Plotting hope: Inverse stories and scalar reversals of a health crisis*

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ABSTRACT

This article investigates the discursive dimensions of the Zika epidemic in Brazil. It focuses on the ways the sanitary crisis is talked about by mothers of babies born with microcephaly—a Zika-related syndrome. We examine the situated ways these mothers refuse the biomedical and bureaucratic scripts that are handed down to them by engaging with their new realities and fostering hope against the grain of bleak prognosis. To do so, we scrutinize a corpus that comprises media reports covering the health emergency and ethnographic interviews. Resorting to strategies such as inverse stories, timespace anchorage, and scalar reversals, mothers of Zika inventively plot against painful scripts while reimagining their kids' future (as well as theirs) in the present. They hope pragmatist hope without teleology. This chronotopic movement sheds light on how somber plots can be twisted through (re)scaling projects, thus forging hopeful actions. (Hope, narratives, scale, plot, epidemics, agency)

INTRODUCTION

A sanitary crisis is as much a biological fact as it is a discursive construction. Whereas viruses do not discriminate against gender, race, and class differences, discourses do. The ways illnesses are handled by governments, talked about by citizens, and semiotized by the media not only cut across such differences but also capitalize on them. Drawing upon this premise, this article investigates the discursive dimensions of the Zika epidemic in Brazil. It examines the situated ways people whose lives have been shattered by the virus refuse the biomedical and bureaucratic scripts of suffering and victimization that are handed down to them by seriously engaging with their new realities and fostering hope against the grain of bleak prognosis. Eschewing commonsensical views of hope as passive waiting, the social actors in our data show that 'hope is a human doing which modifies perception and action' (Waterworth 2004:15)—it is a situated practice and as such can be captured by sociolinguistic attention to the micro-details of discourse.

Zika is a virus transmitted by the mosquito *Aedes aegypti* and produced a public health tragedy in 2014–2015, striking masses of Brazilians. Mothers and their

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newborn babies were particularly hard hit due to Congenital Zika Syndrome (CZS), which causes microcephaly (i.e. a reduction in brain size) and is generally accompanied by severe neurological impairments. According to data released by the Ministry of Health, 3,226 babies had Zika-related brain alterations between 2015 and 2019. During that period, national and international media speculated about the origins of the Zika epidemic, blaming an omissive state, and focusing on affected women (Porto & Moura 2018). Despite the wide media coverage of Zika-stricken women, in most press news, the so-called mothers of Zika were not given a voice. They integrate a master narrative, so to speak, in which the women are positioned mainly as victims—'they do not talk but get talked about by the press accredited sources' (Castilhos & Almeida 2020:9).

This predominant storyline was a striking feature in the video material we have scrutinized. Amounting to more than 300 minutes of footage (see Appendix A for a list of online sources), it reconstructs the mothers' misfortunes. Their babies carry several simultaneous deficiencies affecting their vision, hearing, and swallowing capacity. These women also frequently go through extreme financial and emotional challenges. Compounding these difficulties is the fact that, for many, this ordeal is a solitary undertaking, since fathers become another of the woman's duties, perpetuating a worn-out patriarchal script. Many of these men end up abandoning their families. The overall background of the mainstream media reports suggests an affective repertoire of despair and destitution.

Nevertheless, several reports favor a different angle (see, for example, BBC News 2016a, b; BBC Panorama 2016; STAT 2017; BBC News 2018). They include interviews and testimonies in which mothers of Zika-stricken babies do talk about their predicaments. Such a perspective drew our attention and motivated us to reaccess these videos, this time focusing on the ways they questioned the mainstream media that tended to eclipse these mothers' voices in the name of victimization. We prioritized a more situated vantage point, concentrating on the stories told by the mothers themselves against the grain of the health crisis they endured. We thus considered narratives within a narrative, a dual focus that suggests different scaling possibilities. One grapples with the other, producing tensions and ambiguities whose common ground is the depiction of women in profound susceptibility.

Our interest in more situated stories also led us to *União de Mães de Anjos* 'the United Mothers of Angels' (UMA), a grassroots advocacy group for mothers of Zika referred to in some of the videos we watched. UMA aims to improve the healthcare offered to children with microcephaly at the national health system (SUS), assist mothers in navigating state bureaucracies, and build a nationwide network of women whose lives have been changed by the virus. Through UMA and its Facebook and Instagram pages, we were introduced to several mothers in different areas of the country. We interviewed one of them, Germana, via WhatsApp and voice calls.

Such procedures have generated a significant amount of data. For our purposes here we selected two focal participants, Danielle and Germana. Both are mothers of

Zika whose practices of hope reperspectivize the hardships they struggle with. We consider their narrative performances on specific occasions in our data set. We analyze Danielle's participation in a documentary produced by SBS (SBS Dateline 2016b), Germana's interviews with us, and a speech she delivered in a public hearing (BBC News Brasil 2019). By zooming in on the local stories they tell and their agentive affects in different contexts, we witness how their initial disenchantment transmutes into hope 'even with no happy ending in sight' (Mattingly 2010:6). The situated lenses we throw onto the sanitary crisis and the in-situ management of its affective dimensions allows us to show that these women do not cling to what Berlant (2011:24) calls cruel optimism, namely 'a relation of attachment to compromised conditions of possibility whose realization is discovered either impossible, sheer fantasy, or too possible, and toxic'. Rather, bucking their portrayal as either passive victims or dutiful mothers, their stories are geared towards twisting painful scripts of suffering, victimization, and bureaucratic apathy through a nuanced moral stance whereby they reimagine the future in the present. Despite their children's illness, they put into practice what Mattingly (2010:214) refers to as hopeful plots, unveiling 'possible worlds and possible selves worth striving for'.

