

Fighting a global pandemic and local stigmatisation: War metaphors in presidential update speeches and their effect on attitudes to COVID -19 (Patients) in Ghana

Emma Kusuoba Pedavoah

PhD Candidate

Department of English

University of Ghana, Legon, Ghana

Email: ekpedavoah@st.ug.edu.gh

Gladys Nyarko Ansah

Associate Professor

Department of English

University of Ghana, Legon, Ghana

Email: gansah@ug.edu.gh

Submitted: September 14, 2022/ Accepted: April 26, 2023 / Published: June 29, 2023

Abstract

Ghana's President has used WAR-framed metaphors in announcing and explaining both the notion of COVID-19 and the measures his government outlined to curb its spread. This paper explores the potential effects the various conceptual mappings in the WAR-framed communication by the President had on the general public in dealing with a global pandemic in a local context. This is achieved by linking the mappings in the WAR-framed communication to the attitudes and practices among the Ghanaian public. Data were drawn from 8 presidential COVID-19 updates between March 15 and May 31, 2020. Findings indicate that the use of WAR-framed communication successfully evoked fear among the general population. However, this transcended the virus to COVID-19 patients (and their families), provoking a cause of action among the general public to fight not only the virus but also COVID-19 patients (and their families). This appears to have caused stigmatisation of COVID-19 patients, and led to a situation where COVID-19 positive patients

became unwilling to declare their positive status and thus caused further community spread.

Keywords: COVID-19, communication, Conceptual Metaphor Theory, WAR metaphor, stigmatisation, global pandemic.

Introduction

Corona Virus Disease, COVID-19, is an acute respiratory disease. This disease is caused by a new strain of a deadly virus that has recently infected many people across the world. In Ghana, the disease had infected over 48 thousand people with 320 deaths and 620 active cases as of November 3, 2020 (ghanahealthservice.org). COVID-19 has generated much worry among world leaders and people across the world. News of the virus first broke when an unidentified flu-like but fast-killing and fast-spreading disease was reported in the Wuhan province in China in November, 2019 (Ellis, 2020 February 4). Reports from authorities in Wuhan indicated that by the time the deadly nature of the virus was known and reported, it had spread widely among humans. Many myths about the nature and mode of spread of the virus circulated in the media through official and other social media platforms (Bolsen et al., 2020). Nevertheless, it was not until January, 2020, that the World Health Organisation (WHO) for the first time declared COVID-19, as a public health emergency of international concern (PHEIC). On the 12th March, 2020, however, the Director-General of WHO, Tedros Adhanom Ghebreyesus, declared the disease a pandemic:

The WHO has been assessing this outbreak around the clock and we're deeply concerned about the alarming levels of spread and severity and by the alarming levels of infection. We have therefore made the assessment that COVID-19 can be characterised as a pandemic. Pandemic is not a word to use lightly or carelessly. It is a word that if misused, can cause unreasonable fear

or unjustified acceptance that the fight is over leading to unnecessary suffering and death (WHO webpage, 2020).

Since the Director of the WHO declared COVID-19 a pandemic using the WAR frame, “the unjustified acceptance that the fight is over”, as indicated in the excerpt of his above, other world leaders have run the WAR metaphor in conceptualising and communicating different aspects of the pandemic to their general publics. For instance, whereas Donald Trump, the President of USA, called himself the “war time president”, the Secretary-General of the United Nations, Antonio Gutierrez, declared that “we are at war with a virus”. Again, while Governor Andrew Cuomo, Governor of New York, declared that health professionals are the soldiers in the fight, the President of Ghana, Nana Addo Dankwa Akufo-Addo, has described health workers as ‘frontline workers’ at different times.

Lakoff and Johnson (1980) opine that metaphors are a cognitive phenomenon in our everyday thinking and speech. They added that how people think, understand and talk about the world around them is influenced by metaphors that they receive consciously and unconsciously. Following their publication, Conceptual Metaphor Theory (CMT) has been applied to many studies to examine the use and impact of metaphor in various social contexts. Metaphor has since been established to provide ideological and conceptual structures for communication. Nevertheless, Musolf (2017, p.13) observes that the ideological bias of metaphors does not always determine their impact but their real consequences are visible only in hindsight and are dependent on the uptake by their audience. In health communication studies that focus on metaphor, as observed in Koller et al. (2008); Semino et al. (2017), it is believed that the use of metaphors in conceptualising DISEASE causes and persuades people to understand and react appropriately. In these studies, DISEASE has been metaphorically conceptualised in terms of many source domains including JOURNEY and WAR/

BATTLE. Even though WAR metaphors are common in social and political life in general, the metaphorical conceptualisation of DISEASE as WAR appears to be dominant health discourses (Otieno et al., 2016).

