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Camelia Cmeciu

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(De)legitimation of power of agency. A multimodal critical analysis of social practices during COVID-19 pandemic in Romania

Camelia Cmeciu

Professor, Faculty of Journalism and Communication Studies

University of Bucharest,

E-mail: camelia.cmeciu@fjsc.ro

<https://orcid.org/0000-0002-5533-8274>

Abstract

The COVID-19 pandemic has been a real challenge to national and international authorities, bringing social and ideological implications. The shift from urgency to action and an appropriate message tailoring are essential in such a sanitary crisis. This article presents a multimodal critical discourse analysis of the Facebook posts of the Romanian Ministry of Health and of the online users' comments. The aim of the study is to examine how the Romanian authority and citizens use semiotic resources (multimodal texts) in order to give meaning and make meaning of the social practices related to the COVID-19 pandemic. The findings reveal that the Romanian authority mainly focused its messages on (de)legitimizing the actions of various abstract participants in an information campaign meant to counter fake news. The salience of behavioural processes-as-instructions highlighted a reduced agency of the Ministry of Health and an increased agency for Romanian citizens. The online users employed polarization as a discursive strategy to legitimate the Romanian authority's calls-to-action that challenge the conservative liberalism ideology of the government and to delegitimize the tardiness of these actions.

Keywords: multimodality, COVID-19, pandemic, Romania.

Introduction

Medical pandemics represent social events that disrupt the social order (Teti et al., 2020). Serious threats to the health of people worldwide, uncertainty about the transmission or symptoms, anxiety turned into panic, divergent sense-makings or fake news are some of the challenges that organizations and citizens face throughout a pandemic (Jin et al. 2019; Ali, 2020). The year 2020 added the COVID-19 pandemic to the already known health epidemics and pandemics. Since people and organizations worldwide are affected, action is essential during a pandemic. The main actions taken by various countries were event prohibition, lockdowns, or shutdowns, which are seen as “the new normality” (Maesse, 2020).

In Romania, the first warning signs regarding COVID-19 came when 76 persons were reported to be infected with this virus in the Italian regions where a lot of Romanians work and live¹. The Romanian government took the first preventive measures on February 22: a 14-day quarantine for citizens returning from the affected regions in Italy. This measure was later extended to every citizen coming from abroad. A two-month state of emergency (March 11 – May 15) was declared and since May 15 Romania remains in an extended state of alert. Within this context of fear and drastic governmental measures, authorities have had to adapt their discourses, bringing a recontextualization of past social practices. The Ministry of Health plays a significant role in the group for strategic communication during this pandemic in Romania and this is the main reason for which this article will focus on the Facebook

¹ World Health Organization (WHO). “Coronavirus disease (COVID-19) pandemic.” (2020) Retrieved from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>, May 19, 2020.

posts of the Romanian Ministry of Health, as a legitimate voice throughout this health crisis in Romania.

During a pandemic, interests of institutions and citizens are more aligned and a coproduction of meanings is more visible (Hyvärinen & Vos, 2016, p. 97). The shift from silenced participants to prosumers of information during a health crisis is also emphasized in D. Lupton's definition of discourse related to health where the focus lies on a polyphonic web of texts, messages, talks, dialogue, or conversation from and among different players in the context of health (Lupton, 2003). In this dynamic process of coproduction, not only language, but also images become constitutive of the social world as well as constituted by other social practices (Phillips, 2006). Thus, it is clear that exclusive linguistically oriented analyses should be replaced by multimodal research. The European Communication Monitor emphasized this trend on multimodal communication (Zerfass et al., 2017, p. 19). Compared to previous years, organizational stakeholders demand more visual communication (69%) and organizations use more visual elements in their communication (86%). In this article, the focus will be on multimodal texts posted on the Facebook page of the Romanian Ministry of Health. At present, the Ministry of Health is part of a liberal government led by the National Liberal Party. By May 15, 2020 the Ministry of Health in Romania has had two ministries, both of them members of the National Liberal Party: Victor Costache (resigned on March 26, 2020), Nelu Tătaru (invested on March 26, former Secretary of State). As ideology, the Romanian liberal party belongs to conservative liberalism (Close, 2019), combining liberal values (economic liberalism, individual freedoms²) and policies with conservative stances (related to moral and religious issues).

² <https://pnl.ro/angajamentul-nostru/principii-si-valori/>, retrieved June 29, 2020.