At this juncture, this article examines how Danielle and Germana resemiotize circumstances of extreme vulnerability via multiple signs and the (meta)pragmatic strategies they deploy in the construction of a particular line of sight and action. Our interest lies in how these women scale their doings and surroundings by conjuring hopeful plots despite radically debilitating conditions. In our analysis, hope emerges as an outcome of (re)scaling projects that recast agency (or the lack thereof). By and large, scaling is an ongoing performative activity that creates our sense of reality. It is a point of view on experience forged by linguistic and nonlinguistic signs. In this sense, recent sociolinguistic understandings of hope as a reorientation of action (Borba 2019) and a recalibration of linguistic resources (Silva & Lee 2021, 2024) may be analytically enlivened by attending to speakers' scalemaking projects in the stories they tell. To address these issues, we examine narrative activity in which mothers of Zika make scale claims that question oppressions of class, race, and gender.

PLOTTING HOPE: A SCALAR APPROACH

In reflecting upon the destruction of the Crow territory in the 1800s, Lear (2006) examines the tension between the obliteration of specific ways of life and the ways life insists on being reinvented. The Crows lost their land and were tethered to the limits of a reservation. Within these perimeters, routine practices ceased to exist. Lear explores how Plenty Coups, a Crow leader, instead of lamenting the loss of a former way of life, strives to learn with others, drawing on his past and ancient references to reinvent the Crow life by imagining ways of moving forward.

Lear asks an unsettling question that describes a 'peculiar vulnerability' that many, like the Crow, experience. He wonders what happens when one faces 'the breakdown of a form of life' (Lear 2006:6). Mothers of children with acute infirmities deal with similar turmoil. As many uncertainties hover over these mothers and their kids, a future can only be grasped by intervening in the present. Such a temporal dilemma provides the anchorage for the stories they tell. Their narrative action, thus, serves to mediate a struggle between the present and the future. This context is ripe for the cultivation of what Borba (2019) dubs 'semiotic acts of hope'. Inspired by anthropologist Miyazaki's (2004:5) view of hope as a 'radical reorientation of knowledge', Borba warns against understandings that frame hope in abstract terms such as anticipation, expectation, dreams, and so on. According to him, hope is materialized in the ways people engage with otherwise paralyzing conditions through acts that 'disrupt established oppressive orders by creating a sense of possibility, of a reconfigured present and of a future that has no place as of yet but can acquire one' (Borba 2019:174). Hope's forward-looking indexical potential thwarts linear temporality by embedding the future into the present and vice-versa. The breakdown of a form of life is fuel for sparking its reinvention. Hope and its semiotic renditions offer a level-playing field whereby people may take action within conditions that would otherwise paralyze them, and despite (or precisely because of) the lack of a foreseeable happy ending.

This fractured temporal dimension is central to Mattingly's (2010) ethnography of African-American women whose children have been diagnosed with severe illnesses and the ways they navigate the clinical context of a hospital. She argues that hope is a practice that must be cherished in the face of acute uncertainty. Mattingly (2010) also sees the practice of hope as some sort of reorientation. She is interested in how the mothers and doctors she works with manage to keep going even when 'biomedicine offers no cure' (Mattingly 2010:4). Mattingly shows that hope emerges through the ways mothers tell narratives that 'run counter to the life story that has been unfolding' (2010:165). In her account, hope is a narrative reorientation of a painful script predicated on their children's illness. This is what she refers to as plotting hope: the construction of 'an inverse story despite the many losses in ... life' (2010:165). The polysemy of the word *plot* is relevant here. Plotting refers both to the development of the story's theme (events, characters, place, time, actions, etc.) and to the ways this theme conspires (i.e. plots) against a jarring reality. The practice of hope can be glimpsed from these plot twists.

Instead of remaining paralyzed, the mothers in our study press on. They plot hope upon dreaming imagined futures (Capranzano 2003; Miyazaki 2004). Such construction of hopeful plots is, to a significant extent, reliant on forms of semiotic labor that (re)organize the perception and understanding of social life. In other words, they depend on scale-making (Carr & Lempert 2016). In their work on scale, Carr & Lempert (2016:3) argue that the meanings we produce always imply a view from SOMEWHERE, so that 'when we scale, we orient, compare, connect, and position ourselves'. This view ties in particularly well with

Mattingly's notion of plotting hope: the inversion of grim storylines is a matter of (re)perspectivizing biomedical and bureaucratic scripts and, on this basis, reorienting mothers' actions towards the illness, the state, and their children's present and future.

By asserting that people use language to scale their worlds, Carr & Lempert advocate anti-essentialist reasoning, which is consequential on several counts. First, the organization of experience is layered in scales conceived in terms of event-boundaries and emerging social relations. Second, identity and difference are figured according to this same logic, being approached as a continuous flow. Third, in the business of locating ourselves in society, we perform identities that are evaluative responses to ongoing affairs. We construct moral (dis)identification through affective (dis)engagements. Sense-making is thus inseparable from taking stands and signaling closeness to or distance from circulating ideologies.

The interconnection between the long-lasting and the short-lived becomes clearer in narrative activity, when we approach it as an ordinary doing that contrasts different times and spaces, something we do at the minutest levels (Georgakopoulou 2007), in the recapitulation or the prospection of experience. Utterances like 'Yesterday I ...' or 'Tomorrow I plan to ...' are indicative of projected spatiotemporal distinctions between a present when-and-where and a remote one—or one located in the near (or hypothetical) future. For some narrative theorists (Mishler 2006; Georgakopoulou 2007), we perceive the world in narrative form, according to criteria such as temporal-spatial order and its disruption, that is, complicating action (Georgakopoulou 2007:32).

In our data, a point of convergence in the mothers' narrative performances is the way they apprehend their experiences with microcephaly within a specific timespace arrangement: the before-birth period, the birth trauma, and the aftermath. We characterize this configuration as a narrative mode of communication coordinating references to time, space, and personhood (Blommaert & De Fina 2017). The notion of timespace scales provides relevant insight into how different narrative strands interlace and how hopeful plots emerge. Individual resilience, care for the babies, and collective organization are highlighted in the set of videos and interviews that make up our corpus. These aspects scale circumstances in which mothers and their stamina are the protagonists. In sharp contrast stands the negligent state that abandons them. However, attention to backgrounded details rescales the narrative scene, shedding light on 'supporting' actors such as family members, activists, doctors, and researchers—active participants who contribute to the mothers' work of plotting hope by joining the fight for survival. In such a way, attending to scale-making in these small narratives responds to the 'conceptual task of creating a space for hope that neither forecloses the possibility of personal transformation nor invokes an optimism that relies on an ideal of cure or the emergence of new "regimes of truth" (Mattingly 2010:218). By attending to these semiotic dimensions, the next section examines how hopeful plots materialize as everyday realities AMID and AGAINST trying circumstances.