The ubiquitous nature of WAR metaphors across discourses has led to theorising the effects of WAR metaphors on language users in the literature. In this regard, there are two main lines of the argument. On the one hand, WAR metaphors are believed to have the ability to cause the audience to construct vivid pictures of opposing concepts and are reliable and readily available to the speaker (Flusberg, 2018, p.25). On the other hand, they are believed to cause negative reactions in terms of attitudes towards the source domain. For instance, “critics suggest that war metaphors are misleading at best, and harmful at worst, resulting not only in increased political and cultural polarisation, but in risks to personal and social well-being as well” (Flusberg, 2018, p.6). Also, Hartmann-Mahmud (2002); Larson (2005); Wiggins (2012); Cespedes (2014); Simons (2015); and Huckins (2016) are of the view that the WAR metaphor should not be used since it affects people negatively when they hear about it in any form of communication. In the spirit of the second line of argument, this paper submits that the use of WAR metaphors in Ghana’s presidential COVID-19 update speeches produced a negative emotion (fear/panic) that caused stigmatisation of COVID-19 patients instead of the desired expectation. The effect of this among the general public seemed to have jeopardised the nation’s efforts at stopping the spread of the virus.

The paper reviews empirical data from the COVID-19 update speeches delivered by the president of Ghana between March 2020 and May 2020 in order to identify the specific conceptual mappings of the WAR metaphor that characterised Ghana’s official communication of the global pandemic. Again, based on Shutova et al.’s (2013) argument that “besides making our thoughts more vivid and filling our communication with

richer imagery, metaphors also play an important role in our cognition” (p.1218) and how we form our attitudes, the paper explores the attitudes that the WAR metaphor and its mappings evoked among the Ghanaian public as observed in their practices. In this regard, the paper examines public discourses where the attitudes and emerged practices of the general public about COVID-19 virus/disease and its infected patients are discussed in order to determine the effects of the WAR metaphor on the general public.

Metaphor and Communication

In Lakoff and Johnson’s (1980) definition of conceptual metaphor, the systematic structuring of one conceptual (target) domain in terms of another (source) domain is believed to be achieved through conceptual mapping, i.e., the projection of aspects of a source domain unto aspects of the abstract domain. Through this process, speakers are believed to be able to cause listeners to act in a particular way by creating a reality which the listener can relate to. It is also believed that the appropriate use of metaphor can add emotional weight to what is being discussed by evoking shared knowledge between the speaker and the listener. In this regard, metaphors are said to have the potential to self-fulfil what the speaker intends to use them for - where the speaker and the listener try to reach a common ground through their shared knowledge of the source domain and its link to the target domain (Thibodeau and Boroditsky, 2011/2013). Thus, the use of metaphors may influence attitudes towards a particular subject either positively or negatively because it brings concreteness to abstract subjects as observed in Landau et al. (2018); Prashast et al. (2020). The potential ability of metaphors to evoke emotions has been studied by many scholars including Citron and Goldberg (2014); Horton (2007); and Thibodeau et al. (2016). According to Flusberg (2018), there have been many publications in recent years with focus on the WAR metaphor not only in public discourse but also in health/disease discourses.

It has been argued that the use of WAR metaphor appears ubiquitous in illness/disease communication because it helps in the expanding and bettering of our conceptual knowledge or schema (Ortony, 1975; Hendricks and Boroditsky, 2016; Thibodeau et al., 2017; Gibbs, 1994; 2017; Flusberg et al., 2018). In other words, there seem to be very good reasons for the use of war metaphors in illness discourses as they appear to have the ability to catch the listener's attention and evoke strong emotions which enable people draw on their existing schema to form opinions.

This notwithstanding, other researchers have argued that the use of war metaphors in disease/illness communication is limiting in many ways especially when the "enemy" seems to be winning and people are dying from the illnesses. For instance, Gaguon and Holms (2008) have argued that HIV/AIDS as a disease has not received a positive response because of the [in]appropriate use of metaphors such as WAR metaphors. Again, Chakraborty et al. (2020); Prashast et al. (2020) have drawn attention to the extreme danger in using the WAR frame in communicating information about COVID-19 because the frame calls for a total mobilisation against a human enemy. In this regard, the use of WAR metaphor in disease/illness communication may be akin to Hopson's (2000) argument as cited in Nyakoe and Adams (2017), that when language is selectively used, it "can trivialise an event or render it important; marginalise some groups and empower others; define an issue as an urgent problem or reduce it to a routine one" (p.78).

One of the earliest studies to highlight the use of metaphors in illness/disease communication was Susan Sontag (1978) which compared the language that characterised tuberculosis (TB) and cancer discourses. While she observed in her 1978 work and subsequent works (1981/1999) that it is difficult to avoid the use of metaphors in communication, she argued that using "military metaphors contribute to stigmatising certain illnesses and, by extension, of those who are ill" (1981/1999, p.99). In a similar

vein, Gwyn (1999, p.207), as cited in Demjén and Semino (2016, p.392) have argued that “the military metaphor provides us all (and the mass media in particular thrive on this) with an identifiable evil that is all too easily transferred onto the persons who are subject to the illnesses themselves”.

