PROXIMIZATION STRATEGIES USED IN COVID-19 PREVENTION DISCOURSE: AN STA BASED ANALYSIS OF OFFICIAL GUIDELINES ISSUED IN PAKISTAN

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Abstract

This study is an attempt to highlight the proximization strategies used in the Covid-19 preventive guidelines issued by the government of Pakistan. The theory of proximization (Cap 2017) has been taken as a theoretical framework for the present study and the analysis of the selected texts is guided by the spatial-temporal-axiological (STA) model (Cap 2013b). The guidelines issued by the government of Pakistan between March 25 and May 6, 2020, for the prevention of the disease have been selected as a sample for this study as they are expected to carry governmental plans for fighting the disease and the coercive strategies that have been used in order to make people act accordingly. Just like war, the situation of the pandemic spread calls for quick proposal of coercive strategies and their presentation in a way that can get the people on board with the institutional plans. With this in mind, the sample has been descriptively analyzed for the linguistic choices that indicate the spatial, temporal, and axiological proximization of the threat (Covid-19) in the light of proximization theory (Cap 2017). The results show that there are a significant number of linguistic markers that link the disease prevention discourse with the political intervention discourse, justifying the application of proximization theory (Cap 2017) to both of them. The evidence collected during the analysis establishes that the authorities use proximization strategies in disease prevention discourse in order to add to the fear appeal which helps in soliciting unconditional and quick legitimization of the proposed plan of action against the spreading disease.

Keywords

coronavirus outbreak, Covid-19 prevention discourse, legitimization, proximization theory, STA model

1   Introduction

The extent to which rulers and government officials are able to use coercion in order to develop political legitimacy, is of utmost importance for the democratic regimes to function stably and successfully. Political legitimacy is achieved when people recognize and accept the cogency of the policies and decisions made by their rulers (Aragón 2008). Consequently, the government which achieves a significant level of political legitimacy is able to deal effectively with periods of crisis. However, in today's world, where heterogeneous groups of people are governed under one political system, achieving unanimous agreement

of the masses over any issue is not an easy task. Thus, in order to legitimize their choice of certain policies and actions, government makes use of certain coercive strategies, one of the most important of these is the appropriate use of language. Bozhenkova and Bozhenkova (2019), discussing the policy making and implementation, stress the same by saying that although a political domain includes a lot of phenomena such as political actors, institutions, political culture, techniques of political activity etc., "the policy can be carried out only in the process of language interaction, the task of which is to create a certain picture of the world in the society" (ibid.: 120).

Legitimization generally includes the discursive construction, justification, and institutionalization of particular institutional beliefs, orders and plans of action (Fairclough 2003, van Leeuwen 2007, van Dijk 2008). As has been noted by many scholars (Reyes 2011, Reza Abdi 2018), legitimization is a multi-dimensional phenomenon which carries both conceptual and linguistic features. This multi-faceted nature of legitimization has resulted in the concept to be analyzed and discussed within a number of disciplines and fields; however, the core of these analyses is the link between legitimizing arguments and proximization. From a linguistic point of view, there is either a direct or indirect link between legitimization discourse and the proximization effect produced with the use of linguistic markers. This link, as argued by Cap (2013a), whether direct or indirect, can be found intrinsically embedded in the relevant discourse and can be scrutinized through the analysis of lexico-grammatical patterns used in the discourse that enforce proximization. Previous research carried out in this area has mainly focused on the representation and verbalization of the concept of power in political discourse (Bilyalova et al. 2019). This study, however, aims to take a step forward and explicate the implicit legitimization strategies underlying a non-political domain of discourse, i.e. healthcare or disease-preventive discourse.

Legitimizing arguments are those arguments that are used in political and (sometimes) non-political discourse in order to rationalize the policies and rules made by the governing bodies and to create a sense of "moral duty" among the people, which makes them place the collectively binding decisions over their personal preferences (Scharpf 1998). The use of such legitimizing arguments is most common during the times of any national or global crisis. One such recent example of a global crisis which is facing the world, and for which different governing bodies in different states had to quickly plan and implement rules and strategies, is the spread of the pandemic through the virus Covid-19. It was needed for the governmental/institutional bodies all around the world to not only present effective guidelines for the masses to deal with such a disastrous

situation, but also to present a legitimizing argument that construes the virus as a real enemy and the designed policies and rules as the most effective possible way out of the situation.

When Covid-19 hit Pakistan, the government had to introduce extreme preventive measures in order to ensure the safety of the masses. The guidelines for the awareness and precautions regarding the issue became a major part of the public discourse produced during the time. Here, the term public discourse is used in the sense described by Piotr Cap (2017: 1), i.e. "communicated issues of public culture and public concern that affect individuals and groups in a given civilization". This discourse was spread through all types of media, including print, electronic, digital and social media. It was not unusual, though unfortunate, that this discourse of awareness and prevention was countered by multiple other discourses throughout the world, but more frequently in developing countries like Pakistan (Noreen et al. 2020). In particular, with the mysterious and novel nature of the virus that took the world of medical sciences aback, many people took the liberty of presenting and spreading false news and claims regarding the pandemic, particularly over social media, which got spread too quickly and created some misconceptions about the pandemic in the minds of the general public. Although the print and electronic media throughout the world, including Pakistan, has been observed to be cautious of spreading the fake news and disseminating only the information from reliable resources, given the opportunity to speak freely and share your opinion with a huge number of audience over social media, many people generated multiple parallel discourses which made it difficult for the governmental bodies to contain the virus spread among the masses (Karanicolas 2021). These countering discourses include discourses presenting the disease as God's punishment, a conspiracy, or biological warfare (Mir 2020), which hindered the legitimization of the governmental policies by the masses. This article focuses on the use of linguistic coercive strategies in the official guidelines regarding prevention from the virus, disseminated as a public discourse, through digital and print media.

