

COMMUNICATIVE EFFECTS OF METAPHOR IN MEDICAL DISCOURSE: A COVID-19 PARADIGM

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Abstract

The goal of every human conversation, to a great extent, is meaning making achievement. Hence, the listener's ability to cognitively process the choices the speaker makes in connection with the physical reality is a major factor for the achievement of a meaningful interpretation of discourse. That emphasises the significance of metaphor to the production and meaningful interpretation of discourse. Considering the assertion from the point of view of the COVID-19 upsurge, one could note plethora instances that attracted productions of medical discourses for populations within and beyond the borderline of medical science. Incidentally, a great deal of metaphors are woven into those discourses and the addressed, regardless of their world experience, are faced with the challenge of reasoning out the ways by which the metaphors have been structured in the discourses to achieve meaningful interpretations and identification of speakers' intentions. Against the backdrop, this paper purposively selects and analyses excerpts from discourses of health professionals like the Director General of the World Health Organisation, and some country ministers of health on COVID-19 to foreground the communicative effects of metaphors in the selected medical discourses, using the "Conceptual Metaphor Theory" of Fauconnier and Turner (1998) as a theoretical framework. The paper establishes that metaphors influence meaningful interpretation of medical discourses on COVID-19 by revealing the duality effects of the choice's health practitioners make in their speeches and cognitive needs to decipher the indirect goal of the choices from their direct forms. It therefore concludes that health practitioners' audiences need to expand their cognitive capacities to work out the specific meanings of the choices that are made in the description of COVID-19 related issues.

Keywords: Metaphor, Communicative Goal, Medical Discourse, and COVID-19

Introduction

In every human interaction, the usefulness of communication cannot be overemphasised. The phenomenon could therefore be considered as the factor which other unique peculiarities of human language hinge upon. It is based on this aspect of language use humans are privileged to make their intentions, ideas, feelings and thoughts known to others in, and even beyond, a given language community. It is as well instrumental to the choices that are made for feedback from whosoever the intentions, feelings, ideas or thoughts are directed. That bothers on each listener's ability to cognitively process the choices the speaker makes in connection with the physical reality in order to generate a meaningful interpretation of what has been communicated.

Metaphor is very significant in such a communicative process. Since communication itself cuts across every aspect of human life, metaphor is central to the achievement of the communicative goals peculiar to the various aspects of human endeavour. For instance, in medical science, the world is perceived in a unique way, thereby making it necessary for participants in medical discourses to have developed the fundamental mechanism that is peculiar to the field so as to function maximally in connecting their cognitive and social experience for a seamless meaning generation process.

This capacity for medical communication interpretation seems to be overstretched during the COVID-19 upsurge. The experience can also be connected to the fact that the emergence of the

virus brings about plethora instances that attracted productions of medical discourses for populations within and beyond the borderline of medical science. Incidentally, a great deal of metaphors are woven into those discourses and the addressed, regardless of their world experience, are faced with the challenge of reasoning out the ways by which the metaphors have been structured in the discourses to achieve meaningful interpretations and identification of speakers' intentions. To justify that position, this study considers it a worthwhile effort to identify metaphors in selected discourses of medical practitioners on COVID-19 by reviewing the communicative effects of the cognitive mechanism that is prevalent in medical discourses and adopted by the speakers for the achievement of conversational goals in the selected discourses.

It is therefore in the interest of the study to

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- i. identify the patterns of cognitive mechanism that are metaphorically embedded in selected discourses on COVID-19.
- ii. analyse the communicative functions metaphors perform in the speeches of medical practitioners on COVID-19.
- iii. establish the extent metaphors influence meaningful interpretation of medical discourses on COVID-19.

Many researches have been carried out on metaphor. For example, Okpe (2012) evaluates Soyinka's "The Swamp Dwellers," "Death and the King's Horseman," and "A Play of Giants," and extracts some utterances from them. The extracts are analysed using an eclectic model of *Iconic Model*, *Conceptual of Metaphoric Mapping* (CMMM) and *Great Chain Metaphor*. The work establishes that metaphor is a sure means of creating tendencies that are inherent in man and new realities. The relationship between metaphor, thought and experience is also inevitable owing to the fact that human "thought is endless, the nature of realities that can be created through metaphor is boundless" (ibid.: 151), particularly in the composition medical discourses on COVID-19.

From a textual perspective, Abdurashheed

(2012), who focuses on memoranda writing, emphasises the essence of one exercising some required skill for achieving cohesion and coherence upon which aims and objectives of communication rest. These skills, according to her, include "adage, idioms, wise-cracks, (well) apt sayings, proverbs, similes and metaphors (which) belong to the province of . . . rhetoric" (ibid.: 12). All these are subsumed in what Thorne (1997), as quoted by Abdurashheed (ibid.), describes as "The art of persuasive discourse. It is used in everyday life to persuade people to do or believe things and in literature to help readers to engage with and believe in the fictional world with which they are presented."

