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A Positive Discourse Analysis of American and British Speeches about Covid-19 Pandemic

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BY

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Jumada al-Awwal, 1444

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

" (5) فان مع العسر يسرا (6) ان مع العسر يسرا "

صدق الله العلي العظيم

(سورة الانشراح: 5-6)

In the name of Allah, the Beneficent, the Merciful

Surly, with difficulty is ease (5) With
difficulty is surly ease (6)

God Almighty has spoken the truth

(Surah Al-Inshrah 6-5)

H.M.Sharh(1972 ,p.624)

The Supervisor's Certificate

I certify that this thesis entitled (**A Positive Discourse Analysis of American and British Speeches about Covid-19 Pandemic**) written by **Duaa Khudheyer Ali** has been prepared under my supervision at the college of Education for Human Sciences, University of Babylon in partial fulfillment for the degree of Master in English Language and Linguistics

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Date: / / 2022

Dedication

This work is primarily devoted to the Almighty Allah, who is the source of my bliss. It is also devoted to the Prophet Mohammed and Ahl-Albeit peace be upon them. The work is also dedicated with love, gratitude, and honor to my martyred father (Khdheyer Ali AL-Mutalabi) and my beloved family, especially my mother, who supported and encouraged me at every step until I arrived at this point. Lastly, this work is dedicated to my dear husband who has helped me along my success journey.

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Abstract

Positive discourse analysis is a very important ideological and oriented perspective for analysing a discourse since it is ‘focusing not only simply on the deconstructing of language in the service of power but focusing in addition on the analysis of and participation in the sites of successful social change’ The present study aims at highlighting the positive side of discourse analysis in the American and British medical report . More adequately, it sheds light on the positive discourse made by the Doctors in COVID-19 reports. The present study attempts to bridge the gap that has not yet been fulfilled while highlighting the positive side in the American and British reports about COVID-19.

The main aims of the present study are: (1) identifying the linguistic ways that are used to achieve the positive side of DA in the selected data; (2) recognizing the constructions that are used to fulfil the structural level in the in the selected data (3) showing the lexical triggers that are used to accomplish the lexical level in the selected data.

It is hypothesised that: (1) the positive side of DA is achieved via using two analyses; namely, the linguistic and the ideological in the American and British reports. While the first is accomplished when using four levels: the structural, lexical, rhetorical and pragmatic, the second is accomplished when using the positive ideology in which emphasising good and de-emphasising bad are highlighted; (2) the present and the future tenses are the constructions used by the American and British reports to accomplish the structural level; and the present constructions are frequently used; (3) Adjectives and adverbs are the lexical triggers used to fulfil the lexical level in the in the selected data.

To achieve the aims and verify or refute the hypotheses, the researcher needs to follow the following procedures: presenting a

theoretical background, developing an eclectic model, analyzing the data, analyzing the findings and arriving at certain conclusions.

The main conclusions are: (1) the present tenses, lexical trigger of verbs, rhetorical device of hyperbole and positive politeness strategy of exaggerate 'interest in' are the appropriate ones to instruct and tell the addressees about the general truths and present or future plans; trigger a positive presupposition; and exaggerate about the matters that are related to the virus, vaccines and authorities' achievements in the American and British discourses; (2) The American and British doctors aim to reveal a positive ideology through which solidarity, unity and optimism are enhanced among population by emphasising the good side and de-emphasising the bad side of the American and British authorities (medical, civil and military).

List of Abbreviations

Abbreviated form	Full form
DA	Discourse Analysis
CT	Critical theory
CDA	Critical Discourse Analysis
PDA	Positive discourse analysis
FTA	Face Threatening Act
Freq.	Frequency
Per.	Percentage

List of Tables

Table No.	Title of table	Page No.
1	Fairclough's Framework of CDA	14
2	The Positive Function of Present, Past and Future Tenses	43
3	The Use of the Structural Level by Dr. Carissa	93
4	The Use of the Lexical Level by Dr. Carissa	94
5	The Use of the Rhetorical Level by Dr. Carissa	95
6	The Use of the Pragmatic Level by Dr. Carissa	96
7	The Use of the Structural Level by Dr. Sajid	98
8	The Use of the Lexical Level by Dr. Sajid	99
9	The Use of the Rhetorical Level by Dr. Sajid	100
10	The Use of the Pragmatic Level by Dr. Sajid	101
11	The Use of the Structural, Lexical, Rhetorical and Pragmatic Levels by Dr. Carissa and Dr. Sajid	102

List of Figures

Figure No.	Title of figure	Page No.
1	Fairclough's Approach of CDA (After Fairclough, 1992: 73)	15
2	Van Dijk's Socio-cognitive Approach (After van Dijk, 2015: 64)	16
3	After Karttunen (1970) (cited in Levinson 1983:181-184, and Yule 1996: 28)	43
4	.The Lexical Triggers of A Positive Presupposition	45
5	The Representation of van Dijk's (1998) Ideological Square Strategies	56
6	The Eclectic Model of PDA	58

Table of Contents

Subject		Page No.
Dedication		V
Acknowledgements		vi
Abstract		vii
List of Abbreviations		Ix
List of Tables		X
List of Figures		xi
Table of Contents		xii
Chapter One: Introduction		1
1.1	The Problem	2
1.2	The Aims	3
1.3	The Hypotheses	4
1.4	The Procedures	5
1.5	The Limits	5
1.6	The Value	6
Chapter Two: Literature Review		7
2.0	Introductory Notes	7
2.1	Discourse Analysis	7
2. 1. 1	Critical Discourse Analysis (CDA)	10
2. 1. 1. 1	Aims of Critical Discourse Analysis	12
2. 1. 1. 2	Principles of Critical Discourse Analysis	13
2. 1. 1. 3	The Main Approaches of Critical Discourse Analysis	13
2. 1. 1. 3. 1	Fairclough's Socio-cultural Approach	14
2. 1. 1. 3. 2	Van Dijk's Socio-cognitive Approach	16
2.1. 1. 3. 3	Wodak's Discourse-historical Approach	18
2. 1. 1. 4	Criticisms of Critical Discourse Analysis	19
2. 1. 2	Positive Discourse Analysis	21
2. 1. 2. 1	Criticisms of PDA	23
2. 2.	Related Notions	24
2. 2. 1	Power	24
2. 2. 2	Ideology	26
2. 2. 3	Solidarity	27
2. 3	Politeness Theory	29
2. 4	Presupposition	31
2. 5	Related Studies	33
2. 5. 1	Goatly's (2000)	33
2. 5. 2	Martin's (2004)	33
2. 5. 3	Macgilchrist's (2007)	34

2. 5. 4	El-Wakil's (2018)	35
2. 5. 5	Sultan and Rapi's (2020)	35
Chapter Three: Research Methodology		37
3.0	Introductory Remarks	37
3.1	Data Selection	37
3.2	Data Description	37
3.3	The Model	38
3.3.1	The Linguistic Analysis	38
3.3.1.1	The Structural Level	38
1.	The Past Tense	38
2.	The Present Tense	40
3.	The Future Tense	41
3.3.1.2	The Lexical Level	43
3.3.1.3	The Rhetorical Level	48
1.	Hyperbole	48
2.	Litotes	49
3.3.1.4	The Pragmatic level	50
1.	The Positive Politeness Strategies	48
3.3.2	The Ideological Analysis	56
3.2.3	Framing The Model	59
Chapter Four: Data Analysis		62
4.0	Introductory Remarks	62
4.1	The Qualitative Analysis	62
4.1.1	The Qualitative Analysis of Dr. Carissa's Positive Speech (the American Data)	62
4.1.2	The Qualitative Analysis of Dr. Sajid's Positive Speech (the British Data)	95
4.2	The Quantitative Analysis	128
4.2.1	The Quantitative Analysis of Dr. Carissa's Positive Speech	128
4.2.1	The Quantitative Analysis of Dr. Sajid's Positive Speech (the British Data)	133
Chapter Five: Conclusion, Recommendations and Suggestions for Further Research		141
5.0	Introductory remarks	141
5.1	Conclusions	141
5.2	Recommendations	146
5.3	Suggestions for Further Studies	146
Bibliography		147
Written Resources		147
Web Resources		155
Appendices		

Appendix I	The American Data	156
Appendix II	The British Data	170

CHAPTER ONE

INTRODUCTION

1.0 background

Leaders can affect people's beliefs and behaviours through different speeches in a good way. Their power – both positive and negative – is becoming apparent with the COVID-19 crisis. A landmark is addressed by American and British speakers' reaction towards Covid-19 pandemic whereby building spirits and individual and institutional efforts are emphasized and built through communication. Since the beginning of Covid-19 pandemic, the related discourse becomes of intense emphasis among researchers of different disciplines, especially, in linguistics.

As a broad field of linguistics, discourse analysis aims at examining the patterns of speech between texts and conversations. Besides, it takes into account the link between languages as well as the cultural and social settings in which it is used (Gee and Green, 1998: 119). Since discourse is used to administer the behaviours of societies, a method of discourse analysis is created which is called critical discourse analysis (henceforth CDA). Accordingly, CDA focuses on 'social problems, and especially on the role of discourse in the production and reproduction of power and abuse or domination' (van Dijk, 2001: 96). As such, it becomes clear that the aim of CDA is to reveal the implicit or explicit power, inequality and abuse that are executed in discourse.

Covid-19 discourses are presented for the sake of enhancing and building spirit and optimism among people via communication. Thus, a call for studying the positive side of discourse is needed. Interestingly, a new shift of analysis arouses which is called positive discourse analysis that focuses on the positive side of discourse

rather than the negative side (as used in CDA). ‘Focusing on the construction of society and peaceful solution to the problem’ is considered PDA main concern. The foundation of PDA is attributed to J. R. Martin (2006) who states in his paper *Positive Discourse Analysis: Solidarity and Change* that ‘linguistic analysis should not only contain unequal news, but also peaceful and good news’ (Martin , 2006; quoted in Qi, 2017: 1326). As a branch of CDA aimed at “studying the subversion of power and developing understandings which can energize social change,” PDA privileges design in the service of CDS. PDA focuses on “positive” discourses that make the world a better place and that counter oppressive social structures (Hughes, 2018: 196). In this regard, Gamson and Modigliani (1989: 33) maintain that PDA is fuelled by the potentiality of analysis that has an effect on the social world. The distinction is that it analyses the discourse one likes rather than the discourse he/she wishes to criticize.

1. 1 The Problem

To the best of the researcher's knowledge to fill the gap of knowledge in relation to the positive discourse that is presented by the American and British doctors which has not been yet tackled by the researchers. So, the researcher attempts to bridge this gap by investigating the positive side of some selected American and British report during Coved-19 pandemic. Hence, the present study is expected to answer the following questions:

1. How can the positive side of DA be achieved in the American and British medical reports under study?
2. How can the structural level be achieved and what are the frequencies of occurrence of the medical reports under study?

3. What are the lexical triggers used to accomplish the lexical level in the medical reports under study?
4. What are the rhetorical devices used to achieve the rhetorical level and what are the frequencies of occurrence of the devices in the medical reports under study?
5. How can the pragmatic level be achieved; and how frequent are they used in the medical reports under study?
6. What kind of ideology used in the medical reports under study?

1.2 The Aims

The present study aims at:

1. Identifying the ways that are used to achieve the positive side of DA in the American and British medical reports.
2. Recognizing the constructions that are used to fulfil the structural level in the medical reports under study.
3. Showing the lexical triggers that are used to accomplish the lexical level.
4. Finding out the rhetorical devices that are used to achieve the rhetorical level.
5. Figuring out the strategies that are used to accomplish the pragmatic level.
6. Revealing the type of ideology that is used in the American and British reports.

1.3 The Hypotheses

It is hypothesised that:

1. The positive side of DA is achieved via using two analyses; namely, the linguistic and the ideological in the selected data. While the first is accomplished when using four levels: the structural, lexical, rhetorical and pragmatic, the second is accomplished when using the positive ideology in which emphasising good and de-emphasising bad are highlighted.
2. The present and the future tenses are constructions used by the American and British reports to accomplish the structural level; and the present constructions are more frequently used.
3. Adjectives and adverbs are the lexical triggers used to fulfil the lexical level in the American and British reports ; and adverbs are the mostly used.
4. Hyperbole and litotes are the rhetorical devices employed to achieve the rhetorical level in the selected data .
5. The pragmatic level is only achieved due to the employment of the positive politeness strategies of *inclusive we* and *promise*.
6. The positive ideology is the kind of ideology that the American and British doctors aim to reveal in their reports in which solidarity, unity and optimism are enhanced among.

1.4 The Procedures

The present study follows the procedures below:

1. Presenting a theoretical background about discourse analysis, critical discourse analysis and positive discourse analysis which is related to the related literature background and previous studies of the field under question. Besides, other related concepts such as power, ideology and solidarity are also approached.
2. Developing an eclectic model that is based on the following :
 - i. Fairclough's (1993) dimensional model (linguistic features)
 - ii. Van Dijk's (1995) ideological square.
 - iii. Brown and Levinson's (1983) positive politeness strategies.
3. Conducting a qualitative and quantitative analysis in the selected data. While the first is achieved via using the developed model, the second is achieved via using certain statistical means (frequencies and percentages).
4. Finally, discussing the results, summing up the conclusions, setting up recommendations and suggestions for further studies.

1.5 The Limits

1. The present study is limited to analyse seventeen American extracts and other seventeen British ones that are related to the matters of COVID-19 (vaccines, dangers of the virus, the role of medical staff and organisations, scientists, police officers and regular people during the pandemic) reports that are spoken by American and British doctors.
2. The present study will be abided by two methods, that is, the qualitative and the quantitative so as to analyse the selected data.

3. The present study will be limited to Fairclough's (1993) dimensional model (linguistic features); Van Dijk's (1995) ideological square; and Brown and Levinson's (1983) positive politeness strategies.

1.6 The Value

The present study is hoped to be linguistically, pedagogically and socially beneficial. Contributing to the field of DA, CDA and PDA, though little, makes it beneficial at the linguistic level. At the pedagogical level, it aims to enhance the information of the teachers and students of English and those have interest in the positive side of DA since the present study encompasses the theoretical background about DA, CDA and PDA. At the social level, the present study positively aims at making a social change in the addressees' thoughts since it sheds light on the role of vaccines in defeating the fatality of the virus; and the appropriate role of the medical personnel and organisations, scientists, police officers and regular people in fighting the pandemic. Thus, its social value indicates that by contribution, unity and optimism any disease can be defeated

CHAPTER TWO

LITERATURE REVIEW

2.0 Introductory Notes

This chapter provides a theoretical framework for discourse analysis, critical discourse analysis with many of its strategies, concepts, and criticisms, and positive discourse analysis, as well as the differences between them with some previous studies of positive discourse analysis.

2.1 Discourse Analysis

In the past few decades, the humanities and social sciences have taken a 'discursive turn' and grown interested in language's role in creating reality. New theories and methodologies have been developed to examine language usage and word choice as well as its significance in society. Discourse analysis, though frequently thought to be placed within in the discipline of language studies, is in fact a multidisciplinary field of inquiry. In fewer than 50 years, it has gained the stature, stability, relevance, and integrity of an established field, expanding linguistics' bounds. Since the 1960s, it has described as the examination of written and spoken language beyond individual phrases, concentrating on how meaning is created and perceived in social situations (Bhatia et al., 2008: 1).

It is Harris (1952) who coins the phrase discourse analysis to refer to the process of evaluating related speech and writing. He is principally interested in two areas: the study of language beyond the sentence level and the link between linguistic and non-linguistic behaviour. He spends the most time on the first of his areas,

attempting to offer a framework for understanding how language components are distributed throughout texts and how they are mixed in particular types and styles of texts. Accordingly, analysing the ways through which a language conveys meaning has been at the heart of the field of discourse analysis (Coulthard, 1985: 3).

Discourse analysis investigates patterns of speech between texts and takes into account the link between language as well as the cultural and social settings in which it is employed. Besides, it takes into account the manner in which the use of language conveys diverse ways of seeing the world and different understandings of the same thing. Hence, it examines how the use of words is impacted by the interactions that individuals have with one another, as well as the implications that language usage has on social identities and interpersonal relationships. It also explores how people's perspectives on the world and their personalities are formed via the use of language (Gee and Green, 1998: 119)

Discourse analysis is characterised as strong and dynamic since its areas of study depend on various academic fields, including linguistics, anthropology, philosophy and others. Consequently, frameworks for interpreting and analysing conversation in discourse examinations rely heavily on these fields. The discourse examinations include, for instance, communication, cognitive psychology, social psychology, and artificial intelligence. In the same vein, Schiffrin (1994:5) discourse analysis as 'one of the most large yet least defined disciplines of linguistics'. As such, discourse analysis draws on disciplines like linguistics, anthropology, sociology, and philosophy, where models and methods for analysing discourse are developed, as well as other academic domains including communications, social psychology, and intelligent systems. One interesting characteristic of the growth of discourse analysis is that it has drawn the attention

of socio-political strategists, sociologists, anthropologists, computer experts, business and legal professionals, communication experts, and organizational theorists (Bhatia et al.2008:1)

Further, discourse analysis is conducted at a perspective of language at the textual level as well as at a perspective of language that is being used; that is, how individuals use language to accomplish particular communicative objectives, execute certain communicative actions, engage in specific communicative events, and represent themselves to others. In addition, it examines how individuals manage their relationships with one another, how individuals communicate inside certain groups and societies, and how they speak with other groups and cultures.

Besides, Yule and Brown (1983: 1) mention that ‘the analysis of discourse is necessarily the analysis of language in use’. Hence, examining the language in use is prioritised. Their justification behind this claim is that arriving at the adequate analysis requires the discourse analysts to combine the linguistic forms and their functions or aims rather than exclude one of them or analyse each one separately.

A variety of types of discourse analysis have risen due to these developments in different disciplines. These include register and genre analyses, CDA, discursive psychology, conversation analysis, interactional sociolinguistics, and the ethnography of interaction, stylistics, mediated discourse analysis, corpus-based analysis, narrative analysis, multimodal discourse analysis, rhetorical-grammatical analysis, argumentation analysis, and many others (Bhatia et al.: *ibid*).

The existence of the context associated with the linguistic factor was not quite satisfactory for the process of discourse analysis; consequently, DA has evolved into a broad and heterogeneous field whose unity lies in the analysis of language above the sentence and an interest in the interpretations and cultural forces that

control the use of language. When doing an analysis of discourse, it is not sufficient to just examine the linguistic components; rather, it is necessary to take into consideration the context of the conversation as it develops (Bhatia et al., 2008: 3)

Critical theory (CT) is a social philosophy which emphasizes reflective evaluation, culture, and power systems. It posits that societal institutions and cultural preconceptions impact social difficulties more than individual or psychological causes. Herbert Marcuse, Walter Benjamin, Theodor Adorno, Erich Fromm, and Max Horkheimer form CT as a school of thought. Horkheimer considers a theory essential if it "liberates humans from enslaving conditions" (Geuss, 1981: 55).

Catalano and Waugh (2020: 1) state that CDA emerged after a small lecture series in Amsterdam in the 1990s as a loosely networked group of scholars. It has since grown it into broadly based international program with a set of methodologies that explores the relationships among discourse (language use) and the people who create and use it, and the social and political situations, structures, and practices in which it occurs.

2. 1. 1 Critical Discourse Analysis (CDA)

The coinage of the terminology of CDA is attributed to the linguists Teun van Dijk, Norman Fairclough, Gunther Kress, Theo van Leeuwen and Ruth Wodak in 1990s. As a result, their works lead to a fruitful outcome, that is, the CDA (Wodak & Meyer 2008:3).

Fairclough (2001:134) thoroughly states the definition and aims of CDA:

By CDA I mean discourse analysis which aims to systematically explore often opaque relationships of causality and determination between (a) discursive practices, events and texts, and (b) wider social and cultural structures, relations, and processes; to investigate how such practices, events and texts arise out of and are ideologically shaped by relations of power and struggles over power; and to explore how the opacity of these relationships between discourse and society is itself a factor securing power and hegemony.

Fairclough shows that it is basically a way of analysing language that looks at issues of language, power, and ideology. CDA looks at how language is being used by actual people who have real thoughts, feelings, and goals. People are part of society, and their speech shows what they value in terms of experience, relationships, and expression (Fairclough, 1992: 110).

CDA is defined by van Dijk (2001:352) as "a type of discourse analytical research that primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context." As such, CDA focuses on the reproduction and reactivation processes of individuals' social power, dominance, and inequality in specific contexts.

In the same fashion, Wodak (2001:2) underscores that CDA is used 'to investigate critically social inequality as it is expressed, signaled, constituted, and legitimized, and so on by language use (or in discourse)'.

Thus, CDA is socially constructed and conditioned by power relations, and seeks to establish change against domination and inequality.

CDA, as Luke (2002: 100) insists, 'entails a logical and transparent shunting back and forth between the micro-analysis of texts and the macro-analysis of social formations, institutions, and power relations that these texts index and construct'.

As such, CDA is the privileged method to shift between the macro- and micro analysis of the data in question.

It is the relationships between discourse events and discourse factors (i.e., social, political, cultural, etc...) that are examined in critical discourse analyses. Besides, it highlights the way through which ideology effects discourse and power relations within a speech community (Crystal, 2008: 123).

For Van Dijk (2008: 85), CDA is regarded as the perspective whereby another point of view of a discourse is analyzed rather than regarding it as a new tendency of discourse analyses. To put it differently, CDA is concerned with the power relations and ideologies that are enacted in discourse, whereas the previous discourse studies emphasize on the ‘linguistic devices’, ‘grammatical cohesion’ or other perspectives or more adequately it focuses on discourse in an uncritical way.

2. 1. 1. 1 Aims of Critical Discourse Analysis

There are a number of aims of CDA like the following. Disclosing the manipulation and dishonesty which underlie the texts and discourses is considered the main purpose of CDA, according to Fairclough (1992: 6). That is, CDA aims at exposing the unrecognizable and manipulated matters that are conveyed by dominated people.

In the same vein, van Dijk (1993: 250) states that the aim of CDA is to highlight the critical ways that are adopted to identify factors such as power, inequality and abuse that are exploited by dominated people so as to achieve their interests and desires. Hence, CDA aims at studying the way powerful people employ the discourse to influence the behaviours of less powerful people.

Further, it is also mentioned that CDA is used to achieve the aim of revealing inequality that are executed in certain societies in a critical way (Wodak and Meyer, 2001: 2). In addition, arriving at some realistic view about what is stated in a discourse is what CDA aims at via making some adjustments by means of critical analysis (Fairclough, 2015: 5).

2. 1. 1. 2 Principles of CDA

The principles of CDA, as mentioned in Van Dijk (1995:1) are as follows:

Firstly, it is issue-oriented, that is, it accepts any theory or method that is applicable to the social issue or problem in question. Secondly, inter- or multi-disciplinary is the feature of CDA which works when approaching social issues in an appropriate way. Thirdly, CDA is characterized as being an overt ‘critical approach, position or stance when studying text and talk’. Fourthly, it is the power, dominance and inequality and the how they are reproduced is considered the focus of CDA. Fifthly, CDA studies how the underlying ideology is used and resisted against power and inequality. Sixthly, CDA studies the manipulative, legitimate, and other strategies to reveal or uncover the implicit or invisible regarding the enacted dominance. Lastly, it highlights the social effect and control that dominated groups execute. Finally, CDA attempts to bridge or maintain solidarity between different statuses in societies.

2. 1. 1. 3 The Main Approaches of Critical Discourse Analysis

This section is concerned with the three main approaches of CDA; namely, Fairclough’s (1989, 1992, 1995a, 1995b) Socio-cultural Approach; van Dijk’s (1993a; 2001; 2005) Socio-cognitive Approach; and Wodak’s (Reisigl and Wodak, 2001; Wodak 1996, 2001b) Discourse Historical Approach.

2. 1. 1. 3. 1 Fairclough's Socio-cultural Approach

According to Fairclough (1992: 71), three dimensions for analysing a discourse are proposed, namely , (i) the dimension of text; (ii) the dimension of text production and consumption as well as discourse practice; and (iii) the dimension of socio-cultural practice, on the one hand. See Figure 1. for illustration.

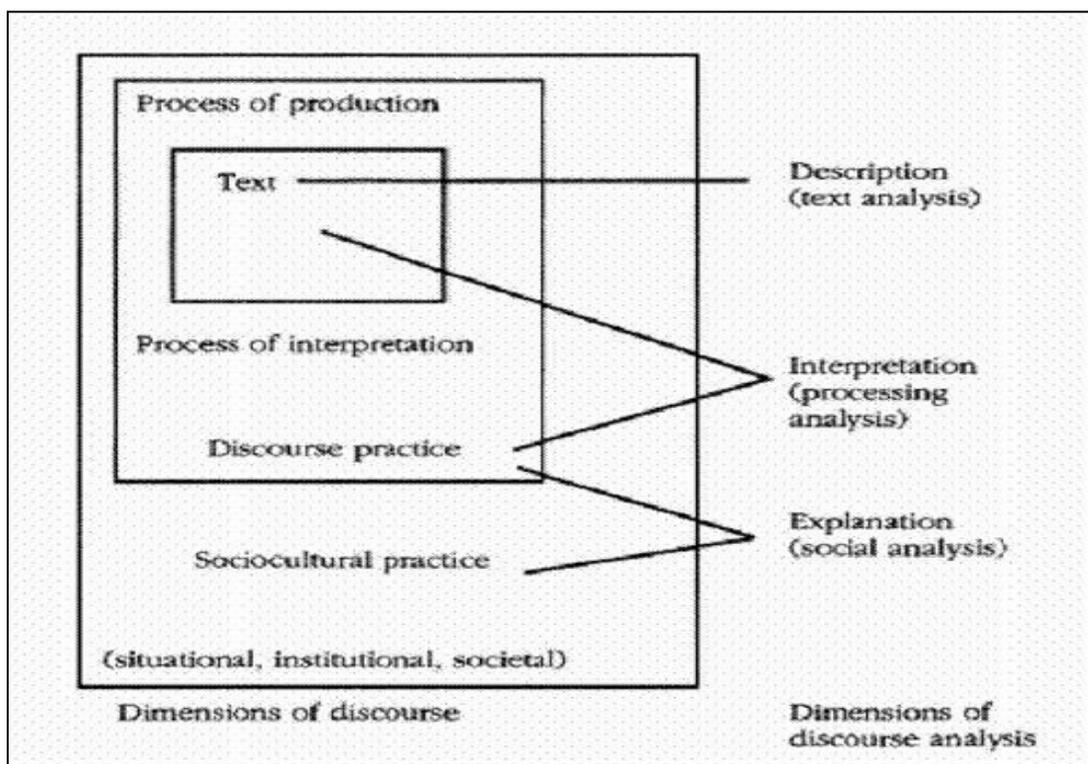


Figure 1. Fairclough's Approach of CDA (After Fairclough, 1992: 73)

On the other hand, each dimension requires a certain type of analysis. The description analysis is the first stage of analysis which is concerned with the 'formal properties of the text' (i.e., vocabulary, grammar and textual structure). The interpretation analysis is the second stage of analysis which is concerned with

‘the relationship between text and interaction-with seeing the text as the product of a process of production, and as a source in the process of interpretation’. The explanation analysis is the third stage of analysis through which interpretation and social context are concerned (Fairclough, 1989: 108-136), as mentioned in Table 1. Below:

Table 1. Fairclough’s (1989)Framework of CDA

Description	Interpretation		Explanation
1. Vocabulary	1.Context	Situational Context	1.Social determinants
		Intertextuality	
2.Grammar	2. Text	phonology, grammar, and vocabulary	2. Ideologies
		Meaning of utterance	
3. Text Structure		Local Coherence	3. Effects
	Topic and 'point'		

Further, Fairclough (2001:25) underscores that orders of discourse are dynamic, that is, they change over time and the change in the power relations in a social interaction decides these changes. Fairclough (ibid) then asserts:

How discourses are structured in a given order of discourse, and how structuring change over time, are determined by changing relationships of power at the level of the social institution or of the society. Power at these levels includes the capacity to control orders of discourse; one aspect of such control is ideological-ensuring that orders of discourse are ideologically harmonized internally or (at the societal level) with each other.

2. 1. 1. 3. 2 Van Dijk's Socio-cognitive Approach

In Van Dijk's view point, the duty of DA is not limited to analyzing language, interactions or other similar phenomena, but it extends more than that to encompass various levels of analyses and employ different methods and approaches (van Dijk, 1985:10). As such, DA is interpreted as 'a cognitive structure' and, thus, cognitive representations and approaches are needed so as to comprehending and producing discourse. Besides, the social representations are emphasised to refer to the social and mutual knowledge such as stereotypes and biases that are revealed in certain discourse of a society (van Dijk, 1989a: 164).

Accordingly, the cornerstone of managing (i.e., production and interpretation) a discourse is attributed to the social and cognitive representations (van Dijk, 1993b:108). As a result, van Dijk's (1993a; 2001; 2005) developed socio-cognitive approach of CDA is regarded the kind of model in which textual, cognitive and social structures are related. Thus, conducting social and unequal discursive constructions in discourses requires analysts to adopt the socio-cognitive model, as mentioned in figure 2. below :

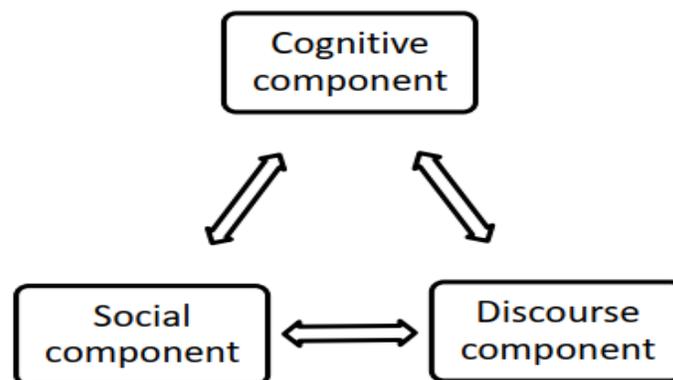


Figure 2. Van Dijk's Socio-cognitive Approach (After van Dijk, 2015: 64)

According to the model in Figure 2, reports are analysed or examined in accordance with the three components; namely, the social component, the cognitive component and the discourse component. Whereas the social constructions (i.e., power, inequality, etc.) are approached via using the social component, the constructions that are related to mind and cognition is approached via using the cognitive component. In addition, the major discourse tasks are approached via using the discourse component. Due to the discourse component, van Dijk insists that analysts have to exploit the social and cognitive components so as to conduct not only the micro-level matters of discourse (i.e., verbal interaction, language use, etc...), but also the macro-levels ones (i.e., the reproduced power, dominance, biases, etc... in a discourse) (van Dijk, 2015: 64-70).

2. 1. 1. 3. 3 Wodak's Discourse-historical Approach

The foundation of the discourse-historical approach is attributed to Ruth Wodak and other researchers (2001; 2009) in Vienna. The discourse-historical approach is characterised as being multi-methodical in nature. That is, it depends on various empirical data and information. This can be achieved via merging the background knowledge that are related to the historical data of political and social matters. Besides, this approach takes into account the four levels of contexts; namely, the co-text level, the intertextual level, the extra linguistic social/sociological level, and the broader socio-political and historical level (Wodak, 2001a: 67).

With regard to diversity of the discourse-historical approach, Wodak (2002: 12) insists that:

The concrete analysis should take into account historical developments of discursive practices (change), intertextuality, and interdiscursivity. This might explain why it is so difficult to provide “short, telling” examples in a paper: an example needs the deconstruction of the whole social-political and historical context in which the discursive practices are embedded. This approach . . . explains why interdisciplinary is a necessity when undertaking CDA.

Hence, it becomes clear that it is the interdisciplinary that this approach depends on through which the triangle of the fields of linguistics, psychology and history are formed.

Reisigl and Wodak (2009: 88) claim that there are three interrelated perspectives included in the notion of ‘social critique’ of the discourse-historical approach, that is, socio-diagnostic critique, text/discourse immanent critique and prospective critique. Whereas the latter is concerned with the action dimension of discourse, the two formers are concerned with the ‘recognition dimension of discourse’.

Further, it is mentioned that the focus of discourse-historical approach is on the ‘experimental data’ so as to arrive at objective findings instead of confining to the theoretical results of a given data (Wodak et al., 2009: 2). Like other approaches of CDA, the discourse-historical approach aims to define the three main concepts; namely, ‘Critique’, ‘Power’ and ‘Ideology’ (Reisigl and Wodak, 2009: 88).

In addition, the discourse-historical approach, as Wodak (2015: 2) speaks, is characterised as being interdisciplinary and multi-methodically in nature, problem-oriented, interpreting ‘historical context’, integrating ‘ethnography and research’, recursive between ‘theoretical and empirical data’, and studying ‘intertextual relationships’.

2. 1. 1. 4 Criticisms of CDA

CDA has been criticized for its methodology as being selectivity, reflexivity, as well as subjectivity, like any field of linguistics, CDA gets points of criticism from different linguists, as follows:

For Chouliaraki and Fairlough (1999: 7), CDA analysts' preference to employ the theoretical practice rather than employ the practical anxieties of the discourse in question. As a result, theoretical, categorical and historical concerns are what CDA analysts are occupied with when dealing with a certain discourse.

Pennycook (2001: 87) criticises the methodology that is adopted in CDA by describing it as an 'odd combination of theoretic heterogeneity and unreflective originality'. In this regard, Widdowson (1998: 140) describes the CDA analysts' process as the employment of unbeneficial concepts.

