

Ideological Categories in the Discourses of World Health Organization on Covid-19

Assist Prof. Nagham Ja'far Hussein ^{1,2}

¹Dept. of English- College of Arts - University of Basrah,

²Shatt Al-Arab University Collage

Artpg.nagham.jaafar@uobasrah.edu.iq

naghamhussein@sa-uc.edu.edu.iq

Assist Prof. Dr. Ali Abdulhameed Faris¹

¹Dept. of English - College of Arts- University of Basrah

**الفئات الايديولوجية في خطابات منظمة الصحة العالمية حول
كوفيد- ١٩**

الاستاذ المساعد: نغم جعفر حسين^{١,٢}

جامعة البصرة - كلية الآداب - قسم اللغة الانكليزية^١

كلية شط العرب الجامعة^٢

الاستاذ المساعد الدكتور علي عبد الحميد فارس^١

جامعة البصرة - كلية الآداب - قسم اللغة الانكليزية

Abstract:

On 31 December 2019, WHO received information from National Health Commission concerning the outbreak of Covid-19 which was identified by the Chinese authorities. The WHO depends to a great extent on its announcements and instructions on Chinese authorities' declaration. Consequently, positive and negative announcements and strategies are adopted in dealing with this pandemic. This causes a great extent of fear and confusion for people around the world despite all the efforts that WHO to pass this crucial period successfully and safely. The present study is one of the first studies that seeks to offer critical discourse analysis, description, interpretation, and explanation of ideological categories of institutional discourse, and more specifically of WHO on Covid-19 by using Van Dijk's Three-Dimensional Model of Ideology (2004). It is found that WHO focuses on certain ideological categories such as repetition, actor description, authority, hyperbole, burden,

الملخص:

في ٣١ ديسمبر ٢٠١٩، تلقت منظمة الصحة العالمية معلومات من لجنة الصحة الوطنية بشأن تفشي فايروس كوفيد-١٩ الذي حددته السلطات الصينية. للأسف، يبدو أن منظمة الصحة العالمية اعتمدت إلى حد كبير في توجيهاتها وتعليماتها على ما تقدمه أو تعلنه السلطات الصينية. وبالتالي، تم تبني استراتيجيات إيجابية وسلبية في التعامل مع هذا الوباء. وقد سبب هذا الأمر قدرًا كبيرًا من الخوف والارتباك عند الناس حول العالم على الرغم من كل الجهود الكبيرة التي تبذلها منظمة الصحة العالمية لاجتياز هذه الفترة المصيرية بنجاح وأمان. تعد الدراسة الحالية واحدة من أولى الدراسات التي تسعى إلى تقديم تحليل خطاب نقدي ووصف وتفسير للفئات الأيديولوجية المستخدمة في الخطاب المؤسسي، وبشكل أكثر تحديدًا منظمة الصحة العالمية بشأن Covid-19 باستخدام نموذج Van Dijk ثلاثي الأبعاد للأيديولوجيا (٢٠٠٤).

لقد وجدت الدراسة أن منظمة الصحة العالمية تركز على فئات أيديولوجية معينة مثل التكرار، ووصف الفاعل، والسلطة، والمبالغة، والعبء، والأدلة، والأرقام أكثر من الفئات الأخرى. وجد أيضًا أن هذه الفئات الأيديولوجية يجب أن تستند إلى وجهات نظر علمية ونفسية ومعرفية واجتماعية وثقافية وليس فقط الأرقام والسلطة والمبالغة وما إلى ذلك لأنها تُستخدم لإقناع أشخاص مختلفين حول العالم بثقافات مختلفة وهم قد تؤثر فعليًا على حياتهم بشكل إيجابي أو سلبي.

evidentiality, and number game more than other categories. It is also found that these ideological categories should be based on scientific, psychological, cognitive, social, and cultural perspectives and not just numbers, authority, hyperbole, etc. because they are used to persuade different people around the world with different cultures and they may affect those people lives positively or negatively.

Key Words: CDA, Ideology, Institutional Discourse, WHO, Covid-19.

الكلمات المفتاحية: التحليل الناقد للخطاب، الخطاب المؤسسي، الايديولوجيا، منظمة الصحة العالمية، كوفيد-١٩.

1. Literature Review

1. 1. Introduction

Language serves many functions such as giving and sending information. It has meaning “only in and through social practice”. Discourse is language in use (Gee, 1996: 2). It is also defined as “language beyond the sentence” (Yule, 2006:124). It is a continuous stretch of language (spoken or written) larger than a sentence which constitutes a coherent unit such as a sermon, argument, debate, etc. (Crystal, 2008:141). It is shaped by the context, institution, and social structure in which it occurs and also shaped them (Mayr, 2008:8). The study of discourse is concerned with the study of language use and social practice (Tannen, et. al. (2015:1). Widdowson (2007:70) mentions also that discourses are “kinds of genre, institutionalized modes of thinking and social practice.” Brown and Yule (1983: 1) affirm that “the analysis of discourse is the analysis of language in use.” Johnstone (2002:3) states that Discourse analysis (DA) is considered “an epistemological field

which aims at studying what happens when people utilize the knowledge, they have about language to do different acts in the world.” Paltridge (2006:11) DA is concerned with examining the language pattern of a text and the relationship between language and the socio-cultural contexts in which this text is used.

