THE RHETORIC OF REPORTAGE: THE MEDIA CONSTRUCTION OF A
PANDEMIC

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ABSTRACT

In disease outbreak situations, the media are considered (and relied upon) by authorities to "translate" information across disciplinary boundaries. A reporter covering the 2003 SARS outbreak observed that journalists "are often conscious of their role as participants in a human crisis" (World Health Organization). Consequently, a pandemic presents a unique rhetorical situation to journalists. As significant intermediaries in public health messaging, journalist-rhetors help frame the narrative of a disease outbreak for lay audiences and influence whether those audiences implement protective behavioral changes. While the literature implicitly acknowledges issues of motivation in the media industry as a whole, little work has yet appeared to examine strategies specific to individual acts of reportage.

Through comparative analyses of media portrayals of the 2009 H1N1 influenza outbreak before the nature of the threat became clear, this project explores rhetorical characteristics of the coverage in order to uncover implicit assumptions guiding public understanding of a high-risk health threat. Kenneth Burke's method of cluster analysis yields insight into the symbolic processes embedded in a rhetorical artefact, enabling an interpretation of the rhetor's worldview. Resulting worldviews can then be examined through a dramatistic lens. Burke also described the strategic adoption of "role" as an element of symbolic action.

This study found that journalists purveyed widely different, even contradictory, worldviews, each with different impacts on audiences in terms of the interpretation and appropriate response to the threat. I argue that such divergences occur due to alienation arising from individual ethos in conflict with formal constraints in the new pandemic "scene." Responses to alienation manifested in identifiably distinct roles. Identification with a particular role in pandemic reportage was reflected in the terminology of journalists studied. Through clusters of association and dissociation, journalists classed the threat as "mild" and rejected the term "pandemic," as a serious threat but one that could be managed, or as an apocalyptic threat against which there was no defence, with all stances occurring simultaneously in time. Ramifications for the lay public ranged from the location of protection with public health officials, invitations to engage in processes

of Othering, or the amplification of the cataclysmic nature of the scene. As these stances differed in their portrayals of impacts on the lay public and thus ability to motivate behavioral change, an improved understanding of journalistic experience in the pandemic "scene" is crucial to improving communication aiming to protect the health of lay publics.

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"Without whom not"[1]

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[1] ¹ I am not the first to borrow Kenneth Burke's dedication from *A Grammar of Motives.*

For my grandfather

Alan F. Laidlaw

The first to believe.

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LIST OF ABBREVIATIONS: MONOGRAPHS BY KENNETH BURKE

Abbreviation

ATH	*Attitudes Toward History*
CS	*Counter-Statement*
GM	*A Grammar of Motives*
LSA	*Language as Symbolic Action*
RM	*A Rhetoric of Motives*
SS	*On Symbols and Society*
OHN	*On Human Nature*
PLF	*The Philosophy of Literary Form*
RR	*The Rhetoric of Religion*

CHAPTER 1

INTRODUCTION

When a disease outbreak occurs, fear and confusion follow. For many people, the sole connection to potentially life-saving information has traditionally been the media (National Science Board 7-7). The World Health Organization has said that in infectious disease outbreaks where there is no vaccine or cure, sometimes the only protection available is behavioural change (24). It is also notable that it is during the very early days of an outbreak when the likelihood of controlling it is greatest (Jones and Salathé). Yet, according to the World Health Organization, ineffective communication by both health officials and the media has "delayed outbreak control, undermined public trust and compliance, and unnecessarily prolonged economic, social and political turmoil" (WHO Outbreak Communication Guidelines 1).

Those responsible for communicating in an outbreak environment face unique pressures, and in this project I will use the methods of rhetorical analysis to investigate, in the context of those pressures, the ways in which information makes its way to the public from researchers and public health officials via the media.

Statistics for 2008 indicate survey respondents' primary source of information on science and technology as the media (National Science Board 7-3). During the 2009 "swine flu" outbreak which is the focus of this study, the media consequently played a significant role in bridging the gap between the science and health professions and the public. The public rely on the media for information about scientific and medical issues, and researchers and public health professionals rely on the media to communicate relevant content to the public. Media studies scholars have explored the epistemological nature of media through cultural analysis, an approach that sees members of the media engaging in the production of culture, "[imparting] preference statements about what is good and bad, moral and amoral, and appropriate and inappropriate in the world" (Zelizer 177). In the context of a high risk health threat, the media consequently endorse or critique the actions of those tasked with responding on the public's behalf.

Consequently, the media shape public understanding, and thus public actions and policy. However, nearly two centuries after the advent of the "mass media" (Wells and Hakanen 67), the efficiency of the process remains less than ideal from the perspective of those who rely on the media to disseminate their messages. In response to the SARS outbreak and in anticipation of future outbreaks, the World Health Organization found itself asking, "What are the best practices for communicating with the public, primarily through the mass media, during an outbreak?" (World Health Organization 11). The April, 2009 appearance of the influenza A (H1N1) virus, colloquially known as swine flu, was an additional demonstration of the challenges of disseminating specialized information to the public in health threat situations. Yet, in few instances is communication so crucial as when knowledge may be instrumental to life itself.

Given the reliance of the public on the media for scientific and medical information, the media wield a great deal of influence in pandemic situations with respect to international trade, tourism, consumer behaviour, and perhaps even survival. Yet the pressures on those in the industry function as constraints on the responsibility such effects imply. The way in which health threats are treated in the media is influenced by pressures extraneous to the situations themselves, such as constraints of form and time, the crush for images and interviews, competition with other media organizations and even within organizations, and pressure from advertisers. The climate is characterized by fear of the unknown and a need for rapid dissemination of information, combined with a profound lack of information even among health experts and researchers. The context may be additionally complicated by a strain on infrastructure normally taken for granted (servers, communication towers, transportation, and perhaps even employees as they become ill or are sent home). There can be few rhetorical situations more critical than those in which accurate information has the potential to save lives, as appeared to be the case in the early stages of the H1N1 influenza outbreak.

My project involves comparative analyses of media portrayals of the H1N1 influenza virus in the interests of revealing the characteristics of, and assumptions embedded in, reportage featuring a public-health-threat situation. I expect my results to apply to broader "threat sources" such as environmental issues, and to situations that have

the characteristics of high-risk health threats—features that pose ostensible or real threats to the public, develop quickly, and incorporate elements of uncertainty. Rhetoric, or the art of pragmatic communication, studies how human beings use symbolic means, especially language, to exert influence over each other. For these reasons, my methods are grounded in rhetorical models, and my theoretical approach will be drawn from selected contemporary and classical theorists in rhetoric and media studies.

1.1 Kenneth Burke and the Method of Cluster Criticism

Each media artefact rests upon accepted building blocks of "common sense"—unstated assumptions, or to use Aristotle's term, enthymemes, that are accepted as shared between rhetor and reader. While Aristotle did not provide an explicit definition of his conception of the enthymeme, it can be understood generally as "the mosaic of commonplaces, conventions, traditions, and provisional interests making up the *doxa* of rhetorical culture" (Farrell 99). Such beliefs are taken to be implicit. In an example provided by Aristotle,

> if one of these elements is something notorious, it need not even be stated, as the hearer himself supplies it. For instance, to prove that Dorieus has been victor in a contest, for which the prize is a crown, it is enough to say that he has been victor in the Olympic games. It is needless to add that in the Olympic contests the prize is a crown; every one is aware of that. (1357a15-20)

In Aristotle's study of how rhetor and audience become aligned, he arrived at the enthymeme as "the basic 'unit of all persuasive discourse'" (Gage 208). John Gage describes the significance of the enthymeme in rhetorical discourse:

> the premises which go into making it are derived form, or contributed by, an audience which does not already share the conclusion. The enthymeme cannot be constructed in the absence of a dialectical relation with an audience, since it is only through what the audience contributes that the enthymeme exists as such. It is, in one sense, a necessary *compromise*

between what one who wishes to persuade may want to say and what an
audience will allow to be said. But it is, in another sense, an adjustment of
what one who wishes to "discover the means" of persuasion knows to
what is known by others….the enthymeme represented for Aristotle *the*
basic form of reasoning which determines the other choices the rhetor
must take. (208; emphasis mine)

In Gage's description it is possible to see the implicit rhetorical situation: a rhetorical
audience must be capable of "hearing" the rhetor's communication. The enthymeme also
structures the rhetor's communicative strategy at a basic level.

In *Understanding Media*, Marshall McLuhan uses the word "media" as equivalent
with the phrase "extensions of man" (6). As every piece of journalism takes shape
through a series of choices made by an individual rhetor, motivation is a key factor in the
alchemy of journalism. The theorist perhaps most associated with motivation and the
ability of rhetoric to discern it is Kenneth Burke. Burke's theories were informed by, and
influence still, numerous disciplines (Simons 4, 13) from literature to philosophy,
political science to sociology and psychology (Blakesley 45).

Though Kenneth Burke did not explicitly discuss the enthymeme, his method of
cluster analysis is in essence a tool designed to reveal the implicit vocabulary patterns of
association and dissociation that mark the enthymeme. Studying the enthymematic
"common sense" implied by a discourse can uncover the unstated motives and
assumptions of individual rhetors, and may be applied to reveal incongruities between the
coverage of different reporters and media outlets, and between media coverage in general
and the messages health professionals would prefer to see disseminated.

The way humans engage in social activity is for Burke a kind of deductive process
whereby symbols (words) *generate* perceptions, beliefs and values, which constitute
human reality (Brummett, *Reading* 741). It follows then that a specific perception or
belief could be traced back to what symbol was used to represent it (for Burke, what
symbol it *originated in*). For example, actions taken in response to a stimulus depend on
how the stimulus is described (741), and behind the choice of what symbols are used in
description lies motivation. Accordingly, human behaviour as portrayed in art and

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"literature," which for Burke meant "any text" (Brummett, *Reading* 742) could also be analyzed for motivation (741).

Gerard Hauser observes that Burke "changes motive from a psychological concept that must be inferred to a vocabulary concept that can be observed" (*Introduction* 129). Burke himself describes motives as being embodied in "terminologies" or "vocabularies" (PC 20-21), and urged that "we must always be admonished to remember, not that an experiment…reveals reality, but rather that it reveals only such reality as is capable of being revealed by this particular kind of terminology" (GM, 1955 ed.). For example, certain strategic choices are being made when Canadians are portrayed as choosing to continue travelling to Mexico because they can stay in resorts with water purification systems (Text 7, 4.3.c); when Canadians returning from Mexico aren't portrayed as contagious to other Canadians; or, when some rhetors associated H1N1 with the key term "mild," (Texts 10/4.2.b; 11/4.2.c; 12/4.2.d) and others associated it with the term "pandemic" (Texts 1/4.4.a; 13/4.4.e; 16/4.4.f; 17/4.4.g).

Burke argued that all discourse is intended to impel others toward a certain view or act: seeing language as "a form of human action....is to see all language as motivated, hence as rhetorical" (Bizzell and Herzberg 14). Burke argues, then, that any "text" concerning human behaviour offers a stratum upon which an analysis of motivation may be performed (Brummett, *Reading* 741). Consequently, when we keep in mind the view of reportage as motivated, then we see media texts as strategic, as having purpose, and therefore having effects. Through a dramatistic approach, a critic can then interpret a rhetorical act in terms of motivation and function.

While accessing the motivation of a rhetor contributes to the unpacking of a text, what made criticism such a significant and relevant activity for Burke was the notion that rhetorical discourse embodied a "principle of perfection" as an aspect of the innate character of the rhetor. In describing this concept, Burke writes that it is near to "the Aristotelian concept of 'entelechy,' the notion that each being aims at the perfection natural to its kind" (SS 71). Elsewhere, he equates the Aristotelian notion of entelechial perfection with the "finishedness of which that kind is capable" (RM 14).

For Burke, the concept of entelechy meant more specifically that "There is a principle of perfection implicit in the nature of symbol systems; and in keeping with his nature as symbol-using animal, man is moved by this principle" (SS 71). Burke equates the concept with Freud's "destiny compulsion" (72).

Consequently, Burke believes that "A given terminology contains various *implications*, and there is a corresponding 'perfectionist' tendency for men to attempt carrying out those implications" (SS 73). The critic thus has much invested when rhetoric is viewed as symbolic acts preparatory to "actual" acts. As Burke scholar and rhetorician Barry Brummett points out, this is exactly the principle Burke demonstrates in his essay "The Rhetoric of Hitler's Battle," arguing that implicit in Hitler's rhetoric was not only the scapegoating of the Jewish people but also their destruction (*Reading* 741).

In the tradition of Kenneth Burke, rhetorical study has the ability to generate insight into rhetors' worldviews. Such insight is grounded in the structure of the text, in the terms holding significance to the rhetor, in the symbolic processes performed by clusters of such terms. In cluster analysis, the clusters that accompany a rhetor's key terms are the best starting point as the scenes of enthymematic persuasion—associations and dissociations—contained in the discourse. In Burke's oft-cited description of terministic screens, he implies an infinite variety of dialects, explaining, "Even if any given terminology is a *reflection* of reality, by its very nature as a terminology it must be a *selection* of reality; and to this extent it must function also as a *deflection* of reality" (LSA 45).

Given the place of audience in rhetorical communication, the rhetorical critic is also bound to consider the audience impacts of artefacts. As Foss notes, while rhetoric aims to persuade, it is also "an invitation to understanding—we offer our perspective and invite others to enter our world and see it as we do" (5). Consequently, the analytical techniques described by Edwin Black will also inform my analyses. In his essay "The Second Persona," Black explains that the reader "is confronted with a plexus of attitudes that may not at all be discussed in the discourse or even implied in any way other than the use of the single term. The discourse will exert on him the pull of an ideology" (165). Black argues that this "plexus of attitudes," when viewed as a whole, reflect the rhetor's

construction of an "ideal" audience member—the reader who will believe the rhetor's argument. Black suggests that a moral evaluation of this ideal audience member can be carried out by the critic: His approach highlights the effects of hidden appeals on audiences and enables the critic to make a moral judgment of the rhetor creating these effects through the construction of the audience: the "second persona."

1.2 The Media Construction of a Pandemic

By studying the suasive processes at play in the reporting of high-risk health threats, I identify rhetorical motifs most commonly at work in this context and suggest their impacts on the public, enabling consideration of more effective coverage practices, both from the perspective of the media and their expert sources. As we await the next SARS, the next BSE, or the next true pandemic, this study demonstrates that reporting of public health threats is characterized by discernable rhetorical strategies specific to individual acts of reportage, and that the key messages that emerge may range widely despite the conformity of the core content and the recommendations of medical experts in terms of responses to protect health.

Chapter 2 presents the foundation for a rhetorical approach to the question of effective media coverage of high-risk health threats. I describe in more detail the theories of Kenneth Burke and his approaches as a means of studying motivation from a "linguistic" perspective, and outline the stance of the critic engaged in applying Burkeian theory. The characteristics of contemporary science journalism and outbreak communication are discussed, and the particular rhetorical processes that emerge when the topic of "disease" enters discourse.

Chapter 3 outlines the theory and method of Burke's "cluster analysis" approach, and the criteria for the case study and its artefacts. The rigorous analysis of a case study provides a critic with the ability to generate theory with general application (Hart, *Modern* 25). To provide a focus for my analysis, I refer to a selection of initial print media coverage of the influenza A subtype H1N1 outbreak, taken from the period before the nature of the virus and the scope of the threat became clear.

The results and discussion of these analyses are presented in Chapter 4, and Chapters 5 and 6 discuss the findings as they apply to understanding media motivation in the context of this case study. Described in Chapter 5, a specific configuration which emerged from the analysis—"constabulary" rhetoric—constitutes a significant part of the function and consequences of the coverage. Constabulary rhetoric, as initially described by Burke in his early book *Attitudes Toward History*, is a device deployed by rhetors in positions of power when the actual responses to an exigence fail to function in the resolution of that exigence.

Chapter 6 describes the concept of "rhetorical role." Via results described in Chapter 5, this study illuminated distinct divergences in journalist-rhetors' stances toward the outbreak and toward the expert sources they portrayed. Chapter 6, then, describes the impacts of a rhetor's identification with a role in shaping media coverage.

This study's conclusions are presented in Chapter 7, along with a discussion of future directions for this work.

The findings of this study have implications for several fields. For example, from an organizational communications perspective, can new parameters be developed for crisis situations to ease industry pressures on media? From a media studies perspective, how can each journalist, producer, copy writer, editor, or layout designer, approach these types of stories to ensure the core messages are responsibly communicated? From a public policy perspective, when the dissemination of public health messages involves the media, is a change necessary in how the media is conceptualized by health authorities? From a journalist's perspective, what aspects of rhetorical theory could be used as practical tools in crafting stories on such topics? Should public health authorities examine their conceptions of the public they wish to influence? And most of all, what constitutes effective health communication in the scene of a high-risk health threat, and who should be tasked with shaping, delivering and evaluating that communication?

Rhetoric, in Kenneth Burke's view, "is rooted in an essential function of language itself…the use of language as a symbolic means of inducing cooperation in beings that by nature respond to symbols" (SS 188). Rhetorical theory is perhaps the best approach to studying the contagion of ideas. As this instance illustrates, public health threats as

portrayed to lay audiences can be characterized by contradiction, red herrings, accusations of alarmism, and overall confusion,[1] all of which create difficulty for audiences in locating and recognizing accurate information upon which to base their actions. It is therefore imperative to know what the impacts are when medicine and media come together and lives are at stake.

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[1]See, for example: Mackey, Robert. "Blaming 'Media Hype' for Swine Flu Fears." *The Lede: The New York Times News Blog*. 1 May 2009. Web. 26 May 2009.

CHAPTER 2

THE RHETORICAL APPROACH TO MEDIA REPORTAGE OF HEALTH THREATS

Patricia Bizzell and Bruce Herzberg describe the history of rhetorical study as "a long struggle to understand the relationships between discourse and knowledge, communication and its effects, language and experience" (16). Rhetorical theory as set out by Aristotle remains central to the discipline, and informs the current study in its exploration of enthymematic reasoning (the suppression of assertions which, though implicit, will be assumed by both rhetor and audience; *Rhetoric* 1357a15-20) at the level of individual rhetors.

I will begin by describing the theoretical foundation for this study, through a discussion of the critical methods developed by Kenneth Burke. I will then discuss scholarship on the nature of persuasion in media and the rhetorical strategies evident in media communication, with particular attention to health and disease discourse. The genre of journalism presents reporters with a prescribed set of formal, ethical and procedural constraints, yet I will illustrate the implicit recognition in the literature (though lack of focused research) of motivation in individual journalist-rhetors.

As the "context" of rhetorical artefacts is integral to rhetorical criticism, this survey will present a discussion of the circumstances encountered by those working within a science journalism context and the broader journalism genre. Viewing journalism through the lens of genre enables observation of how expectations of that genre, on the part of both rhetor and audience, influence participation in the creation and consumption of journalism. As Richard Coe argues,

> If rhetoric is the study of verbal persuasion, then the rhetoric of genre is the study
> of how generic structures influence (i.e., 'persuade') both writers and readers. In
> Aristotle's terms, generic discourse forms count among the 'available means of
> persuasion' we apply in particular situations. ("An Arousing" 153)

Coe notes that perception of genre "influences…strategies of comprehension and response" (154). To be taken up further below (2.2.3.b), Coe argues that, as any rhetorical artefact, genres too "are motivated symbolic actions" (155), and as such, the critic's interest should be in seeking to comprehend "what they *do*, not how they are shaped" (155; emphasis in original).

Carolyn Miller also approaches the concept of genre from a perspective privileging "a rhetorically sound definition" (151), a definition featuring "the action [a discourse] is used to accomplish" (151). Citing Bitzer (2.2.1), Miller argues that such actions will arise from context, enabling a definition of genre "based in rhetorical practice and...organized around situated actions (that is, pragmatic...)" (155). Viewing journalism as a genre and keeping in sight the constraints that genre imposes, the critic may also, following Charles Bazerman, "go beyond those features we are already aware of, …[using] a variety of ... linguistic, rhetorical, or organizational analytical concepts" in order to "discover if there are consistencies within a genre that go beyond the most obvious identifying features" (324).

As the outbreak of an infectious disease presents a recognizable context, common patterns in "disease rhetoric" will be discussed, reflecting the metaphorical potency of the "plague" concept in contemporary societal pandemic narratives. This chapter will conclude with a brief analysis of current outbreak communication guidelines as set out by the World Health Organization.

2.1 The Basis for a Rhetorical Study of Media Reportage

The study of the motivation of journalist-rhetors will be undertaken following the tenets of rhetorical theory. Such a study requires an understanding of a specific view of communication, based on a rhetorical conception of communicative processes. This research also requires an understanding of how individual rhetors create messages from a rhetorical perspective, and of how audiences engage with those messages from a rhetorical perspective.

Toward these aims, I begin twentieth-century theorist Kenneth Burke, who explored in depth the role of rhetoric in unearthing motivation, and whose theories form the basis of the critical method applied in this project. An overview of Burke's theory and its relationship to human motivation is provided below, as is a description of the approach taken by the critic applying Burkeian theory.

Finally, the discipline of rhetoric acknowledges that an audience is impacted by, and responds to communication, and this study of pandemic reportage is particularly concerned with how information informs protective behavioural responses. The conceptualization of audience by media rhetors is a factor in the effective communication of health information. Consequently, a

critical perspective enabling an evaluation of rhetors' conceptions of their audiences will add additional perspective to the study of media dissemination of health-threat information.

2.1.1 Kenneth Burke and the Rhetorical Study of Motivation

Kenneth Burke, an influential rhetorical theorist honoured with an academic society and journal created in his name, provides a critical foundation for the exploration of rhetors' motives. Burke's theories, however, arise from his widely developed views on communication, views more properly termed a philosophy. This philosophy is described below as the context for the particular methods I apply.

Kenneth Burke added a new dimension to the nature of rhetoric when he argued that identification was its true end (Blakesley 15). "There is no chance," said Burke, "of our keeping apart the meanings of persuasion, identification ('consubstantiality' [or 'shared substance']) and communication (the nature of rhetoric as 'addressed')" (RM 46). Distinguishing persuasion and identification, David Blakesley explains, "Unlike persuasion, which is normally thought to involve explicit appeals and manipulation, identification allows for an unconscious factor as well" (15). Burke asserts that two people are identified with each other to the degree that their interests are shared (*A Rhetoric* 20). The link between persuasion and identification can be seen when Burke continues that a person, A, may "*identify himself* with B even when their interests are not joined, if he assumes that they are, or is persuaded to believe so" (RM 20, emphasis in original). Blakesley notes this principle at work in the familiar phrase, "When in Rome, do as the Romans" (96).

Burke argues for rhetoric's key term and goal to be identification through creating among humans not only common ground but consubstantiality—a shared stance based on agreed-upon motivations and ideals (Brummett, *Reading* 743). For Burke, extending Aristotle's definition, rhetoric is a process of enabling persuasion through either finding or crafting a foundation for consubstantiality (Youngdahl and Warnock 337). The achievement of identification, then, also produces a consensus regarding motive (Blakesley 42).

Individuality is conserved in this model, aligning with Burke's stance that humans occupy a continuous state of ambiguity between identification and division. Even while a person identifies with someone or something, Burke observes, "at the same time he remains unique, an individual locus of motives. Thus he is both joined and separate, at once a distinct substance and

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consubstantial with another" (RM 21). It is this ambiguity that is the font of all rhetoric for Burke. "Put identification and division ambiguously together," Burke writes in *A Rhetoric of Motives*, "so that you cannot know for certain just where one ends and the other begins, and you have the characteristic invitation to rhetoric" (25).

Burke develops a rhetorical approach to unearthing motivation in *The Grammar of Motives*, in which he describes a key starting point when a statement is made about "what people are doing and why they are doing it" (xv):

> any complete statement about motives will offer *some kind* of answers to these five questions: what was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose)….[These terms] need never to be abandoned, since all statements that assign motives can be shown to arise out of them and to terminate in them. (xv-xvi, emphasis in original)

Burke's emphasis falls on the idea that an observer is making choices about how to name the act, the scene, etc., so that motive is being assigned (Blakesley 8). As Burke notes with particular significance to this study, these terms are coincidentally the same as those asked by every journalist writing the "lede" for a news story: the 5 W's and "how" (*Questions* 331). Expanding on the theories of I. A. Richards and George Herbert Mead (GM 235-237), Burke argues that "As an attitude can be the *substitute* for an act, it can likewise be the *first step towards* an act," noting that "advertisers and propagandists" are well aware of this (GM 236). Burke admits that "attitude" would have been the sixth term in the list, making the pentad a hexad (ATH 393-394), as attitudes in a sense are prerequisites to acts.

The terms of the pentad can be seen to evoke theatre, and Burke called this critical approach dramatism (GM xv). Burke notes that in a particular drama, interested parties can influence what appears to be the crucial term: "one may deflect attention from scenic matters by situating the motives of an act in the agent (as were one to account for wars purely on the basis of a 'warlike instinct' in people)," and likewise that a speaker preferring attention be directed away from personal motives can place causal factors in the character of the circumstances or scene (17). An observer (or "critic") is able to deduce motive from the speaker's message (Foss 457).

Burke describes processes of applying the five terms of the pentad through the relationships ("ratios") between the terms (GM 15). Situations will feature one term over the

others, and as observers are likely to begin by asking questions about "what" and "who," the act-agent/agent-act ratios generally serve as the starting point (Brock, Scott and Chesebro 188).

Both of these terms "require scenes that 'contain' them" (SS 152). To illustrate, Burke describes the significance of the scene-agent ratio:

> From the motivational point of view, there is implicit in the quality of a scene the quality of the action that is to take place within it....Thus, when the curtain rises to disclose a given stage-set, this...contains...all that the narrative is to draw out as a sequence. (GM 6-7)

The distinctive characteristics of the setting enable the observer to make judgments about the agents or actions to come (7). In a scene-act ratio, Burke argues that "when a state of mind is pronounced in quality, the agent may be observed arranging a corresponding pattern in the very properties of the scene" (11). He describes how a committee member, before announcing a resignation during a meeting, prepares the scene by leaving the table, collecting her coat, and moving beyond a railing to create a physical separation between herself and the remaining committee members (11). A rhetor's emphasis on "scene" can also function to downplay the motives of an agent, as when a rhetor "[derives] an act or attitude not from traits of the agent but from the nature of the situation" (GM 17).

Of significance to the analyses to come, Burke indicates that the concept of "scene" also carries a more figurative significance. Society can constitute a scene, as can "environment" and "words for particular places, situations, or eras" (12). Likewise, the term "act" can be represented by "any verb...that has connotations of consciousness or purpose" (14).

The dramatistic approach is founded in Burke's distinction between "action" and "motion" (LSA 53). Sociologist and Burke scholar Joseph Gusfield urges the acceptance of action as fundamentally dramatic in nature because human action (as distinguished from "motion," or non-symbolic action) forever carries the potential for "transforming the self and/or society" (10). In contrast with the "non-symbolic operations of nature," (SS 53), Burke describes the distinction at its most basic by noting:

> there is the self-evident distinction between symbol and *symbolized* (in the sense that the *word* 'tree' is categorically distinguishable from the *thing* tree)....one can at least *begin* with this sufficiently clear distinction between a 'thing' and its name. (SS 53; emphasis in original)

For Burke, language is not about defining the-thing-called-tree as tree, rather, what draws his attention is that an act is being performed when the word (or symbol) "tree" is attributed to the-thing-called-tree (53). Thus, he argues language is "an aspect of 'action,' that is, as 'symbolic action'" (114). As such, language becomes a much more generative field of interpretation than simply "as means of conveying information" (LSA 54).

Human motivation, then, arises from "the implications in the idea of symbolic action, and of man as the kind of being that is particularly distinguished by an aptitude for such action" (LSA 54). Further, Burke continues, "if *action* is to be our key term, then *drama*, for drama is the culminative form of action" (54).

Conflict is a prerequisite to drama—as Burke asserts, "if *drama,* then *conflict*" (Language 54-55; emphasis in original) —making the dramatistic approach an ideal one for the analysis of media stories. If a particular story offers a multiplicity of interpretations in the form of pentadic ratios, of opportunities "for creating dramatic clash," the greater the amount of media real estate accorded to the story (Hart and Payne, 368).

The H1N1 outbreak, on the surface, offers numerous opportunities for dramatic conflict: between disease and humanity, chaos and control, humans and microbes, and following Burke's arguments, individual rhetors will cleave to one interpretation over others, with motivational cues evident in individual terminologies. The remainder of Burke's point, reflecting his interest in the teleologies inherent in terminologies, also brings an interesting perspective to media stories: "And if *conflict*, then *victimage*" (55), inviting the critic to follow the arrows of the "plot" toward an implicit victim.

For Burke, dramatism provides a "grammar" of human behaviour. In the same way that rules of grammar enable the description and use of language, so the terms of dramatism can be applied to engender perspectives on human behaviour (Blakesley 8). Motive for Burke lies at "the very heart of dramatic action" (Hart and Payne 344):

> dramatism...treats of human motives in the terms of verbal action. By this statement we most decidedly do not mean that human motives are confined to the realm of verbal action. We mean rather that the dramatistic analysis of motives has its *point of departure* in the subject of verbal action (in thought, speech, and document). (GM 33, emphasis in original)

In keeping with the dramatistic schema, Burke begins to develop the critical approach of "cluster analysis" in *Attitudes Toward History*. This approach can unearth the implicit motivations of rhetors by identifying and analyzing constellations of "key symbols" that appear in conjunction with another key symbol (Foss, *Rhetorical* 64). For Burke, a writer's motivation is inscribed in the arrangement of occurrences and ideals in the writing (Philosophy 20). Burke describes the process in "The Philosophy of Literary Form," arguing that:

> the work of every writer contains a set of implicit equations. He uses "associational clusters." And you may, by examining his work, find "what goes with what" in these clusters—what kinds of acts and images and personalities and situations go with his notions of heroism, villainy, consolation, despair, etc. And though he be perfectly conscious of the act of writing, conscious of selecting a certain kind of imagery to reinforce a certain kind of mood, etc., he cannot possibly be conscious of the interrelationships among all these equations. (Philosophy 20)

As Tilly Warnock observes (63), there is a parallel between Burke's conception of language as "symbolic action" and Aristotle's description of the enthymeme. As Burke argues, "Instead of saying that something is like something else, the symbolist progresses from one thing to the other by ellipsis," (CS 68). Warnock observes that in Burke's view, things "are linked by emotional connections" (63), a parallel both to Burke's notion of "qualitative progression" (an alternative to syllogistic, or logical progression; CS 125) and to the enthymeme (Warnock 63). I argue that the enthymeme is central to the practice of Kenneth Burke's method of cluster criticism, resting as it does on the "unconscious" associations and dissociations that occur in human discourse.

When the "implicit" in discourse is broached by the critic, the processes of enthymematic reasoning are revealed. Burke describes the process of unearthing associational clusters as "indexing" ("Fact" 63). The method hinges on finding, literally, what travels with the crucial terms of a discourse—"all striking terms for acts, attitudes, ideas, images, relationships" (63). The key terms will have a distinctive group of "associates" unique to that discourse and author (52). These associates could be called synonyms, Burke argues, "synonyms in this particular text though they would not be so listed in a dictionary" (60). For example, Burke explains, "variants of 'loneliness' *and* 'departure' ...might be classed with 'exile'" (60, emphasis in original).

Oppositions between terms are key ("Facts" 63). Opposition may be either overt, or apparent through the association of a term with one thing and the implicit rejection of something else. Burke scholar William Rueckert notes that Burke's term for this step is "agon analysis" (*Encounters* 69).

Transitions offer significance as well ("Facts" 63). As Rueckert describes this step, the critic asks "what *follows* what," or how do the "progressions" occur (Encounters 69, emphasis in original)? The last step involves seeking transformations: "[determining] what, if anything, changes or is transformed into something or someone else" (Rueckert, *Encounters* 69-70).

2.1.1.a The Burkeian Critic

If, as Kenneth Burke argues, rhetoric serves as a means of studying individuals' perceptions, beliefs, attitudes and values (Brummett, *Reading* 741), then rhetoric will be operating wherever there is language—or indeed, wherever there are humans interacting in any sense. Though Frank Lentricchia observed that scholars of critical theory were for a time reluctant to embrace Burke's theories because of their nature as "disturbing, different, perhaps dangerous" (53), contemporary critics are applying his theories to various attributes of media coverage, from its effects on language to its distinct rhetorical characteristics in particular settings such as murder trials (Zelizer 139).

Barry Brummett has explored applications of Burke's theory to media and argues, "To reveal the formal stories being told, and the real or symbolic ills they cure, gives media criticism the ability to move from social commentary to social knowledge" ("Burke's" 491). Yet, studies along the lines Brummett describes in "Burke's Representative Anecdote as a Method in Media Criticism" remain rare.

Brummett observes that the Burkeian critic has a resource in the discourse of a culture that can generate knowledge of, and reflect, the realities that are of value to that culture. "For Burke," states Brummett, "criticism is epistemic rather than merely evaluative; it generates knowledge of the human condition" ("Burke's" 479-80). The critic can then evaluate the available discourse and perhaps develop "other ways of speaking" that may better serve the culture (479-80). An approach incorporating the perspectives of both dramatism (or "pentadic analysis") and cluster analysis can identify "in what ways a writer's work is an answer to his or

her situation" (Blakesley 104). Kenneth Burke's theories of cluster analysis and dramatism will provide key perspectives for this analysis of the motivation of media rhetors.

Discussion of Kenneth Burke's theories in the communication discipline began to proliferate in the 1970s. Critical application to specific artefacts had increased in frequency within 20 years (Brummett & Young). In strictly quantitative terms, the 1980s represented a significant burgeoning of publications on Burke, outnumbering all previous decades put together. While the quantity of publications remained robust in the 1990s, a focus on theory rather than criticism prevailed, though at the opening of the 21st century, the trend is clearly reversing (Brummett & Young). Contemporary applications of Burke's theories largely fall into a genre Brummett and Young in their review of Burkeian scholarship call "seminaltextual"—the practical application of Burke's theories to "real world" artefacts, or the contextual placement of Burke's methods with respect to other theorists in the humanities. It is in the first category that the current project falls.

While many Burkeian critical approaches are evident in the literature, examples of cluster criticism specifically in contemporary rhetorical scholarship remain comparatively isolated. Burke is undoubtedly better known for his theory of dramatism than for the cluster approach. Yet, the two are closely related, more so than a passing survey of the literature on dramatism would suggest. Cluster criticism may be included as a stand-alone method in guides to rhetorical criticism (e.g., *Rhetorical Criticism: Exploration & Practice*, Foss; or Jasinski 371 *Sourcebook on Rhetoric*), or it may be included under the broader theory of dramatism, as in Brock, Scott and Chesebro's *Methods of Rhetorical Criticism*. Burke, in "Fact, Inference and Proof", seems to subsume the pentad within the cluster criticism approach and defined dramatism in the *International Encyclopedia of the Social Sciences* as an approach predicated upon "a methodical inquiry into cycles or clusters of terms and their functions" (445).

Burke himself seemed to see his methods as an expansion of the era's predominantly neo-Aristotelian approach to criticism (PLF 74). His stance on the process of criticism is broached in *The Philosophy of Literary Form*: "The critic is trying to *synopsize* the given work," he explains, "in the sense of 'conveying comprehensively,' or 'getting at the basis of' (PLF 106).

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2.1.2 The Rhetor's Invitation to Audience: The Second Persona

As noted, the discipline of rhetoric views communication as an interactive process that requires a speaker, a message, and an audience. A comprehensive rhetorical analysis, then, will include consideration of the speaker-audience relationship. A given message will have consequences and impacts, and these impacts are particularly relevant when the information being conveyed contains knowledge that may contribute to the preservation of health in a pandemic situation. As an additional element of the analyses to be performed, the ability to study how rhetors conceive of their audiences will lead to additional insight into the practice of effective pandemic communication.

Edwin Black offers a theoretical approach not only to evaluating discourse but also to determining how the rhetor conceives of the audience. Black defines a rhetor's conception of audience as "the auditor implied by a discourse [that is] a model of what the rhetor would have his real auditor become" (166). Black refers to this "implied auditor" as the "second persona" (the implied author being the first). Once the second persona for a discourse has been identified – "the image of a man" (166) – the critic can make a moral judgment similar to that which could be made about an actual human.