Van Dijk (2001c: 96) mentions that what makes the nature of CDA as dissent is because of being bias and subjective, having unprivileged methodology and based on multidisciplinary fields.

In addition, Widdowson (1998: 2004) the weak point of CDA is that its procedures are close or similar to the earlier stylistic analyses that are processed in the field of literary criticism. As far as the criticism of CDA is concerned, Partridge, 2012: 198) states that it is the inappropriate and unsystematic procedures that are executed in the analysis of data.

With regard to the criticism of CDA, Widdowson (2004: 97) insists that CDA analysts focus on the sentence and ignore the utterance in their studies following the Hallidian's Systematic Functional Grammar. In doing so, they neglect the crucial factor in analysing a discourse, that is, the context.

Further, according to Blommaert and Schegloff, CDA is criticised as being biased in nature, and, thus, analysts implement preconceptions and prejudgements on the selected data. In other words, the results of analysis are previously confirmed to what analysts have expected (Schegloff 1997; as quoted in Blommaert, 2005:32)

To sum up, CDA is criticised by different linguists. The most matters that are frequently criticised are related to the methodology, the fields that are based on, the nature, theories and the analysts' ways of analysing data.

2. 1. 2 Positive Discourse Analysis

The emergence of Positive Discourse Analysis (henceforth PDA) is firstly attributed to James R. Martin (2004, reprinted as Martin 2012a; as cited by Bartlett, 2017: 153). Martin's inspiration of this term is drawn from Kress (1996: 15-16) who criticises the focus of CDA by saying that 'inequitable, dehumanising and deleterious states of affairs' are revealed, and, thus, the shift from the 'deconstructive activity' to the 'productive activity' is called for. Accordingly, Martin (ibid) insists that PDA is a very important ideological and oriented perspective for analysing a discourse since it is 'focusing not only simply on the deconstructing of language in the service of power but focusing in addition on the analysis of and participation in the sites of successful social change'. In other words, the new orientation of analysing discourse uncovers language both in the service of power and success in societies.

For Haig (2004: 13), Martin's analysis of PDA in the autobiography of Nelson Mandela is the typical ones by saying:

If discourse analysts are serious about wanting to use their work to enact social change, then they will have to broaden their coverage to include discourse of this kind—discourse that inspires, encourages, heartens; discourse we like, that cheers us along. We need, in other words, more positive discourse analysis (PDA?) alongside our critique; and this means dealing with texts we admire, alongside those we dislike and try to expose (Martin, 2000: 196-7).

Again, Martin focuses on the importance of the PDA in addition to the CDA in analysing discourses since each deals with discourse from a different perspective. Whereas the former highlights the positive side of discourse, the latter highlights the negative side of the discourse.

Martin (2004: 7) mentions that PDA addresses the call for ‘a complementary focus on community, taking into account how people get together and make room for themselves in the world-in way that redistribute power without necessarily struggling against it’. Accordingly, PDA is not synonymous to CDA because ‘deconstruction of social problems’ differs from ‘reconstruction and betterment of society’. Besides, social actors are given presence and voice via employing PDA. Thus, the areas of discourse that are marginalised by the traditional dominant discourse actions are prioritised and given place since the emergence of PDA (Waugh et al. , 2016: 95).

The reconstructive function of discourse that is achieved by PDA is highly polarised by Martin though saying that ‘without PDA, our understanding of how change happens, for the better, across a range of sites [is crippled...]. And this hampers struggle was undone than how freedoms were won’ (Martin, 2004: 7-8).

According to Hughes (2018: 96-97), PDA relies on the ‘positive discourses’ through which the world becomes a good place since the ‘oppressive social

structures' are countered. In doing so, the societal issues such as racism, extremism, inequalities are not solved but rather are marginalised. Thus, PDA and CDA are complementary rather than contradictory. The justification behind Martin's creation of PDA is to look at the discourse from the positive point of view of CDA. Besides, PDA is regarded as the other side of CDA whereby the positive matters are what analysed in discourse. Instead of scrutinising and deconstructing the dominant struggles to no end, PDA positively looks at successful works.

As for the relationship between PDA and CDA, Macgilchrist (2007: 74) states that PDA 'analyses the discourse we like rather than the discourse we wish to criticise'. In the same fashion, Bartlett (2012: 7) describes the relationship between them as 'yin and yang approach'. Launching this approach indicates that both the deconstruction and construction of social activity is called for so as to interpret, show and resist social inequality via examining the positive aspect of discourse and the negative as well.

The popularity of PDA is not only echoed in CDA but rather echoed in various fields of study such as political discourse analysis and education and others since its date of emergence in 2004 (Waugh et al, *ibid*: 96).

Bartlett (2009: 7) underscores that PDA is based on the following ideas:

1. problems between different groups do not arise because there is one right viewpoint opposed to many false ideologies; instead, ideologies are all seen as having developed as a means of unifying the communities which live by them;
2. linguistic analysis of texts and genres can be used to reveal the ideas, personal relationships and ways of getting things done effectively within specific groups;

3. linguistic analysis of different, even ideologically opposed groups will reveal areas of shared understanding and common ways of getting things done effectively; and
4. where the beliefs and practices of different groups overlap, language practices that make sense within this shared framework can be encouraged and developed as a means of increasing this common ground.

2. 1. 2. 1 Criticisms of PDA

Despite its newfound popularity, its rise across disciplines, and its efforts to answer criticisms levelled about CDA, PDA has come under some criticisms. According to Bartlett (2012: 7), there is a danger in focusing exclusively on and celebrating the positive without ‘due consideration of the social factors that created the conditions for such texts to exist at the local level and how structural features within the broader socio-political context may enable such positive change to take hold and spread’.

Additionally, it is asserted that PDA frequently lacks a detailed context analysis that explains how hegemonic discourses continue to circulate and whose interests they serve, as well as an examination of the tensions that exist and how emergent reconfigurations of power relations at the local level can exploit these tensions to ‘reorient existing structural conditions of domination within the broader society’. Consequently, PDA's inability to address how the sociocultural backgrounds of both creators and receivers influence the interpretation of writings, linguists are often assigned to analyse these materials rather than members of the target populations. To address this issue, researchers have advocated for the inclusion of the ‘oppressed’ voices in addition to the analyst's and for a comparison

of the analyst's conclusions to what members of the target community believe and say (ibid: 8).

PDA faces criticisms although it provides a valuable model in analysing the positive discourse. The goals of PDA as well as CDA are underestimated when using the terms 'positive' and 'negative', and, thus, the critiques in CDS are misrepresented. In addition, it is mentioned that when adopting a PDA analysis, the result will be: the context is not analysed in a detailed manner, the ways of 'the social positioning of communicators affects the meaning of texts' are not explained well enough, 'the potential for the uptake if resistant texts' are abandoned and the focus on the 'analyst's evaluation rather than community members' assessments' (Bartlett, 2018: 196).

2. 2. Related Notions

2. 2. 1 Power

The notion of power is defined by Brown and Gilman (1960: 255) as 'the ability of one individual person to control the behaviour of another'. Hence, controlling others' behaviour is what is meant by power. It is characterised as being non-reciprocal, that is, only powerful people can control the less powerful people's behaviours but not vice versa.

In the same fashion, Brown and Levinson (1987: 74-80) use the terms 'superior' and 'inferior' to refer to this unequal relationship, that is, the power relationship. Besides, three factors are crucial in deciding the degree between interlocutors in an interaction; namely, 'social distance between speaker and

addressee’, ‘the relative power of the one over the other’ and ‘the degree of imposition associated with the interaction’.

As far as the notion of power is concerned, it is highlighted that the notion of power indicates the relationship that exists between organizations, institutions and groups in a society. In addition, two types of power are proposed, that is, the power that is concerned with individuals’ actions and the power that is concerned with individuals’ cognition. While the former is usually associated with those who are socially powerful in a society such as military officers and others, the latter is associated with those who are concerned with knowledge, education and the like such as professors, teachers and others (van Dijk, 1996: 84).

For Paltridge (2006: 180), the notion of power is described as the kind of ability that enables a certain group of people (powerful people) to control and demonstrate other peoples’ (inferior people) interests, performances and behaviours.

Furthermore, what is meant by power, according to Fairclough (1995:1), is the explicit or implicit behaviour that is enhances dominated groups in society to exercise their ideologies for different purposes such as social, political, etc... via using discourse. In other words, due to the social power, dominated groups employ the kind of discourse to achieve their goals through controlling less dominated groups’ behaviours.

In Reisigl and Wodak’s (2009: 88) words, the notion of power is the ability through which peoples’ will and desires are accomplished regardless of those of other people within a social setting.

In Van Dijk's (2015:469) words, the notion of power is defined as:

I define social power in terms of control. Thus, groups have (more or less) power if they are able to (more or less) control the acts and minds of (members of) other groups. This ability presupposes a power base of privileged access to scarce social resources, such as force, money, status, fame, knowledge, information, “culture,” or indeed various forms of public discourse and communication.

2. 2. 2 Ideology

Mayer (1982:15) states that the notion of ideology indicates the legal intentions since a set of ideas and beliefs are encompassed in the mind of individuals. The characteristics of ideology are: ‘Ideology is a set of values’, ‘A quality of an organization that is set to affect others' actions’, and ‘It depends on the goals of the organization’

Fairclough (1989:94), in addition, underscores that ideology means that 'ideas which arise from a given set of material interests'. Besides, unions, the integration of subsidiary groups, and the consent are the components that the ideology is built on.

Ideologies are described as "constructions of reality...which are built into various dimensions of the forms/meanings of discursive practices, and which contribute to the production, reproduction or transformation of relations of domination" (Fairclough, 1992: 87). To put it differently, linguistically speaking, it is language who shapes the speakers’ ideologies in the form of ideas and behaviours so as to reproduce and contribute the domination.

The notion of ideology, as Van Dijk (1998:58) suggests, comprises three crucial elements; namely, cognitive ideology (i.e., focuses on ideas in people's

minds and are examined by cognitive psychologists); social ideology (i.e., comes under the interests of sociologists and social scientists which encompasses a group of membership and value judgment); and linguistic ideology (i.e., since it lacks the innate feature of knowledge, hence it requires to be learnt or changed via using written or spoken discourse).

As far as ideology is concerned, Van Dijk's (2006a:7-8) clearly mentions that:

Ideologies are the fundamental beliefs of a group and its members... 'Ideology' as 'false consciousness' or 'misguided beliefs'... ideologies not only make sense in order to understand the world (from the point of view of the group), but also as a basis for the social practices of group members... Often, ideologies thus emerge from group conflict and struggle, and they thus typically pitch us against Them.

To Bloor and Bloor (2007: 10), ideology has been defined as “a set of beliefs or attitudes shared by members of a particular social group. As critical discourse analysts, it is important to be aware that most discourse used by members of a group tends to be ideologically based”.

2. 2. 3 Solidarity

According to Bayertz (1999: 3), the notion of solidarity is etymologically related to the Roman Law of Obligation ‘obligatio in solidum’. Besides, Stjerno (2005: 1) mentions that it is the French social philosophers such as Charles Fourier who firstly employs the term solidarity as a social concept.

The notion of solidarity is defined as a ‘unity (as of a group or class) that produces or is based on community of interests, objectives, and standards’ (Web source1)

For Wilde (2013: 22), the notion of solidarity has emerged since the writing of Pierre Leroux's (1840) book of *Humanity in*. Consequently, this notion gains its prominence after the French Revolution after being part of political terminology.

As a crucial notion, solidarity includes a number of interrelated meanings. For Scholz (2008: 1), solidarity is understood as “a shared consciousness, experience, history, or identity”. In the same fashion, it is stated that it is the meaning of ‘sharing, unity, reciprocal attitudes and relations, association, and harmony’ is what the notion of solidarity refers to (Fourier 1822; cited in Wilde, 2013: 20).

Furthermore, Bayertz (1999: 3) highlights that solidarity is “a mutual attachment between individuals, encompassing two levels: a factual level of actual common ground between the individuals and a normative level of mutual obligations to aid each other”. As such, solidarity ‘encompasses the duty of assistance’ (Trifunovic, 2012: 155)

Wordhaugh and Fuller (2015: 9) thoroughly describe the notion of solidarity by saying that it “refers to the motivations which cause individuals to act together and to feel a common bond which influences their social actions”. Accordingly, identity formation and group formation are intertwined with the notion of solidarity. In other words, it is the feeling of equality that people mutually share with each when speaking about solidarity. In addition, talking about solidarity means talking about the unity among people whereby all types of interests and consequences are considered (ibid: 32).

Solidarity refers to ‘a scale of perceived like-mindedness or similarity of behavioural disposition between a speaker and addressee deriving from their similar: backgrounds acquaintance, or personal characteristics, such as sex. In

some languages, solidarity affects the choice of expressions of social deixis” (Web source 2).

2.3 Politeness Theory

Politeness theory, presented via Penelope Brown as well as Stephen C. Levinson, is based on the concept of politeness, which is defined as attempts to restore a person's self-esteem by effectively expressing positive social norms in social interactions. Their general frame suggests that the "assumption about the essentially rational and efficient nature of communication is also associated with the heart of Grice's cooperative principle." According to this conception, the cooperative principle always serves as the default rule for verbal communication and is never broken without a valid reason. As such, politeness is understood as a principle through which the flouting of cooperative principles maxims is motivated via communication (Brown and Levinson, 1987: 4). In addition, Brown and Levinson (1987: 65) mention that politeness is concerned with the term of ‘face’. Social contact and communication are furthered when people engage in behaviour that tries to maintain or improve the appearance of the other person. As such, ‘face’ is the most important word in linguistic politeness since it describes a person's public self-image.

As far as the concept of ‘face’ is concerned, it is stated that Brown and Levinson (1987: 60) distinguish between two types of faces; namely, the positive face and the negative one. The positive face, on the one hand, is the desire to be liked by others and to "belong" to a group. Filling the autonomous being with personal content, i.e. self-image that others respect and enjoy (Yule, 1996: 61-26).

Negative face is the desire for independence and freedom. In other words, the positive face is achieved when people want to be free to act, whereas the negative face is achieved when people act in a way that threatens the face of others.

In addition, it is mentioned that the speaker must first decide whether or not to pursue the Face-Threatening Act (hence forth FTA). If the speaker chooses to do the FTA, he may choose to do it off-the-record, in a manner that obscures his intentions. If the speaker chooses to carry out the FTA directly, without resorting to repressive action, this indicates that the FTA is carried out "in the most direct, plain, and unambiguous manner possible." Then, this request is frequently made in an imperative form. When the speaker conveys his needs explicitly, this is referred to as on-record (Brown and Levinson, 1987: 68-69).

Within their theory of politeness, Brown and Levinson (1987: 75) propose two types, that is, the positive politeness and the negative politeness.

By the Positive politeness it is meant that the orientation toward the positive face of a hearer. Brown and Levinson (1978:75) assumes that:

Positive politeness is approach –based; it 'anoints' the face of the addressee by indicating that in some respects, S wants H's wants. The potential face threat of an act is minimized in this case by the assurance that in general S wants at least some of H's wants; for example, that S considers H to be in important respects 'the same as' he, with in-group rights and duties and expectations of reciprocity, or by the implication that S likes H so that the FTA doesn't mean a negative evaluation in general of H's face.

The negative politeness is the orientation toward partially redressing a hearer's negative face. Hence, the purpose for this is to preserve 'claims of territory and self-determination'. When it comes to negative politeness, it's all about

avoiding confrontation and ensuring that the person being addressed is aware of and respects their negative-face desires while not interfering in their freedom of action. Because formality and the hearer's wish to be uninterrupted are at the heart of negative politeness, this is the primary focus of the hearer.

2. 4 Presupposition

The German logician Frege is believed to have invented the term presupposition (1892), which describes how "the implicit information of a proposition" is incorporated into a linguistic action. The study of presupposition becomes prioritised by those who have interests in linguistics and philosophy (Finch, 2000:87).

According to Gazdar (1979: 65), the regular effects of presupposition inspired linguists to combine discourse studies with it, especially in the 1960s and 1970s. They were unable to succeed because their method involves combining complex sentences with an assumed behaviour.

Van Dijk (1982:51) explains that the concept of presupposition is necessary due to the emergence of certain textual and contextual characteristics that are stated in logic, philosophy, and linguistics but are unsuitable for traditional analysis.

Yule (1996:25) According to the definition, a presupposition is something that the speaker believed to be true before speaking. Additionally, presupposition shows the connection between two propositions. Presupposition is described as the speaker's belief that something is true or known to the addressee in relation to the proposition of saying it Yule (2010: 133).

In order to assess the presuppositions underlying sentences, Yule (ibid) suggests a device that is called constancy under negation. Achieving this device requires negating a sentence with a presupposition, then checking whether the presupposition under question remains true or not. For instance:

1. a. My car is a wreck.

b. My car is not a wreck.

> I have a car.

Example 1. Above shows that the presupposition remains true (*I have a car*) of the sentence 1. a (*My car is a wreck*) even it is negated by another presupposition as in 1. b. (*My car is not a wreck*).

Griffiths (2006:143) defines presupposition as the ‘shared background assumptions’ whereby speakers agree about when communicating.

A presupposition is described, as Cruse (2006: 138) insists, as the mutual understanding of a proposition between the producer and the interpreter of an utterance. In other words, when an utterance is produced it must be taken for granted by a listener so as to be understood and interpreted. Consider the following utterance:

2. Pete has stopped smoking

The underlying presupposition of example 2. is understood that Pete was previously a smoker, but now has stopped doing so. The listener arrives at this presupposition even it is not mentioned in the plain level of the utterance. The reason behind that is that they share a mutual background.

As for the types of presuppositions, Yule (1996: 27-29) suggests six types of presupposition; namely, the existential (i.e. it is seen in possessive structures, as in *his bike, his car*, etc); the factive (i.e., it refers to facts underlying sentences and

some verbs such as *know, realize, regret, glad, odd* and *aware* represents this type); the non-factive (i.e., the type whereby the presupposition is assumed not to be true and verbs such as *dream, imagine* and *pretend* are used to represent this type); the lexical (i.e., are words which considered as “the source of lexical presupposition, such as *manage, stop* and *start*). , the structural (i.e., it refers to ‘certain sentence structures have been analysed as conventionally and regularly presupposing that part of the structure is assumed to be true’); and the counterfactual (i.e., refers to ‘presupposition which is contrary to facts. A conditional structure of this sentence presupposes that the information in the if-clause is not true of the time of utterance’.

2. 5 Related Studies

This section is concerned with presenting the previous and related studies of PDA; namely, Goatly’s (2000), Martin’s (2004), Macgilchrist’s (2007), El-Wakil’s (2018) and Sultan and Rapi’s (2020).

2. 5. 1 Goatly’s (2000)

Goatly’s (2000) study is regarded as the one of the initial attempts for conducting a detailed ecolinguistic with regard to positive discourse that is comparatively used between the linguistic features of William Wordsworth’s *The Prelude* and an edition of *The Times* newspaper. The emphasis of Goatly’s research was on ‘how prominently elements of nature appear in the two sources, and the degree of power the linguistic features of the discourses attribute to nature. It is found that the employment of the grammar gets its higher value by Wordsworth than that in *The Times*. Hence, nature is represented by Wordsworth as a crucial power and has to be prioritised. Goatly (2000: 301) mentions that ,Wordsworth's view of nature and parts of his grammar show us a much better way

to live than the Times does. We should pay attention to Wordsworth if we want to stay alive... Think and talk about how we interact with nature again before nature rethinks or rejects how we interact with it.

2. 5. 2 Martin's (2004)

James Martin (2004) develops the concept of PDA at the same time when Goatly was approaching his study of Wordsworth. At around the same time that Goatly was conducting his analysis of Wordsworth, James Martin was developing PDA. Martin's analysis of Nelson Mandela's autobiography is regarded as 'Inspirational – with no tinge of bitterness or betrayal; rather a message of hope and wisdom – grace personified' (Martin 1999: 29). Thus, his approach is described as 'a positive style of discourse analysis that focuses on hope and change, by way of complementing the deconstructive exposé associated with critical discourse analysis.'

In Martin's study, the 'complementing' is highly prioritised since PDA is never aimed at being an alternative for CDA. However, PDA is intended to 'extend the focus of CDA beyond texts which are implicated in oppression, exploitation and the abusive power relationships' (Martin 2004: 197).

2. 5. 3 Macgilchrist's (2007)

Felicitas Macgilchrist's (2007) examines the techniques that are used to introducing marginal discourses in the news media. In her paper '*Positive Discourse Analysis: Contesting Dominant Discourses by Reframing the Issues*' (i) 'the current research on counter-discourse' are discussed, (ii) 'a case study approach to illustrate five strategies used in those few texts which contest the mainstream discourse' are taken, and (iii) 'more general explanations – drawn

from lexico-grammatical analysis, media practices, cognitive linguistics and psychology’ – are suggested.

As a conclusion, it is manifested that the five discursive strategies; (i) logical inversion, (ii) parody, (iii) complexification, (iv) partial reframing and (v) radical reframing are used so as to contest the mainstream discourse. It is found out that radical reframing (i.e., the blending of salient elements of input spaces) is a crucial strategy. Accordingly, this small scale of analysis proves a beneficial application to PDA.

2. 5. 4 El-Wakil’s (2018)

El-Wakil’s (2018) study aims at showing the PDA that are used in selected family life coaching posts on Facebook. It has insisted that PDA is emerged as a complementary constructive approach to discourse against the deconstructive approaches of CDA, according to El-Wakil (2018: 394). Besides, the focus on solidarity and integration in PDA rather than power abuse, dominance and social inequality. ‘Re-contextualization tools and employed lexico-grammatical choices to reframe gender roles in terms of husband-wife relationship’ are detected as an attempt employed in El-Wakil’s research. ‘The various narrative pragmatic modes and the attached value focus in the process of achieving a harmonious gender relation’ are also detected.

2. 5. 5 Sultan and Rapi’s (2020)

Sultan and Rapi’s (2020) study focuses on how the Indonesian government spokesperson talk during daily press conferences during the Covid-19 pandemic.

The Positive Discourse Analysis is used as the framework of this study. The data under question encompasses identifying, understanding and explaining (28) press briefings in a video format which last between (25 and 45) minutes.

The method employed in this study is the discursive strategies. The reason behind doing so is that to find out how the governmental personal employ the discursive strategies when giving a speech that is related to Covid-19, and, thus a PDA can be observed. Accordingly, it is found that the spokesperson used nomination, predication, argumentation, perspective and intensity, and mitigation strategies to get information to the public so as to make people more optimistic and build a moral value to fight the disease, as far as the positive discourse analysis is concerned. Thus, it can be concluded that the government uses a lot of different ways to make people feel better about themselves, make them feel like heroes, and encourage them via using the discursive strategies.

Unlike the previous studies mentioned above, the present study is concerned with investigating the positive side of DA that is delivered by the American and British doctors during the pandemic of COVID-19.

CHAPTER THREE

METHODOLOGY

3.0 Introductory Remarks

This chapter presents the methodology of the present study, the theories of positive politeness strategies by Brown and Levinson 1983, presupposition triggers by Levinson 1987 and ideological square by van Dijk 1995, and to Fairclough's (1993) dimensional model (linguistic features) upon which model of the present study is based. In addition, data selection and description are also presented in this chapter.

3.1 Data Selection

The data of the present study consists of thirty four extracts that are taken from the American and British reports. These discourses are spoken by Dr. Carissa F. Etienne (American doctor) and Dr. Sajid Javid (British doctor) during the pandemic of COVID-19 (2021-2022). The data are selected intentionally from web sites (see web resources). The reason behind choosing this data is that it constitutes a fertile ground to analyse the positive side of DA. Doctors speeches are significant ,they are straight ,orgnizable follow one direction because they are related to one organization ,the speaker is not reflecting his own thought ,the reports based on statistical to work on . Additionally, doctors' reports contain facts that haven't been addressed before, making it difficult to achieve positivity ,but even with these facts positive discourse can be achieved . Besides, it encourages addressees to take vaccines so as to fight the virus, and sheds the light on the hard work of American and British health workers, organizations, scientists, police officers and regular

people during the pandemic. Accordingly, the selected data complies with the requirements of the present study.

3. 2. Data Description

The data of the present study consists of seventeen extracts that are related to American reports and seventeen extracts that are related to British discourses. These discourses are spoken by Dr. Carissa F. Etienne (American doctor) and Dr. Sajid Javid (British doctor) during the pandemic of COVID-19 between the years of 2021 and 2022. The data are mainly about the matters that are related to COVID-19 (i.e., dangers, spread, deaths, infections, hospitalisations and the like.), vaccines (i.e., efficiency, supply, availability and the like), the role of the American and the British health personnel and organisations, scientists, police officers and regular people during the pandemic and so forth.

3. 3 The Model

This section presents the theories upon which the model of the present study is based to analyse the positive side of the American and British discourses.

3. 3. 1 The Linguistic Analysis

This analysis is concerned with four levels of analyses: structural, lexical, rhetorical, and pragmatic.

3. 3. 1. 1 The Structural Level

The structural level refers to the grammatical structures that are used in the selected data. The present study is concerned with the past tense, the present tense, and the future time.

1. The Past Tense

In contrast to the present tense, the past tense is known as a form of the verb (i.e., looked, found) that either refers to a situation that happened at a definite time in the past or to a situation that is regarded as unrealistic or hypothetical.

As for the verb formation, it is found verbs are divided into two types: regular and irregular. Forming the regular verb is achieved when adding (-ed), whereas forming the irregular verb (talk-talked) requires the knowledge of the different forms, that is, the irregular verbs have different forms (see-saw). Additionally, modal verbs also have past forms such as will-would and may-might.

The past tense is categorized into past simple, past progressive and past perfect. In relation to past simple (or simple past) is recognized as ‘a form of the verb phrase in which there is just one verb’.

As for the past progressive, it is stated that it is the combination of the past tense of the auxiliary verb (be) with the progressive form of the main verb (past tense of be + -ing form). The past progressive indicates that the action was in progress in a certain duration of time in the past,

The past perfect has the construction: had + ed form, that is, the perfect form and the past tense are combined when performing the past perfect. It is used to denote the consequence of actions in the past ‘past in the past (Leech, 2006: 80-82).

As for the functions of the past tenses, Eastwood (2002: 87-93) suggests that the past tenses can achieve various functions among which come:

1. We use the past simple for an action in the past.
2. We can also use the past simple for repeated actions.
3. An action over a past period

4. For a past state we normally use the past simple
5. We use the past perfect for an action before a past time.

2. The Present Tense

Leech (ibid: 94) mentions that the present tense is different from the past tense with reference to the form and meaning. That is, the formation of the verb in the present tense is either ‘the base form’ (i.e., come) or the base form plus the third person singular (‘s) (i.e., comes). The present tense is used to describe an action that occurs in the present. The present tense includes the present simple, the present progressive and the present perfect.

The present simple is regarded, as Leech (ibid 93) highlights, as the most frequently employed tense in English. The base form (sometimes with –s) is used to denote various meanings among which come for the present, past and future events. Hence, the meaning of the present simple is not limited to the present but also extends to include the past and future as well.

To construct the present progressive, speakers employ the form ‘am/is/are +ing’. That is, adding –ing suffix to the base verb preceded by am/is/are. As the name indicates, the present progressive is used to refer to situations that take place at the present time. Besides, it can also be used for ‘planned future happenings’ (ibid: 93-93).

As for the present perfect, it is mentioned that the construction of the present perfect requires the combination of the ‘present tense and the perfect aspect’. In

other words, it is formed by using the verb has/have and the past participle of the main verb in combination. The present simple is used to refer to the action that happened in the past but the result is still found in the present (ibid: 93).

Further, Eastwood (ibid: 83-86) presents a list of functions that can be accomplished by the present tenses:

1. We use the present continuous for a present action over a period of time, something that we are in the middle of now.
2. We need not be doing the action at the moment of speaking.
3. We normally use the present simple for a present state: a feeling, opinion or relation.
4. We use the present simple for repeated actions such as routines and habits, things that happen again and again
5. We also use the present simple for permanent facts, things that always happen.
6. The present simple is also used to describe actions as they happen, for example in a commentary.
7. We can use the present continuous to talk about what someone has arranged to do and the present simple for actions and events which are part of a timetable
8. The present perfect tells us about the past and about the present. We use it for an action in the period leading up to the present
9. We can also use the present perfect for repeated actions.
10. We can also use the present perfect for states.

3. The Future Tense

According to Greenbaum and Nelson (2002: 59), the future is the time whereby an action is taken part in. In English, speakers employ different ways to achieve it. Among which come: firstly, the popular way that is, using the combination *will* plus the base form of a verb. Secondly, using the present simple tense. Thirdly, speakers in England prefer the employment of *shall* with 'I' and 'we' instead of *will* to refer to the future. Fourthly, the construction *be going to* and the use of the present progressive is also used to refer to the future.

As far as the functions of future are concerned, Eastwood (ibid: 96-99) states that future can be used to fulfil the following functions:

1. The choice of form depends on whether we are making a prediction about the future, expressing an intention, or talking about a plan for the future, and so on.
2. It expresses the facts, something we cannot control. It expresses a prediction, a definite opinion about the future.
3. sometimes expresses willingness.
4. We can use *I'll/we'll* and *will / won't you* in offers, promises, etc.

To sum up, the functions of the present, past and future tenses are modified to be included with the positive aims of the present study which are based on the literature above, as presented in the following table:

Table 2. The Positive Function of Present, Past and Future Tenses

Tense	Positive function
Present	General truths
	Express emotions
	Instructions and directions
	Present and future plans
Past	Remind the addressees of the past achievements and plans
Future time	Promise
	Future plans
	Predictions

3. 3. 1. 2 The Lexical Level

This level encompasses the lexical triggers that lead to the initiation of a presupposition that has a positive meaning. Hence, the present study is limited to the lexical triggers of nouns, verbs, adjectives and adverbs.

Stalnaker (1974: 200) connects presupposition theory to language facts and items. It is true that the majority of the linguistic phenomena to be described by a

concept of presupposition are links between linguistic items or between a verbal statement and a proposition.

In a similarly, Levinson (1983: 168) supports this notion by indicating that presupposition relates to inferences or assumptions that appear to be incorporated into verbal utterances and can be identified by linguistic testing. According to this concept, presupposition ties linguistic structure to additional context in terms of inferences about this context that can be drawn from the language structure itself. Presupposition has been associated with the use of a large number of words, phrases, and structures.

Linguists have identified certain linguistic structures as sources of presuppositions termed as the presupposition as well as lexical triggers. In other terms, "triggers" refers to linguistic components that generate presuppositions. Presupposition trigger is a structure or object that indicates the existence of presupposition (ibid: 179).

According to Karttunen (cited in Levinson 1983:181-184; and Yule 1996: 28), the triggers that were utilized in this research were separated into three primary categories: existential (definite descriptions), lexical (implicative and facative verbs, change of state verbs and verbs of judging, counter factual verbs, conventional items, and iteratives), and structural (non-restrictive clauses, cleft formulations, wh-questions, adverbial constructions, and comparative constructions, as well as counter factual conditionals), as illustrated in the following figure:

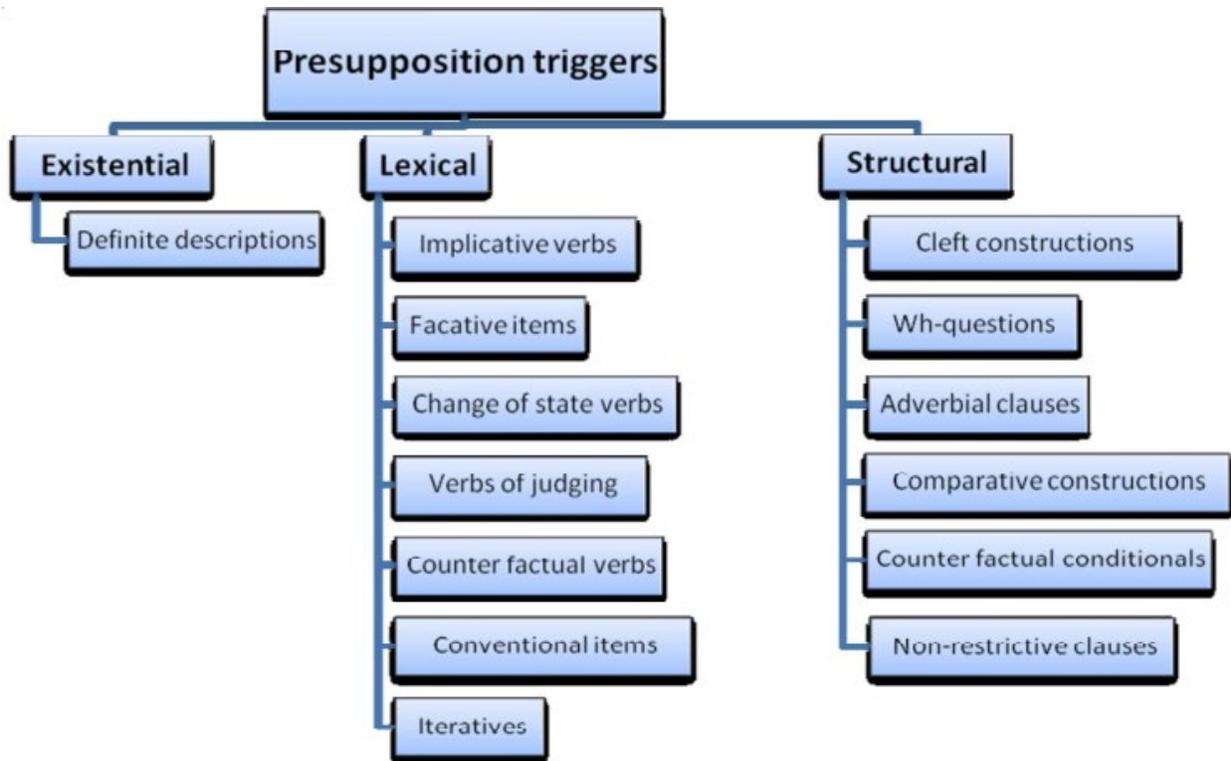


Figure 3. After Karttunen (1970) (cited in Levinson 1983:181-184, and Yule 1996: 28)

Based on the theory above, the present study is limited to one type of presupposition triggers; namely, the lexical triggers and only five presupposition lexical triggers are going to be included in the present study. The reason behind doing so is to reveal the positivity underlying the doctors' discourse (reports) at the lexical level., as explained in the following sections:

1. Implicative verbs

Yule (1996:28) illustrates lexical presupposition by noting that the verb 'managed' contains asserted and presupposed meaning in the phrase "someone managed to achieve something." The alleged connotation is that the individual accomplished something. Therefore, when asserting that someone failed to do something, the stated meaning is that the individual did not succeed, yet the implied meaning

(which is not asserted) is that the individual attempted to complete the task. So, 'managed' is typically read as claiming 'succeeded' and assuming 'tried'

2. Factive items

A verb that takes a complement clause and presupposes the truth of the proposition it represents is referred to as "factive" in Crystal's (1997: 147) classification system for verbs. It is because they presuppose the truth of their complement clause that they are referred to as "factive". For example, factive items encompass a set of verbs such as 'know', 'appreciate', 'saw', 'forced to', 'agree' etc. In addition, they include adjectives and noun forms as well as verbs.

