How pandemic detective narratives potentiate and debilitate trust

Abstract: Never in modern times has public health communication been so critical yet so fragile. When the first COVID-19 case was detected in Taiwan, Taiwanese health officials readily embedded pandemic detective narratives within public announcements to alert and reassure citizens about the government’s preparedness. Such narratives are subject to revision because of challenges from the press, thereby inviting uncertainty as to who is telling the truth. In this study, I draw on the notions of narrative construction and circulation to analyze video recordings of daily press conferences about COVID-19 in Taiwan and trace how the Taiwanese media covered the island’s first COVID-19 case from diagnosis to recovery. Along the way, pandemic detective narratives were multimodally told, untold, and retold. The health officials’ narrative (re)entextualizations conflicted with those of the press and the person with COVID-19. This conflict stemmed from the different means of narrative construction and circulation that each narrator utilized to make sense of the illness experience. The differences suggest a tension between asserting control and conveying authenticity that intertextually potentiates and debilitates trust.

Keywords: COVID-19 pandemic; Taiwan; narrative; entextualization; multimodality; trust

1 Introduction

It all began when a Taiwanese businessperson traveled back to Taiwan from Wuhan, China, on January 20, 2020. The next day, health officials in Taiwan announced that the businessperson was the first confirmed case of COVID-19 on the island. Following the announcement, news outlets quickly registered the sensationalism of public discourses: “Taiwan falls into enemy hands!” (Wu 2020); and “Her insistence on flying back to Taiwan … is a very selfish behavior” (Li 2020). The sharp criticism targeted the
businessperson’s decision to travel back to Taiwan when she was unwell. Much attention was also directed toward the government’s level of preparedness and means of alerting the public to an encroaching threat. Twelve days after the announcement, the businessperson recovered and audio-recorded her illness story while still in the hospital. Health officials then broadcasted the story to enhance public confidence in the government’s measures of control and care.

In this study, I trace the construction and circulation of pandemic detective narratives about the businessperson from the announcement of the diagnosis to the broadcasting of the recovery. I will demonstrate how such narratives fuse pandemic stories that are episodic, public, and dramaturgic in nature (Davis and Lohm 2020; Rosenberg 1992) with detective stories that are constituted by the discursive moves of noting observations, making logical connections, and drawing inferences (Ochs et al. 1989). My purpose in studying these narratives is not to pinpoint who is at fault or relativize the discourse by lionizing certain figures and pitting them against villains. Rather, I seek to explore the following questions: How do individuals draw on different textual shapes, intertextual relationships, and multimodal resources to compose narratives of virus detection? To what extent is trust interdiscursively constructed or dismantled in the narration? Specifically, I show how trust is (re)negotiated in narrative construction through foreshadowing, sideshadowing, and backshadowing (Bernstein 1996; Morson 1994) and in narrative circulation through entextualization (Bauman and Briggs 1990).

In what follows, I first contextualize the study within the literature of pandemic narratives. I then explain this study’s data collection methods and introduce the analytical framework of multimodal narrative construction and circulation. In presenting the findings, I chronologically organize the analysis to underscore the intertextuality of the narratives. Finally, I summarize key findings, extrapolate ramifications, and point out directions for future studies.

2 Literature review: narrativizing an infectious disease

Narration has significance for understanding illness experience in relation to cultural health models, as in illness narratives (Kleinman 1988), and for mobilizing collective actions in response to an infectious disease, as in pandemic narratives (Davis and Lohm 2020). While illness narratives tend to be chronic and focus on individuals who are undergoing clinical treatment, pandemic narratives are episodic, public, and dramaturgic (Davis and Lohm 2020; Rosenberg 1992). These
characteristics of pandemic narratives shape scientific hypotheses about the disease. Wald (2008: 23) argued that “the role of epidemiology was at once to read and to write the epidemic as a story of detection with predictive value.” Narrative constructions of a disease also “demarcate the parameters of appropriate responses” to a perceived threat (Garro and Mattingly 2000: 261).

Researchers have attempted to account for the structure of pandemic narratives. For instance, Rosenberg (1992) identified the order of epidemic sequences: progressive revelation, management of randomness, negotiation of public response, and finally, subsidence and retrospection. However, postmodernity has rendered such sequences less predictable. For instance, Rosenberg (1992) argued that the AIDS/HIV epidemic in the United States does not neatly fit the order he proposed due to the rapid reflexive detachment afforded by scientific medicine and mass media that turns the majority of Americans into spectators. In an era of national populism, the sharp distinction between the pandemic narrative and the illness narrative has become untenable. In their illness narratives of contracting COVID-19, Boris Johnson and Donald Trump publicly performed their masculinity as “strong leaders” and sought to obscure their reckless personal behaviors and failed responses to the pandemic (Jones 2021). The dramaturgic of their narratives on social media was simultaneously personal and public as well as clinical and episodic.

If the characteristics of pandemic narratives are becoming less predictable, it is imperative to understand the system that renders them so. One way of construing the system is to research the processes of narrative production, reception, and circulation in different social domains, namely, the “biocommunicable cartography” to borrow Briggs and Hallin’s (2016) term. For instance, Briggs and Mantini-Briggs (2003, 2016) uncovered how actors in an epidemic network, including patients, journalists, medical professionals, and health officials, produced different story plots about an epidemic. Official accounts concealed governmental failures in controlling the epidemic and racialized an infectious disease as an indigenous illness. Narrative inequalities prioritized official accounts as scientific and authoritative knowledge but dismissed firsthand stories told by indigenous people. Such inequalities thwarted efforts to accurately diagnose and quickly contain the epidemic. As this research suggests, narrative inequalities produce rather than simply reflect health inequities.