Within this context of active and critical online users and organizations and of the fluidity and dynamicity of meaning making and giving, I will adopt a collaborative perspective (Heath & Palenchar, 2016). The main aims of this article are the following: (a) identification of the official discursive representations of social practices and agency related to the coronavirus pandemic; (b) identification of the commentators' topics (de)legitimizing the official social practices.

Methodology

Usually health crises are analyzed using crisis and risk communication theories, mainly focusing on how organizations communicate and on identifying successful strategies to preserve the organizational reputation. As Dunn and Eble (2015) highlight, the focus of the research using these theories is primarily on communication, and not on the context and power. Throughout health crises, authorities try to persuade people to comply to certain health and social behaviors, thus implying a control over one's choices. Unlike crisis and risk communication theories, critical discourse analysis emphasizes the significance of language in the production, maintenance and change of social relations and in the contribution to the domination of some people by others (Fairclough, 2001). The official measures taken within the COVID-19 context show a governmental dominance and control over citizens and also bring a challenge to (neo)liberalism. Thus, the COVID-19 pandemic should not be tackled upon only from a mere typology of organizational crisis strategies, but from a critical discourse analysis with a focus on the recontextualization of the social relations and a revisiting and reordering of ideologies.

Legitimation is one of the main social functions of ideologies (van Dijk, 2000, p. 245), by aiming "to create an

ideological space within which the institution can operate, enjoying sufficient social acceptance to pursue its activities freely” (Breeze, 2012, p. 4). Operating in a top-down manner, legitimation applies to those groups which position themselves as power-holders. In the context of the COVID-19 pandemic, the Romanian Ministry of Health was one of the main power-holders, the Ministry of Health and the Secretary of State for Health being important members of the group for strategic communication. At the same time, the recontextualization of social practices and relations brings opposite opinions, conflict, and a challenge to legitimacy. Thus, delegitimation should also be discussed within a health crisis when the social practices and relations imposed by authorities may be disqualified.

Digitalization has brought big data and a prevalence of images upon writing. It is essential to acknowledge the power of images over words in the process of persuading people to comply to a certain behaviour. As critical discourse analysis allows to study lexical and grammatical choices in language, multimodal critical discourse analysis (Machin, Mayr, 2012) shows “how images, photographs, diagrams or graphics also work to create meaning” (p. 9). Relying on the systemic functional linguistics (Halliday, Matthiessen, 2004), multimodality adapted the SFL metafunctions (textual, interpersonal, ideational) to social semiotics (the new metafunctions – representational, interactive, compositional meanings) and proposes three premises (Jewitt et al., 2016; Kress, 2010): (1) meaning is made of different semiotic resources (writing, image, layout, speech etc) with distinct potentialities and limitations, being constantly remade; (2) meaning making involves the production of multimodal wholes; (3) studying meaning implies attendance of all semiotic resources used to make a complete whole.

In this article, I draw on multimodal critical discourse analysis (MCDA) to analyse the 75 multimodal texts produced by the Romanian Ministry of Health. The data did not include those posts which had only a verbal component. Since during a pandemic, authorities try to make people to comply to certain social practices, the study of transitivity plays a significant role. Playing a key role in meaning making, transitivity “refers, broadly, to who does what to whom, and how” (Machin, Mayr, 2012, p. 104). Thus transitivity implies agency and action. Machin and Mayr (2012, p. 105) state that analyzing agency and action refers to three aspects of meaning:

- participants (people, things, or abstract things) – include the ‘doers’ of the process and the ‘done-toes’;
- processes – represented by verbs and verbal groups;
- circumstances – how and when something has happened.

The first step of the analysis was to import all 75 multimodal posts into QDA Miner 5.0.15, a qualitative data software. The codebook was created taking into account Machin and Mayr’s representation of people and action (2012) and Van Leeuwen’s social actor and social action networks (2008). A manual coding was conducted and the codebook included the following codes for social actor (Fig. 1) and social action (Fig. 2). After the manual assigning of a code to a multimodal text, the analysis focused on the identification of the degree in which the respective social actor or social action were related to legitimation (L) or delegitimation (DL).