3. Change of state verbs

Another type of presupposition lexical triggers which are known as change of state verbs or 'aspectual verbs'. According to Saeed (1997:99), these verbs include a type of switch presupposition in which the new state is both specified and assumed not to have existed previous to the transition. Among the typical examples of this type come: 'begin', 'continue', 'finish', 'take', 'leave', 'enter', 'come' 'go' and 'arrive', etc.

4. Conventional items

Conventional presuppositions are defined as those that must be met in order for a sentence to be either true or untrue. It is possible to interpret the presuppositions of sentences as being related to lexical objects, according to Levinson (1983: 203). In the same fashion, Palmer (1981:170) affirms this viewpoint by arguing that presupposition is related with particular lexical properties. Thus, the implication of the word 'clean' in the statement *I cleaned the room* is that *the room was unclean*,

but the implication of the verb 'kill' in the sentence *I killed the bird* is that *the bird was alive*. Further, the concept of conventionality is not limited to verbs alone; other lexical elements such as nouns might have conventional meanings that are assumed.

5. Iteratives

Iterative presupposition is another form of lexical presupposition which refers to an occurrence that repeatedly occurs (Crystal: 1997: 206). For Levinson (1983: 182), this type is tied to certain words, such as, 'another' and 'again'. Besides, it involves the following words: 'anymore', 'returned' 'another time', 'restore', 'repeal', etc. As such, when these expressions take place a presupposition takes place.

Based on the literature above, it can be mentioned that lexical triggers encompass not only verbs, but also the other categories such as nouns, adjectives and adverbs that lead to the activation of a presupposition, and in this context, the positive presupposition, as illustrated in the following:

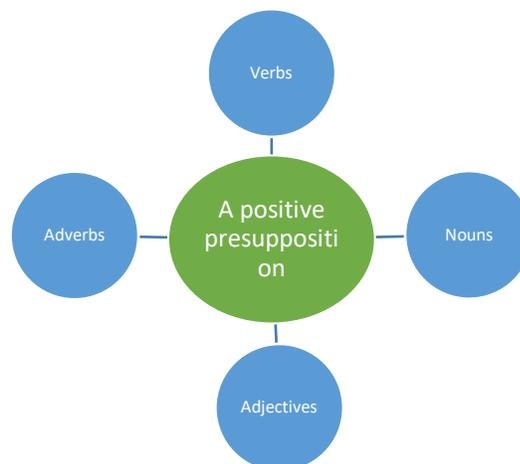


Figure 4. The Lexical Triggers of Positive Presupposition

3.3.1.3 The Rhetorical Level

As far as the rhetorical level is concerned, many types are included under the general umbrella of this level. As such, the present study is confined to two types, that is, hyperbole and litotes.

1. Hyperbole

The use of the word hyperbole is attributed to the Greek ‘hyperbollen’ which means ‘to exaggerate’ and it is used in many Greek texts. Since the ancient date of Greek, hyperbole is categorized under the umbrella of rhetoric (Lausberg, 1998:410). The word "hyperbole" means "excess." It is a common expression that utilizes excessive exaggeration to prove a statement or show emphasis. It's the opposite of saying too little.

For Leech (1983:146), the important role of hyperbole is observed not only in rhetoric but also in everyday use of language since it helps in the description, understanding and evaluation of an experience.

According to Woods (2002: 6-8), hyperbole is defined as ‘an exaggeration for the sake of effect or emphasis’. Hence, matters such as irony, praise and criticism are given emphasis through people’s employment of hyperbole in their speech.

In the same fashion, Abrams and Harpham (2009: 149) state that is “a bold overstatement or the extravagant exaggeration of fact or of possibility. It may be used either for serious or ironic or comic effect.” As such, it is clear that the reason

behind employing hyperbole in speech is to show exaggeration and emphasis that is to overstate something more than it deserves.

As for the types of hyperbole . Sert (2008: 11) proposes five types, namely; (1) Expressions of number; (2) Words referring to large amounts/quantities; (3) Adjective modification of amount(s) and number(s) (adjective+ amounts of, etc.); (4) Time expressions; and (5) Size, degree and intensity.

In relation to the functions of hyperbole, Mora (2006: 203-222) suggests that hyperbole is used to achieve various functions such as:

1. Emphasis
2. Evaluation
3. Expression of surprise
4. Simplification
5. Interest intensification
6. Contrast of differences
7. Humour
8. Clarification
9. Polite de-emphasis

For example “*More than 60% of people in Latin America and the Caribbean have been fully vaccinated against COVID. We aim to vaccinate at least 70% of the population by mid-2022. PAHO's Revolving Fund will soon reach the milestone of delivering 100 million doses of vaccines to 33 countries, and as more vaccines become available, we encourage those who haven't been vaccinated please to do so*” by Dr. Carissa

The rhetorical level of the linguistic analysis is performed when the addresser calls for the rhetorical device of **hyperbole** in the extract. It is the importance of the

vaccines that motivates Dr. Carissa uses this rhetorical device. As such, she exaggeratedly highlights the rate of the vaccinated population so as to encourage those who do not take vaccines by mentioning ‘*More than 60% of people ... have been fully vaccinated ... We aim to vaccinate at least 70% of the population ... reach the milestone of delivering 100 million doses of vaccines to 33 countries, and as more vaccines ...*’. In addition, the role of the medical organisation (PAHO) is emphasised, that is, supplying the required number of doses to thirty-three countries. Hence, the doctor's positive message is achieved.

2. Litotes

Litotes is regarded as the opposite side of ‘hyperbole’ whereby matters are lessened and simplified. For Rowe (1997: 128), litotes is defined as ‘the emphatic affirmation of something by denying its opposite.’ In this regard, it is the rhetorical effect that the figure of speech of litotes is used for. When using litotes, matters such as quantity, intensity and the like are lessened. The typical example of everyday example is when speakers say ‘not bad’ to refer to something that is actually good or very good (Cruse, 2006:186).

Additionally, Geeraerts (2010: 29) regards litotes as ‘the converse of hyperbole: expressing something in an attenuated way, like saying I wouldn’t mind when you mean I’d very much like to’. Thus, it is the expression of the opposite of what is being said is the aim of litotes.

As far as the functions of litotes are concerned, Anh (2010: 8) suggests seven functions:

1. Showing politeness.
2. Emphasizing the enormity of a problem.

3. Avoid hurting the hearer's feelings and making the hearer sulky.
4. Criticizing someone subtly (people with higher rank and position in the Society).
5. Being a subtle form of sarcasm.
6. Functioning as a metaphor.
7. Making the problems less serious.

For example “*Today's ONS data shows a fall in infections, including in older age groups. Hospitalisations have also fallen over the past week, and the number of COVID patients in intensive care beds is now at the same level as it was back in July*”. (ibid)

Understating the fatality and danger of COVID-19 requires the addresser to employ the rhetorical device of **litotes** via using the expressions ‘*Today's ONS data shows a fall in infections, including in older age groups. Hospitalisations have also fallen over the past week*’. In doing so, the doctor attempts to declare that the spread of the virus is decreased with regard to the results of ONS. He aims to send a positive message through which addressees should be hopeful and courageous. Thus, the rhetorical level in extract 5. is achieved via using litotes.

3.3.1.4 The Pragmatic Level

The pragmatic level of the present study is concerned with the positive politeness strategies of exaggerate interest in, inclusive we, small talk, imply or assert knowledge of and concern for a hearer's wants, promise and be optimistic.

1. The Positive Politeness Strategies

Positive politeness is the kind of behaviour that is ‘often compared to that which is characteristic of interaction in an intimate setting such as between husband and wife or within family discourse’ (Blum-Kulka, 1997; Clancy, 2005; cited in Okeeffe’ et al, 2011: 66).

Positive politeness, according to Brown and Levinson (1987: 103), and intimate language use can be associated. Hence, it can be employed as a ‘social accelerator’. That is, positive politeness oils the social wheel of an interaction. Accordingly, employing this type of politeness in an interaction between strangers explains they plan to create a good relationship as smooth as possible. Thus, they propose ‘fifteen strategies that a speaker can employ in order to avoid threatening the addressee’s positive face’ as follows (Brown and Levinson, *ibid*: 103, cited in Okeeffe’ et al, 2011: 66):

- Pay attention to a hearer’s interests, wants, needs or goods.
- Exaggerate interest in, approval of or sympathy with a hearer.
- Employ exaggeration and dramatic effect in your speech in order to interest and involve the hearer.
- Use in-group identity markers.
- Seek agreement/make small talk.
- Avoid disagreement.
- Find common ground.
- Joke.
- Assert or imply knowledge of and concern for a hearer’s wants.
- Offer, promise.

- Be optimistic.
- Use inclusive 'we' forms.
- Give (or ask for) reasons.
- Assume or assert reciprocity.
- Give gifts

Further, Brown and Levinson (ibid: 75) state that the Positive politeness is based on how you talk to someone. It "anoints" the face of the person you're talking to by showing that in some ways, S (speaker) wants H's (receiver) wants. In this case, the potential face threat of a behave is lessened by the fact that S needs at least some of H's wants in general. For example, S might say that H is in important ways "the same as" he is, with the in rights and duties and preconceptions of reciprocity, or it could be implied that S likes H, so that the FTA doesn't mean that S thinks less of H's face in general.

Brown and Levinson (1987: 102) state that the positive politeness strategies encompass three main mechanisms; namely, first: claim common ground; second: convey that Sand Hare cooperative, and third: fulfil H's want (for some x). The first mechanism includes eight strategies (1-8) in which both the speaker and the hearer mutually understand each other in terms of wants, goals, values and the like. These strategies will be considered as follows:

First: Claim common ground:

The following strategies are employed to demonstrate positive courtesy:

Strategy 1: Notice, attend to H (his interests, wants, needs, goods)

This strategy suggests that the speaker should notify all aspects of the hearer such as ‘noticeable changes’, remarkable possessions’ and the like, as in:

Goodness, you cut your hair! (. . .) By the way, I came to borrow some flour.

You must be hungry, it’s a long time since breakfast. How about some lunch?

What a beautiful vase this is! Where did it come from? (ibid:103)

Strategy 2: Exaggerate (interest, approval, sympathy with H)

This strategy is often fulfilled when speakers employ exaggeration in speech such as intonation, stress or use intensifying modifiers, as in:

What a fantastic garden you have!

Yes, isn’t it just ghastly the way it always seems to rain just when you’ve hung your laundry out! (ibid: 104)

Strategy 3: Intensify interest to H

This strategy is achieved when a speaker emphasises his interest in the hearer’s wants, goods, interests and other stuff, as in:

Black I like. I used to wear it more than I do now, I very rarely wear it now. I wore a black jumper, and when I wear it my Mum says ‘Ah’, she said. But Len likes it, he thinks it looks ever so nice and quite a few people do. But when my Mum sees it she said, ‘Oh it’s not your colour, you’re more for pinks and blues. (ibid: 106)

Strategy 4: Use in-group identity markers

This strategy is approached via using in-group identity markers such as the second person plural pronoun ‘we’, address forms (i.e., Mac, mate, buddy, pal, honey, dear, duckie, love, babe, Mom, blondie, brother, sister, cutie, sweetheart and the like).

Here, mate, I was keeping that seat for a friend of mine ... (ibid: 108)

Strategy 5: Seek agreement

This strategy is achieved through using safe topics and repetition. While safe topics include topics that are related to the weather or the beauty of a place in which speakers and hearers agree, repetition is ‘another characteristic way of claiming common ground’ between speakers and hearers that is, repeating part of a speech, as in:

A: John went to London this weekend!

B: To London!

(45) A: I had a flat tyre on the way home.

B: Oh God, a flat tyre!

(ibid: 112-113)

Strategy 6: Avoid disagreement

This strategy is seen when interlocutors use forms of token agreement. Employing these forms reveals the interlocutors’ desire ‘to agree or appear to agree with’ what has been mentioned, as in:

A: That’s where you live, Florida?

B: That’s where I was born.

A: Can you hear me?

B: Barely.

(ibid: 113-114)

Besides, pseudo-agreement is another instant through which the strategy of seeking agreement is fulfilled. It is observed via using (then) as a ‘conclusive marker’, as in:

I’ll meet you in front of the theatre just before 8.0, then (ibid: 115)

Furthermore, avoiding disagreement can also be approached via using white lies (i.e., in which the speakers are ‘confronted with the necessity to state an opinion, wants to lie (‘Yes I do like your new hat!’) rather than damage the hearer’s positive face.’.

Hedging opinions can also be used in this strategy when using structures such as **sort of, kind of, like**, etc. in a way in sentences such as:

It’s really beautiful, in a way.

I kind of want Florin to win the race, since I’ve bet on him. (ibid: 116)

Strategy 7: Presuppose/raise/assert common ground

Gossip, small talk, point-of-view operations, personal central switch and presupposition manipulations are used to achieve the positive strategy of presuppose/raise, assert common ground, as in:

I had a really hard time learning to drive, didn’t I? (ibid: 121)

Wouldn’t you like a drink? (ibid: 122)

Strategy 8: Joke

One of the techniques that is used to ease and minimize the speakers' face-threatening act in conversations, and hence, positive politeness is achieved, as in:

OK if I tackle those cookies now?

How about lending me this old heap of junk? (H's new Cadillac) (ibid: 124)

3.3.2. The Ideological Analysis

This phase is concerned with van Dijk's (1998) 'ideological square' in which he suggests a useful strategy for analysing ideologies.

Van Dijk (1998: 43) states that due to the complexity of discourse, diverse ways express the ideological structure, and, thus, investigating ideology in discourse (written and spoken) requires to have a crucial and beneficial heuristic or method.

In order to study people's ideologies, certain categories are needed which are considered the basics when formulating a practical heuristic or method. These categorisations are necessary since people's fundamental information is identified. Hence, the following kind of information are revealed due to people's categorisations which are in the form of questions that are associated with ideology (Van Dijk, 2006:17):

1. Membership: Who are we? Who belongs to us? Who can be admitted?
2. Activities: What are we doing, planning? What is expected of us?
3. Aims: Why are we doing this? What do we want to achieve?
4. Norms: What is good or bad, allowed or not in what we do?
5. Relations: Who are our friends or enemies? Where do we stand in society?

6. Resources: What do we have that others don't? What don't we have what others do have?

When speaking about ideologies, it is important to consider the distinction between the information about Us and Them, since any society is organised in 'polarized terms'. In order to be a member of a group in society, it is necessary required to be identified, (whether he/she belongs or deviates from Us). In addition, the position (dominant vs. dominated, respected vs. marginalized) of people in a society plays a fundamental role in revealing ideologies, since it indicates members' relatedness to Others. Besides, ecological and religious ideologies show the way people 'should interact with nature and reflect 'prepositions about people's relation to God' respectively.

After giving contents of the most typical ideologies, two strategies are formulated which construct the basic cornerstone of the fundamental heuristic of ideology in discourse. The general strategies are as follows:

- Say positive things about Us
- Say negative things about Them

The above formula of 'positive self-presentation and negative other-presentation' characterises self and others' conflict, interaction with other groups and 'the way we talk about ourselves and others.'

Further, van Dijk (ibid: 44) sees that the application of these two strategies is not satisfactory since it is only confined to meaning. As such, the extension is required to include other forms of discourse, and thus, other opposite strategies should be mentioned:

- Do not say negative things about Us
- Do not say positive things about Them.

The four strategies are modified, and hence, combined and presented in the following points and figure so as to have a more sophisticated and satisfactory ideological investigation that is applicable to analyse all ideologies in various linguistics structures.

- - Emphasize positive things about Us.
- - Emphasize negative things about Them.
- - De-emphasize negative things about Us.
- - De-emphasize positive things about Them.

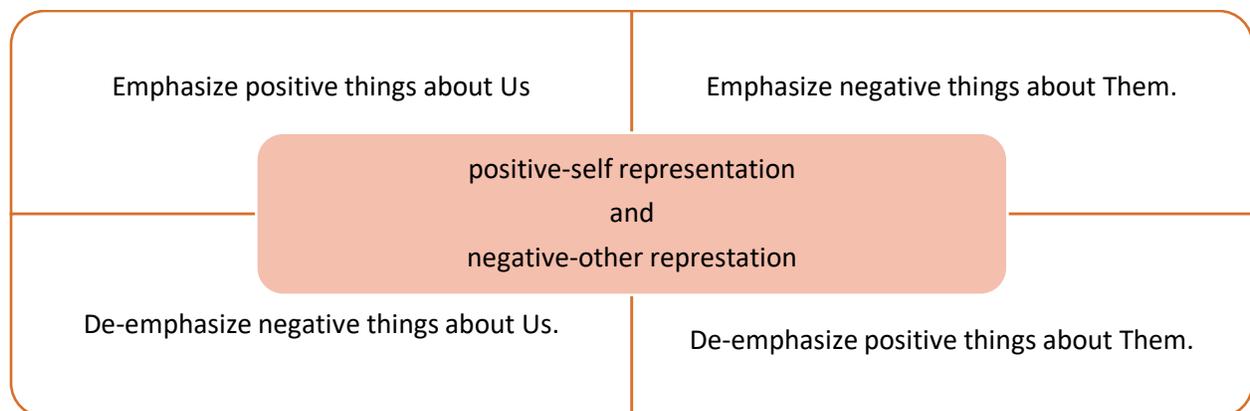


Figure 5. The Representation of van Dijk’s (1998) Ideological Square Strategies

To sum up , van Dijk (ibid.) mentions that these four principles is called the ‘ideological square’. Besides, what is important about this ‘ideological square’ is that it is applicable for analysing all levels of discourse (lexical, structural, etc.).

Since the present study is concerned with the positive perspective in analysing the discourse under discussion, only the ideological strategies with positive orientation are going to be included, whereas the ideological strategies with negative orientation are going to be excluded. With little modifications, the adopted positive strategies of van Dijk's (1998) 'ideological square' will be as follows:

- Emphasise good.
- De-emphasise bad.

3. 2. 3 Framing the Model

The model has two main parts: the linguistic analysis and ideological analysis. There are four levels in the linguistic analysis: structural, lexical, rhetorical, and pragmatic. The structural level is concerned with the present tenses, the past tenses, and the future tenses. The lexical level is concerned with the lexical triggers of nouns, verbs, adjectives and adverbs that lead to the activation of a positive presupposition. Besides, hyperbole and litotes are the rhetorical devices that come under the umbrella of the rhetorical level. Finally, the pragmatic level encompasses the positive politeness strategies of such as Exaggerate interest in, Inclusive we, Small talk, Imply or assert knowledge of and concern for a hearer's wants, Promise and Be optimistic. Additionally, the ideological analysis is concerned with the positive ideology in which emphasise good and de-emphasise bad are highlighted, as illustrated in the following figure:

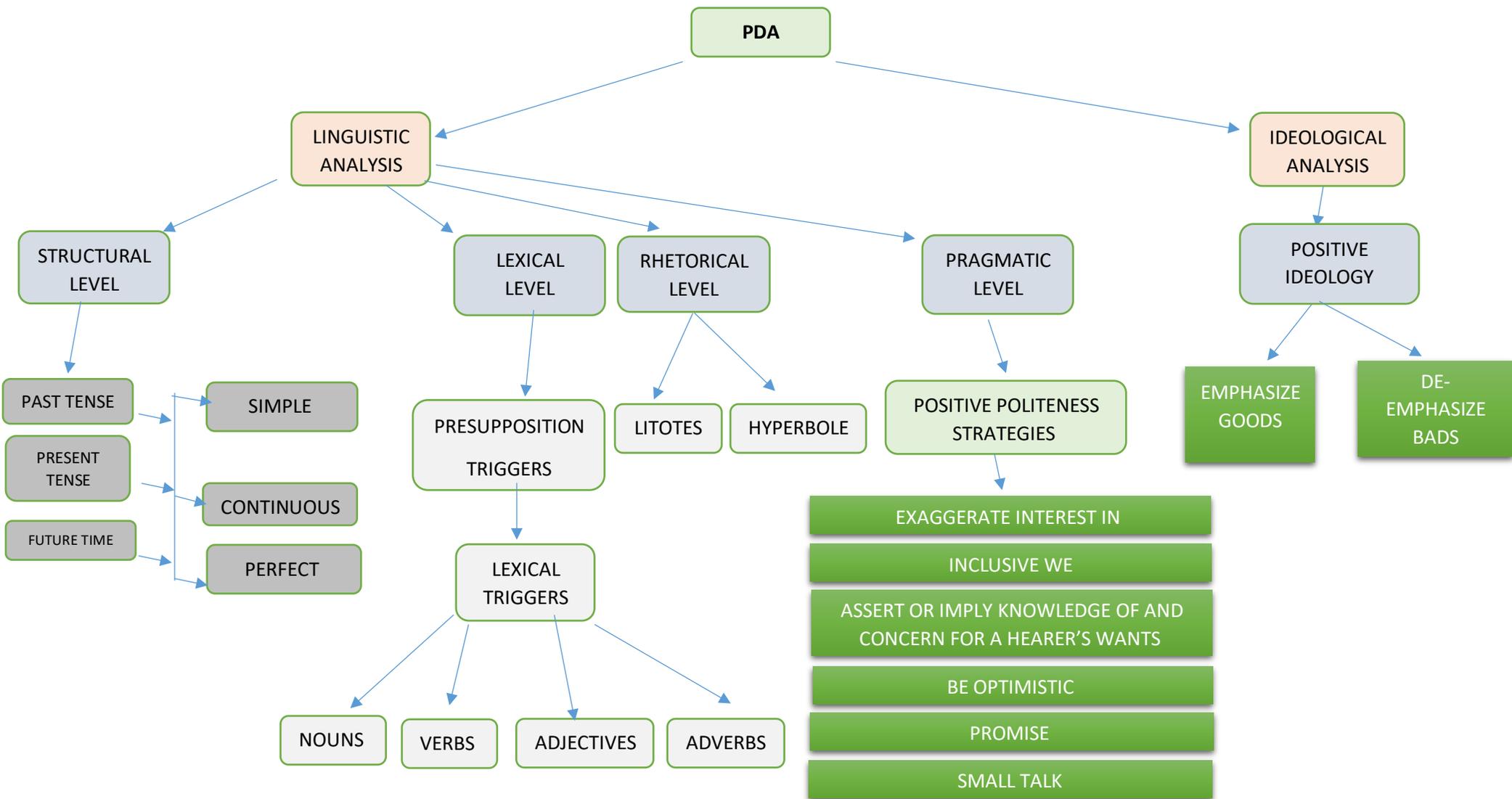


Figure 6. The Eclectic Model of PDA

Chapter Four

Data Analysis and results

4.0 Introductory Remarks

This chapter encompasses the analysis of the data in question both qualitatively (by using the developed eclectic model) and quantitatively (using certain statistics). Dr. Carissa F. Etienne, a native of Dominica, began her five-year term as Director of the Pan American Health Organization, Regional Office for the Americas of the World Health Organization (PAHO/WHO) in February 2013. She was elected for a second term as the Director of the Pan American Sanitary Bureau on 27 September 2017, during the 29th Pan American Sanitary Conference.

Sajid Javid was previously Secretary of State for Health and Social Care from 26 June 2021 to 5 July 2022.

Sajid has previously served as Chancellor of the Exchequer; Home Secretary; Secretary of State for Housing, Communities and Local Government; Secretary of State for Business, Innovation and Skills; and Secretary of State for Culture, Media and Sport. He was elected Conservative MP for Bromsgrove in 2010.

Before being elected as an MP, Sajid worked in business and finance. Aged 25, he became a Vice President at Chase Manhattan Bank. He later moved to Deutsche Bank in London to help build its business in emerging market countries. Sajid left Deutsche Bank as a senior Managing Director in the summer of 2009 for public service.

4. 1 The Qualitative Analysis

4. 1. 1 The Qualitative Analysis of Dr. Carissa's Positive Speech (the American Data)

Extract 1.

Last week, there were more than 490,527 COVID cases reported in the Americas – a nearly 2.3% decrease as compared to the prior week. A total of 4,797 deaths were also recorded, representing a 15.2% decrease compared with the previous week. (web3)

1. The Linguistic Analysis

Extract 1. shows that dr. Carissa's positive message is achieved via using the four levels of the linguistic analysis.

Firstly, the structural level is observed via using *the past simple tense*. Talking about the decrease in people's infections and deaths requires the doctor to employ this tense in this extract. Besides, the speaker uses this tense for the sake of reminding the addressees about the rates of infections and deaths through comparisons. As such, the doctor sends a positive message which reads that the virus becomes under control with regard to the statistics of dead and infected cases.

Secondly, the lexical level of the linguistic analysis is launched when the doctor employs the verb '**decrease**' that carries the positive meaning. In doing so, it triggers a positive presupposition which reads that there is a decrease in cases of deaths and infections in comparison with the previous weeks. Thus, this presupposition sends a sign of positivity that motivates the addressees to keep calm and be hopeful, that is, the American authorities (medical, civil and military) are working hard to arrive at this low rate. Thus, the positive message is achieved.

Thirdly, the rhetorical level of the linguistic analysis is accomplished when dr. Carissa uses the rhetorical device of **litotes**. In doing so, she attempts to understate the danger and fatality of the virus by mentioning the decrease in the statistics of infected and dead people. The reasons behind calling for this device are to make the addressees hopeful and to believe in the white army and the health organisations since they do hard work to defeat this virus. Accordingly, the positive message of dr. Carissa's discourse is conveyed.

fourthly the pragmatic level, extract 1. clarifies that the speaker uses the positive politeness strategies of *be optimistic* and *imply or assert knowledge of and concern for a hearer's wants*. While the former is accomplished when the doctor attempts to make the addressees to be as calm and hopeful as possible, the latter is accomplished when she intends to make the addressees to be concerned that the spread of the virus is under intense emphasis and control. What motivates the speaker to launch these strategies is to send a positive message in his speech.

2. The Ideological Analysis

All and only the positive and good of the Americans' medical staff and organisations, scientists, police officers and regular people are emphasised when declaring such discourse. In doing so, solidarity, unity and positivity among the American people are highlighted to help the addressees to overcome the obstacle of this pandemic. She, in addition, attempts to clarify that their country achieves vital achievements in defeating this virus, as far as the decrease in the data of the infected and dead people. Hence, the positive ideology is revealed.

Extract 2.

The decoupling of death rates and new infections is proof that vaccines are working well to protect people from hospitalization and death due to COVID-19.
(ibid)

1. The Linguistic Analysis

Talking about the pandemic of Covid-19 requires dr. Carissa employs the structural, the lexical, the rhetorical and the pragmatic level to activate the linguistic analysis in extract 2.

Concerning the structural level , it is found in extract 2 that the speaker utilises *the present simple and continuous* to achieve the positive message of his discourse. Using this tense means that the addresser intensifies the role of the vaccines and its vital role in saving lives and separating the relationship between 'death rates' and 'new infections'. Hence, the continuity of the Americans' lives depends on the vaccines. In doing so, the speaker telling the addressees (people in general) about the general truths about COVID-19 vaccines concerning protecting their lives and decreasing the rates of infections and hospitalisations.

Concerning the lexical level, extract 2. illustrates that the doctor employs the lexical words to fulfil the positive intention of his speech. The positivity is attributed to the lexical verbs '**decoupling**', '**working**' and '**protect**' and the adverb '**well**', and thus, they trigger a positive presupposition. Using these words means that the doctor encourages the addressees that vaccines are the only way to decrease the high rates of dead and infected cases and protect humankind from this virus. As such, the achievement of the speaker's positive message is due to these lexical triggers.

Concerning the rhetorical level, extract 2. shows that using the rhetorical device of **litotes** is appropriate to decrease the fatality of the virus and also to encourage people to take vaccines since they protect them from death and lessen the hospitalisations. Thus, Carissa's use of this device conveys her positive message: the American addressees should be optimistic with regard to the dangers of COVID-19 since they have the vaccines that can defeat and protect them from this virus. Accordingly, the positive message is accomplished.

Extract 2. presents that the speaker exploits certain positive politeness strategies to fulfil the pragmatic level of the linguistic analysis. As such, three strategies become under the spectrum of positivity; namely, *be optimistic* and *imply or assert knowledge of and concern for a hearer's wants*. It is the positive orientation that is aimed at when using these strategies. Besides, the doctor intends to make the addressees calm down by acknowledging them that the only way to be protected from the fatality of the pandemic is to take vaccines. Accordingly, dr. Carissa's discourse sends an optimistic and a positive message, that is, if the American addressees want to live, they must take vaccines.

2. The Ideological Analysis

A positive ideology is revealed in extract 2. when stating such speech in which solidarity, unity, togetherness and optimism among people are enhanced. In addition, dr. Carissa highlights the positive results of the vaccines whereby people and medical personnel will be protected when taking the vaccines of COVID-19. In doing so, she emphasises the goods of the American health workers and organisations, scientists, police officers and regular people in achieving this success, that is, using vaccines to decouple the infected and dead people to arrive at the decreased rates.

Extract 3.

Thanks to the tireless commitment of healthcare workers, scientists, policymakers, and citizens across our Region, 14 countries have already reached the WHO goal of fully vaccinating 70% of their populations ahead of the June 30th target. (ibid)

1. The Linguistic Analysis

As far as the linguistic analysis is concerned, the structural, the lexical and the rhetorical levels are used by the doctor to deliver the positive message of her discourse.

In relation to the structural level , extract 3. clarifies that dr. Carissa calls for *the present perfect tense ‘have already reached...’* to inform the addressees about the countries that arrive at the goal of the WHO, that is, 'vaccinating 17%' of their people. Besides, the present tense is used to express emotions by thanking the healthcare workers, scientists, policymakers and citizens for their achieved successes, that is, vaccinating 17% of population in 14 countries. Mentioning this statement means that she wants to encourage unvaccinated addressees to take vaccines so as to be protected and safe. Accordingly, the positive message is achieved.

In relation to the lexical level , it is found that the speaker uses the verbs **‘reached’** and **‘vaccinating’**, the adjective **‘tireless’** and the adverb **‘fully’** to trigger a positive presupposition which reads that the hard work of medical staff, scientists, workers and police officers and regular people is highly appreciated since it leads to 70% of 14 countries getting vaccines. Lexically Triggering a positive presupposition reveals the speaker’s positive intention behind declaring his discourse.

In relation to the rhetorical level, it is observed in extract 3. that the addresser employs the rhetorical device of **hyperbole** when delivering her discourse. The reason behind doing so is that she intends to exaggeratedly emphasise the role of the American scientists, health workers, policemen and people who participate in this success which makes more than a half of countries get the vaccine. When speaking about such achievements means that dr. Carissa attempts to encourage the addressees to calm down and be hopeful towards the dangers of the virus.

In extract 3., the doctor performs the positive politeness strategies so as to accomplish the pragmatic level of his positive discourse. Hence, three strategies are observed to convey dr. Carissa's positive message; namely, *small talk*, *be optimistic* and *exaggerate interest in*. While thanking the medical personnel, scientists, policemen and people who make sacrifices and encourage others to take vaccines are used to achieve the strategy of *small talk*, motivating addressees to be calm and hopeful as well as exaggerating in terms of mentioning the statistics of those who take vaccines are used to achieve the strategies of *be optimistic* and *exaggerate interest in* respectively.

2. The Ideological Analysis

Extract 3. illustrates that the doctor's intention behind declaring the positive discourse is to reflect a positive ideology in which solidarity, unity and positivity are prioritised among addressees. In doing so, she wants to highlight the goods of Americans' role, especially the scientists, health workers, people and policemen, in decreasing the high rate of dead and infected cases of COVID-19.

Extract 4.

COVID-19 vaccines work and they are very safe. They are protecting most people in our Region from the worst consequences of COVID-19 infection. (ibid)

1. The Linguistic Analysis

In extract 4., the speaker employs four levels to achieve the linguistic analysis for the sake of delivering the positive discourse.