Critical discourse analysis (CDA), “as a field of applied linguistics”, is stated as Critical Linguistics. It is “pioneered by researchers at the University of East Anglia and inaugurated with the publication of *Language and Control* (Fowler et al. 1979) and *Language as Ideology* (Kress and Hodge 1979)” (Hart: 2010:3). It is not a single theory, but it is multidisciplinary (Weiss and Wodak, 2003:12). Widdowson (2007: 128) states that CDA is “a socio- politically motivated approach to the study of language in use that generally assigns ideological significance to text based on their linguistic features”. Fairclough (1995a:17) believes that it is not at all critical unless “it takes a pejorative view of ideology as a means through which social relations of power are reproduced.” Pennycook (2001:80-82) affirms that discourse highlights ideological dimension. Moreover, the basic terms of CDA are “discourse and ideology.”

The COVID-19 pandemic presented a global public health crisis in 2020 that was unprecedented in recent history. The present study attempts critically to find out the ideological categories which worked behind the institutional discourses of WHO. It investigates how different ideologies have been used to project or achieve certain objectives during the crisis of COVID -19. The six selected institutional discourses, which are focused to a great extent just on covid-19, (2020) can be analyzed using the analytical frameworks of (Van Dijk’s Three-Dimensional Model of Ideology (2004).

1.2. Problem of the Study

WHO has different perspectives concerning Covid-19. One is denying and another is confirming. This means that the institutional discourse of WHO has different ideologies for dealing with such

pandemics. This study is conducted to shed light on the ideological categories that are used in the institutional discourse of WHO on covid-19 that lead to negative and positive perspectives and then to negative and positive consequences.

1.3. Objectives of the Study

The main objective of the study is to explore embedded ideologies and determine which ideological categories such as (actor description, authority, evidentiality, hyperbole, repetition, number game, etc.) are used in the analysis of Covid-19 in selected WHO discourse on Covid-19 (2020). In addition, to investigate the impact and the applicability of Van Dijk's Three-Dimensional Model of Ideology), in critically analyzing WHO discourse concerning Covid-19 (2020).

1.4. Significance of the Study

The present study is significant because the researcher believes that it is important to deal with one of the important down-to-earth subjects that affect the whole planet and people around the world. Research is rare on WHO discourse in the previous studies especially in terms of ideological Categories. It is also considered a contribution to fertile and growing fields of Discourse Analysis and CDA by applying Van Dijk's Three-Dimensional Model of Ideology to reflect the indication and effectiveness of ideology in the analysis and interpretation of institutional discourse of WHO discourse on Covid-19.

1.5. What is Institutional Discourse

The term "institution" refers to a physical structure or environment, such as a school, hospital, or media organization.” Institutions can also refer to the power of government, media, powerful groups, etc. Institutional discourse is concerned with “understanding the relationship between discourse, power and ideology” (Mayr, 2008: 1-5). Since discourse analysis studies the connections between the contexts and language in which language is employed, CDA is more concerned with issues of language, ideology, and power within the discourse of texts (Coffin, 2001: 99; McCarthy, 2006: 5). The analyst can have an explicit

picture of the social order. This social order is typified socially, or institutionally (Fairclough, 1989: 141).

1.6. Critical Discourse Analysis

CDA is “a theory and method analyzing the way that individuals and institutions use language.” Critical discourse analyzers are interested in the “relations between discourse, power, dominance, and social inequality”, as well as how speech “reproduces and perpetuates these dominance and inequality relations”(Van Dijk, 1993a: 249). CDA practitioners have an “explicit socio-political position” because they are interested in analyzing “the sometimes opaque links between discourse practices and larger social and cultural institutions” (ibid: 252). It differs from Conversation Analysis, which is a more descriptive approach to institutional discourse. Van Dijk (2015: 479) adds that CDA is “a multidisciplinary theory that should relate discourse and action to cognition and also society.” In this concern, Fairclough (1995a: 14) considers ideology as “meaning in the service of power.” Moreover, Fairclough (1995b:57) sets out that our analysis must identify “the social and cultural goings-on” of which the text is a part.

Discourse analysts have shown a strong interest in many elements of health communication during the last several decades. Work in disciplines such as medical anthropology has inspired discourse analytical methods for health and risk communication. Medical sociology deals with how health and risk communication are embedded in social structures, cultural studies, and the ideological nature of biomedical discourse (Jones, 2015: 841).

1.7. What is Covid -19

COVID-19 is the disease caused by a new coronavirus called SARS-CoV-2. The outbreak of the coronavirus disease 2019 (COVID-19) has emerged as “the largest global pandemic ever experienced.” On 31 December 2019, a novel coronavirus was identified by Chinese authorities and was temporarily named “2019-nCoV”. In the beginning, in COVID-19 – China (2020:2), it is affirmed that “The government reports that there is no clear evidence that the virus passes easily from

person to person". Besides "Currently, no case with infection of this novel coronavirus has been reported elsewhere other than Wuhan." Thus, the WHO declared the outbreak a Public Health Emergency of International Concern on 30 January 2020 but WHO does not recommend any specific health measures for travelers. In addition, it is mentioned that "WHO advises against the application of any travel or trade restrictions on China based on the information currently available on this event." Then, after thousands of people around the world suffer from panic and death due to the spread of Covid-19, the WHO confirms that it is a pandemic on 11 March 2020 (In COVID-19 – Global, 2020). But WHO adds that "at this stage, there is no clear evidence of the new variant being associated with more severe disease or worse outcomes" but "further investigations are needed to understand the impact on transmission" (ibid:3).