In other words, Black provides a theoretical justification for "the moral evaluation of rhetorical discourse," arguing that "there is something acutely unsatisfying about criticism that stops short of appraisal" (161). As Burke notes, "though the concept of sheer *motion* is non-ethical, *action* implies the ethical, the human personality" (Rhetoric 41). Burke further differentiates the two: "An act is by definition 'free.' If it were but the conditioned 'response to a stimulus,' it would be not an act but sheer motion" (LSA 436). For Burke, ethics is central to "the problem of action" (436).

Black offers a means of complementing insights gleaned through Burke's critical approaches by enabling the critic to move from an evaluation of the consequences of discourse to "[discovering] for a…linguistic formulation a corresponding form of character" (162). He argues that the foundations for such an analysis were laid by Aristotle himself in his description of the ethos appeal (162-163), whereby an audience is persuaded through the good moral character of a rhetor. In discourse, Black locates this corresponding form of character in the evidence of overt or latent ideology (165)—beliefs that "[function] in a man epistemically and that [shape] his identity by determining how he views the world" (164).

The rhetor thus poses an invitation of sorts to actual auditors: the "pull of an ideology" (165). Ideology for Black emerges through "stylistic tokens" (165) reminiscent of Burke's key symbols. The auditor who accepts this invitation reflects the "implied auditor" of the discourse, the rhetor's conception of the audience for the discourse (166). Upon bringing into view the rhetor's model human, the critic may undertake moral evaluation.

An additional perspective on this "implicit" audience is presented through the concept of "subject position," as described by Louis Althusser. Following Althusser, Brummett argues,

> texts ask those who read them to be certain kinds of *subjects*. To be a certain kind of subject is to take on a sort of role or character; these theorists argue that rather than having any single, stable, easily located identity, we do nothing but move from one *subject position* to another. In a sense, then, the power that a text has over [a reader] has a lot to do with what kinds of subject positions it encourages (or forces) [one] to inhabit. (*Rhetoric* 98)

A conception of the implied auditor or subject position can be accessed through asking, "Who was this text made for—who would fit into the role of audience for this text most easily?" (98). Or conversely, who could supply the implicit premises needed to interpret this text? This construct enables the critic, through formulating a worldview not only of the rhetor but of the rhetor's implied audience, to approach the moral impacts of a given rhetorical text. Audiences accepting the assertions of a particular text will also be disposed toward certain attitudes or, more importantly, actions.

2.2. The "Scene Contains the Act": Pandemic Media Reportage as "Rhetorical Situation"

The conception of rhetoric that emerges from the theorists cited above is of an art and broadly theoretical discipline that both enables, and provides a vantage point from which to study, human social interaction. This study begins with the most implicit processes, the unstated exchange of "common sense" between rhetor and audience, progressing to the motivational features of a rhetorical artefact, and continuing to the social impacts of human symbolic action.

Humans do not communicate without rhetoric; as rhetorician Wayne Booth maintains, "rhetoric is employed at every moment when one human being intends to produce, through the use of signs or symbols, some effect on another" (*The Rhetoric* xi). The word "rhetoric" has

evolved in its stresses, meanings and consequences over the ages—and necessarily so, for it is inextricable from human culture. Rhetoric seems to be equated with human consciousness itself by literary critic and rhetorician I.A. Richards: it is the process by which humans create meaning at the primal level of thought (28). In this, Richards makes rhetoric a lens with which to examine comprehension itself, a "study of verbal understanding and misunderstanding" (23).

A rhetorical view of communication, then, enables media texts to be examined for the motivation of the rhetor and for the implied impacts upon an audience. An approach couched in the theories of Kenneth Burke, which emphasize the symbolic significance of language choices, enables the interpretation of strategies of individual rhetors and the contrasting of their emphases in terms of how or whether protective information is conveyed to audiences. Finally, readers who are impacted by the worldview described by a media rhetor represent the "ideal audience" for the articles. Edwin Black's notion of the "second persona" will enable the evaluation of the impacts on audiences of individual rhetors' strategies.

2.2.1 Journalist-rhetors as "Situated"

As noted, the scene, or context, is of significance to the rhetorical evaluation of communicative artefacts. As noted, Burke highlights the importance of a consideration of scene in the critical evaluation of rhetorical acts, arguing that "implicit in the quality of a scene is the quality of the action to take place within it" (GM 6). He explains:

> Using "scene" in the sense of setting, or background, and "act" in the sense of action, one could say that "the scene contains the act." And using "agents" in the sense of actors, or acters [*sic*], one could say that "the scene contains the agents." It is a principle of drama that the nature of the acts and agents should be consistent with the nature of the scene. (GM 3)

Dramatistically speaking, and for the purposes of this study, media rhetors are "actors" performing rhetorical acts in the scene of a pandemic.

The notion of context is central to Lloyd Bitzer's theory of the "rhetorical situation," a construct that enables critics to link rhetorical acts to limitations and opportunities imposed by particular situations. Bitzer argues that all rhetorical discourse is a response to a specific situation in which the rhetor finds him- or herself: "the situation is the source and ground of rhetorical activity" ("The Rhetorical" 6). "Prior to the creation…of discourse," he argues,

There are three constituents of any rhetorical situation: the first is the *exigence*;
the second and third are elements of the complex, namely the *audience* to be
constrained in decision and action, and the *constraints* which influence the rhetor
and can be brought to bear upon the audience. (6; emphasis in original)

The exigence is Bitzer's description of the rhetor's impetus to create discourse. The
rhetor perceives "an obstacle, something waiting to be done, a thing which is other than it should
be" ("The Rhetorical" 7). In creating discourse, the rhetor attempts to modify the exigence with
the aim of a positive resolution (7). An exigence may be identified in many ways, each affecting
the chosen course of modification: how an exigence is perceived guides how the rhetor chooses
to respond. Bitzer argues that recognizable "rhetorical forms" such as the newscast are the result
of repeated responses to analogous rhetorical situations: "rhetorical forms…are answers to
demands imposed by recurring situations" ("Functional" 36).

Extending the concept of audience discussed above (although Black actually published
after his colleague Bitzer; Jasinski 68), Bitzer's rhetorical situation also privileges the importance
of audience, in a fashion relevant to reportage of a health threat. "Rhetorical" audiences can
function as "mediators of change" (5), and as James Jasinski notes, "At times, advocates need to
persuade their listeners or readers that they possess such a capacity" (68).

The influence of the rhetorical situation can be seen in actual reportage patterns: Wallis
and Nerlich remark that despite research implying broad conventions guiding media coverage of
health and medicine, their case study of SARS reportage seems to diverge from patterns evident
elsewhere (2637), indicating a regional context-specific effect. In other words, the reporters
were responding to their unique rhetorical situations. Bitzer's model, then, helps to justify the
evidence of individuality within discrete media stories, as individual rhetors respond to uniquely
perceived exigences within their particular set of constraints.

This research, then, requires an appreciation for the context imposed by the journalistic
profession, and the context created at the societal level by a high-risk disease outbreak. The
context that informed the creation of the texts analyzed in this study represents a key influence in
the ultimate form of these rhetorical artefacts.

If the "pandemic" scene is to be viewed as creating a particular brand of exigence with a
respective set of constraints, then these attributes also inform the analyses to be performed. I
describe below the context of science journalism, couched within the constraints of the broader

journalistic form. I then discuss the notions of disease and plague as "scenes" involving a particular set of exigences and influences upon rhetors.

As a point of departure for the analyses to come, I close with a brief description of actual guidelines for outbreak communication (a rhetorical response to the exigence of a high-risk disease outbreak, from the point of view of public health officials), as developed by the World Health Organization.

2.2.2 Contemporary Science Journalism: Processes, Methods, and Ethics

There are few recognized intermediaries between the scientist and the public, and one of these is the mass media, a function that began to develop in the 1920s (Burnham 38). Historically, two central processes governed how this mediation was performed. First, information was "simplified," with technical details being excluded; and second, information was "translated," as, notes Burnham, "a specialized scientist presumably thought on a level different from that of ordinary people" (38). The next iteration of the science journalist's role was an emphasis of the reporter as "science critic" (Saari et al 61). However, this role presupposed the freedom and time for background research and investigation, luxuries usually not available to journalists working to a deadline.

Saari, Gibson and Osler describe the constraints facing a science journalist: media organizations are reluctant to commit the resources needed to support the development of timely and accurate science stories (72). Science writers are charged with the task of transplanting "rarefied" data and results to the societal context, while evading attempts of scientists hoping to have their research popularized for motives not necessarily in the public's best interests, such as pharmaceutical industry promotion (66, 76) or efforts by scientists to influence coverage of a particular topic by virtue of being the main expert sources providing interviews (Goodell). They must access sometimes-reluctant sources, interpret jargon and technical concepts, and often cover more than one beat.

As a subset of science journalism, the communication of health and medicine has yet to shake off its association with "yellow journalism," that charge of sensationalism and questionable ethics touched off by the circulation "wars" of William Randolph Hearst and Joseph Pulitzer in the late nineteenth century. John Burnham cites two trends in health reportage: the "prevalence and danger" of diseases were exaggerated, as was reportage of cures: "news of a

cure was absolutely appealing" (75-76). Even science reporters themselves took an ironic stance with respect to the practice, with one remarking, "The situation finally [became] so overdone that among ourselves we referred to this approach as the 'new hope school of science writing'" (Dietz, qtd. in Burnham 76). This was partly due to the form of print journalism:

> Journalistic reports almost always started with conclusions and implications and then were filled out with supporting detail—exactly the opposite format from the restrained scientific report in which conclusion and discussion came only after the methodology and findings were fully set forth. The news format therefore put great emphasis on the journalists' interpretations. (Burnham 236)

Edna Einsiedel (1992), in her study of Canadian print coverage of science news, found that medical stories predominated (95). Further, she found that positive and negative coverage correlated with specific topical genres. For example, stories on environmental news conveyed negative consequences, while coverage of medical, health and technological advances was couched in a positive light (96). While contemporary scientific developments have altered cultural, and thus media, interests in environmental, health and technological events, Einsiedel's study illustrates the degree to which framing can be present.

Einsiedel found that coverage focused on the "events" of science as opposed to the processes of scientific discovery (98). In Burkeian terms, it is the scientific "act" that attracts media interest, at the expense of scientists themselves, their methods and contexts, an approach not reflected in business, sports or arts reportage (99). Einsiedel observes that one consequence of this is the "[preservation of] the dominance of scientific authority, with little indication of the conflict often underlying most of science" (98). This pattern contrasts with the preoccupation of the media with controversy, but may be explained by the low numbers of journalists with scientific training: Einsiedel notes that "if there is one beat where journalistic training alone may not be sufficient to carry the reporter though the news maze, it is the science beat" (99). However, an alternate explanation may lie in the changes occurring in scientific writing. Scientists themselves have come to emphasize the "act" over the "agency" in specific studies: As Alan Gross explains, drawing upon the work of linguist John Swales, what has occurred is "a shift in scientific articles from an organization emphasizing narrative—what the scientist did—to one emphasizing argument—what the scientist proved" (11).

While the "expert source" is a requirement of media coverage of science and health topics, Jim Kuypers observes that the processes by which journalists engage with their sources have received little critical attention (2). The journalist's experience in the very moment of the interview affects the final form of the story: by necessity, journalists may be composing the story during the interview itself. A lead may be chosen for its dramatic value as a lead rather than as the most effective way to present the facts. A "good quote" may direct the story as the journalist seeks more information to "pad" the good quote. If the source touches on an area in which the journalist has some experience or background, a complex of—subjective—associations unfurl.[2]

In addition to expert sources, journalists rely to some extent upon press releases, volumes of which are received on a daily basis. These are utilized (or not) according to several factors. Origin is significant: it is recognized that government press releases will be received by every outlet and as such, pressure is exerted upon individual outlets to cover the story or risk being outdone by a rival outlet.[3] Reporters are also highly cognizant of bias, and view some sources as more biased than others, with government releases being perceived as most biased. In terms of press releases featuring scientific content, reporters have little patience for releases that simply present data or are poorly written, forcing the reporter to "make sense of" the story.[4]

Miller (2002) places journalistic ethics in the context of contemporary business models, in which mammoth organizations control large quantities of print, television and online content. Miller argues that journalists working in such a context are influenced by behaviour modeled at the highest levels of the organization (106), which, situated as it is in a capitalistic enterprise, necessarily features profit ("The Frankenstein" 107). Tension arises when this context abuts on traditional media values. The catchword "objectivity" became an implicit cornerstone of the ethical journalist's approach to reportage, but as the impossibility of literal objectivity became apparent, the focus has shifted, as identified by the American Society of News Editors' Journalism Values Institute, to: "balance/fairness/wholeness, accuracy/authenticity, leadership, accessibility, credibility, news judgment" (Byrd 1996, qtd. in Miller, R. 109).

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[2] Personal experience. Saari, Gibson and Osler also reference this phenomenon; for example, science journalists with scientific training may find themselves writing at "too high a level" for lay audiences (66).

[3] Cudworth, L. Personal communication, 2006.

[4] Blair, K. Personal communication, 2006.

2.2.3 Rhetoric and the Journalistic Form

Within the constraints and context noted above, individual journalist-rhetors retain the ability to shape events and portray "appropriate" stances and interpretations. While the concept of media as "translators" persists in contemporary discourse, as will be seen below, Burnham targets the "myth" of members of the media as "passive vessels" through which information travels, arguing that, via agenda-setting, "Even the best reporters asserted their viewpoints under the guise of news expertise" (240). The media's persuasive impacts on their audiences became a topic of scholarly interest in the mid-twentieth century. In *Taking Journalism Seriously*, Barbie Zelizer observes that scholarship on journalism in the 1940s and 1950s was preoccupied exclusively with the media's influence on the public (28). However, the nature of that influence was and continues to be elusive, engendering active discussion and investigation. Early scholars emphasized the power of the media over the public, arguing for a "hypodermic model" by which a public was impacted by a specific media viewpoint (Zelizer 48), through a mechanical process in which a highly defined media product was efficiently delivered to a passive receptor. Or, scholars focused on content analysis, which tended to take for granted that once something appeared in print, that "was sufficient evidence that the phenomenon existed" (Zelizer 116). Zelizer observes that criticism at this juncture did not allow for the "selection and construction work implicit in language's shaping," treating language instead "as a neutral carrier" (116).

Formalistic approaches diverged from this, serving to reveal that "the choices inherent in language's construction offered a highly strategic view of how the world worked" (Zelizer 127). For example, studies in critical linguistics argued news media conveyed ideology that impacted audience perceptions of a topic (e.g., Trew).

Moving away from formal studies, scholars investigated the effects on audiences of media content as narrative. Within narrative theory, the choice of journalists to identify their material as "information" rather than as "story" legitimized the accuracy of the content (Benjamin 89) and restricted the kinds of questions that could be asked in response to a news article (i.e., to causes and not meanings; Inglis 11). "Narrative is especially seductive," note Roderick Hart and David Payne, "because it hides highly directive prescriptions within seemingly neutral descriptions" (374). The mark of individual rhetors was evident in strategic application of narrative techniques such as "synecdoche, omission, and personalization" (Zelizer

"Achieving" 366) and narrative elements such as "plot, characterization, action, [and] dialogue" could be seen (Adam 33-34).

Though she describes rhetoric as "by far the earliest set of ideas available for analyzing texts" (139), Zelizer is defining the discipline narrowly when she notes that explicitly rhetorical research on journalism from the 1960s to the late 1990s tended to focus on institutional situations involving dispute, such as judicial proceedings (140), and to be guilty of the same fault as language studies as a whole: neglecting the broader context and established journalistic methods and protocols (142).

An additional branch of media research has explored the epistemological nature of media. Zelizer discusses this genre in the context of cultural analysis. Here, members of the media engage in the production of culture, "[imparting] preference statements about what is good and bad, moral and amoral, and appropriate and inappropriate in the world" (177).

2.2.3.a *Journalism as "Speech Act"*

If media content is to be viewed as epistemological and directive, then individual media rhetors must be viewed as making strategic choices in the creation of journalistic texts (recalling Burke's conception of symbolic action—that an act, a strategic choice, is performed when a word or symbol is applied to a thing by a rhetor). A scholar in critical discourse and media studies, Teun van Dijk argues most media coverage that can be classified as "news" features discourse consisting of "the speech act of assertion" (83). Speech-act theory centres on the "unit of linguistic communication" in "the production or issuance of the symbol or word or sentence in the performance of the speech act" (Searle 1969, 16). The speech act is also influenced by context (16) and so can be viewed as a "fitting" response to a rhetorical situation. Searle, and later Ricoeur, refer to the "active" element of speech: speech acts "do something in the saying" (Ricoeur 1976, 14). Rhetorically speaking, then, for the purposes of this study, individual media rhetors viewed through this lens embody individualized intents and attitudes with respect to their topics, through strategic usages of terminology. Such usages should be accessible via critical analysis, and while the topic, the 2009 swine flu outbreak, will remain unchanged across rhetors, individualized usages may be evident.

Ricoeur highlights the role of assertion on the part of a rhetor, arguing that "each illocutionary act is a kind of question. To assert something is to expect agreement, just as to give

an order is to expect obedience" (14). Assertion is brought about when a speaker is invested in information identified by that speaker as true—for example, as Richard Whately phrased rhetoric's task, when someone decides what constitutes truth for a listener (Whately 5), or interprets the exigence posed by a particular story topic as rhetorical situation. Further, the information must be new to the audience and the writer must desire that the audience comprehend the information (van Dijk 83)—an additional facet of exigence. Persuasion is implicit in the process, then, in "the formulation of meanings in such as way that they are not merely understood but also accepted as the truth or at least as a possible truth" (83). Those audience members accepting the rhetor's "truth" align with the "implied audience," the "second persona," implied by the texts.

Jim Kuypers aligns with van Dijk's stance, observing that from the perspective of framing analysis, "the media do more than tell the public what to think about; they also tell the public *how* to think about any given topic" (6, emphasis in original). A theoretical exploration of an epistemological perspective, framing analysis involves "mentally storied clusters of ideas that guide individuals' processing of information" (Entman 53). Kuypers argues,

> Framing…is the process whereby communicators *act* to construct a particular point of view that encourages the facts of a given situation to be viewed (or ignored) in a particular manner, with some facts made more noticeable than others. (7, emphasis added)

In *Press Bias and Politics*, Kuypers conducts a frame analysis examining original speech texts as well as all press coverage within a snapshot period following key speeches for "key words, metaphors, concepts, and symbols" (19). In a clear parallel to Kenneth Burke's cluster analysis approach, Kuypers' conclusion was that the press, "intentionally or not," synthesized frames to align with their political stances. In featuring some situational aspects over others, rhetors participating in the construction of frames are also engaging in the construction of dramatistic ratios, rhetorical acts that should be evident in the analyses to follow.

In the new milieu constructed by the media, then, the import of sources' original remarks can be tightly controlled (198). Kuypers identifies techniques that contribute to the new frame. "Sandwiching" places something in proximity to other quite different, though complementary, things; he notes that the media tend to "[place] whatever side of the issue it does not support in between complimentary points of view, which invariably agree with the position espoused by the

press" (210). In the "lopsided use of sources" (210), the media appear to have an easier time locating sources they agree with than those they do not (212); related is the failure to include contradictory facts (215) (see also van Dijk, 93-94). "Labeling" involves the use of devices of transference to imbue issues or individuals with the appropriate slant (213).

"Framing" as Kuypers uses the term seems to feature a kind of "groupthink" as opposed to the strategies of individuals in communicating "news." "In framing," he argues, "it is not the frequency of a word, metaphor, or concept that accounts for its strength, but rather how it is consistently framed across time" (199). This point is well illustrated in a study carried out by Brian Ott and Eric Aoki in which a frame analysis was performed on press coverage of the 1998 murder of Matthew Shepard. Media consistently seized on the tragic drama of the murder, centering the story on Shepard rather than on the wider issue of hate crimes ("tragic framing" [496]). Enthymematically, such a frame attributes fault to the agents of the act, diminishing the perspective of Shepard as a victim of a "hate crime" for which the blame lay with society. Drawing on Kenneth Burke, the authors argue that the demonization of the two youths who committed the murder functioned to provide a "scapegoat" to the public such that once the youths were sentenced, public guilt was assuaged and the issue symbolically resolved. Even Shepard's parents were unsuccessful in lobbying for change, and hate-crime legislation was removed from bills (494). While Shepard was targeted because he had been identified by his killers as a homosexual (484), even national publications treated the tragedy as an isolated one, and the authors argued that the media, in so doing, validated the "dominant set of discourses" of the time with respect to the stigmatization of the gay, lesbian, bisexual, and transgendered communities (485).

In terms of the roles *individual* rhetors play in media coverage, cluster analysis begins where framing analysis leaves off. While it is usual for a multiplicity of media frames to exist for a dramatic event,[5] Ott and Aoki found the opposite, highlighting the enthymematic role of social guilt in interpretation. Media investment in the interpretation of the event as a "hate crime" would, through implicit premises, invite audiences to participate in the responsibility for the tragedy. While this study illustrated the power of frames as cultural phenomena with concrete

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[5]   See, for example, Brummett's dramatistic analysis of the DeLorean case in Hart and Payne, 366-367.

impacts, Burke's cluster analysis approach could contribute insight into motivations for the use of frames in the first place, or nuances in individual journalists' interpretations of such frames.

Media criticism today occupies much greater territory than that allowed by a view of media as a "pipeline" for information—the media are recognized as an epistemological force. Journalist-rhetors are recognized as performing acts, and so as having intention. However, there has been little examination of explicit motivation at the level of individual journalist-rhetors. This insight would enable more effective communication during high-risk health threats, by journalists and their expert sources.

2.2.3.b *Motivation in Media*

Roderick Hart notes that "all rhetoric denies itself" and "good rhetoric denies itself completely" (31). The "best" rhetoric, then, is that which is so well disguised that its rhetoricity is not even apparent. Perceptions of the journalistic form as "*a*-rhetorical" arise from conventions such as the absence of a unique voice, of an "I," which functions to help readers forget there is a person behind the text. Short sentences, for example, emphasize factuality and hide evidence of reasoning being carried out or choices being made. Ease of ingestion is implicit in the need to communicate to diverse audiences at a high school level (Smith 22). In addition, conformity is perpetuated through explicit style guides which govern everything from how an academic is identified in a story to whether an occupation title is capitalized or not. Journalists are, then, to a large extent slaves to "form"; success in a particular story is commensurable with the ability to tell the story effectively within formal constraints.

Kenneth Burke sees form as another embodiment of persuasion: "the arousal and gratification of desire" (Blakesley 15). Burke writes that "form is the creation of an appetite in the mind of the auditor, and the adequate satisfying of that appetite" (CS 31). In other words, audiences are primed to expect that the "form" of a newspaper article will supply easily digested factual information that is presumably "true"—in other words, "news." As Burke notes, though, an acceptance of form opens the door to persuasion:

> the appeal in the sheer *forms* of expression—be they called poetic or rhetorical—
> is *universal*. Hence, an audience can readily yield to this aspect of an exhortation.
> And in thus responding to the *doctrinally neutral* aspects of the address, the

audience is in more of a mood to accept by contagion the rest of the author's plea.

(LSA 296; emphasis in original)

Though placing Burke's concept of "form" below the encompassing term of "genre," Carolyn Miller notes that "Form shapes the response of the reader...to substance by providing instruction...about how to perceive and interpret; this guidance disposes the audience to anticipate, be gratified, to respond in a certain way" (159). In the context of a high-risk health threat, it is all the more important to reveal the implicit persuasive impacts of media texts.

2.2.3.c *Style and Media Discourse of Disease*

Stylistic elements provide the most persuasive—yet often least discernable to the casual consumer—embodiment of strategy (and thus motivation) in the highly constrained journalistic form. Metaphor is perhaps the most powerful element of style: Timothy Giles argues for "the study of metaphor as a rhetorical act with epistemological significance" (9). If style is taken as the particular fashion in which a message is delivered—not only its words but also its tone, its imagery, its emphasis—then Kenneth Burke implicitly connects style to the appearance of reality itself: "much that we take as observations about 'reality' may be but the spinning out of possibilities implicit in our particular choice of terms" (LSA 46). Stylistic strategies, then, provide powerful means by which media can overcome their common constraints to publish persuasive accounts, and, as will be seen, by which communities can symbolically contain threats of contagion.

Stylistic devices—"understatements or exaggerations, comparisons, and suggestive metaphors"—enable journalists to increase the impact of their stories, consciously or unconsciously, within the constraints of the genre (van Dijk 118). Like Burke and Black, Teun van Dijk notes that while the language of news discourse implies objectivity, it is always created by individuals:

Clearly, underlying beliefs and attitudes are not so easily suppressed, and they may appear in the text in many ways: selection of topics, elaboration of topics; relevance hierarchies; use of schematic categories; and…in style, such as the words chosen to describe the facts. (75)

Of particular relevance to this project, studies of style in media discourse about disease have become an especially frequent area of focus (Nerlich and Halliday; see also Wallis and

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Nerlich 2630). For example, in her study of media metaphors associated with bovine spongiform encephalopathy (BSE), Joan Leach argues that apart from their application as tools to facilitate comprehension, metaphors function to both "structure" and "constitute" conceptions of media phenomena (121). Leach calls attention to the media's figurative usage of the phrase "mad cow" itself as metaphorical, noting that

> the context of the application of the word "mad" changes its meaning. We usually do not refer to cows as "mad" even when they do behave outside cow-like conventions ....There is a sense in which the BSE event becomes a "crisis" because everything is "mad." (122)

The impact of such an anthropomorphic conflation, Leach argues, "heightens the sense of human danger" (123).

In their study of avian influenza discourse, Nerlich and Halliday note that previous studies have consistently identified a strong connection between the way disease is represented in language and what responses the discourse generates. The connection is forged "via metaphors, images and narratives, which evoke certain expectations, attitudes, scenarios and ways of acting upon them" (57). For example, their survey of media coverage generated what they termed "disaster metaphors" of storm and earthquake and flood (59). The response provoked by these metaphors, the authors argue, could be a "sense of urgency" leading to policy development and implementation, or conversely, to "disaster-prediction-fatigue" (60). There is a similar pattern in Wallis and Nerlich where consequences of disease metaphors emphasizing battle and conflict are identified as leading to public policy responses emphasizing control, dominance and exertions on a massive scale (Annas 746).

Segal notes that the metaphor "medicine is war" (123) leads to casual and omnipresent imageries of battle in discourse about disease, both within the medical professions and without (123). Wallis and Nerlich support this, observing that "militaristic language...has permeated discourses of immunology, bacteriology and infection for at least a century" (2629), and humanities scholar Arnold Weinstein also remarks on the pervasiveness in literature of the "anthropocentric model of humans at battle with microbes" (113). Despite the quantity of bacteria naturally present in a human body, the idea of "*invading* microbes" (Segal 123; emphasis in original), for example, has lost all elements of the figurative to become part of public discourse. To call again on Burke, the "spinning out of possibilities" from this phrase

leads to bodies as "fortresses, attacked from without" (Segal 129). The infective capacity of microbes can even be attributed to discourse, as in Weinstein's assertion of "the invasive, transpersonal potency of language" (105). Like infection itself, disease, once encapsulated in figurative language, seems to transfer its infectiousness to that language, giving it what Weinstein describes as "ungovernable semiotic energies" (105). The common figurative usage of such terms as "epidemic" (Malcolm Gladwell's *The Tipping Point* discusses various manifestations of the concept of "epidemic" in social contexts) further illustrate the semiotic lure of notions of infection and contagion. These energies seem to be invoked by American Studies scholar Ruth Mayer in her discussion of the figurative language in which AIDS is couched; she notes the nature of the virus "allows for its spread into many fields of cultural expression and exchange that have nothing to do with immunology or virology proper" (1). Consequently, the analyses to follow will feature studies of symbolic disease descriptions featured by media rhetors in terms of the impacts of such symbolism on media audiences facing a disease outbreak.

Symbolic interpretations of disease may make it easier to see the rights of individuals as expendable (Ross 18). In the SARS worldview described by Wallis and Nerlich, victims disappear from the public discourse: "when SARS became an immediate threat the 'victim' became a 'carrier' or 'case': a danger, rather than an object of compassion" (2635). Individual impacts were absent from descriptions of public health procedures as well, which consisted of "*measures, regulations, restrictions, controls, efforts, approaches, handling...dealing*" (2636, emphasis in original). Following Burke, when the conflict between humans and viruses takes on an existential nature, victims of disease and symbolic scapegoats become one and the same, both deflecting and containing the risk of infection.

2.2.4 Rhetoric and the Discourse of Disease

As the previous discussion suggests, given the interplay between a rhetor and audience (namely the audience's provision of the "common sense" needed to understand the rhetor's argument), this analysis of media discourse on health threat situations risks redundancy if pre-established cultural notions—in other words, doxa—of disease are not provided as a backdrop. Such notions serve as constraints upon rhetors mediating knowledge about disease, and upon audiences interpreting the rhetorical acts of media rhetors. The origins of conceptions of disease are significant, for historian Paul Slack observes that these conceptions form the foundation for a

society's reactions to disease, and more importantly, the rationalizations for those reactions (3): "epidemics are…themselves intellectual 'constructs' which, once formulated, have a history, vitality and resilience of their own" (8). As noted of one of the most dramatically imbued diseases of history, cholera, "it is only a micro-organism" (Arnold 151). Yet disease seemingly never travels without dramatic effect. As history of science scholar Charles Rosenberg notes, "Just as a playwright chooses a theme and manages plot development, so a particular society constructs its characteristic response to an epidemic" (2). This response is a construction based on what social groups choose to believe, and in the justification of belief lies persuasion. However, while epidemic disease can be constructed according to social norms, its failure to fit within those norms can pose a "formidable ideological challenge," as when the basic integrity of a society is confronted (Conrad 77).

Writing in 1978, Susan Sontag suggested that society's tacit acceptance of disease metaphors leads to terrible consequences, affecting individuals' experiences of disease and medicine's approaches to treating it. Despite these undesirable consequences of viewing illness as metaphor, Weinstein argues that "such metaphors have proven irresistible to societies under stress" (104), partly due to the nature of illness as a social phenomenon:

> one person's infirmity seems pregnant with meaning for another. Here is, of course, why infection and contagion are such loaded notions: they broadcast the kinds of riddles that Oedipus encountered with the Sphinx but locate them in the somatic logic and susceptibility of the human body, a logic that, for laypeople, can be as forbidding and unknowable as quantum physics. (Weinstein 107)

Social reactions to disease have followed familiar patterns for hundreds of years—patterns that can easily be recognized in the influenza H1N1 drama. Take, for example, patterns of scapegoating, both of "foreigners" external to a population, and of the society's internal "inferiors" (Slack 4); patterns of response (or indifference) mirroring the level of chaos imposed by the disease itself (7); or patterns of disconnect between actual danger from a disease and public fear (9). The significance of contemporary interpretations of epidemic, Slack argues, is coloured by the extent to which those doing the interpreting have been "taught" to see in specific ways (9) (it is worth consideration whether familiarity with those patterns would have helped public health authorities anticipate public reactions to H1N1 and thus enable early responses to

challenges). However, while there may be trends in the kinds of patterns identified, how those identifications play out in society are highly contextual (Chandavarkar 205-206, 238).

The resolution of social tension by scapegoating seems to contextualize the recurrent attribution of blame for the infection to some factor of the situation not necessarily related to the disease at all. Social responses to disease involve the identification and containment of a contaminant (Weinstein 102-3), and history presents similar instances when "finding a credible 'source' and settling other kinds of scores tend to blend into each other" (103). René Girard argues that in the context of disease outbreaks, "the *sacrificial* element" is central (520), as a purifying process redeeming the rest of society from the impacts of the outbreak. "If the collective transfer is really effective," he observes, "the victim will never appear as an explicit scapegoat, as an innocent destroyed by the blind passion of the crowd" (523). Consequently, history presents the recurrent scapegoating of "the Jews, the Gypsies, the 'Other' in all his or her manifold guises" (Weinstein 103). On a micro scale, physicians themselves have identified the consequences of this, with obvious connotations for epidemic disease; as Scheurich summarizes, "an obsessive search for the cause (and by...implication, the blame) for disease" means that physicians are not concentrating on the patient and the patient's needs in terms of care (Epstein et al. 219; Scheurich 464).

2.2.4.a *The "Drama" of Plague: Contemporary Pandemic Narratives*

Perhaps the most symbolically resonant form of disease, and thus the greatest influence on the perception of rhetorical exigence, is the plague. Evoking Kenneth Burke's idea of "literature as equipment for living" as described in his essay of that name, Weinstein suggests that the representation of disease in literature is more revelatory of the "repressed fears and the emerging fault lines of a culture" than any insight that could be generated by an epidemiologist (109). The most biologically and metaphorically virulent form of disease is plague, and as such, it is the most likely to expose a culture's "fault lines." As René Girard notes, "The plague is found everywhere in literature" (511), extending beyond into myth and ritual (512). Works of fiction are more likely to get at the suppressed concerns of a society, because by being conjectural they gain access to "dimensions of the political unconscious" that practical approaches circumvent (Mayer 2).

The fictional, the hypothetical, the conjectural, allow the introduction into social consciousness of elements that would potentially be too disturbing were they to be presented as "reality." Indeed, in a Canadian radio program on the influenza A (H1N1) virus, the host included a description of the events as "something torn from the pages of a novel," while a fictional movie trailer provided dramatization ("Swine Flu").[6] Here, a self-described hard-news program took on the trappings of "literature." As the interview developed, the "narrative" substituted for reality: "we are the protagonists," one guest said; "we're at risk, we are the people that are being fought over" (Wald, "Swine Flu").

Imposing a narrative structure on reality, one guest admitted, leads to a level of comfort because narratives are predictable. They have happy endings, too: "Ultimately, science will prevail" (Wald; "Swine Flu"). However, in response to the host's closing question as to whether the "real story" was being missed (Tremonti; "Swine Flu"), both guests agreed that it was, to the extent in fact that connections between environmental change, shortfalls in health care, and poor living conditions for example were being overlooked (presumably by the media and so by the public) as potential *causes* of a pandemic.

Jim Kuypers provides one perspective on the consequences of the pandemic "narratives" that emerge through the media (a perspective perhaps outdated given the changes in media production and consumption methods, such as crowd-sourcing). Observing the media's vast freedom of speech, Kuypers voices concern that the full range of responses in a given situation are limited by the press, as alternate points of view are suppressed by people who, failing to see their perspectives represented in the media, believe their views to fall within the minority (237). In other words, "[w]hat does not get reported does not exist, or…its chances of becoming part of ongoing, perceived reality are minimal" (Noelle-Neumann 150).

Kenneth Burke provides a perspective as to why this may be so:

> A social relation is established between the individual and…other people, since the individual learns to anticipate their attitudes toward him. He thus...becomes aware of *himself* in terms of *them* (or generally, in terms of the "other"). And *his* attitudes, being shaped by their attitudes as reflected in him, modify his ways of action. (GM 237, emphasis in original)

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[6]   See also, with respect to an avian influenza pandemic, *The Fifth Estate, Black Dawn: The Next Pandemic*, aired Jan. 11, 2006.

Changes in media consumption notwithstanding, it is striking that both in the context of the "Swine Flu Narrative" program and at least in a segment of the broader coverage, perspectives that allow for the possibility of a non-dramatic resolution of the threat, or that minimize its impacts, receive comparatively less social emphasis than the predominant narratives. This distinction again highlights the importance of studying the motivation of individual media rhetors in the context of a pandemic.

2.2.5 Current Guidelines Regarding Outbreak Communication

The observations presented below regarding a guide to outbreak communication developed by public health officials serve as a counterpoint to the argument behind this project in general and to the specific analyses to follow. This discussion features the degree of disconnect between the officials acting as the source of protective health information, and those tasked with conveying that information to the lay public. Again, the report I discuss can be viewed as a rhetorical response to the exigence of a high-risk disease outbreak.

In response to the 2003 severe acute respiratory syndrome outbreak (SARS), the World Health Organization convened a panel of experts to develop a guide for public health organizations communicating to the public during high-risk health threat situations. The panel included international public health experts, medical doctors, public relations officers, risk communication researchers and specialists, public sector health policy experts, a media reporter and bureau chief, and WHO officials and experts. The list of participants is noticeably lacking in journalists and appears heavily weighted toward public sector officials.