Okpeh (2016) critically analyses metaphors in Nigerian Pentecostal Christian Discourse to determine the ideological underpinnings of the metaphors. The data of the study were sourced from thirty CD recorded sermons (10 each) of three Nigerian Pentecostal clergy: Pastor D. K. Olukoya of the Mountain of Fire and Miracles Ministries, Bishop David Oyedepo of the Living Faith Church and Pastor Chris Oyakhilome of Christ Embassy. He later determines the metaphoricity of linguistic items in the data, using Cameron and Maslen's (2010) adaptation of the Pragglejaz's Group (10 – 15) Metaphor Identification Procedure (MIP) and critically analyses the derived metaphors based on insights from three theoretical approaches to discourse: Lakoff and Johnson's Conceptual Metaphor Theory, van Dijk's Socio-Cognitive Framework to Critical Discourse Analysis, and Cameron's Discourse Dynamics Framework to Metaphor Analysis. The research reveals that Nigerian Pentecostal preachers use metaphor categories from a broad spectrum of conceptual domains which demonstrates the versatility of their cognitive affinity with domains of life other than religion.

Unarguably, the contributions of Okpe (2012), Abdurashheed (2012) and Okpeh (2016) are relevant and beneficial to this study on the bases of metaphorical evaluation, textual coherence of rhetorical devices and message carriage processes. The study in turn pushes the

examination of the nature of metaphor beyond the scope of an individual experience as in the analysed works of Wole Soyinka by Okpe (2012), the decontextualised situation focus of Abdulrasheed (2012) and the Christian motivated contexts of Okpeh (2016). It therefore studies metaphor in wider and real life situations that are basically contextualised in selected medical discourses on COVID-19 pandemic by reviewing the communicative effects of the cognitive mechanism that is prevalent in the discourses and adopted by health practitioners.

Metaphor: An Overview

The possibility of providing an all-encompassing definition of metaphor seems somewhat challenging. As Hawkes (1979:1) identifies, the word metaphor originates from a Greek word “*metaphora*” – a derivation of “*meta*” and “*pherein*,” meaning “*over*” and “*to carry*” respectively. This morphological breakdown of Hawkes’ (ibid.) suggests a phenomenon through which aspects of a particular object are carried over to another object in a bid to make the latter appear as or reflect the former. Ortony, Reynolds and Arter (1978:5) consider a description of this kind traditional. To them, a view of metaphor as “merely the direct substitution of a non-literal phrase for a literal phrase that had exactly the same meaning” does not provide an in-depth explanation of metaphor. Therefore, they state that “metaphor is constructed on the principles of analogy and seems to be concerned primarily with the comparison of similarities between two or more objects.”

Categorically, Charteris-Black (2004:2) maintains that “metaphor holds together within one single meaning two different missing parts of different contexts of meaning” which is more than dealing with simple transfer of words, “but with a commerce between thoughts, that is a transaction between contexts.” The implication of this, as Imre (2010: 76) suggests, is that “the separation of metaphors from everyday language becomes impossible” because “metaphor is very close to the nature of language itself (and) it . . . evolves over time . . . (as) a reflection of the processes of human

thinking . . . (and) the product of these processes” which allow it “to share this duality, since ‘metaphor’ can refer both to a cognitive process and to the words that are the outcome of this process” (Charteris-Black 2004:3).

The duality effect is substantiated by Goatly (2007:11) “as thinking of one thing {A} as though it were another thing {B},” giving a premonition that linguistically this will result in an item of vocabulary or larger stretch of text being applied in an unusual or new way. He expatiates traditionally that {A} is the ‘Topic’ or ‘Target’ and {B} is the ‘Vehicle’ or ‘Source’ and to this end metaphorical thinking of the ‘Target’ in terms of the ‘Source’ involves establishing some similarity or analogy to link {A} and {B}. Goatly (ibid.) further cites Hartley’s (1958) view that “The past is a foreign country; they do things differently there,” to reveal three elements embedded in the sentence as ‘the past’ for the target; ‘a foreign’ for the source, representing the entity being compared; ‘they do things differently there’ for the ground as a means for indicating the similarity between the source and the target and, at the same time, engendering the mapping features that connect the two. This is quite explanatory. It accentuates the importance of cognition to metaphorical realities.

Charteris-Black (2004:21) proposes a series of definitions of metaphor as follows.

- i. A *metaphor* is a linguistic representation that results from the shift in the use of a word or phrase from the context or domain in which it is expected to occur, thereby causing tension. It may have any or all of the linguistic, pragmatic and cognitive characteristics.
- ii. A *conventional metaphor* is a metaphor that is frequently used and is taken up in a language community, thereby reducing our awareness of its semantic tension.
- iii. A *novel metaphor* is a metaphor that has not previously been taken up and used in a language community, thereby heightening awareness of its semantic tension.
- iv. A *conceptual metaphor* is a statement that resolves the semantic tension of a set of metaphors by showing them to be related.

Meanwhile, Imre (2010: 72 and 76) recognises that

metaphors are products of vagueness and elusiveness, emphasising that

any explanation relies heavily on the physical – and in this way on the metaphorical –, as our thinking is basically metaphorical; this led to the conclusion that metaphors could be only explained based on other metaphors (and the) pervasiveness of metaphors in human understanding can be best characterized by the phenomenon whereby a target domain is structured and understood with reference to another (more basic) source domain (for) physical experience shapes our understanding.

Following Imre's (ibid.) position, it seems reasonable to envisage that the source domain is a background means for structuring and understanding the target domain which underlines the essence of metaphor as a word or phrase that undergoes a change or extension of meaning. Therefore, words used by health practitioners in their discourses on COVID-19 are not expected to be haphazardly constructed since such words are meant to reflect some change and meaning extension that will bring about the realisation of some medically motivated communicative goals.

