

Analyzing COVID-19 Discourse as Traumatic Speech Acts in Pakistan

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Abstract

Judith Butler's theory of performativity has significantly shaped socio-psychological viewpoints. This study uses mixed method approach to scrutinize the traumatic aspects of COVID-19 discourse, which create disturbing effects on psychological state of people in Pakistan. The theoretical framework applied in this study is based on the Judith Butler's Theory of Excitable Speech, propounded by her in 1997. The data are collected through an online survey questionnaire, which consists of close-ended questions along with the comments of the respondents. The collected data are qualitatively and quantitatively analyzed. For quantitative data analysis, descriptive statistics calculator was used and for qualitative analysis, the possible conditions of traumatic speech acts are applied. The findings demonstrate that the COVID-19 discourse have appeared to be the most dangerous traumatic speech acts, which are liable to hit people at large in Pakistan. The study suggests that proper attention should be given to psychological health of people, which is being affected under multiple corona threats spread through its discourse.

Keywords: *COVID-19 discourse, traumatic speech act, excitable speech, psychological trauma, behavioural shifts*

Introduction

The present study is an attempt to investigate the effects of COVID-19 discourse as traumatic speech acts on Pakistani people by applying Judith Butler's notions of traumatic speech acts presented in her famous book *Excitable Speech*, published in 1997. The study shows the impact of the pandemic discourse on psychological behaviour of people at large, which influence their domestic and social life. The study is significant as it indicates that the dimensions of traumatic speech go far beyond economic exploitations and even military attacks. It further specifies that

under COVID-19 trauma, many people are developing psychological disorders without previous history of mental illness.

Judith Butler (1956 - present), an influential American theorist of politics and sexuality discusses the relationship between speech and conduct in psychosomatic, moral, and social scenario. According to her, speech acts work at macro level and become discursive practices in a society. She uses the term “agency” for language, which is used rhetorically for political purposes by sovereign powers to manipulate common masses. The stronger these speech acts are, the more prone they are to be termed as acts of regulation (Butler, 1997, p. 16). According to Claeys (2007, p. 5), Butler’s major emphasis is on the capacity of language, which makes people distraught and henceforth makes them anticipate on it to find resolutions.

COVID-19 came as a serious threat to existence worldwide in January, 2020 in a famous city of China, Wuhan, where a large number of people suffered from pneumonia with multiple other symptoms such as tiredness, fever, dry cough, stomach disorders and multi-organ failure. This pandemic was declared havoc by World Health Organization (WHO), since it hit several people in 169 countries in the world in no time. WHO further instructed public around the globe to adopt certain precautionary measures such as keeping social distance from each other, avoid social gathering, staying at home, wearing a mask when going out (in emergency situations only), washing hands properly, using hand sanitizers, etc. Covid-19 cannot be treated as mere a fictional construction, rather it is associated with traumatic experiences in people’s life, since there is a large number of people, who have been suffering this pandemic and many have been dying in its icy fingers. “The threat of infection strongly influences people by endangering their physical health, mental health and the economy of the country. The threats imposed by diseases are always serious as well as realistic” (Kachanoff et al., 2020). These threats have severe effects at macro

level, since they shake the very pillars of a society. They ruin the societies from all aspects such as economic, educational, social, moral, cultural and political. Flake et al., in their article about society and personality research, studied different ways, people perceive and react to viral pandemics (2017). There has been a chain of threats under the terms of “COVID-19”, “viral pneumonia”, “ventilators”, “lockdown”, “second wave”, “third wave”, and now “Omi crone”, “Corona variants”, “death ratio”, and “isolation”, etc.

The ways COVID-19 is affecting people are not observed from health perspective only, rather it is affecting the world from multiple other perspectives such as educational, financial, social, religious and above all psychological. COVID-19 discourse have become traumatic speech acts, which are sources of great fear and panic among people all over the world. In this regard, Banerjee (2020) argues that corona infections may create a wide range of behavioural and mental effects such as insomnia, panic attack, health anxiety, fear and above all trauma. In public discourse, the predominance of fear modifies different social practices in response to the factors generating fear about Covid-19, which has become a prime-time reality horrifying public these days.

According to Danny Horesh and Adam Brown, COVID-19 is causing traumatic stress in the world, since the people, who have not suffered from this infection are feeling apprehensive due to possible prospects of getting infected (2020). According to (Ho et al. 2020), the people in quarantine, suffer many types of traumatic feelings associated with fear of loss of their own life and of their loved ones. Additionally, loneliness, social isolation and constant stress of the pandemic are affecting immune system of people in such a devastating manner that they lose their spirits just by thinking about corona infection. Many of them experience post-traumatic stress

disorder symptoms after having spent a considerably long time in isolation away from their relatives and friends.

Throughout the history of mankind, psychological and physical torture have injured people in different situations and contexts. In both types of injuries, physical and psychological, human mind is affected directly. In psychological injuries, traumatic or threatening discourse plays a significant role. Butler uses the term of “interpellative function” of excitable speech exercise (1997, p. 24). The main objective behind torture through traumatic words is to engender the feelings of distress and self-mortification in the addressees. Van Boheemen (1999) states, “in trauma, experience may be stored in the body without mediation of consciousness”. According to Naeem, T., & Anwar, N. (2019), quote Butler, who comments that language has “a power to injure”, when it “acts against us” (1997, p. 1).