United States President Donald Trump criticizes the role of WHO in terms of "severely mismanaging and covering up the spread of the coronavirus." (World Health Organization, Wikipedia, the Free Encyclopedia (2021:7). Later on, WHO finds out that it is necessary to change their ideologies and perspectives in dealing with such a pandemic because the whole world faces a real and crucial crisis of panic, suffering, confusion and death (ibid). Thus, it is important to understand not only which source perceptions can impact the persuasion of people, but also how such persuasive efforts can be made more effective due to the adopted ideologies.

1.8. What is WHO?

World Health Organization is "a specialized agency of the United Nations responsible for international public health." WHO Constitution presents its main objective as "the attainment by all peoples of the highest possible level of health." Headquartered in Geneva, Switzerland. It has six regional offices and 150 field offices worldwide. WHO was established on 7 April 1948. Its work began "in earnest in 1951 after a significant infusion of financial and technical resources." WHO's work includes "advocating for universal health care, monitoring

public health risks, coordinating responses to health emergencies, and promoting health and well-being.” It provides “technical assistance to countries, sets international health standards, and collects data on global health issues.” World Health Report provides assessments of worldwide health topics (World Health Organization, Wikipedia, the Free Encyclopedia (2021:1).

1.9. Ideology

1.9.1. What is ideology?

Ideology refers to a specific category of knowledge that can be studied empirically. It is understood in its broadest sense, which is the one that is pertinent to the sociology of knowledge (Dant,1991: 26). The “socially conditioned and socially constructed ideas” are also considered as ideology. The term was first used by French philosopher “Antoine Destutt de Tracy” in 1796 when he conceived of it as the "science of ideas," to be named Ideologie, to create a logical system of ideas. The work of German philosophers Karl Marx and Friedrich Engels lies at the foundation of how one perceives ideology today. They believed that a society's ideology was made up of its entire ruling elite or its entire system of beliefs. Ideologies are also defined as particular ways of representing and constructing a society that reproduces unequal relations of power, relations of domination, and exploitation (Fairclough and Wodak, 1997:275).

More precisely, ideology is “the ideas and belief system of a particular group of people defined from multidisciplinary ways involving social, cognitive, and discursive aspects ” (Van Dijk, 1998: 15). Ideology, which refers to important systems and sets of views held by social groups, can be revealed through certain linguistic choices in texts. Language reflects and reinforces ideology (Simpson,1995:5-6) It is a term that is frequently used with the social sciences, media, politics and religious ideas shared by a social group or a movement. It is a tool for social change. It aims to change society in some way or another. It may be also regarded as more or less “positive or negative” depending on our point of view or group membership. The positive one occurs when

members of a group who share similar ideas support many guiding principles that act as the basis for their more specific worldviews, guide how they interpret the world, and govern how they interact with others. Ideology has also a negative connotation, and it has been employed in opposition to real, scientific knowledge in the social sciences (Van Dijk, 2004:7-8).

1.9.2. Van Dijk's Three-Dimensional Model

Van Dijk (2004 b:4) affirms that in the everyday expression and transmission of ideologies, discourse is crucial. According to him, it is a multidisciplinary introduction to the concept of ideology including sociology, cognitive and social psychology, and discourse analysis. The cognitive dimension of ideology is given “in terms of the social cognitions that are shared by the members of a group.” The social dimension elucidates “what kind of groups, relations between groups and institutions are involved in the development and reproduction of ideologies.” The discourse dimension of ideologies explains “how ideologies influence our daily texts and talk, how we understand ideological discourse, and how discourse is involved in the reproduction of ideology in society.” In other words, he affirms that the study of “discourse” encompasses language use, text, talk, verbal interaction, and communication. The term “cognition” is used to refer to all mental characteristics of ideologies, including their nature as ideas or beliefs, relationships with other ideas and information, and their position as widely accepted representations. Additionally, under the term “society”, the social, political, cultural, and historical aspects of ideologies, their group-based nature, and particularly their part in the maintenance of dominance or resistance to it, are investigated.

