
**A Pragmatic Analysis of the WHO's
Guidance Video Clips about COVID-19**

keywords: WHO, Pandemic, Recommendations

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Abstract

COVID-19 has impacted several parts of people's lives and has emerged in the majority of global countries, so we need to understand its causes, symptoms, prevention, and treatment. This inspired us to conduct a pragmatic analysis of medical speech during COVID-19.

The present study tackles some of the pragmatic aspects of medical guiding video clips of COVID-19 that were designed by the World Health Organization (WHO) Thus, the current work targets the following aims in the data under scrutiny: (1) looking at how medical discourse uses the five types of speech acts and their functions (Pragmatic acts) in medical discourse to comprehend how they contribute to meaning and the progress of the action; (2) analyzing the patterns of metaphors, the forms of their use, and the ways they are used, especially war metaphors, to understand their effect on the reality, social life, and development of the pandemic; (3) seeking a convincing and influential alternative to be used in media discourse instead of using the war metaphor;. In relation to the above-mentioned aims, the following hypotheses are set: (1) International organizations have a great role in coexisting with COVID-19. (2) There are ways to replace the war scenario with more positive cognitive frames; (3) The COVID-19 pandemic has been classified as suspicious information, owing to the extensive dissemination To achieve the aims of the study and verify its hypotheses, Two video clips from World Health Organization (WHO) were selected to analyse due to Mey's (2001) pragmatic act model .

1. Introduction

Medical language is a subset of what are known as languages for specific purposes, which differ from everyday language in several ways, most notably in the fact that it is employed in professional communication. Medical discourse exists in communication within the professional community and in doctor-patient communication. In communicative acts, a dominant participant is a

healthcare professional who influences a patient's social behavior. (Waitzkin, 1989).

Wilce (2009: 199) defines medical discourse as "discourse in and about healing, cure, or therapy; expression of suffering; and relevant language ideologies" in the broadest meaning. The study of medical language, including its verbal and nonverbal components, is a requirement for comprehending "the enterprise of medicine," according to Charon, Greene, and Adelman (1994: 955).

The problems of the study can be represented by the problematic questions stated below:

1. How to solve the misunderstandings or a lack of adequate communication between specialists and non-experts that might result in failures in the activity itself?

2. A metaphor is employed in a specific context to solve a problem or explain a difficult subject, but we've observed a lot of war metaphors in the media discourse of the COVID-19 pandemic, which suggests we think of COVID-19 as a threat. We must combat it and outperform its consequences. So the question is, how is this done?

2. Medical Discourse during COVID -19

The period of the COVID-19 Pandemic is characterized by changing medical terminology, which is a way of forming new concepts in the language because of new diseases that continuously appear, such as the COVID-19 epidemic, which broadens the scope of medical terminology. These new words have become highly popular on social media and have an impact on our social lives as well as the teaching and learning of English.

3. Covid-19 and the Media Discourse

Health information is widely disseminated through the media, including television, radio, newspapers, magazines, and the Internet, resulting in a continual and easily available supply of health care information and recommendations.

In order to fulfill its informational and instructional functions, the media attempt to reach a wide range of people of all ages, and so employ channels designed to reach certain audiences, such as publications aimed at men, women,

or teens (McKay, 2006). Although they all have the same purpose of informing people about new medical treatments and pharmaceuticals, warning people about health dangers, and promoting the need of self-care, they do it in different ways and with varied styles and language depending on who they're talking to (Gotti, 2014).

4. The role of pragmatics in the study of Medical Discourse

Lakoff (2007: 130) defines pragmatics as "the relationship between words and their speakers and the context in which they are speaking: what they hope to achieve by talking; the relationship between the form they choose and the effect they want (and the effect it has); the assumptions speakers make about what hearers already know or need to know"

5. Themes in medical discourse research

The major issues in the study of medical discourse have been influenced by pragmatics-based research, either explicitly or implicitly, and in combination with other frameworks of analysis. Asymmetry, routines, and misalignment are among the subjects that, while closely linked, will be explored separately.

5.1. Asymmetry

Asymmetries are defined as "speakers' assumptions about what listeners already know or need to know" (Lakoff 2007: 130).

5.2. Routines

The enactment of medical labor is represented by routine tasks such as history taking, ward rounds, and case notes. They are tied to physicians', nurses', and other providers' role performance within the institution's needs and constraints, such as time, human resources, forms, and templates. (Mishler 1984).

5.3. Misalignment

The conflict between the biomedically based "voice of medicine" and the socially grounded "voice of the life world" brought to the consultation by patients is one of the primary sources of misalignment in medical discourse (Ibid).