Research Questions

The research questions of this study are set on parameters of traumatic speech acts, presented by Judith Butler (1997):

- How COVID-19 discourse as a traumatic speech act is spreading panic and fear after becoming a discursive practice at macro level among Pakistani people, who are feeling insecurity in multiple aspects such as income, education, and mental health, etc.?
- How the drastic effects of COVID-19 as a traumatic speech are observed as behavioural shifts in people of Pakistan, who are psychologically disturbed by the pandemic?

Research Method

Butler’s theory of Excitable Speech serves the structure of this study. She explains that the power of traumatic utterance does not lie in its origination rather it lies in its repetitions: “the force of authority through the repetition or citation of a prior and authoritative set of practices” (1997, p. 51). The study shows how the discourse about the pandemic as a “stressful practice” is spreading psychological fear when it is repeated by people again and again.

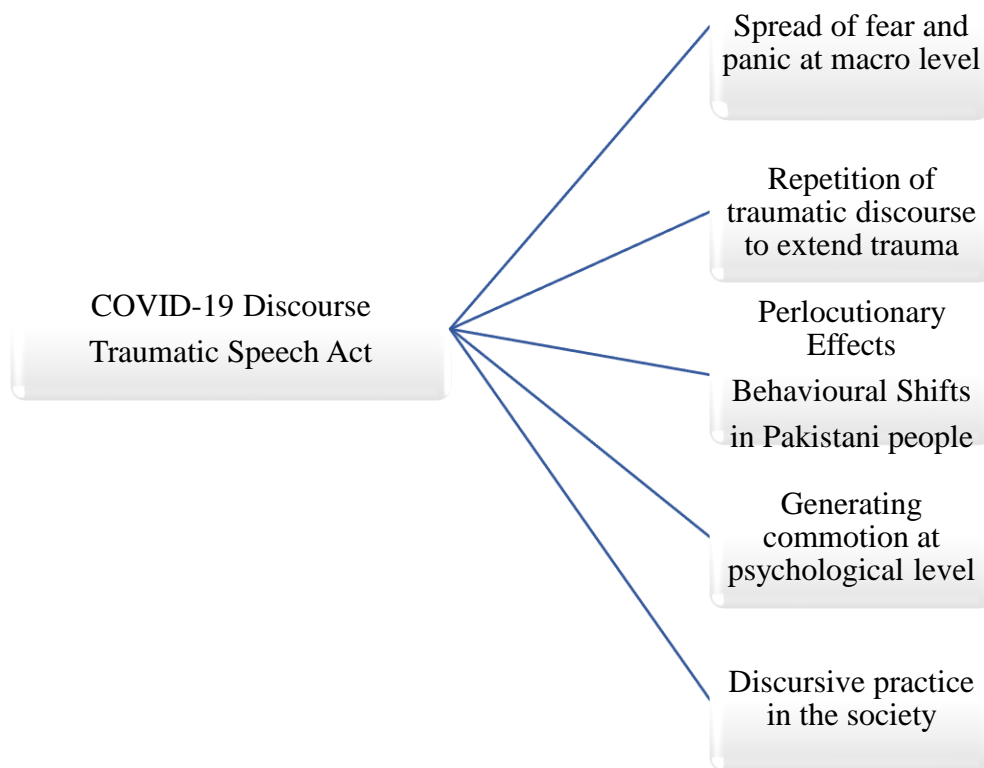


Figure 1. Theoretical Framework of the study

The research tool used in this study is a questionnaire composed of 25 close ended questions with comments in order to develop their justifications about their responses, arranged

under five different sections. For data collection, online system was used and the questionnaire was sent via email to randomly selected people belonging to different professions and field of life, living in Lahore. Their e-mail accounts were acquired after a research on internet with special consideration of the institutions established in Lahore. 250 people from both genders; 146 males and 104 females participated and sent back the questionnaire to the researchers. Both qualitative and quantitative methods were used to examine the data. For quantitative analysis, Descriptive Statistic Calculator was used and for the qualitative analysis, the most common comments by the participants are discussed.

Descriptive Statistics based on the Collected Data

The table given below shows the statistical values founded on the acquired data collected from the contributors by using the survey questionnaire.

Table 3: Statistical Description of the obtained data

Statistical Calculations	<i>Agree</i>	<i>Disagree</i>	<i>Neutral</i>
Mean	184.6	36.44	29.08
Standard Error	2.6539279	1.59172862	2.305009038
Median	183	35	28
Mode	195	40	26
Standard Deviation	13.26964	7.9586431	11.52504519
Sample Variance	176.08333	63.34	132.8266667
Kurtosis	-0.675352	-0.731095047	0.020826204
Skewness	-0.15912	0.142873525	0.740364298

Range	50	30	44
Minimum	155	21	14
Maximum	205	51	58
Sum	4615	911	727
Count	25	25	25
Confidence			
Level(95.0%)	5.477438	3.285166409	4.757304839

a. Spread of Panic and Fear at Macro Level

The figure below represents quantitative analysis of the data collected about traumatic effects of COVID-19 on Pakistani people, who are leading a dreadful life under threats of the pandemic. The findings show that the people are under permanent state of distress and panic about their own life and about their family members' life in their routine.

