

The Pandemic Lockdown Discourse Space: A Critical Cognitive-pragmatic Analysis

Threat Construction rhetoric within the framework of Proximization

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Abstract

Recently, a new coronavirus disease COVID-19 has emerged as a respiratory infection with significant concern for global public health hazards. WHO has been alarmed with the growing curve of confirmed cases and death tolls that have been globally reported. During this pandemic, ‘social distancing’ and lockdown were encouraged to flatten the curve which has had major social, political, and economic consequences. Drawing on data from PM Boris Johnson’s and President Donald Trump’s public speeches after WHO’s declaration of the global pandemic state, the current study aimed to explore the conceptual and spatial representation of lockdown during the outbreak of COVID-19 in the UK and U.S. from a cognitive perspective. Based on a spatial-temporal and axiological model, this study examined the discursive strategies used by the UK and U.S. governments to legitimize the countries’ full or partial lockdown in March 2020. Applying Cap’s Proximization Theory (2006, 2008, 2013a), a cognitive-pragmatic model of threat construction, this study investigated how these administrations constructed threat by deploying construal of relations between entities within the Discourse Space (DS). The findings revealed how the DS between the conceptualizers’ deictic centre and the threat was curtailed or broadened using conceptual, lexico-grammatical, and coercive strategies. The results showed that PM Johnson relied heavily on a dynamic discursive representation of threat; whereas, President Trump represented the Chinese threat statically. The former appealed to conceptualizers’ fear by broadening the distance between the threat and conceptualizers using promising proximization; whereas, the latter downplayed the virus’ risk blaming it on others, positioning adversary state(s) as a source of threat in mental space. Both leaders emphasized the conceptualization of the shift of ‘Us’ moving towards ‘Them’ to neutralize it in a counter-threat plan enactment. The analysis relayed how the represented mental patterns could be mapped to their discursive and linguistic representations. This research has implications for better understanding world leaders’ forced construal of health threat as a tool of public’s manipulation and coercion to legitimize policies by reconstructing the conceptualizers’ mental spaces. Further,

it adds to our knowledge on how crises can impact forms of sociality in DS, rearranging *distance* as a performative act to make care and endearment.

Keywords: Proximization theory; critical cognitive pragmatics; spatial cognition; STA model; health discourse; public space discourses

1. Introduction

Originating in Wuhan in the Chinese province of Hubei, a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new coronavirus (COVID-19) has spread exponentially around the globe influencing human's quotidian life (Huang et al., 2020). This virus has caused an outbreak of infections and a chain of sickness, bringing high fatality rates worldwide together with a major economic crisis (i.e., 47,191, 844 confirmed cases and 1, 209, 269 deaths worldwide as reported by Worldometer (November 2, 2020) and unfortunately cases are increasing. The World Health Organization (WHO) declared this virus outbreak as a global health crisis and pandemic on March 11, 2020 (WHO, 2020) after it was declared as a 'Public Health Emergency of International Concern' on 30th January 2020. This global health emergency has put a lot of strain on governments, public health, international resources, and political and economic systems that they approached the tip of breaking.

With fever, dry cough, and shortness of or difficulties in breathing; almost 80% of COVID-19's patients suffered mild to average illness and 20% suffered from severe to critical illness (ECDPC, 2020). The WHO has reported local transmission of the disease in all regions including Europe and North America. According to BBC business news, unemployment rates have spiked from 3.8% to 4.8% in the United Kingdom (UK) and from 3.7% to 10.4% in United States (U.S.) among other countries (IMF Reports, June, 2020). Researchers have been racing to investigate this virus, its composition and behaviour trying to sort out interventions, vaccines, and treatments to halt its detrimental bearings. The pandemic news flooded news channels along with political leaders' public speeches keeping the people abreast of the emerging regulations and restrictions to face this global crisis. With elevated public anxiety, many people grappled with the fearsome virus, attempting to avoid it with its relatively high risk of death (Sahu et al., 2020).

The world's national leaders had to respond to control this high-intense pandemic. However, governmental policy responses came extensively varied in speed, efficiency, and national acceptance which were reflected on these countries public's approval ratings on handling the coronavirus (i.e., limiting the spread and preventing deaths). Some leaders promptly responded with scientific-

driven policy plans, others were slow and improvised, while a few downplayed its risk. According to the Oxford Coronavirus Government Response Tracker, a nine metrics of Government Stringency Index (school closures, workplace closures, cancellation of public events, restrictions on public gatherings, closures of public transport, stay-at-home requirements, public information campaigns, restrictions on internal movements, and international travel controls) was measured and the UK and U.S. mean score stood at (87.96 and 72.69, respectively on March 26 2020). Winton's Centre for Risk and Evidence Communication reported that the UK's and U.S.'s public responses came as 'not really confident' that they understood their government strategy to handle the pandemic and whether it was effective (Freeman, March 2020). However, they voted for their relatively high levels of confidence in their national scientific and medical advisors along with the WHO.

Although lockdown was a common measure, some countries opted out for less stringent measures and thus political national leaders needed to legitimize their responses to the public offering them as effective. This health crisis led to severe socioeconomic disruption, deferment of religious, sporting or cultural activities and events (The New York Times, 2020), hoarding, panic buying, and shortage of supplies became a common scene (CNBC, 2020). Enforcing social distancing and quarantine have disrupted quotidian forms of sociality, changing the quality and quantity of social encounters and gatherings, restructuring people's social relations, habits, and valuations. Governmental stringent measures forced a change in institutional (work and education) and familial restructures to respond to the 'social distancing' imperative to stop the spread of the virus. People's basic freedom of movement has been restricted to basic necessity travels inhibiting people's civil right of free movement and gathering. The UK enforced travels restrictions except for medical help, food purchase, and one sport activity in groups of two from the same household. The UK enforced a total lockdown on March 23 2020. Correspondingly, the U.S. federal government and individual states directed its population to implement social distancing mid-March 2020 and only partial lockdown was enforced in affected states. President Trump declared a national emergency on March 13 and consigned social distancing guidelines on March 16 2020.

Emphasized in constitutional documents, freedom is argued to be the supreme social value in occidental culture advancing human dignity in performing personal freedoms and civil liberties. The often-celebrated culture of freedom makes it necessary to legitimize and rationalize restricting the most fundamental constitutional rights of free mobility and travel in mega Western countries. This study examines the three-tier Proximization Theory (PT), a critical cognitive-pragmatic model, lexico-grammatical patterns employed in the

mediated communication of PM, Boris Johnson, and President Donald Trump in the health crisis discourse in the times of coronavirus outbreak in the UK and U.S. announcing lockdown. It focuses on discourses generated by key social actors in their state's political regime (van Dijk, 1998). Drawing on a spatial-temporal-axiological (STA) proximization model, it investigates the speaker-imposed systematic deployment of cognitive-pragmatic construal of distance and proximity in the discourse space (DS) as part of public/political discourse to legitimize lockdown (personal and civil liberties restriction) as a socially, politically, and economically consequential phenomenon. The identified cognitive construal operations are intended to prompt forced symbolic construal that reconfigures worldviews, social relationships and values using set number of lexico-grammatical choices based on cognitive categories of space, time, and axiology.

Proximization, an interdisciplinary methodological tool, has been applied to a variety of discourse domains including studies of state political discourses: crisis construction and war rhetoric (Cap, 2006; Chovanec, 2010), anti-migration discourse (Cap, 2018; Hart, 2010), cyber anti-terrorism (Cap, 2017c), climate change (Cap, 2017d), political party representation (Cienki et al., 2010), and design of foreign policy documents (Dunmire, 2011). Its application to health discourse (Cap, 2013a, 2017a) has been limited to cancer treatment discourse (Cap, 2013a; Van Rijn-van Tongeren, 1997) and few raising awareness health campaigns (anti-tobacco and swine flu awareness campaigns), constructing an imminent danger impression. However, no studies have addressed globally-focused health crises from a cognitive linguistics lens. To fill this gap, this study examines COVID-19 as a public-focused health crisis using Cap's PT (2006, 2013a, 2017a). Extending PT's application to this terrain provides insights into features of public health discourses in times of crisis which contributes to national leaders' policy communication choices scholarship which may impact people's understanding, worldviews, and responses to crises. The understanding offered by this paper should provide international decision-makers and planners with insights on the distinctive thinking of two leading countries' political leaders and how they conveyed different conceptualizations of COVID-19.

Adopting cognitive linguistics (CL), this study examines the interplay of spatial cognition and ideological forced construal by examining health crisis discourse during pandemic in two major Western states: the UK and U.S. as a site of crisis construction and policy legitimization. It is deemed informative to examine the initial responses of the UK, as a representative of Europe's hotspots, and the U.S., ranking the top position in infection, to the WHO announcement in

March, 2020. To achieve this goal, this paper draws upon PT (Cap, 2006, 2008, 2013a), a cognitive-pragmatic model of threat construction. It offers a revised model of STA where there is a reverse in directionality and movement of construal where the inside the deictic centre (IDC) spatially shifts to face down the outside the deictic centre (ODC) entity to represent a pandemic management plan as effective. It suggests an additional category to Cap's spatial proximization framework where some verb phrases would be construed as markers of movement of IDC towards ODC. It, also, offers a complex reconfiguration of threats which are conceptualized according to the compositional perspective of the speaker.

Beyond the state-political interventionist discourse, this study captures the role of the threat in legitimization strategies of health crisis discourse. In light of the identified gap, this research seeks to answer the following questions:

RQ1 How does the UK PM, Boris Johnson, frames to make the public conceptualize COVID-19 disease in the time of pandemic?

RQ2 How does the U.S. president, Donald Trump, frames to make the public conceptualize COVID-19 disease in the time of pandemic?

RQ3 What are the fear-inducing proximization strategies used in the UK and the U.S. health crisis management discourse in the time of COVID-19 pandemic?

RQ4 What are the cognitive construal operations used to legitimize freedom restriction in the UK and the U.S. health crisis management discourse in the time of COVID-19 pandemic?

2. Literature Review

Discourse is socially constitutive and conditioned (Fairclough and Wodak, 1997; Wodak, 2011) by ambient events, institutions, and social structures (Cap, 2019). Habermas (1981) argues language a medium of social force and dominance that serves to legitimize organized power relations. Abbas (2020) maintains that thoughts drive behavior and actions. Discourse plays a vital role in representing and legitimizing social actions (Cap, 2019). Public/political communication essentially targets public persuasion abetting general consensus (Hart, 2010, 2014) and shared visions (Habermas, 1981). Thus, soliciting legitimization using mental and/or physical justification and explanation of a behavior (Cap, 2017a; Reyes, 2011, p. 782; Sowińska, 2013) seems integral to policy communication. Legitimization refers to the linguistic enactment of the speaker's right to be obeyed (Chilton, 2004) which centers on social mobilization around a common goal to face adversaries and approve of policies (Cap, 2014a). Cap (2014b) contended PT is one of the most effective pragmatic cognitive tactics to realize legitimization in political interventionist discourse. Cognitive-driven PT has been widely applied to various empirical territories including political

interventionist and health discourses (Cap, 2017a, 2019). Cap (2013a, 2014b; 2017a, 2019); Dunmire (2011); Hart (2010, 2014); Kopytowska (2015); and Abuarrah (2016) among others have examined it in various terrains; however, it was not examined in a globally-driven health crisis domain. These discourses depended on manipulating the symbolic DS to construct and proximize threat when communicating and justifying potentially controversial political actions and policy-making.