CONTEMPORARY MODELS ON THE STUDY OF METAPHOR

Conceptual Metaphor

According to this model, the nature of language itself and how humans come gradually to acquire, construct and use it should be captured within a cognitive framework. It emphasises a progressive reorganisation of mental processes as influenced by biological maturation and environmental experience. This is contained in the idea that understanding of the world around language users is constructed on making a difference with what they have already known and the new experience they discover in their environment. Hence, Goatly (2007:11) explains that "From a cognitive perspective, metaphor can be briefly defined as thinking of one thing (A) as though it were another thing (B)" and ". . . they (metaphors) have their source in our bodily infant. Even in the womb . . ."

(ibid.: 15) to suggest that it is a product of human cognition and environment.

In addition to the idea of a simultaneous development of cognition and metaphor, Lakoff and Johnson (1980: 4 – 5) state that to achieve linguistic realities, most of human ordinary conceptual system has to unavoidably reflect metaphor even though

metaphor is not just a matter of language, that is mere words. We shall argue that, on the contrary, human thought processes are largely metaphorical. This is what we mean when we say that human conceptual system is metaphorically structured and defined. Therefore, whenever . . . we speak of metaphors, . . . it should be understood that metaphor means metaphorical concept.

By implication, metaphor is not only a fundamental mechanism through which health practitioners exploit their perceptions about the physical/social realities of COVID-19 but also a means by which they establish issues about the pandemic in varieties of discourse by connecting their cognitive and social experience to produce intended meaning.

Blending Theory/Conceptual Integrated Theory

The *blending theory*, an expansion of *conceptual metaphor theory*, is proposed by Fauconnier and Turner (1998). The theory is also called *conceptual integrated theory* or *conceptual blending theory*. Since it is an expanded form of the conceptual metaphor theory, particularly from a cognitive point, it definitely shares some features with the earlier model. Notwithstanding, the theories differ. Against this backdrop, Fauconnier and Turner (2008:53) elucidate that

Conceptual products are never the result of a single mapping. What we have come to call conceptual metaphors, like TIME IS MONEY or TIME IS SPACE, turn out to be mental constructions involving many spaces and many mappings in elaborate integration networks

constructed by means of overarching principles.

Accordingly, metaphor within this framework is not treated as a one-way process of conceptualising one domain of experience in terms of another. Rather, it is based on a cognitive organisation of mental space – a partial and temporary representational structure of what language users exploit when they think or talk about different situations. Fundamentally, Fauconnier and Turner (2002: 102 – 103) provide definitions of some key terms upon which the blending theory is based.

- i. *Mental Spaces*: These are small conceptual packets constructed as we think and talk, for purposes of local understanding and action. They are modified as thought and discourse unfold, but can also become entrenched in long term memory. They are structured by frames and cognitive models.
- ii. *Input Spaces or Inputs*: Mental spaces that are used as *inputs* to a conceptual blend.
- iii. *Generic Space*: This space contains what the input spaces have in common. Elements in the generic space map on to their counterparts in the input spaces.
- iv. *Frames*: These include a long term schematic structure alongside things we already know about to which mental spaces are connected and which organise mental spaces.
- v. *The Blend*: This is also a mental space, but it is the one created by projections from input spaces. Each projection from the input spaces is selective. Thus, not all elements of the input spaces are projected into the blend, and in fact, there are quite strong constraints on the projections from the input spaces into blend.
- vi. *Emergent Structure*: The structure that is not in the input spaces.
- vii. *Vital Relations*: The conceptual relations that show up again and again in compression under blending. They are relationships between elements in the input spaces that are compressed inside the blend. The vital relations commonly seen are: Change, Identity, Time, Space, Cause and Effect, Part-Whole, Representation, Role, Analogy,

Disanalogy, Property, Similarity, Category, Intentionality and Uniqueness.

Putting these together, Fauconnier and Turner (ibid.) build the theory on a four-space model which includes two input spaces, equivalent to the two metaphorical domains of source and target in conceptual metaphor theory; a generic space, representing the conceptual structure that connects the two *input spaces*; and the *blend space*, where the generated product from the inputs forms a unit of interaction. The model is therefore meant to account for the experiences that are ignored, hidden or not accounted for in the conceptual metaphor theory's two-domain method. This is substantiated in the metaphor,

This surgeon is a butcher

which Grady, Oakley and Coulson (1999) analyse to have first, the two domains of *surgey* and *butchery* that are identified with direct projection from source to target within a range of some fixed mappings: “butcher” maps onto “surgeon,” “animal” (cow) maps onto “human being,” “commodity” maps onto “patient,” “cleaver” maps onto “scalpel,” “abattoir” maps onto “operating room,” and “cutting meat” maps onto “cutting flesh.” Grady *et al.* (ibid.) add that an analysis of this nature invariably lacks a crucial meaning feature for the statement. To generate the crucial meaning of the metaphor therefore, a formula that comprises the four-space model of blending theory has to be employed. That being the case, the two domains of conceptual metaphor have to be represented to capture the actual number of spaces where the surgeon and the butcher are fixed into the first two spaces. A blend of both *surgeon* and *butcher* is thereafter fused into the third space with the fourth space containing the idea of an abstract view that produces a general goal of intended meaning.