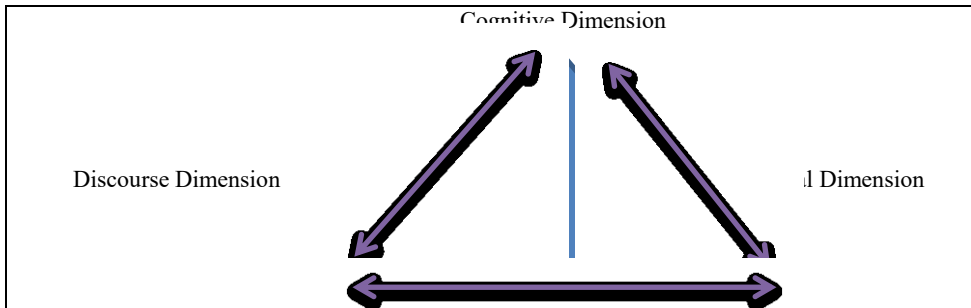


Figure (1) Van Dijk's Three-Dimensional Triangle

1.9.2.1. Ideologies and Discourse Dimension

The term "ideology" focuses on how ideologies are portrayed, understood, or supported via discourse. Ideologies are expressed and propagated regularly through discourse. Ideologies affect the different discourse forms, including intonation, syntax, and images to the many meaning-related elements such as "coherence, presupposition, metaphors" and so on (ibid:4). Discourse and ideology are important on an equal basis and both are relevant to each other. Both need language and power to be exercised upon others. It is important to keep in mind that ideology and discourse cannot be sufficiently studied in one discipline. It can be reduced to three main dimensions that are involved in the study of "Discourse, Cognition and Society". These conceptual distinctions are purely analytical and useful. Of course, they overlap. For instance, socially shared beliefs among group members and discourse are both a part of society. "One of the crucial social practices influenced by ideologies are language use and discourse, which in turn also influence how we acquire, learn or change ideologies." Much of people's discourse, especially when one speaks as a member of groups, expresses ideologically based opinions (ibid:9-10).

1.9.2.2. Ideologies and Cognitive Dimension

The various definitions of ideology throughout the history of the social sciences are concerned with the thoughts or beliefs of social groups. One needs to understand the mental or cognitive aspect of ideologies to explain the appropriate nature of ideologies and how they relate to social practices and discourse. Numerous categories of "beliefs"

are differentiated in modern cognitive and social psychology. As a result, beliefs can be personal versus social, particular versus general, concrete versus abstract, simple versus complicated, transient versus lasting, about ourselves or others, the physical or social environment, etc. Psychologists frequently link certain beliefs to various memory functions or cognitive processing schemes (ibid:11-14):

1.9.2.3. Ideologies and Social Dimension

Ideologies are essentially also social in the sense that language use and discourse are important social activities influenced by ideologies, which in turn affect how we develop, learn, or alter ideas. Several of people conversations, particularly when one speaks as members of groups he expresses thoughts with an ideological basis. By reading and listening to other group members, starting with parents and classmates, one learns the majority of his ideological beliefs. Later, among many other spoken and textual mediums, one learns ideologies via watching television, reading school textbooks, advertisements, the news, novels, or engaging in regular talks with friends and colleagues (ibid:9-11).

The social dimension of ideology is not limited to an account of social cognition. When people behave in social groupings, they may incorporate their ideologies into their interactions and behavior. The social aspects of ideologies may be defined in terms of both the macro and the micro level of society (ibid:30-31). The macro level comprises entire states or societies, institutions, organizations, and groupings of social actors, as well as their relationships. Social actors and their interpersonal interactions in social contexts are typically described at the micro-level.

2.9.3. Categories of Ideological Analysis

Van Dijk (2004: 62-82) presents different types of ideological categories that can be seen in the following table:

Table (1) Van Dijk's Categories of Ideological Analysis

Actor Description	Reasonableness	Repetition
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Authority	Generalization	Vagueness
Categorization	Hyperbole	Burden
Comparison	Implication	Metaphor
Disclaimers	History as Lesson	Legality
Empathy	Irony	Polarization
Euphemism	Lexicalization	Populism
Evidentiality	Number Game	Presupposition
Example\Illustration	Openness\Honesty	Situation Description

For the limitation of the present study, the focus will be on the ideological categories that are used in WHO discourse on Covid-19 more than any other categories.

1-Actor Description: Different forms of actor descriptions are included in any discussion of people and activity. Actors can thus be categorized as either individuals or as members of groups (ibid:62).

2-Authority: Many speakers in debates, including those in parliament, fall back on the fallacy of citing authorities to bolster their claims. These authorities are typically institutions or individuals who are recognized as experts or moral leaders (ibid:63).

3- Burden: It is used in discourses to emphasizes that there are certain burden for us such as a financial one. It may present premises that may be taken for granted to accept the following conclusion (ibid:64).

4-Evidentiality: Argumentative claims or points of view are more credible when speakers provide evidence or support for their knowledge or ideas. References to individuals or institution with authority may be used to accomplish this purpose (ibid:69).

5-Hyperboles: are semantic rhetorical tricks used to increase the significance of a sentence

(ibid:73)

6-Number Game: Many arguments aim to increase credibility by emphasizing objectivity. The main tools for persuading people of objectivity in our culture are numbers and statistics (ibid:79).

7- Repetition: It may have a particular impact on the overall plan for highlighting some crucial aspects (ibid:83).

1.10. Literature Review

Biria and Mohammadi (2012) used the CDA model of Van Dijk to examine George Bush's (2005) second term and Barack Obama's (2009) first term inaugural speeches (2004). The study concluded that there is a complex interplay between ideology, power, and language. Aschale (2013) examines the speeches of Obama on the “Middle East and North Africa”. He used the analytical framework of Fairclough (2004). The analysis of the speeches revealed mainly that the America’s political ideology tends to aspire its dominance from allies. Abdulhameed (2017) investigates the various strategies of persuasion that are available at Nelson Mandela and explores the embodied political ideologies which shaped the notion of in-group and out-group in Mandela’s discourse. The findings of the analysis show that Mandela employed various persuasive techniques and ideologies to influence his receivers and motivate them to perform certain social actions. It seems that the previous studies deal with ideological categories in the analysis of presidential or political discourse analysis. The present investigation is one of the first studies that seeks to offer critical discourse analysis, interpretation and explanation of ideological categories of institutional discourse, and more specifically of WHO on Covid-19. It focuses on the consequences of these categories on people around the world.

