and it is therefore justified to consider them among coping mechanisms, especially when created and spread by non-officials. By showing a known piece of art (it is not currently important which type of art or creation is it – be it a known song, novel or a movie –, what is important, is the context where it is situated and how it is altered in order to forward a new meaning) with

emphasized absurdities, the very same backward nature appears as a means of rethinking our own views. For example, not late after the international crisis of COVID-19, an Estonia's Eurovision song from 2017, Koit Toome's & Laura's "Verona", was parodied to "Lost in Corona"³⁵. This example is especially significant for two things. First, not only does Corona rhyme with Verona, but corona virus reports from Italy express a severely problematic situation. Second, altering a Eurovision song to describe the circumstance for which Eurovision 2020 was cancelled has an even stronger effect.

Another joke motive was found both in SARS and H1N1 stories, and is wrapping the entirety of the joke in one single relevant word – *OINK* or *SARS* –, commenting on the problem at hand. However, introduction into the joke comes from the outside, illustratively in the form of someone stating "I feel sick" or just coughing, and since it is setting the stage for the joke, is indeed part of it. (Lee 2014: 86, 159) COVID-19 is not that different, a short verbalization of *corona* is corresponding with the joke pattern from previous outbreaks. The last common motive is acronym and title appropriation. As Lee noted, SARS, AIDS, H1N1 all have been reworded at some point. SARS standing for "Saddam's Awesome Retaliation Strategy" and AIDS for "Another Idiot Dies Standing". (2014: 162) H1N1, however, is already visually perceivable as a slang term *heinie*, which led to associations with Heineken beer as *the official beer of*³⁶ H1N1 epidemic. (Lee 2014: 163) A similar shift of meaning has been observed in COVID-19 discourse where Corona beer is mistaken for corona virus³⁷ or is being mocked because of it, due to which the production of the beer is taken to minimum³⁸. Questions such as *One Corona, please* will be surrounded by a humour prism and acquire a whole new level of meaning to ease the stress caused by its namesake.

In addition, Goldstein has explored the humour phenomenon in children's limericks and games, acknowledging the difference in adult and children's approaches. A few adjustments in the common children's game made the tag line sound as "Tag, you've got AIDS". (2004:1) The fact that children experience "fears of infection, childhood obsessions with body part, fluids, and emissions [...] suggest[']s that AIDS would quite naturally be a focus of children's play." (Goldstein 2004: 2) What is remarkable is that in case of children, there is another motive of catching (or passing on) *cooties* – a term used to signify "something you caught and something

³⁵ Video available here: <https://www.facebook.com/162111721174824/videos/346668679596943> (accessed 30.03.2020)

³⁶ Declaring a brand the official beer of an event, place etc is a common claim by beer makers (Coors Light beer promoted as the "Official Beer Sponsor of Super Bowl XLIII" (Lee 2014: 164)

³⁷ See for example <https://www.aripaev.ee/uudised/2020/02/29/inimesed-ajavad-corona-olle-ja-viiruse-segamini> (accessed 31.03.2020) and <https://elu24.postimees.ee/6902130/vandenouteooriad-koroonaviiruse-kohta-seda-voib-tekitada-ka-corona-olu> (accessed 31.03.2020)

³⁸ See for example <https://maailm.postimees.ee/6941058/mehhikos-lopetati-koroonaviiruse-tottu-corona-olle-tootmine> (accessed 11.04.2020).

you didn't want to have" (Goldstein 2004: 2). A similar play element is noticeable in youth communication as well, including among Estonian youth. In an example observed during a multiplayer gaming session with teenage male participants a popular nursery rhyme – "The Alphabet Song" – was altered. Changes were applied after the letter G and resulted in "A B C D E F G, I just gave you HIV"³⁹.

Children's games should not be disregarded or ignored in this discussion. The topics that are embedded in children's stories, jokes or games, "suggest that an issue has truly taken hold in society" (Goldstein 2004: 5). The games children play, articulate "attitudes and understandings internally censored by their more mature adult counterparts" (Goldstein 2004: 5). The importance of this is revealed in all the epidemics mentioned in this thesis. The fact that all, including COVID-19, have caused an extensive chain of reactions in media, including social media, and everyday conversations in different forms, illuminates that the issues were taken seriously in a society. As Lee described the SARS situation: "For a frantic few months, the virus was everywhere. Even when not physically present", its name and economic effects were (Lee 2014: 1, 22). An article published on *ERR* sums this up – *corona virus is most contagious via social media*.⁴⁰ It is not the virus itself, but how fast the information – including fake news, rumours, jokes, alternative theories – travels, where it travels, and what means are used.

This chapter was a search for the answer to the second research question: which discursive mechanisms, rhetoric tools and themes can be identified as characteristic to the construction of a health panic. The answer lies in the given overview of three main coping and structuring mechanisms that are represented via discursive mechanisms that can be applied to COVID-19 health panic. First, vilification and victimization mechanism, that is formed via polarization between those who are to be blame and those who are acting as heroes or being forced into the victim role by the threat. Two roles are apparent – the *they* who have the active responsibility to make decisions (in case of a health panic, maleficent or *criticised* decisions that are not eliminating the problem) and the *we* who have been passively, without choice, pulled into the discourse as

³⁹ There are not that many good references to such alteration, but it can be seen for example in 9gag community also in association with video games: <https://9gag.com/gag/ao1DML3/a-b-c-d-e-f-g-i-just-gave-you-hiv> (accessed 01.04.2020)

⁴⁰ <https://www.err.ee/1058784/marju-himma-koroonaviirus-nakkab-cestis-koige-rohkem-sotsiaalmeedia-abil> (accessed 08.05.2020)

victims and heroes. Techniques, such as criminalization (for example via explicit statements – *they are criminals*), technification (verbalizing the need for expert knowledge and giving it out, criticising past decisions) and repetitions to highlight these characteristics by each layer of a repetition. Part of this polarization is considered stigmatization based on origin of the disease – geographically dependent othering (orientalization), animal origin and evil or man-made origin. Second, exercise and caution mechanism, which is represented via devastating future *scenarios* and *warnings* – the current situation has been a *lesson*. Third, humour as a discursive mechanism, where coping with anxiety and the backward nature is highlighted via metacommentaries, short verbalizations or appropriations. Ironically, the very fact that such humour, including in children’s conversations, is surrounding a phenomenon, gives reasons to believe, that it is taken seriously.