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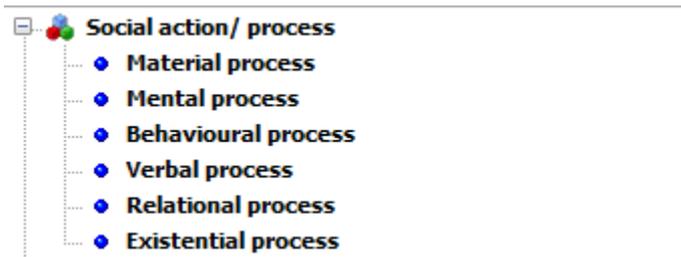


Fig. 1. Codes – social action/ process (imported from QDA Miner 5.0.15)



Fig. 2. Codes – social actors/ participant (imported from QDA Miner 5.0.15)

Crises bring alternative discourses, for example citizens-as-online users' discourse. The interactive nature of new media and social media platforms allows the citizens-as-online users to be less mere recipient of messages and to become co-constructors of an organizational story, thus being empowered to

acknowledge or not the organizational commitment during a pandemic. Thus, the second step of the analysis focused on the 1427 online users' comments to the 75 posts of the Ministry of Health in Romania. Using QDA Miner 5.0.15, I imported all comments and then the content analysis was performed using WordStat 7.1.22. The analysis of the comments included an identification of macrostructures (global meanings). Using WordStat 7.1.22, I performed topics modelling in order to determine what topics are most salient. The topics identified were related to an examination of local meanings (salience of keywords and phrases associated with a topic). The qualitative analysis focused on the ways in which legitimation and/or delegitimation was/ were present in the topics identified and interpreted taking into account the codes presented in figure 1 and 2.

Findings

Romanian Ministry of Health – (de)legitimation of social actions

As observed in table 1, the Ministry of Health in Romania used more material processes both for legitimation and delegitimation. Whereas behavioural and relational processes were the other two social actions salient in legitimation of social practices, delegitimation was obtained through a reverse order of these two processes.

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Category	Code	Legitimation (%)	Delegitimation (%)
Social action/ process	Material process	38 (28.4%)	34 (25.4%)
	Mental process	1 (0.74%)	1 (0.7%)
	Behavioural process	19 (14.2%)	6 (4.5%)
	Verbal process	5 (3.7%)	1 (0.7%)
	Relational process	7 (5.2%)	22 (16.4%)
	Existential process	0 (0%)	0 (0%)
	Total	70 (52.2%)	64 (47.8%)
	Total	134 (100%)	

Table 1. Social action/ process coding frequency – Romanian Ministry of Health – Facebook multimodal posts (adapted from QDA miner 5.0.15)

(De)legitimation of material processes – Ministry of Health’s multimodal posts

Defined as processes of doing, material processes imply an actor performing an action and a goal or the participant at whom the process is directed (Machin, Mayr, 2012). During the COVID19 pandemic, the Romanian Ministry of Health tried to answer various fake news regarding the transmission of the virus, the treatment, or the instructions to be carried out. Some of the multimodal texts posted by the Ministry of Health focused on clarifications regarding various agents responsible for the virus spread (figure 3) or for the coronavirus prevention and/ or treatment (figure 4).



Figure 3. Ministry of Health's Facebook multimodal post (March 6, 2020)³



Figure 4. Ministry of Health's Facebook multimodal post (March 13, 2020)

The Ministry of Health used these two types of images to address various uncertainties and rumours that circulated at the beginning of this crisis. The Romanian authorities issued 10 photos like figure 3 and 20 photos like figure 4 regarding various issues, such as pets as virus transmitters (figure 3), the role of sanitizers (figure 4), of cumin seeds, of air conditioning, of lemon, garlic consumption in virus prevention etc. Images like figure 4 were part of an information campaign run by the Romanian Observatory for Health, the Association of Universities of Medicine and Pharmacy in Romania.

As observed in figure 3 and 4, visual participants were rarely used. Writing, typography and colour were significant semiotic modes in these types of Facebook posts. At a compositional level, the information value was obtained through

³ All posts of the Ministry of Health were retrieved from <https://www.facebook.com/MinisterulSanatatii/>.

the top placement of the questions which were foregrounded by a contrast colour or a bold typography. The salient elements that attracted the viewers' attention were: the center placement of the participants addressed in the question (in figure 3, the cat and dog as pets) and of the answer (YES, figure 4) made prominent by its positioning in the right-left green square. Colour contrast (figure 5) points to the meaning potential of legitimation (green square including YES), of delegitimation (red square including NO) and of uncertainty (blue form of a human head including question marks).