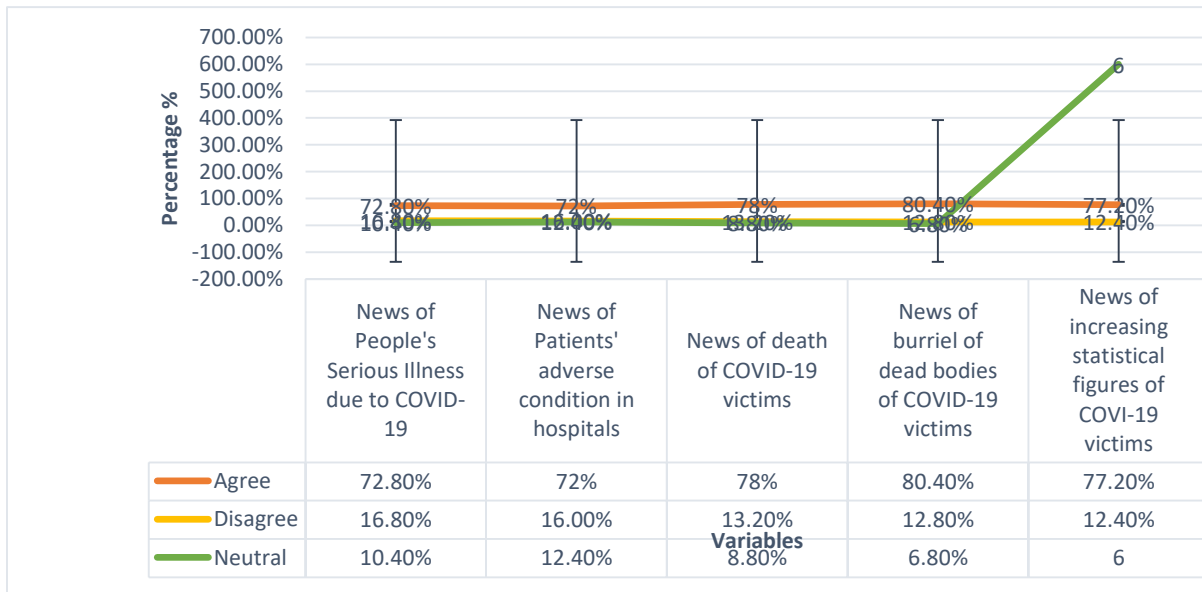


Figure 2. Quantitative analysis of spread of fear and panic at macro level

The quantitative description of the data is given below:

1. 72.8 % of the respondents agreed that the news about Corona patients is spreading fear and panic at large, 16.8 % disagreed upon it, since they opined that people must be informed about the news beyond its drastic effects on their minds, and 10.4 % respondents did not give their opinion. They commented that the way this pandemic is spreading and victimising people of all ages, is really terrific. They commented that, it is role of media to provide information to people, yet the traumatic situations emerge from different news, which tell how this infection damages vital organ of people and they take their last breath on ventilators. They added that specific terms associated with the pandemic such as “third wave”, “fourth wave”, “deadly virus”, “corona death rates”, “new cases”, “COVID positive” and “lockdown” etc. are continuously creating a traumatic environment in such a manner that there seems to be no hopes in future.
2. 71.6 % of the respondents agreed that it is an alarming situation that in many hospitals corona patients are not treated well, 16 % disagree with this as they believe that the hospital staff is busy in treatment of these patients day and night, and 12.4 % stayed neutral. The participants commented that they get afraid due to many other factors associated with Covid-19 infection such as, when they come to know that the infected people are not being well treated at hospitals due to lack of medical facilities, due to high rate of casualties and so on. One shared his own experience, when he got corona infection, “the hospital staff did not come near me to attend me, they were all so scared, I was able to cope with my drastic situation only with the help of my will power”.

3. 78 % of the respondents agreed that the news of death of corona victims spread fear and panic among people, only 13.2 % disagreed upon it as they opined that nobody can die before his time, set by Allah, and 8.8 % of them remained neutral. They commented that the alarming death rate of corona patients in different countries is causing serious mental agonies among the healthy people. Some of the respondents told, “In different hospitals, people are dying with corona with frequency of ten to fifteen in twenty-four hours. They are living under constant state of fear and depression in such a manner that they have lost their faith for future”.
4. 80.4 % of the respondents agreed that it is a traumatic situation that in case of death, the family members are not allowed to see the dead body and it is buried without performing formal procedures and prayer according to their religion, only 12.8 % disagreed upon that as they commented that people should accept it that these measures are carried out for safety purposes, and 6.8 % remained neutral. They commented that, when they get news of their relative or friend suffering from corona infection, they start believing that only some miracle can get the patient back to its family. The terrific news of burial of dead bodies in wooden boxes in hospitals is equally traumatic. One of the respondents shared her grief, when her mother got corona infection, “I was not allowed to see my mother in ICU, and when she died, her body was taken by the police to graveyard in a wooden box. Our house was locked by police so that our relatives may not be able to visit our house for mourning. That traumatic event of my mother’s death and communication among the surrounding people still haunt my mind”.
5. 77.2 % of the respondents agreed that the news about increasing death rates due to corona virus are source of great mental shock, only 12.4 % disagreed upon it, since they find it

useful that information must be shared with people, and 10.4 % remained neutral. Some participants added that the online updates about deaths of corona patients are also creating mental torture. Such situation becomes even more severe when different people associate a variety of other fears with it. According to them, many people hopelessly communicate their feelings of fear with each other that the world is going to end now. In this way they are spreading trauma.

b. COVID-19 as a Discursive Practice in Pakistani Society

Social media and print media are platforms which have a flood of information regarding what’s going on worldwide. These are the fastest ways to spread any sort of information and people who have access to social and print media get to know each and everything immediately. And what matters is the language through which the message or information is being conveyed. There are other platforms which are used for formal communication like press conferences and political talks of leaders on COVID-19 issue.