PT's scant application to health discourse was mainly restricted to cancer treatment (Cap, 2013b, 2017b) and disease prevention campaigns (i.e., swine-flu, anti-tobacco). Fear-inducing proximization strategies were employed to justify a preferred treatment protocol in which war is waged on the disease which was metaphorically construed as an 'aggressive enemy' who 'invades' the patient's body (Cap, 2017b). Proximization construal essentially depends on the metaphoric conceptualization of the body as a container of a disease (Lakoff & Johnson 1980). It adopts a typical WAR metaphoric correspondence to construe it as a negative social phenomenon. Van Rijn-van Tongeren (1997) argues the correspondence between cancer discourse and the state interventionist's except in conceptualizing the alien entity (cancer cells) as external of IDC because the malignant cells grow inside the patient's body, i.e., inborn genetic mutations (Cap, 2017b). Additionally, external resources, the medical team which was not invaded, and the patient's T-cells together counteracted the alien ODC. The agency of the ODC's impact neutralization positioned the medical team and medications inside the IDC where the threat of cancer is at play. Health and disease prevention discourses consistently relied on three interrelated threat-based construal: that of the ODC as an enemy entity, the ODC impact speed and ODC impact consequences (Cap, 2017b).

Discounting the axiological proximization strategy, Cap (2017b) argued that many media cultures relied heavily on ST proximization strategies when communicating disease prevention campaigns. On analysing swine flu-related (H1N1) and anti-tobacco media campaigns, Cap (2017b) emphasised that the threat construction strategies focused on evil enemy entity construal and its ability to cause imminent and detrimental effects on IDC. Such discourses manufactured fear appeals by constructing the IDC's vulnerability and victimhood in contrast to the ODC's established ferocity to proffer defensive or preventive plans. The ODC's irreversible impact was structurally fabricated using the progressive imperfective aspect to prompt relentless mobilization of resources to handle it. The ODC's impact was construed as extensively and intensively consequential.

Moving to preventive anti-tobacco discourse, Cap (2017b) studied the DS configuration to engender anti-tobacco fear. Typical to the war-on-terror

discourse canonical construal, both the speaker and conceptualizer were conceptually positioned in IDC where they faced the periphery-positioned external threat which was encroaching the IDC. However, the conceptualizer was summoned to conjoin efforts with speaker to put this danger at a halt. Lexically, Cap (2017a) argued the complexity of IDC and ODC in which the former involved the second-hand smokers, their container bodies, and their organs; whereas, the latter included the tobacco, the tobacco industry, and the tobacco marketers. Tobacco was construed as ‘a killer’, its marketers are ‘terrorists’, ‘bombs’ that target the ‘vulnerable’, where ‘toxicity’ grows, and thus the threat of a stroke, heart attack, and/or cancer is looming (Cap, 2017b, p.37). Following the conventional interventionist discourse coercive power, the anti-tobacco policies adoption was systematically legitimized using fear rhetoric to force policies that clash with the popular culture of smoking.

Cyber-terrorism was another terrain for PT’s application where fear alerts of cyberattacks were stirred (Cap, 2017c). Invoking fear-inducing alerts of potential cyberattacks to influence state policy made this discourse a legitimization enterprise where technology-driven control systems are targeted. Fearful anticipations of a looming e-commerce, transportation, energy and power grids attack legitimize state action attracting media consumption. Conceptually, the IDC included worldwide technology consumers who are prone to cyberterrorism risk invoking personal interest to interfere. Although the source of the threat remains unidentifiable, its speed, imminence and deleterious effects are demarcated to prompt active response. Echoing war-on-terror lexical choices and discursive strategies, it construed the threat spatio-temporally as ‘fast spreading’, spatially ‘massively destructive’, and axiologically affecting ‘critical systems’ in the uncertain future (Cap, 2017c, p. 65). This discourse tactically conceptualized an encroaching threat that starts with a glitch and ends with a disaster.

Investigating the NATO’s ‘Emerging Security Risks’, Cap (2017d) argued that climate change was construed as a transnational crisis that threatens the global populace. Analogous to war-on-terror discourse an immediate action is urged because of its imminent and devastating consequences. Although, that catastrophic moment was undefined, it extends its projected impact to future site. Everyone is enlisted in IDC including “[t]wo thirds of the world’s population live near coastlines...” (p.66). Lexico-grammatically, the progressive aspect indicated the threat’s proximity, whereas the present perfect indicated the shift from the safe past to a threatening future. Climate change’s agentive capacity is determined when it struck the IDC’s different territories with concrete New Orleans’ storms and floods, Darfur droughts, and Sudan’s desertification, and the 2025 water shortage projection. The public is expected to be alerted sanctioning particular preventive actions. To promote green policies and clean energy in California,

Governor Schwarzenegger drew upon bipolar axiological representations to proximate adverse weather threat and its constructed self-other ideological conflict suggesting public actors' negligence and/or unsustainable control (Cap, 2017d). The adversarial ODC was depicted as growing huge and close with looming 'global warming' destruction, while the IDC was sensitised of the danger of 'greenhouse gas emissions' by evoking analogous past disasters '19,000 people ... dying...because of smog' (Cap, 2017d, p. 50). Temporal proximization (TP) and urgency of action were manufactured using contrastive past and present perfect tenses to present an undefined timeframe for the emerging danger. Schwarzenegger's discourse presented a debate between the active and committed parties and negative and negligent ones, where each delineated their future contrastive views, legitimizing some preventive actions.

Examining COVID-19-related discourses, Abbas (2020) examined how COVID-19 news were used for political and ideological purposes in the U.S. and China using Van Dijk's news schemata framework in the American *New York Times* and Chinese *Global Times*. Abbas (2020) argued media political control which essentially impacted the public's response to events. Consistent with Asian flu, Cholera, AIDS, Ebola, and SARS; COVID-19 has been politicized to hoard political gains and target adversary states. China and the U.S. exchanged accusations among COVID-19's start and spread (Abbas, 2020; Myers, 2020) disregarding the global dire consequences that may result from stigmatizing and discriminating against nations affecting global peace and security with ethnic and racial consequences. Broadcasting fear and hate speech could manipulate the public and steer international conflicts. Similarly, Atasoy (2020) studied the German and Spanish COVID-19 media representation in *Sueddeutsche Zeitung's* and *El Pais's* headlines from January-March 2020 using Van Dijk's CDA. Findings showed that both media outlets represented COVID-19 as a China-related global health crisis using polarization, lexical style, referential strategies, quoting credible witnesses and experts, striking comparisons, and repetitions (i.e., syntactic-discursive structures). The German newspaper identified it as explicitly centring *in* China; whereas, the Spanish one referred to it as originating *from* China. Correspondingly, Parvin et al. (2020) investigated how global communities were informed about the spread and infection, preparedness, and institutional efforts first hand from China and Japan (the epicentre) by examining *China Daily* and *Japan Times* news media using text mining from January- March 2020. Results identified the highlighted ideologies, views, advice, and guidance. Findings showed that news media interest including editorials and experts' opinions shifted from a health-driven focus to an economy and political-driven one, where China was interested in governance and social welfare and Japan was anchored on global politics.

Finally, regarding CL and metaphor-related studies, Wicke and Bolognesi (2020) used Twitter to track the public's reactions to the pandemic. Applying automated topic modelling method to the corpus, they examined how the discourse around COVID-19 was conceptualized and figuratively framed on Twitter (i.e., using non-expert communicators). The data were Lamsal's coronavirus Tweets corpus (10,846 tweets) which contained virus-related hashtags during March and April 2020. COVID-19 was typically conceptualized in WAR frames in both public and private discourses including Twitter. The identified frames inventory included three pervasive WAR frames along with a controlled literal use of FAMILY frame to discuss the virus-induced disruption of family-dynamics. The WAR frames infiltrated the virus treatment topics and diagnostics, but not effects of social distancing, such as personal affective aspects and close social relations. However, many patients, caregivers, and doctors have been critical about the deployment of military metaphors in conceptualizing the spread, treatment, and cure of diseases; particularly cancer, because they deem these frames invoking anxiety, guilt, and helplessness if the treatment did not work (cf. JOURNEY frame) (Hendricks et al, 2018; Semino et al, 2017). It is argued that WAR frames prompt "fear and anxiety, divides communities, compromises democracies and may legitimize the use of actual military actions" enabling authoritarian emergency power-grabs which rule by decree (Wicke & Bolognesi, 2020, p. 5). Using hashtag #ReframeCovid, Wicke and Bolognesi (2020) suggested alternative frames to discuss COVID-19 to avoid WAR frames were advanced suggesting MONSTER, GAMES, TSUNAMI, and STORM frames. Many linguists, including two Lancaster University experts, Dr Veronika Koller and Professor Elena Semino, among other scholars, deployed this hashtag to appeal for non-WAR-related metaphors to conceptualize COVID-19 seeking to empower the public with hope (Lancaster University, April 6 2020).

3. Methodology and Theoretical Framework

Adopting a CL perspective on analyzing discourse assumes the fundamental role of spatial cognition in the subjective representation of processes and attitudes that involve perspectivization to anchor ideas (Levinson, 2003). Chilton (2005) argues discourse constructs "knowledge about social objects, identities, processes, etc., then that construction can only be taking place in the minds of (interacting) individuals." (p.23). CL has been extensively employed to investigate cultural thinking and ideology as reflected in the contextualized use of language at the lexical and the discourse levels. Among the CL models that have been used to study ideological discourse is Discourse Space Theory (DST) (Chilton, 2004, 2005, 2010, 2014) and Proximization Theory (PT) (Cap, 2006, 2008, 2013a). These theoretical frameworks share the assumption that gives primacy to physical experience and conceptualization

(Chilton, 2004; Levinson, 2003) over linguistic representation and expression of ideological stance. Conceptual metaphor theory (CMT) (Johnson & Lakoff, 1980) represents one of these structuring systems that are responsible for conceptualization (Croft & Cruse 2004) invoking and imposing conceptual patterns and constructing world representations (i.e., stigmatizing diseases, sick people, and states). These systems offer “a range of alternative structural characterizations, among which a speaker chooses so as to convey a particular conceptualization of a scene” (Talmy 2000, p. 214). Construal operations are text indexed and prompt conceptualizer(s) to engender ideological cognitive representations realizing discursive strategies (Hart, 2011, 2014). Hart (2007) refers to conceptualization as “the construction of world knowledge, including “social knowledge.” (p. 106).