Figure 5. Ministry of Health's Facebook posts (parts of multimodal posts in the information campaign)

The Ministry of Health legitimized various participants involved in material processes which bring changes to the virus transmission:

FBP1⁴ (March 13, 2020): Can sanitizers help in COVID-19 prevention? Answer: YES. Sanitizers (ethanol 70%) (...) can help in preventing the spread of coronavirus. It is recommended especially for surface disinfection.

FBP2 (March 19, 2020): Is it safe to donate blood? Answer: YES. One can donate blood. Blood donation is safe and it will take place under safe circumstance to prevent the virus transmission.

⁴ The Facebook posts (FBP) and comments (FBC) were translated into English by the author.

But at the same time, the Ministry of Health delegitimized the material processes with which various participants were associated. Lemon, garlic, cumin seeds, homeopathic cure, antibiotics, sauna sessions or flu vaccination were not legitimized as treatments whose beneficiaries might be cured of the COVID-19 virus:

FBP3 (March 12, 2020): Does the consumption of lemon prevent us from coronavirus infection? Answer: NO. Fresh lemon or lemon in boiled water does not cure or prevent us from the infection.

FBP4 (April 2, 2020): Does the consumption of cumin seeds treat or prevent us from COVID-19? Answer: NO. The cumin seeds do not help in the prevention or treatment of the virus.

Although most photos posted by the Romanian Ministry of Health focused on this textual paring of questions and answers which may legitimize or not the material processes in which abstract participants were involved, figure 6 illustrates a social actor whose action process (taking care) foregrounds human agency and it was one of the few images focusing on a human participant. The woman in the image is engaged in the material process of holding something between her arms. She is portrayed as a doctor, because she is wearing a blue protective equipment which acts as a 'prop' (Aiello, 2020) defining her identity. This visual transitivity was achieved through an action transfer between an actor represented as a doctor and a goal, a patient, metaphorically represented as the map of Romania. Colour appears to be an important semiotic mode in this post. The dominance of three colours (blue for the doctor's protective equipment, red for the map of Romania and yellow for the tissue in the doctor's hand) points to a specific meaning potential, red standing for the colour of sufferance (Romania, a victim of the virus) and to a generic meaning potential, blue, yellow, red

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standing for the national flag of Romania, thus for the whole Romania.



Figure 6. Ministry of Health's Facebook multimodal post (April 7, 2020)

(De)legitimation of behavioral processes – Ministry of Health's multimodal posts

Considered to be “a cluster of small subtypes blending the material and the mental into a continuum” (Halliday, Matthiessen, 2004, p. 255), behavioural processes also refer to actions, but these actions have to be experienced by conscious beings (Machin, Mayr, 2012, p. 109). The Ministry of Health is represented through its representative, namely the Ministry of Health, Nelu Tătaru, who was present in two multimodal posts. His actions were represented in terms of behavioural processes: ‘wearing a mask’.

Various behavioural processes were linguistically rendered through the imperative mood, the Ministry of Health

being implicitly represented as having the 'overseer' role (Mulderrig, 2011), tightening control from the center (the government) in order to guarantee certain goals (in this case, not to get infected). Mulderrig (2011) considers that this type of role is associated with managing actions which construe a reduced governmental agency and an increased agency for others. Thus, the imperative mood beyond the behavioural processes included in the Romanian Ministry of Health's posts convey an indirect agency from the Romanian authority and a direct agency from Romanian citizens who have to comply with the recommendations suggested.

These behavioural processes act as instructions. One of the best practices in crisis and risk communication is to acknowledge the level of risk tolerance (Sellnow et al., 2009, p. 24). This implies to provide instructions to the public about the levels of risk to be experienced and about how to protect oneself. These behavioural processes-as-instructions were either legitimized ('wash your hands frequently', 'cover your nose and mouth when you sneeze or cough', 'inform yourself only from official sources') or delegitimized ('avoid contact with persons who suffer from respiratory infections', 'don't touch your eyes, nose, mouth unless you wash your hands', 'don't take antiviral or antibiotic medication without the doctor's prescription'). It is interesting to observe that the Romanian Ministry of Health uses an exclusive pronominalization (2nd person plural or singular) within these instructions, thus rendering an implicit 'us' (Ministry of Health) versus 'they' (Romanian citizens) division. Besides these behavioural processes-as-instructions, there is one graphical representation (figure 7) which includes both a behavioural process ('#we stay home') and a relational process ('doctors, volunteers, couriers, cashiers - superheroes'). Various props (buildings, masks, sanitizers, equipment) are used to represent these agents as responsible citizens.