TALES OF HOPE: JUGGLING TIMESPACE

The Zika outbreak laid bare Brazil's inequalities. The bodies it affected had a specific gender, class, and race. Women living in rural areas of the country's northeast were hit the hardest. Many testimonies of afflicted females are indicative of such circumstances. These features are foregrounded in all of the videos in our corpus. Produced by different Brazilian and international corporations, they tend to follow a similar storyline that projects scales along several parameters of inspection, wider or narrower. The Zika phenomenon is placed in different timespaces that intermingle with further metrics such as types of people, number of persons in focus, practices being performed in specific social scenes, and amount of occurring talk. There is the timespace of the neighborhood, constructed through several takes of deprived areas in the northeast region of Brazil. We see anti-mosquito operations being implemented by groups of sanitary agents who move amidst open drains and intricate favela alleys. Some look for potential larva-spawning sites, while others spray larvicide. Generally, a reporter's voiceover narrates the scene. Some comments highlight government lethargy, corruption scandals, and embezzlement. Nevertheless, most remarks put ideas of fierce love, acceptance, and courage in the spotlight, foregrounding the straight bond between mothers and their babies.

Against this wider context, the timespace of the home centers on scared mothers wrestling with how to care for their infants. Many mothers are interviewed about their tough routines and the daily difficulties they must manage. They are also asked about their pain as well as their dreams for the future. They have faces, names, and voices, an angle that stands out against the numerical information presented in more strictly biomedical approaches (Fabrício 2019). This intimate scale concentrates on personal experiences that become even more robust when projected onto the timespace of the rehabilitation clinic. In this institutional domain, women, children, and therapists engage in medical practices to stimulate babies' neurological development. We also see mothers waiting for appointments with specialists who evaluate each child individually. They live a temporality regulated by a tight schedule including doctors' appointments, exams, and drug administering. Frequently, female and male physicians are heard talking about their frustration at dealing with a problem whose magnitude is still unknown.

As stated above, the material we have inspected weaves a totalizing plot predicated on generalizations and essentializations of poverty and underdevelopment. In these panoramic plots, the women's misfortunes are angled according to common sense perceptions. There are, however, elements that semiotically twist these plots. Usually relegated to the background, they point to more complex configurations in which hope creeps into the storyline in different ways. A case in point is the documentary *Love in the time of Zika*, produced by the Australian media company SBS (SBS Dateline 2016a). Several of the patterns identified above are recurrent in the program, so we use it as an analytical entry point to examine how the big story of suffering and victimization is recalibrated in the stories that mothers tell the documentary-makers.

Love in the time of Zika is the story of Letícia, Danielle, and Cleane, whose 'children were born deformed', according to the YouTube website (SBS Dateline 2016a). And it goes on to say that the program 'follows the devastating impact of the Zika virus in Brazil through their eyes'. The documentary is analytically rich because it juxtaposes the big story of suffering and victimization with mothers' resistance to it. That these agentive moments where the mothers actively articulate hope were selected and topicalized in the program itself suggests they are at least noticed by the show's producers and incorporated into mainstream media discourse. While the documentary's opening scenes portray Zika as a complicating action that changed the mothers' lives, unconditional love functions as the resolution of the narrative it tells. The opening scenes plot a story that juxtaposes caretaking with despair, desolation, and abandonment. The big story of unconditional maternal love develops amidst technical information on the mosquito-borne epidemic and animated maps that progressively zoom in from South America to Brazil, and then to specific northeastern regions, producing fractal contrasts (Gal 2016) in which oppositions such as developed/underdeveloped are recursive. These images interweave with comments of doctors and health authorities, mothers crowding clinics, and testimonials of young women caring for their 'deformed' babies. The documentary then turns to Danielle Santos, the twenty-nineyear-old mother of Juan Pedro, whose testimonials we examine in the next section. In the little more than five minutes allotted to her, Danielle tells a story full of pain and hope. Her narrative is a form of social critique through which she demonstrates that we ought to 'consider social structure with all its oppressive force, as necessary to an analysis of hope, but to consider it in a way that does not eclipse the struggle of people to create hope in their lives' (Mattingly 2010:218).

LONELY WARRIORS

Danielle prepares lunch while her eleven-year-old daughter rocks her brother Juan Pedro in her arms, trying to calm him down. The reporter's voiceover comments on the action: 'For mothers like Danielle Santos struggling to care for a baby with microcephaly, prevention comes too late. More than anything else, they need support. Danielle's eleven-year-old daughter helps out, but her husband? Well, he's a different story.' Besides offering an interactional topic, the scene provides an orienting frame for the production and interpretation of Danielle's narrative.¹

Danielle's story reconstructs her being abandoned by Juan Pedro's father while she was sleeping. She first scales her experience by invoking crystallized typifications that distinguish between women's and men's roles, indexing the prevailing gender order according to which the caretaking of children is the mother's responsibility. Referring to the absence of fathers, the reporter not only ratifies the story's disruptive element but also qualifies it as 'male abortion', a metaphorical scale comparing neglecting a child to getting rid of them. Such an account frames his

next question, which encourages Danielle to further scale the problem by listing the actions typically ascribed to women by their husbands. Her assertiveness in projecting the narrative's resolution by indicating that she did not have the time to worry about her husband's absence begins to reorient the plot of the narrative counter to her husband's actions and, importantly, the documentary's framing of her as 'needing support'. First, she confronts 'the paradox of hope', which is the cultivation of a hopeful stance in the face of disappointments and bleak prognoses (Mattingly 2010:3), as shown in excerpt (1).²

(1) Danielle (24:12-24:40)