3. HEALTH PANIC MECHANISMS IN COVID-19 DISCOURSE: THE ANALYSIS

COVID-19 was first identified in Estonia on the 27th of February 2020⁴¹. The numbers started gradually increasing and a noticeable tendency was the corona virus infection in people returning from Italy, which led to a chain of infections in Saaremaa after hosting a volleyball game with an Italian team on March the 5th⁴² and closing of the first school on March the 6th due to a corona virus infection in a student who had been attending the school for one day⁴³. On March the 12th, the Republic of Estonia Health Board (*Terviseamet*, TA) evaluated the local spread of the virus as *high*⁴⁴, until then it was mostly recommended to stay in a 14-day voluntary quarantines after arriving from foreign countries. On the same day, March the 12th, Estonian Government declared the state of emergency in order to stop the corona virus spread in Estonia, implementing various restrictions to movements, institutions and businesses⁴⁵. Based on the data gathered by the Republic of Estonia Health Board, Saaremaa and Võru became the most infected counties in Estonia (according to infections per 10 000 people). Additionally, highest number of infections per day were identified the first couple of days in April. The infections per day started noticeably decreasing around the 19th of April.⁴⁶ On the 22nd of April, the government of Estonia published a

⁴¹ <https://www.terviseamet.ee/et/uudised/ceestis-diagnoositi-esimene-covid-19-haigusjuhtum> (accessed 15.05.2020)

⁴² <https://sport.err.ee/1067323/saaremaa-vorkpallur-meeskonnas-nakatus-viis-voi-kuus-inimest> (accessed 15.05.2020)

⁴³ <https://www.terviseamet.ee/et/uudised/koroonaviiruse-diagnoosi-saanud-tallinna-opilane-kodusel-jalgimisel> (accessed 15.05.2020)

⁴⁴ <https://www.terviseamet.ee/et/uudised/terviseamet-koroonaviiruse-kohapealse-piiratud-leviku-risk-ceestis-korge> (accessed 15.05.2020)

⁴⁵ <https://www.valitsus.ee/et/eriolukord-eeestis> (accessed 15.05.2020)

⁴⁶ Visualised data available here: <https://www.terviseamet.ee/et/koroonaviirus/koroonakaart> (accessed 15.05.2020)

plan for gradually easing restrictions.⁴⁷ The state of emergency was initially planned to end on May the 1st, but was extended until May the 17th 2020.⁴⁸

What had been repeatedly emphasized in media all over the world as *new*, continued in Estonia – *the novel corona virus* (see for example Itaalia kogemus: koroonaviiruse... 2020; Konstabel 2020; Peterson 2020). Epidemics have been seen before (swine flu, for example), so it seems that illness itself is the issue and scientists will resolve it soon enough (see for example Arjakas, Maran 2020). Inside this COVID-19 discourse, however, are hiding whole different topics and bigger problems. Alternative-conservative media is using this situation to, for example, criticise the freedom of *killing children*⁴⁹ (Juhtkiri: korraliste operatsioonide... 2020), gender-related topics as they have been *generating new gender identities*, but in the state of emergency this unnatural- and unreasonable *house of cards* will collapse (Juhtkiri: tänane kriis... 2020). Politicians explain in the light of COVID-19 crisis, why capitalism does not work and why “we all [European countries] need to agree to give up part of our sovereignty for the sake of a common goal [fully functional European Union]” (Toom 2020). A correspondence to Cohen’s three contradictive (and therefore tricky in nature) discursive formula (described above) is therefore seen in the COVID-19 health panic, too.

The discourse has included a great number of articles forming a health panic, out of which a considerable number is in the sample of this paper. Keywords, such as *panic* or *threat* (see for example Pärn 2020, Tiit 2020,), even *life-threatening* (see for example Reisenbuk 2020) and *killing* (see for example Toom 2020), *death* or *deadly disease* (see for example Lehtsaar 2020); together with *dramatic scenarios* (Mihhail Kõlvarti kiri... 2020), *medical catastrophes* (Kostenko 2020) and a *very, very, very high risk* (Kallas 2020a) contribute to establishing the foundation for the health panic rhetoric. The *anxiety* in the discourse is showing in articles revealing concern for mental health (see for example Konstabel 2020, Kalaus 2020) and acknowledgements, that worry and anxiety about the health crisis, indeed, is heightened. This is motivating criticism and hostility towards decision-makers, in this case Estonian government, Republic of Estonia Health Board and the World Health Organization, which is among others manifested in holding someone personally responsible. For example, TA’s emergency medicine department director Martin Kadai is the “Corona virus representative in Estonia” (Tammepuu 2020a) and the WHO’s leader Tedros Adhanom Ghebreyesus is a *revolutionary democrat*, whose cooperation with China and corruption leads to *killing people* (Kallas 2020b). Such health panic construction has not been unnoticed.

⁴⁷ <https://www.err.ee/1080848/valitsus-avalikustas-piirangute-leevendamise-kava> (accessed 15.05.2020)

⁴⁸ <https://www.err.ee/1082077/valitsus-pikendas-eriolukorda> (accessed 15.05.2020)

⁴⁹ Abortions

Authors of opinion stories have expressed their concerns over how this disease is being represented as a health panic: “[...] feels like corona death is everywhere. It is not actually” (Lehtsaar 2020); “[...] if we go along with the panic [...]” (Sutrop 2020). Some have tried to relieve this panic, by acknowledging anxiety as a natural reaction, but also understanding that we ourselves create fear that now needs to be overcome (Alender 2020).

The final chapter in this thesis is looking back at the theoretical starting points approached earlier to analyze the COVID-19 discourse based on the described material. It has firstly answered more specifically to a question of how can COVID-19 discourse considered as a health panic. Secondly, it analyzes the concrete rhetoric and mechanisms – vilification and victimization, exercise and caution, humour – identified in the research material, taking into account the earlier theoretical synthesis and approaches the material in its individuality in order to identify the concrete devices that are being used in COVID-19 discourse, answering to the third research question: how are the discursive mechanisms and rhetoric tools used in the COVID-19 discourse in Estonian media?

3.1. Vilification and victimization

While close reading the research material, the most prominent theme revealed, was polarization, at least on some level – it can be expressed (and usually is) through criticism towards Estonian government, Republic of Estonia Health Board and WHO (see for example Kalda 2020, Pruunsild 2020, Kallas 2020b), criticism towards China (Kallas 2020c), but also the citizens of Estonia (see for example Parksepp 2020,) and media (see for example Kõnnusaar 2020, Joller 2020). An outstanding basis for blame in COVID-19 discourse appeared to be the Italy-Estonia volleyball match, hosted in Saaremaa at the beginning of March. By then, it was already known that corona virus has reached Italy. Columnist Tarmo Pikner is being straightforward and confirming that indeed they were *stupid* in Saaremaa (Pikner 2020), and many agree: “taking *preventative* actions, it would have been possible to *avoid* the Saaremaa volleyball match and a larger outbreak.” (Puusild 2020); “[...] the emergence of the outbreak in Saaremaa could have been *prevented* and *avoided*.” (Tiit 2020). The structure of these statements is strongly based on prevention and avoidance. Not succeeding in those, is an often-emphasized aspect in reproaching the government.

“[...] but now it is too late – islanders⁵⁰ are *cooking in their own corona juice*” (Pikner 2020). With the *own corona juice* metaphor, Pikner is putting some of the blame on islanders themselves – it is *their own* fault, that the measures were not taken. Not all has to come from the government and every local municipality can evaluate the risks and make decisions, which, as seems, was not done and a lot of the responsibility in this decision-making was put on the Republic of Estonia Health Board and government. As a parallel, an example about the role of European Union is suitable. “At the same time, European Union, as a union of countries, has been like a *chicken*” (Juhtkiri: üksikul saarel... 2020); “European Union must also work in *bad weather conditions*, but it *failed in the pandemic exam* [...]” (Stoicescu 2020). The main problem illustrated is the lack of help from the European Union, while all members had to come up with their own strategies – the union was not unified. Instead, it acted like a metaphorical *chicken*, running in different directions. While the need for unified plan can be understandable, once gain the problem of responsibility is surfacing from this rhetoric – all responsibility landed on individual countries. This has given Russia and China the opportunity to demonstrate their form of governance as strong (Stoicescu 2020), adding an information war dimension to the health panic.