In discussing the effect of the WAR metaphor on COVID-19, Prashast et al. (2020) submit that the war narrative has made India’s response to the pandemic problematic on varied fronts. This contributed to the stigmatisation of patients, and instability within the healthcare system leading to the neglect of non-Covid patients. Similarly, Boyte and Throntviet (2020) point out that the use of war metaphor in COVID-19 communication sparked attacks on people suspected to be carriers of the virus and caused xenophobic attacks on Asian Americans in the US. Similarly, Chen (2020) reports that stigma and unjustified hostilities against minorities and COVID-19 patients abound because of the use of WAR metaphors. In addition, Craig (2020) revisits Sontag’s argument and concludes that the rhetoric of the discourse of the pandemic must be reassessed as it has lethal implications.

Thus, the use of WAR metaphor to conceptualise disease in health communication may produce both positive and negative reactions. For instance, in the case of COVID-19 and its treatment, the use of WAR metaphors may evoke power in health workers as they are seen as soldiers and the treatment regimes as weapons, and even empower some patients to recover as they are seen as a part of the fight. However, the use of WAR metaphors may also create enemies out of patients who may be seen, and/or see themselves as victims.

Methods

The study combined corpus methods and the Conceptual Metaphor Theory (CMT) to analyse the data. Using Microsoft word and a manual search, sentences that contained single word metaphors expressed by the verb or other items as prescribed

by Metaphor Identification Procedure (MIP) as described in Pagglejazz Group (2007), were selected from the corpus that was built from the selected speeches. Identified metaphorical linguistic expressions were then tabulated, analysed and interpreted qualitatively. Again, these metaphors were interpreted in relation to the context within which the metaphors occurred as well as other facts and statistics contained in the selected texts. Inferences were then drawn from the extra linguistic texts, for instance, government interventions and people's reactions (as reported in the news), to bring a comprehensive interpretation to the data.

The data were mainly sourced from 8 selected speeches out of the 18 COVID-19 update speeches presented by the President of Ghana from the onset of the pandemic in the country till the beginning of the phased easing of the lock down and other restrictions. The choice of these 8 speeches was informed by the fact that they were delivered within the period when Ghana for many years after the 1979 coup d'état and 1981 coup was experiencing restrictions in free movement for the first time. The period is significant in terms of Ghana's history when it comes to freedom of movement, a constitutional right of the sovereign people of Ghana. While the first speech merely announced two cases of the pandemic that were recorded in the country, the second speech did not just announce an increase in the case count (four new cases) but also declared "war" on COVID-19. Consequently, we pitched our data collection period from the President's second COVID-19 update speech. The other speeches take us through the period of restrictions and partial lockdown to the lifting of the partial lockdown and a phased easing of restrictions. These speeches were delivered between March and June 2020. Each of the selected speeches ranged between 600-3000 words.

The speeches gave total updates of the pandemic as pertains to Ghana, including its spread, prevention and public health measures in response to the pandemic. Government's

interventions as well as collaborations with the Ministries of Health and Information, and the Ghana Health Service were also covered in the updates. Because these speeches address all issues pertaining to the pandemic in Ghana, they are a rich source of data for identifying how COVID-19 was conceptualised in the country, at least officially. The texts were downloaded from the Ghana Health Service Covid-19 update webpage.

In line with the MIP approach to metaphor identification (Pragglejaz Group, 2007), the selected speeches were thoroughly read and metaphorically used words as well as their source domains were identified. Then we determined the lexical units in the text-discourse. For each lexical unit in the text, we established its contextual meaning or attribute in the situation evoked by the text. We also took into account words that collocate with the particular lexical unit. This was done to determine if the lexical unit had a more basic contemporary meaning in other contexts than the one in the given context. Basic meanings are not necessarily the most frequent meanings of the lexical unit. If the lexical unit has a more basic contemporary meaning in other contexts than the given context, we established whether the contextual meaning contradicts that of the basic meaning but can be understood in relation to it. A lexical unit was therefore identified as metaphorical if its contextual meaning contrasted with the basic meaning but could also be understood in comparison with it.

To answer the question of whether or not the president's speeches, particularly the WAR-framed metaphors they contained potentially had any effect on people's attitudes and behaviour, we conducted a small-scale level survey on the University of Ghana campus. There were 63 voluntary respondents aged 18 years and above. There were thirty (30) males and thirty-three (33) females. Of the 63, three (3) had had only Basic education, seven (7) Secondary education and fifty-three (53) had had tertiary level of education. Respondents were asked four (4) main questions including how excerpts (audio versions) of the

President’s addresses/speeches they were compelled to listen to made them feel. A sample questionnaire is attached as appendix A. The responses are incorporated into the analysis section below.