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Figure 7. Ministry of Health's Facebook multimodal post
(April 3, 2020)

(De)legitimation of relational processes – Ministry of Health's multimodal posts

Serving to characterize and identify (Halliday, Matthiessen, 2004, p.210), relational processes were used by the Romanian Ministry of Health to represent abstract participants (the virus, scientific evidence, treatments) or human social actors (elderly persons, or other vulnerable categories). As presented above, the Romanian Ministry of Health tried to counter the fake news about various treatments against the coronavirus. It delegitimized the actions of these treatments related to this particular virus, but it legitimized their action related to other properties. For example, garlic was represented through a relational process, emphasizing its healthy nature within a different context ('Garlic is a healthy food which may have some antimicrobial properties.'). Identification through relational processes was highly used by the Ministry of Health in order to

construe class-membership: ‘elderly persons are more vulnerable’, ‘packages and products produces/ received from China are not dangerous’, ‘there is no evidence that vitamin C may help in the prevention or treatment of the coronavirus’.

The representation of the virus through a relational process is essential since “naming a disease, its effects and symptoms can shape how it is understood and addressed” (Prieto-Ramos et al., 2020, p. 638). From the very beginning (February 24), the Romanian Ministry of Health provided a scientific explanation to characterizing and identifying the newly emerging virus. The Romanian authority included COVID-19 in the class of coronaviruses, but it clearly mentioned that a distinction should be made between SARS and COVID-19 (‘it is not the same virus’). The Romanian authority used qualifying adjectives that suggest uncertainty (‘the virus is new and different and it needs its own vaccine’) and fear (‘it has more severe forms for some persons (...), the persons who suffer from diabetes and heart diseases are more vulnerable’).

(De)legitimation of agency – Ministry of Health’s multimodal posts

The representation of participants of social practices is essential since through their presentation, agency is conveyed. As observed in table 2, references to agency through collectivisation, categorization - identification and genericization were salient both for legitimation and delegitimation.

	Legitimation (%)	Delegitimation (%)
personalization	0	0
impersonalization	1	0
individualisation	0	0
collectivisation/ assimilation	14	10

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specification	1	3
genericisation	7	10
nomination	2	3
categorization-functionalization	5	0
categorization-identification	15	14
objectivation	2	2
anonymisation	0	0
aggregation / assimilation	7	4
us vs them division	0	0
suppression/ exclusion	7	8
Total	61	54
Total	115 (100%)	

Table 2. Coding frequency – social actors/ participants

The daily report on COVID-19 in Romania (figure 8) included representations of social actors under the form of categorization through identification. Van Leeuwen (2008, p. 42) mentioned that this type of representation defined social actors “(...) not in terms of what they do, but in terms of what they, more or less permanently, or unavoidably, are”. In the multimodal post on updates on COVID-19, the Romanian Ministry of Health either legitimized such categories (‘healed persons’, ‘tests with negative results’) or delegitimized others (‘persons in quarantine’, ‘diagnosed persons’ or ‘dead persons’). As observed in figure 8, categorization through identification is combined with aggregation through quantification, the meaning potential being associated with the evolution of coronavirus at a national level.



Figure 8. Ministry of Health's Facebook multimodal post (March 22, 2020)

Collectivization was achieved through plurality. The usage of mass nouns, such as 'children', 'pregnant women', 'homeopathic remedies', 'masks', 'sanitizers', 'whole Romania' or 'thermal scanners', denotes a group of people or objects. The participants were either legitimized or delegitimized depending on the actions they were associated with. For example, 'children playing in parks' was labeled as unacceptable, but 'masks to be worn' was a legitimate behaviour.

Genericisation was used when it was implied a representation of a participant as a type. Figure 6 is clear example of visual genericisation, the doctor represented could not be individualized, she is standing for the generic category 'doctors fighting the virus' and her action is legitimised by the Romanian authority. Delegitimation of various treatments was realized through a usage of genericisation: 'Garlic is a healthy food which may have some antimicrobial properties'.

As observed in table 2, suppression or lack of agency is also used by the Romanian Ministry of Health both for legitimation and delegitimation. Van Leeuwen (2008, p. 28) considers that

“exclusion has rightly been an important aspect of critical discourse analysis”. The nominalization of verbs lays an emphasis on the (un)acceptable actions and not on the missing human agents. For example, the Romanian Ministry of Health legitimized vaccination (‘vaccination will help us’), or blood donation (‘blood donation will play an important role’), but at the same time, delegitimized lemon consumption or smoking (‘lemon consumption is not efficient for preventing coronavirus infection’ ‘smoking affects one’s health’).