1	Danielle:	The lack o:f a °male presence won't
2		make° (0.5) me sto:p (0.8) fighting fo:r-
3		(.) for the well-being of my son.
4		((footage of the mother rocking the crying baby
5		in her arms with a dog barking in the background))
6		Loo:king into his: eyes at his difficulties
7		I find my strength. (0.8) He
8		needs me. $(0.5) < If$ he needs me
9		so: I ca::n't feel so:rry for myself,
10		(0.8) be weak. crying, or anything else,
11		Nohh Life goes o::n < and
12		I'll do everything I can do for hi::m↓

The paradox of hope is made quite conspicuous in lines 1–3. Being abandoned by Juan Pedro's father is not framed as the main event in her narrative despite the foregrounding of this topic by the reporter. Rather, Danielle takes hold of the plot, defying the gender boundaries the reporter projects. She rescales her narrative by backgrounding the relevance of a male figure in her life. In such a way, not only does she locally twist the patriarchal plot that still prevails in the country, but she also pivots the focus of the narrative onto her son who she describes as a sort of catalyst for her actions (lines 6-7). While the 'big story' of the documentary seems to fathom Danielle as a victim of Zika and her ex-husband, she contests this identity ascription by narratively carving out a new perspective. Instead of lamenting 'the breakdown of a form of life' (Lear 2006:6)—in this case, her marriage and her child's health—Danielle considers that "I ca::n't feel so:rry for myself, (0.8) be weak. crying, or anything else" (lines 9-10). She refuses victimization by looking ahead into the future (line 11). In such a way, she plots hope by reperspectivizing (i.e. rescaling) her reality. She abandons conventional performances of female fragility and focuses on the possibilities of the here-and-now. She closes off the narrative with a coda that redefines agony into forward-facing purpose (lines 11–12). The projection of more agentive affects is interpolated with constant adaptations of dreams, which imply seeking 'new things to hope for' (Mattingly 2010:5).

(2) Danielle (22:22–22:45)

1	Danielle:	My dream was to have a so::n who could play
2		soccer well (0.2) and who could become a soccer
3		player. (0.5) But then I've had to forget all
4		the dreams I had for him and- (1.2)
5		((baby sleeping in her lap)) >I don't think about
6		him playing \downarrow < (0.5) but I think about him simply
7		walking. $(0.8) > \text{if he can}$
8		walk that will be an achievement $\downarrow < (0.8)$
9		once he is wa::lking we can <start></start>
10		(.) planning new paths for him.

In her story, Danielle grapples with a world that can be no more and one that is not yet or may never be. She does so by orienting to different temporal scales. Her idealized expectations of having a son who excelled at soccer (lines 1–2) and their erasure (line 3) are placed in the past. She brings them to a resolution in the present (lines 4–6) by recalibrating her dreams (lines 6–7) and projecting a possible future to Juan Pedro (lines 7–8) in which his accomplishments are cherished. Through such a chronotopic construction, Danielle twists biomedical and ableist scripts. Her scaling of such scripts is a reminder that Juan Pedro's future is not hamstrung by his disability. This kind of recalibration of dreams is radically reflexive. As Mattingly (2010:142) propounds, 'reflexivity ... allows hope for healing even in the face of a grim clinical prognosis precisely because "healing" itself is not a fixed outcome but becomes reimagined in the course of illness'.

Despite the sense of unpredictability concerning her child's future, through such reflexivity she speculates about alternatives, manipulating time-space anchorage. Danielle values tiny accomplishments and, based on them, plans her next move. She performs what Stitzlein (2019:93) calls pragmatist hope, a set of habits that allows one to act in moments of struggle without succumbing to despair/apathy whereby one 'recognize[s] the difficulty of current circumstances but approach[es] them with thoughtful action'. This kind of hope is not about merely waiting around, but rather entails practical strategizing. She thus projects possible scenarios and responses to them, engaging in practical imagination that capitalizes on the still-open possibilities for action. This point of view is scaled by signs that construct a context for agency, moving from past ('my dream was'), to present ('nowadays I don't think'), to ongoing concerns.

In such a way, Danielle scales Juan Pedro's small accomplishments as spring-boards to set new goals for him (lines 9–10). Such a stance resonates with Antelius's (2007) ethnography of therapists and patients at a center for people with severe brain damage. She focuses on how they cultivate hope by orienting not to an impossible cure but, rather, to possible small goals. Such goals encompassed immediate and attainable actions that patients managed to perform daily to avoid deterioration of their condition. This leads Antelius (2007:339) to argue that, instead

of being about a better future, hope, 'in relation to people with severe disabilities needs instead to be about the present, and about achievements right here, right now'. Capitalizing on the present by recasting their children's future within it is a common way the women in our corpus plot hope.

Finally, upon reflecting on the tensions between bodies and social participation, Danielle envisages social restructuring.

(3) Danielle (23:34–23:49)

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1 Danielle: >This city needs to reali:ze that we
2 are living in < a new e:ra. (1.8) <It will ↑no↓
3 longer be rare: (0.5) to see:: (.) a baby:: (.)
4 >later a teena°ger° < ((baby
5 sleeping in her lap)) .hh with
6 microcephaly. (0.8) These kids will be:: (.)
7 mixing with others in society.
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Foreseeing two-month-old Juan Pedro as an adolescent, Danielle wishes for a 'new era' (lines 1–2), when disabled people like her son would not be segregated. This scale-shift, from the individual to the societal level, does much more than simply wishing for transformation. It challenges sedimented patterns of normality and pathology that generate low sensitivity to bodily diversity. In such a configuration, signs such as 'deformed', 'imperfect', 'unhealthy', and 'unusual-looking' deployed by Dateline's reporter-would be out of place. The scale of deficiency prioritizes the 'abnormal' body at the expense of affective possibilities (Fleischer 2017). Contrary to this, Danielle rescales those definitions that contrast with the 'normal'. She is acutely aware that, in the current ableist script that she and her son navigate, 'the vulnerabilities engendered by an afflicted body provide ready fuel for sparking dramas of social Othering' (Mattingly 2010:145). Such a script, however, will soon crumble down (lines 2-6). As these kids will be mixing with others in society (lines 6-7), in Danielle's view, eyeing them with disdain will be grounds for Othering those who hold the prejudice. Thus, the social restructuring Danielle sees children like her son putting into motion is here the outcome of a scalar-semiotic effort she makes to twist the ableist plot that portrays disabled people as less than human or even other-worldly. She thus connects hope to the chronotopic tensions between quotidian experiences, macro sociospatial arenas, and identity processes.