Findings and Discussion

On the whole, the data revealed that the president of Ghana, President Nana Addo Dankwa Akufo-Addo, in the face of the pandemic, uses the strategic logic of real military confrontation as invoked by other presidents such as Donald Trump of the US, Boris Johnson of the UK and Tedros Adhanom Ghebreyesus of WHO to talk about his position on ensuring the safety of all Ghanaians in the face of the global pandemic. Musolff (2016) points out that “the strongest evidence of conceptual framing occurs and emerges from the corpus sample in the form of whole data bases being shaped by a metaphor” (p.17). In the 8 selected speeches on COVID-19, Nana Addo used 12 different linguistic units that belong to the WAR domain in 42 instances to describe different aspects of the pandemic. As illustrated in table 1 below, the linguistic units (of WAR) with the highest frequencies are: *fight*, *defeat*, *battle* and *combat*.

Table 1: List of metaphorical linguistic units for the conceptual metaphor DISEASE IS WAR

Verbs	Frequency	Nouns	Frequency
<i>defeat</i>	9	<i>war</i>	1
<i>fight</i>	12	<i>frontline</i>	1
<i>combat</i>	5	<i>enemy</i>	2
<i>attack</i>	1	<i>battle</i>	7
<i>battle</i>	1	<i>forefront</i>	1
<i>win</i>	1		
<i>confront</i>	1		

Examples 1-6 below are tokens from the corpus that illustrate how the president, Nana Akufo-Addo framed the entire official government communication on COVID-19 on a WAR metaphor:

(1) I have, first of all, to tell you how proud and privileged I am to be your President, not just *to fight for you, but also to fight with you*, and to help shepherd our country out of this crisis.

(2) However, *this fight is not yet over, and we are by no means out of the woods yet.*

The fight against Coronavirus has served as a humbling reminder of the things that matter, the things that cannot be bought, and the things that, all too often, go unappreciated, as a result of the stress of daily life.

(3) *As we continue to battle this pandemic*, it is imperative we plan to restore Ghana onto a sound economic footing, and create a path towards growth and transformation.

(4) *We have to win this battle. We have to defeat the virus.*
(Update 7: 19th April 2020)

(5) The truth is that *this will be a long war, broken up into several battles.*
(Update 8: 26th April 2020)

(6) Fellow Ghanaians, ultimately, *the Battle is the Lord's*, and, with faith in Him, we will emerge from this greater than before.
(Update 10: 31st May 2020)

Based on the abundant use of war vocabulary in the president's speeches, we concluded that the president, Nana Addo, conceptualised COVID-19 in terms of WAR. We identify the conceptual mappings and discuss those that are highlighted, citing tokens from the corpus to exemplify them.

COVID-19 IS A WAR

Source Domain (WAR)	Target Domain (COVID-19)
Enemy/invading/attacking force	Virus (its host?)
Master Military strategist	Government/President
War strategies	Public Health measures
Battle ground	Public space
Soldiers/warriors	Ghanaians
Frontline soldiers	Health workers
Defence force	Hygiene protocols
Weapons of defence	PPEs / lock down/stay at home
War casualties	COVID-19 patients/victims

Corona Virus is an attacking/invading force or Enemy

In announcing the confirmed COVID-19 cases (which were imported) in Ghana, the president, Nana Addo, conceptualised the virus as a powerful enemy who has invaded the nation and who should be fought fiercely as illustrated in examples 8-10 below:

(8) “I have come into your homes, again, this evening to provide an update, as I promised, on the measures taken by *Government to combat the Coronavirus pandemic.*”

(Update 2: 15th March 2020)

(9) “I have put the health workers and the security services, including *the Police Service and the Armed Forces, on standby, to co-ordinate a rapid response of human and logistical resources*, if necessary, to cordon, impose a curfew, trace, test, and treat infected persons in the affected community.”

(Update 7: 19th April 2020)

(10) *We will not let our guard down, as the fight against this virus has to progress. We will pursue vigorously our strategy*

of enhanced 3Ts, i.e., tracing and testing to allow us identify infected persons, and isolating and treating them. It is the surest way to root out the virus. (Update 8: 26th April 2020)

The use of war vocabulary such as combat, guard, fight and pursue, together with the invocation of the nation's security forces, i.e., military and police in the president's update speeches clearly sets a war tone in dealing with COVID-19, a global public health situation in Ghana.

Government/President is Master War Strategist

In declaring WAR on the virus/disease which he conceptualised as a powerful force/enemy that has invaded/attacked the country, Nana Addo-Dankwa Akufo-Addo, the president of Ghana and the chief of defence of the country, presented himself as the master military strategist in the WAR as he outlined the nation's combat readiness. For instance, he invoked the powers vested in him as the nation's chief of defence to impose restrictions similar to that of a curfew in a war situation as part of measures in "fighting" the invading virus as illustrated in example (11) below:

(11) "So effective 1am on Monday, 30th March, some forty-eight hours from now, *I have imposed, pursuant to the powers granted the President of the Republic, under the Imposition of Restrictions Act, 2020 (Act 1012), restrictions on movement of persons in the Greater Accra Metropolitan Area (GAMA, which includes Awutu Senya East), and the Greater Kumasi Metropolitan Area and contiguous districts, for a period of two (2) weeks, subject to review.*" (Update 5: 5th April 2020)

By invoking the constitutional power as the master military strategist, people in areas that were described as epic centres were restricted in their movement at certain times of the day. In this exercise, both the military and police were mobilised to enforce the restrictions on movement -they were

given the mandate to arrest and prosecute people who violated the restriction orders. This is how ‘fierce the fight’ against COVID-19 was.