Such reproaching is, however, not necessarily given away right away and was often found masked in **technification** – expressing the need for better expert knowledge and suggesting what *should* be done. Raimond Kaljulaid, member of the parliament from Social Democratic Party (*Sotsiaaldemokraatlik Erakond*, SDE), expressed concerns before the declaration of the state of emergency about meetings and school lessons *still* happening in immediate contact, and offering recommendations to take initiative for streamed lessons, trainings, meetings, even though government had not insisted on it yet (Kaljulaid 2020). He is strongly emphasizing individual responsibility in the crisis, because as he put it:

I have no faith, that this government could offer sufficient leadership in a crisis situation. They have not been able to do it the whole last year during a very calm and good period. Believe me, in the current crisis, this team is totally incapable of defending us. Only thanks to Estonia’s good and strong healthcare system, and experienced and clever civil service, and the people who work there, will Estonia carry through. If the spread of the virus increases significantly and the number of severely ill increases exponentially, Ratas and Kiik cannot do anything else besides justifying and apologising. (Kaljulaid 2020)

Blame and strong negativity towards Estonian government is emphasized in their capability to only *justify* themselves and *apologize* for their actions. While Kaljulaid’s rhetoric is staying rather general and leaves room for everyone’s own interpretation, what the matters actually are, physicist Jaan Kalda, brings more details of what has been missing: “looking at the government’s behaviour,

⁵⁰ Residents of Saaremaa island

it seems like the spread of the virus has not been modelled with contemporary means available in Estonia” and their communication gives reason to believe that they wanted to be relieved from the responsibility (Kalda 2020). The fact, that our leaders, including healthcare leaders, have not been doing their job well enough, is shown for example in *stupidity* and *sense* (Pikner 2020), *prevention* and *reacting retrospectively* (Pruunsild 2020) rhetoric. But it also takes a step towards criminalization and spiritual extremism in *Objektiiv – criminal negligence* (Vihuri 2020), *criminal denial* (Kallas 2020b), *embodiment of evil* (Kallas 2020d). While extreme vilification is showing most in alternative media, it is not only partial to it: verbalizing the protection of personal data as *life-threatening* (Reisenbuk 2020) and stressing a *killer* role (Toom 2020) can clearly be considered among the same tactics – concluding in criminal danger to life.

While the danger can be caused by the illness itself, the previously discussed danger is often associated with a maleficent actor. In COVID-19 discourse, a popular tendency is to construct **the impression of a war environment**, where those actors play the role of the enemy: “And in general: fights in the family can be allowed perhaps during *peace*, but not *in time of war*? At the moment, we should all have one *common enemy*?” (Pärn 2020); “The human psyche has a hard time adjusting to a situation, in which serious restrictions, in terms of Estonia, are being applied against an *invisible enemy*.” (Luik 2020). Whenever there is an *enemy*, there is a need to *fight* with it. Although *fighting* metaphor has been commonly used in medical context (fighting with a virus), together with constructed war environment, even *fighting with corona virus* (Sutrop 2020) is rather helping to construct an enemy, than deal with the problem itself. But how is this *enemy* dealt with? There are certain types of *heroes*, who have been without consent found themselves *on the frontline*: “We have doctors and kindergarten teachers, shopkeepers and police officers *on the frontline* who often do not have protective masks.” (Konstabel 2020), “The Estonian Defence League is *on the frontline*” (Luik 2020). Since these *frontliners* are often found in such position due to their professions that are now most needed in the crisis, their hero status can be seen mixed with *victim* status – and often without protective equipment as emphasized by Konstabel (see above), suggesting that they are sacrificing their own health for others’.

From those war and victim motives, a basis to stress **the role of freedom** appears – “at the time of an epidemic we *cannot talk about freedom*: your freedom to go to a concert may *kill* someone” (Toom 2020). In most cases – freedom is not actually endangered, but the question of freedom is mitigated through the fact that we all must give away part of it for the bigger goal. Yana Toom’s view is an interesting example, how through the current COVID-19 crisis and freedom question, she is stating the exact same thing in a larger context: giving away our sovereignty for a bigger goal in the European Union (see above and Toom 2020).

The freedom rhetoric together with restrictions and limitations (see for example Ginter 2020), even the possibility of those, and “when the rulers are keeping silent or forwarding contradicting messages and experts are being discredited, conspiracy theories, self-healers and alternative facts flourish” (Lindström 2020). Indeed, clarity in government’s messages has been identified as problematic (see for example Juhtkiri: *väga selge...* 2020) and ambiguous information about state of emergency can provoke many alternative theories, because with the state of emergency it is possible to:

[...] oblige the vital service providers to provide the needed services to help resolve the emergency situation or restrict providing some of the services because of it. These services [...] can be mobile phone service, data service, electronic identification and digital signing, phone service, electricity supply, natural gas supply, liquid fuel supply, water supply and sewage etc. (Ginter 2020)

Moreover, the following of movement restrictions or solving other problems can be assured by the military (ibid). As stated in the example, these are all *vital* for people and restrictions, especially when not communicated properly, can be seen to provoke many fear-induced conspiratorial narratives about strict control and *Big Brother regimen* (Kostenko 2020) narratives popularized by dystopian stories.

Origin-related vilification and together with that alternative knowledge, based on man-made, geographical or animal origin, is however not that explicitly represented in the current sample material – distancing from most such theories is perceptible. Nevertheless, the fact that many articles mention either of the three types of origin problems in general, being part of the discourse, is a confirmation, that in COVID-19 health panic, they carry an important role. **Othering based on geographical positioning**, has been recognized in the discourse in various forms. For example, as the disease itself being far away from *us*:

Corona virus arrived in Europe on January the 25th according to WHO. It was broadcasted in media already at that time, but the general feeling was, that it is a problem very far away from us, somewhere in the corner of China, that does not affect our everyday life much. (Pruunsild 2020)

When Pruunsild is referring to a positioning based on long distance between Europe and China, then some other authors have assembled together a geographical signifier and *virus: foreign virus* (Kallas 2020e) *Chinese corona virus* (Kallas 2020f; Sakkov 2020) and *Wuhan virus* (Sakkov 2020), stigmatizing the country, city and people. Having used the geographical othering in his own rhetoric, Kallas also describes a situation in the USA that can already be considered as a result of such choice of words:

There have been more specific reasons behind the increased gun sales in some areas. For example, in the states of Washington and California, where the Chinese corona virus hit the USA first, guns and ammo were bought by Americans of Asian descent, who were afraid their lives may be in danger due to the association with China. (Kallas 2020f)

As the example above shows, a certain kind of rhetoric is not just a way of describing events as *far* or *somewhere else*, but has evoked a reaction of fear among those who can be associated with those places. The fear is not just felt *by* the stigmatized, but also fear *towards* the stigmatized is recorded in Estonia. An example was brought earlier about hotel guests from China, who preferred staying in their hotel room, perhaps more than the personnel thought is normal. Karmen Joller, a general practitioner, has expressed strong criticism towards Estonians' own knowledge and distrust in expert knowledge, which, too is shown in the hotel incident: "What happens then, if people start abundantly calling the ambulance, because an almond-eyed hotel guest prefers to eat breakfast in their room?" (Joller 2020). Geographical othering has, therefore, shown its effects towards real-life people, who feel stigmatized themselves and towards who others are being discriminating.