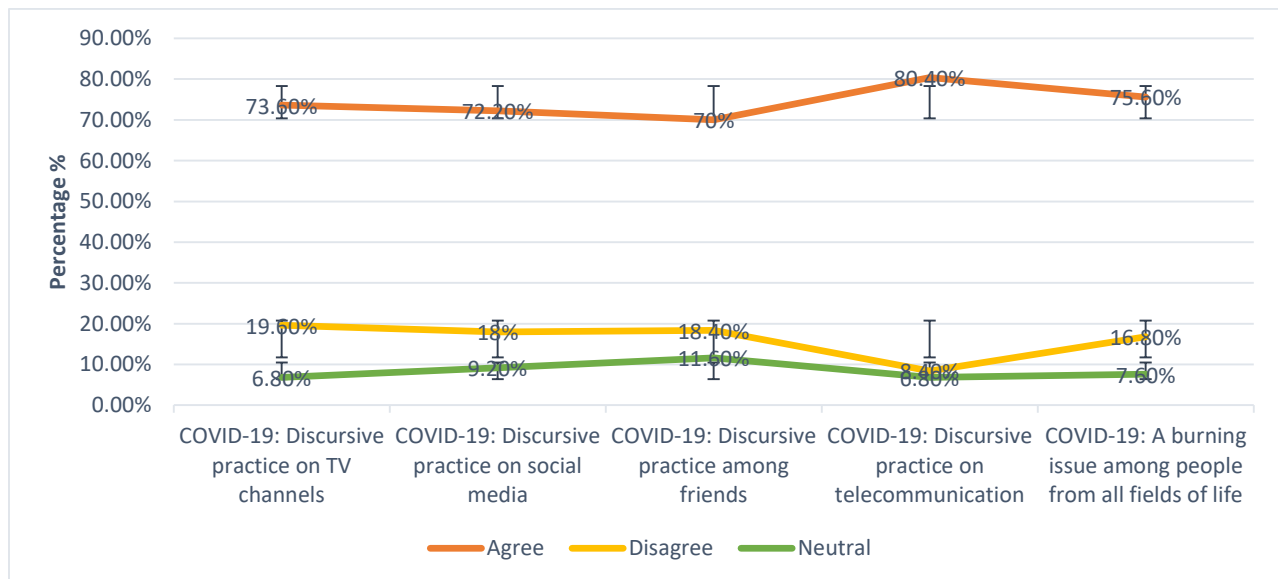


Figure 3: Quantitative analysis of COVID-19 discourse as a discursive practice in the society.

6. 73.6 % of the participants agreed that on all the TV news channels there are updates about corona infection, while 19.6 % of them disagreed by commenting that TV is not sharing exact figures of the victims and 6.8 % stayed neutral regarding corona news on TV. They commented that different TV channels are busy in giving breaking news about corona infection day and night. There are talk shows in which people talk about corona infection, lockdown, emergency situations, lack of special medical wards, lack of ventilators in hospitals and increasing death rates due to Covid-19 above all.
- 7 73.2 % of the respondents agreed that they see, read and listen to a variety of posts on social media such as Facebook, Twitter, LinkedIn, Instagram and YouTube about corona infection from different aspects such as religious, medical, educational, psychological and financial. 18 % of them disagreed as they commented that they do not use social media, and 9.2 % respondents showed no interest and remained neutral. The participants commented that the pictures of Covid-19 victims, who have lost their lives make people feel insecure about their own life. Some of the respondents believe that “it is a biological war” and on the other hand some say that it is “a revenge of nature” and some think that it is “God wrath due to moral corruption in the present era”. Different people interpret their response to Covid-19 according to their own experiences, perceptions and feelings. In this manner, they tend to generate different discursive practices about the pandemic.
- 8 70 % of the respondents agreed that they find majority of people talking to their friends and relatives on corona issue everywhere, 18.4 % of them disagreed upon that and 11.6 % of them remained neutral. They agreed that these days they see everyone busy in talking about corona infection. They take special interest in getting up to date news about this pandemic from their friends and relatives. They share with each other different remedies,

which they perceive as effective remedies to protect them from the infection such as “use of honey in hot water”, “use of figs”, “eating onions” and “use of olives”, etc.

9 80.4 % of the respondents, especially females agreed that they talk on phone calls with their friends. They commented that on phone calls, people start as well as end their communication discussing the issue of corona pandemic. Only 8.4 % of them especially male respondents in this regard disagreed, and 11.2 % of them stayed neutral. Some of the participants commented that due to lockdown, people are bound to their homes. They take psychological refuge in telecommunication with their friends. On phone calls, they mostly share their information about corona infection. Some of the participants told that in order to convince their children and family members that they have to adopt preventive measures, they exaggerate the situation and in this sense, they spread more trauma.