This study engages in the scholarly discussion about narrativizing an infectious disease and creating a cartography of biomedical communication. In particular, I trace how COVID-19 pandemic detective narratives were produced, circulated, and received across press conferences in Taiwan. I consider the narratives to be both social practices and interactional achievements that have consequences for building trust, where trust is defined as a “willingness to take risks”
and “willingness to be vulnerable to another party” (Schoorman et al. 2007: 347). This way of conceptualizing narrative and trust requires shifting from a single level of analysis, as in the case of dyadic relationships between ‘the public’ and health officials, and instead embracing multiple levels of analysis by attending to context-specific variables. The multiple-level analysis adopted in this study centers on two narrative practices that involve multiple individuals connected through a sequence of speech events. These practices are narrative construction and circulation.

My focus on narrative construction and circulation is based on the view that stories are not simply structured texts or vehicles for content but also contributors to social practices and human meaning-making processes (De Fina and Georgakopoulou 2012). Therefore, in addition to attending to story content and structure, robust narrative analysis necessarily considers the contextual embedding of storytelling and the possible linkages between narrative interaction and larger social processes, such as the enactment of institutional routines. Adopting this view, I consider how pandemic detective narratives are not only constructed to denotationally represent narrated worlds (i.e., story worlds) but are also (re)entextualized in narrating worlds (i.e., storytelling worlds) to interactionally achieve various purposes related to public health communication. If narration is the social practice of positioning self and other in multiple scales of relations (Bamberg and Georgakopoulou 2008), studying how narratives evolve denotationally, interactionally, and intertextually has implications for understanding the discursive engagements (e.g., trust-building) this speech genre can potentiate across individuals and contexts.

3 Data and methods

The data used in this analysis are from a video corpus of government press conferences about COVID-19 in Taiwan. Established by the Taiwanese government, the Central Epidemic Command Center (CECC) was the primary organization responsible for updating citizens on the national COVID-19 status and announcing nationwide public health measures. Since the beginning of the pandemic, the CECC had been holding regular press conferences that were livestreamed and then made publicly accessible on YouTube. During the initial outbreak of the pandemic, risk management and crisis communication were highly centralized by the CECC. Local state governments were prohibited from disclosing crisis information that had not been publicized by the central government. In contrast, journalists at press conferences were not only the actual addressees of officials’ messaging but also the
“problematizers” of officials’ accounts. For example, journalists cited other sources to challenge official accounts or quoted from officials’ previous speeches to pinpoint inconsistencies. These exchanges were livestreamed. Public online viewers were imagined audiences because all individuals physically present at the conferences were aware of the livestreaming. Online viewers also indirectly participated in the speech event by leaving blunt comments that selectively targeted officials’ or journalists’ language use. These comments offer a glimpse into the reception of public health information.

At each conference, health officials were on stage and journalists were off stage. This face-to-face participation framework (Goffman 1981) is shown in Figure 1. In the onstage panel, the commander of the CECC took the central seat where he was flanked by other officials and experts on infectious diseases. This position allowed the commander to easily control the speech event by allocating speaking turns to journalists and other officials and interrupting journalistic questioning or other officials’ responses. The control of speaking turns at times was used to allow officials to evade answering questions and constrain journalistic reaction to official accounts, leading to the fragmentation of journalistic roles (Clayman and Heritage 2002). Despite the asymmetry of institutional power in controlling speaking turns, the speech genre of narratives was used by all individuals at press conferences to communicate and negotiate health information because this genre fulfilled the quest for understanding details in time and space.

Figure 1: Participation framework of COVID-19 press conferences.
I collected 197 online videos of press conferences hosted during 2020, yielding about 162 h of video recordings. I imported all recordings into ATLAS.ti, a qualitative coding software program. Given this study’s focus on the first confirmed COVID-19 case from diagnosis to recovery, I started by considering recordings made from January 21, 2020 (when the diagnosis was announced), to February 6, 2020 (when the recovery was announced). I coded for sequences consisting of discussions about the businessperson who had contracted COVID-19. I then searched for intertextual themes that connected the sequences. Through repeated scrutiny of the coded sequences using ATLAS.ti, I found that the discussion of whether the businessperson had had a fever before traveling back to Taiwan creates intertextual relations across recordings. These intertextual relations emerge from considerations such as the moral assessment of the businessperson, the controversy over the use of universal health care by Taiwanese individuals living abroad, and the assumption at that time that COVID-19 might be similar to severe acute respiratory syndrome (SARS), which had spread to Taiwan in 2003 and was believed to be transmissible only after symptoms appeared in patients. Given the consistency of these fever-related considerations across recordings, I narrowed my focus to the sequences about the businessperson’s fever.