The zoonotic nature of the virus is confirmed as the official knowledge – "now we know that it got to humans from bats." (Tammepuu 2020b). As Seen from Sven Sakkov's article, the usage of *Wuhan virus* is contributing to the stigmatization of everything Wuhan or Chinese. His tactic is continued later on in the discussion over its more specific origin: "[...] the most plausible *incubator* for the human-infecting virus was the exotic live animal market in Wuhan." (Sakkov 2020). Generally, incubating is a deliberate process to help something or someone grow. In the example, such growth is now explicitly tied together with Wuhan and its animal market, leading to negative connotations, contributing to the geographical othering.

In regards to man-made origin, on the other hand, journalist Justin Petrone uttered that "The number of deaths is continuously growing, conspiracy theories are constantly spreading. Some are convinced that there is no way this virus spread to humans from bat soup or snake stake with such speed" (J. Petrone 2020). While his writing includes a bit of humour in the way the zoonosis is described (*bat soup* and *snake stake*), the issue analyzed next, is man-made and conspiratorial origin. This aspect is represented in the sample rather as a *mediation* – here, it is meant as mediating someone else's views and theories, rather than the authors own. The statements, such as "conspiracy theories are constantly spreading" (J. Petrone 2020), "And to finish these thoughts, a couple of conspiracy theories" (Sutrop 2020), and dilemmas about how many posts about conspiracy theories should be allowed in a corona virus Facebook group (E. Petrone 2020), give reason to suggest that media is aiming to not publish any beliefs and alternative

theories seen as true. However, as Epp Petrone showed, this is not the case in social media and conspiratorial plots surrounding COVID-19 are hiding in private channels, causing aggressiveness – *mud wrestling grounds* and *keeping the front* (E. Petrone 2020) are just a few examples suggesting the damage of alternative theories in COVID-19 discourse. The theory mostly mediated concerns the *man-made origin* by the *Chinese* – a biological weapon (J. Petrone 2020; Lehtsaar 2020; Velmet 2020), but have also been seen spread by official Chinese sources as bioweapon made by the military of USA to harm China (Sakkov 2020). While a science historian Aro Velmet has noted that such theories are found in far-right channels (Velmet 2020), this cannot be said about *Objektiiv* in the extent of the research sample.

In dialogue with *technification*, is often **an attempt to disclaim**, even justify, what is about to follow. The disclaimers tend to introduct the writing by describing the arguments that would suggest not to write the article. „*Later knowledge* does not belong with the *well thought of qualities*. But unfortunately [...]“ (Tiit 2020), „At first I must *admit to myself* that it is too early to *give judgements* and *make predictions*. [...] By *risking* being *barraged* by the *later knowledge experts* in the future, I will nevertheless take on the task of making predictions.“ (Sakkov 2020). The examples show an explicit usage of the format – I am *not* / I should *not*, *but*... – that is not new in public communication⁵¹. It tends to behave as sort of a legitimation tactic in order to acknowledge that something, be it the following article, may *seem* wrong, but it *actually is not* and the author has a reason to believe it *must* be spoken about in the chosen format. Emphasizing *later knowledge* at the end of the article (Vasar 2020) or in the middle (Pikner 2020) can have an analogous effect. A similar legitimation tactic is seen with explicit blame attribution as well:

It can be speculated, that “now is not a good time to look for culprits and “would be” is not much of an argument”, but correcting the mistakes – and there has been an insane number of crazy mistakes during today’s corona virus pandemic – starts with acknowledging them and identifying their cause. The sooner this kind of introspective is held, the healthier. (Kallas 2020b)

Here, it is important to notice that the author is openly admitting blame attribution, but explaining, why it actually *should be* done, while all other opinions state otherwise. The last example is showing strict and emotional opinion towards wrong-doings in the COVID-19 crisis. Through adjectives *crazy* and *insane*, the author has the possibility to expresses his views about the ones making the mistakes and therefore decisions – only an *insane* person could make those decision that lead to *that kind of mistakes*. The difference between the current example and the previous

⁵¹ See for example a discussion regarding the hatred environment, that provoked the use of „I am not a racist, but...“ phrase during the refugee crisis in 2015: <https://www.err.ee/537645/triin-toomesaar-ma-ei-ole-rassist-aga> (accessed 08.05.2020).

ones lies also in the fact, that the latter is published on alternative media. *A priori*, it is expected to find stronger legitimating statements from *Objektiiv*. A tendency I would also dare to call legitimization, is identified in *Objektiiv* via other means – adding factual data. One such method characteristic to *Objektiiv* is presenting two kinds of names of the virus – corona a.k.a. coronary⁵² virus, or just the alternative term alone (see for example Kallas 2020b, 2020d, 2020g, 2020h, 2020i, 2020j). However, seeing this tendency being represented only in Kallas’ articles, it can be speculated, whether this is the author’s individuality, which draws attention from the current focus area. On the other hand, Parksepp from *Eesti Päevaleht*, too, has presented factual information: “Corona virus is *more than thirty times more life-threatening* than the flu, but even around *half a hundred* people die of flu in Estonia every year.” (Parksepp 2020). The usage here is statistical and Parksepp is aiming to draw the attention to the seriousness via the usage of numbers – the flu kills half a hundred (not 50, but half of 100, choosing the higher number) people and the current disease is more than thirty times more deadly than the same flu that is already deadly enough. Unfortunately, any references to the sources of such numerical values is missing, insinuating that the reader must trust the data provided by the author of the article and keep in mind:

My sister’s life and health depend, of course, on herself and how well can she cut herself off from the world, but also on you. Not only during the corona virus spread, but during any kind of virus season. Washing your hands is not a matter of fashion and you need to think about the health of vulnerable people even when your own life is not in danger. (Parksepp 2020)

Parksepp is similarly to Kaljulaid emphasizing everyone’s individual responsibility, but the chosen tone and rhetoric carries more aggressive and accusatory connotations for and about the reader than Kaljurand’s. The reason for this kind of difference is quite obvious, though – Kaljurand did not so much blame the people of Estonia, but the government, Parksepp, on the other hand, is and is showing every individual reader a verbal picture of the more vulnerable people among the healthy.

The chapter concentrating on the polarizing mechanism of COVID-19 has shown that the largest force behind the health panic construction is identifiable in blame attribution, vilification, stigmatization and proposing better expert knowledge. The threat was often constructed through specific rhetoric – the proportion, the statistical data, explicit usage of *threat, killing, panic, criminal, evil* etc, balanced out by the *victimized – us*, the ones who are being involuntary included in the situation. The victim status becomes even more apparent through the illusion of war, in

⁵² While such term was not found in English, *Objektiiv* is often writing about *koroona- ehk pärgviirus* or just *pärgviirus*.

which frontline fighters sacrifice their own health for the sake of others. This *life-threatening* crisis, on the other hand, gives a lot of material to *learn, do better in the future* and *avoid dramatic scenarios*.