Public Health Measures are War Strategies

Once the president acknowledged the invasion by the virus and announced himself/his government as the master military strategist, he outlined his strategies (public health measures) to win the war. First, the battle ground (public space) was established (example 12).

(12) For the next two weeks, I urge all of you, especially residents in the affected areas of Greater Accra and Greater Kumasi, to be reminded every day, *that the frontline of the fight against Coronavirus is your front door. If you cross it, you and your family will likely be infected.* So, please, stay at home.

Like real war situations, war leaders outline their strategies to win the war. The strategies that were announced by Nana Addo to ‘win the battle against the virus’ included defensive, offensive and communicative strategies. In this regard, public health measures, included movement restrictions (e.g., stay at home, internal travel ban), restrictions on social/public gatherings, (e.g., school, church, mosque, funerals, conferences, parties, weddings, sports, festivals), and external travel ban (air/sea/land border closure). While the aforementioned strategies are preventive in nature, Nana Addo also announced strategies that were curative in nature. Other strategies, included, compulsory quarantine, testing, contact tracing and treatment, what Nana Addo called the 3Ts, were both preventive and curative. What these strategies had in common was their framing in military language as illustrated in examples 13-16 below:

(13) However, it has become necessary to take additional measures to stem the spread of the virus, and protect the lives of our people. We must do everything within our power to contain

the spread of the virus. *The Ministry of Health is mobilising new and retired healthcare professionals to augment our preparedness in dealing with a possible surge in infections.*

(Update 3: 25th March 2020)

(14) *To enhance command and control, more senior officers have been deployed at the operational level, and each member of our security services participating in the exercise has been handed an aide-mémoire highlighting, essentially, the guidelines for the operation.*

(Update 4: 5th April 2020)

(15) *Fellow Ghanaians, it is vital that we protect the lives of our frontline health workers, who are risking their lives every day to battle this virus.*

(Update 8: 26th April 2020)

(16) *We will pursue vigorously our strategy of enhanced 3Ts, i.e., tracing and testing to allow us identify infected persons, and isolating and treating them. It is the surest way to root out the virus.*

(Update 8: 26th April 2020)

Ghanaians are Warriors/Soldiers, Health Workers/Security Services are Frontline Soldiers

In conceptualising the space outside the front door of every Ghanaian as the battle ground, the president was framing all Ghanaians as warriors/soldiers while health workers, immigration officials, customs officials, the law enforcement agencies as front liners. They were framed as front-line warriors/soldiers in the war against COVID-19, the invading/attacking enemy. Examples (17-23) below are instantiations of this conceptualisation from the data:

(17) *I applaud the efforts and courage of Ghanaians in the forefront of the fight against the virus – health workers, immigration officials, customs officials, civil aviation officials,*

airport staff, port health officials, police and military personnel, and other essential service providers – for the yeoman’s work you are doing. Our nation is deeply in your debt.

(Update 3: 25th March 2020)

(18) Fellow Ghanaians, *it is vital that we protect the lives of our frontline health workers, who are risking their lives every day to battle this virus.*

(Update 8: 26th April 2020)

(19) I have, first of all, to tell you how proud and privileged I am to be your President, not just *to fight for you, but also to fight with you*, and to help shepherd our country out of this crisis.

(20) However, *this fight is not yet over, and we are by no means out of the woods yet.*

The fight against Coronavirus has served as a humbling reminder of the things that matter, the things that cannot be bought, and the things that, all too often, go unappreciated, as a result of the stress of daily life.

(21) *These are the blessings of normalcy that we are fighting to restore*, blessings that we must hold onto with a deeper sense of appreciation, once this pandemic has passed.

(Update 6: 9th April 2020)

(22) *As we continue to battle this pandemic*, it is imperative we plan to restore Ghana onto a sound economic footing, and create a path towards growth and transformation.

(23) *We have to win this battle. We have to defeat the virus.*

(Update 7: 19th April 2020)

Hygiene Protocols are the Weapons of defence against COVID-19

In his COVID-19 update speeches, Nana Addo has often stated that his strategies are anchored in science and data. Scientific studies on the corona virus suggest that the virus spreads through droplets of an infected person, and that even though there is no known cure for COVID-19, hygiene protocols, such as washing of hands with soap and under running water, and the wearing of personal protective equipment (PPE), for example, nose/face masks/shields, and gloves as well as use of alcohol-based sanitizers could protect one against being infected. Interestingly, these hygiene protocols and PPE became the weapons needed to disarm and defeat the virus in President Nana Addo's WAR framed COVID-19 update speeches. Examples 24-26 are tokens from the data that illustrate this conceptualisation.