Cap (2017) notes the strategic nature of public discourse which makes it possible to observe the systematic use of lexico-grammatical elements in favor of the interests of the institutional or governmental bodies. It is thus aimed at producing a shared vision against subjective preferences, which helps develop a shared perception of the current reality and its future developments (Habermas 1981, as quoted in Cap 2017). Legitimization achieved through public discourse establishes the credibility of the institute and its right to be obeyed through the use of language (Chilton 2004). Thus, legitimization can serve as 'a bad means

to a bad end', such as in case of legitimization of war, or as 'a good means to a good end', such as the legitimization of healthcare discourse (Hartman 2002).

Focusing on the above-described concepts of public discourse and legitimization, this study aims to shed light on the linguistic strategies of spatial, temporal, and axiological proximization that are used in the officially published discourse on the preventive measures regarding Covid-19 by the Ministry of National Health Services in Pakistan. The aim is to highlight the linguistic patterns and structures that helped present the virus as a common enemy to both the institutes and the masses. The study highlights the threat-based linguistic strategies that have been used for the proximization of the danger posed by the virus and for the legitimization of the proposed preventive guidelines. Situated in the areas of cognitive pragmatics and discourse analysis, this study makes use of the proximization theory presented by Cap (2013b) as its theoretical framework. The spatial, temporal, and axiological proximization through the use of certain lexico-grammatical features has been analyzed in the official Covid-19 preventive guidelines provided by the Government of Pakistan.

The selected theory provides a way to integrate the variety of linguistic and non-linguistic accounts since its main pillars are based on a connection between cognitive linguistics, pragmatics and critical discourse studies. This combination of perspectives, ideas and theories has enabled Cap's theory to address both the strategic use of linguistic devices, i.e. lexico-grammatical elements and its connection to the socially oriented accounts discussing the probable impact on the larger part of society. The diverse scope of the given theory has made it possible to be applied not only to the analysis of political interventionist discourse, but to a range of media discourses, such as the populist discourse generated and spread in cyberspace (Kopytowska 2020) and web-based user-generated content on social media (Kowalski 2018). This highlights the promising aspect of proximization theory and points to its potential use for the analysis of many different types of discursive practices.

2 Proximization theory and the STA model

Proximization is a relatively new concept introduced in linguistics, which seems to carry promising theoretical and empirical significance. Chilton (2004) was the first to use the concept of *proximizing* in the analysis of the political discourse. Building on Chilton's (2004) work, Cap (2006, 2008, 2010) introduced the term proximization for the analysis of coercion strategies in the US anti-terrorist political discourse. With further attempts to develop the concept of proximization to the status of a theory, Cap (2013b) introduced the detailed version of proximization theory. In its most basic sense, proximization can be

defined as a discursive strategy that evokes the closeness of the antagonistic, threat-bearing entities, which are presented as moving towards the spatial domain where the addresser and their addressees reside. The purpose of using this discursive strategy is two-fold: first, it helps the addresser in presenting *the Other* entity as a common enemy and a threat to both the addresser and the addressees, which are presented as *the Self* (Cap 2017: 3); second, it helps legitimizing the preventive course of action proposed by the addresser. Within the two-dimensional Discourse Space (DS), *the Self* is positioned in the center, while the threat-posing enemy, marked negative, construed as *the Other* is shown to be on the periphery of the Discourse Space (DS), moving slowly towards the positive *Self* by journeying the Space. With respect to their positions in DS, the former is named as outside-deictic-centre (ODC) and the later as inside-deictic-centre (IDC) (Cap 2013b).

The three aspects in which proximization is considered, i.e. spatial, temporal, and axiological aspects are derived from the nature of ODCs. Proximization theory holds that the deictic choices made at the lexico-grammatical level by the addresser constitute all three of these strategies of proximization, which may be present to varying degrees in different discursive practices. Proximization theory marks its contribution to the field of discourse analysis with the fact that with its Spatial-Temporal-Axiological (STA) model, it expands its applicability to a wide range of discourses other than political discourses.

With its more dominant use for analysis of war rhetoric (Chovanec 2010), anti-migration discourse (Hart 2010), making of foreign policy and construction of international values (Dunmire 2011, Wang 2019), Cap (2013a) presents a view that with some adjustments, the theory can be applied to the discourses of health care and disease prevention. Discussing the case of "War on Cancer", Cap (2013b: 190) states that the cancer prevention discourse pictures the disease as an antagonistic entity, which poses a threat to the domain shared by the masses and healthcare institutes. This situation gives rise to the fear appeal that helps justifying the proposed course of action for disease prevention.