The metaphor, being made to undergo such analysis, consequently presents an idea of “incompetence” with an interpretation of a butchering-surgeon ‘intended as a damning statement about an incompetent practitioner’ (ibid.). Hence, the blending theory accounts for mental spaces and not conceptual domains so as to identify the *emergent* property – a resultant effect

of blended space initially created to integrate material from a network of spaces

An Overview of Communication

Communication has been the central purpose of language among humans. This is proved by the fact that at different occasions when individuals have one thing or the other to pass across to some other individuals, some form of communication through language has to be employed. Thus, Sapir (1921) describes language as “a purely human and non-instinctive method of communicating ideas, emotions and desires by means of a system of voluntarily produced symbols.” The definition suggests that communication is very important in achieving the purpose of any linguistic interaction whether it is that of transfer of ideas, emotions or desires. According to DeVito (1986) it is the “process or act of transmitting a message from a sender to a receiver, through a channel.” In carrying out the interchange, however, the sender (encoder) becomes the receiver (decoder) and the receiver (decoder) changes to sender (encoder) of thought or idea and vice versa as long as the process progresses. Hence, Adelabu, Longe and Ogundiran (2010) are of the view that communication is the exchange of information or message between, at least, two people. This exchange process is stabilised by the ability of each individual participant to make sense from coordinated, dynamic, constantly changing and shifting response modes within the total situation of communication (Andersen 1959).

Meaningful understanding therefore becomes the core of communication, particularly the one that contains metaphor. Based on the relationship between communication and metaphor from the standpoint of medical practitioners on COVID-19, there were plethora instances that attracted productions of medical discourses for populations within and beyond the borderline of medical science. Incidentally, a great deal of metaphors are woven into those discourses and the addressed, regardless of their world experience, are faced with the challenge of reasoning out the ways by which the metaphors have been structured in the discourses to achieve

meaningful interpretations and identification of the speakers’ intentions. That is why this study aims at identifying metaphors in selected discourses of medical practitioners on COVID-19 by reviewing the communicative effects of the cognitive mechanism that is prevalent in medical discourses and adopted by the practitioners for the achievement of conversational goals in their various discourses on the pandemic.

Metaphor Versus Medical Discourse

Lakoff and Tuner (1989:xi) describe metaphor as “a tool so ordinary that we use it unconsciously and automatically It is omnipresent: metaphor suffuses our thoughts It is accessible to everyone.” The accessibility feature of the phenomenon therefore promotes its choice by specialists in the various fields of human endeavour. Hence, medical practitioners depend on metaphors, particularly when describing complicated matters like the COVID-19. The discourse of medicine is by implication saturated with embodied engagements that are meant to establish similarities between concepts. Upon that, this paper considers the need to identify metaphors in selected discourses of medical practitioners on COVID-19 by reviewing the communicative effects of the cognitive mechanism that is prevalent in medical discourses and adopted by the practitioners for the achievement of conversational goals in the selected discourses. The model of *Conceptual Metaphor Theory* by Fauconnier and Turner (1998) is consequently adopted as the theoretical framework for the study.

Data Presentation and Analysis

The analytical procedure adopted in this paper is Fauconnier and Turner’s (1998) *Conceptual Integration Network*, which contains a four-space systematic operation scale. The scale includes two input spaces, equivalent to the two metaphorical domains of source and target in conceptual metaphor theory: a generic space, representing the conceptual structure that connects the two *input spaces*; and the *blend space*, where the generated product from the inputs forms a unit of interaction. The model is therefore meant to account for the experiences that are ignored, hidden or not accounted for in the conceptual

metaphor theory's two-domain method. These experiences are mental spaces which are meant to identify the *emergent* property from the two domains of source and target – a resultant effect of blended space initially created to integrate material from a network of spaces. The application of the conceptual integration network model is expected to reveal the communicative effects of the cognitive mechanism that is prevalent in medical discourses and health practitioners' views about COVID-19.

Etymological Overview of COVID-19

According to Hafeez, Ahmad, Saddqui, Ahmad and Mishra (2020), COVID-19 is one of the coronaviruses which may cause disease in animals or humans. The authors state that the viruses are capable of causing a respiratory infection ranging from common cold to more severe diseases. As Brodeur, Gray, Islam and Bhuiyan (2021:2) narrate, the virus, which was initially called “a new virus (severe SARS – CoV – 2), and later named as Coronavirus Disease-19,” originated in the city of Wuhan in the Hubei province of China and subsequently spread rapidly across the world. Thus, the Director-General of the World Health Organisation (WHO), Tedros Adhanom, “declared the COVID-19 outbreak as a