Romanian online users’ (de)legitimation of agency and action

Table 3 reveals the five most salient topics present in Romanian citizens’ comments. The topic modeling extraction was automatically performed using WordStat7.1.22. The segmentation was performed by sentence. The topics were automatically extracted and then I renamed the first five topics using the resulted macrostructures. The salience was established taking into account the eigenvalues, the higher the eigenvalue is, the more important the topic is. The following step was the autocoding of the sentences in the comments using the topics below as content categories. The keyword retrieval helped in identifying each keyword or phrase for each topic. The qualitative analysis was performed on the sentences retrieved for each topic.

Macrostructures	Topic modeling (WordStat)	EIGENVAL	Keywords
Call-to-action	stay ⁵ home, quarantine, army on streets	7.57	stay, home, house, common, quarantine, Italy, army, streets
Protection	sanitizers, mask, wash	2.94	sanitizer, surface, good, alcohol, medical purpose, mask, hands, wash
	equipment	2.59	equipment, protection, doctors, protect, together, support
Official engagement	testing	2.14	tests, run, numbers
	ministry	2.02	ministry, health, Tătaru, Streinu- Cercel

Table 3. Topic modeling – online users' comments (WordStat7.1.22)

'Call-to-action' macrostructure

The most present topic in the Romanian citizens' comments referred to a multifold call-to-action. As observed in the extracted topics, three main actions were (de)legitimized by online users: to stay (home), to quarantine, and to control the population.

FBC1: Really? Stay home for three weeks, who can control a virus with a two-week incubation period? (February 23)

⁵ The Romanian form is 'stăm', conjugation of the verb 'to stay' for the first person plural.

FBC2: If you love your child, stay home (March 13)

FBC3: Everything is in vain. If some of us stay home, and other persons go out. (March 15); It's useless for us to stay home if the elder people of this country walk recklessly in the streets, in the parks (...) if children play in the parks. (March 20)

FBC4: You tell us to stay home but nobody gives some official document for this... (March 15)

FBC5: Police and army on the streets! You should stop all idiots to walk in the streets. (March 20)

FBC6: Close the borders! The army on the streets and do not allow people on the streets! Who many should get infected till you realize that people do not comply to self-isolation? (March 15)

In these comments the calls-to-action are attributed to various social actors: (1) Romanians who were urged to stay home, and (2) official authorities who were asked to take drastic decisions (closing of borders, or control population by force). Although the highest majority believed that staying home was a necessary action, there were online users who were reluctant about the utility of this measure (see FBC1), thus delegitimizing this official decision.

Online users provide a twofold reference related to other social actors: (a) a categorization through identification reference ('elder people walk in the parks'; 'children play in the parks', 'Romanians coming from Italy'); (b) objectivation through negative-laden keywords ('idiots'). Thus, the 'call-to-action' macrostructure focused on a polarization realized through 'us versus them' division (see FBC3, FBC5), legitimizing one's action of staying home and delegitimizing other categories of people who do not comply.

The reference to Romanian authorities was structured on an implicit delegitimation. The imperative mood used by online users regarding the urgency of some actions which should have

been taken has the meaning potential of lack of official involvement and commitment.

'Protection' macrostructure

As observed in table 3, the 'protection' microstructure is formed of two topics: the former may be associated to 'us-protection', the latter to 'them-protection'.

In the uncertainty created by this pandemic situation and within the context of the Ministry of Health's information campaign focused on combating fake news, commentators use implicit mental processes by providing their opinions on sanitizers, masks or vitamin C.