In line with Cap (2013b), this study is an attempt to apply proximization theory to the Covid-19 prevention discourse, officially introduced by the state institute for healthcare services in Pakistan. Further discussion entails the application of major concepts in proximization theory to the Covid-19 prevention discourse, which is then followed by the analysis of spatial, temporal and axiological proximization strategies in the selected discourse sample.

3   Extending the analogy: The war metaphor

As in the case of cancer prevention discourse, where the situation is metaphorically presented as a war, in which the disease, i.e. cancer, is represented as an antagonistic force or enemy which carries an impending ability to negatively affect the people who represent the home entity (Cap 2013b: 30), the discourse generated during Covid-19 outbreak displays a similar kind of metaphoric representation of the virus which involves the sagacious use of fear appeals. Cap (2013b) states that although the proximization strategies used in disease-prevention or healthcare discourse are not exactly the same as those used in political discourses, there appears to be enough similarity between the two that it seems reasonable to extend the application of proximization theory for the exploration of such discourses.

It has been recorded on different media platforms that the Covid-19 outbreak has been referred to as an attack from the enemy, resulting in war. Since the issue turned into a global crisis, official and governmental statements from throughout the world presented the situation using a war metaphor. Most notably, the former US president Donald Trump referred to corona virus as an "invisible enemy" and called himself "a wartime president" (Vazquez 2020). Levenson (2020) notes how well this war metaphor fits with the prevailing situation of virus outbreak. Comparing the two, he says, "like in war, a pandemic has life-and-death decisions, an 'enemy' who can strike at any time, 'battles' on the 'front lines' and calls for the 'home front' to support the effort". Such an analogy has also been drawn previously by Van Rijn-van Tongeren (1997) regarding the metaphor of war used for cancer, finding the correspondence between cancer and the war enemy, an army commander and a physician, a fighting soldier and a patient, war allies and paramedic staff, and powerful weapons and chemical components as drugs. The fundamental reason for using this war metaphor is the need to evoke the feeling of seriousness and emergency among the masses.

The discourse generated at official level in Pakistan during the Covid-19 outbreak is no exception as the war metaphor has been used by the officials in a similar way to make people realize the magnitude of the threat the virus poses. In the official addresses by the Prime Minister of Pakistan, in the awareness brochures, in public service messages broadcast on electronic media, and even in the advertisements of sanitary products, the situation has been referred to as wartime, the virus as a powerful, threatening enemy, and the doctors and paramedic staff as front-line soldiers of this war. These examples show that on a basic conceptual level, the disease prevention discourse draws heavily on the interventionist discourses discussed by Cap (2013b).

This comparison of the issue at hand with a war in itself proves to be one of the legitimization strategies adopted by officials to legitimize their actions and plans by magnifying the threat posed by the public health emergency. This study, however, is an attempt to present a thorough analysis of the proximization strategies used in official guidelines regarding Covid-19 outbreak issued in by Government of Pakistan, by focusing on the linguistic parameters provided by the STA model in proximization theory (Cap 2013b).

4   Methodology

The study is primarily descriptive in nature, drawing from the STA model proposed as part of proximization theory (Cap 2013a). The guidelines issued by the government in print form, which are also retrievable from the official website designed by the government to provide the masses with the latest updates regarding the impact of and prevention from the Covid-19 attack i.e. covid.gov. pk, were used as a sample for the study. The purpose for taking these guidelines as a sample for this study was that they carry the officially produced and regulated Covid-19 preventive discourse, which is expected to carry governmental plans for fighting the disease and the coercive strategies that have been used in order to make people act accordingly. The sample contains 14 two-three-page documents available on the official website which were posted between 25 March and 6 May, 2020. The linguistic content of these documents was analyzed in the light of the STA model in order to highlight the spatial, temporal, and axiological proximization strategies employed in the text.

Cap (2013a) notes that the political interventionist discourse that seeks legitimization holds all such characteristics as those that are needed to create a difference between *the Self* and *the Other*. In order for such discourses to achieve legitimization during and after the ongoing moment of crisis, they are designed to include an adequate number of linguistic strategies of proximization. This is true not only of the political interventionist discourse but also of most of the public space discourses, where creating the sense of *we-ness* and *they-ness* and then emphasizing the increasing proximity of the danger posed by the *them-group* is used as a strategy to appeal to the relevant audience and achieve legitimization. In the same vein, it is important to note that the most prominent discourse of this time, i.e. Covid-19 prevention discourse seems to have so much in common with the political interventionist discourse. Like the political interventionist discourse, the disease prevention discourse is designed to highlight the negative, threatening, and danger-posing characteristics of *the Other*, which in this case is not a human agency but a virus.

With the aim of not only spreading awareness among the general public regarding the possible threats and dangers posed by the novel virus, the task at hand for the authorities is to achieve quick legitimization of their proposed plan of action against the rapidly spreading disease. The awareness and prevention discourse thus generated can be assumed to be loaded with proximization strategies, which makes such a discourse a suitable sample to be analyzed through the lens of proximization theory.