The report that resulted from this consultation, entitled "Best practices for communicating with the public during an outbreak," was released in 2005. It focuses on two questions: "How can communication hasten containment of an outbreak, and second, how can communication help mitigate the social and economic impact?" (1). The report notes that while strategies are in place for overcoming obstacles presented by "public beliefs about a disease" in the control of the disease, less is known about how to effectively "[use] the mass media" in the management of infectious disease epidemics (3). Through looking back at past outbreaks and critiquing communication responses, the panel develops a number of "best practices" for outbreak communication. From the point of view of the panel, to implement these practices

public health experts must "build trust, announce early, be transparent, respect public concerns, and plan in advance" (3).

The report provides a useful point of comparison to this study in that it portrays the expectations public health authorities have of the media. While little commentary is provided that would describe effective media coverage, a cause-and-effect scenario is presented to explain the opposite of "responsible media coverage":

> Exaggerated coverage of an outbreak is far more likely to occur when official information is either absent or considered untrustworthy...If officials are not available for comment, reporters will find their own experts and launch their own investigations.(8)

The distinction between "officials" and the "experts" media locate on their own (later termed "media-appointed experts"; 13), is left implicit. Those seen by the report's authors as most qualified to speak are also inherently the most "correct"; media diverging from official messaging are inherently more likely to generate "exaggerated coverage."

This portrayal of the media's independent action in pursuing and developing stories, which alludes to the "media watchdog" role, is presented in a negative light. However, this same characteristic is later presented as a possible opportunity in outbreak management, as the media functioning appropriately—"working at its best"—will encourage public officials to maintain transparency (8) and "scrutinize" the responses of government officials (9).

The SARS outbreak is highlighted as an occasion when a communication response took shape at its best. The defining feature of this success is attributed to a commitment on the part of authorities to "full participation of the public as a partner" in control and containment of the disease (14). The behaviour of both authorities and media was ideal: officials were "accessible and responsive to the media" and journalists "articulated the concerns of an anxious public" (serving as a pipeline for information moving in the opposite direction now), and then delivering "replies...in lay language" (14). The media role entirely disappears in this statement: "Rapid and reliable official reporting made people receptive to messages about their role in outbreak containment..." (14).

There is a measure of ambivalence with respect to the media. Media become a "powerful ally" in aiding the WHO to identify outbreaks, in their publicization of circulating rumours. Such coverage, the report states, alerts authorities to developing outbreaks 40 per cent of the time (19).

The media in this scenario, again through the "watchdog" role, will even trump authorities' attempts to hide outbreaks. However, there is also concern that a "hostile press" will impede containment (19).

Digital media technologies have vastly altered the ways information is shared around the globe. While in 2005 the report's authors could contemplate controlling the content and timing of information that reached the public, and such questions as "whether an outbreak should be made public even before the causative agent has been identified" (33), today those luxuries do not exist. The constraints on public reporting posed by the "information age" and corresponding ability for audiences to retrieve information online (35, 40) are acknowledged in the report. Today, those constraints are even more pronounced, courtesy of "Web 2.0" platforms such as Twitter and Facebook.

While guidelines are presented to "keep the media on track" (44), there appears to have been little investigation into the needs of the media. For example, sensationalization is identified in the report as an issue of trustworthiness (44). Yet a story that is perceived by audiences as "sensational" may be so because of the combined effects of the headline (normally written by an editor), changes to the text made by a copy editor, or because of a dramatic photograph included with text by someone other than the reporter. Reporters of course may be complicit in this, but may also be under pressure by their employers to generate coverage of a certain nature.

While the report repeatedly disparages "media-appointed experts," there is a failure to recognize that if journalists are assigned a story—and given the nature of these outbreaks, many, many reporters will be assigned stories—they must produce it, and by deadline. Reporters strive to contact the sources of highest credibility, but there is intense competition for such sources. One Canadian health official during the SARS outbreak performed 26 media interviews in one day.[7] During this outbreak, one journalist encountered difficulty in contacting sources and requested names of alternates from communication staff.[8] Sources themselves may be complicit in responding preferentially to requests and leaving unsuccessful journalists no choice but to locate an alternate source.

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[7] Dr. Bhaghirath Singh, CIHR Institute of Infection and Immunity, personal communication.

[8] Personal communication.

The results of a rudimentary cluster analysis performed on the report are illuminating. It is clear in the report that effective communication during an outbreak is the responsibility of public health experts, who the report suggests can "manage" the media response, can "keep the media on track" (44). Despite the role attributed to media in forming a significant element of an effective outbreak response, the report is silent on recommendations for actual members of the media seeking to improve the efficiency of their own pandemic reportage practices. The stance here is that the media are a predictable and static phenomenon—their behaviour will follow established norms, and an expert conversant with these norms will be able to successfully "use" the media. The media, when functioning appropriately, are a pipeline, carrying information largely unchanged from expert sources to public audiences. From a dramatistic perspective, officials represent the "agents" in the outbreak communication scenario described here; their provision of information the "act," with media serving as the "agency." This stance is reflected in the following excerpt:

> On the positive side, the media can be used very effectively, especially at the start of an outbreak, to create an informed public, as good reporting translates technical information into lay language and can help the public understand the situation, including its implications for their own health and behaviours. (8)

The notion that media "translate" technical information into lay language recurs (16, 44), as does the "use" of the media, this time by the public (29).

The stance taken in the report on communication to the public via the media portrays the widely-known "Shannon-Weaver" model (Weaver and Shannon), a model used to describe conceptions of communication consisting in a linear path from sender to receiver. In this model, the media are the "transmitter."

However, a rhetorical view of the process acknowledges the interplay between speaker, audience and message: each exerts influence on the other. Audiences, whether the lay public or the media in this scenario, do not passively receive messages. Rather, they actively interpret them. While acknowledging the media as a key "public," this report fails to acknowledge that the media are negotiating two disciplinary boundaries: they are interpreting the information provided by public officials, and they are addressing a lay public.

2.3 Conclusion

Previous studies have predominantly analyzed the "what" questions of disease discourse—what characterizes it? What patterns emerge in media stories on disease? My study aims to explore, to echo Barbie Zelizer, the most basic "processes by which journalism [is] made" (142) in the context of a disease outbreak. Though there is implicit recognition of motivation in media, the literature above shows a lack of recognition of *individuals* in perpetuating the patterns identified in the various studies—individual reporters, individual editors, even individuals infected by diseases under study were absent. Once the presence of individuals in these processes is acknowledged, questions of motivation—and consequence—can be raised. An important distinction to be made is that within the parameters of the discipline of rhetoric, such questions will focus on the symbolic patterns of communication and persuasion with emphasis on their impacts and not, for example, on the technical accuracy of the information conveyed.

The study of public health communication for a contemporary society facing a virulent disease outbreak remains critical. As Paul Slack observes, when "ordinary" preventative measures fail—or when authorities fail "to persuade people of the reasonableness" of public health responses—populations pursue "more extraordinary religious or social outlets for anxiety" (11-12). Rajnarayan Chandavarkar, a scholar of history and politics, gives an example of this in his study of the appearance of bubonic plague in late-nineteenth-century India: "Many responded to the desperation of official measures with an equally desperate resistance to and refusal of official, even medical, intervention" (238).

As rhetoric, in wielding the power of persuasion, is tied to ethics, so then the media, as the "means by which public opinion is formed and influences…public policy" (de Burgh 69) is similarly beholden to ethical codes of practice. Yet, with ironic reflexivity, headlines featuring the outbreak provided a telling perspective on the trials media rhetors face in reporting high-risk health threats, not the least of which are the many constraints on the rhetorical strategies available to them. At the Washington Post, "A Fierce Outbreak of Swine Flu Coverage: Sheer Extent of Attention Implies Full-Blown Crisis" (Kurtz). At the Guardian: "Swine flu and hype – a media illness" (Goldacre). The New York Times summed up the situation succinctly: "How

loudly should a responsible person shout (or whisper) "Possible Fire!" in a crowded theater?" (Mackey).

Disease can now be seen as a highly generative concept for Burke's dramatistic approach. Disease could be viewed as a scene, and members of an affected society the agents. It could be viewed as an agency through which social change is accomplished or by which society is terrorized. Or, from a perspective anthropomorphizing disease, the spread of infection could be an act. How disease is presented in media accounts—what key "ratio of terms" it occupies—will reflect certain worldviews.

For Kenneth Burke, rhetoric encompassed the act of interpretation (Blakesley 9). Understanding how interpretations form is of central importance, "because while they might help us make sense of the world and our actions, they may also reduce the possibility for acting in new ways" (Blakesley 9). Judy Segal describes rhetorical criticism as a whole as aiming for "a greater understanding of human action" (2). By delving into the persuasive effects of media coverage—likely couched predominantly in stylistic choices—a rhetorical approach offers to this study an opportunity to develop "other ways of speaking" that may prove more effective (Brummett, *Reading* 479-80) in the dissemination of accurate information upon which the public can base their actions in a high-risk health threat situation.

CHAPTER 3

CLUSTER CRITICISM: A METHOD FOR THE ANALYSIS OF SYMBOLIC ACTION

Kenneth Burke believed "all human beings can and should attend to the ways terministic screens shape their thoughts and actions" (Wible 278). This study aims to identify terministic screens, and ultimately worldviews, characterizing media coverage of high-risk threats to public health.

Scott Wible explored Burke's approach to teaching his critical methods at Bennington College, working with historical documents in the Kenneth Burke Papers collection at Pennsylvania State University. Burke sought to refine his students' "terministic perspective[s]": "Students learned how each writer built the foundation for his particular philosophy on key terms that… 'name' a situation in a way that reveals the writer's attitude toward it" (Wible 270). Burke intended to develop students' skills in exploring the significance of particular terms within a discrete context, as well as studying the significance of those terms in "the larger dialogue about human symbol-use" (Wible 271).

To characterize the terministic screens present in the context of a potential high-risk health threat, my project is a case study involving close textual analysis of media portrayals of the 2009 H1N1 influenza outbreak. I will study individual reporters' coverage to examine whether individual stances or approaches to the topic can be identified[9], while investigating patterns in the coverage at a more general level.

Entering the territory of Lloyd Bitzer's rhetorical situation (2.2.1), this critical approach "takes us into areas that involve the act as 'response' to the scene" (PLF 115). While the relationship between Burke's sense of "literary" action and human action in general will be discussed below (section 3.5.2), the stance adopted for the purposes of this study aligns with

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[9]   Norman Fairclough, in his article "Discourse and text: linguistic and intertextual analysis within discourse analysis," implicitly argues for evidence of individual motivation in media texts. Discussing the phrase "*perhaps in very real danger of their lives*," he notes that "there are two contradictory reporter assessments of the danger, *perhaps* constructing it as no more than a possibility, whereas *very real* in effect cancels out this nod in the direction of journalistic circumspection" (201).

Burke's definition of "dramatic criticism" as "a reasoned method for treating art as act" (PLF xx), and act as art ("the poetry of action"; PC 247, 275).

Burke's intent as described in PLF is to develop a method that "can be built upon" (89), as opposed to a method that requires critics "to be forever 'starting from scratch'" (114). By providing the potential for participation by a broader community of critics, Burke allows for the contribution of "the 'collective revelation,' a development from first approximation to closer approximation" (114). Following this principle himself, he states that critics should aim not to derive a "method," but rather a "methodology," or set of critical principles, "and that this methodology should be formed, at every turn, by reference to the 'collective revelation' of accumulated critical lore" (68). Thus, Burke makes the critical act itself a "response" to a "scene" (and exigence) which is composed in part of pre-existing critical acts.

Consequently, Burke suggests that criticism ideally will outline its criteria, enabling its use and expansion (PLF 114). He offers to provide the principles of his cluster analysis method not so that it may be simply "followed" by other critics, but so that audiences may understand, and thus extend, his own approach to criticism (PLF 69).

Below, I describe my "starting point"[10]: the rationale for the case study, and the selection and treatment of texts.

I then describe my implementation of Burke's descriptions of the cluster analysis method: the selection of key terms, identification of clusters and equations, and designation of dramatic alignment. I describe Burke's stance on the relationship between motive and a rhetor's choice of terms, and his arguments for the consideration of audience impacts as a necessary step of the analysis.

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[10]   Burke asks, "should we not always consider a work's starting point as a significant 'lead' into our interpretation of the work's motivation?" (PLF 63). Recalling that Bitzer (section 2.2.1) recommends that the critic evaluate the audience, the constraints posed by the situation, and the exigence to which the rhetorical artefact responds, I see resonance with Burke's idea of a "starting point"—a phrase I interpret to mean "context."

3.1 The case study: Text selection and procedures

Text selection was carried out according to a number of criteria stemming from the context of the rhetors (journalists) and texts (media artefacts), and from the topic (a high-risk health threat characterized by a number of unknowns).

For the purposes of text selection, search terms were "H1N1" and "swine flu." The naming of the 2009 H1N1 pandemic displayed an unusual range and an unusual level of subjectivity, with names unique to individual organizations, and some of these even moving from one name to another. While the WHO initially referred to the virus as swine influenza A (H1N1), with the "swine" dropped soon after (Enserink 871; World Health Organization, "Situation"), the term instituted July 1, 2009 was Pandemic (H1N1) 2009 (World Health Organization, "Pandemic").   The CDC also cycled through a number of names, ranging from swine influenza A (H1N1), though novel influenza A (H1N1) (Centers for Disease Control and Prevention, "CDC") to the current usage, 2009 H1N1 influenza. Even months after the end of the pandemic, a lack of consensus remained. Within the scientific community, usage varied by country and, apparently, preference. Researchers in the Netherlands continued to use "Mexican flu,"[11] and others argue for the "convention" of naming pandemics according to geographical origin (Lamballerie 203). One researcher, in the first line of an abstract, attempts to identify the topic of the article by referring to

> a novel H1N1 influenza A virus, the so-called pandemic H1N1/09 virus (former designations include swine influenza, novel influenza, swine-origin influenza A [H1N1] virus [S-OIV], Mexican flu, North American Flu).(Michaelis, Doerr, Cinatl 381)

The usage of the term "H1N1" in text search procedures covered a number of these options, and "swine flu" was the common name for the virus that was preferred by the media.

Media coverage from April 24 to April 29, 2009, encompasses more than 3,000 Canadian print and broadcast items (see Fig. 1). These texts, which are the primary object of my critical

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[11]   See translation:
"Mexican flu: risk perception in the general public, precautionary measures and trust in information provided by the government." *PubMed.gov*. National Center for Biotechnology Information, U.S. National Library of Medicine, 2010. Web. 21 May 2013.

interest, represent the height of general uncertainty and fear regarding the public health significance of the H1N1 virus.

The selected time frame overlaps with a similar profusion of international media focus. Duncan (2009) conducted a study of media coverage from April 27 to May 3, 2009, and found that the height of coverage in the European Union occurred on April 27, declining after April 30 (3). In the context of the preceding years of warnings of an avian flu pandemic and recent experience with the severe acute respiratory syndrome (SARS), the initial degree of concern regarding H1N1 was understandably high.
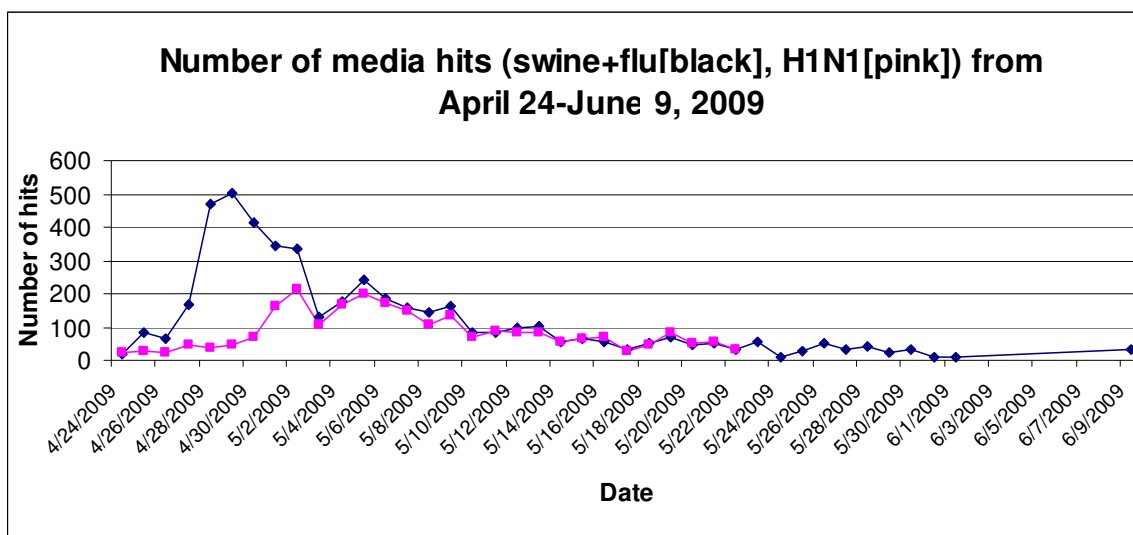
Figure 3.1: Volume of Canadian media coverage of the H1N1 outbreak, April 24-June 9, 2009
Source: NEWSLINK, A customized news service developed by Densan Consultants, with content delivery provided by Infomart/Dialog Limited, Info-Globe and Cedrom SNI.

I have selected this case study for four main reasons. First, as much as possible, I aim to study the extent to which it is possible to determine how *individual* journalist-rhetors interpret a "scene" characterized by a high-risk health threat and extensive uncertainty. The period under study, April 24 to April 29, 2009, is depicted most dramatically by the "swine flu" line in Figure 1. This period represents the earliest stories about the outbreak and the rapid intensification of media interest, and extends into the beginning of the decline in coverage. During this interval, individual journalists were required to become conversant with a new topic marked by unknowns even among experts in infectious disease. Journalists also faced conditions of unusual urgency as media outlets competed to provide content both necessary in terms of its public health

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significance, and naturally attractive in terms of potential boosts in circulation. As reporters endeavoured to simultaneously educate themselves and generate material under deadline, while perhaps also experiencing a heightened level of personal responsibility in light of a potentially devastating health threat, there was national competition for a limited number of expert spokespeople. Consequently, this period offers artefacts rich in drama and represents an ideal stage of the outbreak for the analysis of motivation of individual reporters.

Second, while rhetorical criticism has targeted the persuasive patterns and impacts of media coverage, examination of such patterns at the level of individual rhetors has been rare. Cluster analysis as applied here offers a way to re-conceptualize texts perhaps not traditionally considered to be persuasive[12], and as such, offers an opportunity to delve into the workings of the journalism genre (section 2) at the level of individual rhetors.

Third, to enable consideration of more effective public communication practices in advance of the next high-risk health threat, it is necessary to examine how such coverage is currently performed; and fourth, in order to analyze artefacts using the techniques of close reading and cluster analysis described above, artefacts were required in textual form. Newspaper texts were selected for ease of access both by the researcher and readers. While transcripts of audio-visual forms of media are available through media monitoring firms, such services are costly. The texts discussed here (see Appendix 1) can be readily referenced through the ProQuest database of print media coverage, Canadian Newsstand.

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[12] Hilton and Hunt, in their content analysis of UK print coverage of the outbreak, arrived at the conclusion that the media unequivocally fulfilled a "disseminator" role. This role was defined as coverage in which a "neutral tone" predominated, and the majority of content was "factual health information" with "little evidence of the…media distorting the risks of swine flu." Via application of Burke's approaches, textual analysis of the print coverage analyzed by Hilton and Hunt would likely reveal disparate choices of terminology by journalists, choices that would in fact exert varying degrees of risk perception. Such textual analysis was conducted by Norman Fairclough of studies published in *Discourse & Society*, where by analyzing specific phrasing and word choices, he challenges the original critics' conclusions (e.g., 209). For example, he asks, "What, indeed, is the significance of choosing *the police simply leveled their carbines and Sten guns and fired at point-blank range* rather than the semantically adequate *the police fired at point-blank range*"? (201).

3.1.1 Article length and theme

A rhetorical approach to criticism requires a focus: "it is rarely the case that a critic can completely explain the meaning of a given text" (Brummett *Rhetoric* 82). Given the area of interest for this analysis, key terms will include names for the causative agent of the 2009 outbreak. Consequently, as noted in Figure 1, search terms used to select articles were "H1N1" or "swine flu," the terms most frequently used by journalists to describe the virus or illness.

Articles selected for analysis were required to satisfy three criteria: A length of 400 words or more, a single author, and a topic dealing with the H1N1 outbreak in terms of risk, protection, or both. The criterion of length reflects concern with what Scott Wible calls "movement" within a text (272): the processes of association and dissociation that characterize a rhetor's provision of key terms. Burke suggests that "long forms…afford the most viable material for the study of terms in changing contexts" ("Fact" 52). While in a short work, notable choices of key terms may be evident (e.g., a rhetor's usage of the term "pandemic" as opposed to the generic term "illness")[13], tracking of "movement" can necessarily be expected to be more difficult; as Burke notes, in short works, "[the] transformations are necessarily quick" ("Fact" 52). Recognizing that the terms "long" and "short" are subjective, if key terms are, as suggested below, "generating principles" (GM 403), a longer work will enable more comprehensive examination of what is generated. Consequently, in the interests of greater potential for the performance of a comprehensive analysis, texts or more than 400 words have been selected. To maximize the potential for tracking the "developments" or "movement" due to the choices of one rhetor, single-author texts were chosen.

In order to enable examination of how or whether journalists communicated protective information to the public and to establish parameters for content themes, texts were required to fall within a continuum of severity of the threat posed by the outbreak. In this context, an important consideration was whether fear was being encouraged, managed, or reduced. If encouraged, of *what* were audiences urged to be afraid? One text was rejected post-analysis as it

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[13]   Norman Fairclough discusses the significance of such individual terminological choices, remarking upon an "unusual collocation of *killer + riot*" in a news article ("Discourse" 200). He notes the writer's choice of the term "killer" where the term "fatal" would have served, noting that killers are "those whose nature is to kill" (201), a choice Burke would describe as a strategy, which would consequently reflect motivation.

was a humorous approach to the impact of the term "swine flu" on the pork industry (Appendix 1, Text 19).

With three exceptions, all articles were printed in newspapers' "A," or News, sections; the remainder appeared in the Business section (Appendix 1).

Upon conducting a database search for the above search terms ("H1N1" and "swine flu"), each article was examined according to the above criteria, without regard to author or source publication. To establish a frame of reference for the study in terms of context (i.e., to contextualize the outbreak's development on a national basis and to enable examination of how regional, provincial, national and international expert sources were utilized in the coverage), only Canadian media coverage was analyzed.

A total of 21 texts was analyzed according to the critical methods described below and in section 3.5.2.a. It was at this point that saturation was judged to have been achieved, as additional texts reviewed exhibited patterns already identified. Texts 4 and 14 fell within Group I, and Text 18 fell within Group III (see Appendix I).[14]

Readers will be familiar with certain of the journalist-rhetors represented here and such familiarity can generate preconceptions and assumptions about the coverage. The aim here is to focus as closely as possible upon the terminology of the text as an individual's response to context. In my aim to analyze texts representing as closely as possible the interpretations of a single rhetor and to limit the influence of prior experience of a journalist's work on my own critical approach as best I can, I have chosen not to include the names of the texts' authors in the analyses, although full citations are provided in Appendix 1. Texts analyzed are consequently identified by a generic number (e.g., "Text 1") and by chronological section number (e.g., "4.4.a").

An alternate approach to this study would have been to follow the coverage of a single journalist over the course of the outbreak, which would have enabled the exploration of "movement" of key terms on the part of a single rhetor and perhaps permit interpretations along the lines of Burke's "biographical" interests (PLF 23). Alternately, two or more journalists' coverage over the course of the outbreak could have been contrasted. However, as a broader and more general survey of responses to the outbreak as rhetorical situation was desired, the current

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[14]   Mason conducted a study of qualitative doctoral research projects and provides a median number of artefacts for discourse analysis of 22 (with a high of 65 and a low of 5) (sec. 3).

approach was selected. I have included in the analyses only as much context as is needed to place the text in terms of publication and audience. I have excluded headlines as well from my analysis, as headlines represent the interpretation of yet another rhetor—an editor or layout designer.[15]

Following the description below of the critical approach implemented, units of analysis for each text include key terms, secondary terms associated with the key terms, over-all titles (for each "cluster"), and oppositions or agons present in the text. These units of analysis will be highlighted via tables provided with each text.[16]

Cluster analyses will be conducted with the aid of CmapTools concept-mapping software (http://cmap.ihmc.us/). This software does not perform analytical processes upon texts but enables the recording of, and simplifies the organization of, key terms, clusters of terms and oppositions between terms. Interpretation of the data thus collected will constitute the following chapters.

3.2 Cluster Criticism: The Method as Described by Burke

Burke's rhetorical theories, as noted, unfurled from a central focus on the symbolic nature of human interaction, and this principle is fundamental to a theory of cluster criticism. Burke maintains that rhetors cannot communicate without incorporating symbolism, and by this he means that at the most basic level, "the 'symbolism' of a word consists in the fact that no one quite uses the word in its mere dictionary sense" (PLF 35). Works function on a symbolic level peculiar to the writer: "We believe that all writers have idiosyncratic usages" ("Fact" 61). These usages will, however, align in a level of "consistency" across the rhetor's works, and it is this consistency that exerts an effect upon the reader (61).

One's characteristic usage of a particular term can be unpacked via analysis of "the company it keeps" (PLF 35), in Burke's terminology, or by review of the members of the cluster

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[15]   One text selected for this study was published in separate publications under headlines that emphasized entirely opposite aspects of the story (4.4.f/Text 16).

[16]   Despite the availability in the literature of critical applications of cluster analysis or the cluster-agon method, as Berthold refers to it (302), no scholar has yet described how to organize the working "data," the critic's navigation of the "indexing" and "charting" processes, supporting critical inference and interpretation.

in which it travels. Linguists term this arrangement or "co-occurrence" as "collocation" (Fairclough *Language* 95). Relationships among terms constitute "internal operations" which "construct a terministic screen that influences how the writer views reality and understands ideas" (Wible 274-275).

The significance of clusters—their epistemological nature—is implied in Burke's argument that beyond words alone, clusters are a key mechanism of symbolic action, whereby beliefs and values are not revealed through the ostensible meaning of statements, but rather through the topography of the verbal clusters associated with apparent meanings. In other words, the clusters of terms around "key" terms (see 3.2.2.a) invite enthymematic associations and dissociations of the audience, creating an orientation in which the audience of the text is invited to participate. For example, as will be seen, journalist-rhetors diverge in their choice of the key term used to represent the causative agent of the outbreak under study here, and in the terms associated with, and dissociated from, this key term. Some rhetors associate the term "mild" with the disease, while others associate the disease with the term "pandemic." These divergences, accordingly, reflect different orientations as to the essential nature of the virus and of the threat it does or does not pose.

Burke first spoke of "clusters" in *Attitudes Toward History* (1937), in which his earliest instructions to the critic performing cluster analysis are to "[note] what subjects cluster about other subjects (what images *b, c, d* the poet introduces whenever he talks with engrossment of subject *a*)" (232). Continuing the illustration above, then, one could ask, "what images or subjects does the rhetor introduce in conjunction with the topic of H1N1?"[17] Burke described clusters as organizing the language of a rhetor such that one element can only be used "by talking of the others, and when he centers upon one, the others flicker about the edges of his imagery" (ATH 65). Burke later privileged *The Philosophy of Literary Form* (1941) as a main source on cluster analysis (GM 108).

The combination of apparent meaning with its associated cluster of subjects or terms represents the presence of what Burke describes as a "symbolic merger." A rhetor associating *night* with *dark* is not performing a symbolic merger, but rather making an empirically

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[17] Burke's terminology for this critical approach also included the terms "indexing and charting" (Wible 260), the "Bennington Project" (Wible 262), and "techniques for doubting" ("Linguistic approach to problems in education" [1955] 272, qtd. in Wible 280).

descriptive observation (though Burke would likely argue that the nuances in a rhetor's portrayal of "darkness" could be mined for symbolic meaning!). However, a rhetor associating *night* with *safety*, as reflected in the rhetor's association of terms to do with "safety" with terms to do with "night," is performing a symbolic operation. The symbolic act, states Burke, "is the *dancing of an attitude*" (PLF 9). Clusters of terms around a key term – or verbal "tic" (PLF 20) – lead the critic to an interpretation of "what the tic [is] 'symbolic' of" (PLF 20). The aspects merged in a rhetor's worldview are symbolic because they are figurative, representing a mental metaphor unique to the rhetor. In Burke's words, "'symbolic mergers' …cannot be explained with reference to their face value alone," but are "a 'way across' to many other ingredients (as when one man says 'liberty' and means the right to retain his capitalist holdings, and another by the same word means socialism)" (ATH 224).

Cluster criticism offers a way to reveal the symbolic merger at work. Cluster criticism is the method that adjusts the critic's vision, enabling a view of a hidden structure. Burke explains:

> By charting clusters, we get our cues as to the important ingredients subsumed in "symbolic mergers." We reveal, beneath an author's "official front," the level at which a lie is impossible. If a man's virtuous characters are dull, and his wicked characters are done vigorously, his *art* has voted for the wicked ones, regardless of his "official front." If a man talks dully of *glory*, but brilliantly employs the imagery of *desolation*, his *true subject* is desolation. (ATH 233, emphasis in original)

Burke uses the terms of the pentad to explain how a rhetorical act can function to strategically shift the audience's focus to one element of a situation, while drawing notice away from another. Through terminological choices, the rhetor can de-emphasize elements of the scene by attributing motive to the agent, "as were one to account for wars purely on the basis of a 'warlike instinct' in people" (GM 17), or can similarly shift focus from "personal motives by deriving an act or attitude not from traits of the agent but from the nature of the situation" (GM 17). As will be seen, media texts examined in this case study portray, for example, rhetorical acts placing emphasis on "agents" (public health officials) at the expense of a pandemic "scene," or conversely, through emphasizing the apocalyptic nature of the threat, rhetors de-emphasize all non-scenic elements of the situation.

From a rhetorical standpoint, works, as motivated acts, perform a function for the rhetor. Consequently, insight about the structure of a particular work also provides insight into its function (PLF 74, 89). As Jon Cook notes, Burke "traces the creation of a symbol from the writer's experience to the structure of the symbol itself to its effects upon an audience" (175). Thus, texts emphasizing the "mildness" of the virus and texts foretelling a catastrophic outbreak will both reflect divergent motivations of rhetors, and invite different audience responses.

Burke saw cluster analysis as the approach "best adapted" for the purpose of revealing the underlying function of a work (PLF 74). He argued that rather than treating a work as a primarily aesthetic object, it be approached in terms of what it does, emphasizing that "At every point, the content is functional," a stance he described as "pragmatic" (PLF 102). An emphasis on function, on the practical significance of a work, will guide the critic to the most meaningful (i.e., critically generative) aspects of the work (PLF 90).

In the context of this study, then, the critical focus is the means by which these journalistic artefacts, selected for their portrayal of degrees of threat posed by the virus, translate into pragmatic effects upon audiences (defined by the suggested responses to a high-risk disease outbreak).

3.2.1 Terministic Screens

The "idiosyncratic usages" to which Burke refers ("Fact" 61) can be further unpacked via Burke's theory of "terministic screens." Burke describes such "screens" as being anchored in a particular view of the world. Noticing, at a photography exhibition, that the same material compositions appeared differently according to differing colour filters (LSA 45), Burke argued that humans' choices of terms functioned similarly to colour filters in interpreting the world. Burke's oft-quoted summary of the argument runs, "even if any given terminology is a *reflection* of reality, by its very nature as a terminology it must be a *selection* of reality; and to this extent it must function also as a *deflection* of reality" (LSA 45; emphasis in original). For example, an academic's naming of her occupation as "teacher" does correspond with (reflect) reality, if she teaches. However, she is more than a teacher, perhaps also a scholar, a writer, an artist, a mother or sister. The term "teacher," then, is a selection of only part of what this person "is." In highlighting the "teaching" aspect of this person's identity, other aspects of identity are rejected or, in Burke's terms, deflected. Consequently, any term selects, reflects, and deflects reality, or as

James Herrick argues, "Every set of terms or symbols...becomes a particular kind of screen through which we perceive the world" (226). In this description of terministic screens, an extensive variety of social dialects is implied within a single language.

Once a critic has developed a description of the terministic screens in place for a particular rhetor via cluster analysis, the critic can ask, "What would you have to believe for these terms to make sense to you?" (J. MacLennan, unpublished document, "INTD 898: Kenneth Burke and Dramatism: Tips on Conducting a Cluster Analysis," Winter 2004). In the context of this study, the answer to this question, which will express the enthymemes underlying that particular terministic screen, will describe a rhetor's worldview; Burke privileged the terms "orientation" or *Weltanschauung* (P&C 26).

James Jasinski describes a model for Burkeian motivation which takes into account both situation and orientation (369). "We do not, and indeed cannot," states Jasinski, "perceive the world in some type of neutral or objective manner devoid of any orientation; our understanding of the world is derived from our orientation" (369). For Burke, one's statement of orientation consists of "interpreting with the only vocabulary he knows" (PC 21). Orientation can be described as the largely unconscious assumptions and values which guide an individual's interaction with the world. In terms of situations, Jasinski explains that

> we need to recall that people do not encounter situations in a vacuum; they
> encounter situations through established orientations. Burke was setting up a
> dialectical interaction between orientation and situation; orientations allow us to
> understand situations, and situations shape and reshape orientations. (370).

A description of the rhetor's worldview answers the question, What does the act mean psychologically? Consequently, motivation is a product of both context and worldview. Worldview is not something that disciplinary constraints impose, although certainly one's worldview will be influenced by one's role within a given context, disciplinary or otherwise. If both situation and orientation contribute to motivation, it should also be recognized that they may do so in unequal fashion, a topic to which we will return in Chapter 6.

Terministic screens, then, also provide insight into the rhetor's worldview. Clusters of such terms perform symbolic processes for the rhetor. These "linguistic choices...shape our perceptions [as a colour filter shapes perception of an object] and reveal our intentions" (Herrick 225). Terministic screens are also, therefore, characterized by association (selection) and

dissociation (deflection), terms that will be discussed below in the context of cluster criticism. In the context of a pandemic, then, the particular "terministic screens" in place for individual journalist-rhetors will reveal different motivations in the pandemic context: audiences will be urged to "*look at* some things and *overlook* others" (Herrick 226; emphasis in original), audience impacts that will be explored further (3.2.3).

3.2.1.a "A theory of the index"

The term "index" is one of Burke's key terms in his description of the "cluster" approach to criticism. Burke describes a project, a "Theory of the Index," that aims to alter the act of criticism by "[making it] as systematic as possible," yet still enabling a comprehensive treatment of the text ("Fact" 49). Burke continues the "index" analogy in comparing his approach to "the principle of the concordance" (49), the exhaustive list or catalogue of key terms in a work with reference to their contexts. Burke argues that the individual words (or terms) of a literary work are "facts," in the sense of "what was said or done" (50). If the contents of a work are its facts, then the challenge is to develop a method of "[operating] with these 'facts,' how to use them as a means of keeping one's inferences under control, yet how to go beyond them…when seeking to characterize the motives...of the work" (50).

Anderson and Prelli argue that Burke "joins other modern and postmodern thinkers when he depicts linguistic realities in terms evocative of an uncharted but chartable terrain or landscape" (82). The critic's aim is "to make explicit the conclusions implicit in key terms or propositions used as generating principles" (GM 403). "Burke's critical method," note Anderson and Prelli, "presupposes that linguistically structured relationships constitute observable realities and are not mere 'illusions'" (82).

The overall trend in the critic's application of the cluster analysis technique is a process of induction, a movement from particular to general. Burke explains that the "particulars" of an act are similar to a chapter in a book, while the "'symbolic' attribute" of a communicative act— its "general" significance—parallels a chapter title (PLF 35). Burke states that "this symbol becomes a generative force, a relationship to be repeated in varying details, and thus makes for one aspect of technical form" (CS 61).