10 75.6 % of the respondents agreed that corona talks have become a burning issue everywhere, in all walks of life, 16.8 % of the respondents disagreed and 7.6 % of them showed no interest in it. They admitted that in all types of communities, people like to share information about corona infection. Some told that not only their “verbal discourse but their fearful facial expressions and physical gestures are equally involved in spread of corona torture”. Some commented that their friends spread trauma by sharing news of deaths of their relatives and so on.

c. Repetition of Corona Speech to further Extend Trauma

Language is a tool with the help of which people are able to convey their thoughts and ideas to others. In this regard, the selection of words always matters a lot, since they always have a strong influence on people. It has an ability to make people positive as well as to break them psychologically by creating panic and fear. Words used or spoken are capable of changing people’s

mind and can affect their lifestyle. There has been repetition of COVID-19 victimizations on media as well as in social gatherings.

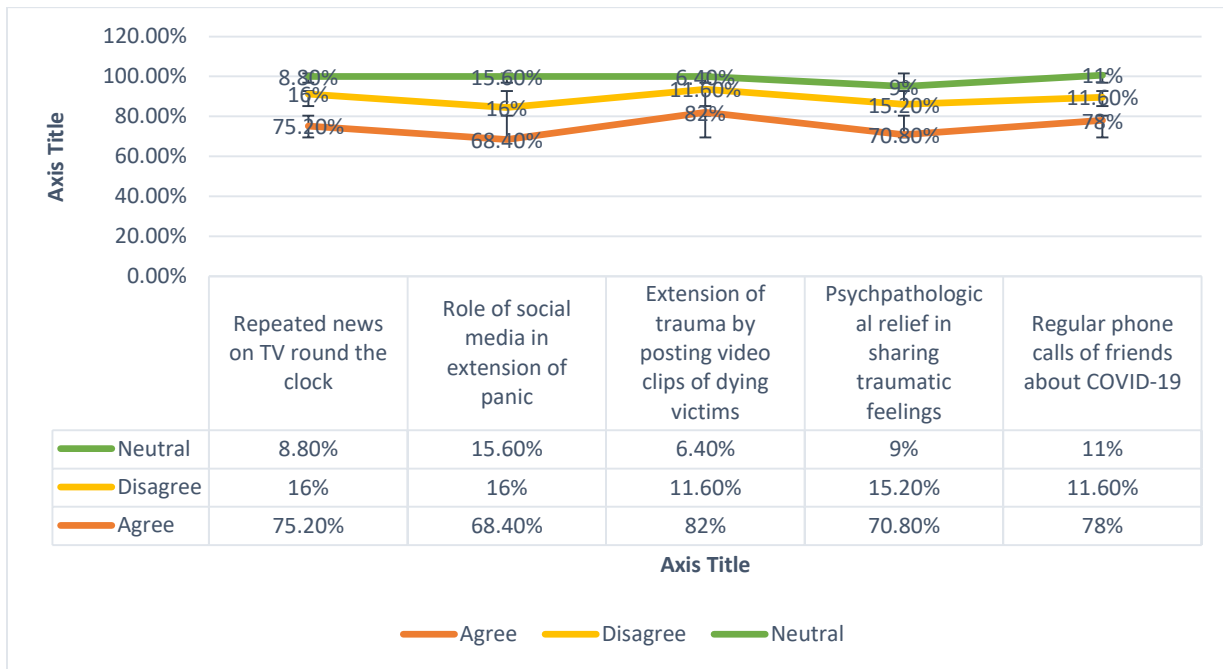


Figure 4. Quantitative analysis of corona speech to further extend trauma

11. 75.2 % of the participants agreed that they find repetition of corona news on TV channels, only 16 % of them did not agree with it, and 8.8 % of them showed no interest in this aspect. Some of the participants told that TV should also focus on its recreational role to get people out of their traumatic situations. They said that most of the people avoid seeing their friends and relatives in order to maintain social distancing. In such situation, there is need of such TV programmes, which can be helpful in bringing people out of their traumatic feelings. They say that on TV, all the time there is news of Covid-19 victims, deaths and lockdown, etc.

12. 68.4 % of the respondents agreed that social media seems to be crazy in displaying horrible posts, videos and comments to extend trauma and distress among people, 16 % of them

disagreed, and 15.6 % remained neutral. They said that people should also look towards other side that in this way, they are also playing with health of people at psychological level. One participant commented, “Some people are dying due to corona infection and the rest are near to die due to spread of fear caused by social media”.

13. 82 % of the sample population agreed upon that the social media is exaggerating the situation of fear by posting newflash and videos of dying patients in hospitals with oxygen masks and on ventilators with horrible comments, 11.6 % of the participants disagreed upon that, as they opined that it is important job of social media to update the public, 6.4 % of them remained neutral. They alleged that there are different horrible posts with pictures on Covid-19 victims such as “we will not forget this smiling face”, “the world is deprived of this noble person”, “more patients lost their life”, etc. They suggested that there is need to it is job of media to inform people about “Covid-19 Solidarity Response Fund”, which is being used by World Health Organisation to combat the pandemic. Some of the participants suggested that in this critical situation, it is the role of social media to inform people about Covid-19 treatment development such as discovery of vaccine, etc. Some of them suggested that social media should take part in posting of demonstrating videos on hand hygiene methods to Facebook and Instagram.

14. 70.8 % of the respondents agreed that people find psychological relief in sharing their distressed feelings with each other, only 15.2 % were not agreed upon that and 9% of them remained neutral upon this. The respondents commented that “fear and trauma is being spread from one person to another even faster than Covid-19 itself”. Some commented, “When fear and panic is expressed by our dear ones, it effects the listeners equally and in this manner the burden of distress is shared as well”.