(24) It is vitally important that each one of us, in all parts of the country, *continues to observe the social distancing and enhanced hygiene protocols, for they are the weapons of our defence against the virus.* (Update 4: 5th April 2020)

(25) *To defeat the virus, and get there, we have to accept that we have to wash our hands, maintain good hygiene, refrain from shaking hands, wear our masks, and practice social distancing in all of our engagements* (Update 7: 19th April 2020)

(26) The Ghanaian people have largely embraced *the principles of social distancing, the wearing of masks, and the enhanced hygiene protocols, which are our most effective defences against the virus.* (Update 10: 31st May 2020)

COVID-19 Patients are War Casualties

In every war there are often some casualties suffered on both sides. In Nana Addo's war-framed update speeches,

people infected with COVID-19 were seen as war casualties as illustrated in example 27:

(27) The health workers, who are working day and night to care for *the stricken*, must continually be in our prayers. Their efforts will be in vain if we, at home, do not support them.

(Update 8: 26th April 2020)

While there were not many instantiations of this conceptualisation in the data, its import seems to be far more reaching than the frequency of use. According to Flusberg (2018), the use of war metaphors in conceptualising diseases can lead to fear, the politicisation of the disease and other unintended consequences such that after a while, people begin not to be too bothered about the consequences of the disease. In what follows, we look at the effect that the WAR-framed presidential updates had on the Ghanaian citizens, particularly with regard to their attitude towards COVID-19 patients.

Effects of WAR metaphors on people's attitudes

The first update speech on the pandemic was delivered by the President on 12th March 2020 when there were no confirmed cases in Ghana. The first two (imported) cases of COVID-19 were confirmed on 15th March 2020 and that occasioned the President's second update on the same day. In the president's second update, he called on Ghanaians to adhere to government interventions and other attempts at curbing the spread of the virus. These measures included the closure of all schools and a ban on all religious and other social gatherings, e.g., church, mosque and funerals. By the fifth update when partial lock down was imposed on the people in the country, the President had used metaphorical expressions that instantiate all the mappings in the WAR-framed metaphor discussed in this paper.

Soon after the presidential updates began, there were stories in the media about how persons who had recovered

from COVID-19 (and their families) were stigmatised in their communities. There were reports which suggested that some recovered COVID-19 patients and families were either attacked or avoided (ostracised) in their communities. Interestingly, the number of confirmed cases continued to surge through community spread around the same time. By the tenth update on 31st May 2020, the country had recorded over 10,000 confirmed cases with over 80 deaths as reported by the President. The nation was gripped with fear. Why were infections spreading despite government's measures to 'fight/combat' the virus and its spread? This was when we began to question the potential impact the WAR-framed communication may be having on the attitudes, perceptions and actions among the general population.

Our hypothesis was that the WAR metaphor appeared to have succeeded in creating an enemy out of not only the virus but also its hosts, COVID-19 patients, and leading to actions (among the general population) that did not support government's effort to 'fight' the pandemic. For instance, for fear of stigmatisation by their friends and neighbours, some COVID-19 positive patients refused to go into isolation or indeed, follow other public health protocols. A point in case is a report in the media of a state minister engaged in public political activities without observing the outlined public health protocols even though he had tested positive for COVID-19. Indeed, it was reported in the media that he had infected several of his close work associates one of whom had died of COVID-19. Following these reports, the government and other NGOs began anti-stigma campaigns that ran alongside the COVID awareness creation and prevention. For instance, in his seventh update, President Nana Addo stated the following with concern:

(28) I have noticed, with great concern, the stories of some persons, who have recovered from the virus, now being confronted with another problem, i.e., stigmatisation. This is not right, as it will rather drive people away from getting screened, tested, and treated. The stigmatisation of recovered persons must

stop, because if the virus did not end their lives and livelihoods, the stigma from members of their communities should not... *The enemy is the virus*, and not each other.

(Update 7: 19th April 2020)

The President's explicit description of the virus as the enemy suggests his recognition that the citizens had failed to correctly interpret his conceptual mapping of who the enemy is in his war-framed updates. In other words, his call on Ghanaians to see the virus as the enemy and not the patients is evidence that the WAR-framed communication on stopping the spread of COVID-19 had not achieved the desired expectation. Instead of fighting the virus, people were (and still are) fighting both the virus and its host, COVID-19 patients. Despite the president's clarification of who the real enemy is in this fight during his seventh update, the interpretation of both the virus and COVID-19 patients as the 'enemy' in the COVID-19 fight did not cease. It rather led to labelling, stereotyping, and discriminating against and even stigmatisation of not only persons infected with or recovered from the virus but also their families, and sometimes associates.