3.2. Exercise and warning

A popular trend in COVID-19 discourse is **referring to a training, lesson or an exercise**. The virus is even *testing* us in many areas (Bahovski 2020). Such recognitions are followed by *hypersecuritization* – *warnings* of future outbreaks “because there will *definitely* be another epidemic one day” (Tiit 2020). The need to avoid “*dramatic future scenarios*” (Mihhail Kõlvarti kiri... 2020) has been in many cases expressed as early as in the title. Starting from articles with no other indication about the contents: “The *lesson* of a small virus” (Hektor 2020), “*Lessons* of the corona virus” (Tiit 2020); to titles that provide a bit more insight to what is going to be discussed, either by adding another verb or some other contextual signifiers: “The *lessons* of *fighting* the corona virus” (Pueyo 2020), “The corona virus *teaches*: Türi should *become the capital city*” (Kivastik 2020), “The corona virus is a *training* for *preventing* more dangerous pandemics” (POLIITIKAGURU) Koroonaviiirus on... 2020); or even to a title with a clear demarcation about what is the central issue in the following article through not the above mentioned keywords, but leaning on COVID-19 as the *demonstrator* and therefore someone who shows or teaches how something has to be done: “To kill – or to kill? The corona virus *demonstrates*, why *capitalism does not work*, but *regulations do*” (Toom 2020). The previous examples all originate either from *Postimees* or *Eesti Päevaleht*. One exemplary title could be highlighted also from *Objektiiv*: “Today’s crisis *proves* the uselessness of the European Union” (Juhtkiri: tänane kriis... 2020). Similarly to Toom’s, this example is approaching the exercising mechanism through a different keyword – proving. While being proven something, a lesson is learned and knowledge is refreshed. In other words – we *learn* the uselessness of the European Union.

While previous examples did not have that *specific* references to caution yet, a noticeable trend of **giving warnings** is revealed through *experiences* in other countries. For example, titles containing “Italy’s experience” (Itaalia kogemus: koroonaviiiruse... 2020) and “Corona experience” (see for example Kostenko 2020) are the first give-aways of such theme. The warnings from other countries attempt to look into the future based on something that has already happened

elsewhere or is giving the grounds to make those conclusions. Doctor Luca Lorini from Italy is describing the average patient profile as being “[...] younger than before, 40-45-year-olds, and also the cases are more serious”, Pierluigi Lopalcois, a professor in Pisa university, is confirming this by admitting that “Although it is initial information, it is a *fact*, that more and more young people are in the hospital and in the intensive care compared to the *first wave*”. (Itaalia kogemus: koroonaviiruse... 2020) Here, as a reader, a question arises about what is considered a second wave – the interviewee in the article is already talking about something that is being compared to the first wave, so what is considered the first wave? How is it demarcated? As a comparison, the second wave has not, in common knowledge, yet arrived, but is expected to arrive in the autumn⁵³. I suggest the strategically placed keyword in Italy’s experience is *wave* as something overwhelming that is already here. While it is common practice to refer to the autumn scenario as a *second wave*, the premature usage draws a lot of attention. On the other hand, there are authors who prefer renaming the separately distinguishable waves as *tsunamis* (Vasar 2020) instead to emphasize the *proportion* more.

Another theme in *corona experience* articles, is **overviews of the life in foreign countries**, their state of emergency tactics and lockdown practices, mainly represented in *Eesti Päevaleht*, though. Daria Kostenko (2020) writes about surveillance of the ill in Israel, that “Looking at Israel, we can get a general idea, which *harsh* measures are soon *waiting ahead* everybody else. [...] It is possible that their “today” is Estonia’s and other European countries’ “tomorrow””. The warnings are not so much about the disease or epidemic scenarios, but rather about what kind of *Big Brother regimen* (Kostenko 2020) control and restriction measures are *possibly* implemented in Estonia. Previously analyzed conspiracy theories are getting more legitimation and can therefore find its roots in cautionary articles, through explicit mentions of *surveillance*, anti-terrorism technology, *Big Brother regimen*, something *harsh* being our *tomorrow*. “Perhaps we manage to escape from this *horror* with smaller losses”, debates Yana Toom, “That is why it is important to stay at home when possible. [...] a social pastime can at some point kill an elderly. You will be a *killer*, without even noticing it.” (2020). The attempt to show how we can succeed better in this crisis (than the rest of the EU, whose *horrors* are already seen) is obvious. The choice of words – *horror* and *killer* – no doubt should not leave anyone indifferent.

Another method catching readers’ attention, is **statistics** at the end of the article. While in some cases the relevance can be justified via the topic of the article, for example “There are at

⁵³ See for example: <https://www.err.ee/1086566/kadai-on-voimalik-et-viiruse-teine-laine-on-nagu-tsunami> (accessed 11.05.2020)

least two kinds of corona viruses” (Kallas 2020k), where the author can add statistics for contextual reasons: “Corona virus cases are close to hundred thousand and deaths close to 3300. The disease has reached 70 countries, including Estonia” (ibid). Others provoke the keen reader to ask, what is the aim of these statistics, that is changing every day and can be looked up from live and official sources. For example, in “Corona crisis has decreased the carbon dioxide emissions by fourth in China” (Kallas 2020l) the following paragraph of statistics is presented at the end of the article: “As of February the 24th, there are 79 574 confirmed cases of corona virus infections. 11 569 of them are considered serious. 2629 deaths have been associated with the virus, including 35 outside Chinese mainland.” (ibid). On the other hand, Jüri Luik is stressing, that in this crisis situation, everyone is afraid of Northern-Italy (or rather how the same could happen to us), so writing about how many deaths were registered over the past days (Luik 2020), is again adding to the statistical panic, from which Estonia should *learn* from if we do not want similar scenarios.

All that has been *learned* from our own *experience* and others’, *conclusions* should be made (Vasar 2020):

The learned lesson must kick off cooperation between scientists and during the catastrophic spread of the infection, the component of human behaviour has become apparent. It would be reasonable to be more prepared than in the spring-winter of 2020 if something similar was to recur. (Vasar 2020)

Sadly, “We did not learn from SARS. Perhaps now we do.” (Sakkov 2020), because many authors have found that this is not going to be the last of such catastrophic viral outbreaks. All what has been learned from handling COVID-19, should now be taken as a *lesson* to be *better prepared* in the future – “A lesson is clear [...]” (Juhtkiri: üksikul saarel 2020). In those learning theories, dissatisfaction or learning from *mistakes* is implicit. At the same time, we may not be able to wait for this better preparedness. Academic Tarmo Soomere uttered, that although our civilization will probably be fine at the end of this crisis, we need to take into consideration a pretty long time, when *life is different* and we need to live in a *completely different situation* than before (Kallas 2020m). Quite a similar statement has been noticed being verbalized by Martin Helme, vice-chairman of The Conservative People’s Party of Estonia (*Eesti Konservatiivne Rahvaerakond*, EKRE):

The world as we know it will actually stop existing in front of our very eyes. Before our very eyes, the way the world as we know it functions, both economically and all those topics, that were important – everything is different. It can be very frightening. It does not mean that we will have some sort of giant cataclysm or the end of the world, but the post-cold war global era will end before our very eyes, and during the next months, very important changes, very big changes, after which we will live in a completely different world, in a completely different Estonia, will take place. (Vihuri 2020)

Both examples were drawn from *Objektiiv* and, based on the sample used in this paper, characteristic to alternative media. Strong declarations regarding huge and important changes, different life, the end of the existing world and – what is exceptionally emphasized in Vihuri’s article – all happening *before our very eyes*. Indeed, rhetoric on such large-scale changes, concerning our whole country, world, life does sound *frightening* and although it is *not the end of the world*, the description rather constructs an image of dramatic future. A changed world can be seen as a *new world* in the NWO context, but it does not necessarily mean that the conspiratorial way is what Helme had in mind – in general, there are different contexts in which a changed world is discussed. Although changes discussed in the NWO context would be, no doubt, in conflict with conservative values, and would contribute to the emergence of fear in COVID-19 health panic.