Levinson’s (2003) spatio-temporal frames of reference provided an understanding about how an entity and its movement may be indexed to construe an ideologically-laden worldview by shifting from periphery to center of the space and vice versa. Among the CL models (Chilton, 2004, 2010, 2014; Hart, 2010, 2011) is Chilton’s DST (Chilton, 2005, 2010), which represents the foundation of the spatial representation of entities through a three-way mental organization in public Discourse Space (DS). Entities and events are spatially defined according to their relative distance from self in the deictic center (IDC) (i.e., I, we, us). This symbolic representation can be strategically evoked for pragmatic effects such as explanation and argumentation. Based on DST, distance is mentally construed through the interactive and mutual activation of the spatial, temporal, and modal (STM) cognitive domains in discourse. The construal of entities and events is relative to ontological spaces defined by the coordinates of STM. DST argues the primacy of space over time and modal axes. Time is conceptualized in terms of motion through space and modality is conceptualized in terms of distance (remotely possible) or (deontic modality). These configurations are activated by discourse (Chilton, 2004). According to the DST, fear-based rhetoric is legitimized based on the self–other dichotomy and positioning. It, however, accounts for stationary positioning discounting the mechanism of realization and tools of threat performance such as, the lexicogrammatical patterns and discursive construal of movement of the Other/central threat element.

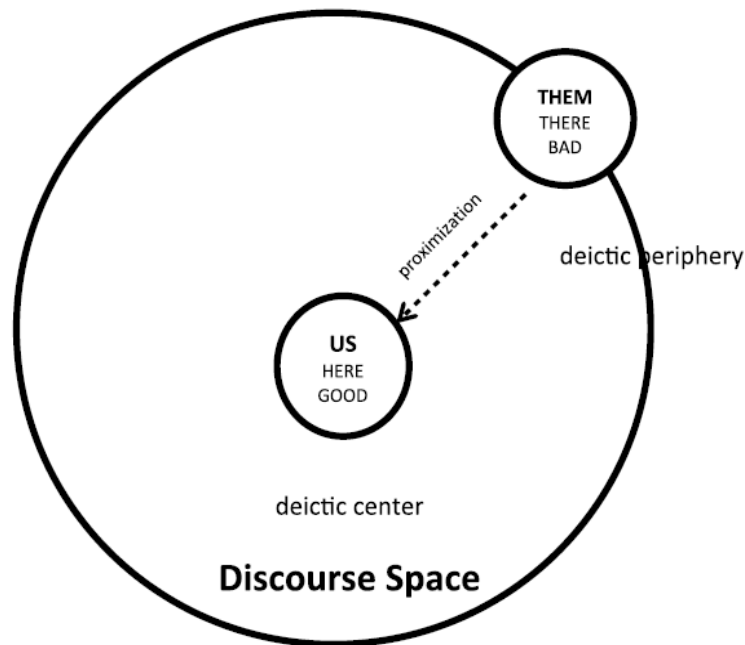


Figure 1: Proximization in Discourse Space (Cap, 2018, p. 385)

PT (Cap, 2006, 2008, 2013b, 2017a) is a recent pragmatic cognitive construal model of crisis and threat construction, which can be applied in Critical Discourse Studies (CDS). It is a methodological handle to examine health crisis discourse using legitimization patterns in policy communication. This pragmatic cognitive model depicts physically and temporally remote entities, processes, events, ideologies, and states of affairs as increasingly and negatively consequential while projecting them as physically and/or ideologically encroaching the speaker(s) and their conceptualizer(s) IDC. By invoking threatening visions of negative ‘alien’ entities, the speaker(s) realizes legitimization to enforce controversial policies and preventive actions to neutralize the adversarial impact of these alien entities (Cap, 2017a, p. 16) on the IDC (Figure 1). These threat appeals have a spatio-temporal and ideological nature. Spatially, the threatening entities emerge from the DS-peripheries (ODC) to invade the deictic center space (IDC) to endanger its residents. Analogous to Chilton’s DST, space is a prime aspect of proximization where other aspects/strategies are conceptualized in spatial terms. Temporally, threat is envisaged as imminent, momentous, and has its bearings on the IDC’s future and thus it requires response and preventive measures. Finally, the axiological forced construal reveals the potentiality of threat materialization with tangible and effable impact within IDC. Deploying the three-fold strategies of proximization contribute to the continual narrowing of the symbolic distance between the entities/values in the DS and the ODC’s negative impact on IDC residents.

Drawing on Chilton's (2004, 2005, 2010,2014) DST and Levinson's spatio-temporal frames of reference (2003) as reference models, PT refers to “a forced

construal operation meant to evoke closeness of the external threat, to solicit legitimization of preventive measures.” (Cap, 2014a, p.191). PT is argued to have an argumentative pragmatic function to solicit approval of (extreme) measures to offset the identified growing threat in health crisis discourse. Conceptually, it subsumes the cognitive conception of DS including the polarity of IDC entities (i.e., Self-entities) and ODC (i.e., Other entities) and their coronaries and the discursively constructed encroach of the latter in the DS center. Linguistically, it focuses on the lexico-grammatical deictic choices including the arsenal of deictic expressions the speaker deploys to spatially plot the current event indexing its socio-political and ideological parameters and how ODC entities may invade the IDC’s space. Proximization is a discursive tool for legitimization, persuasion and social coercion. Deixis refers to the conventional set of deictic ‘markers’ and other expressions along with the lexico-grammatical phrases that scheme conceptual ODC-IDC movement operations. Different proximization strategies can be detected by extracting quantifiable linguistic evidence within a specific timeframe.

Table 1: Spatial proximization framework and its key lexico-grammatical items

Category	Construal
NPs	construed as elements of DC of the DS (IDCs)
NPs	construed as elements outsideDC of the DS (ODCs)
VPs of motion & directionality	construed as markers of movement of ODCs towards the DC
VPs of action	construed as markers of impact of ODCs upon IDCs
NPs denoting abstract concepts	construed as anticipations of impact of ODCs upon IDCs
NPs denoting abstract concepts	construed as effects of impact of ODCs upon IDCs

Noun phrases (NPs) Verb phrases (VPs) (adapted from Cap, 2013a:109)

On the nexus between CL and pragmatics, this paper adopts a model of spatial cognition: PT focuses on how ideologically charged worldviews are conceptualized and spatially represented in discourse (Cap 2006, 2013a/b, 2017a, 2019; Chilton 2004, 2005, 2010). It deploys a critical-cognitive-pragmatic approach to public health crisis as a site of threat construction and policy plan legitimization. Public communication discourses abet audience to engender cognitive structures of their world(s) using physical and ideological distance

between Self-Other in their short-and long-term memories recognizing social entities and their relationships in public sphere.

In doing this, this study explores two world mega powers political leaders' speeches (UK & U.S.) as representative for Western conceptual framework of this global pandemic announcing the state's lockdown plan. The data represent PM Boris Johnson's and President Donald Trump's national lock down declaration speeches. They were delivered to the public on the 23 March 2020 and 11 March 2020, respectively. Data selection relied on speeches that covered these countries' initial official reaction to the WHO announcement of global pandemic on March 11, 2020 and in which they communicated their state's total or partial lockdown. The scope of this research covered the two instances in which these leaders announced their countries' national lockdown enforcing some stringent measures on the public's lives and civil liberties including assembling with their families. Johnson's speech word count stands at 907 words; whereas, Trump's speech counts 1280 words. The speeches were drawn from the governments' main webpages (www.gov.uk) and (www.whitehouse.gov). To ensure validity, speeches were verified against the aired videos using the author and a fellow-researcher. The data under investigation belong to public discourse which represented communicated issues of public concern (Cap, 2017a).

Contributing to the scholarship that adopts a cognitive approach to CDS, this study offers an interpretive layer to ideology construction and reproduction by examining mapping between the cognitive processes and discursive construction of social relations. It studied the conceptual underpinning of the social-linguistic interface of the state lockdown declaration as a forceful measure in times of crisis. Using an abductive mixed top-down bottom-up approach to data analysis, this study investigated links between the macro-social and the micro-linguistics of the lockdown announcement phenomenon. It studied how each political leader constructed their crisis threat to coerce the public and legitimize measures that suspend their civil liberties of freedom movement and assembly. To achieve this goal, the data were abductively analyzed using Cap's PT (2006, 2013a) and its STA model of analysis. The data were tabulated and double coded to identify patterns in two separate rounds using a fellow researcher, an associate professor in applied linguistics, to eliminate biases and subjectivity.

4. Results and analysis

Health discourse essentially belongs to state political public discourse. To effectively enforce and communicate interventionist policies, many governments deploy threat construction and proximization (Cap, 2017a, p. 30). This paper restricts itself to COVID-19 health discourse prevention and management. This discourse involves a strategic use of fear appeals, drawing on metaphoric

construal of an enemy entity posing an imminent threat of impact on home entity ((potential) patients). In response, patients, their healthcare team, and the whole government wage a ‘war on COVID-19’, mostly a preventive kind of war. PM Johnson and President Trump employed a plethora of rhetorical means to manage their power, status and credibility in the service of a social consensus. Their alleged aim was to receive public’s approval of the government’s policies involving both sides, the leader and his conceptualizers, in a joint course of action. This section outlines which proximization strategies were used to legitimize the British and the U.S. governments’ decision to lockdown and freeze all social, cultural, and economic activities in March 2020 representing the Western health discourse in times of crisis.

4.1. War and disease

The WAR metaphor has been the prevailing and extended metaphor used to describe and ‘combat’ diseases, and COVID-19 is no exception. Adding the WAR on coronavirus metaphor to an already rich WAR inventory of metaphors of serious diseases should pave the way to examine other discourse topics and domains. Although the construal underlying the WAR on COVID-19 metaphor is not entirely synonymous with the proximization construal in state interventionist discourse, there is still enough similarity to consider the discourse of COVID-19 management a field to be explored using PT where the coronavirus has been described as the ‘invisible killer’ and enemy. This metaphoric analogy involved a stealth and aggressive enemy, the COVID-19; a commander, the National Healthcare System (NHS) with all its medical teams, as allies; combatants, the confirmed and suspected patients; some weaponry, little knowledge about the virus and its proper treatment; a serious purpose is proposed to protect the public, to stay at home.

4.2. STA model in PM Boris Johnson’s speech

Analogous to the canonical representation of state political discourse, the proximization spatial organization of coronavirus represented it as an external threat that is geared up to attack an internal entity, the potential patients’ bodies. The construal of this alienated entity, the virus, is actively invasive and thus its impact on the internal entity is intensely hostile. The ODC includes infected cases (family members and/or friends) who posit threat on their beloved ones especially if they are vulnerable (elderly population). Thus, the IDC of today may become part of the ODC of tomorrow, if infected, in a flux of movement and directionality. The threat’s movement becomes bidirectional where it can move back and forth the IDC and ODC when uninfected people contract the virus and

move to become part of the ODC as contagious. Embracing the state interventionist rhetoric metaphoric correspondence, the IDC is proposed to counter-strike in a preventive act by staying at home to curb the outbreak and in a defensive manner by instantaneously seeking medical support. The ‘alien’ is an ‘external’ entity (ODC), the virus, body of potential patients and their beloved ones represent the ‘self’ or the ‘internal’ entity (IDC) that counters the ‘external’ entity, where the ‘self’ gets support (medical treatment) from another party (the medical team) within the IDC, who is also exposed to the same threat. Although, this discourse lends itself to analysis within PT framework, it suggests a reverse in directionality construal where IDC spatially shifts to face down ODC. In the proposed plan of action, the IDC shifts in movement to ‘halt the growth’, ‘slow the spread’, ‘do more’, ‘stay at home’, ‘turn the tide, and ‘work flat to beat the virus’, suggesting an additional category to Cap’s spatial proximization framework, where some VPs of motion and directionality would be construed as markers of movement of IDCs towards ODCs (Table 2).