Firstly, the structural level is observed when the speaker employs *the present tense in simple and progressive forms*. Talking about the importance of COVID-19 vaccines requires the speaker to launch this tense. In addition, the doctor uses this tense to highlight the achievements of America in relation to the vaccines by saying that they are very protective against the spread of the virus and to tell the addressees the truth of the efficiency of the vaccines. Hence, a positive message is achieved.

Secondly, the lexical level is observed when the speaker uses the through using the adjective '**safe**', the verb '**protecting**' and the adverb '**very**' that carry the positive meaning. Utilising these words trigger a positive presupposition which reads that it is vaccines that protect and save people from the fatal consequences of this vital virus. Accordingly, dr. Carissa's positive message is achieved due to these lexical triggers.

Thirdly, the rhetorical level is seen when the addresser uses the rhetorical device of **hyperbole** in extract 4. To encourage the addressees to take the vaccines and follow the safety instructions makes the speaker to overstate and exaggerate about the efficiency of the vaccines in saving and protecting them from worst consequences of the virus. The initiation of this device is attributed to the use of the words '**very safe**' '**protecting more people**' in her speech '*COVID-19 vaccines work and they are very safe. They are protecting most people in our Region from the worst consequences of COVID-19 infection.*' Hence, the positive message is accomplished.

Promise, be optimistic and *exaggerate interest in* are the three positive politeness strategies that the speaker uses to achieve the pragmatic level in extract 4. There exists various reasons behind employing these strategies: firstly, to promise people that their lives continue if they use the vaccines since they are the safest and protective solutions; secondly, to send positive message, that is, addressees must be as calm and optimistic as possible since vaccines are the appropriate protocol to defeat the virus; thirdly, to overstate the efficiency of the vaccines in defeating the virus and, thus, saving people's lives.

2. The Ideological Analysis

Giving such positive speech means that there is an intended ideology. As such, the doctor tries to shed light on the perfect and appropriate protocols and vaccines that will in turn save and protect others' lives. Thus, the positive ideology is the intended one that reveals the role of the Americans in achieving this success. Besides, solidarity, togetherness and optimism are boosted among the American addressees due to dr. Carissa's speech.

Extract 5.

The COVID vaccination effort has been the largest immunization program in history. It has shown us that success is possible when countries and people work together to embrace vaccines. (ibid)

1. The Linguistic Analysis

In extract 5. The linguistic analysis is launched due to the doctor's use of the structural level, the lexical level, the rhetorical level and the pragmatic level to deliver her message.

The structural level takes place when the speaker uses **the present simple and perfect tense**. Highlighting the role of the vaccination in the war against Covid-19 makes the doctor adopt this tense. Besides, she exploits this tense to convince the addressees that it is necessary for people across the world to embrace to defeat this virus by taking vaccinations since the latter proves its efficiency against COVID-19 since the speaker tells the addressees about the truth of the effectiveness of COVID-19 vaccines. Thus, her positive message is achieved due to this tense, as seen in extract 5.

As for the lexical level, extract 5. proves that dr. Carissa employs the nouns '**immunizations**' and '**success**', the verb '**work**', the adjective '**possible**' and the adverb '**together**' that carry a positive meaning. These lexical words trigger a positive presupposition which means that vaccinations boost immunizations and can be achieved via working together, and, makes the success possible. In doing so, she wants to convey a positive message that immunization systems are able to carry people to a safe place, and, thus, success is achieved.

Regarding the rhetorical level, it is found in extract 5. that the addresser calls for the rhetorical device of **hyperbole** when stating his discourse. The adaptation of this device means that the speaker attempts to exaggeratedly emphasise the importance of coronavirus vaccines in increasing the immunization system of people. It is achieved by using the expressions '***The COVID vaccination effort has been the largest immunization program in history***'. Thus, the positive message of the doctor's discourse is achieved.

It has been shown in extract 5. that achieving the pragmatic level requires the speaker to use the positive strategies of *exaggerate interest in* and *imply or assert knowledge of and concern for a hearer's wants* and *be optimistic* While the first is achieved by overstating the role of vaccines in boosting humans' immunization systems, the second is accomplished by acknowledging the people that vaccination is the only way to keep them safe and protected. Hence, encouraging the addressees to take vaccines to fight the virus since they have proved their efficiency activates the positive strategy of be optimistic. Accordingly, dr. Carissa's positive message is accomplished due to these positive strategies.

2. The Ideological Analysis

Using this type of positive speech reveals that the speaker intends to emphasise the goods of the American health workers and organisations, scientists, police officers and regular people who participate in arriving at the invention and using the vaccines. In doing this, the doctor intends to encourage the addressees to strengthen the solidarity, unity, togetherness and optimism among them. Accordingly, the positive ideology is reflected.

Extract 6.

Over the past few weeks, COVID cases and deaths have dropped across most countries and territories in the Americas. (web 4.)

1. The Linguistic Analysis

Dr. Carissa uses the discourse in extract 6. in order to send a positive message through using four linguistic levels; the structural, the lexical and the rhetorical.

The present perfect tense is used to achieve the structural level in extract 6. In doing so, she attempts to make the addressees be as hopeful and optimistic as possible and emphasises the role of the medical personnel, health organisations and others who make vital sacrifices to achieve the progress of defeating COVID-19. Moreover, she orients her speech to inform the addressees about the lower cases of deaths and infections across most countries and territories of Americas. Her positive message is declared through motivating the Americans to take vaccines to decrease the rate of COVID-19 victims.

In addition, the positive message is conveyed through triggering a positive presupposition when the doctor uses the verb '**dropped**' which carries the positive meaning. It positively presupposes that it is the hard work of scientists, health workers and vaccines that make the virus cases and deaths dropped over the last weeks. Using this presupposition means that the speaker encourages the addressees to be hopeful and belief in the duties of the white army and the vaccines against this fatal virus.

Further, the achievement of the positive message is also attributed to the doctor's employment of **litotes**, as the rhetorical device of the rhetorical level . Lessening and reducing the dangers of the virus requires the speaker to call for this device so as to gain the maximum level of optimism and hope. That is, the interpretation of this positive message will be that addressees should be hopeful and have belief in the followed protocols and vaccines since the data of COVID-19 cases is decreased across the world over the past weeks.

Achieving the positive message in extract 6. makes the speaker adopts certain positive politeness strategies in order to achieve the pragmatic level. *Be optimistic* and *imply or assert knowledge of and concern for a hearer's wants* are the two strategies that carry the positive message of her discourse in extract 6. The reasons

behind using these strategies are to spread the spirit of hope and safe as well as to acknowledge the addressees that the hard work of health organisations and staff did succeed in decreasing the cases and deaths of the virus.

2. The ideological Analysis

Gaining the solidarity, unity and positivity among the addressees is the positive ideology that the doctor aims to reflect when declaring such speech in extract 6. Hence, Dr. Carissa employs the positive discourse to prioritise the Americans' achievements during their war against the pandemic of COVID-19 by highlighting the goods of America in protecting and saving other countries and territories of the America's against the spread of the virus.

Extract 7.

We must face it together, with caution, but also with confidence because we know what it takes to protect our people. First, it is important to continue filling our vaccination gaps to protect the most vulnerable. (ibid)

1. The Linguistic Analysis

As far as the linguistic analysis is concerned, extract 7. illustrates that four levels are employed by dr. Carissa when stating her discourse.

The structural level is the first one that deals with the structures that carry positive meaning. As such, *the present simple* carries the positivity in extract 7. Due to the importance of vaccines and the appropriate protocols, she gives such

discourse. Besides, she intends to highlight that specialists (medical organisations and personnel) follow safety precautions and protocols so as to protect not only regular people but also the most vulnerable and prioritise the role of vaccines. Hence, the addresser implicitly instruct the addressees how to deal and protect themselves from the dangers of the virus.

Besides, the lexical level is the second one that deals with the lexical words that refer to the positivity of the speaker's discourse. It is accomplished via using the adverb '**together**', the nouns '**caution**', '**confidence**', and '**vaccination**' and the verb '**protect**'. Using these lexical words lead to triggering a positive presupposition which means that together with caution and confidence, vaccinations are invented to protect us from the fatal virus. As such, the positive message of the doctor's speech is conveyed.

Additionally, the rhetorical level is the third one that deals with rhetorical devices through which the addresser either exaggerates or lessens the matters that are related to the virus and vaccinations. As such, the doctor employs the rhetorical device of **hyperbole** so as to achieve this level by using the constructions '***We must face it together, with caution, but also with confidence***' and '***.... to protect the most vulnerable.***'. Initiating this device means that dr. Carissa exaggeratedly aims at encouraging the addressees to take the Covid-19 vaccines, since they are the only way to protect people from being a victim of this pandemic.

Extract 7. authenticates that dr. Carissa uses the positive politeness strategies to achieve the pragmatic level. ***Inclusive we, be optimistic*** and ***exaggerate interest in*** are the three positive strategies that are used in extract 7. The reasons behind launching these strategies are to include all the addressees to be notified about the importance of the role of the vaccines and health workers and organisations; to encourage the addressees that optimism and hope are crucial during this vital

pandemic; and to overstate the hard and collaborative work of specialists and protocols that lead to saving people from the dangers of the virus. Based on these positive strategies, the positive message is fulfilled in extract 7.

2. The Ideological Analysis

Concerning the positive ideology, it is found that dr. Carissa wants to emphasise the goods of the Americans' health workers and organisations in spreading, and developing the culture of COVID-19 vaccines among their people. Accordingly, she insists unvaccinated people take vaccines, and, thus, join the protected community through strengthening solidarity, unity, optimism among them.

Extract 8.

We have secured the necessary vaccine supplies. Now, we need to redouble our efforts to ensure that our vulnerable populations receive the doses that they need to remain protected against COVID-19, and we need to do that as soon as possible. (ibid)

1. The Linguistic Analysis

Telling the people about the positive achievements and developments as well as future precautions and protocols that are related to the vaccines of COVID-19 requires the doctors to employ the structural, lexical, rhetorical and the pragmatic levels to accomplish the linguistic analysis.

Firstly, the structural level is observed when the speaker uses *the present perfect tense* to highlight that the health organisations still supply people with vaccines to ensure that all populations must receive their doses. Further, limiting

the danger and spread of the virus is the reason that makes the doctor initiates this tense. Hence, the positive message of her discourse is conveyed. Additionally, **the present simple tense** is adopted to acknowledge the addressees about the present and future plans that are related to increasing the efforts so as to ensure that all Americans will get their doses of the COVID-19 vaccines.

Secondly, the lexical level is seen when the addresser employs the verbs '**secured**', '**receive**', and '**remain**', the nouns '**supplies**', '**vaccines**' and '**doses**' and **the** adjective '**protected**'. Using these words leads to triggering a positive presupposition which reads that supplying the required vaccines that people need means that their lives remain protected from the virus. As such, the positive message is accomplished in extract 8.

Thirdly, the rhetorical level is performed when the doctor calls for the rhetorical device of **hyperbole** in extract 8. Focusing on the importance of supplying people with the doses they need is the aim behind dr. Carissa's use of hyperbole. It is accomplished via using the constructions '*... secured the necessary vaccine supplies. Now, we need to redouble our efforts to ensure that our vulnerable populations*' '*.....to remain protected against COVID-19*', and '*..... do that as soon as possible.*'. The positive message is that supplying all the populations with COVID vaccines is considered as the highest priority of health organisations, and, thus, people are protected while the virus is defeated.

Fourthly, the pragmatic level is fulfilled when the speaker performs the positive politeness strategies of *inclusive we*, *exaggerate interest in* and *promise*. She positively intends to include the addressees (vaccinated and unvaccinated) within the health campaign for the sake of supplying the doses and, then, be protected as fast as possible. the doctor also exaggerates the matters that are related to the vaccines efficiency to save and protect regular and vulnerable people. Besides, she

promises that if vulnerable people receive their doses they will be protected and secured from the virus. Thus, she encourages all populations to take their vaccines to be secured as fast as possible.

2. The Ideological Analysis

Extract 8. shows that dr. Carissa attempts to emphasise all good and appropriate works and achievements of the American health staff and organisations, scientists, police officers and regular people that are related to COVID-19 vaccinations and protocols. In doing so, positivity, solidarity and togetherness are created among the population of America. Thus, the positive ideology is accomplished.

Extract 9.

Tomorrow, as we celebrate World Health Day and this year's theme of "Our Planet, Our Health," we wish to make an urgent call to work together towards a healthier, more sustainable future, so that we can withstand this next analysis of the pandemic, and other health crises. (ibid)

1. The Linguistic Analysis

Dr. Carissa employs the structural, the lexical, the rhetorical and the pragmatic levels to achieve the linguistic analysis in extract 9.

The present simple tense is used to exemplify the structural level. In doing so, she attempts to echo the positive message of her discourse by mentioning that driving the community to the safe bank requires the collaborative work of health workers, organisations and regular people, and thus, she tells them about the present and future plans to be more sustainable country against diseases. Moreover, the doctor encourages the American addressees that by the collaborative work our

country can withstand the present and the future (if there are any) health crisis. Accordingly, the positive message of dr. Carissa's discourse is spoken.

Further, the adverb '**together**', the adjectives '**healthier**' and '**sustainable**', and the verbs '**celebrate**' and '**withstand**' are used to achieve the second level. Using these words triggers a positive presupposition which reads that withstanding the pandemic requires an urgent call to work together and, thus, have a sustainable and healthier future to celebrate. Accordingly, the positive message of her discourse is achieved.

Moreover, the rhetorical device of **hyperbole** is used by the speaker to perform the third level of the linguistic analysis in extract 9. Persuading people that in order to get a better and sustained future needs an urgent call for collaborative work and sacrifices motivates the doctor to launch hyperbole. Employing this device means that the speaker exaggeratedly emphasises the topic in question through saying '*we wish to make an urgent call to work together towards a healthier, more sustainable future, so that we can withstand this next analysis of the pandemic...*'. Thus, her positive message is declared.

There are three positive strategies used by the doctor so as to achieve the pragmatic analysis in extract 9. The strategy of *inclusive we, exaggerate interest in* and the strategy of *promise*. The reasons behind using these strategies are to highlight that it is the responsibility of all community statuses to collaborate for the sake of defeating the virus through using the pronoun 'we' and the expressions of exaggeration '*together*', '*an urgent call*', '*a healthier and sustainable future*' and '*withstand this next analysis of the pandemic*'. Besides, she promises the addressees that if we want a sustainable and protected future, then we must unite to fight the next analysis of the pandemic. Hence, the positive message of her speech is delivered.

2. The Ideological Analysis

Stating such speech means that the speaker tries to reveal a positive ideology through which the goods of the American health workers, scientists, police officers and regular people in fighting the pandemic of COVID-19 through using the inclusive expressions in her speech ‘*we wish to make an urgent call to work **together** towards a healthier, more sustainable future, so that **we** can withstand this next analysis of the pandemic, and other health crises.*’ As such, unity, solidarity and positivity are strengthened among the American population.

Extract 10.

But today we have better tools to fight COVID, and countries have the experience that they need to control infections. (web 5.)

1. The Linguistic Analysis

To convey the positive message of her discourse, Dr. Carissa uses the structural, lexical, rhetorical and the pragmatic levels to accomplish the linguistic analysis, as illustrated in extract 10.

As for the structural level, it is shown in extract 10. that the addresser utilizes *the present simple tense* to inform the addressees about the present plans to fight the virus by mentioning that ‘*...we have better tools to fight COVID...*’. Besides, she implicitly tells the addressees that the fight against the virus is under control since communities become experienced to deal with the infections via using the appropriate tools to achieve progress.

As for the lexical level , it is mentioned in extract 10. that the speaker launches the lexical triggers presupposition by using the adjective '**better**', the verbs '**fight**', and '**control**' and the noun '**experience**'. To trigger a positive presupposition requires the doctor to employ these words. It positively presupposes that the spread of the infections of COVID are under control due to the appropriate tools that are taken place by experienced personnel. Accordingly, the positive message is achieved.

As for the rhetorical level, extract 10. clarifies that dr. Carissa employs the rhetorical device of **hyperbole** to exaggerate about the tools and experiences that her community possess to defeat the pandemic of COVID-19. Getting the addressees' attentions to reconsider the highest dangers of the virus and the role of the white army requires the speaker to employ this device, and, thus, the positive message is accomplished. It is accomplished via using the expressions of exaggeration '*... we have **better tools to fight COVID**, and countries have **the experience***'.

The pragmatic level is achieved by means of the positive strategies of *inclusive we*, *be optimistic* and *exaggerate interest in*, as illustrated in extract 10. Arriving at the positivity of her speech makes dr. Carissa exploits these strategies. Hence, the doctor intends to include the addressees to believe in the healthy tools that are used to defeat the virus by using the pronoun '*we*'; overstate the matters that are related to the tools that are employed by the countries to defeat the virus; and encourage the addressees to be calm and hopeful since the authorities have the experience to employ the adequate tools to control the virus. Hence the positive message is delivered.

2. The Ideological Analysis

The speaker intends to reflect the American role in helping and protecting their community and other communities to control the variant of COVID-19 by saying that they are equipped with the adequate tools which will enable them to defeat the virus and its infections. Based on this speech, the positive ideology is revealed and only the goods of their medical staff and organisations' are emphasised. As such, solidarity, togetherness and optimism are enhanced among the American population.

Extract 11.

Omicron has shown that the vaccines that we have at hand can protect most of us from severe illness and death. (ibid)

1. The Linguistic Analysis

According to extract 11. the addresser employs the levels of the linguistic analysis to arrive at the positive message of her speech. The linguistic analysis of extract 11. encompasses four levels; namely, the structural, the lexical, the rhetorical, and the pragmatic.

The first level is fulfilled when the doctor uses *the present simple tense* to stress the importance of vaccines in protecting the population from the illness and deaths of Omicron. In doing so, she tells the addressees about the present and future plans concerning the spread of the virus and the role of the vaccines, and, accordingly the addresser encourages the addressees that their lives can only be protected by taking vaccines. The addressees should be hopeful and belief in the abilities of their authorities, and, thus, the positive message is declared.

The second level is fulfilled when the addresser employs the verb '**protect**' and the noun '**vaccines**', and, thus, a positive presupposition is triggered. In doing so, she positively presupposes that vaccines are used to protect humans' lives from the illness and death of the variants of the virus in question, as presented in extract 11. Accordingly, dr. Carissa's positive message is spoken due to these words.

The third level is accomplished when the speaker the rhetorical device of **hyperbole** in extract 11. The doctor's use of hyperbole indicates that she insists on the role of the vaccines to overcome the dangers of coronavirus variants by using the expressions of exaggeration '*...can protect **most of us from the severe illness and deaths***'. Besides, she stresses the fatality of the virus in terms of its spread and infectious. Hence, the positive message of her discourse is to make the addressees be optimistic and confident with regard to the protection that they receive when taking vaccines.

In relation to the pragmatic analysis of extract 11., it is found that the doctor employs the positive politeness strategies of *be optimistic, inclusive we* and *imply or assert knowledge for and concern to a hearer's wants*. The positive intentions behind using these strategies are to encourage the addressees to be calm and optimistic as far as possible since the vaccines are provided and efficient; to include the addressees to be responsible so as to overcome this pandemic safely; and to acknowledge the addressees that the illness and death of the virus can be managed by taking the vaccines.

2. The Ideological Analysis

Highlighting the achievements and the goods of the American authorities and medical associations as well as regular people requires dr. Carissa to declare

positive discourse in extract 11. In doing so, positivity, togetherness and solidarity are emphasised, and, thus, the positive ideology is revealed.

Extract 12.

14 countries and territories in our region have already immunized more than 70% of their eligible populations. We are on track to help other nations reach that mark and must continue to strive for equitable access so that we can reach everyone. (ibid)

1. The Linguistic Analysis

Extract 12. proves that dr. Carissa launches the linguistic analysis when she employs four levels; namely, the structural, the lexical and the rhetorical.

Firstly, the structural level is achieved by using *the present perfect tense* to highlight the positive message that is embedded in the doctor's speech. In doing so, she tries to shed light on the role of the authorities in immunising seventy percent of their populations, and, thus, becomes eligible by telling them about the present and future plans that are related to the vaccines. Due to this tense, the doctor declares her positive message, which is, telling the addressees to be optimistic since three-quarters of the population receive vaccines, and, hence, become eligible immunised. Thus, her positive message is spoken.

Secondly, the lexical level is fulfilled through using the verbs '**immunised**', '**help**', '**reach**' and '**continue**' and the adjectives '**eligible**' and '**equitable**'. Owing to the employment of these two words, a positive presupposition is triggered. The reason behind using the presupposition is to positively stress that vaccinating most

of the population helps boosting the immunity system, and, thus, becoming eligible to defeat COVID-19. Accordingly, the positive message is delivered.

Thirdly, the rhetorical level is accomplished when the doctor exploits the rhetorical device of **hyperbole**. This device is observed when the speaker exaggeratedly sheds the light on the role of vaccinations in strengthening the population's immunity systems to defeat this virus by giving the rate of those who get vaccines (70%). The activation of hyperbole is attributed to the doctor's use of the exaggerated constructions '*...more than 70% of their eligible populations*' and '*...must continue to strive for equitable access so that we can reach everyone*'.

According to extract 12. the pragmatic level takes place when the addresser employs the positive politeness strategies for the sake of stating her positive message. These strategies include: *be optimistic, exaggerate interest in, imply or assert knowledge for and concern to a hearer's wants, inclusive we* and *promise*. Performing these strategies indicates that the speaker insists that addressees need to be hopeful and believe in the health workers and organisation's hard efforts. Besides, overstatement is crucially important when speaking about the positive results of the vaccine achievements in developing the population's immune systems. Hence, getting the hearers' concerns in terms of the improvements of vaccines is also of higher priority to Dr. Carissa when declaring this speech. Additionally, she includes the addressees and promises them that the health organisations and authorities are working hard to achieve the high vaccinated percentages in other countries so as to overcome this pandemic.

2. The Ideological Analysis

When positively speaking about the number of immunized populations in extract 12., the speaker intends to reveal an ideology. That is, the positive ideology

in which positivity, solidarity and togetherness are emphasised. In doing so, the goods of the health workers and organisations, scientists, policemen and populations are exaggeratedly highlighted with regard to their role in fighting COVID-19. In doing so, Dr. Carissa keeps using the inclusive expressions to reveal the role of America in achieving this success *'14 countries and territories in our region have already immunized more than 70% of their eligible populations. We are on track to help other nations reach that mark and must continue to strive for equitable access so that we can reach everyone.'*

Extract 13.

We have now delivered 100 million doses of COVID-19 vaccines to 33 countries in Latin America and the Caribbean, thanks to the work of PAHO's Revolving Fund in coordination with COVAX. We are also thankful for donations of vaccines from nine countries, which made up 30% of that 100 million dose milestone. (ibid)

1. The Linguistic Analysis

Extract 13. clarifies that the speaker employs *the present tense in the perfective and simple forms* to achieve the structural level of the linguistic analysis. Calling for these two structures indicates that Dr. Carissa stresses the contribution of the American medical associations and authorities in delivering 100 million doses of the vaccines to the Americas (Latin and Caribbean). Moreover, the present simple is used to express emotions when the speaker thanks the countries who donate money to help scientists and medical associations to supply doses. As such, the positive message is achieved due to these structures.

Further, the doctor employs the verb '**delivered**', the nouns '**doses**', '**vaccines**' and '**donations**' and the adjective '**thankful**' to perform the lexical level in extract 13. When using these words, the speaker triggers a positive presupposition which reads that gratitude is necessary to the medical personnel, organisations, authorities of America and the countries who participate and help in donating money and delivering 100 million doses of COVID-19 vaccines to the Latin and Caribbean Americas. In doing so, the positive message of her discourse is delivered via using these lexical words.

In addition, the addresser uses **hyperbole** to initiate the rhetorical level of the linguistic analysis. It is the exaggeration of the COVID-19 vaccines and the gratitude to the participators and donators that is the aim of employing hyperbole by Dr. Carrissa in extract 13. She intends to declare her positive message, that is, developed achievements are necessary and should be prioritised, and, hence, known to all the addressees by using the exaggerated constructions '***We have now delivered 100 million doses of COVID-19 vaccines to 33 countries***' and '***...which made up 30% of that 100 million dose milestone.***'

Concerning the pragmatic level, it is illustrated in extract 13. that Dr. Carissa utilises the positive pragmatic strategies of ***inclusive we, be optimistic, small talk*** and ***exaggerate interest in*** to launch the pragmatic analysis. The positive reasons behind using these strategies are to include the addressees that their collaborative role is as important as that of the medical personnel and organisations when dealing with the COVID-19 vaccines and protocols; thank and show gratitude to health organisations and countries for funding and donating money to supply and deliver the doses of vaccines to Latin and Caribbean countries; exaggerate the addressees' interest in delivering the number of doses to the Americas countries. Accordingly, giving such speech sends a positive message which reads that people

should be hopeful since all health workers and organisations, as well as donators, work hard to overcome the COVID-19 pandemic.

2. The Ideological Analysis

What dr. Carissa's intends to reflect is the role of American health organisations, funders and personnel in supplying vaccines for COVID-19 by using the inclusive, exaggeration and gratitude expressions '*We have now delivered 100 million doses of COVID-19 vaccines to 33 countries in Latin America and the Caribbean, thanks to the work of PAHO's Revolving Fund in coordination with COVAX. We are also thankful for donations of vaccines from nine countries, which made up 30% of that 100 million dose milestone.*' In doing so, the positive ideology is revealed in which only the goods of the Americans are emphasised in achieving this progress to enhance solidarity, togetherness and optimism among them.

Extract 14.

In addition to promoting vaccinations, countries also know how to adjust hospital systems to accommodate new surges, while making sure health workers have the protection and knowledge to safely treat COVID patients. (ibid)

1. The Linguistic Analysis

Extract 14. authenticates that the doctor employs four levels so as to accomplish the linguistic analysis.

The first level is called the structural and it is performed due to the speaker's use of *the present simple tense*. To positively inform the addressees that hospitals

and organisations are ready to accommodate all the emergencies due to the health workers' qualifications and protections when dealing with COVID-19 patients requires the doctor to adopt the present simple tense. Besides, the speaker tells the addressees about the truth of having efficient health workers and hospital systems that are able to accommodate with intense situations. Hence, the positive message of dr. Carissa's discourse is spoken.

The second level is known as the lexical and it is observed according to the addresser's employment of the verbs '**promoting**' and '**treat**', the nouns '**vaccinations**', '**protection**' and adverb '**safely**'. Utilising these words leads to triggering a positive presupposition which entails that it is health workers and hospitals that are qualified and equipped with the appropriate facilities and personnel. In doing so, her positive message is delivered.

The third level is referred to as the rhetorical and it is accomplished when the doctor employs the rhetorical device of **hyperbole** by using the expressions '**to accommodate new surges**' and '**...knowledge to safely treat COVID patients.**'. As such, she exaggeratedly aims at shedding the light on the developed hospital systems that are able to accommodate COVID-19 cases since they provide patients with the highest protection and safety in addition to their equipped and developed facilities. Accordingly, the doctor's positive message is heard.

To achieve the pragmatic level, extract 14. shows that the speaker exploits three positive politeness strategies; namely, *exaggerate interest in, be optimistic* and *imply or assert knowledge for and concern to a hearer's wants*. Using these strategies means that dr. Carissa overstates the matters that are related to the hospital systems, health workers and vaccines so as to get the addressees' interest and hope; encourages the addressees to be more optimistic by telling them that the hospitals have qualified staff and developed equipment; and acknowledges the

addressees' concern by asserting that accommodating new surges becomes possible since the health workers and hospitals supply the protection and safety to COVID-19 patients. Hence, the positive message is delivered.

2. The Ideological Analysis

Underscoring the hard work and goods of the American health workers, organisations and hospitals indicate that she wants to reveal the positive ideology. In doing so, positivity, unity, solidarity and togetherness are emphasised among the Americans, as far as fighting COVID-19 is concerned.

Extract 15.

Vaccines shield us from the worst COVID symptoms and reduce our chances of needing hospitalized care. (web 6.)

1. The Linguistic Analysis

Based on the positive message that is given in extract 15., the doctor employs *the present simple tense* to achieve the structural level of the linguistic analysis. In doing so, she attempts to persuade the addressees to avoid being affected by the virus and needed to hospitalised care necessarily requires them to take the vaccines, and thus, the general truth of the vaccines is revealed. Hence, taking COVID-19 vaccines becomes the prior procedure that all addressees must carefully consider its remedial role in defeating this pandemic. Hence, her positive message is delivered due to this tense at the structural level.

Besides, dr. Carissa employs the lexical level to achieve the linguistic analysis in extract 15. As such, the noun '**vaccines**' and the verbs '**shield**' and '**reduce**' are used to trigger a positive presupposition which reads that reducing the number of

affected and hospitalised cases highly depends on the vaccines which in turn shield them from the pandemic of COVID-19. Declaring this discourse leads to the initiation of the doctor's positive message.

Further, the rhetorical level of the linguistic analysis is also achieved when the speaker exploits the rhetorical device of **litotes**, as illustrated in extract 15. To lessen the danger and fatality of the virus requires the doctor to adopt this positive discourse by employing the understating expressions '*Vaccines ... reduce our chances of needing hospitalized care.*'. In other words, if people want to reduce COVID-19 cases in hospitals, they need to shield their bodies by taking vaccines. Thus, the positive message is conveyed.

Extract 15. proves that it is the positive politeness strategies that help the doctor to initiate the pragmatic level of the pragmatic analysis when delivering her speech. In this regard, dr. Carissa utilises the positive strategies of *be optimistic* and *promise*. The reasons behind launching these strategies are to positively encourage the addressees to take the vaccines and promise them that vaccines are the only solutions to decrease the rate of the virus cases as well since they protect and shield their immune system to defeat this pandemic. As such, the positive message is delivered.

2. The Ideological Analysis

Concerning the ideological analysis, it is authenticated in that the speaker uses this positive discourse in which all and only the goods of the American health workers, decision-makers and medical organisations are emphasised. In doing so, the positive ideology that is related to their achievements and protocols in fighting the virus is revealed.

Extract 16.

More than 60% of people in Latin America and the Caribbean have been fully vaccinated against COVID. We aim to vaccinate at least 70% of the population by mid-2022. PAHO's Revolving Fund will soon reach the milestone of delivering 100 million doses of vaccines to 33 countries, and as more vaccines become available, we encourage those who haven't been vaccinated please to do so. (ibid)

1. The Linguistic Analysis

When delivering her speech, Dr. Carissa adopts four levels to initiate the linguistic analysis in extract 16.

Firstly, the structural level is activated when the speaker employs two structures; namely, *the present perfect simple* and *the future simple*. The former is used to express the rate of vaccinated populations and encourage the unvaccinated population to do so. The latter is used to express that the plan of the medical organisations (PAHO) is to supply doses for 70% of the people in question. Using these tenses makes the doctor's positive message to be easily delivered through telling the addressees about the present and future plans about the vaccines and instructing them how to deal with the dangers of the virus.

Secondly, the lexical level is seen when the addresser adopts the nouns '**doses**' and '**vaccines**', the adverb '**fully**' and the adjective '**available**' and the verbs '**encourage**', '**vaccinate**', '**vaccinated**' '**delivering**' and '**reach**'. Accordingly, a positive presupposition is triggered due to these lexical words. It positively presupposes that reaching a fully vaccinated amount of population will encourage those who are not vaccinated to do so since it is proven that vaccines are the only solution to defeat the virus. Hence, the positive message of her discourse is achieved, as seen in extract 16.

Thirdly, the rhetorical level of the linguistic analysis is performed when the addresser calls for the rhetorical device of **hyperbole** in extract 16. It is the importance of the vaccines that motivates Dr. Carissa uses this rhetorical device. As such, she exaggeratedly highlights the rate of the vaccinated population so as to encourage those who do not take vaccines by mentioning '*More than 60% of people ... have been fully vaccinated ... We aim to vaccinate at least 70% of the population ... reach the milestone of delivering 100 million doses of vaccines to 33 countries, and as more vaccines ...*'. In addition, the role of the medical organisation (PAHO) is emphasised, that is, supplying the required number of doses to thirty-three countries. Hence, the doctor's positive message is achieved.

At the pragmatic level, extract 16. illustrates that the speaker utilises certain positive politeness strategies in order to arrive at the positive intention of her discourse. *Exaggerate interest in, be optimistic* and *inclusive we* are the positive strategies that are used by the doctor. The reasons behind doing so are gaining the addressees' interest through exaggeration to know the percentage of the vaccinated population in comparison with those who do not; encouraging the addressees to be hopeful and calm since the medical authorities aim to provide 100 doses to 33 countries; and including the addressees so as to be acknowledged about the rate of the vaccinated population and the role of medical associations in providing the vaccines as well. Hence, the positive message of her discourse is achieved due to the employment of these strategies.

2. The Ideological Analysis

Giving intense emphasis to the goods and positive achievements of the American medical staff and organisations reveals dr. Carissa's positive ideology. Accordingly, the orientation is that positivity, solidarity and unity among the

American population are emphasised through employing the inclusive, exaggeration and positive expressions ‘**More than 60% of people** in Latin America and the Caribbean **have been fully vaccinated against COVID**. We aim to **vaccinate at least 70% of the population by mid-2022**. PAHO's Revolving Fund will soon **reach the milestone of delivering 100 million doses of vaccines to 33 countries**, and **as more vaccines become available**, we encourage those who haven't been vaccinated please to do so.’