15. 78% respondents agreed that they receive regular phone calls from their relatives and friends, who communicate different sort of information from others and forward it, 11 % remained disagree and 11 % remained neutral. They commented, “In this era of pandemic we are transmitting fear and trauma on telecommunication with each other”. One participant communed, “it is the same when someone hears about some murder and transmits his fear to others”.

d. Psychological Trauma due to Insecurity in Life

Due to COVID-19 crisis, people have lost their beloved ones, they are facing many difficulties in terms of their economy, their education system, their social work, etc. People have lost their jobs and as a result unemployment rates have increased. They are facing a variety of insecurities in their life, which is further aggravating the situation.

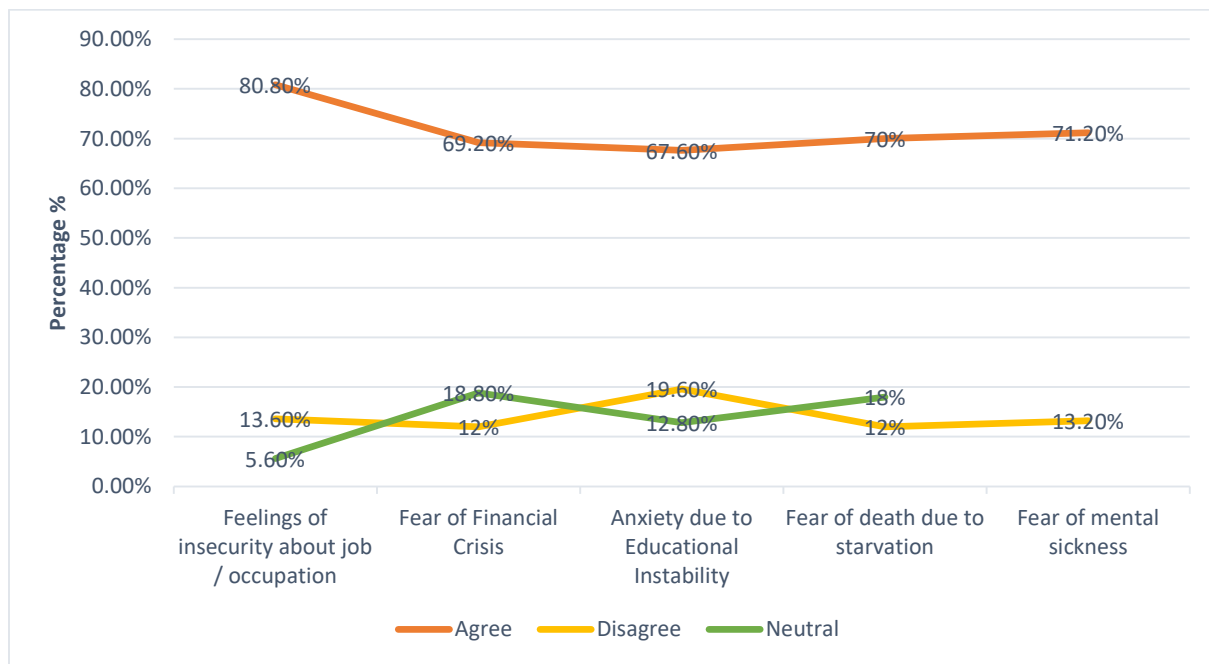


Figure 5. Quantitative analysis of psychological trauma due to insecurity in life

16. 80.8 % of the respondents agreed that they feel insecure in their occupational and professional life due to lockdown to control the pandemic, 13.6 % of them disagreed on this point, and 5.6 % could not decide and remained neutral. They commented that this pandemic has caused unemployment and economic instability at global level. Some of the participants commented, “We are getting mentally upset, when we find ourselves helpless in this economic disaster to Covid-19”, “It has shaken our lives completely”, “our businesses are ruined”, “due to lockdown, our organizations are closed and we are not getting salaries”, etc.
17. 69.2 % of the sample population agreed upon that they are distressed due to financial crisis, 12 % disagreed upon that and 18.8 % remained neutral. They commented, “In our jobs, working from home is not possible, we are earning on daily basis”, “Covid-19 has taken our bread”, “it is very difficult to provide food to our families”.
18. 67.6 % of the participants agreed that they are constantly worried about their educational career and future of their children due to corona crisis, 19.6 % of them disagreed upon feeling any kind of tension towards education and 12.8 % of them stayed neutral. Some of the participants told, “due to lockdown, the educational institutions are closed; hence many parents are extremely worried about future of their children”. Some commented that in online education, their children are not learning their lessons properly, they have become very careless”.
19. 70 % of the participants agreed upon their fear about anticipated starvation and hunger due to lockdown. They commented that several people would die due to hunger, since people are getting penniless in this drastic situation, 12 % of the participants disagreed towards this and 18 % of them stayed neutral regarding anticipated hunger. They held that they

were not sure about their prosperous future, “fear is prevailing their life continuously”. Some shared that they are also worried about poor educational conditions of their children, since their schools and colleges are closed. They said, “They are not satisfied with online education and hence they fear that their children are left behind”.

20. 71.2 % of the respondents agreed that they are suffering from different psychological disorders day by day, they commented that there has been no proper treatment to cure people against the pandemic, only 13.2 % of them disagreed, and 15.6 % remained neutral.

e. Socio-Behavioural Changes as Perlocutionary Effects

In Pakistan, it is observed that there is great change in the behaviour of people during and after the pandemic. They like to spend their time indoors, they avoid close acquaintances, they consciously wear face masks and avoid visiting crowd areas.