The STA model provides researchers with a linguistic device of three lexico-grammatical frameworks, i.e. spatial, temporal, and axiological, which reflect the strategies of proximization. All the three frameworks carry different categories, which provide key lexical items, grammatical structures, and discourse patterns that point towards the use of a given strategy. Cap (2013b) suggests that it is not necessary for a given stretch of discourse to carry all the three proximization strategies in equal ratio. The nature of the text such as political interventionist discourse, healthcare discourse etc. decides which strategies are well-suited for a certain type of discourse, and thus usually one type dominates the others in any particular instance. The analysis of the selected text as a sample will present the instances of different categories within each type of proximization strategy as provided in the lexico-grammatical frameworks by Cap (2013b). The evidence collected will help establish the discussion that the selected disease preventive discourse, primarily aimed at spreading awareness, serves a broader motive of legitimizing authorities' proposed plan of action through the use of such lexico-grammatical patterns that ensure quick and unquestioning legitimization.

The application of proximization theory to the linguistic analysis of the texts that carry linguistic markers of speaker-imposed perception of distance and proximity helps us to elucidate the way in which tactical use of language results in fulfilling political goals. Cap (2017) particularly focuses on the goals of seeking legitimization and approval of general public through such use of strategic language.

This study particularly focuses on the way healthcare discourse makes use of multi-faceted proximization. The existence of proximization strategies in such discourses as disease preventive discourse can be seen as functioning at many levels such as: the coercive level, where the addressee is made aware of the approaching threat, i.e. the disease and approval of some quick preventive measures is demanded; the DS mapping level, where the speaker and the audience are located in the deictic center and the threat-posing disease is shown to be present outside that deictic center and continuously in motion towards the center; and finally the linguistic level, where the use of such lexis is prominent as those that are used to demonstrate the physical ramification of the forth-coming threat.

5 Analysis

The analysis was carried out qualitatively. To conduct the systematic analysis, the occurrences of the lexico-grammatical categories from the three frameworks of proximization were examined along with the examples from the selected texts, in order to judge how successfully the theory of proximization could be applied to the healthcare discourse.

Before starting to analyze the selected sample for the proximization strategies, it is important to first assign the terms ODC and IDC to the entities performing these roles in the given scenario, since these are crucial to the STA model. Therefore, in the selected Covid-19 prevention discourse, as is obvious from the above discussion, the virus, i.e. Covid-19 is considered as the *alien/Other* and the masses, including medical and paramedical staff, patients and their families, non-affected public, etc. are considered as the *home/Self* entities. The virus construed as ODC in this particular case of healthcare discourse is different from the entities usually assigned this label such as refugees, immigrants, etc. In the political interventionist discourse this category is occupied by humans; however, the virus being nonhuman is still assigned agency, perceived as an entity capable of taking action and also represented as something working with an aim to pose danger to the IDCs. The underlying analysis will help us explore the way this metaphorical representation of the virus as an enemy with a plan and purpose to affect and attack the IDCs is embedded in the discourse and how it helps activate the mental representation of the virus as such.

As noted by Cap (2013b), the basic factor on which proximization theory relies is the way the DS is organized cognitively and conceptually. With the cognitive and pragmatic mapping of the actors involved in the disease preventive discourse, i.e. the general public, institutional bodies, and the disease itself, we get to that conceptual arrangement of DS which helps us recognize and analyze the tactical use of language that highlights the probable changes in the DS, such as the encroachment of the threat-bearing disease. Therefore, DS, through the lens of proximization theory, is a well-suited pragmatic and cognitive context to map out the location and movement of the disease and its probable impact onto the general public as presented in the disease preventive discourse issued by the authorities.

5.1 Proximization frameworks

5.1.1 The framework of spatial proximization

Spatial proximization is defined as the creation of forced perception of ODCs and IDCs in a Discourse Space in such a way that ODCs are shown to be moving from the periphery towards the IDCs in the center (Cap 2017). Within the STA model, this difference between the IDCs and the ODCs is marked by a spatial, geographical, and also an ideological gap. ODCs are conceived to be moving in the direction of IDC which basically symbolizes the danger approaching IDCs that is likely to result in a disastrous situation. The process of spatial proximization is dependent on the subtle reduction of the gap between IDCs and ODCs which is symbolically manifested in discourse with the use of certain lexical forms. In the context of the current research, the general public getting attacked by the virus and the institutional and governmental bodies that are responsible for the healthcare and protection of the masses can be mapped as IDCs and the threat-bearing virus can be mapped as an ODC in the deictic space. The movement of the ODC, i.e. the virus towards the IDCs cannot be measured in terms of geographical distance between the two entities; rather, in this case, the enemy already exists among the IDCs and its advancement towards them can only be traced by quantifying the increase in the number of people getting affected with the passage of time. Thus, in order to make an analytical framework for spatial proximization, Cap (2013b) considers some important aspects which are needed to present ODC as a threat. These aspects include negative portrayal of the ODC, seriousness of ODC impact and its possibility of bringing devastating results. The way these aspects can be presented linguistically in a discourse, constitute the categories of the spatial proximization framework. As stated, the conceptualization of ODCs and IDCs is essential for spatial proximization, the first two categories of this framework account for the linguistic items that denote these entities, i.e. they are noun-phrase categories. The third category includes the linguistic items that mark the emblematic movement of ODC to the center of the DS, i.e. it is a verb-phrase category. Categories four-six are representative of the anticipated or observed extent of the destruction caused by ODC, so they include one verb and two noun-phrase categories.