Extract 17.

The good news is that even before COVID arrived in our region two years ago, PAHO has been working to bolster our region's laboratory capacity to respond to emerging pathogens, so every country had the training, the supplies, and the ability to perform COVID diagnostic tests.

1. The Linguistic Analysis

Extract 17. clarifies that the speaker uses *the present* and *past tenses*. The present simple and the present perfect continuous are utilized to reveal the present and future plans of PAHO by shedding light on the current duties and news of the medical organization (PAHO), while the past simple is performed to remind the addressees that PAHO is working hard even before the coming of COVID-19 with regard to providing tests, training and supplies of the virus. Using these two tenses means that dr. Carissa’s positive message of her discourse is conveyed.

The speaker, in addition, calls for the verbs ‘**respond**’ and ‘**bolster**’, the adjective ‘**good**’, ‘and the noun ‘**supplies**’ to trigger a positive presupposition in extract 17. Using these lexical words positively presupposes that the positive news about the medical origination (PAHO) must be emphasized since it provides the

supplies, tests, and training to boost the medical personnel and regular people to respond to the urgent cases of COVID-19. Accordingly, the lexical level of the linguistic analysis is achieved, and, thus, the positive message is delivered.

Concerning the rhetorical level , it is shown that the doctor exploits the rhetorical device of **hyperbole** when declaring her discourse in extract 17. Exaggeratedly stating the positive and good news about the previous and present plans of the medical organization is the reason behind employing this device by the addresser by using '*The good news ... ago, PAHO has been working to bolster our region's laboratory capacity to respond to emerging pathogens, so every country*'. As such, the positive intention of her discourse is conveyed.

Extract 17. illustrates that there are two positive politeness strategies are observed in the spectrum of the pragmatic analysis; namely, *exaggerate interest in* and *assert or imply knowledge of and concern for a hearer's wants*. The former means that the speaker exaggerates the positive and good news about the plans of the medical organisation in supplying training and test to any COVID-19 case. The latter indicates that the speaker acknowledges the addressees' concerns that PAHO is working hard to arrive at its goal, that is, bolstering the laboratories with supplies, and, hence, becoming able to perform COVID-19 emergencies.

2. The Ideological Analysis

In relation to the ideology, it is revealed that the doctor aims at emphasising the goods of the American medical personnel and organisations in defeating the spread of the virus. In doing so, their associations' past, present, and future precautions (tests, training and supplies) are highlighted. Accordingly, the positive ideology is

reflected in which solidarity, optimism and togetherness are strengthened among the American population.

4. 1. 2 The Qualitative Analysis of Dr. Sajid’s Positive Speech (the British Data)

Extract 1.

This is a moment that we can all be proud of – the culmination of a brilliant national mission that’s helped us to withstand the Omicron wave and restore more freedom to this country. (web 7.)

1. The Linguistic Analysis

It the use of the structural, lexical, rhetorical and pragmatic levels that lead to the achievement of the linguistic phase in extract 1. The structural level is observed when dr. Sajid performs *the present simple tense* to convey his discourse. The reason behind using this tense is to inform the addressees that withstanding the Omicron wave is regarded as the national victory, and thus, emotions are expressed by saying ‘...*we are proud of*’. Accordingly, the positive message is fulfilled.

Besides, the lexical level is accomplished due to the doctor’s use of the lexical adjectives ‘**proud**’, ‘**brilliant**’, verbs ‘**helped**’, ‘**withstand**’ and noun ‘**freedom**’. The lexical words trigger a positive presupposition. It positively presupposes that overcoming the omicron wave leads to the brilliant freedom that all the country becomes proud of. In doing so, he attempts to arrive at the positive message of his discourse, as seen in extract 1.

Further, the rhetorical level is seen when the speaker calls for the rhetorical device of **hyperbole** in extract 1. Hyperbole is launched when the addresser exaggeratedly describes withstanding the omicron wave as the national mission so as to gain the addressees' attention. Thus, the positive message is achieved owing to Dr. Sajid's use of hyperbole.

Extract 1. proves that the initiation of the pragmatic level requires the doctor to employ three positive politeness strategies, that is, *exaggerate interest in, assert or imply knowledge of and concern for a hearer's wants* and *inclusive we*. The first strategy is seen when the speaker exaggeratedly talks about the victory against the omicron wave so as to get the hearers' interest. The second strategy is seen when the addresser attempts to acknowledge the addressees' attention through declaring the positive news concerning withstanding the omicron variant. Additionally, the last strategy is observed when the speaker exploits the pronoun 'we' to include the addressees (medical staff and organisations, scientists, policemen and regular people) in what he calls 'the brilliant national mission' to describe the victory against the omicron wave. Hence, the positive message is achieved.

2. The Ideological Analysis

Extract 1. illustrates that the doctor declares his positive discourse in order to emphasise all and only the British goods and positives with regard to the victory against the omicron variant. In doing so, positivity, solidarity and togetherness are highlighted, and, thus, the positive ideology is revealed.

Extract 2.

But we did know that we were in a stronger position than the previous winter thanks to that decision to open up in the summer, and to the solid defences that we've built over time. (ibid)

1. The Linguistic Analysis

Extract 2. authenticates that the speaker launches the linguistic analysis by using the structural, the lexical, the rhetorical and the pragmatic levels.

As for the structural level, it is shown that *the past simple tense and the present perfect simple tense* are used in extract 2. The reasons behind employing these tenses are to remind the addressees of the difficult times that the country went through (facing a vital number of COVID-19 cases); express emotions by thanking decisions makers and solid defences; and inform the addressees about the defences they have built over time (i.e., vaccines and the other safety procedures). Hence, the positive message of dr. Sajid's positive message is achieved due to these two tenses.

Concerning the lexical level, it is illustrated in extract 2. that the doctor calls for the lexical adjective '**solid**' and '**stronger**' and the noun '**defences**' to achieve his positive discourse. Using these words leads to the initiation of a positive presupposition which positively reads that gratitude is required to the solid defences (vaccines and medical personnel and organisations). In doing so, the speaker gives positive feedback to the addressees, and, thus, the positive message is achieved.

In relation to the rhetorical level, it is clarified in extract 2. that the speaker employs the rhetorical device of **hyperbole**. To exaggeratedly talk about the hard times of the pandemic and the solid defences they have built requires the doctor to adopt this device. Using the adjectives '**stronger**' and '**solid**' in front of the nouns

‘**position**’ and ‘**defences**’ respectively emphasises his positive discourse, and, thus, hyperbole occurs.

What achieves the pragmatic level in extract 2 is the doctor’s employment of the positive politeness strategies of *inclusive we*, *be optimistic* and *assert or imply knowledge of and concern for a hearer’s wants*. The first strategy is observed when the speaker exploits the pronoun ‘*we*’ to include the addressees in building the solid defence and remind them of what they went through during the pandemic. The second strategy is initiated when the speaker talks about the strong defence they have built in order to make the addressees feel positive and hopeful in relation to COVID-19. The final strategy is employed for the sake of asserting the addressees that medical personnel and organisations, policemen and scientists are working hard to build the kind of defence that will be able to defeat the virus. Hence, the positive message is declared.

2. The Ideological Analysis

The positive ideology is revealed in extract 2 when Dr. Sajid emphasises all the goods and de-emphasises the negatives of the British addressees (health workers, organisations and other social classes) when he strongly sheds light on the solid defence and less strongly on the previous time during the pandemic. In doing so, solidarity, unity and positivity are boosted among the British population.

Extract 3.

We’ve smashed records again and again, including a record 1.06 million UK vaccinations in a single day. We’ve also massively expanded our capacity for testing, and we expect to have some 400 million lateral flow tests available this month alone – that’s quadruple our pre-Omicron plans. (ibid)

1. The Linguistic Analysis

In extract 3., the linguistic phase is achieved via using three levels; namely, the structural, the lexical, the rhetorical and the pragmatic.

Firstly, the structural level is accomplished when the speaker uses *the present simple and perfect tenses*. To acknowledge the addressees about the present and future protective plans (i.e., the massive records of the vaccinated population and the testing capacity) requires the doctor to employ these tenses. Thus, the addressees are invited to positively and optimistically think about the virus since the numbers of vaccinated people and testing capacity are massively exceeded. Hence, the positive message is conveyed.

Secondly, the lexical level is performed in extract 3. when the doctor adopts the lexical verbs ‘**smashed**’ and ‘**expand**’. Due to these words, a positive presupposition is triggered. Thus, it positively presupposes that people should be optimistic since the goal of vaccinating people has been smashed and the test capacity has been expanded to include more than 400 million people. Accordingly, the positive message is declared.

Thirdly, the rhetorical level is practised in extract 3. when the addresser employs the rhetorical device of **hyperbole**. In doing so, the doctor emphasises his positive discourse by exaggerating matters that are related to vaccinated people and testing capacity by using the repetition ‘**again and again**’ and the number ‘**1.6 million**’ and ‘**400 million**’ to refer to the smash of the vaccinated people record. Hence, the positive intention of his discourse is fulfilled.

Finally, the pragmatic level is observed when the speaker employs the strategies of *exaggerate interest in* and *inclusive we*. While the former is achieved by using the words ‘massively’ and the repetition of the word ‘again’ overstates his

discourse that is related to the vaccinated population in comparison with the previous ones, the latter is observed by using the pronoun ‘*we*’ to include the addressees to be known that the numbers of doses and tests will reach 400 million. Using these strategies means that doctor tries to send a positive message in his discourse, that is, they should have faith and optimism since the medical organisation and personnel prioritise people’s lives and the danger of the virus.

2. The Ideological Analysis

The positive ideology is revealed in extract 3. due to the doctor’s positive discourse. He emphasises his country’s achievement and plans to defeat COVID-19 by exceeding the number of doses and tests to prepare for any wave that might be found. Accordingly, dr. Sajid’s positive discourse boosts solidarity, togetherness and optimism among the addressees.

Extract 4.

On top of this, we’ve secured even more antivirals and treatments, and deployed them directly to those people with the highest risk. Thanks to this huge collective effort, we’re more boosted than any large country in Europe, we’ve created the largest testing programme of any country in Europe and we’ve procured more antivirals than any country in Europe. That’s why we’re the most open country in Europe, and today we announced how we have plans to go even further. (ibid: b1)

1. The Linguistic Analysis

Extract 4. authenticates that the positive message of dr. Sajid is achieved linguistically at four levels; namely, the structural, the lexical, the rhetorical and the pragmatic.

At the structural level, it is shown that the speaker employs *the present simple and perfect* to arrive at the positive intention of his discourse. To highlight their developments, protocols, successes and precautions against the virus requires the doctor to initiate this tense. In doing so, he intends to instruct, tell the addressees about the present and future plans and express emotions with regard to the achievements and safety precautions of the vaccines and the roles of authorities. Besides, he uses the past simple to acknowledge the addressees about what was announced with regard to plans that will make them able to defeat the virus.

At the lexical level, it is found that the addresser exploits certain words for the sake of delivering his discourse. As such, the verbs ‘**secured**’, ‘**deployed**’ and ‘**procured**’; the adjective ‘**boosted**’; and the noun ‘**treatments**’ are used to trigger a positive presupposition which reads that securing, deploying and procuring treatments leads to boosted community that is able to defeat the virus. Hence, the positive message is achieved.

At the rhetorical level, it is seen in extract 4. that the doctor calls for the rhetorical device of **hyperbole** to achieve his message. In doing so, the doctor exaggeratedly emphasises his speech by mentioning ‘*we’ve secured even more antivirals and treatments, and deployed them directly to those people with the highest risk.*’, ‘*we’re more boosted than any large country in Europe, we’ve created the largest testing programme of any country*’ and ‘*we’ve procured more*

antivirals than any country in Europe. That's why we're the most open country in Europe, and today we announced how we have plans to go even further'.

Using this device in his discourse reveals the speaker's positive message which reads that people should be hopeful since authorities deploy the appropriate precautions and protocols to save the lives of all the country.

At the pragmatic level, it is proved in extract 4. that dr. Sajid calls for specific positive politeness strategies to achieve his positive message. Among the certain positive strategies come: *inclusive we, small talk, exaggerate interest in* and *be optimistic*. The first strategy is fulfilled when the speaker employs the pronoun 'we' to highlight the medical workers and organisations, scientists, policemen and regular people's developments and successes concerning supplying antivirals, testing, vaccines and others. The second strategy is exemplified when the doctor exploits the expression '*thanks*' to express gratitude to those who stand behind these successful efforts. The third strategy is observed when the addresser exaggeratedly speaks about the efforts and successes that are achieved by the medical personnel and organisations, policemen and regular people as well. Accordingly, the reason behind declaring such speech is to send an optimistic message that the addressees should be hopeful and believe in the authorities' duties in prioritising the lives of the community. Thus, the fourth strategy is achieved.

2. The Ideological Analysis

Due to the discourse in extract 4., it is authenticated that dr. Sajid highly emphasises the role of Britain in fighting COVID-19. It is all and only the positives and goods of the British medical organisations and workers, scientists, policemen and regular people that are given emphasis. Thus, the positive ideology is revealed by saying '*we've secured even more antivirals and treatments... we're more boosted than any, we've created the largest testing programme and we've*

procured more antivirals than any country in Europe. That's why we're the most open country in Europe, and today we announced how we have plans to go even further.'

Extract 5.

Today's ONS data shows a fall in infections, including in older age groups. Hospitalisations have also fallen over the past week, and the number of COVID patients in intensive care beds is now at the same level as it was back in July. (ibid)

1. The Linguistic Analysis

In extract 5., the structural, the lexical, the rhetorical and the pragmatic levels are observed for the sake of achieving the linguistic analysis.

The present simple and *perfect* are used by the speaker when declaring his speech. Using this tense enables the doctor to talk about the fall of infections, hospitalisation and intense cases as well. Besides, *the past simple* is performed to compare the past data with the present so as to remind them of the British achievements. In doing so, he attempts to send a positive message which reads that the spread of the virus becomes under control although its danger. Hence, the structural level is accomplished.

The doctor employs the noun '**fall**' and the verb '**fallen**' to arrive at his positive message in which he wants to tell the addressees that the number of infections, hospitalisations and intense cases falls in comparison with that of July. Thus, the presupposition is achieved by means of these lexical triggers in extract 5. Accordingly, using these words leads to the accomplishment of the lexical level of the linguistic analysis.

Understating the fatality and danger of COVID-19 requires the addresser to employ the rhetorical device of **litotes** via using the expressions '*Today's ONS data shows a fall in infections, including in older age groups. Hospitalisations have also fallen over the past week*'. In doing so, the doctor attempts to declare that the spread of the virus is decreased with regard to the results of ONS. He aims to send a positive message through which addressees should be hopeful and courageous. Thus, the rhetorical level in extract 5. is achieved via using litotes.

In extract 5., two positive politeness strategies are used by the speaker; namely, *be optimistic* and *imply or assert knowledge of and concern for a hearer's wants*. Speaking about the fall in the number of COVID-19 cases (infections, hospitalisations and intense conditions) requires dr. Sajid to initiate these positive strategies. In doing so, he attempts to get the addressees' interest and attention by declaring this speech and encouraging them to be as optimistic as possible since the authorities are working hard and sacrifices to arrive at this fall in data.

2. The Ideological Analysis

Concerning the positive ideology, dr. Sajid orients his discourse to include all and only the positives and goods of Britain in fighting the virus. More adequately, it is the hard work and sacrifices that make the country overrides the obstacle of high and intense conditions. In other words the fall of the infestations, hospitalisations and intense cases reveals that there is a brave army (medical workers and organisations, scientists, policemen and regular people) who does whatever it takes to bring safety and life to his country. Accordingly, the positive ideology is emphasised.

Extract 6.

We're looking to replace legal requirements on self-isolation with advice and guidance and, in the coming days, I'll be setting out our plans to further ease restrictions on visits to care homes. (ibid)

1. The Linguistic Analysis

Achieving the linguistic analysis of extract 6. requires employing four levels. Firstly, the structural level is concerned with the structures that carry the positive message. As such, *the present continuous* and *the future simple* are used to accomplish the speaker's positive message. While the former means that the speaker tells the addressees that decision makers are working to de-emphasise the requirements and restrictions (self-isolation, social distance, etc...), the latter means that the doctor promises the addressees that the restrictions will be as easy as possible by setting out plans to achieve this. Accordingly, the positive message is delivered due to these tenses.

Secondly, the lexical level is concerned with the lexical words that carries the positive meaning in extract 6. which lead to triggering the positive presupposition. Thus, the verbs '**replace**', '**ease**' and '**care**' are used to trigger the presupposition which positively reads that intense restrictions will be replaced by the tolerant ones to allow ease and care among the populations. In doing so, his positive message is achieved.

Thirdly, the rhetorical level is concerned with the rhetorical devices that either increase or decrease the matters that are related to the virus. As such, the doctor employs the rhetorical device of **litotes** in order to tell the addressees that the dangers of COVID-19 are controlled, and, thus, the restrictions will be eased. That is, the usual precautions such as self-isolations, wearing masks, social distancing,

travelling and the like will be allowed. In doing so, the speaker's positive message is achieved.

Fourthly, the pragmatic level is concerned with the positive politeness strategies that are employed by the speaker when declaring his discourse. While giving his speech, dr. Sajid calls for the positive politeness strategies of *inclusive we, promise* and *be optimistic*. Telling the addressees about the easiness of the typical precautions and protocols means that the speaker intends to include them in achieving this success, that is, controlling the spread of the virus, and, thus, the first strategy is accomplished. Concerning the positive strategy of promise, extract 6 shows that the speaker promises the addressees that there will be plans to ease the restrictions and the like through saying '*I'll be setting out our plans to further ease restrictions on visits to care homes.*'. Mentioning such positive news in extract 6. leads to the initiation of the strategy of *be optimistic* which means that the addressees should be hopeful and optimistic since authorities are prioritising their lives through controlling the spread of the virus.

2. The Ideological Analysis

It is the positive ideology that is intended to be achieved by the doctor in extract 6. By the positive ideology is meant that the speaker orients his discourse to positively emphasise the British successes and triumph against COVID-19. That is, the medical organisations and personnel, scientists, policemen and regular people's goods and appropriateness when dealing with the pandemic are given more emphasis by dr. Sajid. In doing so, he aims at telling the world that Britain does a vital duty, that is, controlling the spread of the virus through lessening or easing the safety restrictions and rules of the pandemic.

Extract 7.

I'm so grateful to all the staff and volunteers and the military, everyone who made the rollout a reality, and to everyone who stepped up to get your jab. (ibid)

1. The Linguistic Analysis

When declaring the positive discourse, Four levels are required to achieve the linguistic analysis in extract 7.

At the structural level, the doctor performs *the present simple* and *the past simple*. The reasons behind employing these tenses are to express gratitude for the addressees (staff, volunteers, military members and others) who firstly participate in the vaccination rollout in the past and now. It is the positivity and optimism that the speaker intends to emphasise among the British community. Accordingly, he employs this positive discourse to thank the British populations for their sacrifices and hard work.

At the lexical level, extract 7. shows that the speaker exploits the adjective 'grateful' that carries the positive meaning. Using this lexical item leads to triggering a positive presupposition which reads that the speaker is grateful for the hard and fruitful efforts of staff, volunteers, military members and others that lead to decreasing the spread of COVID-19 in Britain. Hence, the doctor's positive message is fulfilled.

At the rhetorical level, the addresser employs the rhetorical device of **hyperbole** in extract 7. To exaggeratedly highlight the great efforts of the addressees in successfully accomplishing the vaccine rollout requires dr. Sajid to use this device by saying '*I'm so grateful to all the staff and volunteers and the military...*'. It is

the positive message that the speaker aims to deliver when giving this speech in extract 7.

At the pragmatic level, the speaker performs the positive politeness strategies of *small talk* and *exaggerate interest in* are performed in extract 7. The small talk strategy is exemplified when the speaker expresses thanks to the addressees' efforts. Besides, the strategy of exaggerate interest in is exemplified when the doctor exaggerates in thanking the addressees so as to encourage them that what they have achieved deserves respect and gratitude. Hence, the positive message is spoken.

2. The Ideological Analysis

Extract 7. Illustrates that controlling the spread and dangers of the virus is attributed to the hard effort and sacrifices of the British medical staff and organisations, scientists, military members and regular people. As such, only and all the goods of Britain are emphasised during dr. Sajid's speech. Hence, positive ideology is revealed through which solidarity, togetherness and optimism are prioritised among the British people.

Extract 8.

While some countries remain stuck on a zero-COVID strategy and others think about how they will safely open up here, we're showing the way forward, and showing the world what successfully living with COVID looks like. (web 2)

1. The Linguistic Analysis

It is shown in extract 8 that the doctor's positive discourse encompasses four levels of analysis; namely, the structural, the lexical, the rhetorical and the pragmatic.

At the structural level, it clarified that the speaker uses *the present continuous* to deliver his positive message. He tells the addressees that it is Britain who shows the way to the world how to live with and fight the COVID-19. In other words, other countries learn from our experience, that is, the British's strength and sacrifices during the pandemic. Therefore, the speaker attempts to reveal the present and future plans to the addressees and the world by emphasising on the role of their community to show the way forward 'what successfully living with COVID-19 looks like'. Accordingly, the positive message is achieved.

At the lexical level, extract 8. clarifies that there are a positive presupposition due to dr. Sajid's use of the lexical trigger. The adverbs '**safely**', '**forward**' and '**successfully**' carry the positive meaning, and, thus, the lexical trigger which leads to the positive presupposition is fulfilled. The speaker positively presupposes that Britain forward takes the safe way to successfully live with and fight the virus. Thus, the speaker's positive message is accomplished.

At the rhetorical level, the addresser calls for the rhetorical device of **hyperbole** to deliver his discourse in extract 8. In doing so, the doctor encourages the addressees to behave positively through exaggeration with regard to finding the appropriate ways to successfully live and fight the virus. Besides, he emphasises the role of Britain and how they find the successful ways to fight COVID-19 while other countries still do not find any. Hence, the positive message of dr. Sajid's discourse is declared due to this device.

At the pragmatic level, it is found that the speaker performs specific positive politeness strategies when declaring his speech. Firstly, he employs the strategy of *inclusive we* by using the pronoun ‘we’ in ‘*we’re showing the way forward, and showing the world what successfully living with COVID looks like*’. The reason behind this is to acknowledge the addressees that finding the successful ways to live and fight the virus is attributed to their appropriate and safe precautions and protocols. Secondly, the speaker uses the strategy of *exaggerate interest in* to gain the addressees’ attention that living and fighting the virus is a vital success and achievement while other countries do not arrive at this stage of success. Accordingly, the positive message of the speaker’s discourse is fulfilled.

2. The Ideological Analysis

What the speaker attempts to emphasise in extract 8 is the positives and goods of the British medical staff and organisations, scientists, police officers and regular people during the pandemic. He mentions that it is Britain that does succeed in living and fighting the virus while other countries do not by saying ‘*we’re showing the way forward, and showing the world what successfully living with COVID looks like*’. Thus, the positive ideology is revealed via this speech in which solidarity, togetherness and optimism are emphasised.

Extract 9.

The principle we’re applying is the same principle that’s guided our actions throughout this pandemic: and that is to achieve the maximum protection of public health with the minimum intrusion in people’s everyday lives. (ibid)

1. The Linguistic Analysis

Four levels are required to achieve the linguistic analysis in extract 9.

Extract 9. authenticates that the speaker employs *the present continuous tense* to arrive at his positive message of his speech. Using this tense expresses that the doctor emphasises the application of the principle, that is, maximising public health and minimising intrusion in people's lives. Thus, he intends to tell the addressees that they still using the positive and accurate protocol to save and protect people's lives during the pandemic by telling them about the present and future plans of the British authorities. Hence, the positive message is fulfilled due to dr. Sajid's employment of the present continuous to deliver his positive discourse at the structural level.

It is also proved in extract 9. that the positive presupposition is achieved due to the lexical trigger. It is initiated when the speaker uses the noun '**protection**' which carries the positive meaning. He positively presupposes that the protection comes from applying the appropriate procedure to save and protect people's lives during the spread of COVID-19. As such, the positive message of the speaker's positive discourse is achieved at the lexical level.

In extract 9., the speaker calls for two rhetorical devices, that is, **hyperbole** and **litotes**. The former device is fulfilled when the speaker overstates that matters that are related to protecting people's lives by saying '*to achieve the maximum protection of public health.*' The latter device is fulfilled when the doctor understates the matters that are related to intrusion in people lives '*the minimum intrusion in people's everyday lives*'. As such, the positive message of dr. Sajid's positive discourse is accomplished at the rhetorical level.

Dr. Sajid performs three positive politeness strategies when delivering his discourse in extract 9. Firstly, he performs the strategy of *inclusive we* to prioritise

the role of the British health worker and organisations, scientists, police officers and regular people in fighting the virus. Secondly, he uses the strategy of *exaggerate interest in* for the sake of gaining the addressees' attention to the matters that are related to protecting and saving their lives during the pandemic. Thirdly, he exploits the strategy of *imply or assert knowledge for and concern for a hearer's wants* to acknowledge the addressees that the British authorities are still using the appropriate protocol to save their lives from the virus. In doing so, the doctor achieve the positive message of his discourse at the pragmatic level.

2. The Ideological Analysis

When delivering his speech, dr. Sajid intensely emphasises the good and appropriate protocols and procedures of Britain during the pandemic. He attempts to highlight that health worker and organisations are applying the protective procedure to gain the maximum degree of safe and protection. As such, the positive ideology behind the doctor's speech is revealed whereby positivity, optimism and unity are fronted.

Extract 10.

When we consulted on vaccination as a condition of deployment in the NHS and wider social care settings, the evidence showed that vaccine effectiveness against infection from the dominant Delta variant has been, or was, between 65% and 80%, depending on which vaccines you had received. It was clear that

vaccination was the very best way to keep vulnerable people safe from Delta because quite simply, if you're not infected, you can't infect someone else. (ibid)

1. The linguistic Analysis

Concerning the linguistic analysis, extract 10. clarifies that the doctor presents his speech at four levels to deliver his positive message, that is, the structural, the lexical, the rhetorical and the pragmatic.

Firstly, the structural level is initiated due to the speaker's use of the *past simple* and *perfect*. The reason behind using the past simple and perfect tenses is to notify the addressees about the importance of vaccines to protect themselves and the community from the spread of the virus, particularly the vulnerable cases. Again, the doctor repeats using the past simple to emphasise remind the addressees about the achievement of vaccines against the Delta variant of COVID-19. Additionally, the speaker employs *the present perfect tense* for presenting the number of vaccinated people (between 60% and 80%) who, then, become protected and, thus, save their selves and the community. Accordingly, the positive message of his discourse is achieved.

Secondly, the lexical level is launched when the doctor calls for the positive nouns 'effectiveness', and 'vaccinations'; the verb 'keep'; and the adjectives 'safe' and 'best'. Owing to these positive lexical forms, the lexical trigger is initiated, and, thus, leads to the positive presupposition. It positively presupposes that vaccinations are the best and effective protocol that people must take to keep their lives as safe as possible from the variants of the virus. Using these words in his discourse means that dr. Sajid encourages the addressees to take vaccines, and, thus, be protected and safe against the dangers of the virus.

Thirdly, the rhetorical level is practised when the addresser employs the rhetorical device of **hyperbole**. Overstating the matters that are related to vaccines, the spread of the virus and its dangers is attributed to dr. Sajid's employment of hyperbole in extract 10. To exaggeratedly deliver his positive discourse requires the doctor to use the constructions *...the evidence showed that vaccine effectiveness against infection from the dominant Delta variant has been, or was, between 65% and 80%, depending on which vaccines you had received*' and *'...vaccination was the very best way to keep vulnerable people safe from Delta because quite simply...'*. Accordingly, the positive message is declared.

Fourthly, the pragmatic level is performed when the doctor uses the positive politeness strategies of *inclusive we*, *exaggerate interest in* and *be optimistic*. The first positive strategy is seen due to the speaker's use of the plural pronoun 'we' to include the addressees in the duty of taking the vaccines in order to decrease the spread of the virus, while the second strategy is seen due to the speaker's employment of the exaggerated expressions such as *'...the effectiveness against the virus....'*, *'...the very best way....'* and *'...between 60% and 80%...'* so as to get the addressees' attention and interest to prioritise the role of vaccines against the spread of the virus. The final positive strategy is used for the sake of telling that taking vaccines is regarded as the best way to limit the spread of COVID-19 so as to be protected and safe, and, thus, they should be optimistic and have belief in the hard work of authorities. Hence, the positive message is achieved.

2. The Ideological Analysis

In order to have the maximum level of solidarity, togetherness and optimism among the British population, extract 10. clarifies that dr. Sajid orients his speech to emphasise all and only the goods and positives of the British health workers,

organisations, scientists, police officers and regular people. In doing so, the positive ideology is revealed due to the speaker's positive discourse by talking about the British role in dealing with vaccines and following the appropriate safety protocols to defeat the virus.

Extract 11.

Since we launched the consultation on vaccination as a condition of deployment in the NHS and wider social care settings in September, there has been a net increase of 127,000 people working in the NHS who have done the right thing and got jabbed, becoming part of the 19 out of 20 NHS workers who have done their professional duty. During the same time, we have also seen a net increase of 32,000 people getting jabbed in social care including 22,000 people in care homes and 10,000 people working in domiciliary care. I'm grateful to the millions of health and care colleagues who have come forward and done the right thing – and the health and care leaders who have supported them. (ibid)

1. The Linguistic Analysis

The past simple and *the present perfect* are the tenses used to achieve the structural level of the linguistic analysis of dr. Sajid's positive discourse. The former is used to remind the addressees about the consultation on vaccination as a deployment in the NHS and other settings. The latter is used to acknowledge the addressees about the increase of those who have taken the vaccines and become part of the vaccinated NHS workers. Besides, the doctor uses the present perfect to express emotions to the medical personnel by saying '*I'm grateful to the millions of health and care colleagues who have come forward and done the right thing...*'. This positive increase of vaccinated workers is extended to include those who are working in social care and domiciliary care as well. Moreover, the present

simple tense is used by the speaker to express his gratitude with regard to the brave and sacrificing duty, that is, encouraging as far as possible to take vaccines and save their self and others against COVID-19.

The lexical verbs **‘increase’** and **‘supported’** and the adjectives **‘right’**, **‘professional’** and **‘grateful’** are used to fulfil the lexical level of the linguistic analysis in extract 10. Using these words triggers a positive presupposition that the doctor is grateful to the health workers who do the professional and right duty (taking vaccines). Besides, he expresses his gratitude to the workers since the number who take vaccines is increased. In doing so, the speaker sends a positive message by encouraging the addressees that vaccines are the right and professional duty to get protected against the spread of COVID-19.

The rhetorical device of **hyperbole** to accomplish the rhetorical level of the linguistic analysis in extract 10. To exaggeratedly speak about the matters that are related to the vaccines and the number of addressees who become vaccinated requires dr. Sajid employs hyperbole in his discourse. This rhetorical device takes place when the speaker says that *‘...there has been a net increase of 127,000 people working in the NHS who have done the right thing and got jabbed, becoming part of the 19 out of 20 NHS workers who have done their professional duty., ‘...we have also seen a net increase of 32,000 people getting jabbed in social care including 22,000 people in care homes and 10,000 people working in domiciliary care.’ and ‘I’m grateful to the millions of health and care colleagues who have come forward and done the right thing...’*. As such, the words ‘increase’, ‘right’ ‘professional’, ‘grateful’ and ‘millions’ emphasise the great duty of health workers.

Inclusive we, exaggerate interest in, imply or assert knowledge of and concern for a hearer's wants, small talk and be optimistic are the positive politeness strategies employed to activate the pragmatic level of the linguistic analysis in extract 10. The positive strategy of inclusive we is initiated when the speaker exploits the pronoun 'we' to include the addressees in the positive and professional duty (taking vaccines) that will lead to save and protect the community from the virus. The positive strategy of exaggerate interest in is launched due to the doctor's use of the words '**increase**', '**right**', '**professional**', '**million**' and '**grateful**' to overstate the matters that are related to the increased number who take taking vaccines, and, thus, he gets the addressees interest to take vaccines. Besides, encouraging the addressees to take the vaccines by talking about the health worker's professional duty initiates the positive strategy of assert or imply knowledge of and concern for a hearer's wants. Finally, talking about the protective role of vaccines activate the positive strategy of be optimistic. Hence, the positive message of the speaker's discourse is achieved.

2. The Ideological Analysis

When speaking about COVID-19, it is clarified in extract 10. that the addresser emphasises the goods that are related to positive and professional duty, the increase in the number of vaccinated health workers, protecting the community through hard work and sacrifices of the British health care workers, organisations, scientists, police officers and regular people. In doing so, the positive ideology is accomplished through which solidarity, togetherness, unity, positivity and optimism are emphasised among the British population.

Extract 12.

One of the reasons we have some of the highest vaccine uptake rates in the world is because of the confidence in our vaccines that comes from this place – from all sides of this House. (ibid)

1. The Linguistic Analysis

Dr. Sajid calls for *the present simple tense* to initiate the structural level of the linguistic analysis in extract 12. What makes the doctor employ this tense is to tell the addressees the truth that the British vaccines encourage the population to take vaccines as much as possible, and this explains the vaccine uptake rates. In doing so, the speaker sends a positive message to non-vaccinated and vaccinated people that they should be hopeful and believe in British capabilities since the scientists of this country have invented the vaccines to defeat the virus.