The documentary's main narrative highlights motherly dedication and self-denial as ways of handling kids that trouble the scale of 'normality'. This viewpoint is indicated by the Dateline reporter's last words. Referring to mothers of Zika, he says, 'They're 100% for the children. I think they are warriors'. Scalar models of this kind favor a singular perspective that eschews other affective dispositions in discourse. Confronted with the challenge of raising their children, some mothers

amplify the individual scale and join in the fight for their rights. They become activists and create support groups. The next section turns to this collective dimension.

DANDO BALES OR 'BARING ONE'S TEETH' IN MILITANT MOTHERHOOD

In our dataset, we find references to NGOs whose founders, extrapolating the condition of motherhood, play the leading role of spokespersons for their children's rights. This kind of scalar orientation is developed by UMA (*União de Mães de Anjos/*United Mothers of Angels). According to Scott, Quadros, Rodrigues, Lira, Matos, Meira, & Saraiva (2017), the political actions of these institutions are semiotically legitimized by the emic category 'mothers of angels', as illustrated by UMA's logo in Figure 1.



FIGURE 1. UMA's logo.

On the one hand, these linguistic and non-linguistic signs function metapragmatically in the recognition of a group seeking visibility. On the other hand, they performatively construct self-esteem. The scaling of babies as 'angels' positions mothers and their caretaking practices as special. By invoking a religious timespace, the logo qualifies mothers' painstaking work as worthy of value and pride. This is indexed by the winged UMA sign floating in the sky with a halo. This scalar orientation constructs a multisemiotic stance against pro-abortion policies as an option for Zika-stricken females in Brazil—a highly polemic topic involving the conflict between religion and secularization.

The president of UMA, Germana, is herself a 'mother of an angel' from Recife who gave birth at the age of twenty-four. She is a woman of color, who gave up her job as a real estate broker to start the association. She appears in three different productions in our corpus. We hear her in a brief audio recording about the 76% of fathers who 'can't handle the burden it brings to their marriage' (BBC News Brasil 2019). In other productions, her work at UMA receives some hasty comments. Interested in further information, we contacted her to know more about UMA's activities. In a series of interviews by WhatsApp, she told us about the NGO's doings.

UMA congregates a team of psychologists, physical therapists, social workers, and legal advisors who assist and counsel more than 400 women. In two institutional videos Germana shared with us, we learn that UMA's actions involve a very specific set of demands, such as improvement in transportation, creation of more rehabilitation centers, and coordination of support networks of doctors and private companies. It also encourages civil society to make donations by way of money, medicine, or supplies.

Germana constantly highlights pragmatic ways of using language to reach these goals. According to her, UMA plays a 'big part' in the 'evolution of the mother to show "look, you can't fight like this ... You have to demand what is the responsibility of the public authorities". She thus considers a strategic form of communication to overcome the obstacles of these women's social drama. She encourages mothers to challenge the idea that they are victims of a bureaucratic state that is oblivious to their claims. The strategy is termed metapragmatically dar bale or 'baring one's teeth' and involves elevating one's tone of voice, making a scene, and arguing in an inflamed manner. Dar bale can thus be regarded as a register³ through which these mothers recalibrate the power dynamics imposed on them by state bureaucracies and their Kafkian maze of documents, signatures, and gatekeepers. Dar bale is a scalar technique that, used in specific interactional moments, could twist such a script of power relations and bureaucratic morosity. The slow pace of the state script does not match the urgent needs of their children. Dar bale functions to cast off such temporal tensions. According to Germana, women's needs require immediate action. So, they have to dar bale in order to rise up against ineptitude. Excerpt (4) illustrates how this is performed.

(4) Germana (audio2_whatsapp)

1	Germana:	From the moment that people, when
2		you seek rights, yours and your son's,
3		a::nd when you get there, people deal with that
4		as if they were doing you a favor, so
5		they can do it whenever it pleases them, in
6		their own time, when
7		actually thi::s if we seek help, it is because
8		it was supposed to have happened yesterday.
9		Because i::f things worked well here in
10		Brazil, you know? we wouldn't even have to go
11		looking for our rights, they would be working
12		accordingly in public health. So people
13		have to arm themselves. It's like this, if
14		people don't give in to love, they will give in
15		to pain, right? That's when the mother gets the
16		reputation of being a troublemaker, impolite,
17		you know? Someone who likes to make a scene.
18		a loudmouth. anyway, these are the sort of
19		episodes, when you go after a school
20		vacancy, when you claim your priority seat
21		on public transportation, you know?

Germana's scalar work vividly contextualizes *dar bale* as a necessary metapragmatic activity in the fight for rights. In Mattingly's (2010:165) jargon, *dar bale* helps these mothers forge an 'inverse story in light of the many losses in [their] life', whereby they manage to engage in more hopeful plots for themselves and their kids. The orientation she provides (lines 1–3) is reinforced by the practical examples she includes in the coda (lines 15–20). One's rights often trip over a series of complicating factors, though. The exercise of rights is misinterpreted by state representatives as favors that can be done at their will and against the children's urgent needs (lines 3–4). This metapragmatic deadlock is accompanied by a temporal mismatch (lines 5–6).

These mothers' immediate present is dissonant with the slowness of a bureaucratic health system. It requires rescaling; otherwise, it is completely inoperative (lines 9–13). This evaluation leads to the resolution, which is scaled metaphorically as a battle whose weapon is language. In the face of gatekeepers, niceties are out of place. Speech has to get in people's faces. *Dar bale* would hence disturb people's comfort zone and get things done. This kind of performative effect functions similarly to *papo reto* 'straight talk', a register explored by Silva & Lee (2021) in their study on the enregisterment of hope. According to them, *papo reto* 'translates terms of state bureaucracy or other commodified registers into more tangible and everyday tropes' (2021:14).

In her narrative mode of reflection, Germana invokes other timespaces, which adds further layers of complexity to *dar bales* as a register of hopeful practice, as excerpt (5) shows.