5.4. Indirectness/Directness

Requests for information, diagnoses or judgements on the patient's health, and treatment or lifestyle advice are all part of the consultation process between

healthcare practitioners and patients. All of this communication necessitates judgments on the proper amount of directness or indirectness with which to design a specific speech act by both the physician and the patient. (Bonnano 1982, Graham 2009)

6. Methodology

6.1 The Adopted Model

While speech act theory solely deals with utterances, the current study's goal necessitates a more demanding theory, such as pragmatic act. As a result, the current study's analysis is based on Mey's (2001) pragmatic act model. It shows that a speaker's words alone do not reveal his or her true intentions when communicating. Other paralinguistic highlights, on the other hand, are sufficiently integrated with the expression to allow the listener to grasp the significance of the speaker's goals. Mey maintained in his description of PAT that "the theory of pragmatic actions does not describe real language usage starting with the words of a single, idealized speaker." Instead, it concentrates on the context in which both speakers and listeners achieve their objectives. (Mey 2006: 542)

A speech act is never just a speech act; it is the complete scenario of actions in which an utterance happens. The focus here isn't only on the norms that govern particular words or utterances, but rather on defining a typical pragmatic behavior in a specific scenario.(Ibid)

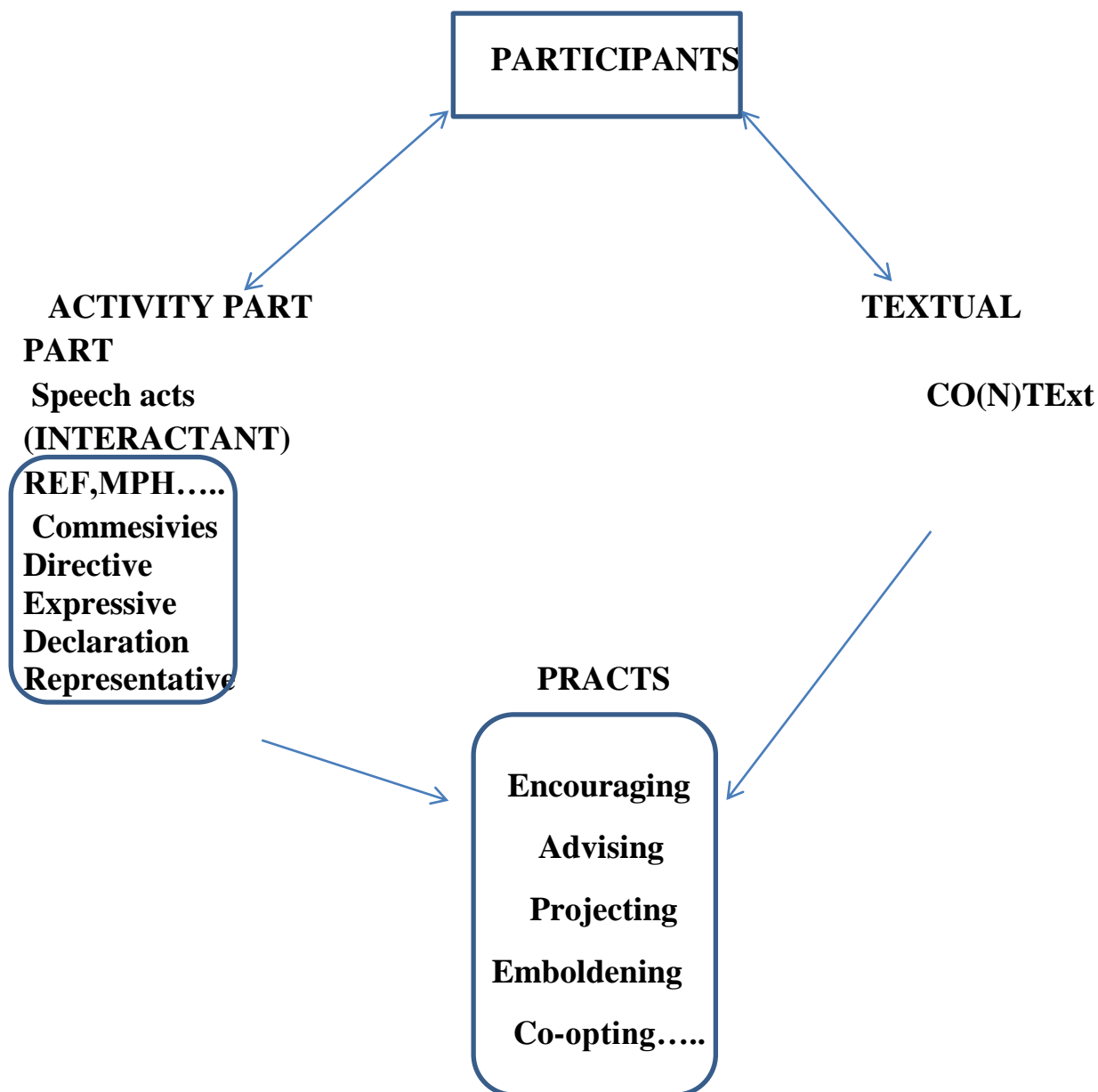


Figure (4.1) Mey' s Model (2001)