FBC7: The only difference between medicinal alcohol (ethyl alcohol) applied on skin is that you get a bad rash, the sanitizer based on alcohol also contains glycerine and oxygenated water and it hydrates one's skin, so the sanitizer for surfaces is one thing and the sanitizer for hands is something else. (March 13)

FBC8: The ethyl alcohol is good for external purposes and it helps in a certain proportion (nobody guarantees that if you use alcohol, you will be 100% virus free), but washing one's hands is important. (March 13)

FBC9: I saw on the WHO webpage and it is recommended to wash one's hands with soap for 40-60 seconds. It is the best Vitamin C, alongside with isolation. (March 14)

FBC10: A cotton mask does not protect, but it also doesn't do any harm. (March 20)

FBC11: Only those masks produced in China protect! What is produced here is not of quality! The food will also come from China! This country has been living on imports for 30 years that is why we are where we are now. (March 20)

They legitimized material processes ('wash one's hands') associated to an impersonal reference to a legitimate social actor,

namely World Health Organization (see FBC9). At the same time, commentators use relational processes to (de)legitimate various elements of protection: sanitizers and masks. The identification and characterization of these two protection elements were obtained through polarizations: 'fabric masks versus surgical masks' and 'hand sanitizers versus surface sanitizers'. Some commentators feel the need to provide scientific-like explanations related to the efficacy of masks and sanitizers within the context of the COVID-19 pandemic (see FBC7).

Another type of categorization associated to masks was related to a geographical context (see FBC11). The meaning potential of the 'China versus Romania' division reveals a negative moral evaluation of Romania, thus emphasizing a delegitimation of all the governmental actions after the fall of communism.

The second topic modeling present in the 'protection' macrostructure refers to 'them', namely doctors, nurses.

FBC12: A year ago it was announced that a virus will come and some measures should have been taken. Why wasn't the equipment purchased at a good price back then? (March 29)

FBC13: Doctors do not need lights and thanks! If each of us donates 2 euro for equipment, they would be much happier! (March 15)

FBC14: If staying at one's window would provide the necessary provisions for hospitals (equipment, for protection, medicines), then you have my word that I will stay for a whole week with my family. All my respect for doctors, nurses etc. Now it is time for the Ministry of Health to do something. So just forget about these propagandistic measures and do something for hospitals and doctors. (March 27)

FBC15: How could this pandemic situation change the masses' way of thinking ... until a month ago, doctors, nurses were criticized, and now all of them are heroes. (March 15)

The 'now versus then' division could be observed in the commentators' posts. This polarization refers to two types of processes:

- a material process associated with the Ministry of Health that is accused of a lack of prevention (FBC12);
- a relational process associated with doctors and nurses who are now identified and characterized as heroes although in the past commentators delegitimized their actions (see FBC15).

Online users delegitimized the Ministry of Health's initiative of staying by the window and shining a light for doctors and nurses, as a sign of solidarity, but legitimized another material process having a financial value, namely to donate for doctors.

'Official engagement' macrostructure

Using impersonalization ('Ministry of Health') and nomination ('Victor Costache', 'Nelu Tataru', 'Streinu-Cercel'), commentators made references to the authorities and experts who were in charge.

FBC16: Why don't you show the number of tests run? It is very relevant. (March 16)

FBC17: You've got some nerve with this pathetic attempt of yours to disinform the public. What you show is not the number of daily tests, but the number of tests in total. Do you think that we are so stupid? I think that it would be better to acknowledge to admit that you are way over your head than to swipe under the rug as you always use to do. (March 18)

FBC18: WHO highlights that there should be run as much as possible tests in order to find and treat those infected. I do not understand your lack of not testing people in due time. (March 17)

FBC19: All European countries run thousands of tests daily, while we have some hundreds... how can Romania claim that we have few cases??? The truth is as sad as it could possibly be. (March 18)

FBC20: For those scumbags of MPs there are tests. (...) so we can say that the Ministry of Health does its job. But for common people there are no tests. (March 17)

FBC21: The lie comes from the Government through the Ministry of Health, everybody knows! (March 20)

FBC22: Happy birthday Nelu Tataru! May God give you health and force in this war! (April 7)

This semantic macrostructure is extensively obtained through a negative evaluation encountered in terms such as 'scumbags', 'why don't you show', 'you've got some nerve', 'lack of testing', 'the truth is sad'. Commentators challenged the social practices of the Ministry of Health, based on misinformation and lack of proper risk governance because of the bad management of testing people (FBC 16-19). The meaning potential of a decaying Romanian society associated with corruption and misinformation was highlighted by a twofold opposition:

- the 'common peoples versus members of the Parliament' polarization. The commentators delegitimize two main social practices of the Ministry of Health during this pandemic situation: (a) a selection of privileged persons getting tested; (b) a promoted confusion about the various types of masks to be worn and a misinformation spread about the fabric masks.
- the 'Romania versus other European countries' polarization. The comparison of the risk management

regarding testing (see FBC19) emphasizes a negative evaluation upon the Romanian authorities that are considered not to be able to face this crisis.