Table 2: Key lexico-grammatical choices of spatial framework in Johnson’s and Trump’s

Category	Key choices in Johnson’s	Key choices in Trump’s
NPs construed as elements marking <i>Us</i> (IDC entity)	[this country ^{*2} , the UK] [the world, health service in the world, other countries] [I ^{*9} , you ^{*25} , we ^{*31} , us ^{*2} , us all, each and every one of us] [a huge national effort, many people, the British people, members of your household, unwell people ^{*2} , friends ^{*3} , family members, people you live with, a vulnerable person, the people of this country, each and every one of us ^{*2}] [NHS, health care system, health service, doctors, carers, nurses, clinicians, doctors, everyone, supermarket	[My fellow Americans, American people, citizens, Young ... healthy people, elderly population, older Americans, working Americans impacted, American families, affected states ... territories, Americans ^{*4}] [I ^{*14} , you ^{*7} , we ^{*42} , each of us, our ^{*11} , us ^{*2} , together ^{*3}] [nation, federal government, private sector, U.S., shores, top government health professionals, leaders of health insurance, CDC ... other government agencies, my administration, federal health experts, team, economy, healthcare, talented doctors, scientists, researchers.

	staff, transport workers, carers] [PM]. (101 occurrences)	[WHO, our allies, the United Kingdom] (112 occurrences)
NPs construed as elements marking <i>Them</i> ODC entity	[The coronavirus ^{*3} , the biggest threat, <i>this</i> invisible killer ^{*2} , the disease ^{*4} , this virus ^{*2} , real danger, this pandemic, this pandemic] [friends, family members, gatherings, social events] (18 occurrences)	[(coronavirus ^{*4} outbreak that started in) China ^{*5} , a foreign virus, threat, (this) virus ^{*12} , (other countries, horrible) infection ^{*2} , the European Union, hotspots, (travellers from) Europe ^{*5} , the tremendous amount of trade and cargo, South Korea, crowded areas, threat ^{*3} , transmission of the virus, this challenge, partisanship, adversity] (37 occurrences)
VP of motion and directionality construed as markers of ODCs' movement towards IDC	[<i>devastating</i> impact all over the world, become unwell, will be unable to handle, are likely to <i>die</i> from coronavirus] (4 occurrences)	[started in China and is now spreading throughout the world] [were seeded by travelers from Europe] (2 occurrences)
VP of motion and directionality construed as markers of IDCs' movement towards ODC (a preventive or reactive posture of the IDC entity)	[has faced...] [are seeing...] [are taking to fight] [can do to help] [has been taking the approach, to halt the growth] [slow the spread, reduce the number, can protect, save lives] [are complying, do more, must stay at home, stop the disease] [enact measures, turn the tide, must stop, say no, should not be meeting, should not be going, close, stop]	[are marshalling...to protect, confront a foreign virus, take tough measures, reduce the threat, defeat the virus, are responding with great speed and professionalism, instituted sweeping travel restrictions, mandated quarantine, declared a public health emergency, issued the highest level of travel warning, suspend all travel, are working, cut red tape, fight the virus and support vaccines, treatments, issued guidelines, impede the transmission, heal the sick, care for those in need, emerge, handle any threat that comes our way]

	[are strengthening, are increasing, are accelerating, are pioneering, are buying, is working flat to beat, [obliged to join, to halt the spread, stay at home, protect, save] [turn the tide] [will rise to, will come through, will beat...together] (37 occurrences)	[Wash your hands, clean often-used surfaces, cover your face and mouth if you sneeze or cough, and most of all, if you are sick or not feeling well, stay home] [made a life-saving move with early action on China] [Americans always rise to the challenge and overcome adversity] (28 occurrences)
VPs of action construed as markers of impact of ODCs on IDCs	[likely to die, will be sadly lost, disruption is doing and will do to people’s lives, enact measures to <i>their</i> businesses and <i>their</i> jobs(4 occurrences)	[is now spreading throughout the world, were seeded by travelers from Europe] [can stay home without fear of financial hardships] (3 occurrences)
NPs denoting abstract concepts construed as anticipations of impact of ODCs upon IDCs	[the damage, disruption ... will do to people’s lives, to <i>their</i> businesses and <i>their</i> jobs, restrictions] (3 occurrences)	[the spread of the virus tomorrow] [the chance of infection, the transmission of the virus, entering our shores] [The virus will not have a chance against us] [Americans always rise to the challenge and overcome adversity, emerge from this challenge stronger and more unified than ever before]. (7 occurrences)
NPs denoting abstract concepts construed as effects of impact of ODCs upon IDCs	[are seeing the devastating impact, the damage] [many lives will be sadly lost, die] (2 occurrences)	[not a financial crisis, this is just a temporary moment of time] [begin providing economic loans in affected states and territories] (3 occurrences)

*ⁿ= number of occurrences

In light of WAR frames, PM Johnson conceptualized a metaphoric defensive WAR in which two camps are involved as illustrated in Table 2, where Us (IDC) are fighting against Them (ODC). He identified the coronavirus on the latter side, the killer (18 occurrences); whereas, the speaker, the conceptualizers, the NHS, and the entire world on the latter side trying to fight back the impacts of the virus (101 occurrences). Example 1 shows that the virus is conceptualized as ‘an invisible killer’, that attacks and the speaker, the conceptualizers, their beloved ones, and the NHS who are all trying to defend and escape death. Threat was conceptualized in global-sized frames and magnitude ‘the biggest threat’, unforeseeable behavior ‘invisible’, and massive force of substantial worldwide damage (S2, EX1)⁰ to legitimize a responsive preventive action equally massive where everyone shares responsibility and expends considerable effort. The virus is close and inundating that the conceptualizers can virtually ‘see’ its impacts everywhere (S2, EX1). Using these global frames to conceptualize the virus’ visible ferocity and the adversarial projected impact prepare the conceptualizers for a local unprecedented war that requires new parameters ‘a huge national effort,’ where everyone is ‘enlisted’ (S10, EX1). To activate external coherence, PM Johnson deployed evidentiality as a legitimization strategy. He construed the past negative realities of other countries (alluding to Italy & Spain) whose national health systems had suffered under the virus’s pressure (S5, EX1) as near and true realities for the present UK. He conceptualized the NHS as troops and commanders whose fire ability, intensity, and resources need to be preserved by wise consumption (S12, EX1).

The following examples illustrate how spatial (EX1), temporal (EX2), and axiological (EX3) proximization signals are employed in PM Johnson’s lockdown speech to show the significance of coronavirus threat to eventually legitimize the government’s lockdown preventive actions, restricting all activities dispersing social and familial gatherings.

Example (1)

- (1) ¹**The coronavirus is the biggest threat** *this country* ²has faced for decades...
 (2) *All over the world* we are seeing the devastating impact of **this invisible killer**.
 (3) ... we are taking to fight **the disease** ... (4) ...effort to halt the growth ... (5) ... become seriously unwell at one time, ... *NHS* will be unable to handle it - more people are likely to die... (6) ... slow the spread of the disease. (7) ... we can protect the NHS ...save more lives. (8) stay at home ... (9) do more... (10) Each and every one ... is now obliged to join... (11) To halt the spread ... (12) To protect our NHS and to save ... (13) *The people of this country* will rise to that challenge

⁰ S=sentence

EX= example

¹ **Boldface** is used to mark NP (ODC) – spatial axis (EX 1)

² Underline is used to mark VP (motion & directionality) – spatial axis (EX 1)

(14) We will beat the coronavirus ... together. (15) ... stay at home, protect our NHS and save lives.

In this battle, PM Johnson conceptualized the IDC using lexical items and phrases such as ‘this country, the UK, the British people, we, etc.’ Table 2 shows that the IDC that is under threat includes the world and the inclusive UK. To imply mutual relation and invoke solidarity with the world, he accrued ‘all over the world’ to the IDC emphasizing the shared threat ‘this country is not alone.’ He argued that everyone has a role to carry out ‘in this fight... everyone ... is ... enlisted.’ He invoked the conceptualizers’ communal responsibility including the world, the UK, and the Brits (S4, EX1). He employed the inclusive ‘we’ 31 times, individual ‘I’ 9 times against 25 times of ‘you’ to persuade the public that their role is but part of a national plan.

To shrink the relative distance between the IDC and ODC, PM Johnson deployed two processes: (a) the ODC/virus was construed as an ‘invisible enemy’ a human who moves quickly towards the target invoking a worldwide disaster aura (b) part of the IDC, NHS which is the UK frontline, was construed as vulnerable and required strengthening (Appendix B, S7-9) to fend off the virus. Sick people contact with family/friends burden the NHS, a source of danger, because their bodies as containers of coronavirus spread the disease, i.e., sick family/friends belong to ODC. PM Johnson warns against the NHS’s collapse where the worst consequence materializes ‘more people are likely to die’ using VPs that emphasize the danger, the IDC’s vulnerability. Counter Chovanec’s (2010) argument, PM Johnson turned to direct and unmitigated expressions of unpleasant pandemic potential effects, death of beloved ones, to create conceptualizers’ interest in complying with the announced measures. He verbalized beloved ones’ death possibility which emotionally shocks the conceptualizers rather than shields them from words’ unwelcomed effects, ‘it is still true that many lives will sadly be lost.’ He conceptualized threat’s physical and metaphorical proximity which is close enough to take away many lives where the conceptualizers’ beloved ones are included in this close circle.

Example 1 shows how PM Johnson discursively established his policy as legitimate using VPs that gradually broadened the distance between the IDC and threat (promising proximization) where he started by the murkiest scenario moving towards salvation as in ‘become unwell, be unable to handle, likely to die’, ‘slow the spread, reduce the numbers, protect, save lives’, ‘enact measures, turn the tide’, ‘obliged to join, halt the spread, protect, and save lives.’ These *four* VP sets illustrate how PM Johnson coerces the public with death as a likely anticipated ODC effect, a proposed plan, then enforcement of this policy where they are forced to comply, and finally a promising future. The VPs mark the shift of IDC towards ODC to ‘beat the virus’ represent *37 occurrences* versus only

four marking the ODC's motion towards IDC. Thus, he offered his proposed policy as the only resolution to this crisis in a promising future hypothetical site.