6.1.1. Textual part

The utterances are organized into two sections: the textual section and the activity section. "The context, as well as the intended text (utterance), is used to identify the textual portion." "This may be performed by using many options which are called "INF" inference, "REF" reference, "REL" relevance, "VCE" voice, "SSK" shared situation knowledge, and "MPH" metaphor. All of these elements work together to help interlocutors comprehend and achieve their desired interactional outcomes. "

6.1.1.1. Context

By context, we mean all the circumstances that influence the production and comprehension of utterances. It can be static, which is similar to classical physics .

From Mey's perspective, context is not the same as what has been conceptualized in sociolinguistics . According to Mey, context in any pragmeme is social in character, encompassing a society's internal organization, intents, internal distinctions, sub-groupings, and so on .

6.1.1.2. Metaphor

Metaphors are critical because they serve as cognitive tools. Metaphors are thought to have a crucial function in human perception and cognition. In truth, we live in a world of metaphors (Lahokoff and Johnson 1980).

6.1.1.3. Reference

Most philosophers and linguists would agree that reference is a relation that obtains between language expressions and what speakers use those expressions to talk about . For direct references, we employ names; but, for indirect references, we must use linguistic or non-linguistic tactics to determine the proper reference. "I" or "me," for example, is an indirect reference to a different item than the rest of the group.

6.1.2. Activity part

According to Mey (2001), It consists of speech acts that the language user has at his or her disposal in communicating,". This indicates that an interactant has linguistic options while executing a communicative act, and he can pick whatever he thinks is acceptable.

6.1.2.1. Speech Acts

The five categories of speech acts that Searle establishes are: Representative , Directives, Commissive, Expressive, Declarations .

6.1.2.2. Pragmatic Acts

Pragmatic acts (or practs) are the smallest units of pragmatics, they are "situation-derived" and "situation-constrained" in the sense that they "both rely on, and actively create, the situation in which they are realized" (Mey 2001: 219). The main pragmatic acts that are used in medical discourse are advising, co-opting, projecting, encouraging, empowering, enlightening, informing, instructing, and describing.

7. Data Collection and Sampling

The selected sample of the present study consists of five guiding medical video clips about Covid-19 quoted from two credible medical organizations, world health organizations (WHO)

8. Analysis of the Selected Video Clips

8.1. Analysis of Video Clip No. 1 “WHO’s Science in 5 on COVID-19 : Keeping schools safe”

8.1.1. Introductory Note

Maria Van Kerkhove is an honorary lecturer at Imperial College, having departed to work as the Head of the Institute Pasteur's Center for Global Health's Outbreak Investigation Task Force in January 2015. Dr. Van Kerkhove is still a technical consultant for the World Health Organization. The WHO and the MRC Centre for Outbreak Analysis and Modeling communicated through Dr Van Kerkhove. (www.imperial.ac.uk)

8.1.1.1 On the Video Clip

This video clip was first introduced by WHO s’ Science in 5 on COVID-19 YouTube Channel on 24 th April, 2021. It was aired on the US, and lasted 5,14 minutes. The video shows an overview of Covid-19 including how keeping schools safe . Many tips and recommendations are presented to avoid infection and keep students school staff and families safe in this phase of pandemic. (youtu.be/1DuyG2CxLt8)

8.1.2. Analysis of Linguistic Elements

The various practices were used to accomplish five goals: to expose video clips aims, to acknowledge all doctors efforts to combat the virus, to offer directives/direction, to provide specifics on concerns involving the covid-19, and to demonstrate empathy to communities .

Extract 1

-Maria ,as many countries are putting in place measures to protect students and staff and also larger communities safe and keeping them safe during this phase of the pandemic . what are WHO recommendations to keep communities safe ?

Dr.Maria Van Kerkhove answered that : That’s right Vismita .Many countries have put in place precautions to keep schools open safely during the COVID-19

PANDEMIC . Schools operate communities , and the first thing is to make sure that we try to drive transmission down as much as possible in those communities because the individuals that work at those schools live in the communities .Second is to ensure that we have good system to be able to monitor the health of the students and staff . This is a plan to be able to monitor the health of the students and staff and to be able to detect cases to ensure that children who are unwell stay at home to make sure that there's good communication with the students themselves , the faculty , as well as the parents so that they know what to do if a student is unwell or if a teacher is unwell to make sure that there's good provisions with in the schools to minimize the reduction ,minimize the opportunity for spread of COVID 19 Virus .