Following upon the notion of "symbolic mergers," the concept of synecdoche is central to cluster analysis. In literal terms, synecdoche is a figurative method by which to represent

something via the name for something related, or aspects of it: "whole for part or part for whole, genus for species or species for genus, etc." (OED online). Burke extends this definition, adding, "the container for the thing contained, the cause for the effect, the effect for the cause" (PLF 25-26). He suggests it is "the 'basic' figure of speech" (PLF 26), "the basic process of representation" (PLF 77), asking whether the word "tree" is not synecdochic for the thing (PLF 26).

Burke argues that the terms composing a discrete cluster are synecdochic for each other (PLF 77). Synecdoche accomplishes "transubstantiations" through which an element with an unambiguous nature is linked in a cluster to something different which transforms it—that is, attributes a new character or essence to it. Sequential events can also be synecdochic for each other, to the extent that such relationships can be revealed through procedures including foreshadowing (PLF 28). To illustrate, the term "common flu" can take on attributes of comfortable familiarity *or* heightened threat, depending upon the terms, values, or notions "modifying" it—clustering around it. If common flu is a disease about which a great deal is known, then the relationship of H1N1 to common flu is a reassuring factor. However, if common flu is described as a disease that kills hundreds of Canadians every year, this relationship invites anxiety. These "modifying" relationships embody Burke's conception of synecdoche, in that by virtue of the terms being associated with each other in the same cluster, they come to "stand in" for each other.

3.2.2 The Procedure

3.2.2.a *Selection of Key Terms*

The concept of key terms hinges on Burke's observation that "there must be grounds for paying more attention to some terms than to others" ("Fact" 49). As noted, in his Bennington College classes, Burke taught students to note the terms used by individual rhetors and how those terms were characterized, as well as distinguishing how a rhetor's characterization of a term "emphasized some particular aspect of human motivation" (Wible 270).

What are "key" terms? In Carol Berthold's interpretation, they are "the important terms" of a text (303); they have also been described as the "principal ideas or terms of a discourse" (J. MacLennan, unpublished document, "INTD 898: Kenneth Burke and Dramatism: Tips on Conducting a Cluster Analysis," Winter 2004). Burke notes that, in a search for key terms in

Joyce's *Portrait*, "every reader would spontaneously agree that 'Stephen Dedalus' is a term to be featured," as the novel's protagonist ("Fact" 54-55). Consequently, as the protagonist of a drama featuring a novel disease outbreak, names for the disease would constitute key terms. Depending upon the objects of analysis, then, there may be justification for a priori principles leading to the identification of key terms.

Wible describes key terms as "generating principles" (278). In Wible's characterization, key terms are used not for simple purposes of communication of information, but in ways that assign meaning to a "situation or idea in a way that reveals the writer's attitude toward it" (266). In Burke's phrasing, key terms are "enactments" (PLF 283). The presence of a particular term reflects an underlying value or investment on the part of the rhetor. "Burke contends," observes Wible, "that a writer's selection of specific terms instead of others, and the imbuing of these terms with particular attitudes instead of others, sets up the conclusions that the writer will make in a text" (266).

Consequently, a critic must aim to go beyond identifying key terms, and chart "how these key terms give particular momentum and direction to the text" (Wible 271). In other words, if key terms are generating principles, what orientation is being generated? A rhetor's choice of terms is significant to an audience, in that "writers' exploitation of these resources of ambiguity lead readers to attend to certain aspects of a particular idea or action and not to others" (Wible 271). Key terms will "lead readers toward specific logical and emotional conclusions" (274).

Burke advises that the critic seeking key terms note "all striking terms for acts, attitudes, ideas, images, [and] relationships" ("Fact" 63). From here,

- Look for "literal repeating of terms" ("Fact" 59)
- Look for "amplification" ("some theme or topic that is restated in many ways, no single one of which could be taken as a sufficient summing up"; "Fact" 61).
- Include the use of appositives or what Burke refers to as "'operational synonyms,' words which are synonyms in this particular text though they would not be so listed in a dictionary" ("Fact" 60).
- Include in the search "subjects" and "images": "[note] what subjects cluster about other subjects (what images *b*, *c*, *d* the poet introduces whenever he talks with engrossment of subject *a*)" (ATH 232).

- Note imagery: "If a man talks dully of *glory*, but brilliantly employs the imagery of *desolation*, his *true subject* is desolation" (ATH 233; emphasis in original)
- Pay particular attention to names as synecdochic for the thing named, and to names themselves as members of a cluster (PLF 27)

Burke observes that for the purposes of a critical approach, however, "we must find some principle of selection, since some terms are much more likely than others to yield good hermeneutical results" ("Fact" 54).

"In particular," Burke suggests,

> one should note expressions marking secrecy, privacy, mystery, marvel, power, silence, guilt. Such terms are likely to point in the direction of central concerns in all cultures. Here also we might include terms for order, since the pyramidal nature of order brings us close to relations of "superiority" and "inferiority," with the many kinds of tension "natural" to social inequality. ("Fact" 66-67).

Brummett notes that "words that have little to do with power do not get defined in many ways" (*Rhetoric* 34). Regarding expressions marking power, one could identify "pandemic" as such a term, whereas the term "common flu" would not invoke such as association.

A critic seeking a "particular topic" will easily select key terms, as it is straightforward to find something already assumed to exist. However, Burke maintains that seeking only "terminal correlations" in a work falls short of "[giving] an over-all interpretation of it as a unified symbolic act" ("Fact" 54). Burke also suggests—with further significance to the analysis of media artefacts—that the critic "be wary of titles...For often they were assigned or altered to meet real or imagined conditions of the market; and sometimes a work may be given a title purely for its sales value as a title, which was invented without reference to the work so entitled" ("Fact" 54).[18]

3.2.2.b *Clusters and equations: "What goes with what?"*

In his teaching at Bennington College, Burke described the interpretations of indexing and charting as "*therefore*, *however*, and *and* procedures" (Response to Uli Beigel's essay on

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[18]   Regarding the commercial influence on titles in printed matter, see also: Booth, Wayne C. "The Rhetorical Stance." *College Composition and Communication* 14.3, Annual Meeting, Los Angeles, 1963. Toward a New Rhetoric. (Oct., 1963): 139-145.

realism, 1955, qtd. in Wible 275; emphasis in original). "And" procedures can be equated with Burke's question, "what goes with what?" (PLF 20), while "therefore" procedures can be equated with "from what…to what" (PLF 71). "However" procedures can be equated with "what is vs. what" (PLF 69).

Another interpretation argues

> The association of terms develops through conjunction, the attribution of cause-effect relationships between terms, the consistent use of imagery associated with the key term, proximity, and an indirect relationship through a third term. (Lynch)[19]

While the enumeration of key terms occurs on one level of the indexing process, the critic also looks to a more pervasive level of meaning in the search for ways of uniting the terms identified in summative categories. The critic's justification for the relationship of terms within a cluster can be either for a "dictionarywise" relationship, when the terms are used as synonyms, or "operationally," when the terms are related through their contexts ("Fact" 60). Primary terms will lead to these "secondary" or "bridging" terms ("Fact" 54-55).

As Burke notes, "the term had one particular set of associations in some particular work. This is the kind of interconnectedness we would watch, when studying the 'facts' of an identical word that recurs in changing *contexts*" ("Fact" 52; emphasis in original). For example, Burke notes,

> [a] stress upon mortality has one meaning if placed in a setting of terms which surely promise immortality, and another meaning if placed in a setting of terms which make the idea of "eternity" quite different. (Response to Patricia Ayres's essay on existentialism, 1955, qtd. in Wible 274).

These secondary/bridging terms can be said to disclose a rhetor's orientation.

In conducting this step of the analysis, one can also observe such facets of Norman Fairclough's suggested analysis as noting the agents doing or receiving action. Fairclough highlights "the potential ideological significance of opting for agentless passive constructions, thereby excluding other constructions in which agents are explicitly present" ("Discourse" 212). This pattern appears, for example, in section 4.3.a.iii, in which the rhetor avoids naming subjects (statements include "the province was alerted"; hospitals "have been put"; "nurses and doctors

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[19]   This description is grounded in Berthold's interpretation of the critical approach.

have been warned"). In terms of what Fairclough identifies as ideological significance, I suggest that the passive voice, by suppressing the logical subject of these sentences, serves to avoid privileging the authority of one level of the protective hierarchy over another.

3.2.2.c "From particulars to principles": An "over-all title"

As indicated previously, Burke suggests that the individual members of a cluster are not only synonyms for each other, but are also synecdochic for each other (PLF 27). Given the common ground shared by the terms of a cluster, in considering the progression, the critic should ask, "Suppose you were required to find an over-all title for this...batch of particulars. What would that be?" (57). Burke explains that the individual terms that can be united under a general "title" share "consubstantiality": they share in, or constitute, the substance or material of an overall "idea" (57) functioning in the work. The critic's ability, then, to detect the "idea" would be a key step toward unlocking the overall symbolism of the artefact. While Burke emphasizes this concept of "an over-all title," it has not received attention by critics describing or applying the "cluster" method of criticism.

Burke uses the term "idealize" to refer to the central "idea" or "title" for a "batch of particulars" or components of a cluster ("Fact" 58). The title will "render" the terms it cloaks: Burke explains that the title is "merely [providing] a term for describing *self-consistency* among the details of the chapter" ("Fact" 58; emphasis in original). It is a movement from "particulars to principles" (59). The step occurs "once you go from 'factual' word to a theme or topic that would include *synonyms* of this word" (60). The critic seeks a "summarizing term…to include under one head," secondary/bridging terms (61).

Some descriptions of cluster analysis involve the assignation of the rhetor's "god" and "devil" terms (e.g., Berthold)—terms the rhetor attributes with his or her concept of "ultimate" good or bad within the context of the rhetorical act. This usage was not described explicitly by Burke, but appears to have been introduced to the method via later work by Richard Weaver (1985). While Burke refers elsewhere to "God" or "ultimate" terms (e.g., GM 355, SS 192), he does not use the phrase "devil term." It is only within the essay, "Rhetoric of Hitler's 'Battle,'" that a devil term as such can be found, and here Burke is referring to the "literal" devil, as in:

> If a movement must have its Rome, it must also have its devil…an important
> ingredient of unity in the Middle Ages…was the symbol of a *common enemy*, the

Prince of Evil himself. Men who can unite on nothing else can unite on the basis

of a foe shared by all. (PLF 193)

It can be argued that in fact, Burke's discussion of "over-all titles" equates with his conception of "god" terms. The place in which one could expect the most literal discussion of Burke's usage of "god-term" is in *The Rhetoric of Religion* (1961):

As for a unitary concept of God, its linguistic analogue is to be found in the nature

of any name or title, which sums up a manifold of particulars under a single head

(as with the title of a book, or the name of some person or political movement).

Any such summarizing word is functionally a "god-term." (RR 3)

The god-term is imbued with an inherent separation from the terms which it encompasses—it transcends them (RR 3). Consequently, one "[views] everything else *in terms of* that summarizing Word, considered as 'source' of the lot" (RR 41). This definition clearly resonates with Burke's instructions to seek a general "name for a class of particulars" (OHN 188). The god-term is the "Title of titles" (RM 299), a phrase Burke uses again in *The Rhetoric of Religion* (e.g., 33, 41). The idea is simplified in *A Grammar of Motives*, where Burke simply states that god terms are "names for the ultimates in motivation" (74).[20]

While Burke does not use the phrase "God-terms" (or, "rhetorical names for god") either in PLF or "Fact, Inference and Proof," for Burke these terms are omnipresent, as indicated through an extensive inventory (RM 299-301) encompassing all concepts of context, motivation and action (including biological), hierarchy, relationship, societal principles and concepts, commercial principles and concepts, endings, and separations.

Burke suggests the critic pay particular attention to names as synecdochic for the thing named, and to names themselves as members of a cluster (PLF 27). This instruction is relevant to the selection of key terms (Section 3.2.2.a), but is also significant to processes of transformation. The importance of names, and fodder for an alternate study, can be illustrated quite simply in the current case study, whereby influenza A H1N1 first appeared under the name "Mexican swine

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[20]   William Rueckert argues that "For Burke, words, like theological discourse, go upward and come to a head in God or in ultimate, perfect god terms. This is what Burke means by entelechy, the motive toward perfection that is intrinsic to language" (16). For certain rhetors, however, the ultimate term is not reconcilable with a concept of "god" (Hitler, for example), so it is necessary to allow for the concept of evil in this description of perfection. The fact that a "god" term can represent something of an "evil" nature is an inherent problem with the use of the phrases "god term" and "devil term" in scholarly applications of a cluster criticism method.

flu" (e.g., Text 15/4.3.d), then became "swine flu," "H1N1," or "pandemic flu," which each name reflecting a different "strategy" and corresponding alteration in rhetorical impact. Burke suggests that names are clues as to the "essence" of the things named, as supplied by the author (62). Name changes function, of course, as aspects of transformation and thus, "re-identification" (PLF 42; this manoeuvre reappears in the discussion below in the guise of the "scapegoat").

Key terms operate symbolically and can, for example, involve the delegation of character to an element not innately of that quality, a kind of hopeful designation that implicitly acknowledges the element's place in imagination and not reality. Says Burke, "[an entity] is being ritualistically ordained as [a] member in a new cluster because of the fact that it is not naturally a member of this cluster" (PLF 54). "A prayer," notes Burke, "is a strategy for taking up the slack between what is wanted and what is got" (PLF 54). An example would be the "prayerful" invoking of the word "vigilance" in early media coverage of the H1N1 outbreak. One could view Burke's usage of the term "prayerful" here as illustrating his theories regarding the synecdochic function of symbolic action: The rhetor attributes "a new essence" to the term. Here, "vigilance" does not include any kind of literal action, but the term is provided as reassurance that action of some kind is being taken; it is part of a "protective action" word and concept cluster. Consequently, we have Health Minister Aglukkaq assuring Canadians that "we will always be vigilant" (4.3.b).

Burke emphasizes that he is not suggesting that the cluster analysis approach is merely a matter of slotting the terms of a "symbolist dictionary" into corresponding receptacles in a given plot (PLF 89). The analysis must always be tied to the particular work being examined, to the particular ways in which terms are used by the rhetor, to the unique context of the work (PLF 89). This sentiment is also voiced by Fairclough, who urges the application of "discourse analysis to map systematic analyses of spoken or written texts onto systematic analyses of social contexts" ("Discourse" 193-194).

Burke, in his 1939 publication "Rhetoric of Hitler's 'Battle,'" performed a cluster analysis upon *Mein Kampf*, and in so doing, predicted what was to come. The essay concluded by advising that "all available ways of making the Hitlerite distortions of religion apparent" be found, "in order that politicians of his kind in America be unable to perform a similar swindle" (PLF 219). Noting a pattern characteristic of Hitler's rhetoric, Burke observes that items constituting an equation—items belonging to the same cluster—may be presented by the rhetor

as "associational tricks" at "strategic moments." Such associational tricks may also, by deduction, lead to the key term occupying the opposed "corner." For example, quoting Hitler, Burke provides the equation "I am acting in the sense of the Almighty Creator: *By warding off Jews I am fighting for the Lord's work*" (PLF 198; italics in original). Burke argues that in applying an associational framework of a religious cast, Hitler accessed the religious motivations of his audience—such as morality. Once the devil is represented, in this case by the Jews, one must act to reverse whatever influence he is said to have (see 3.2.2.c regarding Burke's usage of the phrase "devil term"). Such an exercise could lead the critic from analysis into interpretation even at this juncture, if, as Burke notes, the cluster leads to terms presented in apparent opposition ("Fact" 61).

3.2.2.d *Dramatic Alignment: "What is versus what?"*

The identification of the work's "dramatic alignment" is a significant step in the analysis (PLF 69). The critic should determine "What is vs. what" (PLF 69) or "note oppositions" ("Fact" 63)—what main elements of the work oppose each other? A critical step of the exercise, then, is the identification of "the sets of 'equations'" supporting these conflicting or contrasting elements (PLF 69). This point holds particular significance to media stories, in which conflict is central to the overall discipline (even at the most basic level of a "balanced" story in which an opposing viewpoint is featured regardless of whether the issue is in reality evenly split among proponents and detractors).

Burke explains that a "drama" will naturally revolve around "competing principles" that may be literal or figurative protagonists and antagonists (PLF 76). These competing principles constitute an agon. Here, Burke uses the term "agon" to mean "dialectic" (PLF 99; GM 38), and he uses it interchangeably with the phrase "the total drama" (PLF 70). Such competing principles in the current case study appear, for example, in the opposed stances of health authorities regarding appropriate responses to the H1N1 outbreak, or in the opposition between the nature of the scene and responses being taken (4.4.a/Text 1). The agon may also be composed of the "threat" as characterized by the rhetor on one hand, and the rhetor's portrayal of what opposes that threat on the other. For example, as in Text 3 (4.3.b), the Canadian government may be featured standing between Canada and the advance of a deadly disease, or, as in Text 15 (4.3.d), Canadian officials may be placed in opposition to Mexico as the embodiment of the threat.

In dialectic terms, the competition of principles is in fact a collaboration, in that one term loses meaning and significance in the larger drama without the other (PLF 76). Burke characterizes such compensatory terms as demonstrating "polar otherness"—a form of relatedness linking antipodal terms (PLF 77-78). These oppositional or polar terms, which the critic identifies by using the term "versus" (PLF 77)—will form the centre of respective oppositional clusters of terms (PLF 76).

Burke observes that equations and a corresponding agon are easily identified in a work portraying an explicit conflict (PLF 33). Naturally, such a determination must be arrived at inductively (70) and anchored in the work (69). However, the critic must focus not on what the terms in the equation mean generally, but on their significance within the drama (PLF 33).

Imagery generating or facilitating the agon is likely to be present (PLF 83). Burke offers a number of suitably "agonistic" images, such as those referencing physical discomfort ("ice, fire"); challenges to ease of movement ("labyrinth,…mountains and valleys, exile, migration"); or other obstacles to normal human behaviour or basic needs ("submergence, silence"; PLF 83). A burden of some kind (e.g., guilt) would also belong in this category, as would other similar obstructions. The critic's ability to identify these agonistic images will also enable the critic to determine "the structure of [the character's] unburdening" and the significance of that structure (PLF 92). The agon, then can be composed of a human "versus" a burden—even an emotional burden—and does not necessarily need to be composed of conflicts between humans. We see this process at work in this study in a rhetor's characterization of the H1N1 outbreak with the terms "plague" and "explosion" (4.4.a/Text 1). The "burden" is constituted in the outbreak itself, and it is extrapolated from the imagery of chaos and destruction: namely, plague and explosion.

3.2.2.e *Aspects of Chronology: "From what to what"*

When an observer views an image, a number of elements are realized simultaneously, in the way that a musical chord is perceived (PLF 82). However, the nature of literature (or any text), requires one to experience it as a succession of words (and their associated images, values, concepts, etc.; PLF 75). In analyzing the work's chronology: the critic asks, "from what to what?" (PLF 82). The answer to this question leads the critic to the work's overall strategy (PLF 82). Burke cautions that in assessing the chronological aspects of a work, the critic should also ask "why the parts are *in precisely that order and no other*" ("Fact" 57; emphasis in original).

Using a different sense of "beginnings," Burke advises that the critic note "all first appearances" for later evaluation as part of the empirical indexing process, as they "might reveal internal terministic consistencies not originally perceived" ("Fact" 66). For example, one journalist-rhetor may emphasize the kinship between H1N1 and "common flu," while another rhetor may focus on H1N1-as-mutant. Such strategies, in Burke's view, would be reflected in "consistencies" throughout the text.

An event positioned at the beginning or end of a work may likewise be significant in terms of the rhetor's overall "strategy" (PLF 81), especially given the "inverted pyramid" structure of most journalistic texts, which places the journalist's interpretation of the most important events in the first paragraph, and the least important details at the end, as a layout editor may remove content due to space limitations.

In addition to explicit or literal beginnings, transitions, and endings, Burke periodically uses the adjective "astrological," a term synonymous with "foreshadowing" ("Fact" 66). Foreshadowing represents a kind of "psychic" first appearance that can enable certain predictions to be made about other elements of the text. Burke argues that when a detail marked for significance actually materializes in a new manner later in the plot, the critic has a source of information as to the "*steps* of a work" toward its completion (65)—foreshadowing possesses a "formal function" in the work (PLF 101), providing insight into the narrative arc. Such foreshadowed "sequential" events also function synecdochically for each other (PLF 28), as noted earlier. For example, a journalist writing the first article on the H1N1 outbreak to be published in Canada who uses the term "plague" (4.4.a/Text 1) invites a particular interpretation as to the likely outcome of the outbreak. A journalist making significant use of conditional terms in their discourse ("so far," "if," "may," etc.) and developing the "scene" for a pandemic ("concern has grown," "potential source of a human pandemic"; 4.4.b/Text 5), also conveys a worldview incorporating a predictable conclusion to the current narrative.

3.2.2.f *Motive*

Burke asserts that the rhetor's characteristic motivational flavour is there for the seeing. Motive shifts "from a *psychological* concept that must be inferred to a *vocabulary* concept that can be observed" (Hauser *Introduction* 129; emphasis in original). The most explicit of key

symbols will hold clues as to motive ("Fact" 70). As Burke illustrated in his essay "Rhetoric of Hitler's 'Battle'" and as Brock, Scott and Chesebro explain:

> Burke clearly indicates that the act of selecting one symbol over another locks the speaker's attitude into the language. For this reason verbal symbols are meaningful acts from which human motives can be derived. These motives constitute the foundation or the substance of a rhetorical act… (184)

For example, in the current case study, motive is implicit in a journalist-rhetor's use of the term "situation" over "pandemic."

In a discussion of motive, the relationship between cluster criticism and the broader perspective of dramatism is foregrounded (see 5.5). In Burke's words, "any complete statement about motives will offer *some kind of* answers to these five questions: what was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose)" (GM xv).

3.2.3 Ways in which Symbolic Action is Public: The Functional/Pragmatic Artefact

The very nature of rhetoric presupposes an audience. As noted above (3.2), Burke advises that the critic must finally move beyond observations about an artefact's "form" and link that structure to a function in the text's audience (PLF 101). Motivation precedes action, and action's effects are realized in an audience. A new terminology is required here: "This takes us into a discussion of purpose, strategy, the symbolic act" (PLF 101).

As discussed in the previous chapter, recognition and understanding of audience are paramount in the discipline of rhetoric. As noted (2.1.2), the ability to study how rhetors conceive of their audiences will lead to insight into the practice of effective pandemic communication.

The concept of the "ideal audience," though described in the previous chapter via Edwin Black's theory (2.1.2), is implicit in the works of other theorists applied in this study. For example, James Herrick notes that "Rhetoric stresses commonality between a rhetor and an audience, something…Kenneth Burke termed *identification*" (9; emphasis in original). "Symbolic interaction," argues Herrick, "is possible, according to Burke, precisely because it recognizes and appropriates the hidden sources of identification among human beings" (224). Burke, in describing symbolic action, uses the phrase "implicit commands to audience and self"

(PLF 313). Such commonality exists between a rhetor and an audience capable of experiencing it, that is, of apprehending the rhetor's "implicit commands"—the rhetor's "ideal" audience. Insofar as it is an aspect of the motive of every journalist-rhetor that the audience believe the story being told—not only that it be accepted as "news," but also that the stances on the information presented in the text be accepted by the audience—the invitation to identification can be seen to be implicit.

Where does "persuasion" end and "identification" begin? In Burke's terms,

we might well keep it in mind that a speaker persuades an audience by the use of stylistic identifications; his act of persuasion may be for the purpose of causing the audience to identify itself with the speaker's interests; and the speaker draws on identification of interests to establish rapport between himself and his audience. So, there is no chance of our keeping apart the meanings of persuasion, identification ("consubstantiality") and communication (the nature of rhetoric as 'addressed'). (RM 46)

In this context, identification becomes fundamental to the impact of texts on audiences.

Lloyd Bitzer makes audience a foundational component of his "rhetorical situation." A *rhetorical* audience "consists only of those persons who are capable of being influenced by discourse and being mediators of change" (5). As Herrick points out, simple comprehension of a message does not make a "rhetorical" audience (231). Rather, a rhetorical audience will be composed of those who can (but not necessarily *will*) act in response to the exigence presented by the rhetor (Herrick 231). The "ideal" audience will be a rhetorical audience in that the audience will both comprehend and act in accordance with the rhetor's invitations. Consequently, the concept of "ideal" audience as it is being applied in the context of this study is a normative one.

A journalist must understand the audience reading or hearing the media text in order to construct the text in such a way that the audience will accept it as believable and the rhetor as competent. "A trained rhetor," argues Herrick, "must understand what the community believes makes a person believable" (85). Conversely, the audience that *does* accept the message and that *does* view the rhetor as competent and credible is the rhetor's "ideal" audience. This argument is particularly apt when viewed through the example of the pathos appeal, whereby the rhetor aims to affect the judgment of the audience by affecting their emotions: writing about Aristotle,

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Herrick argues that in the *Rhetoric*, emotions "are rational responses to certain kinds of circumstances and arguments" (84). Aristotle felt that for each rhetor and audience, there would be a "*right* frame of mind," and the rhetor would be able to "[adjust] an audience's emotional state to fit the nature and seriousness of the particular issue being argued" (Herrick 84). Consequently, the "ideal" audience is the one capable of being induced toward this "right" frame of mind (or worldview).

However, the risk of targeting a "particular" audience, argue Perelman and Olbrechts-Tyteca, is that a rhetor excludes or possibly alienates other possible audiences (31). In the context of a high-risk health threat, a rhetor's ability to impact the actions of a "universal" audience is desirable. States Jasinski, "The something beyond which argumentation aspires is the agreement of a universal audience" (70).

Perelman and Olbrechts-Tyteca's concept of the "universal audience" has been the cause of debate (e.g., Gross & Dearin 32; Jorgensen 11), but rationality is a central characteristic. Perelman identifies the universal audience as "all of humanity, or at least all those who are competent and reasonable" (Perelman 1982 p 14). In Gross and Dearin's interpretation, a "universal audience" is invoked when a rhetor "[addresses] the men and women actually before him, not as Americans or Republicans, as Catholics or Jews, but as rational human beings" (36). Convincing, rather than persuading, is the intent (36). Convincing is grounded in content that is "real": "everything in argumentation that is deemed to relate to the real is characterized by a claim to validity vis-a-vis the universal audience" (Perelman and Olbrechts-Tyteca 66). The concept is also relevant to media discourse, in that journalism features an ostensible focus on conveying "truth." Contextualizing journalism with respect to Aristotle's three branches of rhetoric, Lloyd Bitzer notes that "While the governing term of deliberative [rhetoric] is the expedient, of judicial the just, and of epideictic the honorable, the governing term of the informative discourse of journalists should be truth" (Bitzer "Rhetorical Public" 427). Gross and Dearin provide some flexibility when they argue that it is not necessary for discourses to *be* true, but "whether…their arguments have truth as their ultimate aim, their *telos*" (Gross & Dearin 95; emphasis in original).

Gross & Dearin note Perelman and Olbrechts-Tyteca's emphasis on the assertion that "all rhetorical audiences must be constructed by the speaker" (32). Perelman and Olbrechts-Tyteca suggest that a rhetor's conception of "universal audience" can consequently be "reconstructed,"

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with the benefit that "we would learn from it what men, at different times in history, have regarded as *real, true,* and *objectively* valid" (1969, 33).The audience which accepts the text and its strategies is the rhetor's "ideal" audience, yet by constructing the text, the rhetor is also posing an invitation to the actual audience. As discussed (2.1.2), Edwin Black defines a rhetor's conception of audience as "the auditor implied by a discourse [that is] a model of what the rhetor would have his real auditor become" (166). Described above are theoretical approaches not only to evaluating discourse but also to determining how the rhetor conceives of the audience.

3.2.4 Burke's "seven interlocked moments" in the Exploration of Symbolic Action

Certain patterns in human symbolic action are evident across time and culture, and these provide insight into the function of rhetorical artefacts. Cultures share issues, such as social inequality for example, that are recurrent and pervasive ("Fact" 66). Burke suggests four "over-all terms for naming relationships and developments that…are likely to figure in all human association" (PC 274). These are "Guilt, Redemption, Hierarchy, and Victimage" (274).

The concept of hierarchy, Burke argues, is a fundamental stimulus in human symbolic action ("Definition" 505). As may be suspected at this point, Burke's contribution to rhetorical theory is so extensive, constituting a "philosophy" of human social interaction, that it is difficult to make use of one facet of it without the contribution of one or more additional elements. However, it may be said generally that cluster analysis and dramatism both fit within a broader theory regarding human motivation, what William Rueckert terms Burke's "seven 'interlocked moments'" (Rueckert, *Kenneth* 131).

The "moments" (the negative, hierarchy, guilt, mortification, victimage, catharsis, redemption) begin with humanity's quest for identification. This quest, Burke argues, rests on a pervasive appreciation for the negative. Burke points out that there is no "negative" in nature; this is a wholly human concept. As Rueckert explains, the idea of negative is only possible through language, just as "a 'No Trespassing' sign...is the infusion of a linguistic negative into nature" (Rueckert, *Kenneth* 130, 138). It is humans' sense of the negative that enables them to appreciate their place (or the place of anything perceived—one's car, one's children, one's clothing) in the respective hierarchies with which they engage—hierarchies of class, for example, or achievement—the concept of hierarchy boils down to what one is *not*. If one is lower in a hierarchy than one would prefer, one is motivated to rise (132). If one is clearly near

the top of the hierarchy, Burke argues that a sense of guilt is experienced at such good fortune in recognition of the separation from those below (131-2). Guilt may be assuaged in two ways, however. Just as a scapegoat resolves social tension and enables life to go on as usual (3.3, below), so do symbolic scapegoats cleanse guilt. "Victimage" occurs when another person fulfills the scapegoat capacity; "mortification" occurs when an aspect of one's own identity is scapegoated (146-7). Through the scapegoat, catharsis is achieved, leading to redemption: the moment of transcendence (137). But, due to humans' perception of the negative, we move toward a new sense of the negative, and the cycle continues (46).

The perception of hierarchy creates tension (or guilt), what Burke calls the "hierarchal psychosis" ("Fact" 67). Through the unfolding of "from what to what," hierarchy leads naturally to the other three terms—guilt, redemption, and victimage. Burke scholar Joseph Gusfield summarizes: "If hierarchy, then guilt. If guilt, then redemption. If redemption, then victimage" (OSS 33).

How are hierarchy and resulting guilt relevant in a pandemic? What places one in a heightened hierarchical position in such a situation is good health and the social positioning by which to maintain that health. By definition, this configuration requires someone to occupy the lower rungs of the hierarchy—and consequently, to either be more vulnerable to illness, or literally ill. Burke urges the critic to observe works for "symbolic solutions" to such hierarchical tension—"cures" or "purges"—via the terms of a work, which achieve "catharsis" or "transcendence" ("Fact" 67). He warns that such "cures," functioning as redemption, will occur in diverse guises, given the facility of humans with symbols. Burke advises that the critic be alert for works functioning as vehicles of "policy" addressing issues of hierarchical psychosis, such that the work may qualify for classification as a "strategy" ("Fact" 67).

3.3 Scapegoating Processes in the Dramatistic Resolution of Social Tension

Kenneth Burke argues that the "Sacrificial Motive" ("On Catharsis," 338) is "intrinsic to Order" (RR 173). Central to processes of redemption is the concept of the scapegoat, a basic thread in many aspects of Burkeian theory. Carter observes that Burke, with his interest in the "surrogate victim" and its function in times of high drama, focuses on "those moments when writers in the Judeo-Christian tradition give away their secrets of redemptive sacrifice" (3).

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Traditionally an element of religious sacrificial rites—"That one of two goats that was chosen by lot to be sent alive into the wilderness, the sins of the people having been symbolically laid upon it, while the other was appointed to be sacrificed" (OED online)— the word in Burke's usage retains its ritual trappings, with the notion of a symbolic vessel for sin as well as variations on the theme of excommunication from a community. Carter observes that "Burke was describing ritual sacrifice as the 'hub' of the human drama" (12).

In Burke's terms, the scapegoat functions as "the 'representative' or 'vessel' of certain unwanted evils, the sacrificial animal upon whose back the burden of these evils is ritualistically loaded" (PLF 39-40). Burke notes that in human antiquity, " the purifying function could be ritualistically delegated to an animal," but that as settlements proliferated, "social coordinates" were attributed to the "sacrificial animal" (PLF 40).

Carter observes that Burke places the scapegoat function within a hierarchically governed notion of "order" (6). As Carter summarizes:

> If order, then disorder; if moral commands, then sinners; if sinners, then guilt; if
> guilt, then the need for cleansing; if the need for cleansing, then the desire for
> redemptive sacrifice; if the desire for redemptive sacrifice, then the search for a
> scapegoat. (6)

As noted, the threat of a pandemic creates a hierarchy in which, if one is to be safe, one must be separated from those who are more likely to become ill. In the context of the analyses to follow, the scapegoat enables a contrived separation, a "purification by dissociation" (PLF 202). Such a separation is significant with respect to illness or, as Burke observes, as it enables the steps of a conflict to be waged against "an external enemy instead of battling an enemy within" (PLF 203)—that is, within one's community, country, or even species. As Carter notes, "the narratives with which we frame our lives are ethically charged" (11), and perhaps particularly so when the narrative features a threat to human life.

Describing alternative methods of scapegoating someone or something, Burke notes that where scapegoating occurs through a process that is visible to the audience, the audience is more likely to recognize the symbolic functions of the scapegoat; Burke names this the "ritualistic scapegoat" (PLF 45). By way of example we can cite the highly visible dismissals of political or corporate entities, or of "whistleblowers," the repudiation of which is meant to redeem the

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organization as a whole, but which is generally identified by public audiences as a scapegoating process.

In contrast, when there is no highly visible process, the audience is not aware of the functioning of the scapegoat, only of benefiting from the relief it provides. The audience participates in the process and is served by it. Burke calls this "pseudoscientific" or "objective" scapegoating: the scapegoat simply "is" (PLF 46). In this case, the scapegoat functions entirely enthymematically, carrying out its role nearly invisibly to the perception of the audience. For example, in Text 15 (4.3.d), the main agon portrayed by the rhetor is the "opposition" of Canadian public health officials to Mexico, which is represented in the phrases "Mexican swine flu," "swine flu from Mexico," and "Mexican migrant workers." If risk is located exclusively with Mexico as more vulnerable to the effects of the outbreak, the audience of the text is symbolically distanced from risk, both culturally and geographically. It is the form of scapegoating represented here by the association of Mexico with disease that is most significant to the present analysis.

The *Oxford English Dictionary* highlights an element of aggression in the process, directed against "weaker" persons or groups (OED online). In Burkeian terms, the target of a scapegoating process resides lower in the hierarchy or in a lesser hierarchy altogether. However, Burke, while retaining the Biblical notion of the scapegoat as "sacrificial vessel" (PLF 45), broadens the term and defines several modes of its application in addition to the previously described "mortification" and "victimization." He unpacks the process which, if it was made literal, would involve the "giving" of a "burden" to the scapegoat (PLF 25). It is implicit that the giver is active, or the "agent" in the process, while the receiver is passive. In receiving the burden, the receiver is also the "agency" through which the scapegoating process can occur. The scapegoating process is more revelatory of the giver than the receiver: one is "objectively attributing one's own vices or temptations to the delegated vessel" (PLF 45). Through such a lens, vulnerability to infection could be seen as a burden, and actual victims (as portrayed by journalist-rhetors) could function as scapegoats to the audience of the texts. Naturally, in such a context as a pandemic outbreak, journalists must describe victims, but critical interest falls in the distinction between whether victims are simply *described*, or whether they have a "functional" role in the artefact.

There is a clear division between the scapegoat and the agent performing the scapegoating process. Consequently, the presence of the scapegoating mechanism within a society faced with a new and potentially widespread illness will be suggestive of underlying motivations. The well are apt to see the ill in terms of "not me," choosing the terms of the distinction according to the variables available. Susan Sontag writes of this phenomenon, noting that once a disease reaches epidemic proportions, it is interpreted as "something incurred by vulnerable 'others'" (152). As noted, vulnerability becomes a term relevant to hierarchical positioning.