PM Johnson deployed three proximization strategies to position conceptualizers in his vantage point IDC (Cap, 2006, p.4). Spatially, the coronavirus/ODC was conceptualized as metaphorically and physically encroaching IDC (S5, EX1). Metaphorically, the virus is the 'invisible killer' who swiftly spreads havoc (S2, EX1), but the conceptualizers can see its verifiable devastating impacts extensively all-around and at proximity as evidence. Maintaining a WAR frame metaphor this camouflaged enemy targets everyone: the conceptualizers, their beloved ones, the speaker, the NHS, among the entire world as members of the IDC ingroup (S2, EX1). This spatio-temporal proximization strategy is deployed to bring geographically distant disastrous threat where the pandemic had heavy tolls to become cognitively closer, the *now* and *here*, raising fears of proximity that this threat could materialize in the UK to prompt pre-emptive actions (S4, EX1). Identifying the virus temporally, as an unprecedented threat 'a moment of national emergency,' is meant to construct the virus's malicious identity, exceeding all previously-experienced occurrences to transcend with threat to an abstract/unknown conceptual domain. The audience are invited to conceptualize this virus as an evil entity that is worse than all evils they know of. His order for the people to stay at home identifies with his spatial organisation of the DS in which the sick people move from the IDC to become part of the ODC (S8, EX1). Having them contaminated, they temporarily become part of the threat where they are prone to spread the disease. Restricting their physical freedom of mobility (against shared beliefs) allows them to avoid contracting the disease (reinforces their predisposition 'to avoid illness') from other sick people or if they become sick, they do not spread the disease to other vulnerable people. To solicit legitimisation of preventive actions, PM Johnson arouses the encroaching threat emanating from those who reside in IDC (virus chain transfer) rather than a typical proximization construal in which the threat only abodes in ODC and moves with speed and imminence to intrude the IDC. This construal makes COVID-19 proximization construal departs from the typical model.

Example (2)

(16) ...[W]e ³*are seeing* the devastating impact ... (17) ...*there will come a moment* ... (18) ... *if...people become seriously unwell at one time ... be unable to handle it...more people are likely to die...* (19) ...*the time has now come for us all to do more...*(20) ... *still true... many lives will sadly be lost* (21) ... *are strengthening* ... NHS... (22) ... *increasing* our stocks... (23) ... *accelerating* our

³ *Italics* is used to mark VPs – temporal axis (EX 2)

search for treatments (24) ... *pioneering* work on vaccine (25) *buying* millions of testing kits that *will enable us to turn the tide* ... (26) ... *now obliged* to join... (27) To halt the spread ... (28) .. protect ... NHS ... save ... lives... (29) ... *will rise to* that challenge (30) ... *will come through it* stronger ... (31) ... *will beat the coronavirus* ... together (32) ... *at this moment of national emergency* ... stay at home, protect our NHS and save lives.

Example 2 shows how PM Johnson essentially deployed future-oriented temporal proximization strategy to construe the event as momentous and imminent to entice immediate counter-action. He set the time of action as *now*, the temporal deictic center (T_0) (*now*), where conceptualizers 'are seeing' the virus' adverse omnipresent impacts. He then conceptually shifted along the T-axis. To intensify threat, he conceptualized the threat of *now* in terms of 'elsewhere' past deleterious experiences 'the moment of real danger' T_p (S16, EX2) which he made salient to inform, by analogy, conceptualizers' *now* bringing its bearings into their immediate perception (T_0). He conflated T_p with T_0 by contracting time's phenomenological experience (Hart, 2014) (See figure 2). Relying on negative historical flashbacks (cf. Chilton) makes a possible future threat plausible for conceptualizers where similar negative events may occur. To marshal the public's *now* labors, he projected on two scenarios as continuation to the adverse past events expressing unbroken duration against which he relayed the UK's near undefined future (T_f). If people do not join efforts, i.e. comply with the proposed policy plan, the NHS will collapse and 'more people are likely to die' (S18, EX2). The alternative script offers his *now* action plan (S21-25, EX2), as the sole salvation, where the IDC 'slows the spread' yielding positive impacts (S28, EX2). This past-oriented strategy was used to narrow the conceptual space between events on T-axis and conceptualizers' *now* to reconfigure threat as impending. In phraseological forms of realization, PM Johnson indexed urgency of time by tense and aspect.

Using persuasive actor-focused premises (S21-25, EX2), he hoarded action verbs to prompt public's engagement with coronavirus war using the present progressive tense to imply continuous work, wholeness of plans, and the temporality of the incurred arduous efforts. It invokes the sustainability and comprehensiveness of the proposed actions to mobilize the current resources and obtain public's approval. Tenses on the T-axis moved from the present tense where the 'devastating impact' is prevailing, to the T_p past experience reference, then to T_f (S18, EX2), where he offers them a murky scenario to appeal to fear of losing beloved ones (See figure 2). Then, he shifted to the present where they need to sacrifice 'do more', i.e., engage with his plan which he relayed as work in progress to eschew criticism. His policy plan matured with 'turning the tide on this invisible killer' (S25, EX2). He concluded his speech with an optimistic note of bright optimistic resolution, positive

proximization, where they will beat the virus to. He temporally conceptualized the threat encroaching the IDC as ‘the moment of real danger...this moment of national emergency,’ where he shifted from the indefinite hypothetical future script, to definite present scenario of danger, and finally to the *now* and *here* close threat moment reconfiguring it at the perimeter of conceptualizers’ temporal ground. Maintaining WAR metaphor terms, PM Johnson warrants a conditioned cognitively harmonious future site, where the tides are turned on this ‘invisible killer’, and the public ‘come through stronger’, ‘beat the coronavirus’, and ‘save lives.’ (S29-32, EX2). To achieve this site, they are ‘obliged to join’ and proffer approval for a policy that is inconsistent with their civil liberties and beliefs.

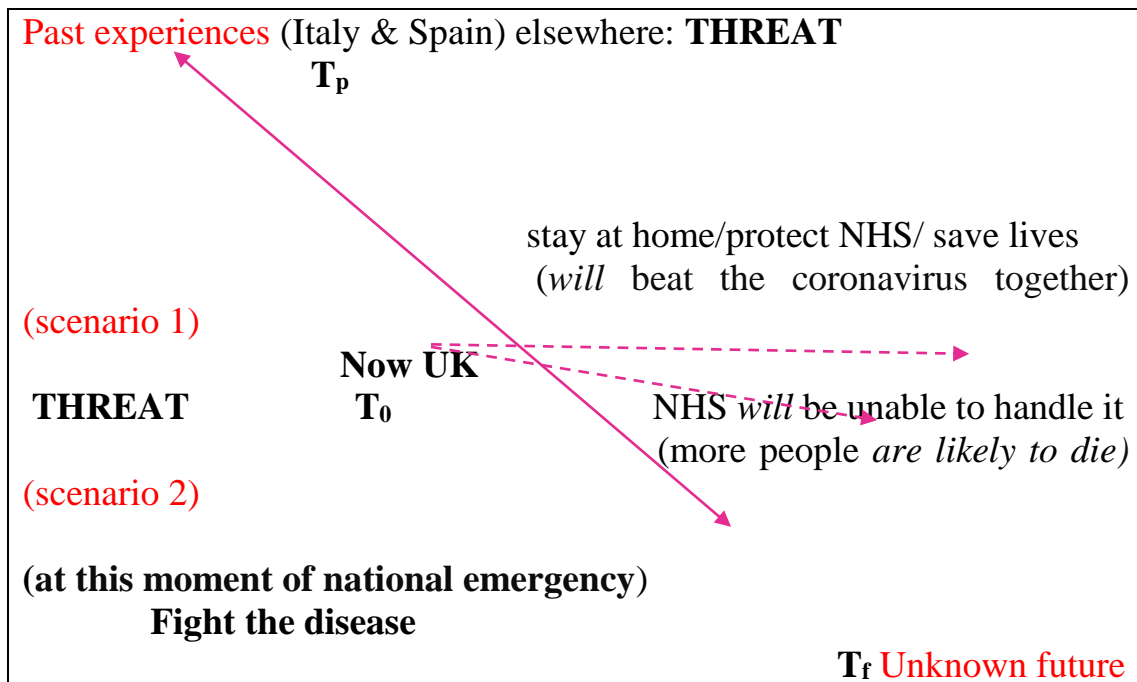


Figure 2: UK temporal proximization

Example (3)

(33) *we are seeing ...* (34) *... there will come a moment...* (35) *we have seen elsewhere...* (36) *... more people are likely to die...* (37) *You should not be meeting friends ... family members ...* (38) *we will stop all gatherings ... all social events...* (39) *I know the damage that this disruption is doing and will do to*

⁴ *Italics* is used to mark VPs – axiological axis (EX 3)

people's lives... (40) ... still true...*many lives will sadly be lost* (41) *we can be in no doubt that each and every one of us is directly enlisted* (42) *this country will rise to that challenge* (43) *we will come through it ...* (44) *beat the coronavirus...together* (45) *I urge you ... to stay at home, protect our NHS and save lives.*

Axiologically, example (3) determines that *now* and *here* has come the moment when everyone has a deontic obligation to sacrifice, 'do more' (S26, EX2). To attain legitimacy, PM Johnson deployed epistemic proximization strategies to discursively establish his argument's premises as true. He deployed counterfactual, lexical, and factive presuppositions to appeal to public's fear. He conceptualized the NHS's breakdown yielding under the overwhelming numbers of coronavirus and other illness-related patients. To exacerbate the pragmatic effect of this anticipated collapse, he legitimized it comparing the NHS to other 'fantastic systems' health systems that collapsed warranting the NHS's potential meltdown. He employed lexical presupposition in 'still' and 'likely' with which he removed death possibility from remote to conceivable possibilities to assume an intersubjectivity reality space in which death is establish as a fact to appeal to public's fear (S36, 40, EX3). He also used factive presupposition (S39, EX3) to mitigate the impact of his proposed policy plan where he acknowledges the damage it would impose of their personal and professional lives; however, it is the only exit out of the relayed demise scenario.

PM Johnson deployed his tenure's credibility to warrant an adversarial impact projection of ODC using tense-modal system to evoke adversarial hypothetical future script (S36, EX3). Then, he gradually shifted the conceptualization to a murkier assertion where more sadness is surely coming 'still *true* that many lives will sadly be lost' (S40, EX3). The impact of this threat is conceptualized as shifting from 'likely' to occur to become 'surely, unless people comply to 'turn the tide.' He reconfigured threat affectively closer to coerce the conceptualizers that they might lose their beloved ones if no action is taken by preferring the pre-emptive actions giving up their civil freedom, not meeting friends and family. Saving lives lexically presupposes that some lives will anyway be lost where conceptualizers' self-interest is invoked proposing personally consequential course of events.