After identifying the sequences, I transcribed them according to an adapted version of Du Bois et al.’s (1993) discourse transcription system (see Appendix). In the transcripts, which appear throughout the rest of this article, I present each utterance in Chinese characters followed by an English translation. I enhance the readability of the translation by changing the English syntax or inserting additional English words in brackets whenever necessary. When analyzing the transcripts, I attended to both narrative structures and Chinese language use at the phonological, lexical, syntactic, discursive, and pragmatic levels. I also attended to the ways in which non-linguistic signs such as gestures and eye gaze were recruited in narration. Photos of gestures and gaze are provided to support the analysis. In the transcripts, these photos are placed beneath the various utterances that co-occurred with the multimodal signs. The specific parts of an utterance that overlapped with the multimodal signs are shown in character borders. The order of the photos is from left to right, as marked with solid black arrows, and the gesture or eye movement is labeled with dotted red arrows. In addition to analyzing the transcripts of the press conferences, I analyzed comments that online viewers had left beneath the YouTube videos of the conferences or particular segments of the livestreaming. These comments were thematically classified and discursively analyzed to explore the construction of evaluative stances. To preclude any retracing of usernames online, I present only the English translation of the comments.
3.1 Analytical framework

This study focuses on the construction and circulation of pandemic detective narratives in the narrated worlds and the narrating worlds. Attending to the narrated worlds, I focus on three strategies for shaping narratives: foreshadowing, backshadowing, and sideshadowing. In foreshadowing, the narrator “must always value the present, not for itself, but as the harbinger of an already determined future” (Bernstein 1996: 1). In other words, foreshadowing renders the unfolding of narrative events linear and unidirectional because the narrator uses information unknown to the other characters to provide readers with signs that indicate what will happen next. In this way, foreshadowing imposes neatness on a narrative. The neatness comes from distracting readers from prosaic events that the narrator deems irrelevant to the linearity and unidirectionality of the story. In the face of a crisis such as COVID-19, neatness is crucial. This is because individuals tend to “surrender to the most extreme foreshadowing imaginable” (Bernstein 1996: 9) so that the inevitability of the crisis becomes predictable and thus more controllable (e.g., epidemiological modeling).

Unlike foreshadowing, which prefigures events, backshadowing describes how “the shared knowledge of the outcome of a series of events by narrator and listener is used to judge the participants in those events as though they too should have known what was to come” (Bernstein 1996: 10). It is in this retroactive backshadowing that the narrator inevitably delves into a moral assessment of the character who has not acted responsibly.

While backshadowing and foreshadowing impose linearity, neatness, and unidirectionality on narrative events, sideshadowing is characterized by open temporality, multiple alternatives, and the indeterminate nature of human existence. Bernstein (1996: 1) portrayed sideshadowing as “a gesturing to the side, to a present dense with multiple, and mutually exclusive, possibilities for what is to come.” Life events are ripe for narration because their eventness relies on alternatives that were unactualized and at times even in conflict with that which was actualized. To fully understand our lived experiences, it is imperative that we understand not just the actualized but also the unactualized experiences that were once simultaneously imaginable to us in the past (Morson 1994).

In addition to considering these strategies in the narrated worlds, I recruit the notion of entextualization (Bauman and Briggs 1990; Silverstein and Urban 1996) to study how texts are circulated across individuals in the narrating worlds. Entextualization, while also a production technique, is a circulation process because it involves extracting part of a discourse and rendering it as a text that can be decontextualized from its original setting and recontextualized in a new discourse to
achieve cohesion or even coherence over time. That is, studying narrative entextualization entails exploring the interrelationship between narratives across time and individuals, which I consider an important aspect of information circulation in dangerous times. The extraction and insertion of texts operates in a gradient (Bauman 2004) with a replication of the source utterance on the one end and an alternation on the other. Selecting an entextualizing strategy from the gradient depends on the power dynamic between a copier (who reproduces texts) and an originator (who originates source discourses) as well as other metadiscursive norms upheld in the local community (Urban 1996).

In this study, the social-interactional processes of entextualization, decontextualization, and recontextualization are multimodal. Semiotic resources such as gestures and eye gaze endow texts with indexical meanings in and across contexts. McNeill’s (2005) taxonomies of the gesture-and-speech interface lend themselves well to studying the interrelationship between gestures and texts, particularly during narration. Iconic gestures present images of concrete objects or actions; metaphoric gestures show images of the abstract; beat gestures are flicks of the hand that follow the rhythms of speech; and deictic gestures locate entities or actions through pointing. McNeill (2005) argued that gestures are dimensional, not categorical, because a gesture may involve both iconicity and beats, but one of the dimensions can become more salient than the other if interpreted in relation to speech genres. This study adopts multimodal narrative analysis (see also Page 2010) to understand the production and circulation of narratives that integrate multiple semiotic ensembles – e.g., texts, gestures, and gaze – in public communicative events.

In the remainder of the paper, I use the constructs discussed in this section to explore how in the face of an unknown virus, individuals draw on textual, intertextual, and multimodal resources for constructing and circulating narratives that in turn potentiate and debilitate trust.

4 Data analysis

4.1 January 21: foreshadowing of a problematic event by the medical officer

Following the confirmation that a Taiwanese businessperson from China had a positive diagnosis of COVID-19, the public health officials held a press conference to announce the first COVID-19 case in Taiwan. During the conference, a medical officer shared details about the businessperson (Excerpt [1]).
Medical Officer

1. 'uh mh this is a fifty-year-old female

2. uh she is actually a Taiwanese who

3. (glance at paper) mh (she) has a history of endocrine
disorders .. which are chronic’

4. mh uh actually since December last
year, she actually had been staying in

5. (glance at paper) this month, that is, January 11 of

6. (glance at paper) at the same time, she felt that her

body was a bit weak’
mh uh when asked mh if she had been to the Huanan market or other local markets, (she) had not at all, okay'

mh she also did not sh- uh tell us if (she) had come into contact with uh birds or wild animals or had had these uh so-called drink- uh consuming s- wild game, this kind of- s-