Table 1 below presents the six categories of the spatial proximization framework and the instances for each category found in the selected corpus:

Categories	Examples from the texts
1. (Noun phrases (NPs) construed as elements of the deictic center of the DS (IDCs))	• These guidelines provide guidance to the public health & *health professional* of segregation of patients and health care resources, considering the way COVID-19 epidemic is unfolding itself.
	• *All individuals (patients, attendants, hospital staff)* entering the clinic will wear a mask and will use hand sanitizer/wash hands before entering the premises.
	• *Infection prevention and control technicians* shall be assigned to supervise the medical personnel on putting on and removing protective equipment so as to prevent contamination.
	• *The front-line staff in the isolation areas, including healthcare personnel*, medical technicians and property & logistics personnel, should be well equipped with the recommended PPEs to reduce the exposure risks.
	• Appropriate procedures shall be standardized for *medical personnel* to put on and take off their protective equipment (Donning and Doffing).
	• *Workers on construction project site/construction workers/ industrial workers/store owners/managers* coming from diverse environments and working closely together increase the risk of exposure to COVID-19.
	• To provide management guidelines to the *families, healthcare providers, managers of health facilities and mortuaries, religious and public health authorities*, and to all those who attend to the dead bodies of individuals suspected or confirmed for COVID-19.
	• COVID-19 pandemic has struck *the world* due to rapid human-to-human transmission.
	• To provide guidelines to the *store owners/managers and general public (customers)* regarding preventive measures to minimize the risk of COVID-19 transmission and ensure the availability of essential goods.
2. (Noun phrases (NPs) construed as elements outside the deictic center of the DS (ODCs))	• *COVID-19 pandemic* has struck the world due to rapid human-to-human transmission.
	• Two most important interventions in limiting the *infectious epidemic* outbreak are:
	• As this is a new virus, there is limited evidence about caring for women with *coronavirus infection* in women when they have just given birth.
	• Surfaces in the environment of the patient can get contaminated with the *pathogenic microorganisms* by contact with the body or body secretions.
	• Industrial workers are also exposed to hazards that put them at risk of infection with an *outbreak pathogen*, in this case COVID-19.
	• … but who might have been exposed to *an infectious agent or disease* such as COVID 19 with the objective of monitoring symptoms and early detection of cases.
	• … the guidelines regarding home isolation when they or more of the household members become sick during an epidemic of a *communicable disease*.

Categories	Examples from the texts
3. (Verb phrases (VPs) of motion and directionality construed as markers of movement of ODCs towards the deictic center)	• Covid-19 epidemic *is unfolding itself* • *Shedding virus* during sneezing, coughing and while speaking • *Carrying* virus and *releasing* these in the atmosphere • Can *get contaminated* with the pathogenic microorganisms
4. (Verb phrases (VPs) of action construed as markers of impact of ODCs upon IDCs)	• (IDCs) *become sick* • (IDC) *gets infected* • (IDC) *dies*
5. (Noun phrases (NPs) denoting abstract concepts construed as anticipations of impact of ODCs upon IDCs)	• The influx of COVID-19 positive cases pose an *added threat* to the existing hospital population. • *...the current situation that is threatening* to turn in to a devastating crisis. • …the spread of a disease that has *the potential to overwhelm the available resources*. • This contamination may result in *colonization of various surfaces* in the environment of the healthcare facilities. • To provide guidelines to the store owners/managers and general public (customers) regarding preventive measures to minimize *the risk of COVID-19 transmission* and ensure the availability of essential goods. • The front-line staff in the isolation areas, including healthcare personnel, medical technicians and property & logistics personnel, should be well equipped with the recommended PPEs to *reduce the exposure risks*.
6. (Noun phrases (NPs) denoting abstract concepts construed as effects of impact of ODCs upon IDCs)	• …the current situation that is threatening to turn in to a *devastating crisis*. • In view of *rising cases of COVID-19* it is imperative to prioritize the testing methodologies. • … the guidelines regarding home isolation when they or more of the household members become sick during an epidemic of a *communicable disease*. • *Spread of infection/contamination* • In *this global health crisis*, it is vital that all businesses (high scale or small) act responsibly.

Table 1: Examples for the spatial proximization framework (taken from the selected Covid-19 prevention guidelines issued at covid.gov.pk)

The first category, which is representative of the elements inside the deictic center of the discourse space, includes all the groups of people who are a potential target of the disease in question. This category includes elements as general as *the world* or *general public* that represent the Covid-19 as some kind of an alien entity, posing a threat to the whole humankind, as well as the elements that represent certain groups of people combating the disease in different situations. The second category includes elements representing the entities outside the deictic center in the discourse space and carry potential threat for the IDCs,

and thus mainly includes different NPs used to refer to the infectious disease caused by the virus Covid-19 as an alien attacker. The virus, with the use of some grammatical metaphorical processes is shown as an active agent, capable of inflicting harm to the IDCs. The use of such verbs which require an active agent as their subject has made such depiction possible. Some of the linguistic structures used in the selected texts which give this pandemic agency include *Covid-19 epidemic is unfolding itself*, *COVID-19 pandemic has struck the world*, etc. Being a microscopic creature, the virus does not produce a concrete referent in the minds of the people. Therefore, as is the case with other concepts like this (Grigorenko et al. 2019), the concept of virus has been built into the minds of the people with the strategic use of language. It can clearly be seen that the negative value of ODC is attached to almost every NP used for the disease, with the use of words like *infectious*, *pathogenic*, etc. So, the first two categories establish the opposition between the disease and the world/people in general.