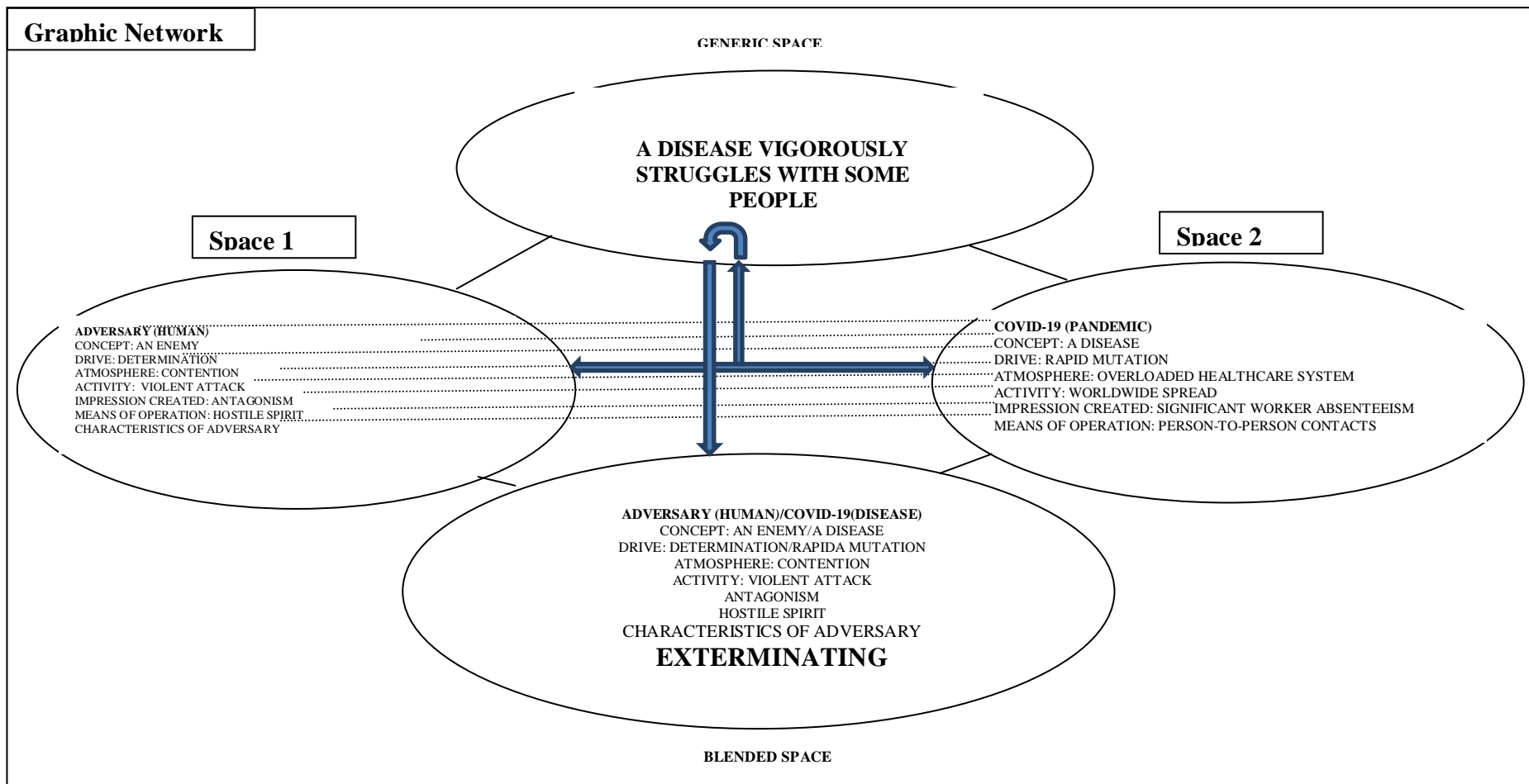
Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and characterized it as a pandemic on 11 March 2020” (Ajisegiri, Odusanya and Joshi 2020:1). Incidentally, the emergence of the pandemic has brought plethora instances which attract productions of medical discourses for populations within and beyond the borderline of medical science. To a great extent, the discourses have metaphors woven into them. The addressed, regardless of their world experience, are therefore faced with the challenge of reasoning out the ways by which the metaphors have been structured in the discourses to achieve meaningful interpretations and identification of speakers' intentions. To foreground the communicative effects of metaphors in medical discourse, the paper purposively selects speeches of health professionals like the Director General of the World Health Organisation, and some country ministers of health on COVID-19. It extracts the metaphorically inclined sections of the speeches and presents the excerpts for cognitive mechanism analysis, using the four-space systematic operation scale of Fauconnier and Turner's (1998) *Conceptual Integration Network* as demonstrated below.

1. So, is it COVID-19 over? **No, it's most certainly not over** – **Dr Tedros Adhanom Ghebreyesus, DG WHO**
2. . . . a more harmful new variant would have the potential to set us back . . . that's helped us to withstand the Omicron wave and restore more freedom to this country. . . this country's fight against COVID-19 – **Sajid Javid, Secretary of State for Health and Social Care, UK**
3. Thank you for the opportunity to brief you on Sweden's approach to combating COVID – **Lena Hallengren, Minister of Health and Social Affairs, Sweden.**

Text 1

4. . . . COVID-19 has been a wakeup call for the health sector and we are living up to the challenge . . . Arresting the spread of this virus requires our individual and collective effort – **Dr Osagie Ehanire, Minister for Health, Nigeria**
5. . . we are managing the fight against the Covid 19 pandemic. . . we will touch on . . . the pandemic and on key defences against it . . . let us not lower our guard . . . our gallant health care workers who continue to risk their lives while saving others . . . our most potent weapon against the pandemic is now firmly entrenched in our communities – **Dr Joe Phaahla, Minister of Health, South Africa**