It is about improving ventilation , about distancing , about wearing of masks and if there is vaccines available in the areas to make sure that the vaccination is undertaken in those communities among the priority groups who live there.

Extract 2

-Maria, during this pandemic we've seen how important it is for student to have that continuity of education .Let's go a little deeper into what steps a school should take if a case is detected .

-So that is a great a question . It is really important that student have that continuity in terms of their education and their safety and well-being . It is about having a plan in place .First of all ,if students are feeling unwell ,we recommend that they stay home and that they are cared for by a parent .If there are cases in the school, they need to be able to be detected so that they can receive the proper care .They can receive a test and the proper care that they're needed based upon the symptoms that they have. And then we recommend there to be contact tracing so the same as we do in the general community.

If there is a case that has identified what we want to do is to make sure that we prevent the opportunity from that virus, from transmitting from one individual to another .

Extract 3

- Maria , talk to us about how families can keep themselves safe .

- Well , it's really important that families also do everything that they can to keep themselves and their loved ones safe .It first starts with preventions , Everything that you can do to minimize your exposure to this virus is what

WHO recommends .This is about distancing . It is about good hand hygiene . It is about wearing a mask , making sure that you when you're wearing a mask , you have clean hands and you wear a well-fitted mask over your nose and your mouth , to avoid crowded spaces ,to stay home if you're un well .All of these factors matter in your home , in your community , as well as at school .It starts about keeping yourself safe . Remember that anyone can be infected with the SARS-COVID-2 Virus .

8.1.2.1 Analysis of Textual Part

Context

The doctor talked about WHO recommendations to keep communities safe, which starts with putting in place precautions to keep schools open safely during the COVID-19 PANDEMIC. Therefore, as parents and teachers, everybody is responsible for making sure that there are good provisions in the schools to minimize the reduction and minimize the opportunity for the spread of the COVID-19 Virus. Also this video includes the steps a school should take if a case is detected .At last it explain the main ways to keep communities safe . To express these ideas the interactants use textual devices such as reference ,shared situational knowledge ,etc.

For example, the use of anaphora tries to account for not only what the anaphorical pronoun is referring to, the antecedent, which can be a noun or noun phrase, or a piece of (con)text, but also the entire situation: what hidden dimensions are there in anaphorical reference, and what values are implicit in the way we use anaphoric expressions? For example in extract 1 , The word “Precautions” were replaced by words like the first thing and the second in the text etc.

8.1.2.2 Analysis of Activity Part

The use of speech acts

1. Directive verbs to express the pragmatic act of Instructing

we use some speech acts as directive verbs to conveys Practs of Instructing which an important message of solidarity.

In extract 1, the interviewer asks many questions concerning the case, e.g., what are WHO recommendations to keep communities safe? The doctor answers using directive verbs to express instructing like “the first thing is to make sure that we try to drive transmission down we recommend that they stay home and

that they are cared for by a parent .If there are cases in the school, they need to be able to be detected so that they can receive the proper care as much as possible in those communities because the individuals that work at those schools live in the communities .Second is to ensure that we have good system to be able”.

In extract 2, the doctor express instructing in this sentence “we recommend that they stay home and that they are cared for by a parent .If there are cases in the school, they need to be able to be detected so that they can receive the proper care”.

In extract 3 the doctor instruct to “ minimize your exposure to this virus is what WHO recommends”.

2.Directive verbs to express the pragmatic act of Informing

The increased occurrence of this practice can be traced to the fact that ,the information about the virus was unclear ,much hurtful and widely shared, there was a need to release a piece of appropriate information about the covid-19, its causes, methods of contracting it.

Shared situational knowledge (SSK), relevance (Rel), and reference(Ref) are all characteristics of these informative practices . The following extracts are practs of informing

-“ Second is to ensure that we have good system to be able to monitor the health of the students and staff “.(extract 1)

-“If there are cases in the school, they need to be able to be detected so that they can receive the proper care .They can receive a test ,they can receive the proper care that they’re needed based upon the symptoms that they have”.(extract 2)

-“ Well , it’s really important that families important that families also do everything that they can to keep themselves and their loved ones safe .It first starts with preventions , Everything that you can do to minimize your exposure to this virus is what WHO recommends”.(extract 3)

The speaker informed us in extract 1 that some countries have a good medical system able to detect infected cases. In extract 2, the speaker informed us that there are ways to discover infected cases, such as tests, and there is care for

infected people. In extract 3, the speaker informed us that the first step to minimizing exposure to the virus is the prevention of infected people.