This categorization, however, falls short in accommodating some of the noun-phrases used in the disease prevention discourse, particularly in Covid-19 prevention discourse. The complexity arises with the appropriate placement of NPs like *patients/confirmed patients/dead bodies of individuals confirmed for Covid-19*. These categories possess the characteristics of both IDCs and ODCs in the current case. Patients form part of the IDCs, since they are part of *general public* to whom the disease is an outside attacker; however, once becoming victim to the disease, the patients pose a threat to the rest of the IDCs, i.e. 'healthy individuals', since they become the carriers of the virus. This ambiguous nature of such NPs makes it difficult to locate them in the discourse space either as part of IDCs or ODCs, so they have not been included in either category. This example can be one of the areas that need revision in the theory for better application to the disease prevention discourse, as noted by Cap (2017: 32).

The third category contains examples including VPs such as *unfolding*, *shedding*, *carrying*, *releasing*, etc., which show that the virus is spreading by moving towards the deictic center. This disease, being contagious, is spreading and its spread is representative of the alien entity towards the IDCs to mark its impact. The fourth category includes examples of lexical markers showing the impact of ODC upon IDC. These VPs are used in the disease prevention discourse in order to add to the fear appeal. The fifth and sixth categories of the spatial proximization framework include the NPs of anticipated impact and the effects of the impact of ODC on IDC, respectively. The anticipated impact of the Covid-19 breakout mainly includes threatening situation, viral spread and the like, whose effects are expected to be in form of *devastating/global health crisis*.

As a whole, it can be seen that the lexico-grammatical items, presenting examples for different categories of the spatial proximization framework, successfully reflect the basic characteristics of spatial proximization, i.e. the negative portrayal of ODC against the threatened IDC (categories 1 and 2), the movement of ODC impact (category 3) and the extent to which the impact can prove to be disastrous (categories 4, 5 and 6). Thus, in the case of Covid-19 preventive discourse, the spatial proximization framework can be successfully applied as a device to gather evidence of the use of proximization strategies for legitimization of the preventive guidelines issued by the health ministry.

5.1.2 The framework of temporal proximization

Temporal proximization is defined as the creation of forced perception of the present time as the most suited time to plan an immediate response to ensure IDC's safety from ODC's approaching threat, based either on past and present premises or on future expectancy (Cap 2017). Thus, the temporal proximization framework needs such linguistic items which combine the anticipated future with the past events. Cap (2013b) explains that there are two types of linguistic temporal markers, i.e. real time (RT) markers and construed time (CT) markers. While RT markers mark the actual happening of the event (in the past), the CT markers mark the indefiniteness of the event that it could either happen any other time in the past or can reoccur in the future. The markers of indefiniteness such as *a* instead of *the* are intentionally used by the discourse generators in order to activate the urgency of the preventive measures, as CT helps portray the danger as continuous and on-going as compared to RT which represent it as a one-time event in the past.

The first category of this framework includes markers of indefiniteness, presenting RT events as CT events. The second category includes some particular tense patterns which combine the demonstration of the safe past with the demonstration of frightening future. The third category comprises nominalizations which render presuppositions, while the fourth includes modal auxiliaries and explicit coding of the now time frame. The fifth and last category include not some lexical items or grammatical constructions but somewhat longer stretches of discourse, which presents the picture of a "privileged future" (Cap 2013b: 114) once the threats from ODC are dealt with by the IDC.

Table 2 below presents the five categories of the temporal proximization framework and the examples for each category found in the selected corpus:

Categories	Examples from texts
1. (Noun phrases (NPs) involving indefinite descriptions construing ODC actual impact acts in alternative temporal frames)	(no examples found)
2. (Discourse forms involving contrastive use of the simple past and the present perfect construing threatening future extending infinitely from a past instant)	• Covid-19 *pandemic has struck the world* due to rapid human-to-human transmission. • An estimated *3.4% of Covid-19 cases have died globally* • Many *countries have adopted* this as a national guideline. • *Quarantine facility has been assigned…* • Interim SOP *has been developed* for guidance • *Covid-19 has been identified* in the babies born to Covid-19 positive mothers • Overseas *expert clinicians have expressed concern* about low sensitivity of the test • *It has become the matter of utmost importance*
3. (Noun phrases (NPs) involving nominalizations construing presupposition of conditions for ODC impact to arise anytime in the future)	• The strategy is expected to go a long way in combating the *threat* turning into a devastating crisis. • Two most important interventions in limiting the *infection*…
4. (Verb phrases (VPs) involving modal auxiliaries construing conditions for ODC impact as existing continually between the now and the infinite future)	• The *mortality due to Covid-19 may take place* at home or in healthcare setting • The live virus *may still be present* in the lungs • Contamination *may result in the colonization* of various surfaces in the environment
5. (Discourse forms involving parallel contrastive construals of oppositional and privileged futures extending from the now)	• Covid-19 pandemic *has struck the world* due to human-to-human transmission. Global evidence shows that *the outbreak can be curtailed* through preventive measures. • As this is *a new virus, there is limited evidence* about caring for women with coronavirus infection in women when they have just given birth. *The maternity team will maintain strict infection control measures* at the time of birth.