One such recovered patient, Mr. Frederick Debrah, shared his story on TV3, one of the most watched television stations in Ghana. Though his story won him some admiration for winning "the fight against COVID-19", it also exposed him to public ridicule. Following his story on TV, a news team from another TV station, Citi News team, visited his home for further interaction during which period he made the following revelation:

"I even wish, maybe, I could go back to the [quarantine] camp again. People have seen the face of my family on television and so on, so now when you go out to buy things, it becomes difficult [because of the stigma]. The stigma in the area, when [my wife]

goes to buy something or she sends the children to buy something, is becoming a difficult thing for us. We have almost run out of everything in the house.”

In other COVID-19 stigmatisation reports, some recovered patients had been rejected and ejected from their rented homes and their children had been prevented from playing with other children in their shared (compound) homes. In some extreme cases, whole communities had come against COVID-19 recovered patients as reported in several news media, such as DW News (2020). Again, on May 14, 2020, the Association for Catholic Information in Africa, AICIA, published an article in which Catholic Professionals in Ghana were warning of mental issues amidst COVID-19 stigmatisation surge (ACI Africa, 14th May 2020). The article reported and recounted several stories and episodes where COVID-19 recovered patients and their families, as well as families of persons who had died of COVID-19 were being marginalised and/or ostracised by their communities. In some cases, even health workers, e.g., nurses, suffered stigmatisation, e.g., taxi and uber drivers refused to pick them as passengers because of their possible interaction with COVID-19 patients. There are even stories about patients of COVID (or not) who could have been saved either by friends or even health workers were left to their fate to suffer or die because they exhibited symptoms similar to those of Covid-19. There was the sad story of a secondary school student who died in school, which is only a few kilometres away from a university hospital because his friends and teachers who feared that he had the virus refused to send him to hospital. (See <https://www.dw.com/en/ghana-covid-19-survivors-stigmatized/av-53418720> for more COVID-19 stigmatisation- related stories in Ghana).

The stories about stigmatisation of COVID-19 recovered patients and their families became so widespread in the country that it became an issue of concern that attracted a lot of media and government attention. In his 14th update speech, the President

shifted his focus from fighting the virus as the enemy to fighting stigmatisation of COVID-19 patients as the enemy in the fight against COVID-19:

(29) *Our fight against the stigmatisation of persons, who have contracted COVID-19, continues in earnest.* Those engaged in this anti-social act should stop, as stigmatisation drives away people from getting screened, tested and treated”.

(14th update speech).

Soon, there was a vibrant campaign in the country against the stigmatisation of patients of COVID-19. The anti-stigmatisation campaign became more intense when celebrities and prominent members in the society who had recovered from the disease openly declared their status and became brand ambassadors for the *#StopTheStigma campaign in Ghana*. For instance, on July 18, 2020, Charles Nii Teiko Tagoe, a presidential staffer who had recovered from the disease shared the following post on his Facebook page: “It is unimaginable what one has to go through for the 14 days living with covid”.

In trying to test the hypothesis – whether or not the President’s WAR-framed communication contributed to stigmatisation of patients of the virus – we analyse the responses from the small-scale survey we conducted on the University of Ghana campus. First, majority of the respondents (66.6%) said they heard about the COVID-19 in 2019, long before the President began his addresses in March 2020; only 27% said they heard about it in 2020. The rest gave invalid dates, e.g., January 2019 when COVID-19 was not known. Again, of the 63 respondents, 29 (46%) said they heard about COVID-19 from one social media platform or another; 19(30%) heard about it from TV; 9(14%) heard about it from other sources, e.g., friends, family, 3 (4.7%) heard about it from the radio; 1(1.5%) newspaper, and 2(3%) heard about it from multiple sources. What this means is that potentially, misinformation about the pandemic may have been spread on social media.

To further test our hypothesis, we played excerpts (audio versions) of the President's WAR-framed addresses to respondents individually and asked them to tell us how they felt about the virus. From the responses, 35 (55.5 %) of respondents indicated that the President's speech created fear in them with explanations such as shown in the brackets (*he is adding to the fear we already have; it's scary; I am afraid of the virus; it [the speech] creates extremely scary images; Words like 'fight' creates fear in me; It [the speech] causes panic; I am scared because he said COVID-19 was going to be a long battle*). For the remaining 44.5% of respondents, the President's speech either created more awareness (provided more factual information) or simply made the disease real to them.

Finally, when we asked respondents to tell us how they would behave around a COVID-19 positive person, 32(50.7%) indicated that they would adopt an avoidance posture (*I will avoid them; prevention is better than cure; I will not allow them anywhere near me*); 6 (9.5%) of the respondents said they would be indifferent because they know how to protect themselves from being infected; 11(17%) indicated that they would be empathetic towards COVID-19 positive patients because either they themselves or family have had the virus at one point or another (*I will feel sorry for them; I feel pity for them but not stigmatise them*). Finally, 14(22%) of respondents indicated that they would take practical steps (keenly observe all the protocols) to ensure that the infected person does not spread the virus to them. It is important to note that some of our respondents already knew about COVID-related stigmatisation in the country and made direct/indirect references to the phenomenon in their responses.