Using cognitive dissonance (S37-38, EX3), he prompted conceptualizers to expend effort and approve of pre-emptive action to quickly restore their normal balanced social lives be it study, family, and/or business. PM Johnson's speech offered a redefinition for ideological social-proximity-distance case. It postulated familial-friendship spatial physical proximity premise as a warrant of possible adversarial impact bringing about clusters of COVID-19 cases which diverges from their original predisposition (familial proximity bears positive valuations). It

postulated physical distance as a means to promote health security and togetherness crisis management (S37 vs. S44, EX3). This case may be used to encourage further explorations in ideological evaluation (axiological proximization) as a universal legitimization compensatory strategy to handle crises in other domains. PM Johnson invoked national responsibility to enact an aura of common ground and national partnership. He interlaced his proclaimed policy using assertion-directive framework as in ‘stay at home’, ‘protect the NHS’ and ‘save lives’ as what they can do to help, as the only means to achieve (S44-45, EX3) ‘[w]e will beat the coronavirus and we will beat it together’ in a path-goal mental schema.

If we abstract the key lexical choices and major phrases representing STA, a fair quantitative–qualitative picture could be yielded to identify the most frequent count and thus salient rhetorical strategy (Table 3).

Table 3: STA quantifiable lexico-grammatical items in PM Johnson’s and Trump’s

Category	No. instances in PM Johnson’s	Percentage	No. instances in President’s Trump	Percentage
Spatial	169	18.7 %	191	15%
Temporal	32	3.5 %	66	5.1 %
Axiological	27	3 %	43	3.4%
Total words	907		1280	

4.3. STA model in President Trump’s speech

President Trump confronted the socio-psychological question of legitimizing the government’s stringent measures during the pandemic including lockdowns, travel restrictions, and the ‘stay at home’ mandate. President Trump’s speech enacted many STA proximization strategies using various pragmalinguistic patterns which draw on WAR metaphor conceptualization and *Otherness* of some states.

Example (4)

(1) ⁵*My fellow Americans*, tonight I want to speak with you about *our nation’s* unprecedented response to ⁶**the coronavirus outbreak that started in China** and is now spreading throughout the world. (2) ... **a global pandemic**. (3) ... *we*

⁵ *Italics* is used to mark NPs (IDCs) – spatial axis (EX 4)

⁶ **Boldface** is used to mark NPs (ODCs) – spatial axis (EX 4)

are marshaling ...to protect ... *American people* (4) ... aggressive and comprehensive effort to confront a **foreign virus** ... (5) ... tough measures...significantly reduce **the threat** ... will ultimately ... defeat **this virus** (6) ... start of **the outbreak** ...travel restrictions **on China** ... (7) ... *we* have seen dramatically fewer cases of **the virus** ... than are now present in **Europe** (8) **The European Union** failed to take the same precautions and restrict travel from **China** and **other hot spots** (9) As a result, a large number of new clusters ... were seeded **by travelers from Europe** (10) To keep new cases from entering our shores, *we* will be suspending all travel from **Europe** ... (11) ... these prohibitions ... **tremendous amount of trade and cargo**, but various **other things** ... (12) **Anything coming from Europe** ... (13) ... not apply to *the United Kingdom*... (14) *Young and healthy people* ... recover.. (15) The highest risk is for *elderly population*... (16) ...*affected states and territories*... (17) ... a lifesaving move with early **action on China**. Now ... same action with **Europe**... (18) ... put **politics** aside, stop the **partisanship** ...

At the coercion-legitimization level, the STA model is illustrated in examples (4 & 5) where President Trump had spatially conceptualized the IDC in terms of various divisions: geopolitical, social, economic, and political. He framed (i.e., source domain: WAR, target domain: DISEASE, individual vs. collective WAR frame) the U.S. in terms of its war against coronavirus as part of the international community that faces the pandemic by including the WHO sharing the international experience of the virus spread (Table 2). However, he conceptually shifted to remove China from the scene by labelling it as the virus topographical trigger (S1, EX4). Not only did he reconfigure China out of the world's IDC but also Europe and the European Union, where he mandated travel restrictions on all European countries (S9, S17, EX4) but for the UK (S13, EX4). He reconfigured Europe (excluding the UK as a political ally rather than a coronavirus free spot) as part of the ODC, threat source sowing the virus in the U.S. He construed China and Europe, which are geographically distant, as physically impinging upon U.S. subsuming negative effects (S9-10, EX4) (See figure 3). He conceptualized the virus in terms of a plant metaphor, a vile plant that mushrooms which Europe planted in the U.S. territories via infected European travelers. For Trump, European trade and cargo were conceptualized as source of threat too that needed to be cut down; however, tagging it as 'tremendous amounts of trade and cargo', suggests that this action is in retaliation to downturn the European economy for diverging from the anti-China U.S.-led policy (S11-12, EX4). In fact, it is time-conditioned (cf. China) to allow Europe to reconsider its alliance with the U.S.

Despite his constant union invocations, Trump stratified the Americans' community in several ways using age groups and health conditions, economic status, and political affiliation in a struggle for dominance. Table 2 shows how

he, first, approached the American people as a unified IDC entity which included all Americans ‘my fellow Americans’, ‘our nation’, ‘all Americans’. He bragged about the U.S.’s assumed global status and power by delineating the various allies and entities that collaborate and are geared up to face this virus down, including Trump’s administration to garner more hegemony as in (Appendix C). Then, he conceptualized the Americans in tacit dichotomies of young and healthy versus elderly and vulnerable populations (S14-15, EX4), infected territories versus uninfected ones (S16, EX4), working Americans and small businesses versus self-employed and economically robust ones, and finally as partisans to diverse political parties (S18, EX4) and his allies.

Assisted by references and predicates, Trump construed the negative characterization of the ODC, the out-group versus the positive portrayal of the in-group, the IDC. Example (4) shows how Trump conceptualized the threat that encroached the U.S. not only in terms of the coronavirus spread (typical pandemic) but he also included particular international players in the NP ‘foreign virus’ to serve his political interests and legitimize his actions against them, restrict European trade and embargo China and Chinese economy (Table 2). On analyzing the data, Trump reconfigured economic and political dangers encroaching the U.S. at the threat core, whereas coronavirus was arranged at the periphery (See figure 3). This speech offered a subtle rearrangement of threat within the DS where danger can be conceptualized according to the compositional perspective of the speaker to reproduce and instill a reconfigured construal of threat. This conceptual reconfiguration is paragrammatically realized assisted by lexical and grammatical structures to assign salience to particular concepts as levels of threat, where economic and political threats were intensified and health threat was mitigated. To shift attention to political and economic interests, threat was structured as activated from a ‘foreign’ source China, and then Europe using predication, such as dependent attributive clauses, to reassign the threat responsibility to the former (S1, EX4) and agency to the latter (S9-10, EX4), to obfuscate Trump’s responsibility/agency, suggesting China and/or Europe as alternative agents of threat to lay the blame on them. He positioned China and Europe at the heart of the ODC entity against which all IDC should strike a war (S10, EX4) with ‘sweeping’ power suggesting a pervasive threat (redirecting public’s fear).

He employed latitude of acceptance principle where he assumed his past China barring as acceptable yielding ‘dramatically fewer cases,’ to which he *now* is relating Europe’s banning. Trump’s statement that this crisis is not a financial crisis (Appendix C, S45) emphasizes that his attention is solely anchored on political and economic dimensions of threat rather than health. Instead, he managed to mitigate the coronavirus’ impact where he claimed that ‘the vast majority of Americans are at ‘very low risk’ of contracting the virus

(Appendix C, S29) foreseeing an eventual prompt and efficient defeat to the virus. Trump reduced the coronavirus threat's size and power when he assumed insurmountable power collating the powers of 'top government health professionals', 'C.D.C. and other government agencies', U.S. treasury, banks and financial institutions, the Congress, along with the best economy, the most advanced health care, and the most talented doctors, scientists and researchers anywhere in the world' against the virus. He downsized the virus threat and overrated the country's power to challenge that 'temporary disruption' caused by the virus, 'The virus will not have a chance against *us*' (Appendix C, S59) and we are apt 'to handle any threat that comes our way.'

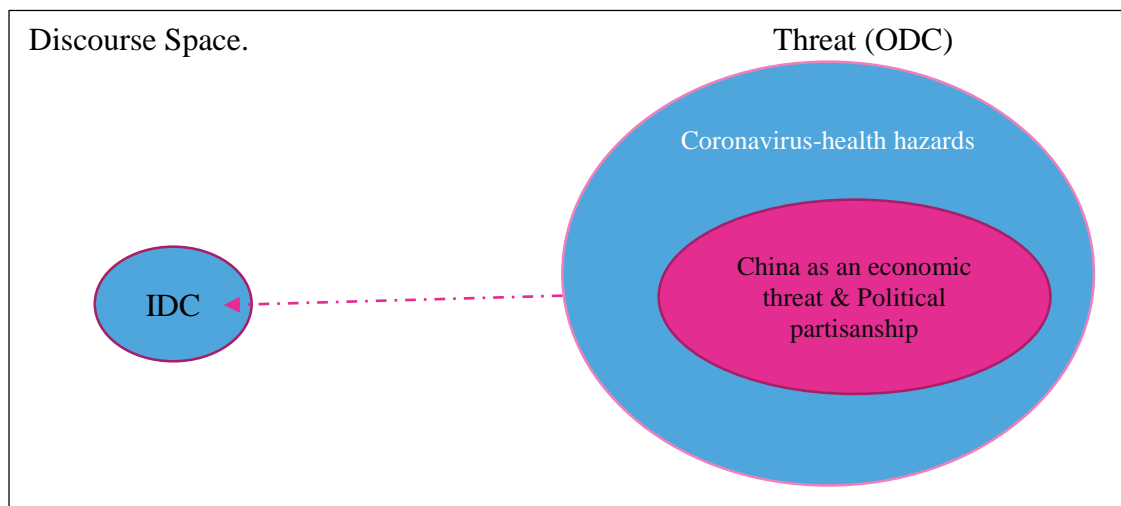


Figure 3: Spatial proximization of threat in President Trump's speech

Table 2 shows that the coronavirus was not construed as encroaching the IDC; in fact, more construal was structured as a preventive/reactive posture of the IDC counter-facing the virus, which was curtailed in power and spread. The focus was shifted to the virus' source and act of penetration to the IDC 'new cases entering our shores' rather than its impact or projected effects on the IDC. To legitimize Trump's anti-China and later Europe policy, he construed them as 'lifesaving move' rather than his health-directed policy (Appendix C, S54-55). He deployed the inclusive 'we' to coerce approval to and enact agency of all Americans to his anti-china policy assuming shared vision and policy.

Example (5)

(18) ...tonight ... unprecedented response ... outbreak that started in ⁷**China** and is now ⁸spreading ... (19) ... ⁹*we* are marshaling... will significantly reduce the

⁷ **Boldface** is used to mark NPs (ODCs) – spatial axis (EX 5)

⁸ Underline is used to mark VPs (movement & directionality) – spatial axis (EX 5)

⁹ *Italics* is used to mark NPs (IDCs) – spatial axis (EX 5)

threat ... ultimately ... defeat ... (20) *we* are responding with great speed... (21) At the very start ... *we* instituted sweeping travel restrictions on **China**... (22) ... have seen ... fewer cases ... than are now present in **Europe** (23) ... *we* will be suspending all travel from **Europe** ... for ... 30 days (24) ... are cutting massive amounts of red tape... (25)... last week, *I* signed ... (26) ... *our* capabilities are expanding rapidly, day by day... are moving very quickly (27) Smart action today will prevent the spread of the **virus** tomorrow (28) ... at a critical time in the fight ... (29) *We* made a lifesaving move with early action on **China**. Now *we* must take the same action with **Europe**. *We* will not delay...