Learning, training, exercising for the potential *future events* and changes, however *dramatic* or *catastrophic* they may be, is an argument seen widely in structuring COVID-19 discourse. Health panic, such as this one, is believed to recur and if we did not learn from the past, then perhaps we learn from the current crisis (and from the mistakes that were made) and from other countries’ experience. But while the crisis is still ongoing, we need to find ways to cope with it, too, both individually and collectively.

3.3. Humour

Like other diseases, COVID-19 crisis has provoked the usage of humour. Estonian media tends to cover corona virus developments all over the world – same with our neighbouring country Russia, whose media and overall atmosphere is exhibiting two trends regarding corona virus outbreak – panic and denial, while the general public prefers to look at the epidemic through humour (Kuzitškin 2020). Andrei Kuzitškin, a columnist for *Postimees*, claims that when Russians laugh, then it means that their attitude towards the situation is *as serious as it can be*, but they just do not know, *how to handle* or overcome it (2020) – a recognition of a coping mechanism by the author. Anecdotes about discount holiday trips to China for men who are annoyed by their mother-in-law, laughing at Batman, who is supposedly the USA’s secret weapon in their face off with China (Kuzitškin 2020) and so forth. The construction of the *other* to keep distance is a joke tactic, too, but serves a different purpose: “[...] if you’re afraid to [...] fall victim to the *Chinese flu*, then remember that laughter is the best *remedy for fear*.” Humour, in any format, is encouraged *to cope*

with fear – not only in Russia, in Estonia, too, after all it is published in Estonian media by the local columnist – and the analogy with medicine is highlighted to bring relief to a *disease* (of fear). Here, another mechanism of technification is blended in via a suggestion to joke about stressful situations and laugh. While the suggestion is positioned in the public category of humour, the call-to-action is extended to the individual – *you* should remember that laughter is the best remedy.

Humour mechanism is outstandingly (and explicitly) used via **dark humour and metacommentary**:

A bit of dark humour to the end: economists have been complaining for years that the population is aging. A virus killing selectively the elderly seems to be a great device for solving this problem. Perhaps the corona virus can even save the retirement system that is inclined to collapse? (Tiit 2020)

Tiit seems to not want to give out her concern for a general problem in our society (at first), describing the role of epidemic models and probability in the corona virus discourse. Although, in the last – dark humour – paragraph, she is taking a leap and draws the readers' attention to the emotional issue anyway by forming sort of like a metacommentary on the care and future of our elderly (or the lack of it), which is shown even in the way the pandemic is being handled. The critical nature of the article is not just about the outbreak and what should have been done, but the satirical joke is provoking to think beyond it. Satirical metacommentaries are continued in Andrus Kivirähk's (2020a; 2020b) opinion stories in *Eesti Päevaleht*, highlighting the ridiculousness of the events and changes.

[...] but then Toots arrived, holding a hot fire hook and a pair of fire tongs, and locked the sacrist in the sauna. Now walking around and explaining with a crudely voice: "Well he is from the risk group! Over 60! Let him sit in the quarantine!". Arno can hear the sacrist calling for help from the sauna while hitting at the door with the water bucket. Toots has climbed to the roof and is pouring a basketful of potatoes into the chimney, while acclaiming: "The elderly must be fed! But contact-free! So that they don't get the infection!". (Kivirähk 2020b)

The example above is a parody of a famous Estonian novel, imagining the characters and their life during a corona virus outbreak. Toots, being the trickster in the story, is still continuing his pranks in the light of the need for isolation, especially of the elderly. The whole story is showing drastic and ridiculous changes caused by the outbreak: Arno cannot express his feelings anymore, because his "[...] mood is ruined. All those beautiful thoughts have been wiped from his head. He has nothing to say to a Teele like that [wearing a surgical mask⁵⁴]" (Kivirähk 2020b), the old drunkard Lible, who just returned from the bar, is "being used for disinfecting hands" (Kivirähk 2020b).

⁵⁴ My specification – K.P.

At the beginning of COVID-19 panic, people had the tendency to overstock on everyday necessities – toilet paper being the example that has gotten the most attention, together with the people who took part in the *toilet paper panic* (Toomsalu 2020). Such ridiculing of toilet paper panic is being one theme that has been present in both *Postimees* (see for example Toomsalu 2020) and *Eesti Päevaleht* (see for example Kivirähk 2020a). Another type of metacommentary function can be recognized in this. The representation of overstocking on toilet paper exhibits extreme examples: “Now the walls of the panickers’ gold chambers are bolstered with toilet paper rolls from floor-to-ceiling and there are stocks for a long time coming.” (Toomsalu 2020),

“Exactly! We are going to wipe our butts! I bought thousand rolls of toilet paper! I bought the whole store empty!” And oh, that dancing, cavort and screams of joy, that is being erupt because of it! Cheers to the state of emergency! (Kivirähk 2020a)

The exaggerative and satirical feeling is achieved by attributing a treasure-like quality to toilet paper – an otherwise mundane product –, that in turn provokes the readers to rethink their own perception. The difference here is that Toomsalu is illustrating the toilet paper panic from the environmental perspective – probably almost everyone paralyzed by the panic had worried about our forests and environment at some point over the past couple of years, but ironically now “each and every one of them was basically a *harvester moving on two legs*” (Toomsalu 2020). All the while Kivirähk is, too, acknowledging the irrational nature of the toilet paper panic, but in the context of the state of emergency: we do not know how long it will last and although the shelves will not be empty of toilet paper, people’s wallets might – and frankly, the state of emergency seems to be every government’s dream, because no one will protest against their decisions (Kivirähk 2020a). Therefore, since the state of emergency is convenient enough, the end of it may not come any time soon, which increases the probability of greater poverty and economic struggle.

It seems, in the Estonian COVID-19 discourse, the main role of the usage of humour mechanism in media, is to offer metacommentaries, giving readers exaggerated and/or dark perspectives to rethink their own understandings and actions about the bigger problems in our society. Neither Kivirähk, Tiit nor Toomsalu were attempting to use humour for the lightening up purpose, rather they all exhibited concerns for more demanding and serious issues in the society, that might stay hidden without closer reading. Conclusively – the coping mechanism in COVID-19 health panic, aids to structure the society’s problems in a more general sense, drawing attention to deeper problems that the disease brought to surface.

3.4. Analysis results and discussion

The application of previous theoretical framework to COVID-19 discourse in Estonia is seen in the third and final chapter of this paper, starting off with an overview of COVID-19 data in Estonia and moving on to health panic characteristics, demonstrating the correspondence to those through discursive formula and specific rhetoric to show the overall impression of the discourse. Next, the three discursive mechanisms described in the second chapter were applied to the chosen sample from Estonian publications *Postimees*, *Eesti Päevaleht* and *Objektiiv* to analyze how the health panic is being structured and coped with. First, the analysis of vilification and victimization found that such polarization can be considered the most popular mechanism. Often, this included also suggestions or knowledge, how things should have been or should be done instead. Such technification was occasionally hiding stronger arguments against the decisions made so far and against the decision-makers, sometimes even including criminalization rhetoric and creating a war environment – victimized doctors fighting on the frontline against an invisible enemy. Recognition of origin-based narratives played a significant role in the opinion stories, yet, they rather aimed to distance themselves from the actual belief, but nevertheless demonstrate the role these play in COVID-19 health panic. Secondly, it was found that exercising, learning and avoidance of future scenarios was embedded in the discourse. The pandemic was often titled as a training for us and we certainly have a lot to learn for the future – it was occasionally stressed, that there will be a next epidemic and catastrophic events should from now on be avoided by either learning from our own experience (what went well, what we did wrong etc) or from the experience of other countries. Warnings of what might wait ahead were highlighted based on what is happening in other countries or based on empiric connections with other phenomena. Third, the usage and role of humour was revealing the tendency to use metacommentaries in order to draw attention to deeper problems in Estonia – COVID-19 was, for example, used to point to how the elderly, in general, are treated in the society.