2. Methodology of Research

The present study is qualitative in nature. It deals with the description and analysis of WHO discourse on Covid-19 (2020). It gives a detailed description of ideological categories used in six selected discourses. The

six written transcriptions of WHO discourses that are selected according to their confinement to a great extent on Covid-19 are the primary data of this study. Tables, graphs and figures are presented to convey a precise and clear image of the used models and to make a comparison among different ideologies and different discourses during the health crisis of Covid-19. The study is conducted to implement critical discourse analysis on the selected addresses of WHO. This study employed Van Dijk's Three-Dimensional Model of Ideology (2004), to explore the ideologies embedded in WHO discourse on Covid-19. The transcript of the addresses can be found on the official website of WHO. <https://www.who.int/emergencies/diseases/novel-coronavirus-.....> and <https://www.who.int/director-general/speeches/detail/director-genera.....> (See References).

3.Data Analysis of Ideological Categories in the discourses of WHO on Covid-19

This section represents a critical discourse analysis of six discourses of Who on Covid-19 based on Van Dijk's Three-Dimensional Model of Ideology (2004). For the limitation of the study, this paper concentrates on seven ideological categories that are used highly in these six discourses : Actor Description (97), Authority (82), Burden (36), Evidentiality (37), Hyperbole (53), Number Game (50) and Repetition (146) (See Tables (1 and 2) and Figures (2 and 3).

Table (2) Ideological Categories in the Discourses of WHO on Covid-19

Ideological Categories	<i>January</i>	<i>February</i>	<i>March</i>	<i>July</i>	<i>October</i>	<i>December</i>	Total
Actor Description	16	15	20	21	16	9	97
Authority	16	5	8	20	15	18	82
Burden	0	5	6	9	8	8	36
Evidentiality	10	6	2	8	7	4	37
Hyperbole	5	6	7	9	10	16	53

Number Game	10	8	4	14	9	5	50
Repetition	12	29	36	24	27	18	146
Total							501

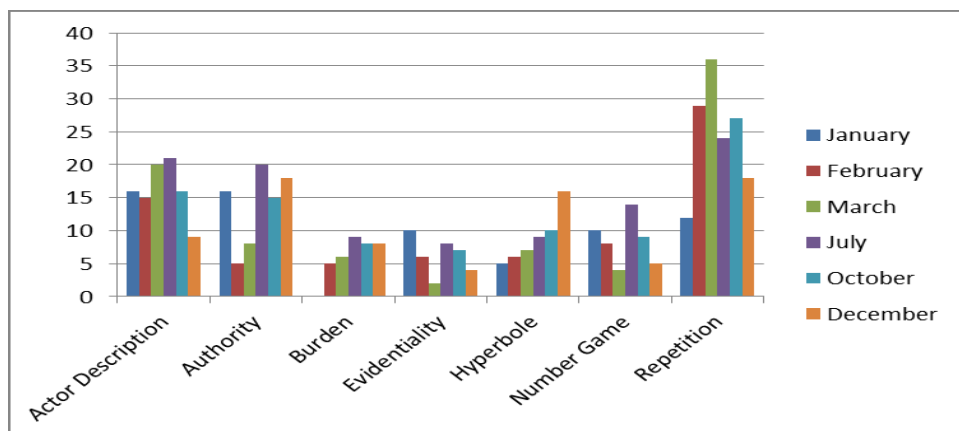


Figure (2) Ideological Categories in the Discourses of WHO on Covid-19

Table (3) Total of Ideological Categories in Discourse of WHO on Covid-19

	Ideological Categories	Total Numbers
1	Actor Description	97
2	Authority	82
3	Burden	36
4	Evidentiality	37
5	Hyperbole	53
6	Number Game	50
7	Repetition	146
	Total	501

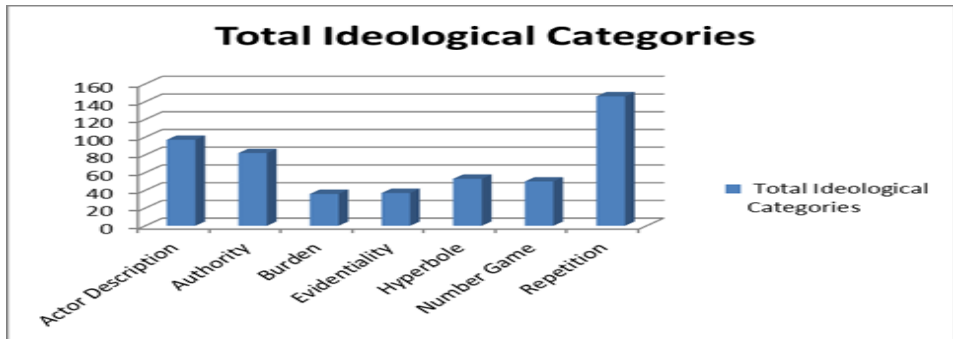


Figure (3) Total of Ideological Categories in Discourse of WHO on Covid-19

3.1. Repetition

Examining the seven ideological categories that are the main focus of the present study, it seems that repetition has the highest number in comparison with other categories. There are (146) ones (see Tables (2,3) and Figures (2,3)). Van Dijk (2004:81) states that the use of repetition specifically may highlight some important points. Rababa'h and Ali (2012: 1) affirm that repetition can be used to convey “emphasis, clarity, emotion, highlight the obvious and give instruction”.