Table 2: Examples for the temporal proximization framework (taken from the selected Covid-19 prevention guidelines issued at covid.gov.pk)

Surprisingly, among the data analyzed for the present study, no examples were found for the first category of the temporal proximization framework. This category, although very important for proximization in political interventionist discourse, can said to be irrelevant to the disease preventive discourse. The possible explanation for this can be that in the type of discourse that is being dealt with in this study, i.e. guidelines for Covid-19 prevention, real-time markers have been preferred over the construed-time markers so as to keep the readers focused

on what is happening right now, e.g. *Covid-19 pandemic has struck the world…*, *It has become a matter of utmost importance…*, etc. and how to deal with it, e.g. *the outbreak can be curtailed through preventive measures*, *The maternity team will maintain strict infection control measures*, etc. The current situation is devastating enough to create a fear appeal without sketching the possibility of such an outbreak in any other timeframe. Thus, the "now-frame" is activated without the use of indefinite descriptions (Cap 2013b: 85).

The second category of the temporal proximization framework, when applied to Covid-19 prevention discourse, also needs little revision and amendment in the light of the data analyzed. The category involves the use of past tense, showing the safe past, followed by a present perfect construction that represents the constantly threatening future such as *IDC used to think/believe that IDCs were safe as ODC threat was far away. The current disastrous situation has changed the/that IDC belief.* The analysis shows that such a discourse form cannot be found in a disease preventive discourse since the 'safe past' is usually understood/implicit in the present perfect constructions. The present perfect constructions depict what damage has been caused by the spread of the disease or what changes have been made in the wake of the ongoing incident such as *3.4% of Covid-19 cases have died, quarantine facility has been assigned, interim SOP has been developed*, all of which imply the 'normal past' when none of it had happened. The normality of the past is thus not explicitly mentioned in such discourses, rather it is left to be inferred. However, the present perfect construction successfully portrays the continuous threat as it highlights the change in the 'normal' patterns of the past.

The nominalizations given in the examples for category three, i.e. *threat* and *infection* are representative of the presupposed state of the ODC's impact. With the help of such presupposition of the future impact, it becomes easy to share the preventive measures and seek their legitimization. The examples quoted in category four include the modal auxiliary *may* and depict the infinite threat posed by the infectious virus. This use of a modal auxiliary along with the ODC future impact adds to the fear appeal as the addressee feels exposed to the continuous threat which increases the expectations of an effective preventive strategy.

The examples quoted in category five fulfil the demand of the category as they contain the presentation of the current situation, i.e. negative, such as *Covid-19 pandemic has struck the world* and *there is limited evidence*, along with the picture of a better future, such as *outbreak can be curtailed* and *the maternity team will maintain strict infection control measures*. By first presenting the current dangerous scenario, the urgency and need of the suitable preventive

measures is established. The solution is then presented in the continuation of the discourse, which is presented as the best possible solution for the current threatening situation and will ensure a better/privileged future. This strategy helps get the presented solution legitimized even more quickly in wake of the given premises and the hope of a better future.

The analysis presented using the temporal proximization framework shows that collectively all the categories (except for the first one, for which no evidence was found in the selected corpus) work in harmony to present the ODC entity as a continuous threat for the IDCs, thus legitimizing the now-timeframe as the most suitable timeframe to react to the ODC threat.

5.1.3 The framework of axiological proximization

Axiological proximization is defined as the creation of forced perception of the increasing ideological conflict between IDCs and ODCs, which is expected to result in a physical clash (Cap 2011). In this study, since we are dealing with a disease, i.e. Covid-19 infection, as an ODC, the word *ideology* is used in a sense of inherent negativity attached to the virus, since it aims to produce destructive results for IDCs. Thus, we can say that the *ideology* in healthcare discourses means the positive or negative value attached to the IDCs and ODCs. The first two categories of this framework are the noun-phrase categories which present the positive values of IDCs and negative values of ODCs respectively. The third and the most important category involves a complex linguistic sequence which in one part describes the ODC's negative ideological values and in the *Other*, turns them into a physical threat.

Table 3 below presents the three categories of axiological proximization and their respective occurrences in the corpus:

Categories	Examples from the texts
1. (Noun phrases (NPs) construed as IDC positive values or value sets (ideologies))	• Public health • Optimal treatment • Guidance • Healthful working conditions • Occupational safety and health • Saving precious lives • Infection prevention • Evidence-based care
2. (Noun phrases (NPs) construed as ODC negative values or value sets (ideologies))	• Infection • Critical illness • The potential to overwhelm the available resources • Contamination • Colonization of various surfaces • Hazards • Spread of infection • Death
3. (Discourse forms no longer than one sentence or two consecutive sentences involving linear arrangement of lexico-grammatical phrases construing materialization in the IDC space of the ODC negative ideologies)	• Industrial workers are also exposed to hazards that put them at risk of infection with an outbreak pathogen, in this case Covid-19. Hazards include long working hours, psychological distress, fatigue and occupational burnout.