(5) Germana (audio3_whatsapp)

1	Germana:	It is always necessary to bare your teeth a:::nd
2		stand up for yourself. I think standing up
3		for yourself is the important thing, because
4		there are many people who like to-
5		a lot of authorities who like to treat us like
6		fools, who like to treat us like we're stupid,
7		you know? And in reality, we are not stupid.
8		There are a lot of illiterate and
9		uneducated people, but there are many people
10		who barely know how to sign their names, but
11		are aware of their rights, you know? So, you
12		have to stop thinking that everybody is like
13		the women from thirty years ago, it's different
14		from women who were alone without other
15		mothers around

In the orientation of the story (lines 5–11), *dar bale* is scaled onto the realm of class inequality. Such social phenomenon is heightened by complicating features mentioned in lines 5–6, which index a common plot vulnerable Brazilians face when dealing with state bureaucracies. In this scenario, these mothers have to *dar bale* to stand up for themselves and twist such a debilitating plot (lines 1–2). *Dar bale* thus aids these mothers to interrupt persistent silencing and rather forcibly carve out crevices of hope within an otherwise oppressive context. By comparing different temporalities (lines 11–15)—the present moment and thirty years ago—Germana plots hope by arguing for advances in the gender order.

HOPING FOR SOCIAL JUSTICE

In 2019, Germana spearheaded a campaign for lifelong payments to all people with disabilities, regardless of income. She joined a debate on the *BPC–Benefício de Prestação Continuada* 'Ongoing Payment Benefit', a law issued in 1993, which guarantees a minimum wage for the physically challenged and the elderly living in conditions of extreme poverty. Joined by public defenders and representatives from other associations like UMA, Germana contested the law because the BPC grant was limited to families earning a monthly per capita income that is either equal to or below one fouth of the minimum wage.

From this, a judicial action ensued, questioning the financial parameter as a criterion for granting the benefit. It also promoted a series of discussions and draft

bills, many of which are still pending in Congress. Germana has been an active participant in this process. It is noteworthy how sensitive she is to scale-making, particularly her deployment of what we term 'scalar reversal', a scale shift that operates a tactical twist in one's course of action whereby communicative and embodied resources are strategically used to recalibrate interactional, ideological, and affective dynamics. This kind of scale reversal can be observed in one of the public hearings Germana attended in the defense of a Provisional Measure (MP894/2019). In her address, she pleaded for lifelong disability payments for children with microcephaly.⁴ Her balancing of multiple scales through strategic reversals is the focus of Excerpt 6.

(6) Germana (24:03–28:14)

		((Reading slowly))
1	Germana:	I speak here as Guilherme's mother, who has no
2		voice to be here, representing more than
3		four hundred and twenty-five UMA associates.
4		This MP is the opportunity that you,
5		parliamentarians, have to do justice. You have
6		the power to show that Brazil will really
7		change. Please, think of our children
8		as if they were your own, in the end, we are all
9		susceptible to being bitten by the mosquito, by
10		that mosquito. Four, eight, ten years from now,
11		it will certainly not be you who will be here.
12		You may be governing your states, you may be
13		in other positions, but for sure it will be
14		us, the mothers, ((pointing to herself)) who
15		will be here demanding it. So, please, don't
16		let our voice be heard only
17		today, you know?, or be restrained because of
18		a budget. There is money, ((stops reading))
19		what is missing is WILL, ((tapping index finger
20		on the table)) what is missing is INterest.

In court, Germana resorts to a written claim for action elaborated in a more formal register. The scalar design of her performance includes semiotic work that constructs a vantage point of argumentation. First, she positions herself as a mother who represents both her son and other mothers in the association over which she presides (lines 1–3). This enmeshment of an individual and a collective scale affirms the authority of her voice. By referring to the hierarchy involved in political deliberations, she first constructs the MP not as a plea but as an opportunity for change (lines 4–7). This is a strategic move that positions parliamentarians as the more powerful participants in the hearing, while simultaneously inviting them to relate to it in a more down-to-earth manner. Germana's recourse to a speculative

formulation (lines 7–8) rescales the asymmetry of institutional roles as she universalizes the human vulnerability to the mosquito (lines 8–9). She thus connects local matters of hope to larger frames of action (Mattingly 2010).

Such a rescaling maneuver frames a story projected into a future timespace (lines 10–11), whose complicating action attests to the mothers' permanent resilience in contrast to the transitory commitment of parliamentarians with the MP (lines 11–15). With this timespace anchorage, Germana calls for a resolution, pressing the audience for concrete acts (lines 15–18). This appeal is emphasized in the coda, which signals a reversal in her scaling work. From this point on, Germana stops reading, and her performance becomes more assertive. Stress, gestures, and vocabulary rekey her talk, transforming her petition into a bald-on-record demand, with *dar bale* contours. She thus skilfully balances the more refined and the vernacular (lines 18–20). As she blames the State for its inaction, she indexes a reversal in the way she addresses her audience by interrupting the reading of her notes and tapping her index finger on the table, as shown in Excerpt 7.

(7) Germana (28:54–29:44)

1	Germana:	((raising her index finger)) What is three and a half million for the
2		Brazilian union? What is three and a half million for the
3		Brazilian state for a mother that suffers, a
4		mother that has no support, a mother that has no
5		assistance on her side, a mother that has no
6		State on her side. What IS three and a half
7		million for the Brazilian state?
8		((one hand with the tips of the fingers
9		together)) So, please, parliamentarians,
10		((lays paper on the table, stops reading, and
11		brings both hands next to her chest, directly
12		addressing the parliamentarians)) REFLECT.
13		I know that the Brazilian situation is difficult.
14		It's not easy for anyone. If it's not easy
15		for you, imagine for us, who take a bus with a
16		wheelchair in the rain, you know, who have
17		to hide the wheelchair at the bus stop
18		because if the driver sees it, he doesn't stop.
19		And when he stops, and we run to get the
20		chair, he closes the door and goes away.
21		Society, the very society inside the
22		bus, the passengers, tells the driver to go on,
23		because they know that they will delay the trip.
24		Do you know why? Because the elevator is broken,
25		because someone will have to help, because the
26		chair will have to go up.