‘this kind of habit’

mh uh she became ill, but because she uh uh is not so confident s- about the local medical treatment s-, so she actually also did not go to a local doctor’

‘or go to a local hospital’

mh (it was) uh on the 9th day after her symptoms started, that is, January 20th, uh last night uh’
In Excerpt (1), the medical officer entextualized her dialog (‘when asked’ in line 7 and ‘she also did not sh- uh tell us’ in line 8) with the businessperson in a narrative. The entextualization was carefully constructed as the officer consistently (16 times in both Excerpts [1] and [2]) shifted her eye gaze from the audience to the paper on the desk during the narration (see line 1 in Excerpt [1] for an example). Her meticulousness was further shown when she breached a norm: avoiding disclosing the name of a specific location in Taiwan (13). Following her slip of the tongue, she gazed at the superordinates on her right who included the spokesperson, the commander, and the director (from left to right in the photo); the spokesperson and the commander reciprocated the gaze as the officer continued the narration. These multimodal signs of eye gaze suggest that the performative display of narrative details has indexical ties to the institutional power hierarchy that regulates certain norms in conducting public health communication.

As Excerpt (1) also shows, the officer began the narration by constructing the case (1–3) and then temporalizing the stages of the illness in a chronological order. The chronology was structured through the precise temporal references ‘December last year’ (4), ‘January 11 of this year’ (5), and ‘January 20’ (12). The linear and unidirectional progress of time renders the subsequent event of the case’s detection
at the airport in Taiwan “not just an inevitability but a substantial actuality” (Morson 1994: 49). Meanwhile, the adverbial emphaser ‘actually’ underscores the officer’s “fact-telling” (Wang et al. 2010: 710) about etiological events (2, 4, 10). The linear unfolding of the events coupled with the underscoring foreshadows the problematic incident: the detection of the first COVID-19 case at an airport in Taiwan.

Subsequently, the officer revealed the problematic incident (Excerpt [2]):

(2)

1. ...((glance at paper))

2. ‘this case actually followed our instruction, first’

3. ‘uh she wore a mask throughout the trip on the plane okay’

4. ‘mh of course uh when eating s-, (she) needed to take off the mask s-.

5. ‘mh except when eating, she was’

6. ‘uh wearing a mask throughout the flight’
As shown in Excerpt (2), the linear progression of the events was sequenced through the order of space that the businessperson traversed: during the flight (3), at landing (6), at the quarantine site (9), and at the hospital (11). The officer adopted the adverbial emphasizer ‘actually’ to continue the fact-telling practices
(2, 8, 9, 11) that guided the audience toward the officer's interpretation of the problematic event. Specifically, the interpretation the officer presented was intended to reassure the public of the government's preventive measures. This interpretation entailed topicalizing the government's preparedness (2); using the logical orders ‘first’ (2) and ‘second’ (6); normalizing an alarming action (i.e., taking off the mask) through the discourse marker of ‘of course’ underscored by an open hand gesture in a beat-like contraction (4); and finally, incorporating the adverbs of promptness ‘as soon as’ (6, 11), ‘quickly’ (8), and ‘already’ (11).

Overall, the medical officer sought to garner trust by creating narrative coherence and neatness that foreshadowed the problematic events to be expected and the successful operation of the government's preventive measures within that expectation. Foreshadowing worked in tandem with eye gaze and a beat gesture to imbue the announcement with a sense of predictability, meticulousness, and controllability. All are desirable in the face of an encroaching threat.

Online comments tended to reflect polarized attitudes, as viewers selectively interpreted the narrative to display their trust or distrust. For example, one viewer focused on their trust of the businessperson, which the viewer developed after hearing the medical officer's logical orders and promptness: ‘Wish the patient a quick recovery. Also thanks her for wearing a mask and voluntarily reporting (her symptoms).’ Other comments revealed a deep distrust of the businessperson in their attribution of intentionality to narrative details. For example, another viewer wrote, ‘It’s really disgraceful. Infected with pneumonia in Wuhan and still intentionally came back to Taiwan. What on earth?’

4.2 January 22: backshadowing of motive by the spokesperson

The next day, the CECC spokesperson hosted the daily press conference (Excerpt [3]). The press reentextualized the businessperson’s questionable behavior of flying back to Taiwan when she was sick. In response to the press’s query, the spokesperson offered several suggestions for individuals who would like to return from abroad when experiencing symptoms. One suggestion was to inform airlines in advance so that the airlines could arrange safely distanced seats.
'uh I want to ask.
Because the first confirmed case yesterday is a Taiwanese businessperson'

‘mh she was sick when boarding- flying back to Taiwan. This has caused some’

‘disputes and discussions’

‘mh there are doctors suggesting that if Taiwanese businesspeople experience symptoms in the local area, then it would be better to see a doctor locally’

‘mh but this might (result in) some struggles with human nature okay’

‘may I ask if CECC has any suggestion’

‘for Taiwanese businesspeople who want to come back for treatment’
8 Spokesperson ((several turns omitted))

9 ‘mh another way is just like this- this uh Taiwanese- Taiwanese passenger. she sh- uh’

10 ‘although she- she did wear- did- did- did-

11 ‘wear a mask- wear a mask throughout the trip’

12 ‘but the thing is’