The addresser employs the adjective ‘**highest**’ and the nouns ‘**vaccines**’ and ‘**confidence**’ that carry the positive intention in his discourse to achieve the lexical level of the linguistic analysis in extract 12. Therefore, these lexical words trigger a positive presupposition which entails that the highest vaccine uptake rates are attributed to the British vaccines, and the British scientists deserve our confidence for inventing these vaccines. Hence, the speaker’s positive message is declared by using these words at the lexical level.

The doctor exploits the rhetorical device of **hyperbole** in his speech to activate the rhetorical level of the linguistic phase. To exaggerate the matters that are related to the British vaccines requires the doctor to employ this device in extract 12. He launches hyperbole when using the constructions ‘*highest vaccine uptake rates*’, ‘*the confidence in*’ and ‘*from all sides...*’ in his discourse ‘*we have some of the highest vaccine uptake rates in the world is because of the*

confidence in our vaccines that comes from this place – from all sides of this House. Accordingly, the positive message is spoken.

The addresser employs the positive politeness strategies of *inclusive we* and *exaggerate interest in* to launch the pragmatic level of the linguistic analysis in extract 12. While the first strategy is achieved via using the pronoun ‘we’, the latter is achieved via using the forms ‘the highest vaccines...’, ‘the confidence in our vaccines...’ and ‘all sides of this house.’. The reasons behind doing so are to include the addressee in these achievements and overstate the hard work of health workers and organisations, decision-makers, scientists, police officers and regular people. Hence, the positive message is delivered.

2. The Ideological Analysis

To emphasise the goods and positives of the British health workers and organisations, decision-makers, scientists, police officers and regular people requires the doctor to employ this positive discourse. Revealing the positive ideology of his country is the main reason behind declaring such a speech. Besides, the doctor tries to boost solidarity, togetherness, unity and optimism among the British population. Thus, he encourages them to normally behave since the British authorities are ready to defeat the virus by using their vaccines and following the appropriate and safety protocols.

Extract 13.

But even in spite of these pressures, we had one of the fastest vaccination programmes in the world and that includes one of the fastest booster programmes in the world. (web 9.)

1. The Linguistic Analysis

Four levels are required to activate the linguistic analysis of dr. Sajid's discourse; namely, the structural, the lexical, the rhetorical and the pragmatic.

Firstly, the speaker calls for *the past simple tense* to initiate the structural level of the linguistic analysis in extract 13. What makes the doctor employ this tense is to remind the British addressees that Britain does have the fastest vaccination programmes in the world. In addition, *the present simple tense* is performed in extract 13. to inform the addressees the truth that the fastest booster programmes in the world are invented in Britain. By saying this speech, a positive message is delivered since he intends that people should be optimistic and believe in the British authorities' capabilities.

Secondly, the doctor uses the verbs 'had' and 'includes'; the adjective 'fastest'; and the nouns 'vaccination' and 'booster' that carry the positive meanings in extract 13. Using these lexical words, he triggers a positive presupposition which reads that optimism is important since our country has the fastest vaccination and booster programmes in the world. Due to this presupposition, the positive message of dr. Sajid's speech is spoken, which motivates the addressees to behave positively and hopefully regarding the dangers of COVID-19.

Thirdly, the speaker adopts the rhetorical device of **hyperbole** to accomplish the rhetorical level of the linguistic analysis in extract 13. This device takes place when the doctor uses the expressions '*the highest vaccination programmes in the world*' and '*the highest booster programmes in the world*' to exaggeratedly describe the capabilities of his country to fight against the spread of COVID-19. As such, the positive message of his discourse is achieved.

Fourthly, the positive politeness strategies of *inclusive we* and *exaggerate interest in* are used by the speaker to fulfil the linguistic analysis in extract 13. It is the pronoun ‘*we*’ and the exaggerated constructions ‘*the highest vaccination programmes in the world*’ and ‘*the highest booster programmes in the world*’ that achieve the positive strategies in question, respectively. Including the addressees in these achievements and exaggerating their interest to know the possibilities of his country to defeat the virus require dr. Sajid to employ these strategies in extract 13.

2. The Ideological Analysis

The ideological analysis starts when the speaker employs the positive discourse about his country’s achievements by saying ‘..... *we had one of the fastest vaccination programmes in the world and that includes one of the fastest booster programmes in the world*’. The doctor’s discourse reveals the positive ideology that he tries to highlight the goods of the British medical staff and organisations, scientists, police officers and regular people. In doing so, optimism, unity and solidarity are bridged among the addressees.

Extract 14.

The UK was the first country to identify the potential threat of this new variant and alert international partners.(web 10.)

1. The Linguistic Analysis

Decoding dr. Sajid’s positive discourse requires to adopt four levels of analysis, that is, the structural, the lexical, the rhetorical and the pragmatic.

In extract 14., the structural level is activated due to the speaker's employment of *the past simple tense*. To remind the British addressees about the medical staff, organisations and scientists are the first who identify the emergence of the potential threat of the new variant of COVID-19. Hence, the positive message is interpreted to inform the addressees that the country is ready to detect and defeat the variations of the virus in question.

At the structural level, it is presented that the verbs '**alert**' and '**identify**' and the adjective '**first**' that carry the positivity in extract 14. These lexical words, thus, trigger a positive presupposition which reads that the UK is first country to identify and alert others concerning the new variant of COVID-19. Owing to this positive presupposition, the positive message is delivered. Thus, the addressees are acknowledged that their country are developed since it is the firsty who know about this variant of COVID-19.

Concerning the rhetorical level of the linguistic analysis, it is shown that the speaker calls for the rhetorical device of **hyperbole** to accomplish his message. The activation of this device is attributed to the doctor's employment of the speech '*The UK was the first country to identify the potential threat of this new variant and alert international partners.*'. The emphasis is given to UK since it is mentioned that it is the first country in the world that could identify and alert other countries from the emergence of the Alpha variant. Accordingly, the positive message is achieved.

With regard to the pragmatic level, extract 14. proves that dr. Sajid utilises certain positive politeness strategies to say his discourse. Firstly, the strategy of *exaggerate interest in* is exploited when he emphasise the role of the UK in identifying and alerting the countries from the emergence of Omicron. Secondly,

the strategy of *imply or assert knowledge of and concern for a hearer's wants* is adopted to acknowledge the addressees that their country is ready to identify and fight the variations of COVID-19. Besides, the strategy of be optimistic is seen since the speaker intends to encourage the addressees to think positively and have belief in the British authorities are ready to fight any variant of the virus.

2. The Ideological Analysis

The positive ideology is revealed in extract 14. through emphasising the goods of the British addressees (medical staff and organisations, scientists, police officers and regular people) during the pandemic of COVID-19 requires dr. Sajid to employ this positive discourse. As such, he intends to strengthen the solidarity, optimism and togetherness among the addressees by overstating the role of UK in identifying and alerting the emergence of Alpha variant.

Extract 15.

We've made tremendous gains as a result of the decisions that we took over the summer and the initial success of our booster programme. (ibid)

1. The Linguistic Analysis

Concerning the linguistic analysis, extract 15 illustrates that the doctor adopts the structural, the lexical, the rhetorical and the pragmatic levels to deliver his discourse.

The structural level is achieved due to the speaker's employment of *the present perfect simple*. The reason behind using this tense is to inform the addressee about the present and future plans that Britain makes the 'tremendous gains' with regard to the booster programme. Moreover, *the past simple* is used to remind the

addressees about the successes in taking over the summer and the initial success of their booster programme. Employing these two tenses in extract 15. leads to the achievement of the positive message of his discourse.

The lexical level is seen owing to the addresser's use of the lexical verbs '**made**' and '**took over**', the nouns '**gains**' and '**decisions**'. As such, a positive presupposition is triggered with regard to these lexical words. He presupposes that the appropriate decisions lead the community to take over difficulties and gain tremendous success when fighting the virus. Accordingly, dr. Sajid's positive message is fulfilled due to the

The rhetorical level is fulfilled when the speaker utilises the phrases '**tremendous gains**' and '**the initial success**'. Using these phrases gives exaggeration to dr. Sajid's positive discourse, and, thus, the rhetorical device of **hyperbole** is activated. Hence, the speaker tries to make the addressees understand the positive message that they should be hopeful since the British authorities make the right decisions to gain the appropriate and safety successes.

The pragmatic level is achieved due to the speaker's use of the positive politeness strategies of *inclusive we*, *exaggerate interest in* and *imply or assert knowledge of and concern for a hearer's wants*. While the former is accomplished when the speaker uses the pronoun *we*, the latter is accomplished when the speaker employs the phrases '**tremendous gains**' and '**the initial success**'. The reasons behind calling for these positive strategies are to include the British authorities (medical, civil and military).

2. The Ideological Analysis

As far as the ideological analysis is concerned, extract 15. illustrates that the reason behind employing the positive discourse is to reveal a positive ideology

through which the goods of the British medical personnel and organisations, scientists, police officers and regular people are emphasised. Therefore, the positive emphasis strengthens solidarity, unity, togetherness and optimism among the addressees.

Extract 16.

This government will continue do whatever is necessary to keep us safe – and we've all got our part to play. (ibid)

1. The Linguistic Analysis

Achieving the linguistic analysis makes the doctor adopts four levels, that is, the structural, the lexical, the rhetorical and the pragmatic.

When the speaker employs *the future simple to* deliver his discourse leads to the activation of the structural level. To promise the addressees that the vital role of the British government in consistently doing the appropriate and adequate precautions and safety protocols to save its community against the pandemic of COVID-19 motivates dr. Sajid to employ this tense in extract 16. Accordingly, the speaker's positive message is achieved.

When the addresser calls for the adjectives '**necessary**' and '**safe**' and the verb '**keep**' to speak his discourse leads to the initiation of the lexical level. It is these lexical words that trigger a positive presupposition which reads that due to the necessary and adequate protocols and precautions, the community is kept safe against the virus. Using this presupposition means that the speaker attempts to send a positive message to the addressees to be hopeful and have belief in the government's job.

The rhetorical level is accomplished when the speaker utilises the rhetorical device of **hyperbole** to read his discourse in extract 16. The reason behind employing hyperbole in his speech is to exaggeratedly emphasise the appropriate role of the British government in fighting the virus and keeping the lives of people as safe as possible. It is launched when the speaker says '***This government will continue do whatever is necessary to keep us safe***'. As such, the positive message is declared to the addressees.

The pragmatic level is taken place owing to the doctor's employment of the positive politeness strategies of *inclusive we*, *exaggerate interest in* and *promise*. While the first and the second positive strategies are activated when the speaker exploits the pronoun '*we*' and the exaggeration expressions 'whatever', 'necessary' and 'keep us safe' for the sake of including the addressees in this crucial achievement that lead to safe the British population from the dangers of the virus. In addition, the doctor promises the addressees that their lives are necessarily kept safe since the government is prioritising the appropriate and adequate protocols and precautions to arrive at this aim, and, thus, the third positive strategy is fulfilled. Hence, the positive message is achieved.

2. The Ideological Analysis

The positive ideology is revealed due to the speaker's use of the positive discourse in extract 16. The positive ideology is seen when the speaker repeatedly highlights the goods of the British government in following and doing whatever it takes to keep its people safe and hopeful through taking the protective and appropriate precautions and procedures during their fight against the pandemic of COVID-19. In doing so, dr. Sajid attempts to strengthen solidarity, togetherness and optimism among the addressees, and, thus, the positive message is delivered.

Extract 17.

Our vaccination programme has been moving at a blistering pace and this weekend we reached the milestone of 17 million boosters across the UK. This means that even though cases have been rising, hospital admissions have fallen a further 11% in the past week and deaths have fallen by 17%. (web 11.)

1. The linguistic Analysis

Concerning the linguistic analysis, extract 17. authenticates that dr. Sajid declares his discourse through activating four levels:

At the structural level, he adopts *the present perfect simple* and *the past simple tenses*. While the former informs the British addressees about the truth that the rates of deaths and hospitalisations have fallen, the latter reminds the British addressees about the past plans, that is, reaching the milestone number of those who get vaccines. Employing these tenses in extract 17. indicates that the doctor aims at sending a positive message which means that addressees should be hopeful and optimistic since the rates of the deaths and infections have fallen.

At the lexical level, the speaker triggers a positive presupposition through employing the verbs ‘**fallen**’ and ‘**reached**’, the noun ‘**boosters**’. Using these lexical triggers positively presupposes that the rates of the infected and dead have fallen and reached the milestone of boosters. This means that the speaker encourages the addresses to take vaccines with regard to the fallen rates of deaths and infections.

At the rhetorical level, it is found that the speaker employs the rhetorical devices of **hyperbole** and **litotes**. While the first is achieved via using the

exaggeration expressions ‘*we reached the milestone of 17 million boosters across the UK*’, the second is accomplished via using the understating expressions ‘*hospital admissions have fallen a further 11% in the past week and deaths have fallen by 17%*’. Owing to these rhetorical devices, the positive message of the doctor’s discourse is spoken.

At the pragmatic level, the addresser initiates the positive politeness strategies of *exaggerate interest in* and *be optimistic* in extract 17. to state his discourse. Exaggerate the matters that are related to the milestone of the boosters and encourage the addressees to think positively towards the British health, civil and military authorities requires the doctor to adopt these positive strategies. Hence, the positive message is delivered.

2. The Ideological Analysis

Repeatedly emphasising the dedicated duties and the goods of the British health workers and organisations, scientists and regular people reveals that the speaker tries to reflect a positive ideology towards his country. In doing so, solidarity, togetherness and positivity are enhanced among the British addressees.

4. 2 The Quantitative Analysis

4. 2. 1. The Quantitative Analysis of Dr. Carissa’s Positive Speech

Table 3. The Use of the Structural Level by Dr. Carissa

Linguistic Analysis											
Structural level											
Tense	Type	Freq.	Per.	Tense	Type	Freq.	Per.	Time	Type	Freq.	Per.
Past	Simple	2	100	Present	Simple	13	59.09	Future	Simple	1	100
	Progressive	0	0		Progressive	2	9.09		Progressive	0	0
	Perfect	0	0		Perfect	7	31.18		Perfect	0	0
Total		2	%	Total		22	%	Total		1	%

Concerning the results that are presented in table 3., it is found that the doctor frequently employs the present tenses more than she does with the past and the future. While the present simple registers the highest percentage that amounts to (59.09%) and followed by the perfect with the percentage (31.18%), the present progressive receives the least percentage that amount to (9.09%). However, the past and future are the least frequent ones with since they register the frequencies (2) and (1) respectively. In addition, the past and future in the progressive and perfect forms are not employed by the American doctor during her speech, as presented in the following chart.

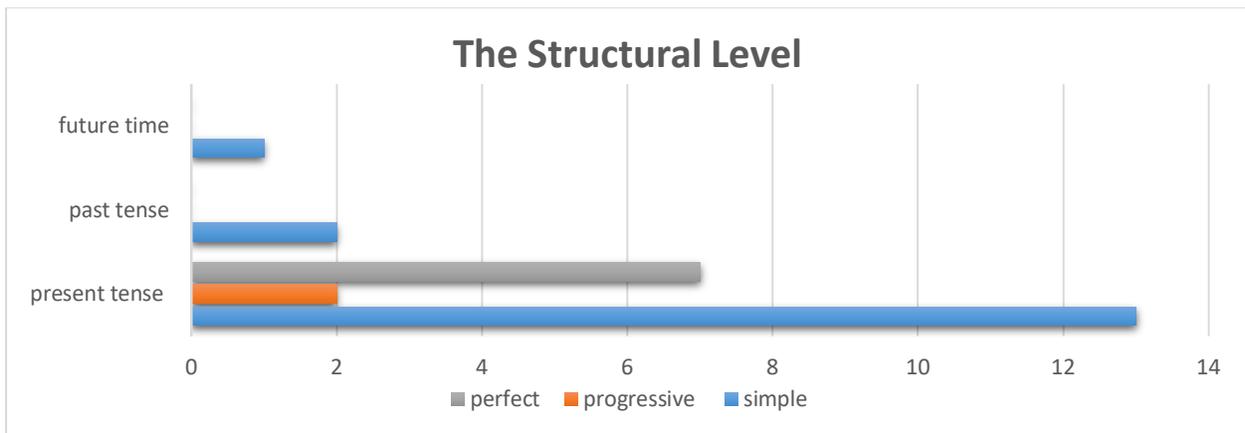


Chart 1. The Use of the Structural Level by Dr. Carissa

Table 4. The Use of the Lexical Level by Dr. Carissa

Linguistic Analysis					
Lexical Level					
Lexical Triggers	Nouns	Verbs	Adjectives	Adverbs	Total
Freq.	19	34	12	8	73
Per.	26.02	46.57	16.43	10.95	%

In relation to the lexical level, table 4. shows that it is the verbs that are frequently used and then followed by nouns with the percentages that arrive at (46.57%) and (26.02%) respectively. Unlike verbs and nouns, adjectives and adverbs receive the lowest frequencies with the percentages that amount to (16.43%) and (10.95%) respectively, as seen in the following chart.

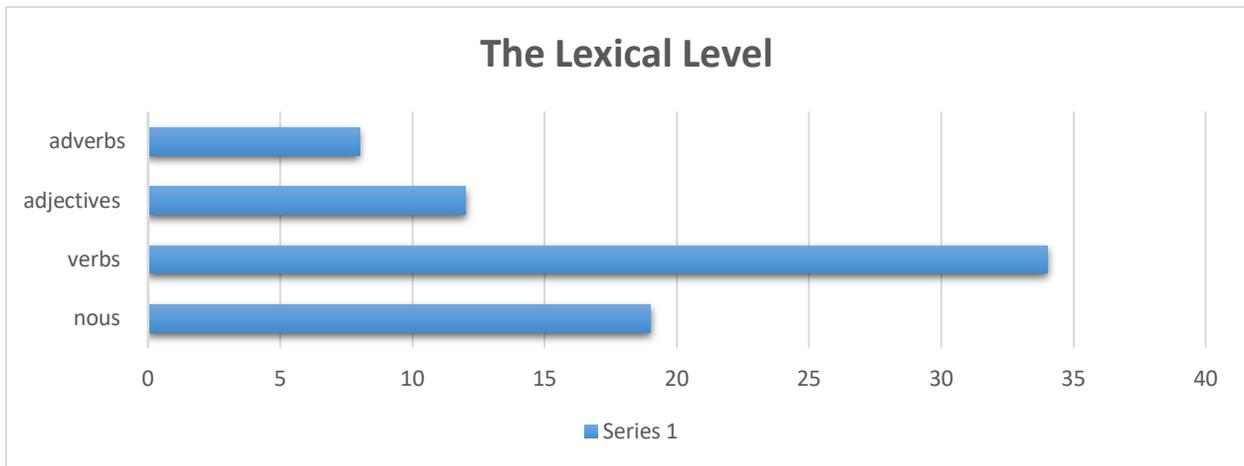


Chart 1. The Use of the Lexical Level by Dr. Carissa

Table 5. The Use of the Rhetorical Level by Dr. Carissa

Linguistic Analysis
Rhetorical Level

Rhetorical Devices	Hyperbole	Litotes	Total
Freq.	13	4	17
Per.	76.47	23.52	%

Table 5. authenticates that dr. Carissa frequently exploits the rhetorical device of hyperbole more than she does with litotes when she speaks her positive message. The percentages that are assigned to hyperbole and litotes arrive at (76.47%) and (23.52%). This means that the matters that are related to the dangers of COVID-19, the effectiveness of the vaccines and the hard work of the American authorities (medical, civil and military) requires the doctor to employ hyperbole more than litotes during her speech, as shown in chart 3.

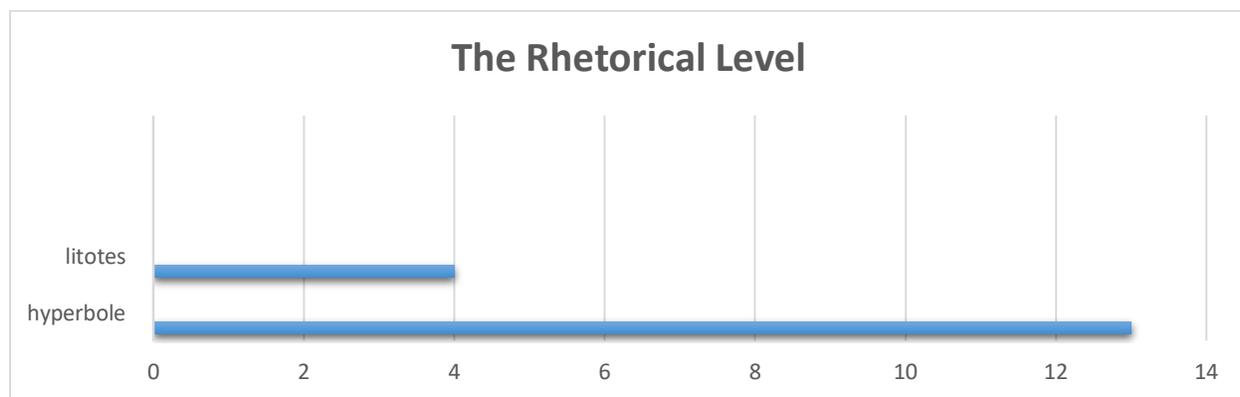


Chart 3. The Use of the Rhetorical Level by Dr. Carissa

Table 6. The Use of the Pragmatic Level by Dr. Carissa

Linguistic Analysis							
Pragmatic Level							
Positive Politeness Strategies	Exaggerate interest in	Inclusive we	Small talk	Imply or assert knowledge of and concern for a hearer's wants	Promise	Be optimistic	Total
Freq.	12	8	2	7	5	13	47
Per.	25.53	17.02	4.25	14.89	10.63	27.65	%

As for the pragmatic level, table 6. clarifies that the positive politeness strategies that are performed by dr. Carissa register different frequencies and percentages.

Hence, arriving at the higher level of positivity requires the speaker to frequently employ the positive strategy of be optimistic (13) and then followed by the positive strategy of exaggerate interest in (12) with the percentages that amount to (27.65%) and (25.53%) respectively. Besides, three positive strategies register approximate frequencies, that is, inclusive we (8), imply or assert knowledge of and concern for a hearer's wants (7) and promise (5) with percentages that amount to (17.02%), (14.89%) and (10.63%) respectively, as presented in chart 4.

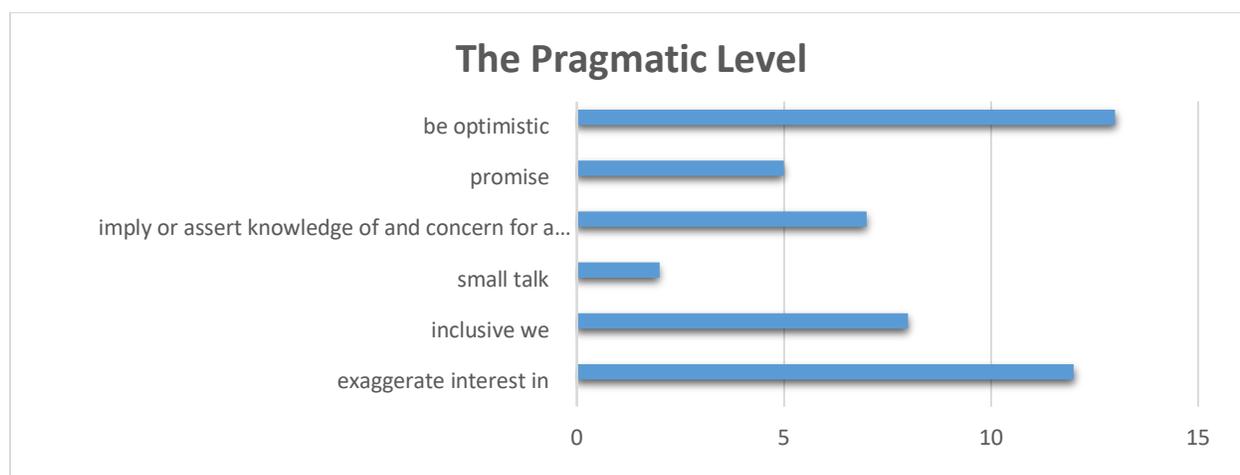


Chart 4. The Use of the Pragmatic Level by Dr. Carissa

4. 2. 2 The Quantitative Analysis of Dr. Sajid’s Positive Speech

Table7. The Use of the Structural Level by Dr. Sajid

Linguistic Analysis											
Structural level											
Tense	Type	Freq.	Per.	Tense	Type	Freq.	Per.	Time	Type	Freq.	Per.
Past	Simple	9	90	Present	Simple	7	36	Future	Simple	2	100
	Progressive	0	0		Progressive	3	17		Progressive	0	0
	Perfect	1	10		Perfect	9	47		Perfect	0	0
Total		10	%	Total		19	%	Total		2	%

Table 7. presents that Dr. Sajid employs the past, present and future differently. The higher emphasis is given to the present tenses, then the past tenses and then the least, the future with the frequencies (19), (10) and (2) respectively. As for the present, the speaker frequently uses the perfect tense with a percentage that amounts to (47%), followed by the simple tense with a percentage of (36%), while the present progressive gains the least use with a percentage of (17%). Concerning the past simple, the doctor exploits the past simple more than he does with the perfect and progressive tenses with percentages that amount to (90%), (10%) and (0%). In relation to the future time, it is found that the addresser only employs the future simple with a percentage of (100%), whereas the other types are not used with a percentage of (0%) for both. Hence, it becomes obvious that sending a positive message requires Dr. Sajid to employ the present tenses more than he does with the past and future ones, as shown in the following chart.

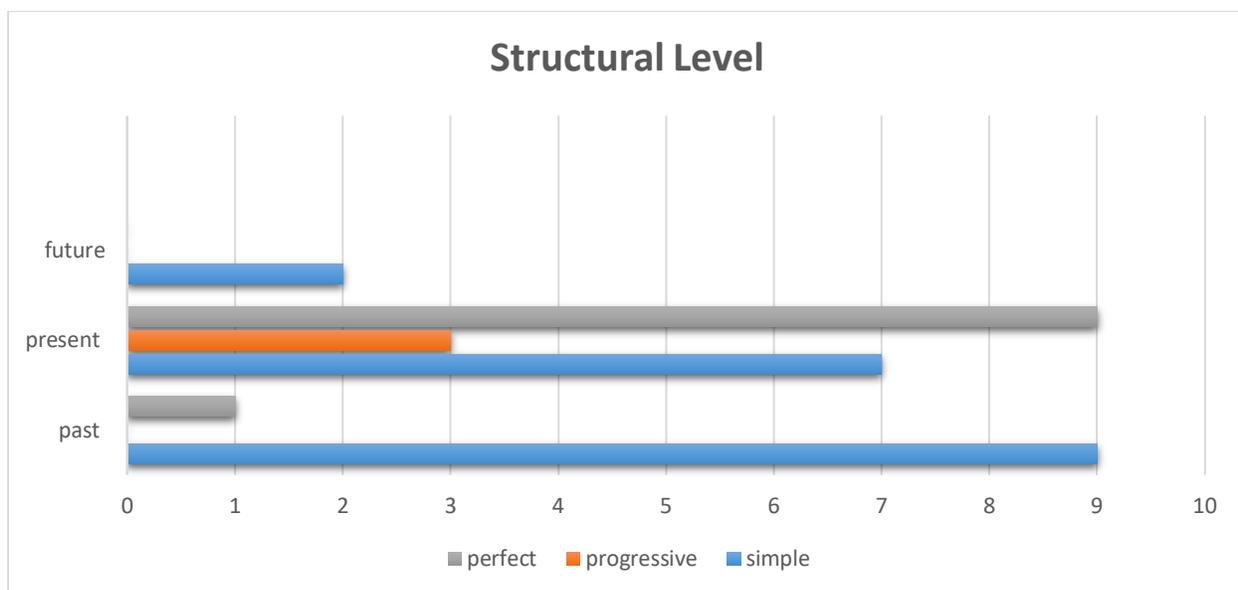


Chart 5. The Use of the Structural Level by Dr. Sajid

Table 8. The Use of the Lexical Level by Dr. Sajid

Linguistic Analysis					
Lexical Level					
Lexical Triggers	Nouns	Verbs	Adjectives	Adverbs	Total
Freq.	16	25	16	3	60
Per.	26.66	41.66	26.66	5	%

Concerning the lexical level, table 8. illustrates that the doctor adopts the lexical triggers of a positive presupposition with different frequencies and percentages. It is found that the verbs (25) are frequently used than nouns (16), adjectives (16) and adverbs (3) with percentages that amount to (41.66%), (26.66%), (26.66%) and (5%) respectively. Thus, a positive presupposition of Dr. Sajid's discourse is frequently triggered by using verbs more than the other types, as presented in the following chart.

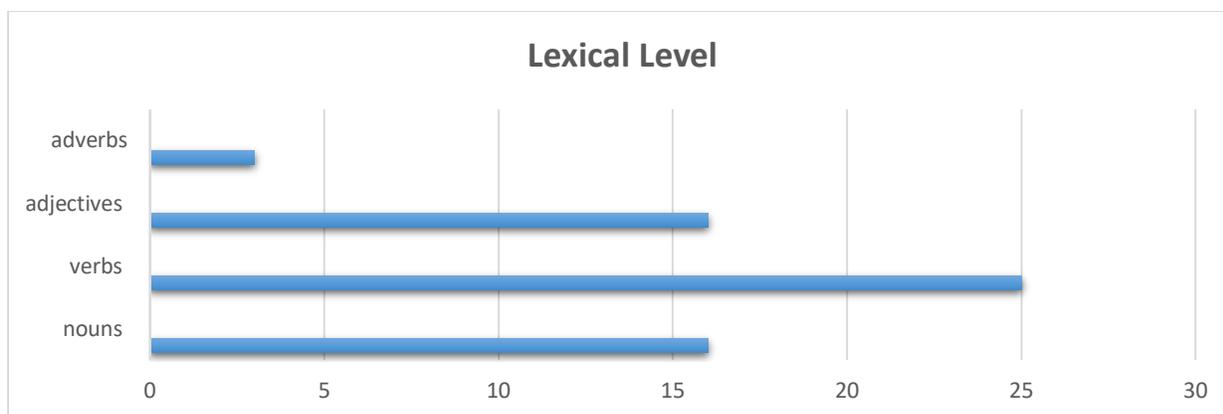


Chart 6. The Use of the Lexical Level by Dr. Sajid

Table 9. The Use of the Rhetorical Level by Dr. Sajid

Linguistic Analysis			
Rhetorical Level			
Rhetorical Devices	Hyperbole	Litotes	Total
Freq.	13	4	17
Per.	76.47	23.52	%

As far as the rhetorical level is concerned, table 9. clarifies that the higher employment of the rhetorical devices is occupied by hyperbole (13) and followed by litotes (4) with the percentages that amount to (76.47%) and (23.52%) respectively. Exaggerating the matters that are related to COVID-19 vaccines and dangers in addition to the hard work of medical staff and organisations reflect Dr. Sajid's frequent use of hyperbole than litotes, as seen in the following chart.

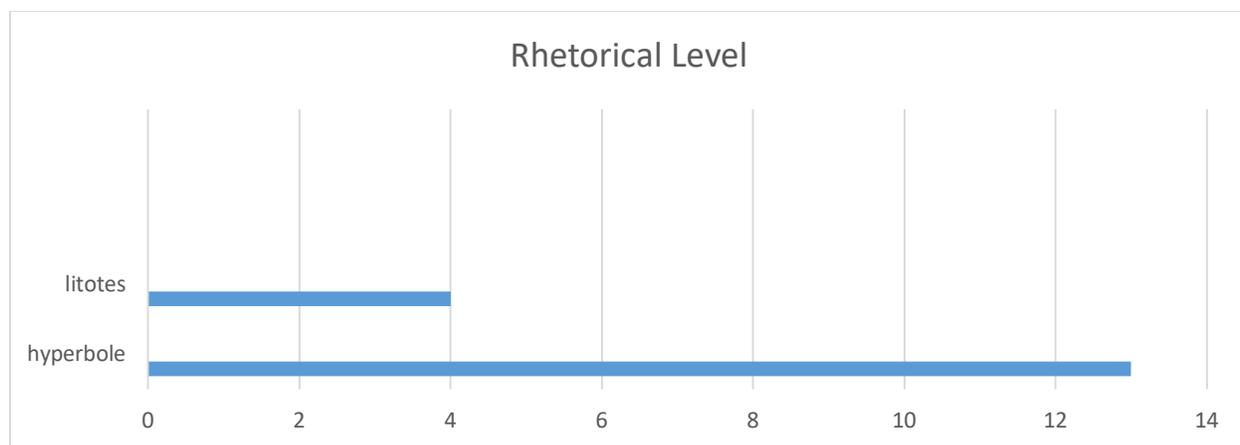


Chart 7. The Use of the Lexical Level by Dr. Sajid

Table 10. The Use of the Pragmatic Level by Dr. Sajid

Linguistic Analysis								
Pragmatic Level								
Positive Strategies	Politeness	Exaggerate interest in	Inclusive we	Small talk	Imply or assert knowledge for and concern for a hearer's wants	Promise	Be optimistic	Total
Freq.		15	13	4	7	2	8	49
Per.		30.61	26.53	8.16	14.28	4.08	16	%

Regarding the pragmatic level, table 10. proves that the positive politeness strategies register different frequencies and percentages. The frequent employment is assigned by the strategies of *exaggerate interest in* (15) and followed by *inclusive we* (13) with percentages that reach (30.61%) and (26.53%) respectively. Besides the other positive strategies record approximate frequencies. While the strategies of *be optimistic* and *imply or assert knowledge of and concern for a hearer's wants* record the frequencies (8) and (7) with percentages of (16%) and (14.28%) respectively, the strategies of *small talk* and *promise* gain the percentage of (4) and (2) with percentages of (8.16%) and (4.08%) respectively. Accordingly, the positive message of Dr. Sajid's discourse is frequently achieved via using the

strategies of *exaggerate interest in* and *inclusive we*, as illustrated in the following chart.