Thus, while it is plausible to argue that these acts of stigmatisation may have arisen from misconceptions, it is not easy to say what the source of this misconception was exactly. Again, while some may be quick to blame it on misinformation and lack of proper understanding of COVID-19 issues, we would like to suggest that this line of argument may not be tenable. In

our opinion, the fear of the virus (and its host) does not appear to have emanated from lack of understanding of the nature of the virus. Instead, the fear of the virus emanated from the WAR-framed communication about the disease that conceptually mapped the virus to an enemy that had to be fought ‘fiercely’, as the President said. While the president’s WAR-framed communication appeared effective in creating the expected fear (of the virus) among the public, his selective use of language which identified some elements in the mapping process (VIRUS IS ENEMY) but not others (COVID-19 (recovered) patient), the public conceptually maps this unmapped element (covid patient) to the closest element, the virus since the patient plays host to the virus. Again, since the target enemy (the virus) is less clearly delineated, it appears conceptually more reasonable to identify the patient, a palpable being that can be fought physically as the enemy.

Conclusion

In this paper, we have discussed the conceptual mappings that were highlighted in Ghana’s WAR-framed presidential COVID-19 update speeches and how the conceptualisation of the mappings appears to have affected the attitudes and actions of the Ghanaian public in dealing with a global pandemic in their local context. We have argued that while conceptualising COVID-19 as WAR helped the general public to properly understand the deadly nature of the novel virus by creating fear among the population, it appears the fear was not only of the virus but also of infected persons and their families. The paper therefore concludes that WAR metaphors may not be effective for crisis communication such as communication about a pandemic. This is because metaphor interpretation is potentially ambiguous - conceptual elements in a source domain may be mapped unto more than one element in the target domain (as when ‘enemy’ is mapped unto both virus and its hosts). In such situations, the metaphor can create negative (undesired) effects.

In Ghana, the ambiguity in the WAR-framed communication on COVID-19 appears to have resulted in acts of stigmatisation, marginalisation and discrimination against COVID-19 (recovered) patients and their families who were wrongfully conceptualised as the ‘enemy’, a situation which may have led to community spread of the virus as infected persons denied or refused to declare positive status or practise public health measures for fear of stigmatisation.

Research findings suggest that because WAR metaphors tend to be very conventional both in culture-specific contexts and across cultures, many people tend to have schemas to support the mappings required to link the salient conceptual structures in source and target domains to create a particular shared meaning. In this regard, Hauser and Schwarz (2015) have argued that war metaphors make persuasive arguments. However, because war metaphors tend to evoke schemas of prototypical war situations as polarity, e.g., us vs them, or ally vs enemy, and a fight or flight situation, they appear not to be effective in disease communication. For instance, Bates (2020), argues that:

by locating the ENEMY as a Chinese virus, Trump not only activates a gratuitously xenophobic rhetoric, but also risks harming international research, information, and trade relationships that may be necessary for responding to SARS-CoV-2. Naming SARS-CoV-2 a Chinese virus also distracts attention from a shared ENEMY to reinforce divisions between the United States and the People’s Republic of China. (p.17)

Again, conceptualising DISEASE as WAR may, on the one hand, trigger emotions of threat, fear, panic and even violence (marginalisation and stigmatisation). On the other hand, stigmatised patients of the disease may regard themselves as failures or carry guilt for getting infected. Hauser and Schwarz (2015) argue that in such situations, depending on what the

concept of war the metaphors have evoked, some people may become adamant in testing for a disease since being infected could mean irresponsible behaviour on their part. The use of war metaphors in disease communication often brings with it the burden of identifying who the enemy is and the resources required to go into combat. In the case of Ghana's presidential COVID-19 update communication, the invisible enemy, the virus, is given a palpable representation in humans (COVID patients) which leads to their stigmatisation and marginalisation undesirable conditions for dealing with a global pandemic in a local context. This paper, therefore, agrees with earlier research that called for the use of alternative metaphors in communicating disease and other public health concerns of a pandemic nature. We also recommend the use of interviews and other ethnographic instruments to explore public narratives on the effects of WAR metaphors in disease/illness communication.

Acknowledgement

The authors wish to acknowledge the Andrew W. Mellon Foundation, University of Ghana, for funding data collection for this project.

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Appendix

Questionnaire

Fighting a global pandemic and local stigmatization: war metaphors in presidential update speeches and their effect on attitudes towards COVID-19 (patients) Ghana.

A. Background: Tick where applicable

Sex: Male Female

Age grouping: 18 -29, 30-49, 50+

Education: Elementary / Secondary / Bachelor's Degree / Master's Degree / or Higher

Occupation: Manual Labour / office work / Sales or service / Health Sector / Student, Educational sector / Unemployed / Others,

B. Responses

- i. When did you first hear about COVID- 19?
- ii. Through what media? TV Radio Newspapers Social media
- iii. Listen to the audio and respond appropriately: After listening to the audio by the president on COVID-19, how do you feel about the virus?
Why?
- iv. How will you behave around someone who has the virus?
Why?