Barry Brummett traces a distinction between Othering and scapegoating, arguing that of the two, scapegoating is the most challenging for the critic to identify "because scapegoating involves the projection and transference of guilt for illogical reasons" ("Evil Albino" 78; and Burke PC 16). Othering, in contrast, consists in a "two-sided relationship between the exploiters/exploited" (79). It is closely related to scapegoating, "priming the scapegoat for the sacrifice" (78), or in other words, a "step" in the scapegoating process. A continuum is evident, from dissociation, through rejection, to the invitation to condemn.

In the terminology of cluster analysis, the scapegoating process functions as a covert effort to separate two elements that are in reality of the same "substance," such as the healthy and ill as members of the same human community. Here the importance of how the "ideal" audience is conceptualized becomes significant, if that audience is led to accept scapegoating.

3.4 The Obligations of the Critic

This analysis will be conducted as closely as possible in the spirit of the critical approach suggested by Burke. Burke provides a focus for the critic—that the criticism will identify a pattern in the work under study and link it to other relevant manifestations of the pattern within the cultural context of the text ("Fact" 70)—and a selection of perspectives for the critic to keep in mind when performing the technique. Consequently, it is hoped that the results of this case study will reveal patterns in how journalist-rhetors conceptualize not only the H1N1 outbreak and the appropriate stances for audiences to take, but pandemics in general.

Perhaps the greatest challenge to a critic attempting to perform a cluster analysis are the questions, "Where do we start? Where do we stop?" ("Fact" 56). Burke frequently advises that

the "indexing" stage of the approach remain "experimental," with some data perhaps to be jettisoned later ("Fact" 53, 70). Some terms that were initially identified may later need to be discarded as insignificant to "an over-all scheme of interpretation" ("Fact" 53). He emphasizes the "tentative and empirical" nature of the approach, within which the indexing process begins "without reference or interpretation….with a constant demand for fresh inquiry" (53).

Burke acknowledges that the critic may face "a kind of methodic demoralization—for anything might pay off" (56). Guidance may be found in his emphasis that the key challenge in the cluster analysis exercise is the critic's monitoring of directions taken in the interpretation and ensuring they remain tied to the "facts" of the text. Burke frequently reiterates that the critic must be able to validate the analysis through explicit reference to the original text; in other words, "by citation" (PLF 21).

By the phrase "objective citation" (PLF 57), Burke means that the critic must ensure that the analysis remains anchored to the artefact:

> the kind of observations you will make about structure will deal with the
> *fundamentals* of structure...*in relation to one another...*Unless this requirement is
> fulfilled…the critic has slighted his primary obligation. (PLF 74)

The critic is consequently bound to outline his or her criteria, enabling the use and expansion of the theory by the community (PLF 114). For Burke, the critic requires a level of self-awareness in performing the critical act such that incidences of "generalizing" are performed with deliberation, as, for example, when the critic derives the main agon functioning in a work— here, the oppositional tension portrayed in a journalist-rhetor's worldview. The critic must strive for a self-consciousness that enables identification of "one's shifts between 'factuality' and 'thematic' generalizing" (73). And generalizations must be performed, Burke argues, to avoid "methodological suicide" (60). Burke intends that the analysis must always be tied to the particular work being examined, to the particular ways in which terms are used by the rhetor, to the unique context of the work (PLF 89).

3.5 Assumptions

Burke requires, then, that the critic bear in mind the context of the texts under examination, and provide the criteria by which the analysis is performed, an especially relevant

obligation given the lack of consensus with respect to applications of cluster criticism. My application of the cluster analysis method as described above will be grounded in three main assumptions, described here to contextualize the analyses to follow.

3.5.1 Scholarly Applications of the Method

In his description of cluster analysis, Burke repeatedly uses terms generally accepted as signposts to key information—such as "starting point" or "overall principle" —but given the often haphazard appearance of such phrases, one eventually begins to wonder how safe it is to take Burke at his word. Indeed, an approach based solely on one's individual interpretation of Burke's writings risks a kind of Burkeian fundamentalism. For as other theorists (Warnock 74) have pointed out, Burke did not intend that his writings be taken verbatim. He admitted that his writing process involved wending his way towards an ultimate theory that only coalesced by the end of the work (ATH 294; Warnock 68).

A second caveat is that Burke did not want his theories to become the basis for "cookie-cutter criticism"—in Michael Calvin McGee's words, "criticism that follows the main points of a theory as if they were a checklist or recipe". As noted, Burke did not expect that his theories would be simply "used," but that they would be extended by a community of critics (PLF 69, 114). In his elucidation of the cluster analysis approach, then, his aim is simply to expose *his* critical methodology.

Other theorists than Burke (most notably Rueckert), propose facets of cluster analysis in addition to those explicitly described by Burke. In fact, the divergences between later interpretations of the approach and Burke's own description reinforce the idea that any interpretation of the method is a form of criticism in itself. Works of other theorists are frequently cited in explications of Burke's cluster analysis theory—Carol Berthold's seminal article expounding cluster analysis, for example, makes significant use of William Rueckert's "more usable" description of cluster analysis in *Kenneth Burke and the Drama of Human Relations* (Berthold 302). While the published interpretations of Burke's method are such that researchers in entirely different disciplines can and do apply his approach to their artefacts, Burke's material itself would seem to continue to have much to offer, and would suggest a broader application of the method than demonstrated by the two common approaches. The companion risk of an application relying upon other theorists' interpretations of Burke is that

they represent *individualized* expansions of the theory such that an overreliance on any one in particular risks an excessively reductive "purification" (e.g., Warnock 64).

The exercise of deriving the method anew provides an illuminating vantage point from which to examine published interpretations of the method (e.g., Berthold, Weaver, Rueckert), and while that exercise is beyond the scope of this work, it should be noted that my application of the method is anchored in Burke's work with the considerations noted below, and not in applications as described by other theorists.

3.5.2 "Literature" as Equipment for Living

It is worth asking, given that Burke's examples in the development of cluster analysis are literary, how well does this theory apply to non-fiction, or to genres where form is tightly controlled? Some critics collapse writer, poet and rhetor into one with respect to the applicability of Burke's theories beyond the literary milieu in which he applies them himself (e.g., Foss 64). And, Carter argues that for Burke, human social (linguistic) reality is indistinguishable from a "figurative" or "literary" essence (10). Burke himself notes, as Ann George and Jack Selzer point out, that "all action is poetic" (PC 275), and "we are all poets…Indeed, all life has been likened to the writing of a poem, though some people write their poems on paper, and others carve theirs out of jugular veins" (PC 102; George and Selzer 109-110).

Michael Overington also touches on this question in acknowledging that he is transposing Burke's critical method from the context of literature in which Burke applied it to a broader societal context (145). Overington suggests that Burke's earlier work with literature led to dramatism's coming-into-being "as a system for the analysis of action (and terms about action)" (145). Literature and the broader social world are fused:

> For Burke, any kind of literary work, any kind of symbolic action, can be analyzed as "dream," "prayer," or "chart," i.e., in terms of its subconscious elements, its communicative aspects, or its efforts to give realistic meaning to a personal or social situation. (145)

Overington does seem to restrict the analysis to artefacts that can be captured in text ("the basic tool for analysis is a selected concordance of terms, a list of words…"; 145), and certainly there have been cluster analyses performed on non-discursive works. However, Overington phrases

the task of the critic performing a cluster criticism as "[developing] an interpretation of the work's 'solution' to some problem in the life of the artist or the society in which he lives" (145).

Burke himself urges the acceptance of "every document bequeathed us by history" as representing a strategy (PLF 109), and thus portraying the motivation of a rhetor. Such "historical" documents should not be "considered in isolation," but rather should be viewed as "a *strategy for encompassing a situation*" (109), much as Lloyd Bitzer views rhetorical acts as focused *responses* to specific *exigences* (as perceived by the rhetor) posed by *situations*.

3.5.2.a Close Reading and the Criticism of "pragmatic" Artefacts

James Jasinski (2001) observes the opening up to rhetorical analysis of public forms of "discursive practice" (91) with the implementation of "close reading" as a method of analysis. Jasinski associates the movement most closely with scholars G.P. Mohrmann and Michael Leff (himself a sometime Burke critic), noting that Mohrmann accused critics of "forever circling the objects of their studies and never entering these objects" (91). Echoing Burke's sentiments, Jasinski notes that "Close readers tend to conceptualize the text as powerful and extremely complex," and presuppose the idea of texts as "repositories that contain almost endless insights into the particulars of their situations" (92).

Jasinski's description of a method to bring a text ostensibly free of "strategies and tactics" into focus evokes Burke's description of the cluster analysis approach. Notes Jasinski, "close readers have to employ some mechanism for piercing the veil that covers the text so as to see how it works" (92). A close reading approach "slows down" the critic's interaction with the text. As critics approaching a text through close reading aim to "unpack" the artefact, the approach "[lingers] over words, verbal images, elements of style, sentences, argument patterns, and larger discursive units within the text to explore their significance on multiple levels" (93). Surely an examination of style as an element of Burke's questions "what goes with what" or "what opposes what" is implicit in Burke's instruction.

This study can be positioned through Lucas' description of the close reading approach, which aims to dissect an artefact to the extent that its components can be studied both to understand the contributions of distinct components, and their functional relationships in "[shaping] the text as a strategic, artistic response to the exigences of a particular situation" (253; Jasinski 93). Jasinski elaborates that a guiding focus is

authorial intention and immediate rhetorical situation. The close reader seeks to describe in detail how purpose is realized (at times subconsciously) in particular textual forms and strategies and how these forms and strategies negotiate the various elements in the rhetorical situation (especially exigences and constraints). Close readings of this sort reveal how art (e.g., grammar, style, structure) and strategy (e.g., purpose, explicit argument) interact in the realization of an instrumental effect. (93)

By now the degree to which Burke's description of "cluster criticism" shares characteristics with the close reading approach will be apparent. Lloyd Bitzer's theory of the rhetorical situation can also be seen to be an implicit component of the method.

Michael Leff and Andrew Sachs, in describing a close reading approach, also make the argument for the inclusion of audience impacts in the critic's method. In their view, a rhetorical artefact "assigns meaning to a region of shared public experience and solicits an audience to embrace the meaning it constructs" (255). As noted earlier, journalists in effect decide what constitutes truth for a listener (echoing Richard Whately's description of the function of rhetoric itself; Whately 5). From a standpoint grounded in a Bitzerian context, the critic can argue that journalists also interpret the exigence posed by a particular story topic, viewed as a rhetorical situation. Leff's and Sach's observation that such meaning constructs a worldview and functions to "guide the audience's understanding of and behaviour within that world" (256) echoes Burke's commitment to a notion of rhetoric that "invites an audience to (1) re-examine and (2) activate its identity" (Hart and Payne 361). Behaviour becomes a significant element in the protection of health during a disease outbreak, and consequently the "worldviews" advanced by journalists reporting on such an outbreak take on concrete significance.

Burke placed drama at the heart of human social interaction, but felt that it operated implicitly until "exploited" by rhetoric (Hart and Payne 347). Symbolic drama permeated social exchange, "even…in the wording of political constitutions, bureaucratic injunctions, academic treatises, and scientific discourse" (346). Hart and Payne note that Burke urged the rhetorical study of "formal discourse," especially because "it often escapes public scrutiny" (346). Leff too opens the door to "critical interpretation [that] reveals subtly embedded ideological structures in such ordinary texts as newspaper articles and bureaucratic memoranda" (269).

In this light, we can extend Burke's description of "literature" as equipment for living to include "pragmatic" discourse, and view it for its

> strategies for selecting enemies and allies, for socializing losses, for warding off evil eye [*sic*], for purification, propitiation, and desanctification, consolation and vengeance, admonition and exhortation, implicit commands or instructions of one sort or another. (PLF 304)

3.5.3 Description of Results

A major challenge with cluster analysis as it has been characterized in the past lies with how the findings are described. It is possible to generate numerous observations, but a clear way of organizing and interpreting them has been left implicit. I believe a framework for this last step of the analysis lies in Burke's discussion of summative categories, or "chapter titles." Recalling that the overall trend in the critic's application of the cluster analysis technique is a process of induction, Burke suggests that in the movement from a cluster of discrete key terms to an interpretation of the synecdochic relationships among them—to a consideration of the "'symbolic' attribute" of a communicative act or its "general" significance (PLF 35)—one moves from the "particulars" of an act to the "chapter title." This concept enables a generalization to be performed which pinpoints *key* motivational elements in a rhetor's worldview, distinguishing them from more peripheral elements. The process of generalization, as Burke frequently reminds his reader, must be clearly anchored in the actual text. Thus, in a cluster of terms such as:

"antiviral drugs"

"Tamiflu"

"stood ready with antiviral drugs"

"sizable supply of Tamiflu"

"proved effective"

WHO

—one could arrive at a "title" for this cluster such as "WHO's Tamiflu vs. pandemic," a description that in this case also identifies an agon implicit in the structure of the cluster, though not necessarily the main agon structuring the text as a whole.

A method of recording the initial collection of terms and identification of clusters for a cluster criticism approach has not yet been provided in the literature, nor did Kenneth Burke suggest how the initial data should be recorded, though he noted the process's similarity to compiling a concordance ("Fact" 53). Carol Berthold refers to the listing of "hundreds of contexts" for key terms (303); the practical rendering of such lists is difficult to imagine. A possible depiction of an indexing and charting process is provided in Appendix 3 for each artifact analyzed. These depictions also attempt to portray in tabular format selected relationships among clusters.

Additional criticisms of applications of Burke's method include the charge that "Too often, critics use Burke's ideas merely to label textual elements rather than explain their symbolic power" (Hart and Payne 343). Given the clear overlap between Burke's descriptions of cluster analysis and dramatism, I believe that in a comprehensive cluster analysis, a dramatistic lens provides a means by which to interpret the results. In chapter 5, I illustrate how the resulting worldview of a rhetor can be portrayed in dramatistic terms.

3.6 Conclusion

In summary, the cluster analysis technique requires both the fundamental focus of a carpenter and the broad view and vision of an architect. What Burke calls charting or indexing a work represents assembling the bare bones upon which the superstructure of the analysis will be assembled. This approach requires the critic to identify the "key terms" of an artefact and the interrelations among them (the "equations" that unite them in a "cluster"; PLF 20). The critic must determine the dramatic alignment of the text, the dialectic relationship supporting the structure as a whole. In addition, the critic should be aware of the "qualitative" elements of the artefact, such as the nature of its beginning and ending, and of the quality of its diction. Following these steps, the critic moves toward a "global" perspective of the work—the ways in which its effects are public (PC 35).

Burke's advice to the critic to note the presence of tension in a work and the manner of its resolution is predicated on his theory of hierarchical motivation, whereby humans strive to rise in their individual hierarchies in order to resolve tension originating in a perceived division. Within the context of the work's function as a "strategy," the critic must seek elements of hierarchy,

guilt, redemption and victimage of the scapegoat variety. In the analyses conducted in the following chapter, I will describe the worldviews of journalist-rhetors reporting on the H1N1 outbreak as derived through the method of cluster analysis. I will illustrate how key terms and clusters of terms function to portray a particular worldview. I will describe symbolic processes functioning to moderate or increase anxiety, identify the primary oppositional tension portrayed in the text, and isolate the main aspect of the text with which audiences are invited to identify, as a means of resolving the tension introduced.

CHAPTER 4

THE WORLDVIEWS CHARACTERIZING MEDIA COVERAGE OF HIGH-RISK THREATS

TO PUBLIC HEALTH

4.1 Introduction

Kenneth Burke argued that a rhetor's motivated choices of terminology functioned to structure the rhetorical artefact (3.2). Consequently the critic, through close analysis of the structure of the artefact, could access the evaluations implicit in the artefact and arrive at a description of the rhetor's motivation.

The idea of rhetorical artefacts as being motivated presages the concept of rhetorical artefacts as forms of action—action that is performed through symbolic means. And, as social action cannot occur in a vacuum, its effects are realized in an audience. Burke argues that through a work's reception by its audience, the work, or more specifically, its clusters of terms, exercises "'public' effects," in that members of the audience of the work experience comparable responses to it. This is, in essence, how a work, or symbolic act, "communicates" (PLF 22-23). In other words, Burke was interested in "the power of language to generate reality and thought" (Brummett, *Reading* 741). For Burke, then, communication is symbolic. Communication is situated. Communication is motivated, and is structured by motivation.

If the motives of the rhetor contribute the "structure" of the text, determining which "acts" are portrayed as good, bad, right, or wrong—all emphases reflecting evaluations made by the rhetor—then a media text becomes a "practical act." In other words, as discussed in Chapter 3, what is said by the structure as a whole reflects the rhetor's motivation.

Burke believed that "A given terminology contains various *implications*, and there is a corresponding 'perfectionist' tendency for men to attempt carrying out those implications" (73)—to act in response to the discourse. The critic thus has much invested when rhetoric is viewed as symbolic acts preparatory to "actual" acts: The World Health Organization has said that in infectious disease outbreaks where there is no vaccine or cure, sometimes the only protection available is behaviour change (24). However, messages regarding behavioural change may not be viewed by rhetors tasked with "translating" the logistics of the outbreak for lay audiences as the most urgent message.

The rhetorical audience, following Lloyd Bitzer, is composed of those who will be, or can be, affected by the communication (5). In order to assess the impacts of differing journalistic strategies in H1N1 reportage, my application of cluster analysis incorporates Edwin Black's notion of the "ideal audience": the audience that believes, and accepts the implications of, the worldviews portrayed by media rhetors.

In "The Second Persona," Black explains that the reader

> is confronted with a plexus of attitudes that may not at all be discussed in the discourse or even implied in any way other than the use of the single term. The discourse will exert on him the pull of an ideology. (165)

Black argues that this "plexus of attitudes," when viewed as a whole, reflects the rhetor's construction of an "ideal" audience member—the reader who will believe the rhetor's argument. This reader is also the one who participates in the enthymemes constructed by the rhetor, as "it is only through what the audience contributes [or, what the rhetor assumes the *ideal* audience contributes] that the enthymeme exists as such" (Gage 157). Thus, the evaluative steps performed by a rhetor that can be accessed through the cluster analysis approach include the rhetor's evaluation of audience, providing the critic an additional perspective from which to assess the pragmatic effects of rhetorical artefacts.

4.1.1 The Pandemic—or "plague"—Scene

The scene in which these articles fall is the first week of the H1N1 outbreak, before the nature and extent of the threat were evident (see timeline, Appendix 2). At this early stage of the outbreak, the "scene" in which these journalist-rhetors produced these articles contained a novel infectious disease threat against which a vaccine did not yet exist. The origin of the virus was unknown, and its inconsistent behaviour in terms of mortalities in Mexico, versus Canada and the U.S., was unusual for an influenza virus.

It is also notable that experts had been warning for years of an impending avian influenza outbreak. Corporations developed pandemic preparedness plans, governments stockpiled antiviral drugs, yet the pandemic did not materialize. The world had also experienced, as recently as 2003, another epidemic caused by a novel disease—the severe acute respiratory syndrome (SARS). Thus, when swine influenza A H1N1 appeared, earlier epidemic preparation and experience became highly relevant. The concept of a pandemic was not one that had to be

constructed: it had been omnipresent, lurking, for years. As I will show, the possibility that "this could be *it*" was for some eminently more engaging than the likelihood that the outbreak could taper off with minimal impact.

The artefacts chosen here represent a social response to a phenomenon that has reappeared throughout history, with often disastrous effects—social and biological—on human populations. This is the phenomenon of "plague." Plague is such a powerful concept, in the sense of the devastation wreaked in the physiological sense, that it is not surprising that the word and idea have been appropriated for metaphorical application. In ancient usage, the very term "plague" originated in ideas about divine punishment, and this signification —growing to include "divine anger or justice"—was extended through centuries to other happenings that caused a level of dread or devastation similar to plague (OED online). To cast the word in Burke's terms, plague came to be a key term in discourses involving "outbreaks" of a non-contagious, and sometimes non-biological, nature, bringing the implicit meanings of plague to bear on topics far removed from the original entity.

The H1N1 outbreak as we know it now hardly seems to belong in a cluster of terms headed by the key term *plague*. However, plague was conjured in the earliest print coverage of the outbreak in Mexico, and as noted, the "scene" had been prepared for many years for a deadly, worldwide pandemic: the anticipated avian influenza H5N1 outbreak.

Such a scene confronting a journalist poses a number of opportunities and constraints. Constraints, as touched on earlier (2.2.2), include time, lack of knowledge or experience in biology and virology, vaccinology, epidemiology, etc., as well as style constraints or access to expert sources, to name a few. Additional constraints would include the concerns of audiences for media coverage of a high-threat disease outbreak; audiences could reasonably be expected to be apprehensive regarding the origin of the virus and its degree of pathogenicity, and about sources of protection on individual, community and national levels.

Such a scene also presents opportunities to members of the media. For journalists are in a position not only to interpret the situation for a lay audience, but also to perform other kinds of actions or assume other kinds of roles. Describing the responses of reporters to a high-risk health threat, a journalist who covered the SARS epidemic in Asia noted that:

> Reporters, too, can become emotionally engaged during an outbreak and are often conscious of their role as participants in a human crisis. They can be motivated by

a sense of duty – a desire to improve society and serve the public good. In a time

of crisis, information may be the only thing that helps protect the public from

harm. For all these reasons, reporters seek to uncover the truth and will not

tolerate being misled or lied to by officials. (WHO 43-44)

Consequently, the following works represent individual rhetors' "answers to questions posed by situations" (PLF 1), making the notion of rhetorical exigence implicit in Burke.

4.1.2 Re-framing Journalistic "Role" in the Context of Pandemic Reportage

A high-risk health threat situation by nature prefigures a unique range of roles. For example, one of the archetypal functions of the media has been that of the "watchdog" (e.g., Bennett and Serrin, 169). The "watchdog" media conduct "independent scrutiny"; document, question and investigate; and inform public audiences on relevant subjects (169). As I will discuss below, there are both overt and implicit illustrations of journalists' investment in this role as a meaningful one in the context of a real or metaphorical plague. While the current status of such a role may not be today what it once was, it remains a possible choice in a journalist's persona (in the sense of the voice in which a journalistic text speaks).

The importance of role as apparent in the texts below can be seen in "public effects" exerted by individual texts. Burke in *Permanence and Change* asserts that "different frameworks of interpretation will lead to different conclusions as to what reality is" (35). Rhetors profiled here are strategically mediating the information provided by authorities, and, as argued, due to the novel and inherently dramatic nature of the topic, are likely to have a defined sense of "role" in conveying this information to the lay public. One key constraint of the journalistic genre is that the voice of the author is necessarily muted. However, different terministic implications are evident in the discourse of individual rhetors, implications which may or may not lead to protective behavioural changes. Ultimately, these discourses offer terminologically distinct representations of rhetorical role.

4.1.3 The Study of H1N1 Reportage at the Level of Individual Journalist-rhetors

This study aims to identify what terministic screens, to use Kenneth Burke's terminology, and ultimately what worldviews, characterize media coverage of high-risk threats to public health (3.2). My analyses indicate that the worldview of each journalist-rhetor contains

an implicit invitation to see the H1N1 outbreak in a particular fashion (as a serious threat, or not) and suggests a judgment or interpretation of that stance (e.g., a pandemic is inevitable; or, the situation is manageable). Within the early stages of the outbreak represented here, individual rhetors perceive unique exigences leading to unique implications for audiences, particularly for the audience most likely to accept the associations and dissociations invited by the text. These implications may be accessed by the critic via the key terms wielded by the rhetor in describing the situation, terms that reflect the parameters of the rhetor's worldview.

In the results of cluster analyses of media articles published in the period April 24-April 29, 2009 discussed below, I have identified three rhetorical stances:

Table 4.1: Rhetorical stances identified via cluster analyses of media articles on H1N1, published between April 24-April 29, 2009

Chapter section	Scene descriptor: Likely severity of influenza A H1N1	Suggested/invited interpretation of consequence
4.2, Group I	Low	Manageable
4.3, Group II	High	Manageable
4.4, Group III	High	Impossible to manage: catastrophic

These stances did not emerge in correspondence to the chronological development of the outbreak. As shown in Table 2 below, texts allocated to Group I were published April 26 (1), April 27 (3), and April 29 (2). Texts allocated to Group II were published (one per day) April 24, 25, 26 and 28. Text allocated to Group III were published April 24 (1), April 25 (2), April 26 (1), and April 27(1).

Table 4.2: Distribution of H1N1 media texts analyzed, according to date and classification

Publication Date	Group
24-Apr	II
24-Apr	III
25-Apr	II
25-Apr	III
25-Apr	III
26-Apr	I
26-Apr	II
26-Apr	III
27-Apr	I
27-Apr	I
27-Apr	I
27-Apr	III
28-Apr	II
29-Apr	I
29-Apr	I

In the analyses to follow, each worldview contains an implicit invitation to see the H1N1 outbreak in a particular fashion (as a serious threat, or not) and invites an ideal audience to identify with an interpretation of that stance (e.g., a pandemic is inevitable; or, the situation is manageable). In other words, each worldview portrays a stance with respect to the "scene" of the H1N1 outbreak in terms of its severity and impacts.

In addition to worldviews, I describe the primary agon contained in the text. The agon is instructive in terms of what the rhetor sees as the "ultimate" term (RM 190) in the scene described, to be either accepted or feared by the audience. While such oppositions occur at subtle levels in all communication, a primary agon will generally materialize, with each "pole" of the agon supported by accompanying terminologies. In my identification of agons, I incorporate Burke's notion of varying brands of "opposition"—that difference in kind can constitute opposition as well as overt agonistic tension (3.2.2c). Agons also consist in obstructions to normal human behaviour and threats to basic human needs (health, community, etc.; 3.2.2c). The

causative agent of the outbreak, then, can form a pole within an agon structure. It is instructive to observe how that agon is balanced or resolved, and what is placed by the rhetor in the "opposing corner."

From Burke's dramatistic perspective, there is a scene (where, when), and actors (who), who perform acts (what) through certain agencies (how). The view of journalism as objective would stop here, but as argued, on close reading it is possible to find an embedded judgment, overt or implied. This judgment structures the "reality" of those audience members who accept it: Burke in *Permanence and Change* argues that "different frameworks of interpretation will lead to different conclusions as to what reality is" (35). Consequently, the view of rhetoric as a symbolic act either replacing or prefiguring a pragmatic act is of great significance to both critics and audiences of high-risk health threat reportage.

4.2 Group I: Protocol and Public Health Ethos Counter Panic

The feature uniting texts in this section is the portrayal of the H1N1 outbreak as manageable. An additional characteristic in common is what the threat is identified *as*. Predominantly, the threat as portrayed through these texts is not the outbreak or the virus, but public fear, against which elements in the texts align.

While portraying the outbreak as manageable, texts discussed below vary in their descriptions of how the outbreak will be managed. Means of control feature the media's role in ensuring the transparency of health officials, or emphasis of the non-threatening nature of the virus as a close relative of "common flu," or the multiple "layers" of protection provided by health system infrastructure. What all texts in this section share, however, is reference to a key public health figure who personifies protection.

Articles falling within this category portrayed a stance that the threat posed by H1N1 to the audience of the articles was low, and that the likelihood of effective management of the threat to minimize its impact was high. In other words, in these texts, H1N1 is portrayed as a minor threat and thus one that can be dealt with on behalf of the public in a straightforward manner.

As described below, the portrayal of H1N1 as a mild threat is accomplished through a number of stylistic choices. Choices of diction involve the emphasis of the key term "mild" and

the deflection of the term "pandemic." H1N1 is placed within a cluster including common flu and is dissociated from SARS. Reassurance is provided through the portrayal of respective key public health figures, and identification is invited with "proper protocol" and what could be termed good "infection etiquette." An additional source of reassurance is presented through the emphasis of a "media watchdog" role that will ensure the transparency of public health officials.

Three texts included here, although published in different newspapers and provinces, reference the same news conference featuring recurrent characters throughout these analyses: Health Minister Leona Aglukkaq and Chief Public Health Officer Dr. David Butler-Jones. (Due to the interpretive processes at work at the level of individual reporters, an additional text referencing this news conference (4.4.e, Text 13) highlighted its more serious messages and fell into the third grouping of texts, discussed in 4.4 Group III). A third recurrent character, Dr. Danuta Skowronski of the British Columbia Centre for Disease Control, is also introduced below.

Below, texts are briefly contextualized via a short descriptive title and summary noting context and significant rhetorical characteristics. Analyses will be described through: 1) a survey of the clusters of terms that emerge in each text and a description of the rhetor's worldview as reflected in clusters of terms; 2) the identification of the main agon structuring the text; 3) the particular brand of identification asked of the ideal audience (3.2.3), and 4) an interpretation of the impacts of the text on the public in terms of individual or societal responses to the outbreak.

4.2.a Text 8 (April 26, 2009): The Guardians

This *Winnipeg Free Press* article describes a false alarm in Winnipeg regarding a possible swine flu case, and contrasts the reaction of Winnipeg and Manitoba health authorities to that of Quebec authorities in response to media reports of a woman quarantined there. In this text, the transparency of health officials in response to media requests emerges as a fundamental component of outbreak management. The media are portrayed as dramatistic agents: as taking an active role in, and as being an essential part of managing the outbreak, at the expense of individual behavioural measures.

4.2.a.i *Worldview: Proper Protocol for Protection*

What is featured by this rhetor as the mainstay of Manitobans' (the audience of this article) protection from swine flu is the competent response of the Manitoba health system, grounded in "proper protocol." Through a process of transference, transparency with respect to the media becomes an element of proper protocol.

The threat posed by the disease is embodied in this text through tension regarding where the first "confirmed" case of swine flu will be—here, the tension lies between clusters of terms centered on Manitoba and Quebec. This tension is moderated for the Manitoba audience, however, by the strategic use of more innocuous terms for the disease in the context of Manitoba (an associative/dissociative process); through the portrayal of another province as being at greater risk; and, as noted, through the appropriate (as designated by the rhetor) behaviour of Manitoban health officials.

Reassurance is provided to Manitobans through two clusters of terms. The first contains terms detailing public health responses to a possible first case, by first responders through to the province's medical officer of health. Working in concert, they are portrayed isolating suspected patients and modeling transparency with the media.

The second cluster designates "proper protocol" as an element of reassurance. An unnamed official states: "The proper protocol was followed, which meant the patient is put in a single room and anyone who goes in…is gowned and masked…She was put into isolation" (Winnipeg Regional Health Authority spokeswoman). Protocol extends to visitors, who are gowned and masked. The rhetor illustrates via these observations of protocol that Manitoba residents need not be concerned about the disease: the possible case was quarantined, and the system is functioning as it should.

The rhetor shifts the threat to Quebec through associating milder terms for the disease with Manitoba. In the context of Manitoba, the cluster of terms describing the disease emphasizes that it is simply an "illness," dissociating the threat from the implicit threat of a pandemic and associating it with more familiar disease experiences. After the first paragraph, for example, the term "swine flu" disappears and the disease becomes "a severe respiratory" illness or infection: The patient was "put into isolation until health officials determined she did not have a severe respiratory illness." However, when Burke's question "from what to what" (PLF 38, 82; ATH 194) is asked, it is seen that when the focus shifts to Quebec, the term "swine flu"

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reappears: "Quebec's…officials confirmed Saturday that the province has no confirmed cases of the swine flu that has gripped Mexico." The potential risk is relocated to Quebec where the rhetor refers to "the flu virus."

Media transparency emerges as a significant element of appropriate management of the threat. While Manitoba officials are portrayed responding to the reporter's queries about the case, it is suggested that Quebec officials are being less transparent regarding a possible case there. In a cluster of terms describing Quebec's response, officials "refused to comment on media reports" about "a woman placed in quarantine." While the officials do provide some detail, including that "two patients were in isolation…as a precaution after returning from Mexico," the rhetor's emphasis falls on the lack of full transparency: "[Louis-Pascal] Cyr wouldn't comment on any specific case seen at the hospital." Other media outlets appear in the story as Cyr and another official, Karine White, are quoted denying the presence of confirmed cases (as in, "'We don't have any confirmed cases, that's what's important,' Karine White, spokeswoman for Quebec's ministry of health, told The Canadian Press.")

On the whole, reassurance to Manitobans in the face of the swine flu threat is implicit in the rhetor's avoidance of the term "swine flu"; the portrayal of the effective and multi-level response of Manitoba health authorities, grounded in "proper protocol"; and in the complete transparency of Manitoba officials with respect to the media. Manitoba emerges symbolically healthy: "The [potential swine flu victim] was treated and released from hospital," and in addition, the threat is relocated to a different province.

4.2.a.ii *Agon: Media as Dramatistic Agents versus Flu*

This rhetor designates the transparency of health officials as a key protective factor against the outbreak, and features media as active guardians of the public via ensuring information is not hidden by officials. Oppositional tension lies between the media on one hand, and the transparency of provincial health officials on the other. This tension is developed through the rhetor's construction of an explicit contrast between the responses of the two provinces to the first potential Canadian swine flu case. In one case, Manitoba health officials are portrayed commenting on the case, and in the other, Quebec officials are shown refusing to comment: "Quebec's health ministry and hospital officials...refused to comment on media reports that a woman placed in quarantine subsequently tested negative for the flu virus." However, the

content provided by Quebec officials is actually quite descriptive of the responses taken, revealing the rhetor's choice in terms of dissociating Quebec officials from an "appropriate" response to the media.

The cluster of terms having greatest potency in this scene centres upon the media. In addition to the rhetor's representation of the role of media in the swine flu "scene," the Canadian Press and CTV appear as "characters" in the story. A Quebec official states, addressing the Canadian Press, that "If there is a confirmed case, you'll be informed." The lack of full transparency is portrayed as problematic—media also desire knowledge of unconfirmed cases.

4.2.a.iii *Identification and Impacts*: *The Empowered Media; A Disempowered Public*

The public is a bystander in this worldview. For the audience of this article, the identification invited lies with the media's ability to encourage "appropriate" responses of health officials to the media. Despite its emphasis on potential infections, this text neither describes symptoms of infection nor does it recommend behavioural steps for protection (in fact, in terms of both the worldview and agon described, the public is portrayed as passive, as *being* protected as opposed to as being able to engage in protective actions). Rather, as noted, protection lies in the media's ability to hold health officials accountable. In this worldview, the refusal of officials to "confirm" any aspect of the situation constitutes poor ethos from the media's perspective: the lack of complete transparency equates with having something to hide. If, as Burke suggests, "the plot follows the arrows" (CS 124), the arrows point to Quebec for the first actual case, not Manitoba. This text portrays transparency as vital to public safety, with corresponding slippage regarding vulnerability, and consequently the media play a fundamental role in managing the outbreak.

If the primary tension in the article is generated by a lack of official transparency, then "the structure of the unburdening" (PLF 92) lies in the audience's placement of faith in the media to ensure information is not concealed. The rhetor's purpose, that is, the desired effect of the text, or the meaning structuring the rhetorical act, lies in a worldview in which the media is empowered and health officials are disempowered in terms of how they manage information. The audience's protection lies in the media being informed.

Here, the nature of the threat described in the context of the Manitoba audience for the piece is neutral and easily contained, and local officials are portrayed as responding effectively.

Further, reporters emerge as watchdogs regarding the disease's spread; media will protect the public via keeping that public "informed." With respect to authorities, if they are not open with the media they are failing the public. To believe this is to align with the "ideal" audience's experience of the text, the "second persona" as conceived by the rhetor.

In terms of genuine impacts in the broader scene of the outbreak, audiences are invited to believe that risk is confined to victims described in the article; as long as "proper protocol" is followed, the public is not at risk, thus removing responsibility for protection from individuals and enabling the public to rely on "proper protocol." There are no symptoms described for audiences to watch for, no protections described to be implemented at the level of individuals, no context provided regarding the outbreak. The only element of protection offered is "[the media] will be informed." Through shifting audience focus to Quebec, this worldview also locates risk unrealistically and confuses (or undermines) sources of valid health information.

4.2.b Text 10 (April 27, 2009): No Reason to Panic

This *Edmonton Journal* text focuses upon Canada's first cases of swine flu and the stance of Edmonton's medical officer of health, Dr. Gerry Predy, with respect to the situation. Events in Mexico are described with perspective provided from Health Minister Aglukkaq and Canada's chief public health officer Dr. Butler-Jones. The rhetor's emphasis in this text falls on the mitigation of public concern about the outbreak, through terminological choices and dissociations, transformations in meaning (e.g., "emergency" becomes part of a "normal" response), and the illustration of successive layers of protection in place, both symbolic and actual. Risk is limited to those who satisfy the criteria for infection.