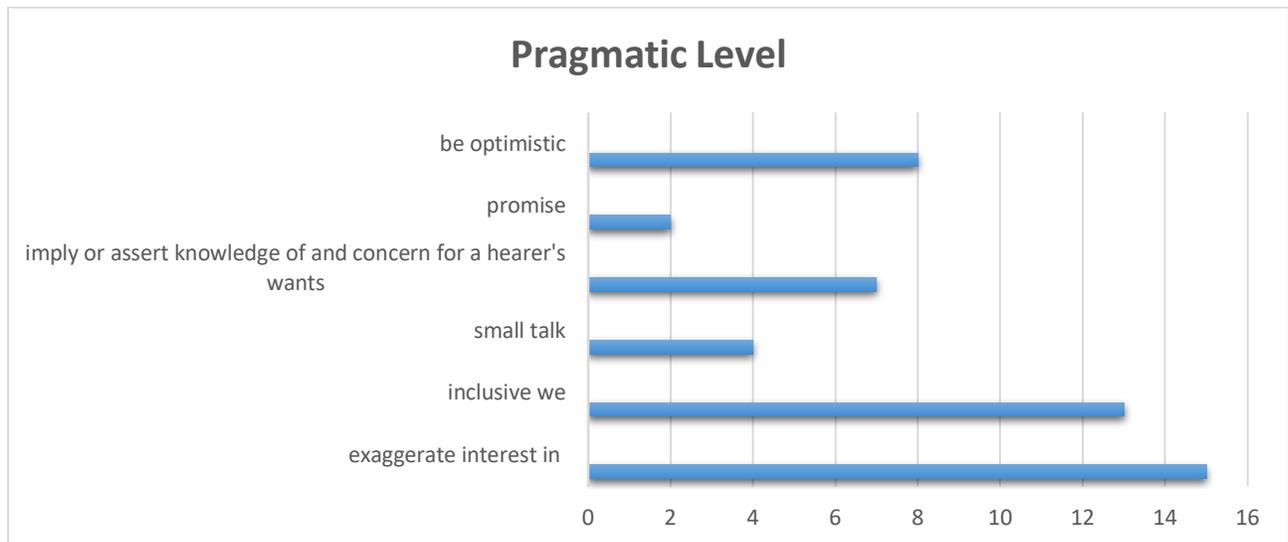


Chart 8. The Use of the Pragmatic Level by Dr. Sajid

4. 2. 3 The Overall Qualitative Analysis of Dr. Carissa and Dr. Sajid's Positive Discourses

Table 11. The Overall Use of the Structural, Lexical, Rhetorical and Pragmatic Levels by Dr. Carissa and Dr. Sajid

Linguistic Analysis			
Structural level		Frequencies	Percentages
Past tense	Simple	11	19.64
	Progressive	0	0
	Perfect	1	1.78
Present tense	Simple	20	35.71
	Progressive	5	7.69
	Perfect	16	28.57
Future tense	Simple	3	4.61
	Progressive	0	0
	Perfect	0	0
Total		56	%
Linguistic Analysis			
Lexical level		Frequencies	Percentages
Lexical Triggers	Nouns	35	26.31
	Verbs	59	44.36
	Adjectives	28	21.05
	Adverbs	11	8.27
Total		133	%
Linguistic Analysis			
Rhetorical level		Frequencies	Percentages
Hyperbole		26	67.47
Litotes		8	23.52
Total		34	%
Linguistic Analysis			
Pragmatic Level		Frequencies	Percentages
Positive politeness strategies	Exaggerate interest in	27	28.12
	Inclusive we	21	21.87
	Small talk	6	6.25
	Assert or imply knowledge of and concern for a hearer's wants	14	14.58
	Promise	7	7.29
	Be optimistic	21	21.87
Total		96	%

Concerning the structural level, table 11. illustrates that Dr. Carissa and Dr. Sajid employ the past, present, and future differently. The speakers use the present simple (20) more frequently, and followed by the present perfect (16) and past simple (11) with the percentages that amount to (35.71%), (28.57%) and (19.64%) respectively. Besides, the present progressive (5), the future simple (3) and the past perfect (1) get the least employment with percentages of (7.69%), (4.16%) and (1.78%) respectively. However, the past progressive, the future progressive and perfect are not employed during their speech since their percentages register (0%) for each. Thus, it becomes obvious that the positive and optimistic message is appropriately achieved via using the present simple, the present perfect and the past simple, while it is not achieved via using the past progressive, future progressive and perfect at the structural level.

As for the lexical level, Dr. Carissa and Dr. Sajid frequently use the lexical triggers of verbs (59) and nouns (35) more they do with the lexical triggers of adjectives (28) and adverbs (11) with the percentages that amount to (44.36%), (26.31%), (21.05%) and (8.27%) respectively. Accordingly, the positive message of the American and British discourses is highly accomplished when using the lexical triggers of verbs and nouns, and, thus, a positive presupposition is triggered, as seen in table 9.

In relation to the rhetorical level, table 9. clarifies that the higher emphasis is given to the rhetorical device of hyperbole (16) more than litotes (8) with the percentages that arrive at (67.47%) and (23.52%) respectively. As such, the positive message of the American and British doctors' speech is fulfilled due to hyperbole than litotes since the first overstates the matters that are related to hard work of the American and British health workers and organisations, scientists,

regular people and police officers and the achievements of their vaccines during the pandemic.

As far as the pragmatic level as concerned, the doctors calls for the positive strategies differently, as presented in table 9. While the strategies of *small talk* and *promise* register the less percentages of (6.25%) and (7.29%), the strategy of *exaggerate interest in* and followed by the strategies of *be optimistic* and *inclusive we* record the highest percentage of (28.12%) and (21.87%) for each of the last ones. Besides, *the strategy of imply or assert knowledge of and concern for a hearer's wants* occupies the percentage of (14.58%). Thus, the positive message of the American and British reports is highly delivered when using the strategy of exaggerate interest in and less delivered when using the strategy of small talk.

CHAPTER FIVE

CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

5.0 Introductory Remarks

This section encompasses the conclusions of the present study, pedagogical recommendations and certain suggestions for further research.

5.1 Conclusions

The present study arrives at the following conclusions:

1. PDA aims at revealing all and only the positive and solidary sides of a discourse rather than revealing the formal features when conducting a CDA. PDA is achieved through using four linguistic levels; namely, the structural, the lexical, the rhetorical and the pragmatic. Hence, **the first hypothesis is confirmed.**
2. The structural level is achieved via using the past, present and future by the American and British doctors during their positive reports; and they are differently employed in these discourses, as follows:
 - a. As for the American reports, it is found that the American doctor employs the present tenses more than she does with the past and future ones. Besides, the past simple and the future simple register the least employment by the American doctor since the first is used twice and the second is used once. However, the past and future progressive and perfect are not used in the American discourses.

- b. As for the British discourse, table 4. illustrates that the British doctor frequently uses of the present tenses more than he does with the past and future ones. Unlike the American discourses, the emphasis is given to the present perfect more than the present simple and progressive.
 - c. Hence, **the second hypothesis is partially fulfilled** since not only the present and future tenses are used by the American and British discourses, but also the past ones. Besides, the present tenses are the frequent tenses in both discourses. Thus, it can be concluded that the present tenses are the appropriate ones to achieve the positive message at the structural level.
3. The lexical triggers of nouns, verbs, adjectives and adverbs are used to accomplish the lexical level in the American and British reports.
 - a. Concerning the American discourses, it is found that the lexical triggers of verbs and followed by nouns are the frequent ones when initiating a positive presupposition.
 - b. In relation to the British reports, table 8. clarifies that the British doctor also frequently employs the lexical triggers of verbs to initiate a positive presupposition with. Thus, **the third hypothesis is refuted**. As a conclusion, the lexical triggers of verbs and nouns are the adequate ones to initiate a positive presupposition in the lexical level in both the American and British reports.
4. Hyperbole and litotes are the rhetorical devices that are used by the American and British doctors to activate the rhetorical level. These devices are employed differently in American and British reports. In relation to the selected data , tables 5. and 9. prove that it is the rhetorical device of

hyperbole that is used more highly than that of litotes. While the first occupies the percentage of (78.43%), the second occupies the percentage of (23.52%) in both discourses. Based on these results, **the fourth hypothesis is confirmed**. To exaggerate the matters that are related to vaccines and dangers of COVID-19 and the role of the American and British medical staff and organisations, scientists, police officers and regular people require these doctors to employ hyperbole than litotes during their speech.

5. The positive politeness strategies of exaggerate interest in, inclusive we, small talk, imply or assert knowledge of and concern for a hearer's wants, promise and be optimistic are used by the American and British doctors during their positive speech. However, these strategies are differently employed in the American and British reports.
 - a. As for the American reports , that Dr. Carissa employs the positive strategies of be optimistic and exaggerate interest in more frequently than the other strategies. Besides, the strategies of “inclusive we” and imply or assert knowledge of and concern for a hearer's wants.
 - b. As for the British reports, Dr. Sajid adopts the positive strategies of exaggerate interest in and followed by the strategy of inclusive we more frequently than he does with the other strategies..
 - c. Accordingly, the American doctor prefers to adopt the strategies of be optimistic and exaggerate interest in to achieve the pragmatic level, whereas the British doctor prefers to call for the strategies of exaggerate in and inclusive we to accomplish the pragmatic level. Hence, **the fifth hypothesis is refuted** with regard to the results of tables 6. and 10.

6. It is the positive ideology that the American and British doctors aim to achieve during their speech. In doing so, solidarity, optimism and togetherness are enhanced among the addressees through emphasising the goods and de-emphasise the bads of the American and British medical personnel and organisations, scientists, police officers and regular people during the pandemic of COVID-19. Therefore, the sixth hypothesis is fulfilled.

5. 2 Recommendations

1. It is highly recommended that the literature concerning the field of PDA should be possessed by those who have interest in the discourses of media and speeches so as to enlarge their awareness of concepts such as positivity, ideology and solidarity.
2. It is highly recommended that university students and instructors of English should have enough knowledge about the positive side of DA to enable them to analyse the implicit and explicit positive ideologies of spoken and written discourses.

5. 3 Suggestions for Further Research

1. A Positive Discourse Analysis of Politician Speeches during the Pandemic of Covid-19.
2. A Positive Discourse Analysis Of Selected American And British TV Shows
3. A Contrastive Positive Discourse Analysis of Selected Arabic and English Genres.
4. A Positive Discourse Analysis of Selected American and British Presidential Speeches.

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Appendix

I. The American Data

1. Speech 1.

Weekly Press Briefing on COVID-19: Director's Opening Remarks, April 20, 2022

Good morning. Thank you for joining us for this press briefing today.

Last week, there were more than 490,527 COVID cases reported in the Americas – a nearly 2.3% decrease as compared to the prior week. A total of 4,797 deaths were also recorded, representing a 15.2% decrease compared with the previous week.

In North America, cases increased by 11.2%, and in Canada hospitalizations also rose by more than 20%, as the proportion of Omicron BA.2 cases grew in the country.

As borders have re-opened and tourism has ramped up, cases have also surged in some Caribbean countries and territories, with Saint Kitts and Nevis, Saint Lucia, Barbados, and Saint Martin recording the largest relative increases.

Nonetheless, on a broad scale, cases and deaths are declining in the Americas.

The decoupling of death rates and new infections is proof that vaccines are working well to protect people from hospitalization and death due to COVID-19.

Over two-thirds of people in Latin America and the Caribbean received two doses, and many countries in our Region have some of the highest coverage rates in the world.

With Vaccination Week in the Americas fast approaching, we can take a moment to celebrate this great achievement.

Thanks to the tireless commitment of healthcare workers, scientists, policymakers, and citizens across our Region, 14 countries have already reached the WHO goal of fully vaccinating 70% of their populations ahead of the June 30th target.

And many have made considerable progress since the beginning of the year.

There are eight countries and territories that have already vaccinated more than 60% of their populations.

In the first 3 months of 2022 alone, Nicaragua has increased coverage by 18%. Peru and Colombia have both expanded vaccination by 12%. And Bolivia and Venezuela have increased their vaccination coverage by nearly 10%.

But in some areas, vaccination has slowed or plateaued.

In the Caribbean, fewer than 30% of the population completed their primary series in Haiti, Jamaica, Saint Vincent and the Grenadines, and St. Lucia.

And across Latin America, Guatemala, Guyana, and Paraguay have yet to reach half of their populations.

We now have enough supplies of vaccines to meet demand everywhere in our Region.

As of this month, PAHO's Revolving Fund has delivered more than 141 million doses of COVID vaccines in partnership with COVAX and with the support of donors.

But we have learned that supply is just the first step and that is why PAHO is working closely with countries to also provide technical assistance, planning and communications support to fill the remaining gaps.

COVID-19 vaccines work and they are very safe. They are protecting most people in our Region from the worst consequences of COVID-19 infection.

We need to extend this benefit to everyone in the Americas.

There is no better time to do so than during Vaccination Week from April 23rd – April 30th, when health services across the Region will be mobilized to get vaccines out.

PAHO's recommendation is that we first ask caretakers and heads of families to use this moment to get their loved ones vaccinated and ensure that they are protected against not only COVID-19, but also other diseases.

If you or a family member have not been vaccinated against COVID-19, please talk to your healthcare provider about any questions or doubts that you may have.

They are here to help you work through your concerns and show you the importance of getting vaccinated.

If you are pregnant, now is the time to get your COVID-19 vaccine alongside your flu shot and tetanus, diphtheria and pertussis, or whooping cough, vaccine, to protect you and your child against these life-threatening diseases.

Parents should take this moment to get their children caught up on routine vaccines and shield them against diseases like measles, polio, and diphtheria.

Vaccination is a family affair, and it is up to all of us to make sure our loved ones are protected.

Second, we encourage countries to integrate their COVID-19 vaccination efforts with their routine immunization systems.

When we first rolled out COVID-19 vaccines, countries set up emergency systems to get these life-saving shots into arms as quickly as possible.

And now, we can leverage this infrastructure and merge it with our routine immunization systems to make it more convenient and accessible for families to catch up on all their shots at once. This month, for example, PAHO's Revolving Fund has delivered some 15 million doses of Influenza vaccine to 9 countries of the region that continue to strengthen their vaccination efforts.

Some countries, such as Mexico, Ecuador, and Bolivia, are already working to fully integrate their COVID-19 vaccination with routine immunizations.

We are learning valuable lessons from all of these efforts.

Countries must invest in increasing health staff so that there are enough qualified people to manage these dual responsibilities.

And we can continue engaging new and traditional partners, like community groups, religious organizations, universities, and the private sector to listen to the concerns of the communities and to develop effective vaccination strategies together.

Lastly, we urge countries to take advantage of Vaccination Week in the Americas and intensify their efforts to reach at least 70% of their population with COVID-19 vaccines.

Several more countries could reach this target even before June, if we increase the momentum.

And while we are expanding vaccination, we must make sure to reach the most vulnerable people, as they are the ones that can suffer the worst consequences from COVID-19.

Elderly people, those with pre-existing conditions or comorbidities, healthcare workers and pregnant women remain most at risk of ending up in our hospitals or dying due to COVID.

This is especially true for pregnant mothers. In some countries, COVID has become the number one cause of maternal deaths.

These deaths are avoidable. And the best way to do so is to expand vaccination coverage in pregnant women – at any stage of their pregnancy.

All countries need to focus on reaching these vulnerable populations to ensure that we save more lives and avoid overburdening our health systems with preventable cases.

The COVID vaccination effort has been the largest immunization program in history. It has shown us that success is possible when countries and people work together to embrace vaccines.

Our Region has achieved high coverage and delivered more than 1.77 billion vaccine doses into arms in only 16 months.

The upcoming Vaccination Week in the Americas is an opportunity to celebrate our progress and use what we've learned to advance coverage and save more lives. At the same time, we must continue consolidating vaccination coverage to ensure priority populations are fully vaccinated and educated about measures to follow to keep protecting themselves.

Let's use our knowledge and perseverance to protect as many people, and to save as many lives as possible.

We know how to get these vaccines out, and we must lose no energy and no time now.

2. Speech 2.

Weekly Press Briefing on COVID-19: Director's Opening Remarks, April 6, 2022

<https://www.paho.org/en/documents/weekly-press-briefing-covid-19-directors-opening-remarks-april-6-2022>

A warm good morning to each of you. Thank you for joining us at today's press briefing.

Over the past few weeks, COVID cases and deaths have dropped across most countries and territories in the Americas.

But our Region continues to record more than 620,000 new cases every week, and in some places, infections are rising again.

In North America, cases in Canada increased by a third compared to the previous week, and hospitalizations rose by 10%.

Across the Caribbean, 15 countries and territories also saw a surge in new infections. Reports of deaths have also risen in some countries throughout the Region. However, adjustments in data may well account for part of these increases, because some countries are reclassifying past deaths as due to COVID.

These new waves that we are seeing come just a few weeks after the dramatic surges that Europe and East Asia experienced as the Omicron sublineage, BA.2, spread through their populations.

We know that what has happened elsewhere in the world foreshadows what our Region may face.

Time and time again, we've seen how the infection dynamics in Europe are mirrored here, just a few weeks later.

In fact, Omicron BA.2 has already been detected in 8.7% of the sequences reported from South America in global databases.

In the Caribbean and across North America, Omicron is becoming the predominant variant circulating in our communities. Along with increasing tourism and travel, and the relaxation of public health measures, Omicron circulation is driving the new COVID surges that we are seeing.

We cannot ignore the risk of further COVID-19 surges in other parts of the Region.

We must face it together, with caution, but also with confidence because we know what it takes to protect our people.

First, it is important to continue filling our vaccination gaps to protect the most vulnerable.

The elderly and immunocompromised remain the people most likely to be hospitalized following COVID infection.

Omicron has made it crystal clear that vaccines are our best bet to protect them, and everyone else, from severe disease and save lives.

More than 685 million people in our Region have completed their COVID vaccination schedules. And 50 countries and territories have already begun to deliver additional doses and booster shots to their eligible populations. The addition of this booster dose to the primary series is key for people at higher risk for severe COVID, who may need an additional dose to remain as protected as everyone else.

But the gaps that still exist will keep our Region at risk during future waves. Despite all of our efforts, and efforts of Member States, 240 million people in the Americas have yet to get a single shot of COVID vaccine.

We have secured the necessary vaccine supplies. Now, we need to redouble our efforts to ensure that our vulnerable populations receive the doses that they need to remain protected against COVID-19, and we need to do that as soon as possible.

Countries must also continue to monitor this virus to stay prepared for what is coming next.

Throughout the pandemic, testing has been a critical tool to track COVID's spread.

But today, some countries have changed their testing strategies, making it more difficult to get the full picture of BA.2 in our Region.

Countries must keep testing capacity in place, so we do not go into this next wave blind.

This means making tests easily accessible for everyone everywhere, to prevent new outbreaks and to prepare our health systems if cases surge.

And the third and final priority is for countries to continue to make evidence-based decisions.

Over the last few weeks, many countries and territories in the Americas have scaled back public health measures, and some have done so prematurely.

As travel restrictions have loosened, case counts have risen in places that rely on tourism, especially in parts of North America and the Caribbean where vaccination coverage is low.

It is important to continue to rely on data as our eyes and ears into this pandemic. And just as we did before, we must adjust our strategies when cases rise, to save lives.

Tomorrow, as we celebrate World Health Day and this year's theme of "Our Planet, Our Health," we wish to make an urgent call to work together towards a healthier, more sustainable future, so that we can withstand this next phase of the pandemic, and other health crises.

It is undeniable that climate change has presented significant threats to our Region's health.

Higher temperatures and air pollution have led to rises in cardiovascular and respiratory diseases in the Americas.

Extreme weather events, droughts and wildfires have caused crop failures and displaced people from their homes, driving malnutrition and forced migration.

Our health systems are also at risk, as too many of our hospitals were built in places vulnerable to floods, hurricanes, landslides, and other extreme events.

We are working to address this throughout the Region, but we all need to move faster.

Health system resilience is not just a necessity to overcome COVID, it is an investment for our future.

As we prepare for the next emergency, we are counting on countries across the Americas to continue making health their collective priority.

3. Speech 3.

Weekly Press Briefing on COVID-19: Director's Opening Remarks, February 16, 2022

<https://www.paho.org/en/documents/weekly-press-briefing-covid-19-directors-opening-remarks-february-16-2022>

A very good morning to each of you and thank you for joining today's press briefing.

New COVID-19 infections continued to decline across our region, with a decrease of 31% as compared to the previous week, but they remain very high.

Deaths are still on the rise, showing an increase of 5.6% this week.

Over the last week, the Americas reported 3.3 million new cases and more than 34,000 COVID-19-related deaths. Deaths have increased for six consecutive weeks.

In North America, the United States recorded 17,000 deaths – the highest number in the subregion.

Across Central America, countries saw deaths surge after a rise in hospitalizations and ICU admissions.

In South America, Brazil registered the highest number of deaths, setting a record for this wave.

Also, 15 countries across the Caribbean reported an increase in COVID-related deaths. Hospitalizations grew up to 19% in some countries and territories of the Eastern Caribbean.

These trends show that every time infections surge, there is a heavy toll for our families and communities. Peaks in cases have been followed by peaks in deaths three weeks later.

COVID-19 is a preventable disease – and right now, we are losing far too many lives.

In fact, COVID-19 has been deadlier in the Americas than in any other region.

We have lost more than 2.5 million people over the course of the pandemic.

And in the first month of 2022 alone, over 100,000 people died due to this virus.

Today I want to provide some clarity into why we're seeing infections surge and death rates climb, two years into the pandemic.

Undoubtedly, Omicron overtook us.

The variant spread more quickly than others, and we are dealing with a greater volume of cases than ever before.

Unfortunately, as Omicron arrived, we didn't use all the tools we had developed to slow the spread and prevent infections for the new kind of transmission patterns that Omicron presents.

Too many places in our region remained just as they were before this wave: people relaxed their precautions, traveled, and gathered and met indoors, often unmasked, creating opportunities for transmission.

The truth is that the reduced public health measures were insufficient to reduce the scale of this wave.

And now, we are dealing with the consequence: A rise in infections is driving a surge in deaths.

As we saw throughout the pandemic, the elderly and people living with comorbidities face the highest risk.

In every country across the region, more than half of the deaths in this surge occurred in people over the age of 65.

But age is not the only factor.

Many people in our region remain unprotected against COVID and have yet to receive lifesaving vaccines.

Unvaccinated people of all ages are still filling up our hospitals and ICU beds and too many are succumbing to this virus.

But today we have better tools to fight COVID, and countries have the experience that they need to control infections.

Omicron has shown that the vaccines that we have at hand can protect most of us from severe illness and death.

14 countries and territories in our region have already immunized more than 70% of their eligible populations. We are on track to help other nations reach that mark and must continue to strive for equitable access so that we can reach everyone.

We have now delivered 100 million doses of COVID-19 vaccines to 33 countries in Latin America and the Caribbean, thanks to the work of PAHO's Revolving Fund in coordination with COVAX. We are also thankful for donations of vaccines from nine countries, which made up 30% of that 100 million dose milestone.

In addition to promoting vaccinations, countries also know how to adjust hospital systems to accommodate new surges, while making sure health workers have the protection and knowledge to safely treat COVID patients.

And we know that public health measures—like physical distancing, limiting large gatherings and promoting mask wearing – work to slow the spread.

The hard thing is enacting these measures quickly.

We need to activate our responses more rapidly to keep pace with the current wave, and stay ahead of future surges, of this very fast, very serious virus.

And that's why we're urging countries to focus on filling in critical gaps in vaccination coverage.

To meet the WHO's 70% coverage target for every country, our region must ensure that at least 20 million more people receive all their vaccine doses.

Countries need to focus on expanding coverage in high-risk groups, like health workers and the elderly, to help save lives and to protect hospital capacity.

We won't overcome this pandemic unless we protect these groups, and then go beyond to cover everyone who is eligible.

We must also remember the importance of effective public health and social measures to drive down transmission.

We're still feeling the weight of Omicron. It is more important than ever to sustain the public health measures that we know work against this virus.

And speed is of the essence because this variant is proof of how quickly the situation can change.

Inaction is not an option when up to 34,000 people have died from this virus each week during the last few weeks in the Americas. And that means that up to 202 people have died every hour in this region.

We know how to slow transmission, to protect people with vaccines and how to provide better care to those who are sick.

We need to act quickly and decisively to save lives. This will not be the last variant, and the future of the pandemic is still extremely uncertain.

The choices we make today can have ripple effects for months and years to come.

4. Speech 4.

Weekly Press Briefing on COVID-19: Director's Opening Remarks, January 19, 2022

<https://www.paho.org/en/documents/weekly-press-briefing-covid-19-directors-opening-remarks-january-19-2022>

Good morning and thank you for joining this week's press briefing.

COVID cases continue to accelerate, reaching new peaks in our region. Over the last week, the Americas reported nearly 7.2 million new COVID infections and more than 15,000 COVID-related deaths.

In North America, the US and Canada continue to experience a surge of COVID hospitalizations.

Panama, Costa Rica, and Honduras are reporting the highest numbers of new COVID cases in Central America, with cases more than doubling over the last week.

The Caribbean islands are witnessing the steepest increase in COVID infections since the start of the pandemic. Cases in Martinique have increased by more than 600% and in Saint Martin they have risen by more than 135%. Cases have at least doubled in more than 17 countries and territories, which is especially concerning as hospital capacity in many islands remains limited.

COVID infections are accelerating in Colombia, Peru, Brazil, and Bolivia. COVID hospitalizations are also growing in Paraguay, Uruguay, and Argentina.

Although Omicron infections appear to be milder, we continue to urge caution because the virus is spreading more actively than ever before.

That means it's critical to protect our health systems so individuals who need care can count on it.

And the best way for us to protect our health systems is to get vaccinated when it's our turn.

Vaccines shield us from the worst COVID symptoms and reduce our chances of needing hospitalized care.

More than 60% of people in Latin America and the Caribbean have been fully vaccinated against COVID. We aim to vaccinate at least 70% of the population by mid-2022. PAHO's Revolving Fund will soon reach the milestone of delivering 100 million doses of vaccines to 33 countries, and as more vaccines become available, we encourage those who haven't been vaccinated please to do so.

As COVID surges throughout the region, countries are facing a familiar challenge: COVID testing.

The good news is that even before COVID arrived in our region two years ago, PAHO has been working to bolster our region's laboratory capacity to respond to emerging pathogens, so every country had the training, the supplies, and the ability to perform COVID diagnostic tests.

Today we have a network of more than 32 laboratories across the Americas, including National Influenza Centers and Public Health Laboratories in at least 29 countries. These labs analyze virus samples from our region to help countries track

and learn how this virus is evolving. The network is also on the lookout for new or evolving viruses, so that our region is prepared as new threats arise.

This network has helped detect the arrival of Omicron in countries like Guatemala, Honduras, and the Dominican Republic – helping governments adapt their responses to this latest wave.

But even with this strong lab network, demand for testing is higher than ever – especially as many countries in our region are also experiencing an active flu season – so it's critical that countries use tests smartly.

We believe that the best way to scale up testing is to leverage rapid antigen tests, which offer a diagnosis in minutes, not days.

Rapid tests do not require specialized training or expensive equipment. And they can be deployed to primary health centers, where they can reach more people closer to home.

We urge countries to expand testing at the community level to relieve the pressure on hospitals, which are working overtime.

Because we are facing a testing shortage, PAHO recommends that countries prioritize rapid antigen tests for individuals who are experiencing COVID symptoms and are at risk of spreading the virus.

Individuals who are asymptomatic and have been, or think they have been, exposed to COVID should be advised to quarantine when possible, and follow effective public health measures like social distancing, mask wearing and avoiding large gatherings to prevent getting others sick.

Be assured that PAHO is doing everything it can to support countries. Since the COVID-19 emergency began, we have acquired more than 42 million PCR and rapid antigen tests for 36 countries through the PAHO Strategic Fund.

We have deployed 10 million PCR diagnostic tests and 2.8 million rapid diagnostic tests from our stockpile in Panama to countries in need. In the last few weeks, we have sent tests to quickly increase capacity in Bolivia, Suriname, Trinidad and Tobago, and St. Kitts and Nevis.

PAHO has also established long term agreements with two of the WHO-approved manufacturers of COVID diagnostic tests so that we can secure tests for our region at a fraction of the price.

Countries can and should take advantage of these agreements by purchasing diagnostic tests through our Strategic Fund.

Since January of 2021, our Strategic Fund has purchased more than 22 million COVID tests, including PCR and Rapid Diagnostic tests, on behalf of our countries, and we expect our orders will ramp up this year.

As Omicron continues to spread rapidly throughout the region, our testing capacity will be limited for some time.

That's why it's important to remember that testing alone will not overcome this virus.

Slowing the spread of COVID will require every tool in our arsenal - vaccines, social distancing, mask wearing, avoiding large gatherings, and testing.

We need to rely on all of these measures to continue to protect ourselves and each other against this virus.

II. The British Data

1. Speech 1.

Good afternoon and welcome.

Today marks the start of the next chapter in this country's fight against COVID-19.

A few hours ago, the Prime Minister announced that, thanks to the progress we've all made, we will be lifting the Plan B measures and returning to our original Plan A.

This is a moment that we can all be proud of – the culmination of a brilliant national mission that's helped us to withstand the Omicron wave and restore more freedom to this country.

It's a reminder of what this country can accomplish when we all work together.

We'll shortly be hearing from the Chief Medical Advisor to the UK Health Security Agency, Dr Susan Hopkins, but before we do, I wanted to talk about how we got to this important milestone and what this means for our fight against this virus.

Let's start with how we got here.

Back in July, we made the decision to take Step 4 of our roadmap so we could roll back the restrictions and move closer to normal life. This wasn't an easy decision, but taking this step when we did – backed by the warmer weather and the school holidays – helped us to enjoy the greatest possible freedom for a number of months.

As I said when I announced this change, this showed us how we can learn to live with COVID.

But I also warned that a more harmful new variant would have the potential to set us back.

Four months later our scientists – learning from their colleagues in South Africa – were among the first in the world to help identify a new variant of Omicron. A variant that was capable of spreading faster than any COVID-19 variant that had come before it.

Spurred by this more transmissible variant, case numbers rose to record levels and, incredibly, over a third of the UK's total number of confirmed COVID-19 cases happened over the last 8 weeks.

There was a lot that we didn't know about Omicron.

But we did know that we were in a stronger position than the previous winter thanks to that decision to open up in the summer, and to the solid defences that we've built over time.

So we decided not to return to the lockdown measures, as many countries in Europe have. Because I've always been extremely conscious of the impact that blanket restrictions can have, for instance on jobs, on education and mental health.

Instead, we pursued a different path. One that allowed us to take a balanced and proportionate approach.

We put in place the Plan B contingency measures that were set out in our Autumn and Winter Plan.

These measures left us with far fewer restrictions than most in Europe, and they bought us valuable time. Time that we could use to assess the Omicron variant and reinforce this country's pharmaceutical defences.

Since we announced Plan B, 15 million people have stepped forward to get their boosters.

We've smashed records again and again, including a record 1.06 million UK vaccinations in a single day. We've also massively expanded our capacity for testing, and we expect to have some 400 million lateral flow tests available this month alone – that's quadruple our pre-Omicron plans.

On top of this, we've secured even more antivirals and treatments, and deployed them directly to those people with the highest risk. Thanks to this huge collective effort, we're more boosted than any large country in Europe, we've created the largest testing programme of any country in Europe and we've procured more antivirals than any country in Europe. That's why we're the most open country in Europe, and today we announced how we have plans to go even further.

Our plan was to use the time that Plan B gave us to give ourselves extra power in our fight against Omicron. This plan has worked, and the data shows that Omicron is in retreat.

Today's ONS data shows a fall in infections, including in older age groups. Hospitalisations have also fallen over the past week, and the number of COVID patients in intensive care beds is now at the same level as it was back in July.

I've always said that we'd open up the country as soon as the data supports it, and earlier today that's why we announced 3 important changes as part of our return to Plan A.

First, starting immediately, the government is ending the guidance on working from home, and I know that many people have already been starting to talk to their employers about arrangements to return safely to work.

Second, from the start of next Thursday, mandatory certification based on vaccines and tests will end, but of course, organisations can still choose to use the NHS COVID Pass voluntarily.

Third, also starting next Thursday, we'll no longer legally mandate the wearing of face masks.

But we suggest that they are worn in enclosed, crowded places, especially where you come into contact with people who you don't normally meet.

These changes will take effect even sooner in classrooms, where we will no longer require face coverings from tomorrow, and the Department for Education will shortly remove the guidance on their use in communal areas.

As well as these changes, we're also exploring where else we can ease restrictions.

We're looking to replace legal requirements on self-isolation with advice and guidance and, in the coming days, I'll be setting out our plans to further ease restrictions on visits to care homes.