3. Representative verbs to express the pragmatic act of stating

The pragmatic act of Stating refers to when the speaker confirms something is true and is used to state how the covid19 disease is a threat to all communities. we can see how the doctor use representative verb to express the practs of stating when she said “That’s right Vismita . Many countries have put in place precautions to keep schools open safely during the COVID-19 PANDEMIC. Schools operate communities.”(extract 1)

-If there is a case that has identified what we want to do is to make sure that we prevent the opportunity from that virus, from transmitting from one individual to another .(extract 2)

In extract 1, the speaker states that many countries prepared for this pandemic and tried to cope with it by following some precautions to open schools because they operate communities. While in extract 2, WHO states that the main thing is to prevent that pandemic from spreading among people.

8.2 Analysis of Video Clip No.2 “When on how children should wear a mask?”

8.2.1 Introductory Note

According to the WHO, people should always consult and follow local authorities' instructions, such as when and how children should wear masks. So this is a guiding video issued by WHO . (Ibid)

8.2.1.1 On the Video Clip

This video clip was introduced by WHO YouTube Channel on 24th May, 2022. It was lasted 2,10 minutes. The video shows a report about the correct way to wear a mask by children .Many tips and instructions are presented to protect the children from infection . (youtu.be/wkDj9fFXpt8)

8.2.2 Analysis of Linguistic Elements

Extract 1

When should children wear masks?

In areas where COVID-19 is widespread and physical distance cannot be maintained, especially in indoor settings and areas with poor ventilation, masks can help stop the spread of COVID-19

Extract 2

Here's what you need to know about children and masks.

Children under the age of five? They don't need to wear a mask because they may not be able to wear it, probably without supervision or help. Children 6 to 11 years old should wear a mask in indoor settings where ventilation is poor or unknown, or physical distance cannot be maintained. Children ages 12 and over should follow the same mask-wearing guidance as adults in indoor or outdoor settings when they cannot guarantee at least one meter of distance from others and in indoor settings where ventilation is poor. Children with disabilities should not be required to wear masks. Children should not wear masks when playing sports or doing physical activities.

Extract 3

What kind of mask to use?

Children should wear a well-fitted mask that covers their nose, mouth, and chin. Children, who are at higher risk of severe complications from COVID-19, should wear a medical mask for protection.

Extract 4

How to wear a mask?

Before putting on the mask, children should wash their hands for at least 20 seconds if using an alcohol-based hand rub, or at least 40 seconds if using soap and water. Make sure the mask is the right size to cover the nose, mouth, and chin. Children should not touch the front of the mask, pull it on their chin or into their mouth, or share it! After taking off their masks, they should store them in a bag or container and clean their hands. With these simple tips and good supervision, children can stay safe while wearing their masks and still have fun with their friends.

8.2.2.1 Analysis of Textual part

Context

The World Health Organization (WHO) deals with a variety of COVID-19-related cases. Wearing masks is one of the procedures discussed by WHO in this video to prevent the spread of the pandemic. WHO introduces the main questions related to wearing masks, like “When should children wear masks?” As we see the context can be performed by employing a variety of strategies, including 'INF' inference, 'REF' reference, 'REL' relevance, 'VCE' voice, 'SSK' shared situation knowledge, and 'MPH' metaphor. All of these elements work together to help interlocutors comprehend and achieve their desired interactional outcomes.

8.2.2.2 Analysis of activity part

1. Directive acts express Practs of Instructing

“When should children wear masks? In areas where COVID-19 is widespread and physical distance cannot be maintained, especially in indoor settings and areas with poor ventilation, masks can help stop the spread of COVID-19.” Extract 1

Under this pragmatic function, WHO clearly instructs to wear masks in indoor settings and areas with poor ventilation, masks can help stop the spread of COVID-19 .

2. Directive acts express practs of informing

“Here’s what you need to know about children and masks.

Children 6 to 11 years old should wear a mask in indoor settings where ventilation is poor or unknown, or physical distance cannot be maintained. Children ages 12 and over should follow the same mask-wearing guidance as adults in indoor or outdoor settings when they cannot guarantee at least one meter of distance from others and in indoor settings where ventilation is poor.” Extract 2

The increased prevalence of this practice can be attributed to the fact that during a period when knowledge on how to protect oneself from the virus was scarce. In the above extract, WHO gives information about how and where children should wear masks and the ways that suit their ages. The conditions for 6- to 11-year-old children to wear masks are indoor settings where ventilation is poor or unknown, or physical distance cannot be maintained. While children as young as 12 should follow the same mask-wearing guidelines as adults in indoor and

outdoor settings when they cannot ensure at least one meter of separation from others and in indoor settings with poor ventilation.