***COVID-19 is an Adversary**



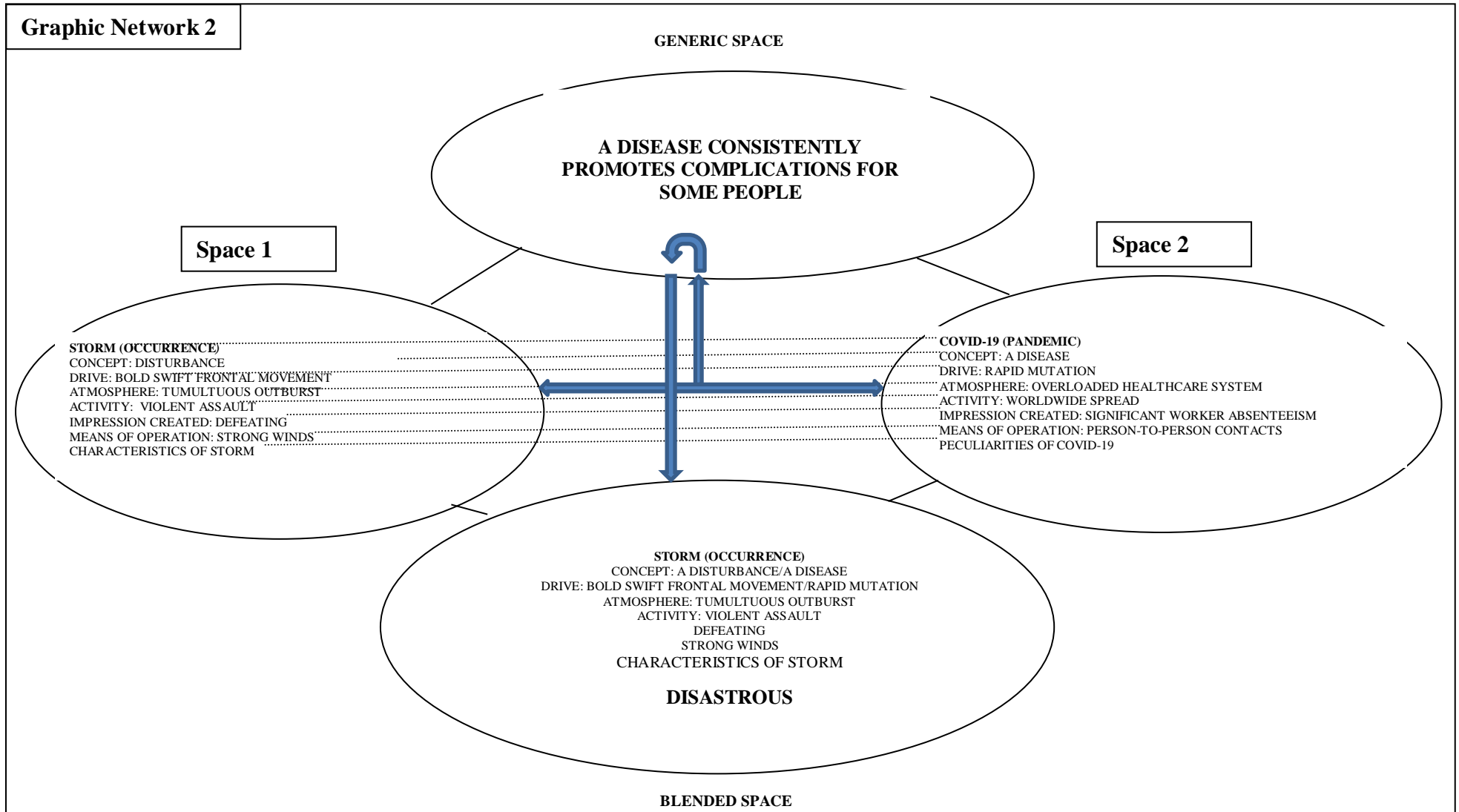
From **Graphic Network 1**, two domains of *human* and *pandemic* are identified with a direct projection from source domain (adversary) to target domain (COVID-19) within a range of some fixed mappings:

<i>HUMAN</i>		<i>PANDEMIC</i>
• “human” (adversary)	<i>maps onto</i>	“pandemic” (COVID-19)
• “an enemy”	<i>maps onto</i>	“a disease”
• “determination”	<i>maps onto</i>	“rapid mutation”
• “contention”	<i>maps onto</i>	“overloaded healthcare system”
• “violent attack”	<i>maps onto</i>	“worldwide spread ”
• “antagonism”	<i>maps onto</i>	“significant worker absenteeism”
• “hostile spirit”	<i>maps onto</i>	“person-to-person contact”

A blend of both *adversary* and *COVID-19*, when fused into the **Generic Space**, produces an idea that *a disease vigorously struggles with some people*, with an emergent interpretation of “exterminating” in the **Blended Space**. Therefore *COVID-19*, which is universally known as a disease with rapid mutation, leading to overloaded healthcare system, worldwide spread, significant work absenteeism, and being spread through a person-to-person contact is projected in the form of a *human being* whose disposition is that of an *adversary* which arouses the consciousness of *an enemy, determination, contention, violent attack, antagonism* and *hostile spirit*, create the feeling that the disease vigorously struggles with some people’s existence. The metaphor is consequently used to excite a high level of seriousness in the minds of listeners about the reality of COVID-19. Hence, through the **adversary metaphor**, associated features such as “enemy,” “determination,” “contention,” “violent attack,” “antagonism” and “hostile spirit” are used to project the *COVID-19* as a disease the listeners should not denigrate its ravaging effects.