In the semiotic design of her address, Germana scales the BPC budget against the state budget, deploying quantification and comparison. Her use of parallelism and repetition puts forward a model that can alter social reality provided that it has governmental backing. Parallel formulations within the 'WHAT-questions' in lines 1-8 create a rhythmic crescendo that challenges parliamentarians with a moral choice concerning money expenditure. This movement reaches a climax when Germana invokes a didactic scale, signaled by 'REFLECT' (line 12) and changes her overall embodiment, that is, laying down her notes and bringing her hand close to her chest. She thus engages in scale reversal. Anticipating the line of argumentation of her interlocutors, she uses commonsense allegations for inaction (lines 13-14) and compares different views of 'difficulty': those of parliamentarians and those of the mothers she represents. She does so in a narrative mode (lines 15–18) which is a lesson in perspective reversal. She lists the daily adversities mothers of Zika are exposed to. With such a scalar exercise, Germana confronts parliamentarians with the stark reality mothers of Zika and their babies must go through, casting light upon the routine cruelty of state and social neglect. This plot twist brings onboard the full implications of the tragedy judicial inertia sustains. The story's complicating action and resolution in Excerpt 8 strengthen the moral dilemma introduced here.

(8) Germana (31:32–33:00)

1	Germana:	And this family will live on what?
2		What will this family eat? OH MY, a minimum
3		wage is not enough for ANYTHING. A minimum
4		wage, is often a dinner that happens here in
5		Brasilia. A minimum wage, these families,
6		these women, live in a state of total
7		misery because do you know what happens?
8		seventy six percent of these women
9		are abandoned by their partners. And
10		all this- all this burden because having a child
11		with a disability is not bad, ok? Look, my
12		son is not a burden, no. No, it's not, it's not
13		bad, ((wagging index finger))
14		honestly speaking. The bad thing is the system
15		that doesn't know how to welcome them. The bad
16		thing is what goes on here, ((circular index
17		finger movement)) having to talk about something
18		OBVIOUS, this is difficult, ok?

Germana creates an indexical relationship between how people spend one minimum wage (around \$250 USD) and their socioeconomic status. By comparing the benefit being claimed by Zika mothers (BPC) to the expenses of lawmakers in

fancy restaurants, she makes explicit the unequal footing occupied by participants in the hearing (lines 1–7). However, despite acknowledging such a discrepancy, Germana succeeds in twisting the condescending plot about mothers of children with disabilities in which they are portrayed as hapless victims of their kids' condition (lines 10–14). By rescaling stigmatized identities, she confronts the ableist regimes that produce unwelcoming and inaccessible places for people with disabilities (Hehir 2007). This kind of scale reversal helps Germana to contextualize the public hearing as a forum for critical discussion about ableism, an ideology underlying misguided and unrealistic public policies that trap women in a fallacious circle. She thus dislodges the problem from the children born with microcephaly to the inoperative system that is oblivious to its own deficiencies (lines 14–18).

FINAL REMARKS

In this article, we examined data available on digital media and interviews carried out with the so-called mothers of Zika. We zoomed in and out of narrative activity, focusing on how hope is enacted in them. By favoring two analytic strands, we pursued trails that interweave wider and more atomistic concerns. This analytical angle produces a complex diagnosis of the Zika phenomenon that strictly biomedical and technical approaches do not grasp. A panoramic view indicates that mothers of Zika are victims of neglect from their partners and the state. However, a fine-grained analysis of their narrative work sheds light on how mothers of Zika plot hope on a tightrope, on which balance fluctuates intersectionally around gender, class, race, and ableist ideologies. These women tread along unstable lines of oppression, bureaucracy, and oblivion. Amidst intense caregiving, therapeutic pilgrimages, and legal confrontations, they experience non-linear timespace, grappling with the here-and-now within an imaginative horizon. In their course of action, they rearticulate past events and reorganize their actions in the present. However, they do not invoke cause-and-consequence. They hope pragmatist hope without teleology as they are aware that the 'not-yet' is unpredictable and may not materialize.

The analysis of the tales these women tell shows that while hope is nominally absent from their accounts (and even though several of them say they have no hope), hope creeps into their narratives through the ways they inventively plot against biomedical, bureaucratic, and sexist scripts. This testifies to the fact that more than sheer waiting or daydreaming, hope is best understood as a 'sensibility that tends to come into existence through action' (Lempert 2018:204). In this sense, sociolinguists are particularly well-equipped to capture this materialization in the micro-details of everyday talk.

We have thus highlighted different modes of scaling hope, moving from the individual to the collective to the public. Despite such plurality, they are all connected by these mothers' semiotic accomplishments as they strive to twist the bleak storyline the virus imposed onto them and their kids. Upon making sense of her new

circumstances, Danielle assertively adapts her expectations to new challenges. Germana invests in alliances to avoid conformity. A specific speech register—dar bale—becomes one of her weapons to overcome bureaucratic stasis. Operating scale reversals, she engages the paradox of hope (Mattingly 2010) by inverting plots of victimization. Upon implementing these scalar strategies, she legitimizes her voice in the legal sphere and denaturalizes sexist ideologies that position females as weak and incapable. As a consequence, she discards sadness and self-pity so she can take up her political struggle on behalf of and with other mothers.

The narrative fragments we analyzed show that plotting hope involves the confrontation of persistent ideologies. Mothers of angels overturn unfavorable conditions by negotiating with risk and vulnerability. In their narrative orientation to harsh experiences, they enmesh scales, invert habitual storylines, and recalibrate the timespaces of Zika, bureaucracy, and hope. As such, they become protagonists of inverse stories. They construct possible nexuses between ways of telling and ways of hoping that enable them to work through uncertainties and plan ahead. This kind of plot twist, and the scalar activity underlying it, speaks directly to a sociolinguistics of hope.