Table 3: Examples for the axiological proximization framework (taken from the selected Covid-19 prevention guidelines issued at covid.gov.pk)

As has been stated above, the ideological clash between the ODCs and the IDCs is shown in terms of the negative and positive values attached to them. The first two categories of the axiological proximization framework are reflective of this opposition in the ideologies; while IDC's ideology is to achieve *optimal health*, provide *infection prevention guidance* and save *precious lives*, ODC's ideology is represented by the NPs such as *infection* leading to *critical illness*, and ultimately causing *death*. The sharp contrast between the two is apparent and makes it very easy to conceptualize the possibility of ODC's ideologies to turn into a physical threat. The example quoted for the third category represents the materialization of ODC negative value, i.e. hazards and its materialization in the IDC space, i.e. industrial working space. The example shows that the negative value attached to the ODC can turn into a real threat for a group of people belonging to IDCs, i.e. *industrial workers*. This depiction of ODC's negative value as physical threats is also one of the effective way to legitimize the actions planned for prevention of such destruction.

Altogether, the categories of the axiological proximization framework serve the purpose of legitimization of the disease prevention discourse presenting the ideological clash between the *Self* and the *Other* and focusing on how their (the *Others'*) ideology can bring devastation for the *Self*.

To sum up, the analysis conducted above shows that the three frameworks of the proximization theory (Cap 2013b) can be used to analyze the proximization strategies employed in a disease prevention discourse, in this case Covid-19 prevention discourse. Although there are some categories, especially in the temporal proximization framework, which cannot be applied to such a discourse as they are to political discourses, the analysis demonstrates that a significant amount of evidence can be extracted from the Covid-19 prevention discourse which can represent the different categories of the three frames, and thus help identify the proximization strategies adopted by the addresser, in this case, the government of Pakistan, to solicit legitimization of the proposed frame of actions against the spreading disease. This kind of exploration of proximization strategies is a step forward in the research in this area because it not only helps signify the way entities are placed and perceived in a deictic space as static (Chilton 2004), but also portrays the ever increasing chances of danger these threat-bearing entities pose i.e. the dynamic nature of the entities located in the deictic space.

6   Conclusion

This study has analyzed the official guidelines for the prevention of the spread of Covid-19, provided by the Ministry of National Health Services, Government of Pakistan, in order to identify the proximization strategies employed in this disease-prevention discourse. The theory of proximization (Cap 2013b) has been used as the theoretical framework for the study and the STA model with its three proximization frameworks make up the analytical framework of the study. The analysis has shown that the selected corpus includes a number of instances that qualify to be categorized in the spatial, temporal and axiological frameworks. These categories are based on lexico-grammatical units from the selected corpus, and thus provide linguistic evidence of the attempts of soliciting legitimization through proximization.

The different categories of spatial proximization successfully portray *the world* or *the general public* or different groups of people in particular contexts such as *healthcare professionals* or *paramedics* as constituting the deictic center in the Discourse Space, while the disease, i.e. Covid-19 is projected as the outer enemy. However, it has been pointed out that the position of the *infected people* or *confirmed Covid-19 cases* remains ambiguous in the current conception of Discourse Space. The examples depicting the movement of the disease towards

the deictic center, and those showing its devastating impact getting nearer, fit well into the categories of the framework provided by Cap (2013b).

The temporal proximization framework has been observed to be in need of certain adaptations for it to be applied to the disease prevention discourse. No instances of the indefinite descriptions (category 1) were found in the selected corpus, which indicates that the category may not be generally applicable to all kinds of discourses. The second category also needs some revision as it has been found that in disease prevention discourse, particularly the case in hand, the safe past is not explicitly mentioned. Only the changes brought are mentioned in present perfect constructions which appear to imply the safe and normal past. Such a call for revision shows that the discourse is not temporally proximized in the same way as it is in the political context, since the urgency to react to the spread of the disease is way higher than in political matters. The application of the axiological framework to the selected corpus reveals the attempts of axiological proximization with the help of the linguistics markers. This study thus proves that the theory of proximization is well applicable to the disease prevention discourse and attempts to fill the gap in research in this area as pointed out by Cap (2017).

With the identification of proximization strategies, the study attempts to highlight the way in which legitimization is solicited in the disease prevention discourse. Using fear appeal by (factually) presenting Covid-19 as a monstrous killing enemy, the need of urgent, expert-guided preventive measure is evoked. Portraying *the world* as the target of the Covid-19 pandemic, the text presents that the authorities issuing the preventive measures are as much at the risk as the public, which helps in winning trust of the public. Covid-19 is shown *unfolding itself* in order to mark the continuous threat posed by this pandemic. All this is done with the goal of seeking "unconditional legitimization" (Cap 2017: 36) of the action plan proposed by the authorities.

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