13 ‘uh she did not- (talk) to- to-’
As illustrated in Excerpt (3), the spokesperson backshadowed the story. The spokesperson speculated about what might have happened before the businessperson arrived in Taiwan (line 14 in Excerpt [3]), positioning the businessperson as an individual who had known that she had a fever before boarding and that her fever would be detected at the airport. The backshadowing suggested that the businessperson “could in principle have seen the future that loomed and was in fact to happen” (Morson 1994: 234); therefore, the businessperson was responsible for her failure to take appropriate actions and for triggering a potential outbreak. The backshadowing echoed prior comments captured in Excerpt (1) (‘started to have uh symptoms of fever’) and Excerpt (2) (‘have a fever’) to create a web of intertextuality between health officials. Multimodal signs in the storytelling world – beat gestures (9, 13, 14) and a nodding head along with an eye-gaze shift (14) toward the reporter who asked the question – underscore the importance of interpreting this backshadowing with respect to the larger discourse (McNeill 2005). That is, the spokesperson subsequently pointed out the contrasting opinions surrounding the businessperson’s morality, shading his backshadowing into public criticism.
(17–18). The businessperson’s trustworthiness was cast in doubt as the backshadowing rendered the businessperson’s motive murky.

Online viewers commented on different aspects of the video. Some showed their appreciation toward the health officials, writing, ‘Thank you for your hard work.’ Others shared their concerns over potentially serious consequences as narrative details about the first case were backshadowed: ‘Does Taiwan(ese) really understand how serious it is?’

4.3 February 6: sideshadowing of illness experience by the businessperson

Twelve days after the announcement, the businessperson recovered and was released from the hospital. At the CECC’s daily press conference, the government officials presented the businessperson’s reentextualization of her experience in writing and via an audio recording.

The businessperson’s narrated account was presented after the medical officer’s foreshadowed narration and the spokesperson’s backshadowed narration. Many details in the businessperson’s account were inconsistent with the two officials’ narratives and thus the businessperson’s account was positioned at the interdiscursive place of sideshadowing. When multiple truths exist, it becomes challenging to decide which version is real. Excerpt (4) is the beginning of the businessperson’s narrative.

(4) 1 Businessperson ...欸=大陸工作這麼多年 ‘uh worked on the mainland for so many years’
2 呃@@因為知道嘛大陸..的=醫療系統 ‘uh you know, because the health system .. on the mainland’
3 ...拿..台胞證..去是..很不方便的 ‘using .. a mainland travel permit for Taiwan residents .. there .. is very inconvenient’
4 ...因為我去的..第 ‘because the (first month) I was there’
5 ...一個月我曾經就是過-.過敏 ‘the first month, I had allergies’
6 可是我為了看醫生我一個晚上 ‘but in order to see a doctor, one evening I’
In her narration of her illness experience (Excerpt [4]), the businessperson first disclosed relevant background information by articulating why it was ‘inconvenient’ (3, 12) or ‘unfamiliar’ (18) for her to see a doctor in China. This articulation functioned as an alternative to the medical officer’s narration about the businessperson’s lack of confidence in the local health care system (Excerpt [1]).

Subsequently, the sideshadowing of other alternatives also emerged. In Excerpt (4), her unactualized plan of going to the doctor, which is marked by the preposition of purpose ‘in order to’ (6), is contrasted with the actualized consequence of visiting the pharmacy, which is dramatized by the manner verb ‘ran’ (7). In the midst of accounting for the disjuncture between the actualized and the unactualized, the businessperson disclosed other possibilities that she was contemplating (15). Her attempt to build a logic of these possibilities was abandoned in the throes of the telling (17).

Later in the storytelling (Excerpt [5]), the businessperson detailed her thoughts when the symptoms initially set in.
As Excerpt (5) shows, these thoughts (3–5; 9–10; 12–17) were prefaced by the mental verb and the noun ‘thought’ coupled with the epistemic intensifiers ‘only’ and ‘really’ to underscore her unactualized plans. The predicates of these sentences were normalized through the use of 就 ‘as long as’ (5, 10, 17) as the sufficient-condition adverb and 就 ‘only’ or ‘just’ (9, 10, 14, 17) as the deintensifiers. These linguistic devices simplified the causal connections among the action sequences, thereby normalizing the businessperson’s initial plans. Akin to the sequence in Excerpt (4),
the abnormal reality in Excerpt (5) was juxtaposed with the unactualized alternative in the storytelling (6–7). The abnormality was dramatized through the negated mental verb ‘did not think’ and the extreme-case formulation ‘such a big.’

Shuttling back and forth between the unactualized and the actualized, the narration was further complicated by incomplete thought (8) and assessment from the present (16), which epitomize the non-linearity of sideshadowing. In the midst of the telling, the businessperson emphasized that she had not experienced fever by using the adverb ‘constantly’ and speaking more slowly (12). This emphasis widened the intertextual gaps between her narrative and the medical officer’s account regarding whether the businessperson’s fever appeared along with other symptoms at the initial stage.

As Excerpt (6) shows, the narration proceeded to the problematic event at the airport.