January has the lowest number of repetitions (12) (see Table (1) and Figure (2)). WHO gets information from the National Health Commission and the Chinese authorities about the outbreak of a new type of coronavirus. According to this information, there is no infection and no clear evidence of human to human. There is no necessary travel or trade restriction. Hence, there is no need to make emphasis by WHO to use more repetition. In February, the use of this ideology is more than doubled (29). Through repetition, WHO emphasizes new cases of Covid-19 inside and outside China. It clarifies that there is a rise in the total number of cases and deaths. It gives instructions to follow early measures to fight this very dangerous virus and to prevent its community transmission before it gets a foothold because “we are not hopeless” and “we are not defenceless”. In March, WHO uses the highest number of repetitions in comparison with other months (36). Covid-19 is considered

a pandemic virus due to the rapid escalation of cases around the world. WHO instructs to work together in terms of washing hands, making social distancing, measuring, wearing masks to “reduce transmission”, “reduce the risk” “prevent infection” and “breaking the chain of transmission”.

In July, the use of repetitions by WHO is reduced to (24). WHO focuses on Covid-19 or the pandemic. WHO finds out that there is a real need to re-evaluate this pandemic and find the suitable guide accordingly because Covid-19 has changed the world and becomes the highest burden socially and economically. Despite that WHO states that “we are not prisoners of the pandemic”. WHO commits to science, solution and solidarity. In October, the use of repetition by WHO is risen again to (27). WHO tries to emphasize the dangerous consequences of applying “herd immunity”, i. e. by letting the virus spread. WHO clarifies that this long Covid-19 should be reduced by reducing the transmission of this virus and not by adopting a new strategy such as herd immunity because WHO insists that “we don’t know enough about immunity to COVID-19”. WHO considers the emotional sides of people, though lately, and their role in passing this period successfully. WHO affirms that it is better to understand the suffering and frustration of people until finding suitable vaccines. In December, there are (18) use of repetition by WHO. Most of them are about the importance of vaccines and that should be equitably distributed around the world. Moreover, WHO also insists on the importance of the role of people and especially young people in passing this period. WHO admits that young people are not just the future but they are the present. Accordingly, it is significant to listen to them to “build the post pandemic world together”.

3.2. Actor Description

In dealing with the actor description as an ideological category, (97) ones are used in WHO discourses on covid-19 (see Tables (2,3) and Figures (2, 3)). Van Dijk (2004:17) mentions that actor description is about people, their actions, attributes, position, or relation to other

people. In discourses, actors are described and evaluated in terms of ideologies.

In January, there are (16) actor descriptions in WHO discourse. In this concern, the WHO focuses on that the Chinese authorities identifying a new type of coronavirus and they continue their work and epidemiological investigations. WHO mentions that it is in regular contact with the national authorities in China to share information about this virus and provide support. Accordingly, WHO does not advise any specific health measures for travelers or recommended the application of any trade restrictions on China based on the information currently available in China. In February, similarly, there are (15) actor description in WHO discourse. The main concern is on WHO and its role in dealing with this new virus. Again, and depending on China reports, there are (78,630) cases of Covid-19 and (2724) deaths. WHO introduces different perspectives. WHO believes that “We are at a decisive point”, but “we are not hopeless”. WHO also adds “We’ve shipped testing kits” and “We have issued operational guidelines”. In March, the use of actor descriptions is arisen to (20). The focus for a great amount of actor description is again on WHO and very little on people. WHO recommends testing, and isolation to prevent transmission. WHO issues new clinical guidance to care for patients. Later on, WHO confirms that “we can only succeed together”.

In July, there are (21) actor descriptions. They are more than any other discourses. WHO affirms that it makes an incredible amount of effort but Covid-19 makes it a hard road. WHO published extensive guidance on how to find, test and treat cases. It utilizes the effort of hundreds of scientists to develop a roadmap for research about covid-19. People are not considered here. In October, there is less use of actor description (16), in the sense that there is a certain consideration for people rather than focusing on WHO or other authorities. WHO admits that “We well understand the frustration that many people, communities and governments are feeling as the pandemic drags on, and as cases rise again.” There is a rejection of herd immunity because WHO elucidates that “we don’t have the complete picture” about the nature of Covid-19.

In December, the use of this ideology is less than in all the previous discourses (9). WHO focuses on “how best to ensure high coverage of new COVID-19 vaccines” around the world because it knows that it has been a hard year and people are so tired and frustrated. WHO believes that there is a need to consider the role of young people in this crucial period and hear their voices and experiences to establish a “post pandemic world together”.

3.3. Authority

The third ideological category used by WHO is the authority (82) (see Tables (2, 3) and Figures (2, 3)). Van Dijk (2004:17) explains that authority refers to people who are recognized as leaders, experts or organizations. Speakers in discourse may make references to different authorities for gaining support.

In January, there are (16) authorities which are used by WHO in its discourse on Covid-19. WHO depends on the Chinese authorities and national authorities concerning reports of coronavirus. There is a new virus diagnosed in Wuhan see food in China. The government that there is no clear evidence that the virus passes from person to person. So there is no need to restrict any travel or trade in China. In February, the use of authority is minimized to (5). WHO mentions a certain report from China that shows an increase in the number of 78,630 cases of Covid-19 and 2747 deaths. WHO presents a message that the virus may have pandemic potential. It tries to provide the tools to help countries accordingly. In March, the use of authority is raised to (8). WHO recommends testing of the cases that show symptoms of covid-19. WHO affirms that there should be isolation for confirmed cases to prevent transmission. Hence, it is important to follow WHO’s guidance on the virus and to consider its message of the test.