3. Directive acts express Pract of Exempting.

“Children under the age of five? They don't need to wear a mask because they may not be able to wear it, probably without supervision or help. Children with disabilities should not be required to wear masks. Children should not wear masks when playing sports or doing physical activities.” Extract 2

SSK and Rel denote the practice of excluding which WHO was used in this extract. WHO exempts three cases from wearing masks. WHO explains which children should not use masks in the excerpt above. They are for children under the age of five because they may not be able to wear them, probably without supervision or help. And children who have special needs. Another situation in which children should not wear masks when participating in sports or physical activities and who are less than five years old.

4. Directive verbs express the Pract of Advising

- “Children should wear a well-fitted mask that covers their nose, mouth, and chin. Children, who are at higher risk of severe complications from COVID-19, should wear a medical mask for protection.” Extract 3

The practice of advising conveys a powerful message of caring for and protecting children. WHO advises people to protect their children from infection by instructing them on how to properly wear masks for their children. As we notice, there are two pieces of advice in the above extract. WHO advises parents on how to safeguard their children from infection by instructing them on how to properly use masks by covering the nose, mouth, and chin; and children who are at higher risk of severe complications from COVID-19 must use medical masks.

-“Before putting on the mask, children should wash their hands for at least 20 seconds if using an alcohol-based hand rub, or at least 40 seconds if using soap and water. After taking off their masks, they should store them in a bag or container and clean their hands. With these simple tips and good supervision” .
Extract 4

People are also being advised by WHO to make sure their hands are clean by doing things like washing them for 20 seconds or using an alcohol-based hand massage before touching masks and advising them to store or keep masks in a bag after taking them off.

5.Commissives acts express the practs of assuring

“With these simple tips and good supervision, children can stay safe while wearing their masks and still have fun with their friends.” Extract 4

We can regard them as expressed by commissive acts because of the assuring practices utilized to indicate intention. In a world where there is a lot of uncertainty and dread of the feared incurable COVID-19 sickness, the need to ensure that all feasible steps are taken to decrease it as described in extract 4 is critical. As we can see, this practice is crucial to the subject because if individuals commit to following certain guidelines, such as appropriately wearing masks, WHO guarantees that they and their children will be safe? Also, when WHO refers to what was described above by "these tips," we observe the usage of reference in the text to express that pract.

Table (1): The Speech acts & Pragmatic Acts of WHO guiding video clips

Speech acts	Frequency	Percentage	Practs	Frequency	Percentage
Directives	15	83%	Informing	4	22 %
			Instructing	4	22%
			Exempting	3	16 %
			Advising	4	22 %
Representative	2	11 %	Stating	2	11 %
Commissives	1	6 %	Assurance	1	6 %
total	18	100%	Total	18	99 %