4.2.b.i *Worldview*: *Just "regular" Flu*

This rhetor is actively engaged in contextualizing, and so attenuating, potential threat sources, while also portraying protections present at multiple levels. The stance conveyed by the text as a whole, that the threat posed by the outbreak is low, is reflected in the near-absence of the term "pandemic" from the piece, and in the absence of foreshadowing. On the question of whether a pandemic will develop, instead of describing only the most anxiety-inducing possibility, the rhetor presents both possible scenarios: "On whether this latest influenza will spread further and become a worldwide pandemic *or if it is going to be quickly contained*, Predy

said it is too early to say" (emphasis mine). The stance that the outbreak poses low risk is also reflected in nearly every cluster of terms. Clusters moderating the potential threat stress the "mildness" of the Canadian version of the disease, the fact that the virus may not be a "new" virus, the distinction between this virus and SARS, and the protections in place.

The "mildness" of the Canadian cases is emphasized by the phrases "mild cases" and "mild symptoms," and even in Mexico where the only deaths from the outbreak have occurred, it is noted that of those infected, two-thirds were "given a clean bill of health and sent home." Even in Mexico, then, the situation is not dire.

While it is noted that a new influenza strain is causing the outbreak, it is observed that influenza is a disease about which a great deal is known. The new virus is placed in the same cluster as "regular" flu in the phrase "this particular strain of the common H1N1 seasonal flu virus." The possibility that the strain may not be entirely "new" is comforting; the virus may be simply one in a series:

> At this time of year we have a lot of different respiratory infections circulating, and the symptoms are similar, so the fact that it might have been circulating for some time without being picked up (as a new strain) is not that unusual. (Predy)

Authorities also point out, speaking in terms of dissociation, what the virus is *not*. The cause of the current outbreak shares no commonality with the severe acute respiratory syndrome (SARS) virus, about which very little was known.

In addition to an explicit admonition against panic, the multiple protections in place are described. First, the audience is informed early in the text by a provincial authority that there are no cases in Edmonton, and there is "no reason for the public to be panicked" (Predy). Several protective public health features are described, ranging from Alberta officials "following up with people who travelled to Mexico and areas of the U.S." (Predy); readiness at the level of "family doctors and emergency rooms" and provincial labs; and the illustration that, where cases in Canada exist, the risk has been contained. On the national level, it is noted that officials were "following plans and protocols prepared in advance for events like this" and that surveillance was being "ramped up" (Aglukkaq). Even the declaration of a "public health emergency" in the U.S. is interpreted and moderated for the audience by "Canadian officials": it "did not suggest people were in greater danger, but…was part of a normal course of action to facilitate state and federal response."

Officials' responses to the scene, as described and endorsed by the rhetor, illustrate the municipal, provincial and national ability to manage it, but protective measures are also literally prescribed for individuals: "Canadians [have] to practise good basic flu-prevention techniques to lower risks of infection" (Butler-Jones). As well, the public is "advised…to take simple precautions to stop the spread of influenza" (chief medical officer of health Dr. Corriveau). Within these prescriptions, different audiences with different needs are distinguished. Those who have recently travelled to Mexico or the U.S. and have flu symptoms (identified as "fever or cough"), are asked to telephone a number provided in the article. Meanwhile, on a personal level, "all Albertans should remember to wash hands frequently" and keep from spreading viruses from surfaces to the facial area.

In every respect, the rhetor's emphasis falls on the moderation of the threat. "Emergency" becomes part of "normal" procedures. "Mild" disease becomes cases "recovering." Of hundreds of infections in Mexico, "two-thirds" become healthy: people fall ill, but most recover. The new disease becomes a relative of the "common" flu virus, as opposed to something like SARS. The risk is contained with people who have had contact with Mexico. Further, via the rhetor's support of the sources used in the text, multiple levels of public health authority will capably respond to the disease as they do with common flu, and individuals can contribute to managing risk as well.

4.2.b.ii *Agon*: *Dr. Predy vs. Public Panic*

The oppositional tension in this text lies between the figure of Dr. Predy and "public panic." This equation is both explicit (while provinces are "enhancing their disease surveillance systems," Predy counters, "there is no reason for the public to be panicked"), and is developed through the patterns of transformation described above. Predy is the source of many of the clusters of terms moderating the disease threat (e.g., illustrating that the virus may not be new, that it is not SARS, and that official measures are being taken).

4.2.b.iii *Identification and Impacts*: *An Attitude of Calm*

The clusters in this text all function to moderate the threat, asserting that a pandemic is unlikely; pointing out that the disease is not SARS (and is therefore less threatening); and arguing that the disease can be managed via "infection etiquette" and distancing from victims.

Overall, the identification invited is with an attitude. The rhetor identifies with Predy as the source of the reassuring information conveyed by the text and invites identification with an attitude of calm, or at least, an absence of panic. Audiences are invited to accept that the virus is does not pose risk. The threat is transformed to something manageable.

To accept the worldview of the rhetor, audiences would need to accept these assertions—that, while it is too early to predict the outcome, given the current information there is likelihood of a positive outcome—in other words, a pandemic is unlikely. Audiences would need to accept that something that is not truly "new," something that is familiar, is less dangerous than something that is new, such as SARS. Something that is not SARS cannot be as dangerous as SARS. Further, the fact that the disease is caused by an influenza virus is actually a good thing.

Audiences must also accept that proper "infection etiquette" will be protective: individuals can protect themselves at the level of behaviour. In the notion of etiquette lies the assumption that each person has a responsibility in helping to prevent and contain the disease. Responsible behaviour is showcased to encourage identification. Individuals are also protected at a broader level via the actions of authorities (such as plans and protocols, surveillance and sampling).

Risk is contained with those who satisfy the criteria for infection (i.e., a link to Mexico). Audiences are able to distance themselves from Canadian victims via the provision of their locations (B.C. and Nova Scotia), providing symbolic protection from infection.

The disease is an event happening not just in, but *to* Mexico (e.g., "About two-thirds of the 1,300 people in Mexico who were suspected of having swine flu were given a clean bill of health and sent home from hospital, according to Mexican President Felipe Calderon"). Mexico is not synecdochic with the disease; "Othering" is not occurring here.

While this text may lead the audience to undervalue the risks of "common" influenza and may heighten expectations that the current outbreak will abate, it contextualizes the threat and provides steps individuals can take to protect themselves while illustrating official responses to contain the outbreak, suggesting alignment of the rhetor with a public health, rather than a journalistic function. However, with the illustration of multiple tiers of protection in place, from the individual to the level of the nation, the text does invite the question of why so much protection is necessary, if the threat is minimal.

4.2.c Text 11 (April 27, 2009): "This is not scary monsters"

This *Regina LeaderPost* text conveys the comments of Health Minister Aglukkaq and Dr. Butler-Jones from the press conference held April 27 about the nature of the outbreak in Canada, and incorporates experts from the provinces in which there are cases of the disease—Nova Scotia and British Columbia. This text portrays, through both a deflection of anxiety-inducing terms and through an invited identification with the protective potency of the public health system, a situation in which effective protections are in place even though the threat is mild. As above, the identification of the number and locations of victims contains the threat to those victims.

4.2.c.i *Worldview*: *Health Authorities Say "mild"*

In this text, discursive choices, both of the rhetor and the officials cited, reflect dissociation from potentially alarmist terminologies. Protection is also implicit in the portrayal of an effectively functioning public health hierarchy.

While the threat posed by the outbreak appears slightly more significant than in Text 10 above, the disease here is also repeatedly referred to as "mild." The disease is not anthropomorphized; it does not have symbolic potency. Rather, in the rhetor's colloquial terms, "possible infections popped up." Protection comes through "basic flu prevention techniques" and a government prepared in advance. This text also gives the impression of the existence of "failsafes": multiple levels of containment composed of health officials led by Minister Aglukkaq.

The assertion that the disease is "mild" in Canada is made at several levels. It is stated by the rhetor ("Canadian health officials reported six 'mild' cases of swine flu on Sunday"), by Aglukkaq, and later by Dr. Butler-Jones and Nova Scotia officials. In addition, it is noted that the disease was so mild "that many of the [patients] can't really tell how sick they are" (Dr. Gaynor Watson-Creed). Furthering the "mild" theme and lending it the credibility of authority is the statement that while "some people at the school were wearing face masks…wearing protective covering had not been recommended by health authorities" (rhetor's paraphrase, Dr. Robert Strang). This statement also functions to distance authorities from lay individuals' interpretations of the threat and by extension, lay individuals' ability to mediate the threat on their own behalf.

The virus' potency is further curtailed in B.C., where Dr. Danuta Skowronski states, "This is not scary monsters." This assertion is interesting in terms of its tone: it is evocative of

something a mother would say to a child. Skowronski is constructing a particular class of hierarchy between herself and her audience, positioning the authorities as "parent." While the severity of the cases in Mexico is discussed, Skowronski states that "The six confirmed cases in Canada are different from what we are seeing in Mexico."

The rhetor places emphasis on Health Minister Aglukkaq, portrayed in a cluster of "active" terms as *warning*, *consulting*, *briefing*, *being in contact with*, and *ramping up* (surveillance efforts). Aglukkaq provides reassurance on the topic of the "Canadian cases," which "have thankfully been relatively mild and the patients are recovering." She points out that the system is working as it should: officials are "following plans and protocols prepared in advance for events like this." The protective value of advance preparation is echoed by B.C.'s Dr. Skowronski: "We had a surveillance system on high alert to be able to detect these cases and we have." The assertion that "we saw it coming" conveys ethos. Evidence of advance preparation conveys greater credibility than a reactive stance.

An additional facet of reassurance through Aglukkaq is her portrayed consubstantiality with "officials in the U.S. and at the World Health Organization," as well as the prime minister. The prime minister appears hierarchically inferior to Aglukkaq in that he is not active but is "being regularly briefed on the situation." Aglukkaq meanwhile represents the government that is "co-ordinating its response in key departments," a bureaucratic "weasel" (Lutz 117) phrase that seems to be functioning enthymematically—that is, inviting the audience to identify with bureaucratic mystery and giving the impression of conveying reassuring information while directing attention away from the actual steps being taken (or not).

Beyond the actions being taken by health authorities, there is, as in the previous texts, the suggestion of individual responsibility in preventing disease spread. As in Text 10 above, "Canadians [have] to practice good basic flu-prevention techniques to lower risks of infection" (Butler-Jones). Butler-Jones' stance on this protective measure is a departure from the stance held by the regional authorities quoted in the text.

Three Nova Scotia officials further moderate anxiety by describing the cases there in some detail, and portraying a clear chain of transmission ("28 people took part in the trip to Mexico") with details of chronology, as well as the patients' occupations and locations. The N.S. officials emphasize that the cases are not "severe" and the patients are recovering outside hospital (Dr. Strang, chief public health officer). Further reassurance is provided through

isolation for seven days "as a precaution" (Joe Seagram, headmaster of the school in which the cases developed), and continued monitoring (Dr. Watson-Creed, medical officer of health).

The rhetor's provision of "data" regarding the patients constitutes a *logos* appeal. Reassurance as to the state of the patients constitutes an appeal via *pathos*, and good "etiquette" is demonstrated through the means by which suspected cases are dealt with. Additional reassurance is provided via the assertion that protocol is being followed: an element functioning to convey *ethos*.

As in previous texts, the rhetor notes here that the U.S. declaration of a public health emergency "did not suggest people were in greater danger" but that this was "part of a normal course of action"—an additional example of the re-definition of the term "emergency."

While it is made clear that the disease is spreading, the rhetor dissociates from the term "pandemic," which is absent from the piece, and little emphasis falls on the virus itself, which is referred to as swine flu, but more commonly as "the illness." Current official responses are "normal" in the face of "events like this" and, by virtue of being prepared, officials implicitly foresaw the threat. On the whole, the worldview portrayed in this text presents a health system and a hierarchy working as it should, and an absence of the unexpected.

4.2.c.ii *Agon*: *Health Officials vs. Alarmism*

Those with power against the disease in this text are the national and provincial health officials. However, the oppositional tension lies not between these officials and the disease, but between these officials and alarmism. The officials function to capture anxiety at its inception in response to the wearing of face masks, the severe cases in Mexico, the Canadian cases, and the U.S. public health emergency, and draw it back from the brink. "We are not seeing severe cases like we are in Mexico," Dr. Strang states; "This is not scary monsters," states Dr. Skowronski.

4.2.c.iii *Identification and Impacts*: *Official Ethos*

Identification invited here is with the ability of the provincial and national government, specifically its health officials, to protect Canadians. The audience is invited to identify with the capability (ethos) of provincial and national health officials in managing the situation—the rhetor privileges public health over science and individual behavioural measures. This is not an overly lengthy article, yet numerous sources are cited, each of which contributes information (as

opposed to functioning enthymematically, as in Group II, 4.3.b/Text 3). Three federal officials are cited, representing public health policy and federal authority, consubstantiality with international health authorities, and science (Aglukkaq, Butler-Jones and Dr. Frank Plummer). In Nova Scotia, three additional officials represent the school containing the flu cases and the province, and in B.C. a provincial medical authority is represented. Protection from the outbreak lies with these officials and authorities; the text illustrates that the mechanisms needed for protection are all in place and functional.

The ideal audience for this text would recognize that while the situation in Mexico is worrisome, Canada is not Mexico, and in Canada, the disease is not a threat. The mechanisms needed to protect the public are all in place and functional, guided by the main avenue of protection for the public, the health authorities and officials, and Minister Aglukkaq in particular. Aglukkaq's credibility is bolstered by her consubstantiality with U.S. officials, the WHO and the prime minister. In addition, individuals can protect themselves through basic behavioural strategies.

The ideal audience would accept that officials discouraging more overt protective measures know what is best, and would accept that a U.S. "public health emergency" is not technically an emergency.

Identification of the number and locations of victims contains the threat to those victims, and the emphasis on the disease's "mild" nature places the risk in the identity of the disease—in the symbolic risk of a "novel" disease—and not in its actual pathology.

While science is currently struggling to get a fix on the disease, this text places the onus for protection on the public sector and public policy and the ideal audience would accept this as appropriate and effective. Consequently, although protective behaviours at the level of individuals are described and encouraged, there is no motivation for their implementation.

4.2.d Text 12 (April 27, 2009): "But I feel fine"

This is a *National Post* article focusing in greater detail upon the Nova Scotia cases, while also referencing the April 27 press conference hosted by Minister Aglukkaq and Dr. Butler-Jones. This text features a narrative presenting a "father figure" that symbolically shields the audience from the threat of a pandemic. Terminologically, this text dissociates the threat from SARS and from "drama" in general; rather, the virus is associated with the key terms

"*mild*" and "*minor*." Again, potentially anxiety-inducing meanings are transformed: "*emergency*" becomes a bureaucratic term; the discovery of new cases becomes a good thing.

4.2.d.i *Worldview*: *The Patients are "fine"*

  Against the backdrop of the virus that "threatens to launch a global pandemic," this text moderates the threat of the disease by building a narrative around the Nova Scotia cases, and features associative patterns of terminology (the terms "mild" and "preparedness" are featured), as well as a dissociation from SARS. The threat is shifted to a scenic orientation, as opposed to an "agent" orientation; that is, it is not the virus itself that poses a threat to the audience, but its origin in Mexico.

  Through giving the patients a voice, the rhetor creates immediacy with the audience, an associative process. In this case the association is reassuring because the victims are "fine." Instead of nameless numbers, the patients here are people—students at a private boarding school —to whom the audience can relate, via the details provided in the text. The rhetor describes blog entries the students had made regarding their trip to Mexico and relatives who joined them. While there is an element of pathos through the students' youth and separation from home and family, the rhetor emphasizes that they are "fine" through the guardian and "father figure" of the school's headmaster. The headmaster represents the protective action being taken with respect to the students and is portrayed as avuncular via his comments. Now in medical isolation, the students are described as "recovering nicely" and behaving as young students would be expected to behave.

  The cluster of terms describing the students portrays concerns about the disease that do not emerge as being necessarily health-related. It is indicated that from the students' perspective, the least desirable impact of the disease is that it obliges them to miss classes: they are "reluctant to sit out a week of school at the end of term." While it is implicit that the students are separated from their families by virtue of attending a boarding school, it is pointed out by the school's headmaster that despite being in medical isolation, "They are allowed to be with students who are sick, so they are not completely alone" (Joseph Seagram). The students have a guardian and protector in Seagram, whose tone conveys concern and empathy. By extension, Seagram becomes a symbolic "father figure" beyond the immediate context.

In addition, "*mild*" is a key term in relation to the students' illness. This mildness is emphasized: the illness was thought to be "allergies" or "sniffles." Seagram reports, "They're like, 'But I feel fine.'" As well, Seagram notes, emphasizing the "scenic" element, that "the illnesses were so mild that it took several days for anyone to report it….If there wasn't the Mexican backdrop to this, our students would be wondering what the big deal was." This mildness and the disease's characterization as "minor respiratory ailments" forms an agon with the virus "[threatening] to launch a global pandemic."

Anxiety is also moderated through the rhetor's featuring of preparedness and surveillance. First, a cluster of terms portrays Canada's preparedness. Dr. Butler-Jones is quoted here (as in text 10 and 11, above) noting that the cases were expected and the country is prepared for more: "We have plans in place, and we are following them." This stance is echoed by B.C.'s Dr. Skowronski, who notes that "yes, swine influenza is present in Canada. That's not unexpected. We had our surveillance system on high alert." Dr. Skowronski indicates, in fact, "We would be concerned if we weren't getting reports." Health Minister Aglukkaq observes as well, "as we continue to ramp up our surveillance efforts, these cases are likely not the last we'll see." The discovery of new cases is here an affirmation of official ethos, consequently dissociating the discovery of new cases from the term "*pandemic*." "Literal" surveillance is also occurring at the border: "Canadian border agents are trained in medical surveillance, have immediate access to expert advice, and have already referred a few cases for further investigation" (Butler-Jones). Overall, the rhetor features the dissociation of potentially frightening information from anxiety, transforming it into reassurance.

Second, the notion that it is not the disease itself that is threatening, but its trappings, appears in two senses. First, the "Mexican backdrop" is what concerns the students, not their experience of the illness. The connection to Mexico is synecdochic not only with the context of H1N1 but with its very "identity." Further, regarding the B.C. cases, it was the "publicity of the growing outbreak" that motivated individuals back from Mexico to seek medical care for "mild respiratory [ailments]" (again, as in Text 8 above, suggesting the role of media as "agents" in the outbreak). Despite unremarkable personal experiences of the disease, the awareness of its greater context, as portrayed via the media, is what motivated people to take action.

The agon described separating this outbreak from the SARS outbreak appears here as well as in Text 10. With its "longer incubation period…[making it] so difficult to track and

prevent," SARS was "a disease with dramatic effects and huge impacts" (Butler-Jones). This is not SARS, and consequently its impacts will be less severe.

Medical science appears here as more potent than in the previous text—an additional level of reassurance is provided in the form of a vaccine. Vaccine development is described as an habitual process: "[Dr. Plummer's] staff scientists are now turning their efforts to devising a vaccine in the way they make a new flu shot each year." The NML is itself a reassuring term, representing the forces of science directed at the disease, both through monitoring Canadian cases and through studying Mexican infections.

This text locates susceptibility to the disease only with people considering travel to Mexico. However, "Othering" does not occur. While there is a "situation in Mexico," a "Mexican trip," a "Mexican backdrop," there is no concrete "Mexico" cluster or entity. Rather, the threat is scenic. While airlines appear to be demonstrating good ethos through waiving change fees, protection for travellers is given as "[staying] in touch with public health advisories" while in Mexico (Skowronski). For non-travellers, protection lies in vaccines and more broadly in the public health system, and border guards.

Overall, this text enables audiences to see that actual "victims" of the disease are largely unaffected, aside from being inconvenienced, and further, that even were the outbreak to develop, Canada is prepared, both through protocols and vaccine development.

4.2.d.ii *Agon*: *The Rhetor Counters Fear*

The transformations that occur in the text all occur in a direction moderating the threat. Through the avuncular figure of Mr. Seagram, the Nova Scotia victims become "typical" students; the disease becomes a minor ailment. Further, swine influenza is not SARS. The unexpectedness of the outbreak is tempered by the fact that plans and protocols were in place to account for it. Additional reports of new cases become an element of reassurance. The assertion regarding the U.S. declaration of a state of emergency appears in this text as well—it is a "procedural formality" (Butler-Jones). Protection is actively being provided through plans and protocols, surveillance, border guards and vaccine development, and in addition, the disease is mild in Canada. Through the transformative patterns described, this text as a whole functions to counter an attitude of fear.

4.2.d.iii *Identification and Impacts*: *The Threat is Contained; Be Calm*

The worldview contained in this text suggests that infection with the disease is more an annoyance than anything else, and invites identification with an attitude of calm regarding the virus. It reveals to the audience, via the students, what infection with this disease looks like (patients are "recovering nicely"), and illustrates that it is not to be feared. One observes a seven-day isolation period because of "the Mexican backdrop," and one seeks medical care because of the outbreak's publicity, not because of actual illness from the virus.

Further, the ideal audience for this text would accept that, because these students had "mild" disease, H1N1 is not a serious threat to the public. There may be more cases, but they will be mild or minor—more an annoyance than anything to be concerned about. Publicity is making the disease more of a threat than it actually is—people are responding to publicity as opposed to the actual illness. Without the Mexico connection, "our students would be wondering what the big deal was" (Seagram). To be truly threatening, a new disease must be SARS-like ("a disease with dramatic effects and huge impacts"; Butler-Jones). H1N1 is much more prosaic, and the U.S. declaration of a state of emergency has only bureaucratic value. The emphasis on the students' containment, and the fact of their connection to Mexico, enables the stance that the threat is contained.

The ideal audience will believe that trained border guards will stop H1N1, even though the ill students did not report the infections initially because they did not feel ill enough ("illnesses were so mild that it took several days for anyone to report it"; paraphrase of Seagram). The longer incubation period of SARS is dangerous, but the mild symptoms enabling the spread of H1N1 are not. Also, it is easy and straightforward to create a vaccine against a new disease.

While minimizing alarmism, the enthymematic assertions of this text undersell the risks of even common seasonal influenza and encourage a "not me" stance, implying that only travelers, or people with a connection to Mexico, are at risk.

4.2.e Text 20 (April 29, 2009): In Authorities We Trust

This *Toronto Star* text details the first cases of H1N1 in Ontario, as well as infections and deaths to date in Mexico and elsewhere in the world. Preparations and steps being taken by municipal and provincial officials in Ontario are described, as are national measures. This text

presents the dissociative pattern which has appeared above—a separation of the outbreak from the term *pandemic* and an association of the threat with the key term "*mild*." A detailed description of victims and their management by authorities is provided, constituting an appeal to the audience via logos with respect to "appropriate" outbreak preparation and management of victims. As was noted above (Text 12), authorities portrayed by the rhetor as acting appropriately will *expect* new cases, as opposed to being reactive. A pattern of transformation is also at work here, though with a twist: SARS, a black spot in Toronto's collective memory, is presented as a reassuring factor.

4.2.3.i *Worldview*: *Protection Lies with Government*

Features highlighted by this rhetor portray the stance that while H1N1 is spreading, and while "health experts" are "puzzled," an appropriate response is occurring via the health system at the federal level. The patterns above are present here: the term "pandemic" is absent, as is the WHO. The disease is referred to as "the flu," and is dissociated from diseases like SARS. While this text describes the arrival of H1N1 in Ontario, a high-anxiety event for the regional audience of the text, the context provided emphasizes the "mildness" of the cases and stresses the fact that the cases are isolated. Greatest emphasis falls on appropriate ethos in managing the outbreak, by both health authorities (from local to continental) and airlines.

The text opens with a cluster of terms describing Ontario's first confirmed cases of H1N1. The spokesperson is a source of high credibility, the chief medical officer of health for Ontario (Dr. David Williams). There are four cases, three female and one male, all of whom had previously been healthy, had recently been to Mexico and some of whom had travelled together. The regional locations of the patients are provided and it is emphasized that the patients are "recovering at home."

The health system's response to the patients is also described: the rhetor states that the cases were identified "within seven days of their return," did not require hospitalization or treatment with antivirals, and that the symptoms were mild ("mild cases of flu"; "all illnesses are mild"), consisting of "fever, cough and respiratory ailments." Reassurance is provided not only through the mildness of the cases, then, but also through the portrayal of their containment via having been quickly identified by the medical system. The level of detail provided in these two clusters serves to portray a highly rational response to the outbreak, illustrating the level of

knowledge authorities have about the victims, constituting perhaps an "outbreak logic" or *logos* appeal, and demonstrating their command of the victims.

The broader H1N1 context is portrayed as serious. A cluster of terms describes "swine flu" as having caused more than 100 deaths in Mexico and as having "made as many as 6,000 ill." The disease is spreading to the U.S., where there are 68 confirmed cases, and possibly hundreds more unconfirmed cases among elementary school students, some of whom had recently returned from Mexico. There are cases in the Canadian provinces of Alberta, B.C. and Nova Scotia and the disease is described as also spreading to four other countries. Health experts are "puzzled" about the virus' differing impacts in Mexico versus Canada and the U.S.

While information about the disease is provided, anxiety is managed: It is clear the disease is spreading (additional potential cases in Ontario are referenced), but the term "pandemic" is absent from the piece, as is the WHO and any mention of its "level" system of rating pandemic threats. The disease is referred to as "swine influenza A (H1N1)" but more commonly as "swine flu," "the flu," or "the disease," and described as a "previously unknown virus." Figurative language is absent, as is foreshadowing. The biology of the virus is "comparable to seasonal flu" (Dr. Plummer).

The "media watchdog" role and a concern for transparency is suggested when the rhetor observes, "(Williams) did not provide further information other than to say some of the four did travel together." However, in contrast to texts in which authorities are shown refusing to disclose information regarding additional cases under investigation (e.g., 4.2.a/Text 8, 4.2.f/21), Williams states that "an additional 20 cases" are being examined. As explicit reassurance for Toronto audiences, the rhetor notes that the city is "well-stocked and well-prepared for a major outbreak."

While the Canadian prime minister is absent from the texts analyzed, U.S. President Obama does appear. Here, a cluster centred on Obama illustrates good "pandemic ethos" through his request of "$1.5 billion in emergency funds." It is noted that "the funds would help build drug stockpiles and monitor future cases as well as help international efforts"—the U.S. will provide assistance to other countries.

"Pandemic ethos" is extended even to commercial enterprise: A cluster of terms describing travel demonstrates that airlines will work "to bring home Canadians" and customers can change their travel plans without penalty.

While the term "*travel advisory*" was a key term early in the outbreak for protective actions of the federal public health system, now that an advisory is in effect, it is portrayed as of factual interest only and is lacking in symbolic significance. In the final third of the article, the rhetor states, "Ottawa has issued a travel advisory warning Canadians to postpone all non-essential travel to Mexico." Also at the level of federal protection from the disease, terms clustered with Dr. Butler-Jones provide reassurance regarding the new cases. The new cases are unremarkable because they were expected; the government's stance is not reactive. Reminiscent of Dr. Skowronski in Text 12 above, Dr. Butler-Jones states, "These cases were anticipated by public health officials and do not change our course of action." The absence of a "surprise" factor of the disease is reassuring: anticipating more cases equates with being prepared and capable of managing the outbreak. The illustration of implied effectiveness of the "course of action" in place is also reassuring. In this rhetor's view, a "reactive" stance would constitute poor ethos.

As noted, the rhetor also indicates that more is being learned about the virus's biology by the National Microbiology Laboratory, and what has been learned suggests that the virus is similar to seasonal flu. This association lends scientific ethos to the correlation of the outbreak with common flu.

There is a cluster of SARS-related terms in this text, but they are presented as a reassuring factor. The premier issues imperatives for Ontarians to "stay calm" and "trust the government has learned the lessons" of the SARS outbreak: the difficult experience with SARS was a good thing in the face of the current outbreak. The severity of the SARS outbreak is contrasted with the current scene: SARS "killed 44 people, quarantined thousands, and ravaged the local tourism industry."

In sum, while the threat of H1N1 is not under-represented, protection from the disease, which is "mild" in Canada and contained in Ontario, is described at a number of levels, ranging from the municipal (Toronto) to provincial, national (both through Dr. Butler-Jones and the scientific credibility of the NML), and continentally through preparations being made in the U.S. It is clear that actions are being taken because the threat posed by the disease is high. At all levels, authorities are mobilizing, and are responding to and managing the outbreak in the absence of the WHO.

4.2.3.ii *Agon*: *Rhetor vs. Anxiety*

This text functions to counter the anxiety raised by "Ontario's first confirmed cases." The rhetor does not feature one official entity over another or construct opposition between the actions of different authorities. Given the pattern of transformation which characterizes most of the clusters described in the text (e.g., the "first confirmed cases" are all "mild"; Toronto as a victim of SARS is now "well stocked" and "well prepared" for an outbreak; the new virus is comparable to seasonal flu), the elements of reassurance in the article function to counter or oppose an attitude of anxiety.

4.2.3.iii *Identification*: "*Your protection is to trust us*"

The rhetor portrays a number of officials taking action against the outbreak: Williams; Butler-Jones; Ontario's premier Dalton McGuinty, who "encouraged Ontarians to 'stay calm'" and reminded the audience that this was not SARS; Dr. Plummer; and even President Obama. The rhetor notes that the provinces themselves are "*reporting*" and "*confirming*" cases. Protections are in place via science and at the municipal, provincial, national and continental levels. In sum, the rhetor portrays a scene in which the U.S. is mobilizing, Canada is mobilizing, the Ontario government is mobilizing, Toronto is mobilizing, and scientists are mobilizing. Everything is under control. Audiences, then, are invited to identify with the health officials taking action against the disease on their behalf.

The ideal audience for this text would accept that although the disease is novel, it is "mild." Previous experience with an outbreak of a severe, novel illness is equated with credibility in the face of the current threat; in fact, Ontario may be exceptionally well prepared in contrast to other provinces with less SARS experience.

Primarily, it is healthy, young people who have travelled to Mexico who are at risk of infection. Enthymematically, the discovery of future cases in Ontario will not be upsetting to the public because the cases are expected by health authorities. The ideal audience would sanction health authorities as the appropriate means of outbreak response and management. Anticipation of new cases is equated with both being prepared for them and being capable of managing them. Ironically, despite the suggested likelihood of additional cases, individuals are not responsible for implementing protective behaviours; rather, authorities from municipal to national levels

stand between the public and the disease. Even commercial entities will put aside their need for profit in favour of the safety of individuals.

If protection for the public lies in trusting authorities to implement protective actions, the ideal audience for this text may be at risk of complacency and even passivity at the level of individual protective behaviours, and in terms of appraisal of official actions.

4.2.f Text 21 (April 29, 2009): Dr. Skowronski Shapes the Public's Interpretation

British Columbia health authorities describe the H1N1 situation for B.C. residents in this *Vancouver Sun* text. B.C.'s third H1N1 patient is interviewed and the nature of the health care system's response to the case is described. The protective elements emphasized in this text amount to good "infection etiquette" in public places as opposed to specific behavioural practices. Within the concept of infection etiquette, it is recommended that individuals engage in "policing" behaviours, both of others and themselves (thereby demonstrating ethos with respect to public behaviour). Beyond these behaviours, the public relies upon the knowledge of health authorities for protection – the health system's protocols and its ability to enforce the isolation of patients. Dr. Danuta Skowronski emerges as a key agent in the interpretation of the threat for the public.

4.2.f.i *Worldview*: *Skowronski Urges Good Infection Etiquette*

This text features a patient who is shown to be "fine" but "annoyed," reminiscent of the pattern in Text 12. Individual behaviour receives emphasis through the concept of "appropriate" individual responses—in other words, good infection etiquette.

Dr. Skowronski acts as the interpretive lens for the outbreak. Via Skowronski, the key terms "*preparation*" and "*surveillance*" are introduced, and appropriate behaviour is showcased.

The rhetor portrays the level of threat posed by H1N1 as minimal to the residents of B.C. through profiling a patient with the illness, and through several statements of reassurance provided by a health official from the B.C. Centre for Disease Control—Dr. Skowronski. While she has appeared in other texts, here, given that this is a text targeting an audience in which Dr. Skowronski is based, she becomes focal. Additional elements such as the similarity of H1N1 to seasonal influenza and the role of individual behaviour in preventing the disease's spread also function to moderate the threat.

The potentially frightening occurrence of B.C.'s third swine flu case is mitigated through a cluster of terms describing the patient, Michelle Bossi. A young woman recently returned from Cancun, she is quoted as saying, "I'm fine," but "I'm annoyed I could have affected other people" (Bossi). Bossi, then, is portrayed as showing good infection etiquette through concern regarding potential spread of the disease to others. The nature of the illness as portrayed by this patient is not severe: her discomfort arises not from the illness but from annoyance. Reassurance as to the possible threat she may pose also comes via statements of regional health officials in response to her concerns: "Our emergency department responded as would be expected. The management was appropriate" (chief medical health officer Dr. Richard Stanwick). The reassurance implicit in the following of protocol is evident in this cluster of terms—"all protocols were followed"; the hospital's response was "appropriate." The existence of such protocols constitutes an appeal via logos, while the demonstration of protocols being followed constitutes an appeal via ethos.

Regarding the chronology of Bossi's infection and testing, details of the virus' biology are also given by a source of high credibility (the Vancouver Island Health Authority medical director for microbiology and infection control, Dr. Pamela Kibsey). In essence, when Bossi was tested for H1N1, the period of highest contagion had already passed, Dr. Kibsey argued. The rhetor thus spends a significant portion of the text moderating the potential anxiety introduced by B.C.'s third confirmed case of H1N1.

The main locus of reassurance in this text, however, lies with Dr. Skowronski, representing the B.C. Centre for Disease Control and appearing in several clusters of terms. One cluster emphasizes the key term "*preparation*," describing officials monitoring, thinking ahead, and preparing. "We don't want to be complacent," states Dr. Skowronski. She notes that there "may be hospitalizations and deaths," thus preparing the audience for that possibility and also attempting to moderate anxiety should deaths occur, through making them "expected."

With respect to *surveillance*, Skowronski also describes the actions taken by a health care system on "high alert," noting "our lab is responding to increased requests for lab tests. We have a number of reports we're following up." Tests are described as involving nasal swabs and blood tests, and results are available quickly: "usually back within 48 hours." The provision of such concrete details is reassuring, contributing, as in Text 20 above, to "outbreak logos," in contrast to other authorities who simply offer their "vigilance" (e.g., Group II, 4.3.b/Text 3).

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Skowronski describes poor infection etiquette: people who are visibly ill but who come out in public anyway. She urges "healthy bystanders" to address such people by saying: "You don't look so good, maybe you should go home." She suggests, in the rhetor's paraphrase, that the uptake of this approach as a possible positive outcome of the H1N1 outbreak, in that it may lead to a change in the "culture" of illness.

Through additional clusters of terms, Skowronski emerges as working to explicitly moderate audiences' attitudes toward H1N1 through withholding information, in opposition to the rhetor's clear aim of finding and disclosing these details. Returning, as other rhetors have, to the importance of the transparency of health officials, the rhetor notes that Skowronski "refused" to confirm the number of potential cases being investigated, despite confirmation of six possible cases from another source within the same organization the day before. The rhetor explains that "the number of possible cases wouldn't be given because [Skowronski] doesn't want the public to get 'fixated' on numbers." In addition, Skowronski notes that health officials would withhold details regarding where in Mexico B.C. patients likely contracted H1N1, while the rhetor points out, "The *Vancouver Sun* has disclosed that two of the three confirmed cases acquired swine flu while on holiday in Cancun." Skowronski explains that "we don't want to mislead people into thinking there may be safe zones you can go in Mexico," adding that officials want "people to consider Mexico in its entirety as a possible risk area." Skowronski, then, makes Mexico itself contagious.

While in the rhetor's presentation of Skowronski she has taken on a protective role that encompasses even the attempt to mediate psychological impact of the outbreak, in both cases, the rhetor's actions constitute the opposite of what Skowronski advocates, reflecting also the "watchdog" element most clearly evident above in Text 8. However, this opposition is not dramatized to the extent that Skowronski's credibility is challenged; in fact, her demonstrated concern for the public serves to contribute to her credibility.