In July, the use of authority is (20). It is more than in any other month. In this concern, WHO focuses on its role and achievements in dealing with the most severe virus. WHO states that “we published the first protocol for testing the virus”, “we have done an incredible amount,

but we still have a long, hard road ahead of us”, and “WHO remains totally committed to serving all people and all countries with science, solutions and solidarity”. In October, the use of authority is less than in July (15) but it still focuses on the role of WHO in dealing with Covid-19 and the role of people also to pass this crisis. WHO admits that “ We well understand the frustration of people” and “their suffering and needs so we can advance research and rehabilitations” but they can have their role to pass this crisis safely “You can do it too”. There is also a rejection of any authority that encourages herd immunity because WHO believes that it is an unethical project. In December, there is a rise in the use of authority (18). WHO introduces several authorities to convince people that there are certain vaccines that are so important to pass this crucial period such as “The WHO Technical Advisory Group on Behavioral Insights and Sciences for Health”, “United Kingdom’s Medicines and Healthcare” “UNICEF”, etc. There is a role given to decision makers to pass any legislation needed to expedite the process of distributing the vaccine around the world. The Youth Council and young people are also considered in using and distributing the vaccines to build the post pandemic world together.

3.4. Hyperbole

In terms of hyperbole, there are (53) ones (see Tables (2,3) and Figures (2, 3)). This type of ideology is used in discourse to increase the significance of a sentence (Van Dijk, 2004: 72). The use of hyperbole increased gradually through WHO discourses on Covid-19 (5,6,7,9,10, and 16). WHO uses such type to increase the significance of its role and instructions in dealing with this health crisis.

In January, WHO affirms that “the evidence is highly suggestive that the outbreak is associated with exposures in one seafood market in Wuhan”. The situation is under the intensive control or observation of the Chinese authority which will be followed by measures and further epidemical investigations. WHO mentions that it is closely monitoring the situation depending on information and report from national

authorities in China. These reports reflect that there is no clear evidence that the virus can transform easily from person to person. In February, WHO states that “we are a decisive point” and what happening around the world concerning Covid-19 is its greatest concern. It finds that the most important thing is to calm down and to do the right thing to fight this virus before it gets a foothold because this virus can be contained with early measures. This is what all people believe in this positive perspective of WHO. In March, WHO believes that there is another effective way to prevent infection and save lives by breaking the chain of transmission. Covid-19 is regarded as “ the global health crisis of our time”. So it is significant to mention the importance of human solidarity in following WHO’s instructions.

In July, WHO shows that the total number of cases has roughly doubled in the previous weeks. WHO explains that it has done an incredible amount but it also admits that there is still a long and hard road in dealing with such a virus because this virus leads to social and economic burdens. In October, WHO considers the suffering and pain of people due to this very dangerous virus or “Long COVID”. It refuses totally “ herd immunity” because this strategy is scientifically and ethically problematic. In December, the use of hyperbole is more than in the previous discourses (16). WHO tries to increase the importance of its discourse on vaccination and also the importance of the distribution of vaccines equitably around the world. WHO clarifies that it is really the hardest year and people are really so tired. Thus, since people are part of the situation so it is important to mention that it is significant to depend on their role especially young people to pass this period successfully. Though lately, WHO affirms that “It’s important that all groups have a voice in the future of health and the planet”.

3.5. Number Game

As far as the number game is concerned, there are (50) ones (see Tables (2,3) and Figures (2, 3)). Van Dijk (2004:21) states that numbers and statistics are the essential means to introduce objectivity and

reliability. WHO utilizes numbers and statistics to assert a high degree of credibility and objectivity in its work.

In January, the use of the number game is more than in the other following months. There are (10) ones. Most of them are dates. WHO mentions that, at the outbreak of Covid-19 on 8 December 2019, there are 41 cases in Wuhan in China. WHO China Country Office was informed by an initial report about the cases on 31 December 2019. Chinese authorities identified a new type of Coronavirus which was isolated on 7 January 2020. On 11 and 12 January 2020, WHO received further detailed information about Covid-19. In February, the use of numbers is less than in January (8). The focus is not on date but on statistics concerning the cases of Coronavirus in China and outside China. WHO clarifies that it shipped testing kits to 57 countries and personal protective equipment to 85 countries that need it. WHO trained more than 80,000 health workers in multiple languages through online courses. In March, there (4) use of numbers. The concentration is again on the shipped test: (1.5) million test to 120 countries. Moreover, WHO mentions that 110.000 people have contributed almost 19 million U.S. dollars.

In July, the use of the numbers is more than in all the other discourses (14). A global health emergency has declared that Covid-19 is the most severe. There are 16 million cases and 640.000 have been reported to WHO. WHO explains that over the past 6 months, it has worked to support countries to prepare for this dangerous virus. In October, the use of number is less than the previous month. WHO focuses on herd immunity and that this strategy cannot be applied with Covid-19 unless that 95% of people are vaccinated. Then, the remaining 5% will be protected because that this virus will not be spread among those who are vaccinated. In December, the use of the number is less than in the previous discourses (5). WHO concentrates on Vaccination. The aim of WHO, UNICEF, World Bank, and Global Fund is to help 100 countries conduct rapid readiness assessments and plans within 100 days for vaccines. 2 Billion doses of vaccines are available and they should be distributed equitably around the world.