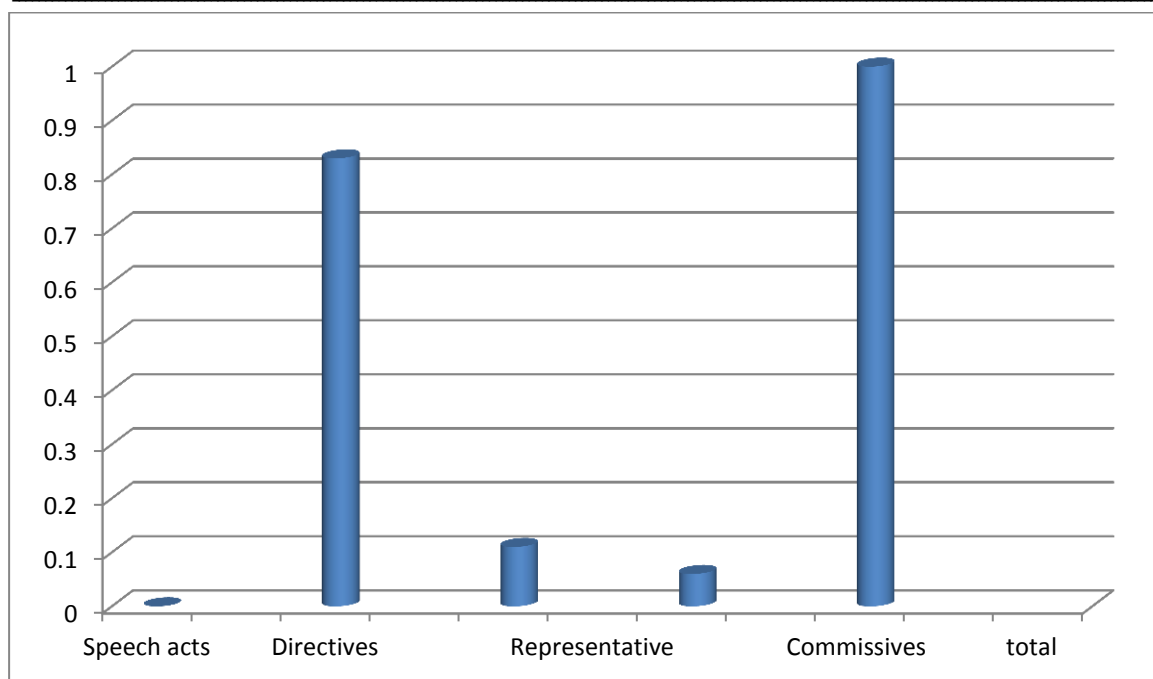


Figure (1) : Percentages of Types of Speech Acts (SPS)

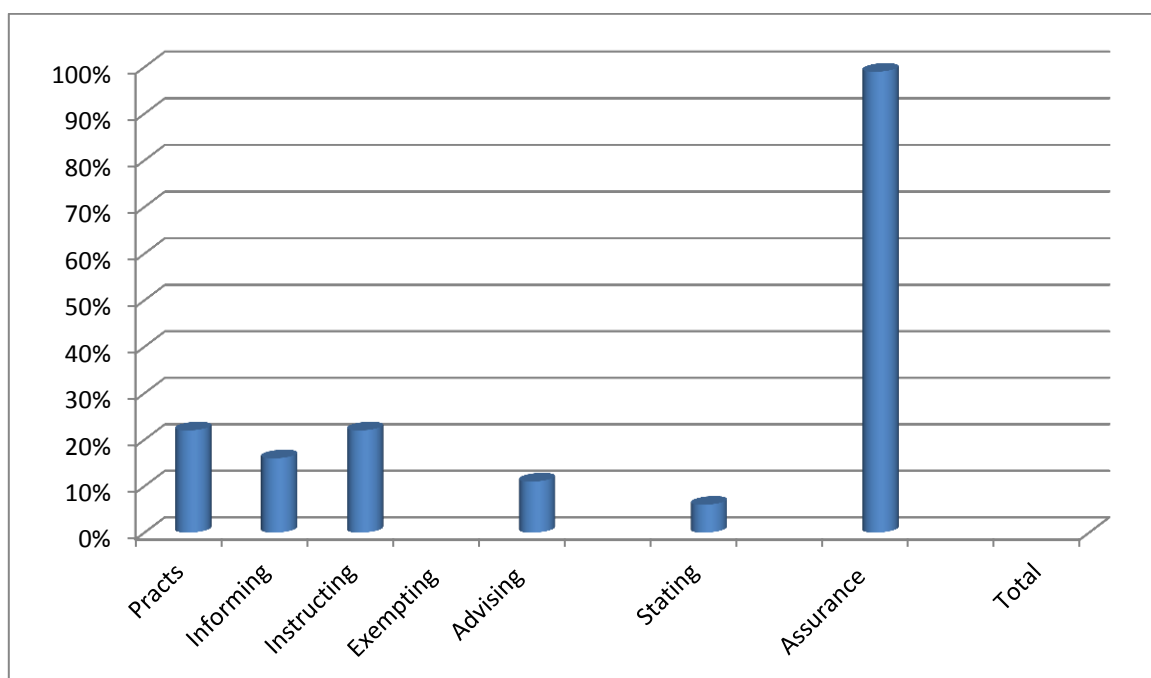


Figure (2) : Percentages of Types of Pragmatic acts (PRACTS)

9. Discussion of Analysis Results

It could be beneficial to structure the discussion of the study findings in the form of responses to the research questions posed in chapter one (See Table 1):

1. How to solve the misunderstandings or a lack of adequate communication between specialists and non-experts that might result in failures in the activity itself?

The misunderstandings is resulted by the main pragmatic-medical themes of asymmetry, routines, misalignment, and directness or indirectness So as to solve these problems between specialists and non-experts , as a researcher I adopted a pragmatic theory of Mey (2001) to explain the intended meaning of medical discourse and explain the aims of medical discourse such as advising or warning .

2. A metaphor is employed in a specific context to solve a problem or explain a difficult subject, but we've observed a lot of war metaphors in the media discourse of the COVID-19 pandemic, which suggests we think of COVID-19 as a threat. We must combat it and outperform its consequences. So the question is, how is this done?

There are ways to replace the war scenario with more positive cognitive frames, such as strengthening the discourse of solidarity and global engagement in providing solutions to common humanitarian problems and this is done by using suitable pragmatic acts that promote solidarity among people and reduce tension and fear from that pandemic . These pragmatic acts as promoting sociable activity , projecting for better future and encouraging to overcome that pandemic through taking the tests for example.