- Functional Categorisation:** (i) *Ideological Pattern Adopted:* A phenomenon with unsympathetic propensity.
 (ii) *Metaphorical Function:* A container of warning.

This virus has surprised us at every turn – a storm that has torn through the communities again and again, and we still can't predict its path, or its intensity – **Dr Tedros Adhanom Ghebreyesus, DG, WHO**



From **Graphic Network 2**, two domains of *occurrence* and *pandemic* are identified with a direct projection from source domain (storm) to target domain (COVID-19) within a range of some fixed mappings:

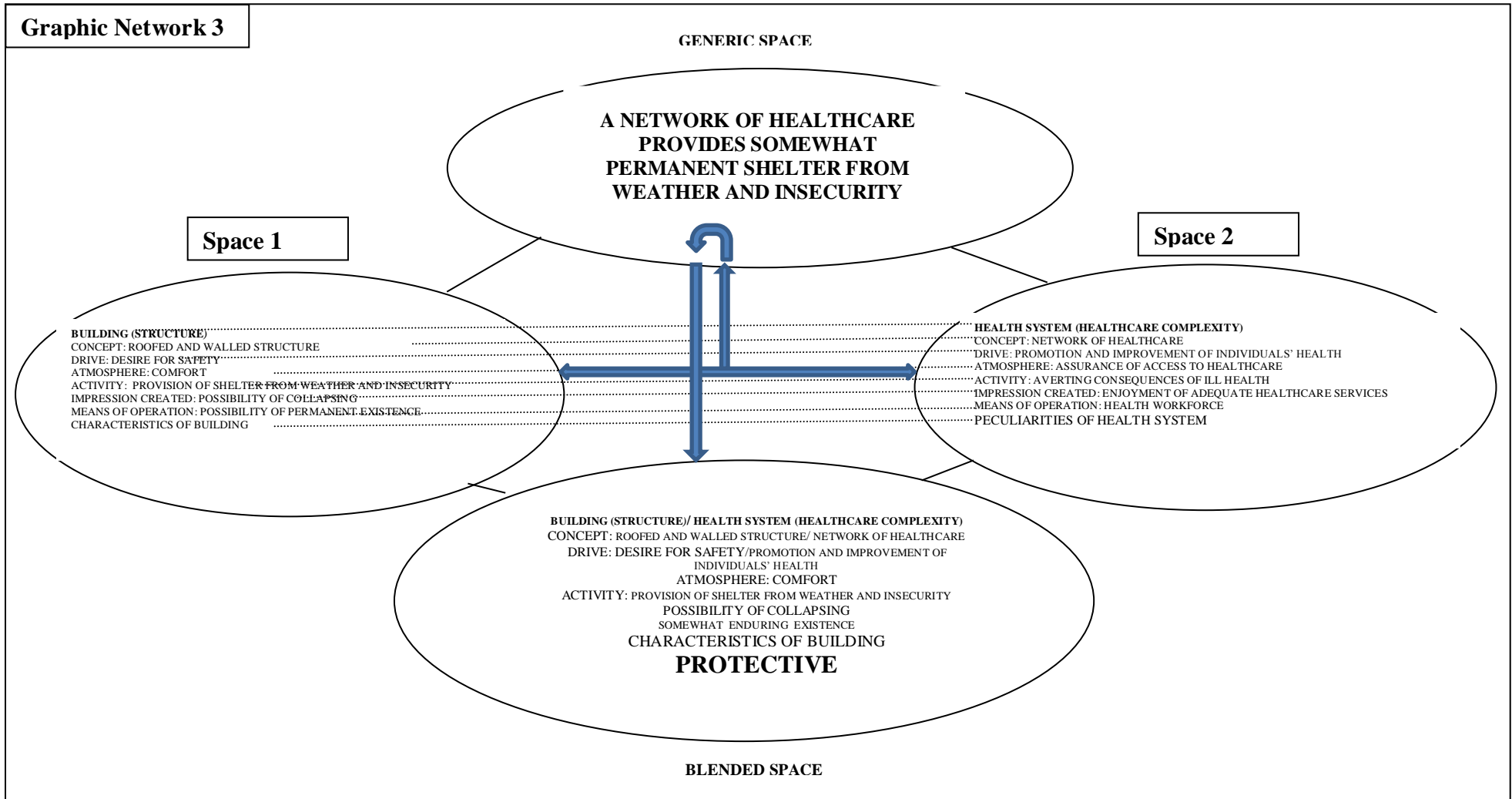
<i>HUMAN</i>		<i>PANDEMIC</i>
• “storm” (occurrence)	<i>maps onto</i>	“pandemic” (COVID-19)
• “disturbance”	<i>maps onto</i>	“a disease”
• “bold swift frontal movement”	<i>maps onto</i>	“rapid mutation”
• “tumultuous outburst”	<i>maps onto</i>	“overloaded healthcare system”
• “violent assault”	<i>maps onto</i>	“worldwide spread ”
• “defeating tendencies”	<i>maps onto</i>	“significant worker absenteeism”
• “strong winds”	<i>maps onto</i>	“person-to-person contact”