3.6. Evidentiality

Examining evidentiality, it seems that there (37) ones (see Tables (2,3) and Figures (2, 3)). Van Dijk (2004:69) clarifies that discourses will be more creditable when speakers provide evidence for their ideas or point of view. They can refer to individuals or institutions with authority to accomplish the purpose of evidentiality. In this sense, Harrington (1999 (cited in Abdulhameed, 2017:119) states that reports as evidence are significant because they are strong enough to display verification and credibility.

Considering evidentiality in January, there are (10) ones that are used more than any other discourses. WHO believes that it has enough evidence concerning Covid-19 due to the Chinese authorities' reports and investigations. WHO declares that there is no evidence of human-to-human transmission. Consequently, the WHO does not recommend any specific health measures for travelers. In February, evidentiality is less than in the previous discourse (6). WHO again depends on China's and some other countries' reports. They found that Covid-19 does not appear to be a widespread community transmission virus. These announcements will surely affect the behavior of people around the world and their caution concerning this virus. In March, evidentiality is lowered to (2). WHO finds out that the rest of the world have more cases and death more than in China. There is no evidence that this virus is not very dangerous to all human lives.

In July, the use of evidentiality is risen to (8). Depending on the global health emergency declaration, WHO declares that Covid-19 is of international concern and it is the most severe. Consequently, though it should tackle such steps from the very beginning, WHO brings hundreds of experts from all over the world in many disciplines to analyze the evolving evidence and make effective guidance accordingly. In October, the use of evidentiality is (7). WHO does not agree on using herd immunity in responding to the transmission of the pandemic around the

world. WHO does not have enough evidence concerning the affectivity of such a strategy because it affirms that “we don’t have the complete picture” of Covid-19 and that “never in the history of public health has a such strategy”. In December, the evidentiality is lowered to (4). WHO insists that “the WHO Technical Advisory Group on Behavioral Insights and Sciences for Health released a report this week focused on how best to ensure high coverage of new COVID-19 vaccines”. This report provides initial lessons and recommendations concerning Covid-19 vaccines. What is important is to encourage using vaccines and that they should be equitably distributed all over the world.

3.7. Burden

The use of burden is less than all other ideological categories (36) (see Tables (2,3) and Figures (2, 3)). Van Dijk (2004:63) shows that it is used in discourses to emphasize that there are certain burdens for us such as a financial one. It may present premises that may be taken for granted to accept the following conclusion. Considering the burden as the least ideological category may affect the consequences of health situations and conditions around the world that’s why there is no use of burden in January.

In January, there is no feeling of burden in the discourse of WHO on Covid-19 (0). It is considered that this virus cannot be transmitted from person to person and everything is under control. In February, the use of burden is (5). It seems that WHO finds that there is a certain burden at this time. WHO mentions that this virus does not respect borders and it does not distinguish between races or ethnicities. WHO affirms that “we are at a decisive point” and there is a need to do more. In March, the use of burden is more than in the previous discourse (6). It confirms that there is “an enormous social and economic burden” due to the transmission of this pandemic. There are also certain countries “with the highest burden”. This leads to the importance of implementing new guidelines to deal with such crises.

In July, the use of burden is more than any other discourse (9). WHO states that Covid-19 is the most severe and it has changed the world. The road becomes harder by Covid-19 in the sense that it causes “an enormous social and economic burden”. In October, the use of burden is (8). The main burden in this period is the fear of applying herd immunity. WHO declares that “Letting the virus circulate unchecked therefore means allowing unnecessary infections, suffering and death”. It is believed that applying a such strategy will be unethical. In December, the use of burden is also (8). WHO believes that there is a real burden due to the pandemic. It mentions that “We know it’s been a hard year and people are tired” and “it’s the hardest it can possibly be”. Hence, it is very important to exploit the discovery of vaccines. It insists that “With vaccines now being introduced, it’s really important that they are distributed equitably around the world”, especially to vaccinate those “at high risk of the virus”.

4.Conclusions

1-The present paper investigated the ideological categories of Van Dijk's Three-Dimensional Model. They are used to find the ideological stands in WHO discourses on Covid-19. This model is so fruitful and very useful in the analysis of an institutional discourse of WHO.

٢- It is found that these ideological categories should be based on scientific, psychological, cognitive, social and cultural perspectives and not just scientific ones to be very effective and influential because they are used to persuade people around the world and they will actually affect their lives positively or negatively.

٣- There is a crucial need to consider the opinion of humanistic specialists, socialists, and anthropologists besides the scientist because the discourse is oriented toward different people on the plants with different languages, social circumstances and cultures. There should be a team of all the above to find the words that can persuade the people and affect their minds, hearts , and behaviors in one way or another that can achieve the ultimate goal that going side by side with WHO ideologies.

It is only too lately in December, WHO finds out that it is so important to listen to people and make them share their opinion and experiences with it about the future of health because they are also an essential part of this battle of fighting this pandemic and to build the post pandemic world together.

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