Figure 6. Quantitative analysis of socio-behavioural changes as perlocutionary effects

21. 66.8 % of the participants agreed that they avoid visiting their friends. They commented that it is their socio-cultural, moral and religious practice to interact with other people on regular basis, but due to adopt corona precautionary measures, people avoid each other. Only 10 % of them disagreed regarding this practice, and 23.2 % of them remained neutral. Some of them commented, “Loneliness, at the time of stress is further exaggerating the situation”.
22. 81.2 % of the participants agreed that they avoid going to crowd areas such as markets, parks and grocery stores. They commented that they prefer online shopping on personal visits. Only 11.2 % of them did not agree upon that and 7.6 % remained neutral. They commented that although it is need of the hour to adopt social distancing, yet it is affecting their mental health, since they do not enjoy seeing their relatives and visiting public places, which is useful for their psychological health.
23. 79.2 % of the participants agreed that they do not visit their relatives, who have signs of corona infection, they commented that they prefer to make phone calls in such cases, only 11.2 % of them disagreed upon it and 6 % of them remained neutral. The participants commented that the pandemic has forced people to suffer doubly; they cannot attend their dear ones, when they are in serious condition after getting affected. In the same manner, the victims get deprived of their dear ones during their severe illness. They commented, “Due to the risk of serious infections from one person to another, they do not attend their relatives during their sufferings and this situation is very terrible”.
24. 70.8 % of the respondents agreed that due to corona threat they avoid religious places, as they comment that there are more chances of getting this deadly infection in gatherings. 16

% of them disagreed and opined that after precautionary measures they go to religious places but not in routine and 13.2 % remained neutral.

25. 62 % of the respondents that they have stopped all sort of recreational visits and stay indoors. They opined that this practice is further exaggerating the traumatic situation, 20.4 % of them disagreed, and 17.6 % of them remained neutral. They commented, “To cope with stress and trauma, it is important for people of all ages to develop optimistic approach towards life and in this media should perform its role in an effective manner”.

Discussion and Conclusion

The study of Judith Butler’s traumatic speech acts in relation to analyze the psychological effects of COVID-19 discourse shows that the pandemic, as a source of trauma is prevalent everywhere; in public discourse, news and social media. The speech of the pandemic has become a source of traumatic effects on people’s psyche all over the world in the present time, since it has drastically affected people from multiple aspects such as physical, psychological, social, moral, educational and psychological, etc. These speech acts emerge as ritualized practices themselves, since they are derivatives not originators. Such speech acts are repeated again and again in order to further aggravate the situation. She further declares, “Just as physical injury implicates the psyche, so psychic injury affects the bodily *doxa*, that lived and corporeally registered set of beliefs that constitute social reality” (1997, p. 163). Her contributions in highlighting the psychosomatic transformations under traumatic speech is that she gives great importance to speech, which contributes in their accomplishment.

The findings show that in spread of trauma through language, the role of mass media cannot be overlooked, since it has appeared as a principal contributor in this regard. According to Allen Meek, “The trauma discourse itself participates in a therapeutic understanding of experience that

forms part of medical and managerial modes of investigation and control” (2011, p. 3). Although the news reports spread information about COVID-19 to make people alarm about its threats, yet it cannot be overlooked that these news affect public mind in such a manner that people are living in traumatic situation develop constant fear. (Van Bavel et al., 2020) highlighted role of media in spreading false information and fake news, which further aggravate the traumatic situation. According to (Perez-Lugo, 2004), media can play “a pivotal role in relieving the psychological stress of the victims by providing emotional support”. The news, people listen are discussed and repeated again and again with each other to further extend the trauma. In this sense, the psychological agonies are far more dangerous than physical injuries, since they engulf more people in the surrounding. The victims of trauma always like to share their agonies with other people, and hence they suffer this pain repeatedly each time. The pain of trauma in the real life is equally tormenting as the pain of traumatic events, repeated in flashbacks and nightmares. Cathy Caruth in *Unclaimed Experiences: Trauma, Narrative, and History*¹ (2016, p. 4) defines trauma as a wound of devastating violent experience that victims suffer through unpredicted and unrestrained situations. The injurious effects of offensive speech are highly destructive, since they cause the victim suffer mental agonies throughout their life: “it is always the story of a wound that cries out”. She further explains that these acts appear again and again in the form of “the repetitions of the traumatic event – which remain unavailable to consciousness but intrude repeatedly on sight” (2016, p. 92).

The analysis also shows that the pandemic has become a discursive practice at macro level, since on all types of media: print, electronic and social, it has been discussed again and again everywhere round the clock. Moreover, it is also discussed as a topic of trauma in people’s face to

¹ Originally published in 1996.

face communication with each other and on telecommunication etc. according to their own perceptions. They have developed a variety of fears, which are directly or indirectly associated with the pandemic. The fear of death, of their financial condition, of unemployment, of starvation and educational career of their children, etc. They are repeatedly uttered by the affected people to give vent to their traumatized feelings as well as in order to intensify the situations on a broader scale by guzzling more people in the society. It seems that people give vent to their pent-up feelings of trauma under the pandemic by sharing their feelings with each other. People from different walks of life are observed talking about the pandemic. They frequently use the associated words with the pandemic such as “ventilators”, “sanitizers”, “fever”, “flue”, “infection”, “death”, “lockdown” and “corona tests”, etc. They are seen anxious about sharing the recent information about it.