The steps that we've announced today represent a major milestone. But it's not the end of the road, and we shouldn't see this as the finish line. Because we cannot eradicate this virus, and its future variants.

Instead, we must learn to live with COVID, in the same way that we've learned to live with flu. And we'll be setting out our long term plan for living with COVID-19 this spring.

We must stay vigilant, and be mindful that there could be bumps in the road ahead.

Although we've worked hard to make sure the NHS will be ready and resilient – building Nightingale surge hubs, and signing new deals with the independent sector – the NHS is still facing significant pressure this winter. Even before the Omicron wave we had a COVID backlog of elective care, and now, unfortunately, that COVID backlog will be larger still. So we must proceed with caution.

A pandemic is a marathon not a sprint. Even on this day of progress, I'd urge everyone to think about what they can do to keep the virus at bay. Whether it's washing your hands, letting in fresh air, or getting tested and self-isolating if you test positive.

But the best step that we can all take is to get vaccinated. It was the jabs that have got us this far, and the jabs can keep us here too.

[[[I'm so grateful to all the staff and volunteers and the military, everyone who made the rollout a reality, and to everyone who stepped up to get your jab.

We asked you to come forward, and you did, in your millions, and it's because of you that we've been able to take these steps today.

But for as long as there are people who haven't been protected, we know that our defences aren't as strong as they should be, and the NHS will be under more pressure than it should be.

So, please, if you haven't had your first, second or third jab, it's time to come forward.

Help us to keep this success story going, and protect the incredible progress that we've all made.

Now I'd like to hand over to Susan to talk us through some of the latest data.

1. Speech 2.

Mr Deputy Speaker, with permission, I'd like to update the House on vaccination as a condition of deployment.

Last Thursday, we woke up to a new phase of this pandemic, as we returned to Plan A.

People are no longer advised to work from home.

Face coverings are no longer mandatory.

Organisations no longer have to require the NHS Covid Pass.

And from today, there's no limit on the number of visitors allowed to care homes.

Week by week, we are carefully moving our COVID response from one of rules and restrictions, back to one of personal responsibility.

We're able to do this because of the defences we've built throughout this pandemic – in vaccines and antivirals, in testing and surveillance.

We know of course that COVID-19 is here to stay.

While some countries remain stuck on a zero-COVID strategy and others think about how they will safely open up here, we're showing the way forward, and showing the world what successfully living with COVID looks like.

The principle we're applying is the same principle that's guided our actions throughout this pandemic: and that is to achieve the maximum protection of public health with the minimum intrusion in people's everyday lives.

To me, this is what learning to live with COVID is all about.

Even with this progress, Mr Deputy Speaker, we must of course remain vigilant.

While overall cases and hospitalisations continue to fall, we are seeing rises in cases in primary and secondary school children.

Part of living with COVID means living with new variants and subvariants.

Our world-class health surveillance operations are currently keeping a close watch on a subvariant of Omicron, called BA.2 which the UK Health Security Agency has marked as a 'variant under investigation', one level below a 'variant of concern'.

1,072 genomically confirmed cases of BA.2 have been identified in England.

While early data from Denmark suggests that BA.2 may be more transmissible, there is currently no evidence that it is any more severe.

In addition, an initial analysis of vaccine effectiveness against BA.2 reveals a similar level of protection to symptomatic infection compared to BA.1, the original variant of Omicron, which underlines once again the need to be vaccinated against COVID-19 and the imperative to get the booster if you're eligible.

Mr Deputy Speaker, nowhere is vaccination more important than in our health and social care system.

Throughout this pandemic, we've always put the safety of vulnerable people first – and we always will do.

It has always been this government's expectation that everyone gets vaccinated against COVID-19, especially those people working in health and social care settings, who have a professional duty to do so.

When designing policy there will always be a balance of opportunities and risks and responsible policy making must take that balance into account.

When we consulted on vaccination as a condition of deployment in the NHS and wider social care settings, the evidence showed that vaccine effectiveness against infection from the dominant Delta variant has been, or was, between 65% and 80%, depending on which vaccines you had received.

It was clear that vaccination was the very best way to keep vulnerable people safe from Delta because quite simply, if you're not infected, you can't infect someone else.

Balanced against this clear benefit was the risk that there would always be some people who would not do the responsible thing and choose to remain unvaccinated and in doing so, choosing to walk away from their jobs in health and care.

Despite it being their choice to leave their jobs, we have to consider the impact on the workforce in NHS and social care settings. Especially at a time when we already had a shortage of workers and near full employment across the economy.

In December, I argued – and this House overwhelmingly agreed – that the weight of clinical evidence in favour of vaccination as a condition of deployment outweighed the risks to the workforce.

It was the right policy at the time – supported by the clinical evidence – and the government makes no apology for it.

It has also proven to be the right policy in retrospect – given the severity of Delta.

Since we launched the consultation on vaccination as a condition of deployment in the NHS and wider social care settings in September, there has been a net increase of 127,000 people working in the NHS who have done the right thing and got jabbed, becoming part of the 19 out of 20 NHS workers who have done their professional duty.

During the same time, we have also seen a net increase of 32,000 people getting jabbed in social care including 22,000 people in care homes and 10,000 people working in domiciliary care.

I'm grateful to the millions of health and care colleagues who have come forward and done the right thing – and the health and care leaders who have supported them.

Together, they've played a vital part in raising our wall of protection even higher and keeping thousands of vulnerable people out of hospital this summer.

When we laid these regulations last November, the Delta variant represented 99% of infections.

A few short weeks later, we discovered Omicron, which has now become the dominant variant in the UK, representing over 99% of infections.

Incredibly, over a third of the UK's total number of confirmed COVID-19 cases have happened in just the last 8 weeks.

Given that Delta has been replaced, it's then only right that our policy on vaccination as a condition of deployment is reviewed.

So, I asked for fresh advice, including from the UK Health Security Agency and England's Chief Medical Officer. In weighing up the risks and opportunities of this policy once again, there are 2 new factors.

The first is that our population as a whole is now better protected against hospitalisation from COVID-19. Omicron's increased infectiousness meant that at the peak of the recent winter spike, 1 in 15 people had a COVID-19 infection, according to the ONS.

Around 24% of England's population has had at least one positive COVID-19 test. And as of today, in England, 84% of people over 12 have had a primary course of COVID-19 vaccines and 64% have been boosted - including over 90% of over 50s.

The second factor is that the dominant variant – Omicron – is intrinsically less severe.

When taken together with the first factor – that we now have greater population protection – the evidence shows that the risk of presentation to emergency care or hospital admission with Omicron is approximately half of that for Delta.

Given these dramatic changes, it is not only right but responsible to revisit the balance of risks and opportunities that guided our original decision last year.

While vaccination remains our very best line of defence against COVID-19, I believe it is no longer proportionate to require vaccination as a condition of deployment through statute.

So, Madam Deputy Speaker, today I am announcing that we will launch a consultation on ending vaccination as a condition of deployment in health and all social care settings.

Subject to the responses – and the will of this House – the government will revoke the regulations.

I have always been clear that our rules must remain proportionate and balanced – and of course, should we see another dramatic change in the virus, it would be responsible to review this policy again.

Some basic facts remain: vaccines save lives, and everyone working in health and social care has a professional duty to be vaccinated against COVID-19.

So, while we will seek to end vaccination as a condition of deployment in health and social care settings using statute, I am taking the following steps:

First, I have written to professional regulators operating across health to ask them to urgently review current guidance to registrants on vaccinations, including COVID-19, to emphasise their professional responsibilities in this area.

Second, I have asked the NHS to review its policies on the hiring of new staff and the deployment of existing staff, taking into account their vaccination status.

And third, I've asked my officials to consult on updating my department's code of practice, which applies to all CQC registered providers of all healthcare and social care in England.

They will consult on strengthening requirements in relation to COVID-19 including reflecting the latest advice on infection prevention control.

Finally, Madam Deputy Speaker, our vital work to promote uptake of the vaccine will continue and I'm sure the whole House will join me in thanking NHS trusts and care homes for their relentless efforts to put patient safety first.

Madam Deputy Speaker, I wish to thank the Shadow Health Secretary and the party opposite for their support of the government's approach to this policy area.

One of the reasons we have some of the highest vaccine uptake rates in the world is because of the confidence in our vaccines that comes from this place – from all sides of this House.

We may not agree on everything but when it comes to vaccination, together, we have put the national interest first.

It is now in our national interest to embark on this new phase of the pandemic where we keep the British people safe while showing the world how we can successfully live with COVID-19.

I commend this statement to the House.

2. Speech 3.

Mr Speaker, with permission, I'd like to make a statement on a new, ambitious Elective Recovery Plan - the NHS's Delivery Plan for tackling the COVID-19 backlog of elective care.

The NHS has responded with distinction during the country's fight against the virus.

Caring for over 700,000 people with Covid-19 in hospital in the UK and delivering a vaccination programme that's helping this country to live with the virus, while at the same time doing so much to keep non-COVID care going.

Nobody, no institution, felt the burden of the pandemic more than the NHS.

There have been 17 million cases of Covid-19 and the NHS have had to respond to the original variant, the Alpha wave, the Delta wave and most recently of course the Omicron wave.

But even in spite of these pressures, we had one of the fastest vaccination programmes in the world and that includes one of the fastest booster programmes in the world.

Sadly, as a result of focusing on urgent care, the NHS couldn't deal with non-urgent care as much as anyone would have liked.

The British people of course have understood this.

Despite these exceptional efforts, there is now a considerable COVID backlog of elective care. 1,600 people have waited longer than a year for care before the pandemic. The latest data shows that this figure is now over 300,000.

On top of this, the number of people waiting for elective care in England now stands at 6 million, that is up from 4.4 million before the pandemic.

Sadly, Mr Speaker, this number will continue rising before it falls.

A lot of people understandably stayed away from the NHS during the heights of the pandemic and the most up to date estimate from the NHS is that that number is around 10 million people.

But I want these people to know that the NHS is open and, as Health Secretary, I want them to come forward for the care they need.

We don't know how many will now come forward - whether 30% or 80% will return because no country, no country has faced a situation like this ever before.

So in developing this plan the NHS has had to make a number of assumptions. Even if half of these people come forward, this is going to place huge demand on the NHS and we are pulling out all the stops so that the NHS is there for them when they do.

We have already announced that we're backing the NHS with an extra £2 billion of funding for elective recovery this year and £8 billion on top of that over the next 3 years.

In addition, we are putting almost an additional £6 billion towards capital investment, for new beds, equipment and technology.

And today, we're announcing the next steps...

It shows how we will help this country's health and care system to recover from the disruption of this pandemic but also how we will make reforms that are so important for the long-term.

It will allow the NHS to perform at least 9 million extra tests and checks and procedures by 2025 and around 30% more elective activity each year in 3 years' time than it was doing before the pandemic.

This bold and radical vision has been developed with expert input from clinical leaders and patient groups.

It won't just reset the NHS to where it was before COVID but build on what we have learnt over the past 2 years to transform elective services and make sure that they are fit for the future.

Mr Speaker, this plan focuses on 4 key areas.

The first is how will we increase capacity. On top of enormous levels of investment we are doing everything in our power to make sure that we have even more clinicians on the front line.

We now have more doctors and nurses working in the NHS than ever before we have a record number of students at medical school and a record number of students applying to train as nurses.

The plan sets out what more we will be doing including more healthcare support workers and the recruitment and deployment of NHS reservists.

We will also be making greater use of the independent sector, which formed an important part of our contingency plans for COVID-19 so we can help patients to access the services they need because of this high demand.

Second, Mr Speaker, as we look at the backlog, we will not just strive to get numbers down but also to prioritise by clinical need and to reduce the very longest waits.

Assuming half the missing demand from the pandemic returns over the next 3 years the NHS expect the waiting list to be reducing by March 2024.

Addressing long waits is critical to the recovery of elective care and we will be actively offering longer-waiting patients greater choice about their care, to help bring these numbers down.

The plan sets the ambition of eliminating waits in elective care of longer than a year by March 2025.

Within this, no one will wait longer than 2 years by July this year. And the NHS aims to eliminate the waits of over 18 months by April 2023 and of over 65 weeks by March 2024, which equates to 99% of patients waiting less than one year.

Mr Speaker, I've heard the concerns that some people have rightly raised, including many honourable members, about the impact of the pandemic on cancer care.

On Friday, World Cancer Day, I launched a call for evidence that will drive a new 10 Year Cancer Plan for England - a vision of how we can lead the world in cancer care. And this Elective Plan, too, places a big focus on restoring cancer services.

The NHS has done sterling work to prioritise cancer treatment throughout the pandemic and we have consistently seen record levels of referrals since March 2021.

But waiting times have gone up and fewer people came forward with cancer symptoms during the pandemic.

The plan shows how we will intensify our campaigns to encourage more people to come forward focusing on areas where referrals have been the slowest to recover like lung cancer and prostate cancer.

It also sets out some stretching ambitions for how we will recover and improve performance for cancer care.

Returning the number of people waiting more than 62 days from an urgent referral back to the pre-pandemic levels by March 2023 and ensuring that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days by March 2024.

I'm determined that we tackle the disparities that exist in this backlog – just as I have been determined to tackle disparities of any kind across this country.

Analysis from the King's Fund shows that on average, you are almost twice as more likely to experience a wait of over a year if you live in a deprived area.

And as part of our recovery work, we're tasking the NHS with analysing their waiting list data according to factors like age, and deprivation, ethnicity to help drive detailed plans to tackle any disparities.

Third, Mr Speaker, this new chapter for the NHS provides an opportunity to radically rethink and redesign how services are delivered to bust the backlog and deliver more flexible, personalised care for patients.

The pandemic has shown beyond doubt the importance of diagnostics.

But although over 96% of people needing a diagnostic test received it within 6 weeks prior to the pandemic, the latest data shows that that number has fallen to 75%.

Our aim is that we will get back to 95% by March 2025.

And a major part of this will be expanding the use of Community Diagnostic Centres, which have already had a huge impact.

These are one-stop-shops for checks, and scans and tests that will help people get a quicker diagnosis and therefore the treatment that they need earlier on.

69 Community Diagnostic Centres are already up and running and the plan shows our intention to have at least 100 in the communities, in local communities, and in high streets over the next 3 years.

We will also keep expanding the use of surgical hubs, that will be dedicated to carrying out planned, elective surgeries.

They will allow us to do more surgeries in a single a day than in typical outpatient settings so we can fast-track operations and make sure patients are more likely to go home the same day.

We have already been piloting these hubs, and we will now be rolling these out right across the country.

And then finally, Mr Speaker, we will improve the information and support for patients.

I know the anxiety that patients feel when they are waiting for care, especially if they feel like they don't have the certainty about where they sit in the queue. And I am determined to make sure that as we enter this next phase, we will be open and transparent with patients.

We will be launching a new online platform called My Planned Care which will go live this month, offering patients and their carers tailored information ahead of their planned surgery.

They will be able to see waiting times for their provider, so that they can better understand their expected wait.

A third of on-the-day cancellations are due to people not being clinically ready for treatment and this new platform will be able to link patients to the most appropriate personalised support ahead of their surgery.

This shows the approach that we will be taking in the years ahead, putting patients at the heart of their care and giving people, giving them the support that they need to make informed decisions.

We will also put in place a payment system that incentivises strong performance and delivers value for money for the public.

Mr Speaker, just as we came together to fight this virus, now we must come together on a new national mission to fight what the virus has brought with it.

It will mean waiting lists falling by March 2024, strong action to reduce long waiting times and stretching targets for early diagnosis for cancer care.

This vital document shows how we will not just recover, but also reform and make sure that the NHS is there for all of us, no matter what lies ahead.

I commend this statement to the House.

3. Speech 4.

Your Royal Highness, ladies and gentlemen I'm honoured to be here at this hugely important event which shines a spotlight on a vital issue. I would like to pay tribute to you Sir, and to everyone else, for the commitment you have shown to this cause.

Our emergency services, they represent the best of us, running towards danger when most of us run away.

I'm honoured to have had the privilege of working closely with three of our emergency services.

The ambulance service in my current role as Health Secretary and, also of course, the police and fire service when I served as Home Secretary.

I've always found it humbling to see the extraordinary lengths that they go to keep us all safe.

And not only did I see this through my work at the Home Office and as Health Secretary, I saw it in my own home too.

As some of you will know, my younger brother Bas is a police officer, serving for the last 27 years.

One of the proudest moments of my life was going to his graduation as a senior police officer.

But its been hard to hear from my older brother about some of the experiences that he and his colleagues have endured whilst they're doing their jobs trying to keep us all safe.

Of course, it certainly takes a physical toll and my brother has had all manner of bruises and cuts to show but we don't talk often enough about the mental toll.

It's a tough job even in normal times, but it's been even tougher during the pandemic.

Dealing with the greater demand that a public health emergency brings while unable to do many of the things that would normally bring us joy, like seeing our loved ones.

MIND's illuminating report, the Blue Light Report, reveals just how stark this impact has been and how almost 7 in 10 emergency responders feel that their mental health has deteriorated as a result of the pandemic.

This is hugely concerning.

And we're doing everything in our power to strengthen our support for those colleagues that are on the frontline.

We've set up, for example, 40 mental health and wellbeing hubs for NHS staff, making sure that they have rapid access to mental health services and we've introduced helplines and a 24/7 text service exclusively for staff.

I also want to do more to recognise our emergency services, and the essential work that they do.

When I was Home Secretary, I launched something called the Police Covenant, a pledge to do more as a nation to recognise those who serve this country and a few weeks ago, I announced how I want to establish a NHS Covenant too so we can give even more support to those who work in our NHS.

Although the pandemic has been arduous for our nation's health, it's also, in some ways, been a time when we've seen some change for good with, I think, more people feeling able to talk openly about their mental health including of course, members of our Royal Family. Something we just saw now, on the panel.

These, of course, are very positive developments. And we must build on this momentum.

I was pleased to see that MIND's report showed that when compared to 2015 double the amount of emergency responders say they feel able to talk openly about their mental health issues or challenges at work and that the vast majority of people who did come forward for the support, they found it helpful.

There's so much good work that is taking place already, right across our emergency services.

And today's event provides a valuable opportunity to learn from one another and from what's been successful in our different emergency services.

So I'd like to thank all the charity partners who've been involved in today's Symposium and especially MIND for the work that they do to raise awareness of this vital issue.

Our emergency services have been there for us all throughout this crisis.

And as we recover, I, and the government, are determined to be there for them too and to put mental and physical health on an equal footing at last.

Thank you all very much.

4. Speech 5.

Thank you Madam Deputy Speaker. With permission I'd like to update the House on COVID-19.

But before I begin, I want to wish the Shadow Secretary of State well, as he recovers from COVID-19.

Madam Deputy Speaker, over the past 48 hours, a small number of cases of a new variant have been detected on our international genomic database.

I want to reassure this House that there are no detected cases of this variant in the UK at this time but this new variant is of huge international concern.

The World Health Organisation has called a special meeting this morning – and that meeting is taking place right now.

I want to update the House on what we know so far, why we're concerned, and the action that we are taking although I must stress, that this is a fast-moving situation, and there remains a high degree of uncertainty.

The sequence of this variant – currently called B.1.1.529 – was first uploaded by Hong Kong, from a case of someone travelling from South Africa.

The UK was the first country to identify the potential threat of this new variant and alert international partners.

Further cases have been identified in South Africa and in Botswana and it is highly likely that it has now spread to other countries.

Yesterday, the South African government held a press conference, where they provided an update on what they know so far.

I want to put on record my thanks to South Africa, not only for their rigorous scientific response but the openness and transparency with which they have acted much as we did here in the United Kingdom, when we first detected what is now known as the Alpha variant.

Madam Deputy Speaker, we are concerned that this new variant may pose a substantial risk to public health.

The variant has an unusually large number of mutations.

Yesterday, the UK Health Security Agency classified B.1.1.529 as a new Variant Under Investigation and the Variant Technical Group has designated it as a Variant Under Investigation with Very High Priority.

It's the only variant with this designation, making it higher priority than Beta.

It shares many of the features of the Alpha, Beta and Delta variants.

Early indications show this variant may be more transmissible than the Delta variant and current vaccines may be less effective against it.

It may also impact the effectiveness of one of our major treatments, Ronapreve.

Madam Deputy Speaker, we're also worried about the rise in cases in countries in Southern Africa especially as these populations should have significant natural immunity.

In South Africa in particular, there has been exponential growth, with cases increasing fourfold over the last two weeks.

In Gauteng Province – which includes Johannesburg and Pretoria –some 80 percent of cases, when tested with a PCR test, have shown something that is known as the 'S-Gene dropout' which we associate with this variant.

So while we don't know yet definitely whether the exponential growth in South Africa is directly associated with this new variant, this PCR test analysis does indicate that there could many more cases of this new variant than just those that have been sequenced so far.

So Madam Deputy Speaker, even as we continue to learn more about this new variant, one of the lessons of this pandemic has been that we must move quickly, and at the earliest possible moment.

The UK remains in a strong position.

We've made tremendous gains as a result of the decisions that we took over the summer and the initial success of our booster programme.

But we're heading into winter and our booster programme is still ongoing. So we must act with caution.

So we're taking the following steps:

Yesterday I announced that – from midday today – we’re placing six countries in Southern Africa on the travel red list.

Those countries are: South Africa, Botswana, Lesotho, Eswatini, Namibia, and Zimbabwe.

Anyone who is not a UK or Irish resident who has been in one of these countries in the last 10 days will be denied entry into England.

UK and Irish residents arriving from these countries – from 4 am on Sunday – will enter hotel quarantine.

Anyone arriving before those dates should take PCR tests on day 2 and day 8 – even if they are vaccinated and isolate at home – along with the rest of their household.

If you’ve arrived from any of these countries in the last 10 days NHS Test and Trace will be contacting you and asking you to take a PCR test.

But do not wait to be contacted – you should take PCR tests right away.

We have been working closely with the Devolved Administrations on this, and they will be aligning their response.

In recent hours, Israel has also taken similar precautions.

Madam Deputy Speaker, I wish to stress that we’re working quickly, and we’re working with a high degree of uncertainty.

We are continuing to make assessments, including about those countries with strong travel links to South Africa and we’re working with our international partners – including South Africa and the European Union – to ensure an aligned response.

But this variant is a reminder for all of us that this pandemic is far from over.

We must continue to act with caution, and do all we can to keep this virus at bay including, once you are eligible, getting your booster shot.

We’ve already given over 16 million booster shots.

The booster jab was already important before we knew about this variant – but now, it could not be more important.

So please, if you’re eligible get your booster shot, do not delay.

Madam Deputy Speaker, we've made great progress against this virus – progress that we're determined to hold on to.

This government will continue do whatever is necessary to keep us safe – and we've all got our part to play.

I commend this statement to the House.

5. Speech 6.

Mr Speaker, with permission, I'd like to make a statement on the Omicron variant and the steps we're taking to keep our country safe.

We've always known that a worrying new variant could be a threat to the progress that we've made as a nation.

We're entering the winter in a strong position, thanks to the decisions we made in the summer and the defences that we have built.

Our vaccination programme has been moving at a blistering pace and this weekend we reached the milestone of 17 million boosters across the UK.

This means that even though cases have been rising, hospital admissions have fallen a further 11% in the past week and deaths have fallen by 17%.

But just as the vaccination programme has shifted the odds in our favour, a worrying new variant has always had the opportunity to shift them back.

Last week I was alerted to what is now known as the Omicron variant, now designated a Variant of Concern by the World Health Organisation.

We're learning more about this new variant all the time.

But the latest indication is that it spreads very rapidly, it may impact the effectiveness of one of our major treatments for COVID-19, Ronapreve, and as the Chief Medical Officer said this weekend, there's a reasonable chance that our current vaccines may be impacted.

I can update the House that there have now been five confirmed cases in England, and also six confirmed cases in Scotland and we expect cases to rise over the coming days.

The new variant has also been spreading across the world.

Confirmed cases have been reported in many countries: including Austria, Belgium, the Czech Republic, Denmark, Germany, Italy, the Netherlands and Portugal.

In this race between the vaccines and the virus, the new variant may have given the virus extra legs.

So, our strategy is to buy ourselves time and to strengthen our defences while our world-leading scientists learn more about this potential threat.

On Friday, I updated the House about the measures that we've put in place including how within hours, we'd placed six countries in Southern Africa on the travel red list.

Today, Mr Speaker, I'd like to update the House on more balanced and proportionate steps that we're taking.

First, measures at the border, to slow the incursion of the variant from abroad.

On Saturday, in line with the updated advice from the UK Health Security Agency, we acted quickly to add four other countries to the travel red list: Angola, Mozambique, Malawi and Zambia.

This means anyone who's not a UK or Irish national, or resident – who's been in any of these countries over the previous 10 days – will be refused entry.

And those who are allowed entry must isolate in a Government-approved facility for 10 days.

Beyond this red list, we're also going further to put in place a proportionate testing regime for arrivals from across the world.

So we'll require anyone who enters the UK to take a PCR test by the end of their second day after they arrive and to self-isolate until they've received a negative result.

The regulations for this have been laid before the House today, and will come into effect at 4am tomorrow.

Second, we've announced measures to slow the spread of the virus here in the UK.

We're making changes to our rules on self-isolation for close contacts in England to reflect the greater threat that may be posed by this new variant.

So close contacts of anyone who tests positive with a suspected case of Omicron must self-isolate for ten days, regardless of whether they have been vaccinated or not.

Face coverings will also be made compulsory in shops and on public transport in England unless an individual has a medical exemption.

The regulations for self-isolation and face coverings have been laid before the House today, and will come into force at 4am tomorrow.

But I can confirm to the House that there will be a debate and votes on these two measures to give the House the opportunity to have its say and to perform valuable scrutiny.

My Right Honourable Friend, the Leader of the House, will be setting out more details shortly and we'll be reviewing all these measures that I've set out today after three weeks to see whether they're still necessary.

Third, Mr Speaker, we're strengthening the defences we've built against the virus.

We're already in a stronger position than we were when we faced the Delta variant.

We have a much greater capacity for testing, an enhanced ability for sequencing and the collective protection that's offered by 114 million jabs in arms and so I would like to update the House on our vaccination programme as well.

Our COVID-19 vaccination programme has been a national success story.

We've delivered more booster doses than anywhere else in Europe and we've given top-up jabs to over one in three people over the age of 18 across the UK.

I'd like to take this opportunity to pay tribute to the NHS, the volunteers, the armed forces and everyone else that has been involved in this life-saving work.

Our vaccines remain our best line of defence against this virus, in whatever form it attacks us.

There's a lot we don't know about how our vaccine responds to this new variant.

But although it's possible that they may be less effective, it's highly unlikely they will have no effectiveness at all against serious disease.

So it's really important that we get as many jabs in arms as possible.

Over the next few weeks, we were already planning to do six million booster jabs in England alone, but against this backdrop of this new variant, we want to go further and faster.

So I asked the JCVI, the Government's independent expert advisers on vaccinations, to urgently review how we could expand the programme, and whether we should reduce the gap between second doses and boosters.

The JCVI published its advice in the last hour.

First, it advised that the minimum dose interval for booster jabs should be halved from six months to three months.

Second, that the booster programme should be expanded to include all remaining adults aged 18 and above.

Third, that these boosters should be offered, by age group, in a descending order to protect those who are most vulnerable to the virus.

So, priority will be given to older adults and people over 16 who are at risk.

Fourth, that severely immunosuppressed people aged 16 or above who've received three primary doses should now also be offered a booster dose.

Finally, that children aged between 12 and 15 should be given a second dose, 12 weeks from the first dose.

I have accepted this advice in full.

With this new variant on the offensive, these measures will protect more people more quickly and make us better protected as a nation.

It represents a huge step up for our vaccination programme, almost doubling the number of people who will be able to get a booster dose to protect themselves and their loved ones.

And I know that we're asking more from NHS colleagues who've already given so much throughout this crisis.

But I know that they will be up to the task.

The NHS will be calling people forward at the appropriate time, so that those who are most vulnerable will be prioritised.

And I'll be setting out more details of how we're putting this advice into action in the coming days.

Mr Speaker, our fight against this virus is a global effort, and so I'd also like to update the House on the part that the UK is playing. We currently hold the presidency of the G7.

And earlier today I convened an urgent meeting of the G7 health ministers to co-ordinate the international response.

We were unanimous in our praise for the leadership shown by South Africa, who were so open and transparent about this new variant. And we were resolute in our commitment to working closely with each other, the World Health Organisation and, of course, the wider international community to tackle this common threat.

Mr Speaker, our experience of fighting this virus has shown us that it's best to act decisively and swiftly when we see a potential threat, which is why we're building our defences, and putting these measures in place without delay.

Scientists are working at speed, at home and abroad, to determine whether this variant is more dangerous.

And I can assure the House that if it emerges that this variant is no more dangerous than the Delta variant, then we won't keep measures place for a day longer than is necessary.

COVID-19 is not going away, and so we'll have to keep seeing new variants emerge.

So if we want to live with the virus for the long-term we must follow the evidence and act in a proportionate and responsible way if a variant has the potential to thwart our progress.

And as we do this, we are taking a well-rounded view, looking not just the impact of these measures on the virus, but the impact to the economy, education, and non-COVID health, such as mental health.

And I'm confident that these responses that we set out today are balanced and responsible steps that are proportionate to the threat we face.

Mr Speaker, this year, our nation has come so far down our road of recovery, but we always knew that there'd be bumps in the road.

But this is not a time to waver.

It's a time to be vigilant and to think about what each and every one of us can do to slow the spread of this new variant.

Getting a jab when the time comes, following the rules that we've put in place and getting rapid, regular tests.

If we all come together once again, then we can keep this virus at bay and protect the progress that we have made.

I commend this statement to the House.

المستخلص

تحليل الخطاب الإيجابي هو منظور إيديولوجي وموجه مهم للغاية لتحليل الخطاب " لأنه يركز ليس فقط على تفكيك اللغة في خدمة السلطة ولكن يركز أيضا على التحليل والمشاركة في مواقع التغيير الاجتماعي الناجح. " تهدف الدراسة الحالية إلى إظهار الجانب الإيجابي لتحليل الخطاب في التقرير الطبي الأمريكي والبريطاني. وبشكل أكثر ملاءمة، فإنه يسلط الضوء على الخطاب الإيجابي الذي أدلى به الأطباء في تقارير كوفيد-19. تحاول الدراسة الحالية سد الفجوة التي لم يتم غلقها بعد مع إبراز الجانب الإيجابي في التقارير الأمريكية والبريطانية حول كوفيد-19.

الأهداف الرئيسية للدراسة الحالية هي: (1) تحديد الطرق اللغوية المستخدمة لتحقيق الجانب الإيجابي من DA في البيانات المختارة. (2) التعرف على التراكيب المستخدمة لتحقيق المستوى الهيكلي في البيانات المختارة. (3) عرض المحفزات المعجمية التي تستخدم لإنجاز المستوى المعجمي في البيانات المختارة.

من المفترض أن: (1) يتم تحقيق الجانب الإيجابي من DA باستخدام تحليلين؛ يسمى، اللغوي والعقائدي في التقارير الأمريكية والبريطانية. بينما يتم تحقيق الأول باستخدام أربعة مستويات: البنيوية، والمعجمية، والخطابية، والبراغماتية، يتم تحقيق الثاني عند استخدام الأيديولوجية الإيجابية التي يتم فيها إبراز التأكيد على الخير وعدم التأكيد على السيئ؛ (2) الأزمان الحالية والمستقبلية هي التركيبات المستخدمة من قبل التقارير الأمريكية والبريطانية لإنجاز المستوى الهيكلي. وكثيرا ما تستخدم الإنشاءات الحالية: (3) الصفات والظروف هي المحفزات المعجمية المستخدمة لتحقيق المستوى المعجمي في البيانات المختارة.

لتحقيق الأهداف والتحقق من الفرضية أو رفضها، يحتاج الباحث إلى اتباع الإجراءات التالية: تقديم خلفية نظرية، تطوير نموذج انتقائي وتحليل البيانات وتحليل النتائج والتوصل إلى استنتاجات معينة.

الاستنتاجات الرئيسية هي: (1) الأزمنة المضارع، المحفزات المعجمية للأفعال، أداة الخطابة البلاغية واستراتيجية التأدب الإيجابية ذات "الاهتمام" المبالغ فيه هي الأدوات المناسبة لإرشاد وإخبار المرسل إليهم بالحقائق العامة والخطط الحالية أو المستقبلية؛ إطلاق افتراض إيجابي؛ والمبالغة في الأمور المتعلقة بالفيروس واللقاحات وإنجازات السلطات في الخطابين الأمريكي والبريطاني؛ (2) يهدف الأطباء الأمريكيون والبريطانيون إلى الكشف عن أيديولوجية إيجابية يتم من خلالها تعزيز التضامن والوحدة

والتفاؤل بين السكان من خلال التأكيد على الجانب الجيد وعدم التأكيد على الجانب السيئ للسلطات الأمريكية والبريطانية (الطبية والمدنية والعسكرية).



جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التربية للعلوم الانسانية
قسم اللغة الانجليزية

تحليل النص الايجابي لخطابات امريكية و بريطانية حول جائحة كوفيد-19

رسالة

قُدمت إلى مجلس كلية التربية للعلوم الانسانية جامعة بابل جزءاً من مُتطلبات نيل درجة
الماجستير في التربية/اللغة الانجليزية/اللغة

من

دعاء خضير علي

بإشراف

أ.م. فراس عبد المنعم جواد الصالحي

كانون الاول 2022

جمادى الاولى ١٤٤٤