Example 5 illustrates how Trump communicated his underlying conceptualization of China as the source of an encroaching threat that is ‘outbreaking’ and ‘spreading’ extensively across the globe with Europe seriously infected and the US directly included. Trump deployed VPs of the threat’s rapid and extensive movement and his early, vigilant, effective and dynamic reaction to this threat to instill his deleterious underlying conceptualization of China as accountable and culprit of this global health calamity. He arranged his China-focused reaction as a counter-reaction to suggest China’s accountability of the threat. Trump’s counterforce VPs manifest the magnitude of the posited threat such as ‘[US’s] unprecedented response...institute[ing] travel restrictions on China...suspending travel...cutting red tape...expanding capabilities...moving quickly ...prevent[ing] the virus...fight[ing]...lifesaving move with early action...’ vs. ‘China is now spreading...’ to depict China’s active threat diffusion vs. US’s efficient counter-threat reaction. Trump constructed a spatially constrictive reaction on China to exclude it out of the international circle acceptance space (EX 5, Appendix C, S54-55).

In Trump’s pursuit of his discourse goals, he construed clash with the threat as temporally close, imminent and momentous, and thus needs an immediate response otherwise it is bound to have detrimental consequences (Cap, 2013a). However, his conceptualization of threat was essentially adverse state-informed rather than coronavirus-driven. He essentially deployed key syntagms such as present and present perfect tenses to describe his policies to illustrate that he has acted fast where his preventive response started before the speech and it continued to the present tense and moved into the future, which he asserted that it had been successful, yielding ‘dramatically fewer cases’ (Appendix C, S12), overriding the moment of crisis (S21-22, EX5). Thus, it became vital to proceed and sanction the policies the Trump-led government has started in the past banning China and moving on to Europe. The conceptual shift of the past time success story ‘restricting China’ to restrict European travelers except for the UK, which is

infected as well, shows how Trump forced construal of the past realities as momentous. He allegedly restricted China in the past where the virus started; while, he ostensibly wanted to restrict European travelers *now* because they sowed the virus seeds in the U.S. His UK's exclusion counterargues his claims because if the virus hotspots' banning was the reason, the UK would have been on top of the restricted countries' list. Therefore, Trump deployed the past-present continuity timeframe to justify his future pre-emptive actions 'we will not delay', 'We made a lifesaving move...Now we must take an action with Europe.' As for the virus, Trump construed its threat as reduced 'this is just a temporary moment of time that we will overcome together', where he curtailed its duration to 'a moment' versus an extended undefined timeframe to emphasize its briefness and temporarily. Thus, he intensified the temporal construal of the geopolitical threat posed by China and Europe by extending it temporally across past, present, and future in contrast to the curtness and temporality of the health crisis moment.

Using a series of assertions Trump enacted his credibility in several ways to legitimize his proclaimed actions. He referred to a series of actions which are logical, legitimate, and in line with the conceptualizers' predisposition (S25-26, EX5 & Appendix C, S33, EX6) carry past acts and (S46-52, S56) carry future ones that he will pursue which are difficult to verify at the moment of communication. He employed the truthfulness of the past affirmations to validate the future broad promises based on conceptualizers' drive toward consistency of belief. He also drew imprecise conclusions (Appendix C, S60-61, S64-65) and broad claims that are difficult to refute having the U.S. as the world's mega power to enact an aura of common ground. Finally, appealing to the mutual appreciation bond, Trump drew on conceptualizers' predisposition and flattered them to further reinforce his credibility. Credibility enactment may result in conceptualizers' uniting with the speaker in a bond of deductive and/or predictive insights. He solicited legitimization of an unconventional policy plan prompted by the adversity of the geopolitical entities, the assumed credibility of the speaker's state tenure and evidenced by fewer cases after China was banned and more cases seeded by European travellers.

Trump's construal of a continuing ideological/axiological conflict which eventually materializes in a physical clash between conceptualizer(s) and adversary. The Trump-led U.S. administration started travel ban against China which is claimed to have impeded large clusters of cases to enter the U.S. shores (Appendix C, S10-12). It is an effective, and thus, legitimate, policy because it blocked the path of the virus to move into the speaker/ conceptualizers' IDC. Trump deployed axiologically-loaded lexical items to show that Europe's values clashed with those of the U.S. (blaming China for the virus), where Europe was

expected to ban Chinese travelers ‘failed to take same precautions’ and eventually many citizens contracted the virus threat and transferred it to the U.S. (Appendix C, S13, 14). China and Europe, thus, belonged to the ODC that facilitated the threat IDC’s intrusion and spread the virus in the U.S. territories. This legitimizes Trump’s preventive action on China and Europe which by extension is considered a move against the virus to neutralize the threat and stop it from entering the U.S.’s shores, invading the IDC. Narrowing the gap between Europe, via its travelers, and the U.S. warns against a threat (shifting grounds) that should be counteracted and thus the ban is legitimized using negative proximization strategy.

Trump claimed that politics and political diversity represents another important threat because it divides them in a critical moment, when they are supposed to unify (have stable grounds) to defeat the virus, promising a resolution using a positive proximization strategy (Appendix C, S63). Using axiological strategies, Trump construed the threat spatially-epistemically closer where he created direct causative relationship between the cases that were discovered in the U.S. and European travelers ‘as a result’ where the antagonist shifts grounds towards the protagonist. He construed Europe, ideologically distant, culprit of the damage that happened in the U.S. which is a result of Europe’s failure to ban Chinese travelers from entering Europe. Enacting his credibility, Trump asserted certainty that his proclaimed policy to essentially target China and Europe should yield fewer cases in the U.S., ‘I am confident... these tough measures ... will significantly reduce the threat ... will ultimately and expeditiously defeat this virus’, positively promising a stabler ground (Appendix C, S5). Attributing the virus to a country/community may trigger waves of racism including anti-Asian racism stigmatizing and molesting social groups and communities.

5. Discussion

Spatial representation is integral to public discourse (Chilton 2004). This paper draws upon PT (Cap, 2008, 2013a, 2017a) a model of crisis and threat construction in public/political macro-discourses. It contends the argumentative power of PT in addition to its explanatory one using a set of lexical choices which consistently reflect the center–periphery spatial arrangement of DS to sustain an aura of threat. The construal of growing threat relies on different proximization strategies involving varying intensity and salience of spatial, temporal, and axiological representations in different contextual conditions. This study has focused on the deictic arrangement of actors and events from the viewpoint of two mega power countries’ political leaders at the time of a global health crisis to

forward the construction of mental frame shared by the speaker and conceptualizers.

Addressing RQ1, PM Johnson conceptualized COVID-19 disease in terms of WAR metaphor framework, an enemy that the UK among the entire world had to fight. This finding concurs with Cap's cancer-related results (2017b), Wicke and Bolognesi's (2020) findings. They all framed disease in WAR-frames as the world's enemy which counters Hendricks et al.'s (2018) and Semino et al.'s (2017) contention that the deployment of military metaphors in conceptualizing diseases may invoke anxiety, guilt, and helplessness. Correspondingly, Cap deployed WAR frames in his cyberattacks (2017c) and climate change (2017d) studies to conceptualize cyberattack and climate change threats as encroaching the entire world suggesting global-driven counter-wars. Although, President Trump construed COVID-19 in terms of WAR, he framed China and Europe as part of threat/ODC (RQ 2). He held China accountable of the US's current distress mentioning it more frequently than the coronavirus to redirect the public's anger towards China. He substituted the virus with China to rearrange the DS with China as the source of threat rather than the coronavirus. As for RQ 3, the UK and U.S. leaders' speeches deployed numerous fear-inducing proximization strategies in their health crisis management. The quantitative analysis revealed that both leaders had predominantly employed spatial proximization as the most frequent occurring type of proximization (18.7% and 15% for PM Johnson and President Trump, respectively, Table 2) followed by the temporal (3.5%, 3.2%), then the axiological (3%, 3.4%). This finding corresponds with Cap's findings (2017b/c/d) and Chovanec's (2010) crisis construction discourse, Cap's (2018) and Hart's (2010) anti-migration discourse. It is also analogous with Chilton's DST (2004, 2005) and Cap's PT (2006, 2008) theories that space is a prime aspect of proximization where other aspects/strategies are conceptualized in spatial terms. Finally, RQ4 examined the cognitive construal operations used to legitimize freedom restriction in the UK and U.S. health crisis management. The overall findings revealed that PM Johnson relied heavily on threat assigned to coronavirus to win support for his lockdown; whereas, President Trump resorted to assigning threat to other countries, particularly China, to coerce public's approval for his political and economic-driven policies in times of health crisis (cf. Abbas, 2020; Atasoy, 2020; Myers, 2020; Parvin et al., 2020). PM Johnson's threat's conceptualization was established as momentous using 'this moment,' as a transition point to the conceptualizers' cognitive space (cf. Abuarrah's *now*, 2016). While President Trump deployed the spatial deixis '*this*' 17 times in his speech to refer to close elements, he used it only once as 'this virus'; whereas, PM Johnson employed it 15 times four of which referred to 'this virus'. This demonstrates that President Trump was essentially concerned with political and economic threats rather than the health crisis to which he sought legitimization.

Correspondingly, PM Johnson was mainly concerned with the global pandemic to which he crafted his policy plans. Both speeches represent different examples of legitimization discourse which aim to win public's consensus.

6. Conclusions

This study contributes to the literature with a new application of PT to critical studies of health discourse seeking legitimization of interventionist preventive measures against an external threat, coronavirus (COVID-19). It investigated how framing and deixis can be discursively manipulated using the construal operation of perspectivization to evoke fear appeals to coerce the public and legitimize drastic measures that suspend their civil liberties of freedom movement and assembly or to *other* and marginalize other states. Conceptually, it warns against further conflicts that might be fueled by stigmatizing counties and/or communities nurturing further division and racism. Theoretically, it offers a possible avenue for the modification of selected structural elements of PT to better process data beyond the state-political interventionist discourse. This study contributes with an additional category to Cap's spatial proximization framework which is the VP of motion and directionality construed as markers of IDCs' movement towards ODC. This category marks a shift of IDC towards ODC offering the pre-emptive/preventive plan in positive shades. This study also suggests threat re-structuring to assign salience of fear to particular threat constituents that serve the speakers' interest and communicative goals.

This study faced certain limitations, such as its potential subjective bias in analysis, its limited sample, and substantial verbal data. However, it employed a mix of qualitative-quantitative model of analysis to ensure triangulation. Further research should examine more quantitative-driven analysis on health crisis management among other domains that PT's application can benefit such as legal and defense discourses among others.