APPENDIX A: ONLINE SOURCES

INTERNATIONAL MEDIA

- ABC News (2016). Zika virus outbreak: Inside the hot zone [7:55]. Online: https://www.youtube.com/watch?v=R37dBFSIoQw.
- AP Archive (2019). Some Brazil 'Zika kids' try school, others fight to survive [5:40]. Online: https://www.youtube.com/watch?v=DiOHGqok-mU.
- BBC News (2016a). *Having a baby in the Zika capital* [3:00]. Online: https://www.bbc.com/news/magazine-35747161.
- BBC News (2016b). *Brazil Zika: The mothers fearing for their babies* [1:24]. Online: https://www.bbc.com/news/world-latin-america-35378816.
- BBC News (2018). Zika love stories: The documentary [50:00]. Online: https://www.bbc.co.uk/programmes/w3csxhn3.
- BBC Panorama (2016). *The Zika baby crisis* [30:00]. Online: https://www.bbc.co.uk/programmes/b073m6g8.
- Bergman D. C., John (2016). *The truth behind the Zika virus* [27:39]. Online: https://www.youtube.com/watch?v=YhB4_etq6_w.
- CBS News (2019). Zika: Children of the outbreak (Full documentary) [23:10]. Online: https://www.youtube.com/watch?v=ywPEj1IU7pM.
- CNN Health (2016). Everything you need to know about Zika [5:00]. Online: https://edition.cnn.com/2016/05/17/health/zika-virus-clone-scientist/index.html.
- Diniz, Debora (2016). Zica, the film [29:29]. Anis Instituto de bioética. Online: https://www.youtube.com/watch?v=j9tqt0jaoG0.
- FOX News (2017). Zika virus sparks global concerns: What should we know? [6:08]. Online: https://www.foxnews.com/video/4742490567001.

- The Guardian (2016). 'We are writing the history of Zika': One year into the crisis in Brazil [1:39]. Online: https://www.theguardian.com/global-development/2016/oct/11/zika-brazil-babies-microcephaly-one-year-later.
- The New York Times (2016). *Brazilians face ZiKa's effects* [1:00]. Online: https://www.nytimes.com/video/world/americas/100000004174308/brazilian-mother-cares-for-son-with-zika.html.
- SBS Dateline (2016a). Love in the time of ZiKa: The devastating impact of Brazil's Zika crisis [24:20]. Online: https://www.youtube.com/watch?v=96KnaIlK4eE.
- SBS Dateline (2016b). *The crippling impact of the Zika virus* [24:52]. Online: https://www.youtube.com/watch?v=S8LV5nW0wfU.
- STAT (2017). Zika in Brazil: Sophia's story [5:31]. Online: https://www.youtube.com/watch?v=VE7 h7iBH4is.
- St. Louis Children's Hospital (2017). Zika: Everything you need to know [20:23]. Online: https://www.youtube.com/watch?v=xsnTWcX8AOM.
- University of California Television (2016). *Zika virus: What why and when? Exploring ethics* [59:44]. Online: https://www.youtube.com/watch?v=WgP-I1DFhYs.
- VOX (2016). All the ways Zika can spread, ranked by scientific certainty [2:33]. Online: https://www.vox.com/2016/2/6/10925002/how-is-zika-virus-spread.
- WHO (2016). Microcephaly and Zika virus infection: Questions and answers [3:51]. Online: https://www.youtube.com/watch?v=0skonVosTJU.

BRAZILIAN MEDIA

- BBC News Brasil (2019). Como vive a 1ª geração de bebês com microcefalia por zika [10:54]. Online: https://www.youtube.com/watch?v=1nbe8kTLCP8.
- Canal Saúde C (2018). Em Família Microcefalia [26:52]. Online: https://www.youtube.com/watch?v=N7K8MKWvr7E.
- EBC na Rede (2016). Vida com microcefalia: conheça a histórias de mães de crianças com a deficiência [5:24]. Online: https://www.youtube.com/watch?v=jIM3ROJpVjY.
- SBT News (2019). Crianças lutam contra a microcefalia após surto de Zika no Pernambuco [4:11]. Online: https://www.youtube.com/watch?v=ltioCkYE3cQ.
- SOS Mãe (2017). Mulher que tem duas filhas com microcefalia dá lição de vida [25:31]. Online: https://www.youtube.com/watch?v=nnqw3elu-60.
- TV Ponta Negra (2016). A força das mães de bebês com microcefalia [6:46]. Online: https://www.youtube.com/watch?v=iwla9r6xyFU.
- TV Ponta Verde SBT (2016). Como vivem pacientes com microcefalia [3:41]. Online: https://www.youtube.com/watch?v=g-kKf6WFUvE.
- UOL (2017). Microcefalia: Catarina tem história de otimismo na luta contra a doença [13:14]. Online: https://www.youtube.com/watch?v=RSM-jRrWh_k.

APPENDIX B: TRANSCRIPTION CONVENTIONS

Adapted from Jefferson (2004)

CAPS	very emphatic stress
(0.5)	silence in seconds
(.)	micropause
	falling intonation
?	rising intonation
,	continuing intonation

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sound elongation self-interruption

underline emphasis °talk° lower volume

↑ strong rising intonation
↓ strong falling intonation

>talk< faster speed <talk> slower speed .hhh in-breath

(()) transcription comments

NOTES

- *Funding for this research was provided by Conselho Nacional de Desenvolvimento Científico e Tecnológico, grant # 309794/2022-6, and Fundação Carlos Chagas Filho de Amparo à Pesquisa do Estado do Rio de Janeiro, grant #s E-26/201.103/2021 and E-26/201.254/2021.
- ¹Danielle's story articulates elements of a Labovian narrative whose structure encompasses orientation, evaluation, complicating action, resolution, and coda (Labov 1972).
- ²Transcription conventions are adapted from Jefferson (2004) and are included in Appendix B. Due to space constraints, excerpts present English translations of the Brazilian Portuguese data.
- ³According to Agha (2007), our everyday acts of referring to people's way of speaking are entangled with complex sociocultural relations and patterns that respond reflexively to contextual aspects. Therefore, register deployment depends on the judgment of its appropriateness to a specific social scene and the evaluation of its interactional effects.
- ⁴MP 894/2019 Pensão especial para criança com microfalia, 10/10/2019; see https://www.youtube.com/watch?v=NeXjYGU5sx4.

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(Received 11 September 2023; revision received 18 March 2024; accepted 24 April 2024)

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