(6) 1 Businessperson ...嗯然後=其實真的是下飛機的時候 ‘mh then actually it was really when getting off the plane’
2 ...我要謝謝他那個廣播 ‘I want to thank the announcement’
3 ...他說如果有身體不適或不舒服的人要講 ‘which said that anyone who was unwell needed to tell (them)’
4 ...我回來那一天其實我 ‘on the day I came back, actually I’
5 ...(8)嗯= ‘mh’
6 ...身體狀況是不好的 ‘my physical condition was not good’
7 ...因為= ‘because’
8 ...因為我一有-開始一直有喘的現象 ‘because I had- started to constantly have shortness of breath’
9 ...所以我<L上飛機的時候 L> ‘so when I got on the plane’
10 ...可是我沒有發燒上飛一直到上飛機都沒有發燒 ‘but I had not had a fever when getting on the pla- (I) had not had a fever at all until I got on the plane’
11 ..可是我下飛機的時候 ‘but when I got off the plane’
12 ...聽到那個廣播 ‘I heard the announcement’
13 有身體不舒服的要講  ‘saying if feeling unwell, (you) should tell (them)’
14 我覺得這個是應該要講的  ‘I thought .. (I) should tell (them) this’
15 不管是什麼..這樣子  ‘no matter what would happen .. afterwards .. this is what (I was thinking)’
16 然後我就跟空服說我有一點不舒服  ‘then I told .. a flight attendant that I was slightly unwell, having a cold. Just like this’
17 ..這需要跟他們說嗎  ‘“do I need to tell them about this?” ’
18 ...那空服就跟我說  ‘the flight attendant then told me’
19 ...<HI 呱要啊要 HI>  ‘“uh yes yes” ’
20 ...然後妳先坐一下  ‘“then you (can have) a seat first” ’
21 ...非=當地客氣 XX 的空服  ‘the flight attendant of XX airlines was extremely polite’
22 ...是=態度非常地好 喔  ‘their attitude was extremely nice’
23 ...然後請我坐一下  ‘then asked me to sit for a while and then later’
24 然後後來  ‘everyone got off the plane. Epidemic prevention officers then got on the plane’
25 ...所有人都下機了就有防疫人員上機來...  ‘everyone got off the plane. Epidemic prevention officers then got on the plane’
26 ...<HI一=HI>系列其實那時候自己是懵的  ‘a series of (things happened), actually at that time, I was confused’
30 …ah how could it be like this?
31 but at that time actually, (I) didn’t know why
32 ‘but I was not afraid. Instead, I felt assured’
33 ‘because I knew (my) son was (waiting) outside the airport to pick me up’
34 ‘mh’
35 ‘mh then’
36 ‘but that day, (I) actually did not know I could not go home’
37 ‘then originally (I) return for Chinese New Year’
38 ‘I also did not think the (New) Year would be very special’
39 ‘extremely special mh.
Spending the whole (New Year) at the hospital’

In Excerpt (6), the conflictual disclosure about the businessperson’s fever continued to diverge from the official web of intertextuality as the businessperson drew on the contrastive conjunction ‘but,’ the adverbial conjunction ‘until,’ and the universal quantifier ‘all’ (10) to account for what she did not believe to have happened before her fever was detected at the airport in Taiwan. The unaccountable reality was subsequently introduced through constructed dialogs that highlighted the egregious outcome that she could not reconcile with her symptoms (26–30). Toward the end, emotion erupted in the storytelling world as the businessperson began to cry (33–39). The emotional outburst revolved around another mundane but unactualized plan, which was that her son would pick her up at the airport. The outburst also centered on the disjunction between the unactualized plan (37) and the abnormal reality, which had been upgraded in its description from ‘very’ to ‘extremely’ special (39).

To summarize, Excerpts (4)–(6) are replete with sideshadowing as the businessperson attempted to conjure up not just the unaccountable reality but also “the ghostly presence of might-have-beens or might-bes” (Morson 1994: 118). In the businessperson’s sideshadowing, normality is unactualized, planned, or
accountable, whereas abnormality is actualized, unexpected, or unaccountable. Language use at the lexicogrammatical and discursive levels positions the businessperson as oscillating between the normality of other possibilities and the abnormality of real life. Table 1 summarizes and annotates the businessperson’s language of normality and abnormality discussed in the analyses of Excerpts (4)–(6).

The majority of online commenters congratulated the businessperson on her recovery: ‘Congratulations on recovery’; expressed appreciation toward health workers: ‘Congratulations～～～appreciate medical staff’s (efforts)’; or reflected trust in the businessperson’s narrative: ‘At least she did not hide (her unwellness).’ While one viewer repeatedly questioned the businessperson’s narrative authenticity, writing, ‘Did she really not take any cold medicine?’, other viewers defended the businessperson, writing, ‘Stop blaming her. It’s not easy that she recovered! We just cheer for the medical teams in Taiwan.’

### 4.4 February 6: repairing of trust by the pandemic-response commander

Following the broadcast of the businessperson’s narrative, in Excerpt (7), the CECC commander received a question from the press regarding the contradictory accounts of the businessperson’s fever that had been presented by the medical officer and by the businessperson.

<table>
<thead>
<tr>
<th>Normalizing other possibilities</th>
<th>Dramatizing abnormality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Prefacing possibilities</td>
<td>1 Manner verb</td>
</tr>
<tr>
<td>‘then originally I return for Chinese New Year’</td>
<td>‘instead, I ran to a pharmacy’</td>
</tr>
<tr>
<td>2 Epistemic intensifier</td>
<td>2 Negated mental verb</td>
</tr>
<tr>
<td>‘really-really thought that’</td>
<td>‘I did not think my return would’</td>
</tr>
<tr>
<td>3 Predicate deintensifier</td>
<td>3 Extreme case formulation</td>
</tr>
<tr>
<td>‘it’s just a cold’</td>
<td>‘cause such a big fuss’</td>
</tr>
<tr>
<td>4 Sufficient-condition marker</td>
<td>4 Constructed dialogs</td>
</tr>
<tr>
<td>‘as long as I return, it would be ok’</td>
<td>‘I said “ah, how come?” ’</td>
</tr>
<tr>
<td>5 Upgrading</td>
<td>5 ‘I also did not think the New Year would be very special. Extremely special’</td>
</tr>
</tbody>
</table>
Press