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Appendix A

Number of cases affected by coronavirus in UK and USA

Month	March 11, 2020		October 16, 2020	
	Confirmed cases	Deaths	Confirmed cases	Deaths
UK	373	50	673,626	43,293
USA	696	25	7,833,851	215,199
Global	36,668	1,123	38,789, 204	1, 095,097

Source: all information was drawn from WHO-Situation reports

(<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>)

Appendix B: PM Boris Johnson’s speech on 23 March 2020

The coronavirus is the biggest threat this country has faced for decades – and this country is not alone. (2) All over the world we are seeing the devastating impact of this invisible killer. (3) And so tonight I want to update you on the latest steps we are taking to fight the disease and what you can do to help. (4) And I want to begin by reminding you why the UK has been taking the approach that we have. (5) Without a huge national effort to halt the growth of this virus, there will come a moment when no health service in the world could possibly cope; because there won’t be enough ventilators, enough intensive care beds, enough doctors and nurses. (6) And as we have seen elsewhere, in other countries that also have fantastic health care systems, that is the moment of real danger. (7) To put it simply, if too many people become seriously unwell at one time, the NHS will be unable to handle it - meaning more people are likely to die, not just from Coronavirus but from other illnesses as well. (8) So, it’s vital to slow the spread of the disease. (9) Because that is the way we reduce the number of people needing hospital treatment at any one time, so we can protect the NHS’s ability to cope - and save more lives. (10) And that’s why we have been asking people to stay at home during this pandemic. (11) And though huge numbers are complying - and I thank you all - the time has now come for us all to do more.

(12) That is why people will only be allowed to leave their home for the following very limited purposes: (13) shopping for basic necessities, as infrequently as possible (14) one form of exercise a day - for example a run, walk, or cycle - alone or with members of your household; (15) any medical need, to provide care or to help a vulnerable person; and (16) travelling to and from work, but only where this is absolutely necessary and cannot be done from home. (17) That’s all - these are the only reasons you should leave your home. (18) You should not be meeting friends. (19) If your friends ask you to meet, you should say No. (20) You should not be meeting family members who do not live in your home. (21) You should not be going shopping except for essentials like food and medicine - and you should do this as little as you can. (22) And use food delivery services where you can.

(23) **To ensure compliance with the Government's instruction to stay at home**, we will **immediately**: (24) **close all shops selling non-essential goods**, including clothing and electronic stores and other premises including libraries, playgrounds and outdoor gyms, and places of worship; (25) we **will stop all gatherings of more than two people in public** – excluding people you live with; (26) and we'll **stop all social events**, including weddings, baptisms and other ceremonies, but excluding funerals. (27) **Parks will remain open for exercise but gatherings will be dispersed.** (28) **No Prime Minister** wants to enact measures like this. (29) I know the damage that this disruption is doing and will do to people's lives, to their businesses and to their jobs. (30) **And that's why we have produced a huge and unprecedented programme of support both for workers and for business.** (31) **And I can assure you that we will keep these restrictions under constant review.** (32) **We will look again in three weeks, and relax them if the evidence shows we are able to.** (33) **But at present there are just no easy options.** The way ahead is hard, and it is still true that many lives will sadly be lost. (34) And yet it is also true that there is a clear way through. (35) **Day by day we are strengthening** our amazing NHS with 7500 former clinicians now coming back to the service. (36) **With the time you buy - by simply staying at home - we are increasing** our stocks of equipment. (37) **We are accelerating** our search for treatments. (38) **We are pioneering** work on a vaccine. (39) **And we are buying** millions of testing kits that **will enable us to turn the tide on this invisible killer.** (40) I want to thank everyone **who is working flat out to beat the virus.** (41) **Everyone from the supermarket staff to the transport workers to the carers to the nurses and doctors on the frontline.** (42) **But in this fight, we can be in no doubt that each and every one of us is directly enlisted.** (43) Each and every one of us is now **obliged to join together.** (44) **To halt the spread of this disease.** (45) **To protect our NHS and to save many many thousands of lives.** (46) **And I know that as they have in the past so many times.** (47) **The people of this country will rise to that challenge.** (48) **And we will come through it stronger than ever.** (49) **We will beat the coronavirus and we will beat it together.** (50) **And therefore, I urge you at this moment of national emergency to stay at home, protect our NHS and save lives.**

Appendix C: President Donald Trump's lockdown speech 11 March 2020 (speaking from the Oval Office)

(1) *My fellow Americans, tonight I want to speak with you about our nation's unprecedented response to the coronavirus outbreak that started in China and is now spreading throughout the world.* (2) *Today, the World Health Organization officially announced that this is a global pandemic.* (3) *We have been in frequent contact with our allies, and we are marshaling the full power of the federal government and the private sector to protect the American people.* (4) *This is the most aggressive and comprehensive effort to confront a foreign virus in modern history.* (5) *I am confident that by counting and continuing to take these tough measures, we will significantly reduce the threat to our citizens and we will ultimately and expeditiously defeat this virus.* (6) *From the beginning of time, nations and people have faced unforeseen challenges, including large-scale and very dangerous health threats.* (7) *This is the way it always was and always will be.* (8) *It only matters how you respond, and we are responding with great speed and professionalism.* (9) *Our team is the best anywhere in the world.* (10) *At the very start of the outbreak, we instituted sweeping travel restrictions on China and put in place the first federally mandated quarantine in over 50 years.* (11) *We declared a public health emergency and issued the highest level of travel warning on other countries as the virus spread its horrible infection.* (12) *And taking early intense action, we*

have seen dramatically fewer cases of **the virus** in the *United States* than are now **present** in **Europe**. (13) **The European Union** failed to take the same precautions and restrict travel from **China** and **other hot spots**. (14) As a result, a large number of new clusters in the *United States* were seeded by **travelers from Europe**. (15) After consulting with *our top government health professionals*, I have decided to take several strong **but necessary actions** to protect the health and wellbeing of *all Americans*. (16) **To keep new cases from entering our shores**, we **will be suspending** all travel from **Europe** to the *United States* for the next **30 days**. (17) The new rules will go into effect **Friday at midnight**. (18) These restrictions will be adjusted subject to conditions on the ground. (19) There will be exemptions for *Americans* who have undergone appropriate screenings, and these prohibitions will not only apply to the **tremendous amount of trade and cargo**, but **various other things** as we get approval. (20) **Anything coming from Europe** to the *United States* is what we are discussing. (21) These restrictions will also not apply to the *United Kingdom*. (22) At the same time, we are monitoring the situation in **China** and in **South Korea**. (23) And, as their situation improves, we will re-evaluate the restrictions and warnings that are **currently** in place for a possible **early** opening.

(24) **Earlier this week**, I met with *the leaders of health insurance industry* who have agreed to waive all co-payments for coronavirus treatments, extend insurance coverage to these treatments, and to prevent surprise medical billing. (25) We are cutting massive amounts of red tape to make antiviral therapies available in record time. These treatments will significantly reduce the impact and reach of **the virus**. (26) Additionally, **last week**, I signed into law an \$8.3 billion funding bill to help C.D.C. and *other government agencies* fight **the virus** and support vaccines, treatments and distribution of medical supplies. (27) Testing and testing capabilities **are expanding rapidly, day by day**. We **are moving very quickly**. (28) *The vast majority of Americans*: The risk is very, very low. *Young and healthy people* can expect to recover fully and quickly if they should get the virus. (29) The highest risk is for *elderly population with underlying health conditions*. (30) *The elderly population* must be very, very careful. (31) In particular, we are strongly advising that nursing homes for the *elderly* suspend all medically unnecessary visits. (32) In general, *older Americans* should also avoid nonessential travel in crowded areas. (33) *My administration* is coordinating directly with *communities with the largest outbreaks*, and we have issued guidance on school closures, social distancing and reducing large gatherings. (34) Smart action **today will prevent** the spread of the virus **tomorrow**. (35) Every community faces different risks and it is critical for you to follow the guidelines of your local officials who are working closely with *our federal health experts* — and they are the best.

(36) *For all Americans*, it is essential that everyone take extra precautions and practice good hygiene. (37) *Each of us* has a role to play in defeating **this virus**. (38) Wash your hands, clean often-used surfaces, cover your face and mouth if you sneeze or cough, and most of all, if you are sick or not feeling well, stay home. (39) To ensure that *working Americans impacted by the virus* can stay home without fear of financial hardship, I will **soon** be taking **emergency action**, which is unprecedented, to provide financial relief. (40) This will be targeted for *workers who are ill, quarantined, or caring for others* due to coronavirus. (41) I will be asking *Congress* to take legislative action to extend this relief. (42) Because of the economic policies that we have put into place **over the last three years**, we have the greatest economy anywhere in the world, by far. (43) *Our banks and financial institutions* are fully capitalized and incredibly strong. Our unemployment is at a historic low. (44) This vast economic prosperity gives us flexibility, reserves, and resources to handle any **threat** that comes our way. (45) This is not a financial crisis; this is just **a temporary moment of time** that

we will overcome together as *a nation* and as *a world*. (46) However, to provide extra support for *American workers, families, and businesses*, tonight I am announcing the following additional actions: I am instructing the *Small Business Administration* to exercise available authority to provide capital and liquidity to firms affected by the coronavirus. (47) Effective immediately, the S.B.A. will begin providing economic loans in *affected states and territories*. (48) These low-interest loans will help *small businesses* overcome temporary economic disruptions caused by **the virus**. (49) To this end, I am asking *Congress* to increase funding for this program by an additional \$50 billion. (50) Using emergency authority, I will be instructing the *Treasury Department* to defer tax payments, without interest or penalties, for certain individuals and businesses negatively impacted. (51) This action will provide more than \$200 billions of additional liquidity to the economy. (52) Finally, I am calling on *Congress* to provide *Americans* with immediate payroll tax relief. (53) Hopefully they will consider this very strongly. (54) We are at a critical time in the fight against **the virus**. We made a lifesaving move with early action on **China**. (55) Now we must take the same action with Europe. We will not delay. (56) I will never hesitate to take any necessary steps to protect *the lives, health, and safety of the American people*. (57) I will always put the wellbeing of *America* first. (58) If we are vigilant — and we can reduce the chance of **infection**, which we will — we will significantly impede the transmission of **the virus**. (59) **The virus** will not have a chance against *us*. (60) No nation is more prepared or more resilient than *the United States*. (61) We have the *best economy, the most advanced health care, and the most talented doctors, scientists and researchers* anywhere in the world. (62) We are *all* in this together. (63) We must put **politics** aside, stop the **partisanship** and unify together as *one nation and one family*. (64) As history has proven time and time again, *Americans* always rise to the challenge and overcome **adversity**. (65) Our future remains brighter than anyone can imagine. (66) Acting with compassion and love, we will heal the sick, care for *those in need*, help our *fellow citizens* and emerge from **this challenge** stronger and more unified than ever before. God bless you, and God bless *America*. Thank you.