Besides this lack of trust, few commentators provided a metaphorical representation of the pandemic as a war and they legitimize the information campaign and the appointment of a new minister of health (FBC22).

Discussion and conclusions

This article focused on a collaborative perspective on the representations of agency of power and social practices related to the risk and crisis situation caused by the coronavirus SARS-CoV-2 pandemic. Medical pandemics bring a change within a society since both authorities and citizens are challenged to adopt and to comply to various measures to prevent a virus spread. The pandemic that the whole world has been going through for almost six months has brought a difference between the old western power centres and “old Europe” (Maesse, 2020). On the one hand, there are countries that focused on herd immunity and adopted “a right-leaning, economically liberal, socially conservative and individualizing policy trajectory” (Brown, 2020, p. 5) and on the other hand, there were countries (European states) that applied a strategy imposed by the European Commission and European Parliament which mainly focused on lockdown, on economic and social programs with a huge European investment (Maesse, 2020). Romania belongs to the latter category and this medical pandemic was a real challenge for the Romanian government, especially for the Ministry of Health, characterized by a conservative liberalism ideology.

The main aim of this article was to identify how the Romanian authority (de)legitimized various social practices and the power of agency associated with these practices. At the same time, since the freedom of speech is guaranteed, another aim was to identify how Romanian citizens (de)legitimized the proposed social practices and to whom/ what they assigned power of agency.

Since risk and crisis communication implies an acknowledgment of levels of risk tolerance by official instructions provided to the public (Sellnow et al., 2009), I analysed the reconfiguration of social practices represented in the multimodal Facebook posts of the Romanian Ministry of Health. The findings revealed a dominance of three types of processes: material, behavioural and relational processes. The Romanian authority ran an information campaign focused on combating fake news and the majority of material processes were related to abstract participants. Their actions were either legitimized (sanitizers) or delegitimized (garlic, vitamin C).

One important aspect within the official representation of social practices and agency is the presence of behavioural processes-as-instructions and of indirect agency. The imperative mood and the pronominal exclusion rendered that the Romanian Ministry of Health represented itself as an overseer, a controller of collective actions and not as an agent part of this community affected by the pandemic.

Naming agents/ participants/ social actors through relational processes is important in a crisis and risk situation. The Ministry of Health in Romania used references to agency through collectivisation, categorization - identification and genericization, did not use personalization and/ or nomination as discursive strategies associated to specific persons. This lack of specific references to public personalities who may have been used as agents sending messages is surprising since a national

survey (IRES⁶, April 2020) showed that the State Secretary for Health, Raed Arafat, and the Ministry of Health, Nelu Tataru, are considered the first (78%) and the third (37%) most trusted national public personalities.

The efficacy of Ministry of Health's multimodal texts was tackled in the analysis of online users' comments. The greatest challenge for liberal governments was "the state applying a multi tasking crisis management on several levels of social control" (Maesse, 2020, p. 1). Would the citizens comply or do they revolt? This was the big question that authorities have had to face. In Romania, citizens appreciated the governmental measures within the pandemic situation as very good (12%) and good (56%) and they agreed on an extension of the emergency state (83%)⁷. This national tendency on accepting a state intervention into the private sphere was observed in the analysis of the comments to the Ministry of Health's Facebook multimodal texts. The Romanian commentators legitimized the official calls-to-action (wear masks, wash one's hands, stay home etc.). They delegitimized the tardiness of these actions. The lack of urgency regarding some official actions led to a delegitimation of the Romanian authority's engagement: reduce number of testing, or closing borders. Of note is the extensive usage of polarization within online users' comments: for example, 'fabric masks versus surgical masks', 'hand sanitizers versus surface sanitizers', 'made in China versus made in Romania' or 'common people versus members of the Parliament'. Unlike the Ministry of Health, Romanian commentators made references to expert organizations and persons. The commentators' pervasive usage of negative evaluation through polarization and the specific

⁶ Romanian Institute for Evaluation and Strategy (IRES). "State and authority. The trust in personalities and institutions. An evaluation of measures." (April 2020). Retrieved from <https://ires.ro/>, May 20, 2020.

⁷ Idem.

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references to experts and institutions show that the Ministry of Health should have laid a much more focus on agency through individualization, specification or nomination and on a representation of social practices through difference (what to do versus what not to do etc.).

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