台商的文中提到她都沒有發燒

‘The Taiwanese businessperson’s text mentioned that she had had no fever at all’

...可是我們第一天

‘but on our first day’

<A 公布她的一些相關資料的時候

是寫說她在當地已經發燒九天了

‘when some relevant information about her was released, it was written that she had already had a fever in the local for 9 days’

這部分有一個出入 A>不知道為什麼

‘there is a discrepancy in this part. (I) don’t know why it is like this’

(P 會這樣 P>

Commander

...(8)齋這種主訴齋大概就是

‘okay this kind of chief complaint okay probably is just’

齋一定會有一些大家在陳述的時候

‘okay there must be some. When everyone is stating (their illness experience), there must be some that’

但我記得我們是說她是有症狀

‘but I remember we said she had symptoms’

齋那時候覺得她感冒

‘okay at that time (she) felt that she had a cold’

齋所以回來臺灣

‘okay so return to Taiwan’

台灣她自己在陳述的時候說她上

‘Taiwan, when she was stating (her illness experience), (she) said she did not feel it after getting on the plane either’

飛機後覺得也沒有

那下飛機的時候

‘then when getting off the plane’
12 她覺得有 ‘she felt she had it’
13 騏不是被我們的那個騏 ‘okay (it) was not (detected) by our that okay’
14 發-發燒檢驗 ‘fev- fever examination’
15 ...那她 不會 = 欺騙我們因為她是很 ‘mh she would not lie to us because she very voluntarily’

主動地

16 騏就跟空服講 她聽到廣播阿覺得 ‘okay then told the flight attendant. She heard the announcement and thought “uh”’

<Hi 數 Hi>

17 她有感覺就跟空服員講 ‘she had a feeling and then told the flight attendant’
18 騏所以騏我覺得 她那個話是 ‘okay so okay I think her words are’
As Excerpt (7) indicates, the press reentextualized both narratives and sought an explanation for the discrepancy (1–4). The commander labeled the speech genre as ‘chief complaint’ (5) but abandoned the attempt to attribute characteristics to the genre (6). In doing so, the commander avoided undermining the persuasiveness of the businessperson’s firsthand account. Moreover, the commander repaired trust by narrowing the intertextual gaps between the businessperson’s story and the medical officer’s version. The metadiscourse of “we said, she said” (7, 10) recalibrated the narrative details. The topicalization of trust in speech (15, 18–19) was intertwined with a palm-up open hand to invite agreement (15; Müller 2004), a metaphorical...
gesture to imagistically display ‘voluntarily’ (15), and a deictic gesture in a beat-like movement and eye gaze at the papers on the commander’s desk (18), thereby affirming the trustworthiness of the businessperson. Additionally, a metaphoric gesture of hearing coupled with a talking voice, even if only in the short interjection ‘mh,’ enacted the businessperson’s viewpoint on the plane (16), bringing the distant past to the present vividness. In contrast, the hypothetical scenario – through speech negation and the iconic gestures of capture (20) and stop (21) – sideshadowed the actualized past to reconfigure the businessperson’s motive (21–22) and recast the positive import of the businessperson (23–24).

As the commander accounted for the inconsistencies, many online viewers sided with the commander and showed their discontent over the incessant questioning by journalists. These viewers left comments such as ‘Stop asking (questions) …’, ‘Can’t (the journalists) just give the (health officials) team a break (so that) the team can do (their job)?’, and ‘The minister is too nice.’

5 Discussion and conclusion

In this study, I explored how pandemic detective narratives potentiated and debilitated trust during the COVID-19 pandemic through the construction strategies of foreshadowing, backshadowing, and sideshadowing and through the narratives’ circulation in a succession of reentextualizations across individuals. The medical officer meticulously entextualized her investigation of the case and foreshadowed the troubling event at the airport through narrative details. This entextualization and foreshadowing imbued the announcement of the first confirmed case with a sense of predictability and controllability, which rendered the pandemic manageable. The spokesperson subsequently reentextualized specific details in the medical officer’s original telling. In a web of intertextuality, he recruited backshadowing to imply that the businessperson was responsible for her failure to take appropriate actions and for the risk of an outbreak that her dishonesty might have caused Taiwan to incur. To defend herself, the businessperson sideshadowed the unaccountable reality with multiple unactualized possibilities of the past and widened the intertextuality gaps between her account and the health officials’ versions of the story. In hearing these narratives, the press aired doubts by reentextualizing conflicting details. Ultimately, the commander recalibrated the narrative details to repair trust. Along the way, public online viewers’ initially polarized comments regarding trust and distrust gave way to comments that expressed more unified support for the businessperson and the health officials.

Throughout the process, the narratives were embodied through semiotic assemblages of texts, gestures, and eye gaze. Central to these embodied narratives is
the tension between asserting controllability and establishing authenticity. In this tension, institutional identities predispose individuals to certain narrative proclivities. On the one hand, the health officials gravitated toward narrative coherence and cohesion over time in order to assure the public of their control over the pandemic sequences. On the other hand, the businessperson attempted to make sense of the heterogeneity of human existence as she ruminated on the multiple possibilities that she had once contemplated. Authenticity thus involves both actualized events and unactualized thoughts.