The analysis shows that people are feeling insecurity in life at various levels. In Pakistan, about more than 40% people are living below poverty lines. Chohan (2020) has predicted economic adversities for economy of Pakistan. According to him, Pakistani people are hit hard by the lockdown, since they depend upon daily wages. Many people have lost their jobs due to lockdown policies, but the pandemic is engulfing people more and more with the passage of time. There are different myths and rumours along with real news which are sources of trauma spread at macro level. According to a study, (Khan et al., 2020), Pakistan is already a victimized state of hunger, political instability, terrorism, and other epidemic infectious diseases, etc. Due to lack of medical research centres and laboratories there is a very high rate of mortality in Pakistan. Furthermore, many people have become mentally sick due to isolation. The main goal of social distancing is to overcome the danger of infection but people are suffering mental distress in their isolated situations. Although they are not physically victimized by the pandemic, yet they are

psychologically victimized of Covid-19 trauma, which is equally painful. (Salman et al., 2020) studied psychological impact of corona virus infection on Pakistani university students and found that 21.4% and 21.9% doctors have examined anxiety and depression during the pandemic, respectively. There are visible drastic changes in the socio-behavioural outlook of people under the psychological trauma, the discourse of COVID-19 is creating upon their mental state.

According to Everett et al., Van Bavel et al., and Prinski and Holyoak, “the spread of COVID-19 is obviously reshaping socio-cultural canvas of life and social psychology is at the vanguard of realizing these changes” (2020). Sometimes such speech has permanent effects, and people find it difficult to get out of the traumatized retentions of acrimonious experiences during the course of their life. In this regard, such speech acts are very powerful as well as successful performatives, disturbing the psychic domains of the addressees and becoming an everlasting, yet traumatic part of their psychology. Karwowski et al., describes that the behavioral immune system emerges in order to protect humans from pathogens, a potential psychological mechanism driving this effect leads through the emotion of fear and anxiety (2020).

It is found that owing to the traumatic and fearful discourse about the pandemic, there have been visible socio-behavioural changes on large scale in Pakistan. The analysis under this section shows that how the pandemic has brought significant shifts in behavior, moral and ethical outlook of people. It is a common belief that a community’s behavior is subjective to socio-cultural norms, but under the current scenario people have changed their cultural outlook in order to adopt precautionary measures against the pandemic, such as isolation and social distancing. Due to the contagious coronal infection and its preventative measures such as lockdown, people are feeling insecure about their future. They have developed a variety of fears in this quite hopeless situation, which has changed the world order in few months. According to Judith Butler (1997a, p. 41), the

traumatic speech works through interpellative forces. Under a psychological threat produced by COVID-19 discourse, people avoid visiting each other in different situations such as religious gatherings, social functions and recreational spots, etc.

The study recommends that equal attention should be given on mental health issues along with medical and physical repercussions of the pandemic. There is need to use psychotherapeutic measures to reduce COVID-19 trauma, since if people are psychologically strong, their immune system will work well to protect them. Although, quarantine is vitally important to keep people safe from the infection, yet it creates negative emotions of fear and anxiety leading to mental trauma. In such circumstances it is the job of media to inform people about the pandemic in such a manner that they may not suffer psychologically.

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Appendix 1
The Questionnaire

Name (optional):

Gender:

Questions	Agree	Disagree	Comments
I feel distress when I get news of people' serious illness due to the pandemic.			
I feel distress when I get news about people's adverse condition even in hospitals.			
I feel distress when I get news of people's death due to the pandemic.			
I feel distress when I get news of dead bodies are being buried in wooden boxed without offering their funeral prayers and other religious ceremonials.			
I feel distress when I get information about statistical data of death rates due to the pandemic in my environment.			
I find daily coverage of news reports about the pandemic on all the news channels of television.			
I find different posts about the pandemic on social media such as Facebook, Twitter, Instagram, LinkedIn and YouTube, etc. on regular basis.			
I find talks about the pandemic as a burning issue among my family members.			
I receive phone calls from my friends and relatives, who acquire about my health condition regarding the pandemic.			
I observe people from all walks of life communicating about the pandemic almost everywhere.			
I find repetition of reports about the pandemic on all the news channels of television again and again round the clock.			
I feel that social media is playing its role in further extension of panic about the pandemic.			
I find different posts, video clips and news on Facebook, Instagram, Twitter,			

LinkedIn and YouTube about deaths of Corona victims to further exaggerate the dreadful situation.			
I find that people are taking psychopathological relief by sharing their traumatic feelings to others.			
I receive phone calls from my friends and relatives, who regularly share with me the news of death rate due to the pandemic.			
I feel insecurity about my job / business / occupation.			
I am terrified that my family members will face extreme financial crisis due to lockdown.			
I am anxious about my educational career / educational career of my children / educational career of my family members. I am afraid that many people around will die out of starvation and hunger in this hopeless situation.			
I am afraid that due to the present situation of terror, my family members including me are getting psychological disorders such as anxiety, stress and tension.			
I avoid meeting my friends and relatives.			
I avoid visiting crowd areas such as markets, grocery stores and parks, etc.			
I avoid attending my relatives, who have got COVID-19 infection.			
I avoid going to religious places under psychological threat of corona infection.			
I avoid going out for recreation and relaxation.			