Overall, the analysis found that the discourse often holds a path into deeper and other kind of problems in the society for which the current situation is giving grounds for a different kind of approach through exploitation of corona rhetoric and analogies. Be it either the usage of metacommentaries to express one's concern in an exaggerated manner, or analogies with the pandemic solutions that help to accept the suggested solution for the deeper problem later on. Secondly, in connection to the actual pandemic is the problem of responsibility, which was being fought over – several institutions did not want to be the ones to take responsibility (and potentially

fail) in this pandemic. Rather, giving out later knowledge seems like the chosen way to attribute blame to the ones, who actually did take the responsibility, however it may have turned out in the end. A third observation is sort of like a legitimating tactic, that could be used together with several mechanisms. This can be done, for example, by adding statistical or factual data in the context where it may raise questions about its sources and objective. These kind of tactics were mostly encountered in *Eesti Päevaleht* or *Objektiiv*. Perhaps another interesting find was the fact that *Objektiiv* contributed to the sample with 16 articles (out of the 22 in total) that were edited by the same author. While *Objektiiv* is a conservatist news portal and therefore offers reading material from the right-wing perspective, for a researcher it gives a reason to believe the content might be more partial in association with the most frequently published author and their possible personal opinions.

While working on the sample material, I noticed that the number of articles started growing around the middle of March, while the number of articles in February was rather modest and were seen to mitigate the feeling of panic – “corona virus [...] has infected the newspapers, radio, television... and most severely social media” (Joller 2020). Only four articles from February were included in the sample from *Postimees*, two from both *Eesti Päevaleht* and *Objektiiv*, which I believe can be explained with causality. With the confirmed cases growing and the imposed measures expanding, the topicality, risk perception and therefore newsworthiness was also growing. Additionally, the state of emergency was also established in the middle of March and together with that expressions of dissatisfaction seemed to grow, too.

Occasionally, I was facing the problem of deciding which mechanism makes more sense with a specific used rhetoric. I found overlaps, interconnectedness and sub-mechanisms (if I can call them this way), which tend to add cloudiness and blur the boundaries between them. To bring a concrete example – Martin Helme’s utterance of a different world, where elements from both hypersecuritization and conspiratorial thinking can be identified. Another difficulty faced during analysis was the repetitiveness of the usage of some opinion stories and the lack of usage of others. What I mean by this is that out of the 84 articles used as research material, there were some that stood out more than others and were referred to several times. For a qualitative research, I acknowledge the fact that this, indeed, is natural, but nevertheless pains me as an author of the thesis. I have the tendency to wish to analyze everything and get a complete understanding of the matter, which often pushes me towards ambitious plans. That is, in no way, achievable (it is impossible to analyze and know everything), not to mention in a master’s thesis.

3.4.1. Future research directions

The previous, however, leads me to potential future research opportunities. While planning the thesis, one of my very ambitious plans was including individual opinions – or lay opinions. I saw them being most reachable in social media and comments under newspaper articles. However, including this would have transformed the focus. I suggest this being a separate approach for health panics, including the COVID-19 one. While studying and observing social media can bring out ethical questions, another proposed approach for researching individual opinions is through interviews, which presupposes an actual consent from those individuals. Both these ways offer, for example, a deeper insight to the conspiratorial ideas surrounding the health panic. While keeping an eye on COVID-19 conspiracy theories on the background, I can quite confidently say, that this is an area that is worth investigating, including through narrativity, that was not considered as a central concept in this thesis. While getting hints of 5G frequency interpretations in connection to COVID-19 from social media and private sources, there were no such ideas represented in my sample from media, although, it appears to carry an important role in COVID-19 discourse. However, what media does offer, is audio-visual representation. The visual material has certainly been of interest for the previous researchers and there is potential for it in the COVID-19 panic, too. Visual material has a power of creating the understanding of reality before our eyes and tends to be even more powerful than verbal material – seeing biohazard signs together with healthcare workers in protective equipment from head to toe is a powerful imagery – and therefore worth researching how the usage of such imagery has been used and transformed throughout the outbreak. In this paper, I was bringing examples from other health panics only through previous authors' research and could not focus on any comparisons. However, a comparative analysis of the discourses of more than one outbreak could offer a more thorough insight into health panic discourse in general. Additionally, approaching a disease discourse from a different angle, might offer some valuable insight. I would hereby emphasize four: researching the attribution of emotion – what makes a representation emotional, which tools are used to achieve that; and somewhat connected with that, the construction of fear in disease discourse through the semiotics of fear; the economic aspect, which was often represented in the COVID-19 discourse, but was mostly left untouched for the purpose of this paper; international relations and information war to which the sample material occasionally offered predictions for when the pandemic is over. The role of the European Union and authoritarian countries were among others some noticeable topics.

CONCLUSIONS

This master's thesis focused on the COVID-19 discourse in Estonia through the health panic concept, developed in this paper, which set the theoretical framework and offered the criteria to identify a disease discourse as such. This gave the starting points for a deeper discourse analysis through three discursive mechanisms – vilification and victimization, exercise and caution, humour – that were considered as coping and structuring mechanisms at the time of panic, having the function of decreasing ambiguity and creating order in the discourse.

First, I conceptualized and delimited the health panic concept extensively on the basis of the moral panic model. What constitutes a health panic the most, is the heightened anxiety and collective perception and hostility towards a threat and a deviant, followed by disproportional representations. Often, the form of a health panic is contradictive in nature – it is recognized as new, but at the same time is offering some perception of familiarity, perhaps from previous diseases; it damages the society itself, but is exhibiting warning signs of even deeper problems; everyone can see what is happening, but it is filled with a lot of ambiguity yearning for expert knowledge. A separate look into media and its role was needed to demonstrate the starting point of such panics. Media, after all, is considered to carry the role of the biggest influencer in such panics, while concentrating on the newsworthy events and phenomena, and contributing to the newsworthiness through exaggerations and disproportionality. However, in any panic situation, the aspect of risk has to be taken into account – how successful media is with forming opinions, is in connection with, how the society actually perceives the risk. The perception can form, for example, on the basis of previous experience and knowledge and the society's connection to it (geographical or emotional). In case of COVID-19, the geographical connection was rather light, at first, but tended to grow over time as Estonia, too, experienced a wider spread of the virus.