Among the health officials, the institutional identities signal power relationships, and these relationships influence whether a narrative reentextualization leans toward replication or alternation of the source text. The spokesperson and the commander (superordinates) alternated the medical officer’s (subordinate) narrative in relation to their storytelling contexts. While the subordinate copier may have indexed an embodiment of tradition by replicating discourses of the superordinate originator (Urban 1996), this study shows that alternation by the superordinates helped build cohesion and restore coherence over time, particularly in the face of the conflicting reentextualization by the press.

The biocommunicable cartographies (Briggs and Hallin 2016) discussed in this study reflect ideologies of public health communication associated with each actor in the narrative network: the health officials’ power, the press’s challenge, the businessperson’s dilemma, and the online public viewers’ susceptibility to information. The cartographies also project identities in stories. Across the discursive chain of these detective narratives, language use contributed to the shaping of an ideal biomedical citizen who follows the government’s containment measures, monitors their own physical condition, seeks medical advice, and contributes to the public health preparedness and response. Nevertheless, just as identities are complex, dynamic, and unsettling, social identification can be inchoate and conflictual. When the spokesperson backshadowed the businessperson’s failure to take proper actions, the backshadowing attributed intentionality to the businessperson, suggesting the identity of a failed, unruly citizen. As this case suggests, pandemic narratives identify, inscribe, and mediatize biomedical assumptions about ideal citizenship (Briggs and Hallin 2016; Davis and Lohm 2020).

Previous research has indicated different relationships between narrative and health. Pandemic narratives shape scientific hypotheses about infectious diseases (Wald 2008). If such narratives demarcate the parameters of responses to a particular disease (Garro and Mattingly 2000), narrative inequalities can result in health inequities (Briggs and Mantini-Briggs 2016). This study contributes to the discussion by illustrating the power of narrative construction and circulation in potentiating and debilitating trust. When a health emergency is narrativized at daily press briefings, watching the livestreaming of these narratives becomes a routine of
sensemaking. In this daily routine, health officials project a logic on to a health emergency in an effort to render the emergency predictable and expectable. Predictability and expectation are the building blocks of trust because they shape individuals’ “willingness to take risks” and “willingness to be vulnerable to another party” (Schoorman et al. 2007: 347). However, narratives are not static. They circulate through reentextualizations, and contradictions may intrude on the intertextual network. If intertextual gaps are left to widen, the previously established logic is undermined, and different reentextualizations compete against each other, thereby leaving audiences uncertain of the truth and even distrustful of authority. The layered indexicality – i.e., genre, routine, predictability, and trust – suggests that the circulation of health-emergency narratives via successive reentextualizations is integral to building confidence in health officials. In a post-trust era, when norms and routines are vulnerable to mass messaging and misinformation, to retain trust is to engage the public in speech genres and to reconfigure intertextual relations if there are widening gaps so as to better promote a sense of shared reality.

What are the implications of these narrative practices? First, this study shows how examining an assemblage of semiotic resources – text, gesture, gaze, body, institutional power – helps us understand the ways in which health officials reconfigure intertextual relationships and reshape public online viewers’ responses. Subsequent research about pandemic narratives must consider the role of semiotic ensembles in other critical broadcasts that profoundly influence public discussions and emotions, such as the announcements of first deaths. The performative capacity of such announcements in mobilizing community cooperation lies in its multimodal tropes of solidarity and the pragmatics of emotions.

This study has practical implications. I consulted the preparedness and contingency plan created by the CECC in response to the COVID-19 pandemic and published by the Taiwanese Ministry of Health and Welfare. One of the principles for strengthening risk communication presented in this plan warrants further deliberation in light of this study’s findings:

1. Track public opinion continuously and proactively respond or clarify when necessary. This is to ensure distribution of correct information and to timely respond to public reactions and viewpoints. (Taiwanese Ministry of Health and Welfare 2020: 4)

The principle emphasizes tracking public discourse so as to proactively clarify misunderstandings. As this study has shown, discord erupted internally in the intertextual link that interpellated the medical officer, the spokesperson, and the businessperson. In addition to resolving conflicting details, health officials should seek to establish a balanced dialog between survivors and health officials rather than turning them into
competing information sources. After all, the authenticity of narrative discourse lies in distilling contradictions into a collective harmony, not simply the most literal recounting (Mattingly 1998). In this case study, the CECC commander unraveled contradictions by recalibrating narrative details across individuals in a metacommunicative frame that topicalized trustworthiness. However, the dialog might have also acknowledged narrative uncertainties, including that memories become malleable as time progresses and that narration shapes and is shaped by expectations associated with biomedical cartographies. When properly reconfigured, contradictions are opportunities for articulating diversity in interpreting life events and underscoring transparency in disseminating complete information about a pandemic.

If trust can be potentiated and debilitated in the tension between the coherence and multiplicity of pandemic detective narratives, as this study has shown, health officials need to structure and circulate such narratives proactively but assiduously.

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Appendix: Transcription symbols

- truncated word
[ ] overlap
= lengthening
.. short pause
… medium pause
…(N) long pause
(THROAT) cleaning throat
multimodality
(( )) speech co-occurred with multimodal signs
<P P> transcriber comment
<H I> higher pitch
<P> soft
<A A> rapid speech
<L L> slow speech
<@ @> laughing quality
<@> laughter
<CRY CRY> crying
<% %> creaky
References


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