A blend of both *occurrence* and *COVID-19*, when fused into the **Generic Space**, produces an idea that *a disease promotes complication for some people*, with an emergent interpretation of “disastrous” in the **Blended Space**. Therefore *COVID-19*, which is universally known as a disease with rapid mutation, leading to overloaded healthcare system, worldwide spread, significant work absenteeism, and being spread through a person-to-person contact is projected in the likeness of a *storm*, which is characterised with disturbance, bold swift frontal movement, tumultuous outburst, violent assault, defeating tendencies and strong winds to create the feeling that the disease is depriving humanity peace. The metaphor is consequently chosen to foreground the pains humanity is going through as a result of the COVID-19 upsurge. Therefore, using the *storm metaphor*, the speaker confirms the disastrous effects of the pandemic through the choices of “disturbance,” “bold swift frontal movement,” “tumultuous outburst,” “violent assault,” “defeating tendencies” and “strong winds” to make the listeners, especially the negligent ones among them, believe that *COVID-19* is real and deadly.

- Functional Categorisation:** (i) *Ideological Pattern Adopted:* A phenomenon of a great ravaging power.
 (ii) *Metaphorical Function:* A container of awareness.

Text 3

Although shaken, the health system has not collapsed – **Dr Tedros Adhanom Ghebreyesus, DG, WHO**



From **Graphic Network 3**, two domains of *structure* and *healthcare complexity* are identified with a direct projection from source domain (building) to target domain (health system) within a range of some fixed mappings:

<i>STRUCTURE</i>		<i>HEALTHCARE COMPLEXITY</i>
• “structure” (building)	<i>maps onto</i>	“healthcare complexity” (Health System)
• “roofed and walled structure”	<i>maps onto</i>	“network of healthcare”
• “desire for safety”	<i>maps onto</i>	“promotion and improvement of individuals’ health”
• “comfort”	<i>maps onto</i>	“assurance of access to healthcare”
• “provision of shelter from weather and insecurity”	<i>maps onto</i>	“averting consequences of ill health”
• “possibility of collapse”	<i>maps onto</i>	“enjoyment of adequate healthcare services”
• “possibility of permanent existence”	<i>maps onto</i>	“health workforce”

A blend of both *structure* and *healthcare complexity*, when fused into the **Generic Space**, produces an idea that *a network of healthcare provides somewhat permanent shelter from weather and insecurity*, with an emergent interpretation of “protective” in the **Blended Space**. Therefore *health system*, which is universally regarded as a healthcare complexity with network of healthcare, promotion and improvement of individuals’ health, assurance of access to healthcare, averting consequences of ill health, enjoyment of adequate healthcare services and health workforce is presented in the likeness of a structure within the limit of *building* which is characterised with roofed and walled structure, desire for safety, comfort, provision of shelter from weather and security, possibility of collapsing and possibility of permanent existence to create the feeling that existing health system is somewhat weak to provide the needed shelter and security. Hence, the speaker’s choice *building metaphor* and its associated features such as “roofed and walled structure,” “desire for safety,” “comfort,” “provision of shelter from weather and security,” “possibility of collapsing” and “possibility of permanent existence” foregrounds that the existing world healthcare facilities are pushed to the limit by the COVID-19. By implication, the possibility of securing people’s lives during the time is very difficult to guarantee.

- Functional Categorisation:**
- (i) *Ideological Pattern Adopted:* A protective phenomenon is overstretched.
 - (ii) *Metaphorical Function:* Means of gauging the effectiveness of existing facilities

Findings

- i. The study identifies the various patterns of cognitive mechanism that are metaphorically embedded in medical discourses on COVID-19. These include the use of:
 - a. **adversary** (to warn the addressed of the ravaging effect of the pandemic);
 - b. **storm** (to create awareness about the reality of the pandemic and the troubles that have befallen humanity as a result of it); and
 - c. **building** (to give a description of the effect of COVID-19 on existing health facilities).
- ii. The study finds that health professionals use metaphors to perform the following communicative functions metaphors perform in their speeches on COVID-19 are:
 - a. **warning**
 - b. **awareness creation**
 - c. **means of gauging the effectiveness of existing facilities**
- iii. The study establishes that metaphors influence meaningful interpretation of medical discourses on COVID-19 by revealing the duality effects of the choices health practitioners make in their speeches and cognitive needs to decipher the indirect goal of the choices from their direct forms.

Conclusion

The study has looked into the significance of

metaphor to the production and meaningful interpretation of discourse from a medical standpoint, using health professionals' views on COVID-19. It reviews the fundamental mechanism through which the speakers exploit their perceptions about physical world to establish the realities of COVID-19 pandemic in such a way that populations within and beyond the borderline of medical science will be able to derive meanings of the choices made according to the speakers' intentions. The paper identifies adversary, storm and building as some of the patterns of cognitive mechanism that are metaphorically embedded in the selected medical discourses on COVID-19. It also finds that health professionals use metaphors to perform a great deal of communicative functions in their discourses. The communicative functions include warning, awareness creation and the means of gauging the effectiveness of existing medical facilities. The paper establishes that metaphors influence meaningful interpretation of medical discourses on COVID-19 by revealing the duality effects of the choices health practitioners make in their speeches and cognitive needs to decipher the indirect goal of the choices from their direct forms. It therefore concludes that health practitioners' audiences need to expand their cognitive capacities to work out the specific meanings of the choices that are made in the description of COVID-19 related issues. It is based on that the communicative goals of medical discourses on the pandemic can be fully achieved.

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