The rhetor includes an additional moderating cluster of terms originating with the BCCDC, through perspective on seasonal influenza. The importance of "putting [H1N1] into perspective" is stated explicitly by the rhetor. B.C.'s statistics are provided by the BCCDC's Dr. David Patrick, including the point that there are "as many as 1,400" deaths from influenza annually. H1N1 is thus made consubstantial with seasonal flu, and it is further noted that "it is expected that even the swine influenza A (H1N1) should eventually fizzle out."

The consubstantiality of H1N1 and seasonal flu is carried through a cluster of terms describing protective behaviours against H1N1. These constitute recognizing the symptoms and the shared avenue of spread, namely "coughing, sneezing and germs on the hands." In addition, the infection etiquette described by Skowronski is featured; symptomatic individuals "need…to isolate themselves so as not to spread their germs."

On the whole, the invited interpretation of the scene lies in the rhetor's emphasis of elements providing reassurance. The third confirmed case is not only identified (Bossi) but is given a voice in the article. Audiences can hear her speaking and "see" for themselves that she is "fine." Further, she models good infection etiquette, and illustrates that for a confirmed case, her greatest problem is not with the experience of the illness, but her "concern" and "annoyance." The possible threat of Bossi spreading the disease is resolved through the fact that protocol was followed. Further reassurance comes with the alignment of H1N1 with typical influenza, and the observation that like seasonal flu, this will, in the rhetor's terminology, "fizzle out."

Skowronski emerges as the most explicitly reassuring element in the text. She functions to moderate the experience not only of this outbreak but of infectious disease in general, through being portrayed as challenging the "usual" responses of both the media and lay audiences to such outbreaks. She represents not only protection at a public health level, but also at a psychological level, countering fear. Skowronski takes on the role of a guardian, if not a parent, in deciding what information audiences need and what should be withheld, and the diction and tone of the rhetor align with this protective stance. The rhetor does not use the term "pandemic" or even "outbreak," but rather speaks of the "swine flu situation." Viruses and bacteria become "germs," a term familiar from the childhoods of audience members. Such patterns would not align with something capable of causing widespread chaos and deaths. In Skowronski's emphasis of the general over the specific is a rejection of the public's capacity for critical thinking; this rejection is a means of distancing the public from the threat.

4.2.f.ii *Agon*: *Skowronski vs. Panic*

The pattern illustrated by the text as a whole is initiated in the first paragraph, where in this study it is rare to find explicit oppositional tension: "With another B.C. resident confirmed to have swine flu Tuesday, public health officials [specifically, Dr. Skowronski] said it's reassuring

there are only three cases in the province so far, a sign the virus is neither highly virulent nor contagious."

While Skowronski's stance on the numbers of potential cases, and her decision to withhold the locations of infections in Mexico, create oppositional tension between herself and the media and between herself and public audiences, she is portrayed in the text as modeling the brand of ethos expected of a public health official. She opposes complacency, speaks for a health care system on "high alert," and perhaps goes beyond the call of duty in attempting to protect audiences from information she views as not constructive. While the rhetor does illustrate disagreement with Skowronski's choices through providing the very information she refuses to provide (in other words, the rhetor resists the role with which Skowronski invites the media to align), the rhetor does not overtly challenge Skowronski's authority, nor is there evidence of such challenge at an implicit level. The pattern stands, then, that Skowronski is the main "agent" of the drama, opposing not only the disease but also public panic, with the emphasis of the rhetor falling on the second element.

4.2.f.iii *Identification and Impacts*: *Reliance on the Knowledge of Health Authorities for Protection*

The identification invited by this text is with an attitude aligning with the stance of health authorities that is established at the outset of the article, that audiences should be reassured and that the disease appears to pose a low level of threat.

The ideal audience for this text would accept that the existence of only three "confirmed" cases is reassuring— "confirmed" cases are taken to be representative of all cases (and this provides reassurance despite Skowronski's reluctance for audiences to fixate on numbers). The ideal audience would perceive the low virulence in these three cases as an indication that it would be valid to extend such a pattern generally.

The ideal audience would also accept that "protocol" is inherently protective regardless of the actual context and events. (Examination of the contagion timeline described in the text actually implies that Bossi was contagious for an additional three days in which she was not isolated.) This audience would approve of Bossi's behaviour: instead of being concerned regarding her own health, she is concerned for others'.

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It would also be accepted that actions taken by authorities to inform the public of decisions regarding what the public should and should not know are appropriate and not patronizing, and that authorities withholding information "for our own good" represents good ethos on the part of those authorities. The ideal audience would disregard the implication that authorities feel the public cannot think for themselves in terms of evaluating information; for example, there is a travel warning for Mexico, yet authorities do not want to reveal where cases originated because they believe people will travel to other places in Mexico despite the travel warning.

The ideal audience would accept as appropriate that numbers are used if they contribute to reassurance, but if authorities believe them to contribute to anxiety, then such numbers are deemed not worthy of communicating.

The ideal audience would accept that people need to be told to go home when ill, and that it would be a good thing for colleagues and friends to act as "enforcers" of good "infection etiquette." This audience would also have to believe that current culture tolerates infectious individuals in public. The ideal audience would believe that people should isolate themselves, but disregard the fact that Bossi was not isolated.

The assumptions of the ideal audience culminate in a stance that over-emphasizes the significance of the low number of confirmed cases, the powers of health authorities in terms of being able to detect and contain cases of H1N1, and the potential of "protocol" to be effective regardless of context. In contrast, the potential virulence of the virus is under-emphasized (enthymematically, the fact that there are normally 1,400 deaths from seasonal flu is offered as reassuring). The audience constructed by the rhetor is one with little critical thinking capacity in the face of the outbreak, one reliant upon health officials to mediate and process information regarding risk and protection. Such a construction risks alienating audience members who would resist relinquishing the ability to engage critically with information regarding the outbreak.

4.2.g Conclusion

The central oppositional tensions structuring texts featured, variously, media as agents in the fight against the disease, and key public health figures as agents in countering public fear. Correspondingly, audiences were invited to identify with a stance privileging both an attitude of calm, and reliance upon the ethos of public health officials.

On the whole, texts in this category align in acting to counter or pre-empt panic, alarmism and fear. The common thread in texts portraying the nature of the disease as mild and the likelihood of its effective management as high, is the strength of the public health system, identified as either the local and regional system, as in Text 8, or as the national system. In these texts, this capacity is epitomized by a key public health figure. These public health figures take ownership of the lay audience's interpretation of the disease, in some cases modeling desired interpretations, saying in essence, "we are not worried, so you should not be worried." With lesser frequency, the symbolic power of "proper protocol" is presented as a barrier not only to the spread of the disease, but also to panic.

With the exception of Text 10, the emphasis on the protective capacity of public health, including the capability to quickly produce a vaccine, removes individual responsibility in the face of the outbreak as risk is located with the patients described in the texts, who are described as being "managed" by the public health system. The symbolic protection of the media "watchdog" capacity (Text 8) also functions to distance individuals from the need to implement personal protective measures.

At this early stage of the outbreak, these texts also suggest that the disease poses a minimal threat in terms of its biological capacities, an interpretation that involves slippage between the comfort of familiarity (the relation of H1N1 to "common" influenza), and the actual impacts of seasonal flu in terms of illness and deaths. It is notable that these rhetors appear to be making conscious choices not to create antagonistic relationships between sources, thus avoiding the provision of conflicting information and the introduction of confusion as to which authority to identify with. Rhetors also strategically sidestep language that would increase anxiety, striving to avoid even the term "pandemic."

Given the context—years of warnings of an impending bird flu pandemic, and statements from infectious disease authorities that the world is "overdue" for a pandemic—it is of note that the rhetors featured here refrained from using the term "pandemic." While the significance of such a terminological choice will be further explored in Chapter 5, one motivation for the fashion in which these rhetors responded could lie in what epidemiologist Philip Alcabes described as "our fears of social disruption" (Fillion 16). Alcabes argues that a saturation with pandemic warnings arouses fear both of death and of social upheaval; in his book *Dread: How Fear and Fantasy Have Fueled Epidemics from the Black Death to Avian Flu*, Alcabes observes, "To live

in civilized society is to bear a dread that goes beyond the fear of death" (Fillion 4). In terms of how rhetors featured here identified the exigence (2.2.1) posed by the outbreak, texts aligned in targeting the potential for public fear. Texts in this section appear to be motivated by a desire to counter that dread via aligning with the reassurances offered by public health authorities, the sanctioned sources of action within the "scene" of this outbreak.

In sum, four motifs emerge here. First, there is an emphasis on protocol as protective, perhaps as a containing force against the social disorder referenced by Alcabes. There is also the recurring idea of appropriate behaviour in dealing with infectious disease, what I have termed "infection etiquette." Third, the role of the media as "watchdogs," ensuring cases of disease are not hidden, is both overt (4.2.a/Text 8) and subtle (4.2.e/Text 20; 4.2.f/Text 21).

Finally, in the fashion in which potential infections are dealt with in these texts, and emerging from the notions of protocol and ethos, there are suggestions of Kenneth Burke's theory of "constabulary" rhetoric. While only explicitly discussed by Burke in *Attitudes Toward History*, Jordynn Jack argues that the concept is implicit in Burke's theory of identification (67). To be taken up further in Chapter 5, the "constabulary function, Burke argued, would be employed by those in positions of authority in order to maintain social order and simultaneously shield from the public's attention those problems not being addressed (67). In a cycle of constabulary rhetoric, the more a response fails, the greater the justification for it and the more strenuously the response is applied.

In the context of this section, there are suggestions of constabulary rhetoric in the detailed description of how a potential swine flu patient was handled (Text 8), and in the absence of content addressing the possibility of the virus circulating in the community as easily and widely as does seasonal influenza. The "constabulary" is mobilizing against "potential" cases, but neglecting the possible existence of carriers in the community that would pose a much greater threat.

4.3 Group II: Mexico's Deadly Disease and "business as usual"

Texts discussed here diverge from patterns apparent in the previous section through both an emphasis on the deadly nature of the new virus, which is associated closely with Mexico, and a departure from protective elements couched in health system infrastructure. Texts here invite Othering and scapegoating, with one text (4.3.d/Text 15) structured for example by an agon composed of a health official acting to "contain" Mexican migrant workers in the region.

Overall, however, articles falling in this category exhibited, through cluster analysis, a stance that though the threat posed by H1N1 to the audience of the articles was high, it could likely be managed to minimize its impact. In other words, in these articles, while H1N1 is portrayed as a severe threat, it is one that can be dealt with through means ranging from medicine, to the "vigilance" of the federal government, to the advice of travel agents.

As in the previous section (4.2 Group I), the term "pandemic" may be avoided altogether (4.3.a/Text 2, 4.3.d/Text 15). The possibility that a pandemic may not develop is also presented (4.3.b/Text 3), but there is generally more emphasis on risk: even common flu kills (Text 15), and the novelty of the H1N1 virus increases its menace, as does the virus' deadliness in Mexico and its "mutated" nature.

While in the previous category, key public health figures were featured, here the public health system is more generally highlighted, sometimes to an international extent. Rather than an occurrence of little more significance than the common flu, the outbreak here leads some of these authorities to express their "concern" regarding the threat.

This category begins to feature more symbolic processes than the previous, with protection being found in symbolic means (elements, functioning in a protective capacity, that have little to do with biology) in the absence of definitive actions by public health authorities (e.g., 4.3.c/Text 7).

Mexico as a source of threat features more prominently in this category than in the previous one. For example, Text 15 refers to "Mexican swine flu" and describes the presence of large numbers of Mexican migrant workers in the region, while couching reassurance in the physical control of Mexican workers and travellers.

4.3.a Text 2 (April 24, 2009): Hospitals Seek Tourist-patients

This is a *Winnipeg Free Press* article targeting a local and regional audience. One of two articles (the second, 4.4.a/Text 1, appears in 4.4 Group III) analyzed in this study that were printed on the first day the outbreak became public in Canada, the text describes actions being taken by local and provincial health authorities in the face of the outbreak in Mexico, and these authorities' interpretations of the extent of the threat. This text portrays the threat of a severe disease from Mexico as exigence, exacerbated by an implied lack of transparency by Mexican officials. As conveyed by the rhetor, protection lies in orderly responses both at the level of the medical system (i.e., hospitals, health care workers) and individuals. Here, medicine stands against the virus.

4.3.a.i *Worldview*: *Illness Will be Dealt With in an Orderly Way*

In this text, the outbreak is presented as serious: There is slippage between the terms *"infection"* and *"death"* (as in, "two clusters of severe respiratory infections with death"). The virus' origins in Mexico function to intensify its potency, entering the territory of a rhetorical process of Othering. This Othering extends to Mexican health officials who, it is implied, may not be acting with complete transparency.

The virus is active in this text: it enters the territory of dramatistic "agent." However, there is dissociation from the term "*pandemic*," and a cadre of regional health authorities unites to contextualize risk, forming a symbolic shield between the threat and the audience being addressed.

The stance that the outbreak is serious is developed through three clusters. First, the origin of the disease in Mexico is emphasized—the source of the threat to Canada is associated almost completely with Mexico. The rhetor focuses exclusively on the outbreak in Mexico, mentioning the cases in the U.S. only in a line at the end of the article. In direct contrast to 4.2.f/Text 21 above, there is a detailed breakdown of illnesses and deaths, and their locations within Mexico are given. The rhetor states that there are "two clusters of severe…infections with death," an equation that introduces slippage between "infection" with "death." The virus has potency: it is described as "striking" young adults and "killing" in Mexico. Manitoban travelers returning from Mexico may have been "exposed": Mexico is contagious.

Second, a cluster of terms emphasizes the numbers of cases and deaths, while creating an opposition by stating that "Mexican authorities have insisted the outbreak is not an epidemic." The term "insist" carries connotations of defensiveness and perhaps a lack of transparency, suggesting the rhetor invites speculation as to the competence of Mexican health authorities. From the perspective of the authorities in Manitoba, the threat is high: "The big concern is that this is just the beginning of something that's more serious," Manitoba's chief medical officer Dr. Joel Kettner is quoted as saying.

Third, the severe nature of the threat is constructed for the local audience. Manitoba doctors are watching for "seriously ill patients." Dr. Ricardo Lobato de Faria describes, "These are patients that are very ill way beyond what we expect." If such patients are found, intense measures will be taken: patients "will be put in isolation" and "outbreak precautions" will be taken by healthcare workers.

However, moderating the threat, the rhetor refrains from using the terms "pandemic" and "swine flu," and while the threat is high, several clusters of precautionary measures are described, not only at the level of local and regional health services, but at the level of individual behaviour. A cluster of terms features the protective capacity of the health system on the ground. In emergency medicine departments, "triage nurses and doctors have been warned to look for younger patients who are severely ill," and "Health-care workers will flag as an immediate concern anyone with an undiagnosed severe illness." Hospitals "have been put on alert"; they are "on the lookout"; they will "remain vigilant." While the term "vigilant" is of questionable impact alone, this text provides specific actions, describing what authorities are looking for, how they are looking, and how they will respond.

On an explicitly reassuring note, Lobato de Faria "doubts Winnipeg will see any cases linked to the outbreak since the bulk of Manitobans' winter travel to Mexico is tapering off." Constituting an additional level of protection, Winnipeg-based scientists at the National Microbiology Laboratory are directly helping identify the threat through investigating the outbreak.

Reflecting the individual protective behaviours advocated by the WHO as most protective during the early stages of an outbreak (2.2.5), a cluster of precautionary measures which can be taken by both "travelers" and "Winnipeggers" is described. Travelers should take "common sense precautions," the specifics of which are outlined as hand-washing and the use of

hand sanitizers, while Winnipeggers "can avoid getting sick or spreading disease by coughing and sneezing into the crook of their arm" (Dr. Pierre Plourde, Winnipeg Regional Health Authority medical officer of health). These measures fall into a cluster with "the etiquette we talk about normally." One's responsibilities now are no different than at any other time; these standard measures remain how Winnipeggers "can avoid getting sick or spreading disease."

In this text, rather than a single public health figure being highlighted, several public health officials representing both the province and the city act as sources of reassurance. Dr. Kettner, chief medical officer, acts as the main source of information in the text, giving an impression of control and competence. The rhetor presents a contrast to Kettner's clearly concerned tone, through Dr. Lobato de Faria (of Winnipeg's emergency medicine program) and Dr. Pierre Plourde who moderate anxiety through statements contextualizing risk.

Overall, a picture emerges of a) a city and province prepared in the event that the situation develops, and b) of a populace capable of acting on its own to take protective measures, as opposed to a construction of the public as passive as in the previous section (Group I). Again, an endorsement on the part of the rhetor of the capacity and potencies of the public health system is present, but this rhetor also allows individuals a role in protecting themselves.

4.3.a.ii *Agon*: *Health Authorities vs. Travellers Returning from Mexico*

While clusters of preventive measures being taken by hospitals and health authorities in Winnipeg receive most of the emphasis in the article, oppositional tension lies in what these preventive measures are being taken *against*.

Manitobans who have returned from Mexico are repeatedly identified as being at risk of the disease, and at risk of transforming from "travellers" to "patients": "Severely ill patients returning from Mexico" are highlighted in the article's lead. Travellers are also distinguished from "Winnipeggers" by the rhetor. In this scene, the rhetor suggests that individuals are transformed by contact with Mexico.

It is the "severely ill patients" ("ill way beyond what we expect"), the "Manitobans" who may "have been exposed" that hospitals are on the lookout for, who will be the recipients of the actions described, in the form of "proper outbreak precautions." Unlike Manitobans who are not travelers, the returned travelers are passive victims: there are no protective actions they can take themselves; they will be identified by the hospitals and "will be put" in isolation.

In this worldview, a very specific demographic is at risk of the disease, and that demographic contains that risk. There is no suggestion that Manitobans returning from Mexico may spread the disease to other Manitobans; the source of the contagion lies clearly with Mexico itself. While "travelers" may have been "exposed" to the disease in Mexico, there is no suggestion that Manitobans who did not travel to Mexico may be "exposed" to Manitobans returning from Mexico, a pattern also apparent in Text 1 (4.4.a below). Such patients "will be put in isolation," but the implication is that they are not contagious while they are in the community. In fact, continued travel to Mexico is approved, provided travelers take "common sense precautions." The threat lies solidly in Mexico.

Consequently, the oppositional tension of this text takes shape in the actions of the health authorities "versus" travelers—"suspect patients"—returning from Mexico. Tension is tempered, however, by Dr. Lobato de Faria, who "doubts Winnipeg will see any cases linked to the outbreak" given the waning of the Mexico tourist season.

4.3.a.iii *Identification and Impacts*: *Protection Lies with Medicine*

It is clear that the article is written for the benefit of an audience composed of Winnipeggers and Manitobans concerned about exposure to H1N1. Responding to this concern, the role of medicine in managing the outbreak, contextualized for the province and city, is stressed throughout this text.

Much as in the previous text, a clear hierarchy is described in terms of who is active in the scene of the emerging pandemic. The hierarchy begins at the highest level of international pandemic officials who are "[investigating] an outbreak," followed by Manitoba's chief medical officer (Kettner), the National Microbiology Laboratory, the head of Winnipeg's emergency medicine program, and the Winnipeg Regional Health Authority medical officer of health. The hierarchy continues down through hospitals and health care workers, and includes, finally, individual behaviours. The effect is to portray multiple "layers" of protection against the disease—international, national, provincial, local, individual. The medical professionals portrayed preparing to face the threat do not show fear, concern or worry, in contrast to 4.3.b/Text 3, below.

In addition, the prominent use of passive voice ("the province was alerted"; hospitals "have been put"; "nurses and doctors have been warned") obscures responsibility. In this text,

the passive voice, by suppressing the logical subject of the sentence in key statements, serves to avoid privileging the authority of one level of the protective hierarchy over another. The impression is of a cohesive whole functioning against a single exigence. Any potential conflict between authorities is transcended, and authorities more prominent in the hierarchy are portrayed as working in concert.

The sources quoted in the article are all medical doctors, although in administrative roles. Yet, medicine is a profession of high ethos in the face of an infectious disease outbreak, and strangely, one under-represented in texts thus far. The rhetor here invites identification with medicine and the health care system, which, more than science or purely political administrations, will protect the audience from the outbreak.

Rather than privileging the public health system per se as previous articles have done (i.e., 4.2 Group I), the ideal audience for this text will accept medicine, represented by medical professionals from the top of the hierarchy to hospital workers, as the main locus of protection from the outbreak, and will expect that these professionals will deal with the illness in an orderly way. There is implicit acceptance of what measures might constitute such responses to illness. Medicine (the science) features here, and science also appears via the National Microbiology Laboratory ("scientists…are helping investigate..the disease"). The belief that proper etiquette in the face of infectious disease is a social responsibility, both at the level of medical professionals and of lay individuals, would also be accepted.

The ideal audience for this text would accept that the threat itself lies exclusively with Mexico and not the U.S., where additional cases have been identified, and not with Manitobans returning from Mexico, constituting a contravention of the processes of contagion. The ideal audience would also allow risk to be intensified not by the potential pathology of the virus, but by the implied lack of transparency of Mexican authorities. Consequently, there is also implicit acceptance of measures that would target risk from this source—Mexico or its administration.

4.3.b Text 3 (April 25, 2009): "We will always be vigilant"

This text focuses upon the description of the scene and preparatory actions being taken by federal health authorities, as described at a press conference held April 25 with Health Minister Leona Aglukkaq and federal chief public health officer Dr. David Butler-Jones. The text is a wire story from CanWest News Service, a national wire service. Canadian health authorities

stand between a pristine (so far) Canada and a "deadly" virus advancing from Mexico. The nature of the protection coalesces in the term "vigilance," offered as an element affirming the ethos of the officials.

4.3.b.i *Worldview*: *Working "hand in hand" against a "deadly new strain"*

The exigence portrayed by this text is the spread of a "deadly" virus in Mexico. Again, a group of health authorities represents protection: Dr. Butler-Jones, Minister Aglukkaq, the WHO, and even Mexican authorities in this text are portrayed as working to contain the threat. The protective capacity of Canada's public health system, and specifically of Minister Aglukkaq, is enhanced by a suggested consubstantiality with the WHO. While the virus is portrayed with more dramatically intense terms than previously described in this analysis, the foreshadowing of an overtly dramatic approach is absent. The scene portrayed in this text features a serious threat from H1N1, but illustrates that authorities, particularly federal authorities, will respond fittingly.

The level of threat posed by the new disease is defined through a cluster of virus descriptors. It is a "deadly new strain of human swine flu," a "mixture of swine, human and avian viruses," "the likes of which have never been seen before."

The virus' impacts in Mexico are severe, with "more than 900 infections being investigated," but a cluster of terms portrays Mexico—Mexican authorities, the Mexican government, Mexico's health minister—taking action. Public buildings "will be closed indefinitely" and breathing masks will be distributed. Authorities are *investigating*, *contacting*, *dealing with*, *confirming*, *detecting*.

The severity of the threat is also developed through a cluster of terms portraying the stances of Canadian public health officials. Dr. Butler-Jones is quoted: "This is very concerning, that's why we're paying attention…What it will lead to is impossible to predict." He also states that "scientists and public health agencies around the world...remain on high alert." Canada's health minister states that "health professionals across the country [have been asked] to increase their vigilance." On an international level, the World Health Organization describes the events as "of high concern."

However, the severity of the threat is contextualized. Against the backdrop of the danger posed by the virus and the concern of national and international health authorities, one cluster of terms centres on this message of reassurance: Canada remains free of the disease. "There is no

immediate threat to Canadians at this time," states Aglukkaq. In addition, "If a pandemic does hit, Canada is well-prepared" (Butler-Jones). Canada is placed clearly in a separate cluster from Mexico and the U.S., which emerge as consubstantial in comparison to Canada's disease-free status, due to confirmed cases in both countries.

Expectations of official transparency are also acknowledged in the rhetor's provision of this quotation from Dr. Butler-Jones: "If we find any [cases], Canadians will know about it."

The nature of the pandemic enters the territory of metaphor: a pandemic may "hit"; conceptualized as a physical force, it is thus something that can be successfully resisted. In this worldview, while there are deaths, no one is being "killed." The threat is high, but hypothetical statements in this text are balanced; that is, the possibility that it may yet dissipate is presented by the rhetor:

> "There are many unanswered questions about the outbreaks in Mexico and the
> United States, including whether they are connected to each other *or are isolated*
> and whether this new human swine virus will prompt a global pandemic."
> (emphasis mine)

In the same vein, while there is a sense that there will be a "next pandemic," Dr. Butler-Jones is quoted as saying, "We do not know whether this swine influenza virus, *or some other influenza virus*, will lead to the next pandemic" (emphasis mine). Such statements are provided by the rhetor in the absence of foreshadowing.

Current responses to the threat form clusters of terms describing actions being taken at several levels. The WHO has sent "a team of experts" to Mexico. As noted, Mexican authorities are featured by the rhetor and "have launched a campaign to contain the spread of the virus." The actions of the CDC are featured in a cluster of terms in which the CDC is shown "working aggressively" to determine the connection between the U.S. and Mexican cases, and the CDC "has begun preparation work on a vaccine." The National Microbiology Laboratory is contributing biological knowledge, testing samples from Mexico. Hospitals are "vigilant." Finally, Canadians who have returned from Mexico are asked to contact their doctors should they feel sick, and symptoms are described.

The absence of Othering is notable in this text. The Mexican cases are "victims" and "people"; Mexico is consubstantial with the U.S in the sense that both have cases of the illness and both nations are mobilizing against the disease. The Mexican government is as active as the

other authorities in the text in terms of responding to the disease. Mexico and the U.S., both having cases of the disease, have a shared identity. While a distinction is made between Canada and the U.S./Mexico cluster, Othering is not occurring here—that is, via the emphasis of Mexico's actions (and therefore, appropriate infection etiquette) to contain the threat, enthymematic invitations to audiences to scapegoat the affected countries are absent. In addition, a cluster of terms highlights the recoveries of all U.S. victims.

As noted, various attributes of the virus establish its potency—it is a "deadly new strain," "the likes of which have never been seen before"—but its force is moderated by its connection to standard flu: Its symptoms are "similar to those of a regular flu." Its possible routes of infection are contained through clear lines of transmission: "Both California and Texas share borders with Mexico and one person from San Diego that had swine flu recently travelled to Mexico." Transmission can be traced through "[connecting] the dots"; reassurance is provided via the rational spread of the disease, its observance of appropriate logos. Further, the picture may yet become clearer: "As more information comes to light, we could see connections that haven't shown up so far," (Dr. Besser, CDC).

While explicit actions being taken by the federal government are not described beyond "monitoring the situation," reassurance appears through Canada's consubstantiality with the World Health Organization: "Canada is working hand in hand with the World Health Organization and our partners both internationally and within Canada to respond quickly to this developing situation" (Aglukkaq). Via this equation, the rhetor places Canada and the WHO on the same hierarchical level. Further, the text illustrates that, of Canadians in general, it is travelers who are especially at risk.

However, while it is noted that the disease is spreading from human to human, there is no suggestion that travelers returning from Mexico are a threat to anyone but themselves. Suggestions that Canadians should refrain from travel to Mexico are also absent ("there is no specific reason in a general way to not travel"; Butler-Jones): it is only suggested that travelers doing so consult the PHAC web site for "tips" to reduce risk, a colloquial usage lacking in gravity.

The worldview described by this rhetor, then, is that the threat is high, but appropriate preparations are being made and responses appropriate to the situation are taking place. In

addition, risk is easily managed at the level of individuals. Beyond that, no one can predict what will happen.

4.3.b.ii *Agon*: *Canadian Government vs Virus*

In this text, the role of government is highlighted. The Canadian government's "vigilance" and its relationship to the WHO place it at the height of the hierarchy protecting Canadians. The average Canadian does not have to take protective action; no actions are given.

The threat is not Mexico or Mexicans, nor is it travelers returning from Mexico (recalling Butler-Jones' assertion that travel may continue). Canada is yet free of the disease: the threat is the disease itself. In the face of this threat, the Canadian government is protecting Canadians (and in Mexico, the Mexican government is protecting Mexicans). Consequently, the oppositional tension in this text lies between the Canadian government (represented by Aglukkaq and Butler-Jones) and the disease.

4.3.b.iii *Identification and Impacts*: *The "vigilance" of the Federal Government*

The identification invited here is with the role of the federal government as protector. This text functions to identify for the audience the "protectors" to whom they should turn. The justification comes not through rational means (that is, via logos appeal), but through the rhetor's emphasis on the ethos of Canadian public health officials, which transcends even the protective capacity of science. The agency by which this protection will be supplied, however, is symbolic (e.g., "vigilance").

The rhetor's choice of quotes (a term used in the journalistic sense of the statements supplied by expert sources) is important, reflecting strategic development of the article's narrative by the rhetor in the limited space in which the story must be presented. In addition to advancing the narrative, quotes may affect the credibility of the source, inviting the audience's identification or dissociation, or developing oppositional tension between sources.

In this light, the use of poor quotes is significant. The quote above from Dr. Butler-Jones is grammatically awkward and seems ambiguous. However, if the function of Dr. Butler-Jones in the article is not so much as a source of information but rather as a figure inviting identification, then the use of this quote is meant to offer symbolic and not necessarily factual reassurance from a high-level health authority.

The term "vigilance," used by Minister Aglukkaq ("we will always be vigilant"), operates symbolically as well. The term brings connotations of battle, of a state of tense readiness, of the ability to spring into action at a moment's notice. However, vigilance itself is not action, nor are the actions which would occur described. Consequently, it is difficult to extract a factual meaning from the term "vigilance" and thus from Aglukkaq's quote here. The term operates as a kind of shield: federal "vigilance" stands between Canada and the disease—taking the place of concrete preventative measures—which in turn translates to a view of protection as consisting in the vigilant stance of the federal government.

A sidebar included with the text provides background on "swine flu," noting that human infection normally involves "exposure to infected pigs" and that the virus now "appears to be spreading from human to human." Yet, the ideal audience for this text would accept that only travelers are at risk of H1N1, and only travelers from Mexico and not the affected U.S. states. At a general level, there appears to be resistance to encouraging suspicion among Canadians of each other. Only travellers are at risk, yet it is acceptable that a travel advisory is not being issued. Risk is allocated to travellers in the sense that while travelers may become ill, they will contain the disease—the possibility that they will infect other Canadians is deflected. The contradiction between the indicated risk to travelers, and the absence of warnings against travel to Mexico by Canadian public health officials, would be accepted.

The text has the effect of creating general unease due to the "deadly" nature of the new disease, yet the only redress is the vigilance of public health authorities. The audience accepting the worldview of this rhetor would conceive of "vigilance" as synecdochic with action, and would be reassured by assertions of public health vigilance. By this view, the average Canadian is not required to, or perhaps simply cannot, undertake any action to protect themselves. Government vigilance is in place and will be effective in protecting Canadians.

4.3.c. Text 7 (April 26, 2009): *Travel Agents: Canadians Can Travel to Mexico*

This *Ottawa Citizen* text describes the outbreak in Mexico and its impact from the perspective of travel agents. In this text, the outbreak's impact on Canadians' vacation plans is featured. Travel agents emerge as key authorities, via the number of agents interviewed (four) and the quantity of direct quotes attributed to them in comparison to health authorities. Here, the numbers of deaths and infections in Mexico lose significance in the absence of a travel advisory,

and safety is to be had in the pure environment of Mexican resorts, while risk of infection is contained within the parts of Mexico outside of resorts.

4.3.c.i *Worldview*: *Travel Agents: "Business as usual"*

       This text constructs a threat of a frightening nature, in the form of a potent, novel, mutated virus causing illnesses and deaths. However, the threat is moderated by the confidence of travel agents in a quality vacation experience in Mexico, and by the absence of actions on the part of health authorities that would be appropriate to a serious outbreak.

       A "virus" cluster contains terms emphasizing the potency and novelty of the virus, such as its "uniqueness" and "rapidity of spread." The rhetor notes also that the virus "combines genetic material from pigs, birds and humans in a way that researchers have not previously encountered." In Mexico, there are "as many as 81" deaths, and "more than 1,300 cases of influenza have been reported." In this light, the threat is intensified by the rhetor's provision of context regarding the development of a pandemic, which "occurs when a type A influenza virus undergoes a radical mutation—known as an antigenic shift—and is suddenly able to infect people." This observation provides the audience with a cause-effect scenario: If A, then B; because A has occurred, so B must occur. In its "radical mutation," the virus evokes the mythical chimera; it is "deadly" and "unusual." It is capable of causing a "worldwide epidemic," a "pandemic."

       While the virus has prompted the WHO to become "very, very concerned" (Thomas Abraham) and international authorities to go "on high alert," all authorities have "stopped short" of taking definitive action.

       In the face of this threat and attendant anxiety, however, a cluster centred on the stances of travel agents functions as a moderating influence. One agent reports, "I haven't had one call concerning Mexico" (Lorna Sale); another reports that there have been no cancellations of trips already booked (Nicole Kirouac). An agent notes that "many [travelers] going to Mexico head for places…where the resorts and hotels often have their own water purification systems" (Eileen Villemaire). Another states, "I had one lady who was just a little concerned about the situation, but she only bought travel insurance just in case" and states that trips continue to be booked (David Moore).

The concepts of disease susceptibility and contagion are made highly symbolic in this text. There is a contrast between descriptions of how Mexicans protect themselves, and how Canadian tourists travelling to Mexico protect themselves. While Mexican authorities and citizens work to contain the disease and to protect themselves through wearing surgical masks, closing public spaces, and cancelling events, Canadian travelers to Mexico are somehow exempt from the containment measures being applied to the Mexican population, and are protected instead through health insurance and the resort environment. The disease is contained in the Mexican population, and travelers to Mexico, sequestered as they are from Mexico "proper," may still expect to enjoy a normal vacation. There is a sense that Mexican citizens "outside" resorts suffer from the effects of the outbreak on travellers' behalf—a scapegoating mechanism that relocates the disease threat from Mexico-the-country to Mexico-the-people, an operation entering the territory of Othering.

Given that the influenza virus spreads via air and surfaces, that no influenza infections through water have ever been recorded (Centers for Disease Control and Prevention), and that resorts would presumably be staffed by local residents, this view of immunity can be seen to be grounded in a sense of identification with a natural exemption from disease unique to Canadian tourists.

However, with respect to the audience of the text, risk is confined to Canadian tourists to Mexico. Personal protective measures described in the text target only Canadian tourists: "those travelling to Mexico [should] follow the same precautionary measures as with seasonal influenza….Anyone who has travelled to Mexico recently and develops symptoms of influenza…is urged to seek medical attention." Specific measures such as receiving the seasonal flu vaccine, washing hands and covering coughs (i.e., etiquette) are recommended. The containment of the threat in Mexico-proper implies both that returning Canadian tourists are not a threat to others, and that the average Canadian audience member who is not traveling to Mexico does not have to take any protective steps.

This worldview incorporates a frightening scene, but takes the stance that things are not as bad as they appear. Travelers are less concerned about the virus than are public health authorities at the WHO and in the U.S., who have, despite their concern, still "stopped short" of taking definitive action themselves. Consequently, something that is worrying enough to make

the WHO "very very concerned" need not stop travellers from going on vacation where the disease is at its worst.

4.3.c.ii *Agon*: *Travel Agents vs. Fear*

The oppositional tension in the article lies predominantly between the "scene"—the outbreak in Mexico, the disturbing signs of an impending pandemic, the stances of health authorities—and the behaviour of Canadian tourists and the travel agents described in the text. Specifically, there is tension between the significance of the outbreak and the consequences for tourists intent on vacationing in Mexico (and by extension, for those Canadians who remain at home).

While some tourists are described as "concerned," such observations are always answered by a dismissal of the threat. This pattern is evident in statements such as, "Local travel agents say that while they've received some questions of concern about the situation in Mexico, none of their clients have cancelled"; and "one lady …was a little concerned…but she only bought…insurance." Buying insurance is an inherently non-dramatic response to a potentially dramatic occurrence. The rhetor's usage of the terms "but" and "only" emphasize the non-dramatic nature of such an action.