Second, I was building the theoretical structure of the discursive mechanisms as it presented itself in the sample. Three umbrella mechanisms were divided into separate subchapters. Vilification and victimization mechanism is relying on the polarizing mechanism that is underlying cultural processes in general. In this thesis the roles of the two types of actors – active and passive – were taken into account where the vilified actor is often considered as active – the *them* in this context. This actor role has been making decisions and often been criminalized for its actions that can even be portrayed as evil. The *our* side has been passively drawn into the discourse as a victim. Under this mechanism is a clearly recognizable sub-motive – polarization based on the origin of a disease. Othering based on geographical origin can often lead to stigmatization of this geographical area and the people associated with it. Somewhat connected to it is the zoonotic origin, that is often considered possible only in certain, *lower*, parts of the world. However, certain species can be attributed the blame quite independently, too. Third category is the man-made origin, which includes laboratorial origin and various conspiratorial plots. The latter seems to accompany major events in general, because according to one of the base characteristics – nothing is a coincidence. Same applies to large-scale disease outbreaks.

The second mechanism, exercise and warning, is expressing the learning aspect of the health panic and relies on hypersecuritization according to which the future will be catastrophic and we need to take all current knowledge and experience into account for that – be better prepared (the next time). The dramatic future scenario can, at the same time, refer to a new type of world that we need to get used to. Surely, this pattern finds its connections in the conspiracy theoretical thinking.

The third mechanism was exploring how health panics are represented through the usage of humour. Although many forms of humour have been identified in previous disease outbreaks, one method stood out from the sample – the usage of metacommentaries to demonstrate in an exaggerated manner the deeper issues in the society or to provoke rethinking the receiver's own understanding.

The third chapter analyzed the COVID-19 discourse based on the previous theoretical framework. The sample material was found to explicitly form a health panic discourse through the usage of specific rhetoric: *threat* and *panic*, *catastrophes*, *danger to life*, *killing*, to mention a few. It was observed, that the three mechanisms tended to either insinuate deeper issues in the society, argue over responsibility – who should have made the decisions and criticise the ones who actually did –, suggest that lessons should be learned for future health panics that will definitely occur at some point, and the mistakes made, experiences received with COVID-19, should be taken into account. Additionally, experiences in other countries tend to warn us from the possible course of

events – be it about the disease itself or the harsh measures taken to control it (*the Big Brother regimen*).

The thesis can be concluded with an understanding of a basic health panic framework, while drawing attention to the rhetoric used in Estonia for discussing COVID-19. Such a framework had been previously briefly mentioned and remotely explored, but what appeared to be missing, was the specific conception through which health panics can be identified and analyzed. The theoretical chapters in this paper synthesized previous works about moral and germ panic, building the health panic conception, and about disease discourse, that resulted in a research method for qualitative analysis of disease discourses. The research contributes to an understanding about the specific way of talking about diseases, especially when reaching the scale of an epidemic. The paper, therefore, opened up the tendencies that might rather impede a successful mitigation of a disease outbreak and instead contribute to the health panic construction – forming a device that has been recognized to be needed even outside of semiotics.

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KOKKUVÕTE

Tervisepaanika mehhanismid Eesti COVID-19 meediadiskursuses

Käesoleva magistritöö keskmes on Eesti COVID-19 diskursus kui tervisepaanika. Tervisepaanika on nähtus, mida võib aeg-ajalt ühiskonnas tunnetada, kui levimas on epideemiliste mõõtmega haigused. Kuidas täpsemalt tervisepaanikat identifitseerida? Töö otsib vastuseid küsimustele, kuidas ning milliste verbaalsete vahenditega tervisepaanikaid konstrueeritakse ja millised diskursiivsed mehhanismid, mis toimivad struktureerimis- ja toimetuleku mehhanismidena, on seejuures omased COVID-19 tervisepaanikale Eesti meedias avaldatud aramuslugudes.

Magistritöö on jaotatud kolme suuremasse peatükki. Esimene kontseptualiseerib tervisepaanika mõistet, võttes alguspunktiks Stanley Coheni moraalipaanika käsitluse. Tervisepaanika keskendub kitsamalt haiguse diskursusele ja väljendab tugevat kollektiivset ärevust ja ohutunnet seoses konkreetse allikaga – haiguspuhanguga. Diskursuses on tunnetatav keegi vaenlane – ühelt poolt on seda haigus ise, teisalt tunnetatakse tervisepaanikas vaenlastena neid, keda peetakse haiguspuhangu vallandumises süüdi olevat, kes on teinud valesid otsuseid kriisi ületamiseks või neid, kes seda mingil moel takistavad. Seetõttu esineb sellises diskursuses ka teatav vaenulikkus nende suunal. Suuresti on meedial siinkohal võim mõjutada ühiskonna arvamust läbi dramaatilise lisamise ja proportsioonide moonutamise sellest, kui ohtlik haigus on, kes süüdi on ja nii edasi. Teisalt, tasakaalustab inimeste enda riskitaju meedia projitseeritud – näiteks olenevalt sellest, milline on meie seotus kirjeldatud ohuga (näiteks, kuidas oht või selle allikas geograafiliselt positsioneerub). Teine peatükk defineerib kolme katusmehhanismi – halvustamine ja ohvristamine, õppus ja hoiatus, huumor – ja töötab välja teoreetilised lähtekohad COVID-19 diskursuse analüüsiks kolmandas peatükis.

COVID-19 tervisepaanikas domineerivad suuresti eksplitsiitsed viited ohule ja paanikale, süüdistused otsustajate suunal, mis väljendub polariseerimises *meie-nemad* vahel. Otsustajaid kriminaliseeritakse või peetakse isegi kurjadeks, *meid* seevastu manatakse kannatajate rolli. Muu hulgas väljendub see suuresti eesliini motiivis ja dialoogis sõjaõhustiku konstrueerimisega on identifitseeritavad viited vabadusele või isegi sellele, et tavapärasest vabadusest ei saa praeguses olukorras rääkida. Seesuguse teisestamisega on seotud ka päritolulised aspektid – näiteks geograafiline päritolu, mille tõttu on toimunud tugev Hiina stigmatiseerimine. Valed otsused, ent ka senised kogemused pandeemiaga on kui õppus tulevikuks ja kindlasti tuleks sellest õppida tulevikustsenaariumite tarbeks. Siin avaldub hüperjulgeolekustamine, mis väljendub

katastroofiliste sündmuste etteaimamises ja püüdes neid ennetada. Küll aga võib aimata, et maailm muutub pärast pandeemiat jäädavalt. COVID-19 diskursuses avaldub tihti huumoriks liigituvaid väljaütlemisi, mis on enamasti väljendatud läbi metakommentaaride või muul moel ülepaisutatud kommentaaridena. Mehhanismide üleselt joonistus lisaks välja struktuur, mis kannab põhilisi murekohti: suuremad probleemid ühiskonnas, millele viidatakse läbi tervisepaanika diskursuse, vastutuse võtmise poleemika, millele toetub suuresti süüdistuste jagamine. Tihti on märgata teatavaid legitimeerimistaktikaid – faktilise või teadusliku info lisamine, sh nimetäpsustused ja statistika.

Magistritöö tervikuna pakub lisaks COVID-19 diskursuse mõtestamisele vahendeid identifitseerimaks tervisepaanikaid üldiselt. Teatud mustrid ja representeerimisviisid kipuvad uute haiguste ilmnemisel korduma, mistõttu käesolev töö aitab ka pikemas perspektiivis aru saada, kuidas neist on tegelikkuses abi kriisi likvideerimiseks või kuidas nad panustavad nad hoopis paanikaõhkkonna loomisesse.

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