10. Conclusions

1. International organizations and their media discourse have a role in restoring normal life, such as restoring education to schools during the pandemic period by guiding students and staff to follow measures or lowering the isolation period from 10 to five days.

2. WHO recommendations on COVID-19 in medical video clips use some speech acts as directive verbs to convey practs of instructing, co-opting, projecting, encouraging, and so on, which are an important message of solidarity.

3. The increased occurrence of directive acts to express the pragmatic act of informing can be traced to the fact that ,the information about the virus was unclear ,much hurtful and widely shared.

4. A pragmatic act theory plays an important role in constructing the intended meaning of Covid-19's medical guiding video clips.
6. Many military metaphors had a negative effect on people because they caused tension and fear in people.

تحليل عملي من منظمة الصحة العالمية

مقاطع فيديو إرشادية حول مرض كوفيد - ١٩

الكلمات المفتاحية: توصيات ، جائحة ، منظمة الصحة العالمية

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الملخص

لقد أثر COVID-19 على أجزاء عديدة من حياة الناس وظهر في غالبية دول العالم ، لذلك نحن بحاجة إلى فهم أسبابه وأعراضه والوقاية منه وعلاجه. ألهمنا هذا لإجراء تحليل عملي للخطاب الطبي خلال COVID-19.

تتناول الدراسة الحالية بعض الجوانب العملية لمقاطع الفيديو الإرشادية الطبية لـ COVID-19 التي صممتها منظمة الصحة العالمية (WHO) وبالتالي ، فإن العمل الحالي يستهدف الأهداف التالية في البيانات قيد التدقيق: (١) النظر في كيفية استخدام الخطاب الطبي الأنواع الخمسة من أفعال الكلام ووظائفها (الأفعال البراغماتية) في الخطاب الطبي لفهم كيفية مساهمتها في المعنى وتقديم الإجراء ؛ (٢) تحليل أنماط الاستعارات وأشكال استخدامها وطرق استخدامها ، وخاصة الاستعارات الحربية ، لفهم تأثيرها على الواقع والحياة الاجتماعية وتطور الوباء ؛ (٣) البحث عن بديل مقنع ومؤثر لاستخدامه في الخطاب الإعلامي بدلاً من استخدام استعارة الحرب. فيما يتعلق بالأهداف المذكورة أعلاه ، تم وضع الفرضيات التالية: (١) المنظمات الدولية لها دور كبير في التعايش مع COVID-19. هناك طرق لاستبدال سيناريو الحرب بأطر معرفية أكثر إيجابية ؛ (٣) تم تصنيف جائحة COVID-19 على أنه معلومات مشبوهة ، نظرًا للانتشار الواسع النطاق لتحقيق أهداف الدراسة والتحقق من فرضياتها ، تم اختيار مقطعي فيديو من منظمة الصحة العالمية (WHO) للتحليل بسبب (Mey's 2001) نموذج الفعل العملي.

References

Bonanno, M. (1982). Women's language in the medical interview. Linguistics and the Professions. Robert DiPietro, ed, 27-38.

- Charon, R., Greene, M. G., & Adelman, R. D. (1994). Multi-dimensional interaction analysis: a collaborative approach to the study of medical discourse. *Social Science & Medicine*, 39(7), 955-965.
- Gotti, M. (2014). Reformulation and recontextualization in popularization discourse. *Ibérica, Revista de la Asociación Europea de Lenguas para Fines Específicos*, (27), 15-34.
- Graham, S. L. (2009). *Hospitalk: Politeness and hierarchical structures in interdisciplinary discharge rounds*.
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. University of Chicago press.
- Lakoff, R. (2007). The triangle of linguistic structure. In: Leila Monaghan and Jane E. Goodman (eds.), *A Cultural Approach to Intercultural Communication: Essential Readings*, 128–133. Malden, MA/Oxford/Victoria: Blackwell.
- McKay, S. (2006). in *Magazines: Messages, Registers and Readers. Advances in medical discourse analysis: oral and written contexts*, 45, 311.
- Mey, J. L. (2001). *Pragmatics: an introduction*. John Wiley & Sons.
- (2006). *Pragmatic acts*.
- Mishler, E. G. (1984). *The discourse of medicine: Dialectics of medical interviews (Vol. 3)*. Greenwood Publishing Group.
- Wilce, J. M. (2009). Medical discourse. *Annual review of anthropology*, 38(1), 199-215.

Internet Sources

<https://youtu.be/xFIN6ckZWnI>

<https://youtu.be/1DuyG2CxLt8>

<https://youtu.be/wkDj9fFXpt8>