Travel agents are able to moderate what little concern there is. While agents say they will "take their cue from Foreign Affairs on what to advise clients planning to travel to Mexico," one contributes her own brand of expertise regarding epidemiology with the observation, noted above, that contagion is less likely in resorts with water purification systems.

In sum, the agents model a "business as usual" stance. While the conditions exist for the development of a pandemic, a pandemic has not been declared, so there is no pandemic.

4.3.c.iii *Identification and Impacts*: *Travel Agents' Advice*

The travel agents, and indirectly, tourists described in the text are placed in opposition to the severity of the threat (as portrayed by infections and deaths in Mexico and as described by the WHO, "experts," and "health authorities around the world," very few of whom are actually identified). The audience is invited to identify with travel agents' advice, to identify with tourists

still booking and going to Mexico, and to identify with a stance viewing the disease as of low or no risk.

Here, audiences are guided to an interpretation of how their "peers" are behaving in response to the threat posed by the disease, and are invited to identify with the stance of these peers. If the tourists described are still vacationing in Mexico, there must be little to fear from the outbreak.

The ideal audience for this text would accept the distinct class of expertise offered by travel agents, as compared to health authorities. Travel agents advise that it is all right to travel to Mexico, and therefore it must be safe to do so. The agents are a more immediate source of information regarding guidance on the outbreak than public health authorities.

Those accepting the enthymematic assertions of the text regarding Mexico would agree that the disease is confined to Mexicans beyond the resort environment. Even though Mexican citizens are wearing masks in public and authorities are closing public spaces, illustrating an emphasis on person-to-person transmission, Canadian tourists are not at risk. Further, a holiday in a place where people are wearing masks for protection from disease is desirable. Those tourists described showing concern prior to their trip will not become more concerned once they are actually in Mexico. Further, given the enthymematic assertion that the virus travels via contaminated water, in places in Mexico providing water purification, Canadians are protected from risk—they will not be exposed to the disease through the air or surfaces.

The only means by which the ideal audience could support continued travel to Mexico is if returning tourists are not viewed as contagious to other Canadians. Consequently, if one is not going to Mexico, it is not necessary to take protective steps against the virus. Further, while Canada is free of H1N1 infections, tourists continuing to travel to Mexico will not hasten the disease's arrival in Canada. The threat is not great enough for authorities to actually "do" anything—if there were real risk, they would take action. The disease is confined to Mexico; Canada does not have to act to stop the spread. The ideal audience for this text would accept that because nothing has been "declared"—a travel advisory, a pandemic—there is no need to worry. However, as the disease is confined to *Mexicans* beyond the resort environment, this audience would implicitly condone actions further containing this source of risk.

Such an audience construction as this builds complacency through suggesting that the average Canadian is not at risk from the disease, and removes individual responsibilities in terms

of taking protective actions through obscuring avenues of infection. This audience construction also endorses processes of Othering.

4.3.d Text 15 (April 28, 2009): Dr. Heimann and the Mexican Migrant Workers

This *Windsor Star* text targets a local audience and features a public health official's remarks at a news conference regarding potential H1N1 infections in the county via tourists returning from Mexico. The presence of Mexican farm workers in the region is also described. Risk in this text is embodied not by the virus, but by Mexican migrant workers in the region. Protection lies with the health official featured as the source of all information regarding the outbreak and portrayed as actively working to manage the threat.

4.3.d.i *Worldview*: *Mexican Migrant Workers and the Swine Flu Scare*

This text emphasizes the frightening nature of the virus' behaviour in Mexico, but draws a distinction between the risk faced by Mexico and by the audience of the text, reflected even in the naming of the virus as "Mexican swine flu." For the audience of the text, the disease is "mild" and it is contextualized with respect to seasonal flu. Rather than being threatened directly by the outbreak, the audience of the text is most at risk from thousands of migrant workers in the region.

H1N1 is characterized as a serious threat via clusters of terms describing its origin and its impacts in Mexico, but this is contrasted with its "mild" nature in Canada. Risk is primarily located with Mexican migrant workers in Windsor and Essex County but Dr. Allen Heimann (County Medical Officer of Health) is portrayed as actively monitoring this population, and as modeling transparency with the media.

In a cluster of terms describing the virus, the name "Mexican swine flu" is used, along with "swine flu scare" and the descriptors "potentially fatal" and "grave pneumonia." A cluster describing the virus' impacts in Mexico provides numbers of infections and deaths, notes the "high number of fatalities" and the virus' targeting of young adults. However, the term "pandemic" is absent from the text.

The rhetor describes Dr. Heimann as noting that the local community is at risk from two sources—"local vacationers returning from Mexico recently," and "the thousands of migrant

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Mexican farm workers in the Leamington area." However, the Mexican workers compose a cluster of terms equating them with a threat of infection; the rhetor states "the concern is mainly to make sure recent arrivals from Mexico have no flu symptoms, [Heimann] said." A "temporary halt" to the arrival of additional workers is "under consideration." The returning tourists are not mentioned again.

The cluster of terms describing the threat posed by the workers includes observations that there are "thousands of workers" in the area that are "of particular concern"; there are "too many to screen." While the workers are part of the geographical audience addressed by the text, and some would have been in the area for "months" and so could be assumed to receive information from the Canadian media, they are not included as an audience by the rhetor, and their own likely concerns regarding risk of infection are not acknowledged. Dr. Heimann notes: "Those who have been in Canada…and are healthy are not a risk to anyone." He is described as leaving for the area in which the workers are living "immediately after [the] news conference."

In the rhetor's presentation of him, Heimann diverges from national public health authorities in advising against travelling to Mexico: "I certainly wouldn't be comfortable with a family member travelling to Mexico right now." However, he functions to moderate anxiety by noting that "only six cases have been confirmed in Canada" and "stressing" that cases to date in Canada and the U.S. "were mild infections with no hospitalization required." The preparation of the "local" (a significant term) health care system is noted. Heimann also contextualizes H1N1 with respect to seasonal flu, noting that common flu "can kill 500 to 1,500" Canadians annually. He is shown modeling transparency: "He said he would be holding frequent news conferences as new information became available."

Offering further context and reassurance is a sidebar targeting "anyone with those symptoms who has travelled to Mexico recently," describing symptoms of H1N1 infection, observing that drugs are effective in treatment and that "the usual precautions" should be taken as personal protective measures.

Heimann, the single expert source cited by the rhetor, functions as the main locus of protection from H1N1 for the audience of this article, through his demonstrated actions (travelling to the site of greatest risk of H1N1 circulation, describing local and national officials "taking quick steps to limit the spread") and through providing advice and context. Heimann emerges as hierarchically superior to the federal public health system in the context of this local

audience, via his actions and his role as gatekeeper of information. In the article proper, risk is located in the Mexican community of migrant workers, with those at next greatest risk being tourists.

4.3.d.ii *Agon*: *Heimann vs. Mexican Migrant Workers*

Infection control strategies for "Mexican swine flu" appear in a sidebar targeting travellers, but the text itself features control strategies aimed at Mexican migrant workers, both at the point of departure from Mexico (workers are "being screened there for flu symptoms and asked to fill out a questionnaire") and in Canada (in the rhetor's paraphrases of Dr. Heimann, "[the concern is to make] sure recent arrivals from Mexico have no flu symptoms"; consideration of a "temporary halt to the arrivals of additional Mexican workers"). In contrast to these control strategies, it is only recommended that audience members refrain from travelling to Mexico, and the potential contagion of tourists returning from Mexico is not referenced beyond the beginning of the text. The outbreak is something stemming "from" Mexico as opposed to something happening "to" Mexico—the disease's origin, as "Mexican swine flu," is clearly in Mexico. Overall, the steps described to limit the spread of disease involve limiting the movement of Mexicans, and in the absence of the term "pandemic," the predominant oppositional tension of the text lies between Canadian officials, represented by Dr. Heimann, and Mexican migrant workers.

4.3.d.iii *Identification and Impacts*: *The Ethos of Dr. Heimann*

Dr. Heimann is the only source cited by the journalist, perhaps a cue as to the degree of identification between the journalist and source. Heimann is also the locus of all actions being taken and of all reassurances provided by the text; consequently, the rhetor invites identification with him as the main source of protection from the virus, another instance of alignment with a public health function. Heimann is characterized by the rhetor as demonstrating good ethos through leaving "immediately" for the area in which the migrant workers live, and as modelling transparency by promising to hold "frequent news conferences." Further, the stance of the critic is evident in Heimann's statement noted above: "I certainly wouldn't be comfortable with a family member travelling to Mexico right now," a statement also portraying a paternal tone.

Enthymematically, this text asserts that vacationers who have returned from Mexico are less of a threat with respect to disease spread than Mexican migrant workers, and the Leamington area is at higher risk due to the presence of "thousands of migrant farm workers." The steps described by officials to limit the spread of the disease involve limiting the movement of Mexican people: safety lies in the management of this source of H1N1 exposure.

This text also minimizes the contagion of influenza viruses in terms of the audience it addresses, and limits disease susceptibility to tourists returning from Mexico. It constructs populations of local Mexican migrant workers as a threat to the audience of this article and does not acknowledge the concerns of this migrant worker population regarding infection, or the possibility that the virus may circulate outside this population due to tourists' exposure while in Mexico. In sum, this audience would accept and condone actions against Mexicans. These actions would eliminate the need for individual protective behaviours.

4.3.e Conclusion

Texts in this section highlight both the severity of the virus and its origin in Mexico as aspects of exigence. Public health authorities are not the exclusive sources of protection, here; travel agents also play a role in moderating anxiety. Sources of threat are portrayed variously as travellers returning from Mexico, as fear, as Mexican migrant workers in Canada, and in one case, as the virus itself. Conversely, sources of protection range from medicine, the symbolic power of "vigilance," and the ethos of a regional public health figure acting as dramatistic agent within the local scene.

Texts in this category associate risk more strongly with Mexico, setting the stage for processes of Othering. In Text 2 (4.3.a), the threat lies exclusively with Mexico and not the U.S., where additional cases have been identified, and not with Manitobans returning from Mexico. In the same text, it is not the disease itself that poses the greatest risk, but the implied lack of transparency of Mexican authorities. Text 7 (4.3.c) situates risk with Mexicans (the average Canadian is not at risk), and Text 15 (4.3.d) aligns risk with exposure to Mexico and Mexicans.

In this category, contagion is dealt with in a symbolic manner. Texts 3 (4.3.b) and 15 (4.3.d) suggest that only Canadian travelers returning from Mexico are at risk of the disease; there is a dissociation in terms of their potential to spread the disease to other Canadians. Text 7 (4.3.c) implies that Canadian tourists to Mexico have an "inherent immunity" to the disease:

while Mexican citizens are subject to disease control measures, Canadian tourists to Mexican resorts are symbolically isolated from these measures and from the disease itself, protected by the "purity" of the resort environment. The significance of a travel advisory also functions symbolically, in that the threat is treated as minimal in the absence of an advisory, even in the context of events in Mexico (Text 7/4.3.c).

While the main agons of Texts 2 (4.3.a) and 15 (4.3.d) feature Mexico (travelers from Mexico and Mexico/Mexicans respectively), protection is also provided through the symbolic shield of government "vigilance" (Text 3/4.3.b), a term that only implies action. The tension between the need to conduct "business as usual" and the threat posed by the outbreak, a construction that attributes to the travel advisory the power to actualize the threat (Text 7/4.3.c), along with the symbolic treatment of contagion, leads to an under-emphasis of the potential for the disease's spread and encourages complacency with respect to individual responsibility in protection.

The constabulary function is evident in this section as well. For example, in Text 2 above (4.3.a), the entire notion of contagion is absent. As noted, continued travel to Mexico is approved, provided travellers take "common sense precautions." The medical system's response launches in full force against "potential" cases of H1N1, placing these people in medical isolation, but allowing them to move freely in their communities prior to that time at which their identities morph into potential H1N1 cases. In Text 3 (4.3.b), federal "vigilance" is offered as the country's protection from the outbreak, a largely intangible measure portrayed as countering a tangible biological threat. In Text 15 (4.3.d), the monitoring of Mexican migrant workers in Canada is portrayed as the protection for the audience of the text.

4.4 Group III: From a Mutating Virus Follows a Pandemic and Chaos

Texts in this section all highlight the virus itself as exigence, in contrast to earlier texts featuring public panic (4.2 Group I). It is either the virus as mutating and spreading which is the focus of texts, or it is the broader notion of "pandemic" as a consequence of the virus' spread. Either the mere threat of a pandemic may be seen by rhetors as a matter of urgency, or emphasis may fall upon the scene that would accompany a pandemic.

Worldviews in this section reflect high anxiety, describing the beginning of the long-forecasted pandemic and its anticipated impacts (both biological and economic), the vulnerability of health officials to respond to it effectively, and the potency of the virus (as "mutated"; "multi-strain"; "pandemic-type"). Rhetors here do not suggest means of protection at the level of individuals or otherwise.

Specifically, analysis of texts described in this category revealed clusters of terms depicting H1N1 as a potent threat, as well as clusters describing vulnerability and impending social disorder. In other words, in these texts, H1N1 is portrayed as (and suggested to be) a harbinger of chaos.

Texts in this category portray health authorities as either misguided in their stance on the outbreak, or as "struggling" and vulnerable. Suggestions of a lack of transparency among officials serve to increase anxiety, as does the stance of one health authority (Text 6/4.4.c). The WHO becomes an apocalyptic figure in these texts, having the power to bring the pandemic into being.

The virus is portrayed as potent. If it is described as "mild," audiences are still urged to view it with trepidation (that is, its mildness is misleading; 4.4.e/Text 13 below). A pandemic is to be feared in these texts and this is reflected in the terminology used to describe it and in its portrayed impacts. Reassurance is largely absent and avenues of protection do not exist: rather than the development of a vaccine being offered as reassurance, rhetors emphasize that there is no vaccine.

Mexico in these texts is portrayed without processes of Othering: the outbreak is portrayed as a threat to all of humanity.

4.4.a Text 1 (April 24, 2009): The World is Watching the Dawn of a Flu Pandemic

This article was written by a Canadian Press health reporter and was one of the first Canadian newspaper stories on the outbreak. The text targets a national audience, providing one of the earliest interpretations of the situation. The article describes an outbreak of an unknown disease in Mexico occurring at the same time as a swine flu outbreak in the U.S., and contrasts the stances of the World Health Organization versus the U.S. Centers for Disease Control and the Public Health Agency of Canada with respect to these outbreaks. This text portrays the threat of

a pandemic as exigence, exacerbated by a lack of solidarity among putative protectors. In such a situation, no reassurance can be provided.

4.4.a.i *Worldview*: *"Watching the start of a flu pandemic"*

This text features dramatic intensity focused upon the outbreak in Mexico: "the world is watching." Risk is located squarely with a pandemic, which foreshadowing portrays as about to become a reality. While the PHAC and the CDC are engaged in attempting to identify the virus, though lacking knowledge and fearing the outbreak's course, the WHO is portrayed as denying that risk exists.

In this text, the rhetor describes a "world…watching the start of a flu pandemic." In the rhetor's terms, there is an "unusual explosion of severe respiratory illness"; cases are "unusually severe." The term *mystery illness* is synecdochic with *plague* (as in "an unusually severe respiratory illness plaguing parts of Mexico"). The term *swine flu* appears in the same equation as *pandemic* (as in "authorities… remember all too well the 1976 swine flu scare—a feared pandemic that didn't materialize"). The outbreak is not targeting those usually considered most at risk: it is "affecting mainly young, previously healthy adults."

A pattern of *unfolding* is also key—a cluster of terms foreshadowing a pandemic supports this observation. There is a "mounting" number of cases ("seven and counting"), the disease is *spreading*, *exploding*, *plaguing*. There is a disconnect between actual case numbers and the language used to describe the situation: Pairs of cases are described as "clusters." The number of confirmed deaths provided is 20, yet the terminology implies a much higher mortality rate.

Reassuring statements are juxtaposed with qualifiers that have the effect of conveying increased risk. For example, "Symptoms are similar to seasonal flu, though there are more reports of vomiting and diarrhea that [*sic*] is seen with regular flu." Likewise, "All…cases have recovered, though one person required hospitalization."

While expert sources in the text represent several health organizations, national and international, these are portrayed as vulnerable in the face of the outbreak. A likely locus of protection from the threat—"health authorities"—is described as "struggling." A cluster of terms describing the CDC conveys watchfulness—*finding*, *revealing*—but a level of paralysis due to lack of knowledge regarding the threat. "We don't know," Dr. Anne Schuchat of the CDC states;

the CDC "can't currently tell." Underlying the pattern of foreshadowing evident in the rhetor's choice of terms (e.g., "Even on its own the human infections with swine flu viruses are significant enough to have experts wondering whether the world is watching the start of a flu pandemic"), concern is expressed by the CDC regarding increased severity of the threat: "We believe at this point that human-to-human spread is occurring….we certainly don't know the extent of the problem." CDC officials "expect to confirm more cases."

In the cluster of terms describing the PHAC, infections to date are contextualized (there are no cases in Canada, either of the illness being found in the U.S. or of the illness currently "plaguing parts of Mexico"). "Alerts have been sent out," but while a source (Dr. Danielle Grondin) states that a travel advisory would be issued, the rhetor notes that it has not been released.

In contrast to the evident concern of the CDC and PHAC, a cluster of terms describing the WHO portrays the organization as blind to the threat. In the rhetor's terms, the WHO "said at this point it does not believe the threat of a pandemic…has risen." Officials say, "We would not see any evidence" and "we see no evidence" (WHO spokesman Gregory Hartl). It is implied that the 1976 swine flu threat has led the WHO to take a "once bitten, twice shy" approach—at the possible cost of risking preparation time in the face of an actual pandemic. This cluster functions to question the ethos of the WHO: if there is "no evidence," why are the CDC and PHAC responding to the outbreaks?

Overall, while these organizations—the WHO, CDC and PHAC— represent scientific expertise at national and international levels, they are portrayed refraining from, or being incapable of, overt, decisive action in the face of the outbreak. In the corresponding absence of any avenue of protection, this lack of protective action serves to exacerbate anxiety.

Mexico is a key term in this text as consubstantial with illnesses, but locations in the U.S. are not. There is further evidence of differential treatment of the outbreak in Mexico versus the U.S., which is of interest, given the lack of knowledge about the nature of either outbreak at this early stage. For example, while the outbreaks are introduced together ("Concurrent outbreaks of human cases of swine flu in the south-western United States and a mystery respiratory illness in Mexico"), it is the outbreak in Mexico which receives the most figurative treatment. A travel advisory against travel to Mexico is being considered, but not against travel to the U.S. As noted, the disease in Mexico is described with the terms "mystery," "unusual explosion," and

"unusually severe." The disease in the U.S., meanwhile, is simply "swine flu," and its "symptoms are similar to seasonal flu."

Given the elements of the situation about which we can reasonably expect audiences to care—such as the virus' origin, or mechanisms of protection—it is worth examining the nature of the terms deflected by the rhetor, that is, the nature of the rhetor's dissociative practices. Here, references to protection of any kind, whether drugs, border controls, vaccine development, or personal protective behaviours, are absent. The only reassuring factor is a statement that the virus is not present in Canada, but through foreshadowing, it is suggested it soon will be. Consequently, the article creates anxiety but offers no way to address it.

4.4.a.ii *Agon*: *Those Who "see" vs. Those Who Do Not*

Among the authorities cited, oppositional tension exists between, on one hand, the PHAC and the CDC, which profess concern, and the WHO, which denies the threat. "Official pronouncements are being crafted with caution" by the WHO, which speaks in negative assertions, not about the disease, but about the justification for its position. It "does not believe the threat of a pandemic…has risen." Its spokesperson asserts, "We would not see any evidence yet for this being a phase change"; "We never want to overestimate or underestimate something"; "we see no evidence to change the global pandemic phase" (Hartl).

The term "pronouncements" implies that the rhetor is viewing the WHO as engaging in a public relations exercise. Burke notes the significance of diction in terms of individual word choices when he calls attention to the distinction between the terms "realm" and "region," with one having decidedly more celestial associations ("Fact" 61). While ostensibly synonyms, the rhetor chooses one term over another due to the underlying structure of the rhetor's worldview; the choice of terms is a motivated choice, reflecting associative and dissociative processes. In other words, the suggested interpretation is that, given the magnitude of the threat, authorities are misguided at the very least in refraining from decisive action in response to the threat, and may in fact be focusing on "spin" at the expense of responding to the outbreak.

There is oppositional tension, then, between the "scene" as portrayed by the rhetor—the beginning of a pandemic—and the stances of public health authorities that are not responding to the threat in a substantive way.

4.4.a.iii *Identification and Impacts*: "*Fear this*"

      Rather than functioning to reassure, the WHO's stance is portrayed by the rhetor as suspect. The rhetor repeatedly emphasizes the severity of the threat and the absence of official action—health authorities are hindered or are not taking action due to being unable to perceive the true nature of the threat. The text also suggests by omission that in this absence of protection, there is nothing individuals can do to preserve health. Thus, the identification invited is with a state of mind, an attitude: fear.

      The ideal audience would accept that the threat is not the U.S. cases, not Canadians returning from Mexico, but a pandemic in and of itself. The ideal audience for this text would accept the rhetor's stance that a restrained approach, such as that of the WHO, is not desirable in these circumstances. Despite the messages provided by the WHO, which in a different context could have had a moderating effect on anxiety, audiences should fear a pandemic—and it is of international concern ("the world is watching"). Those organizations taking action are modeling appropriate behaviour (primarily the CDC, in this text), but due to their portrayed lack of knowledge, they are hindered in their ability to respond effectively.

      The oppositional tension portrayed between the WHO and the authorities mobilizing against the outbreak serves to discredit the WHO, while the admissions of lack of knowledge on the part of the authorities confuse who is "in charge" and who is the source of protective information. Most significantly, the text serves to generate considerable anxiety but offers no way of addressing it: no locus of protection is identified. Audiences are invited to fear a pandemic and see authorities as unable to offer protection. This combination invites the social disorder Group I texts aim to allay.

4.4.b Text 5 (April 25, 2009): Mutated, Multi-strain Virus in Mexico

      This text from the *National Post* also targeted a national audience. The text focuses upon the virus as dramatistic "agent." This agent, if not stopped by health officials, has the potential to cause a worldwide pandemic. The focal point of the outbreak is Mexico as the staging ground for the virus. The rhetor describes an increasingly worrisome situation in Mexico and steps being taken there to limit citizens' movements in an attempt to curtail the disease's spread. The "concern" and "worry" of the U.S. Centres for Disease Control regarding the situation are also conveyed.

4.4.b.i *Worldview*: *A Mutated, Multi-strain, Pandemic-type virus*

The ultimate term of this text is the virus, with its ability to cause a pandemic via its activity in Mexico. Mexico is a focus here, but not as consubstantial with the virus; rather, Mexico is portrayed as victim to the virus. In this article, as in the previous text, the nature of the worldview is conveyed through clusters emphasizing the severity of the threat in contrast to a lack of available protection.

As a key term in this text, the virus is the focus of the article, and thus of the rhetor. A cluster of terms describes the virus and names it a number of different ways. It is *swine influenza*; a *multistrain swine flu*; a *novel A H1N1 influenza*; a *pandemic-type virus*; a *mutated* virus. The virus is *new* and *novel*; it *mutated*, which indicates its sinister potential; it is *multistrain*, containing "strains from different types of flu," which is implicitly more threatening than a virus of only one type of flu. It has "infected" and "sickened hundreds," and has "caused deaths"; it likely caused even "more fatalities" and more "possible infections." Two organizations (the WHO and the European Centre for Disease Prevention and Control) are quoted as indicating that it is "a potential source of a human flu pandemic"; that it "might have a risk of developing into a pandemic-type virus," thus laying a foundation for a "from-what-to-what" (PLF 82) pattern of development.

An additional cluster of terms describes Mexico as "victim" in detail, providing numbers of deaths and infections, confirmed and potential, and emphasizing the pre-existing health of flu victims ("Most of the Mexican cases were healthy adults with no known record of prior illness"). Foreshadowing is implicit in the observation that the outbreak is occurring in a "densely populated city," "an urban area of about 20 million." A separate cluster featuring Mexico highlights control measures emphasizing containment: measures curtailing the movement of Mexican citizens in public and through airports are described. Mexican officials are actively confirming, probing, preparing to launch a vaccination campaign, closing museums, and placing teams on standby at airports.

A cluster of terms provided as reassuring to the Canadian public features the PHAC's Dr. Butler-Jones and presents the absence of "confirmed" cases ("so far") and a promise of transparency ("If we find any [cases], Canadians will know about it") as reassurance. However, while there is a cluster of control measure terms suggesting protective value in a vaccine

(Mexico is described as having 500,000 doses and officials plan to "launch a massive vaccination campaign"), according to the CDC, the existing vaccine will not be protective: "There is no vaccine to…protect humans from swine flu." No further information regarding the development of an effective vaccine is provided.

In terms of the protective actions being taken by officials, while the article describes the U.S. as "[taking] emergency steps to contain outbreaks," such steps remain unclear, while "concern" emerges as a key term (two CDC officials describe their "worry" and "concern"). The only explicit action described is the establishment of "emergency operation centres," the function of which is unclear, in contrast to explicit containment measures described in Mexico.

Overall, the article centres upon the unpredictability of, and chaos caused by, the virus in Mexico. There are two other significant elements in the worldview presented by this journalist-rhetor. The first is the scene, where the rhetor, as noted, centres the events in Mexico and in U.S. states near Mexico, with the implication that "Mexico" is contagious. Those near it are at risk. The text models anxiety with respect to the virus' location, but not to the extent that processes of Othering are evident. Actions taken and planned in Mexico are described in detail.

The second significant element in this worldview is the act, which is the act of the virus (as agent)—the causation of a pandemic. There is no "protection" cluster for those audience members outside Mexico: the emphasis and focus overall lies with anticipation of and concern regarding the potential "act" of the virus, and as such, Mexico becomes the scene for this act. However, there is a pattern of expansion sustained throughout the article, as the level of anxiety is maintained throughout the text with each line contributing a new and worrisome perspective on the outbreak.

4.4.b.ii *Agon*: *Mexico vs. the Virus*

This text features the impacts of the virus: it is the main "character" of the text, attributed with various potencies (*mutating*, *sickening*, *infecting*, *causing deaths*). Terms for the virus are not infused with scenic significance as in Text 1 (4.4.a); rather, it is the virus itself which is targeted, as a discrete entity, an "agent" in pentadic terms. The article describes a precarious situation, then, where the only protection available to the audience lies with the actions of Mexican authorities in containing the virus at its source. The function of the CDC in the piece is to exacerbate the threat via the "concern" of those with scientific credibility. Thus, the main

agonistic tension in the story lies between the cluster of actions of Mexican health authorities to control the disease, and the cluster of potencies attributed to the virus. This text invites audiences to approve a forceful and thorough response to the disease in Mexico, its source.

4.4.b.iii *Identification and Impacts*: *A Pandemic is Coming*

Following the patterns in the text functioning to create and sustain anxiety, the ideal audience would believe that a pandemic is likely. However, there is nothing the average person can do to protect themselves, and there is no vaccine. This text privileges the potency of the virus, yet for the audience of this text, no one in particular—beyond Mexican health authorities—is responsible for protection. Science itself is vulnerable: audiences are informed that there are no tools to fight this virus. The very lack of knowledge, combined with the novelty of the virus and its ability to mutate, implicitly raises the risk of a pandemic.

The ideal audience for this text would note that Mexican officials appear to be implementing the most direct and targeted responses against the outbreak to protect Mexican citizens, but the rest of North America is at risk. Officials outside of Mexico are "concerned" and are opening "response centres," the function of which is unknown. The WHO appears to be the next line of defence; it has "activated its global epidemic operations centre," but such action is far removed from the average audience member. In other words, the perception of the threat's severity as demonstrated by Mexican health officials is lacking among officials outside of Mexico.

The article does not indicate which organization will protect Canadians. One public health entity which could invite identification—the CDC—professes consubstantiality with the public from which it is normally hierarchically separated: "People are concerned about the situation and we are worried as well." While the Public Health Agency of Canada is represented in the article, the actions described in the case of an outbreak in Canada consist solely in informing Canadians of the outbreak. In the absence of a clear "protector," and given the focus of the article on the many names for and descriptions of the virus's activity, the emphasis of the rhetor and thus the attention of the audience is focused upon the virus. Its novelty, unpredictability, and apparent potency are highlighted. Overall, the rhetor's message is that a pandemic is coming, and we are all at risk. This text invites identification with an attitude of fear.

4.4.c Text 6 (April 25, 2009): Dr. Gardam Disagrees

This text, written by a health reporter, was printed in *The Globe and Mail* and targets a national but Ontario-centric audience. It describes the growing concern of Canadian and American health officials regarding the outbreak in Mexico, and the World Health Organization's actions to date.

While this text features the agency of the virus, an underlying exigence emerges. The virus becomes a backdrop against which the ability of public health authorities to respond quickly and efficiently is called into question through the agency of an opposing authority: The article focuses on the opinions and stance of an Ontario health official, Dr. Michael Gardam, regarding the outbreak and the stances of the WHO and PHAC.

4.4.c.i *Worldview*: *Officials "deeply concerned" about Swine Flu Pandemic*

The virus emerges as "agent" here as in the text above. Both *pandemic* and *virus* function as key terms in this text. The novelty and potency of the virus are emphasized; it is described as "gripping" Mexico and "killing" people there, as "unusual," "never-before-seen," and unpredictable. The threat posed by the outbreak is portrayed as severe through clusters centred on the virus' nature and the pandemic risk. Here, the ethos of public health officials is featured via precautions taken and responses underway. However, in addition to sources at the WHO and PHAC, an additional source reinterprets and overtly challenges them rather than aligning with official responses described. This functions to overshadow potential elements of reassurance.

The magnitude of the threat posed by this virus is evident via the equation of a "swine influenza outbreak" with "a potential global flu pandemic":

> Canada's chief public health officer expressed deep concern about a swine influenza outbreak gripping Mexico and the southwestern United States as health officials around the world went on high alert for a potential global flu pandemic.

The term "pandemic" is repeated several times, mainly in the context of the WHO pandemic alert levels. The WHO's outbreak rating system is described in the context of a global flu pandemic, forming a cluster of terms. The levels constitute an alert "ladder," the nature of which is to be climbed.

Preparations set in motion by bird flu, which "has not spread from person to person easily enough to touch off a pandemic," are suddenly relevant, and in fact foreshadow the coming of a

swine flu pandemic: "Scientists have long been preparing for a new flu virus that could cause a global pandemic." Health officials internationally are "on high alert for a potential global flu pandemic."

The threat is also sufficiently severe that those at the highest levels of health protection expertise are "concerned." A cluster of terms describing PHAC includes "concern" as a key term ("deep concern"; "This is very concerning, clearly"; Butler-Jones). The CDC describes "[hearing] high anxiety from the public" and states "We are worried as well" (Besser).

While the threat is high, reassurance appears through several means. First, through the Canadian government's being "among the first to start preparations" (Butler-Jones), its ethos is demonstrated and symbolic protection is offered—enthymematically, a country which was among the first to begin preparing will have fewer cases of the illness than a country that was late to respond. The protective potency of the Canadian government is also evident in its ability to wield the powers of science and medicine: "officials have built an anti-viral stockpile and have the ability to produce a vaccine quickly for the whole country" (Butler-Jones).

Second, the vulnerability of the virus to drugs is reassuring. Testing has shown "the virus shows sensitivity to…the two anti-viral drugs that Canada has stockpiled." The Canadian government demonstrates ethos through amassing quantities of the protective drug, and the audience is also reassured via the logos implicit in the drug's effectiveness against the virus. Third, the ethos of the Mexican government in working to contain the outbreak is demonstrated: Public places have been shut down and samples have been sent to Canada's National Microbiology Laboratory and to the CDC for testing.

Further reassurance is provided through symbolic means. Canadians seem to have a kind of implied immunity to the disease, which Mexicans lack. For while hundreds are sick in Mexico and officials are closing public buildings there, "There is no reason Canadians shouldn't travel to Mexico" (Butler-Jones). It is implied that the disease is more contagious among Mexican people than between Mexicans and Canadian tourists (or between returning Canadian tourists and other Canadians). Despite the illnesses and response measures underway in Mexico, Canadians may still visit Mexico freely—raising the question of why, if the disease is proving so worrisome in Mexico, Canadians would be safer there than Mexicans.

However, reassuring elements are overshadowed by the dramatic tone to this text, which describes the "never-before-seen virus" "gripping" Mexico. It is stated that "The virus has not

landed in Canada yet," but this statement is placed in opposition to what is implied to be a potential case: "health officials are awaiting lab results from a Crown attorney in Cornwall, Ont." This person had recently visited Mexico and returned "with a mysterious illness." The patient's name (Guy Simard) and age (47) are provided as well, and the fact that samples of his blood are being tested.

What may be Canada's first case of the disease further calls into question the government's reassurance regarding travel to Mexico. While it is implied that sick Canadian tourists are not a threat to Canadians, what is demonstrated is that potential flu cases among Canadian tourists will be highlighted in the national media. It is unusual that such a degree of personal information about a single patient would be published in this way. However, Simard is Canada's (and more importantly, Ontario's) first potential case of the disease. He represents for the national audience a "typhoid Mary" figure, possibly bringing the disease to the country, and functioning to contribute to the overall alarmist tone of the article. The attention paid by the rhetor to Simard also belies the government's reassurance.

Dr. Gardam also functions to underline the severity of the situation by repositioning the statements of other health authorities to increase the gravity of the threat. While the WHO awaits advice from "an expert panel," Dr. Gardam foresees the alert being raised to one step from a pandemic. While the PHAC states "There is no reason Canadians shouldn't travel to Mexico" (Butler-Jones), Gardam advises rethinking travel plans. The effect of the rhetor's focus upon Mr. Simard is to affirm Dr. Gardam's message.

4.4.c.ii *Agon*: *Gardam vs Health Officials (PHAC / WHO)*

The impact of elements of reassurance in the text is overshadowed by oppositional tension in health officials' interpretations of the threat posed by H1N1. Dr. Gardam is allotted a number of direct quotes explicitly featuring his personal stance on the actions of the WHO and PHAC, and is shown explicitly opposing elements of those actions, constituting an entire cluster of terms.

Gardam appears to be able to foresee the actions of the WHO:

> [The WHO is] going to need a bit of time to digest it, I understand that. That being said, being very familiar with their plans and their phases, I am assuming they will come to the conclusion…that they need to up the pandemic threat level.

Gardam's stance is that a more potent response is appropriate than is currently evident. Gardam (and thus, the rhetor) also critiques the stance of the PHAC. In the face of Butler-Jones' assertion that "There is no reason Canadians shouldn't travel to Mexico," the rhetor states, "Dr. Gardam disagreed." Gardam's role is to call into question the actions of the WHO and PHAC, to act as critic, which places him hierarchically above these organizations, a standing reinforced by his ability to speak in the text in his own voice.

The predominant pattern of oppositional tension in this text, then, is the figure of Dr. Gardam opposing, not the disease or the outbreak directly, but the stances of the officials purportedly responsible for containing the threat and protecting Canadians. In particular, Gardam seems to call into question the ethos of these protectors, calling attention to the contradiction between the PHAC's declaration of "concern" and yet its encouragement of continued travel to Mexico. Gardam's message to the audience of the article is that anxiety levels should be greater than what the WHO and PHAC might suggest. However, with the ethos of these protectors called into question, Gardam offers no reassurance as to where protection does lie.

4.4.c.iii *Identification and Impacts*: *Believe Dr. Gardam*

The rhetor identifies with Gardam's message and invites the audience to do so as well, given the number of direct quotes from Gardam as opposed to any other authority in the piece ("In my mind"; "I understand that"; "I am assuming"; "My own personal opinion"; "if I was planning"; "if I was hearing"; "I would probably rethink"). Gardam's association with Ontario may also invite identification for members of the audience in Ontario. While direct quotes represent the stance of Dr. Butler-Jones in the text, they are in contrast shorter and fewer and more often he is paraphrased. In associative terms, if the rhetor believes Dr. Gardam over Dr. Butler-Jones (and feels the audience should as well), then the function of Simard becomes to increase the immediacy of the threat for the audience of this text.

The ideal audience for this text would accept that officials at the WHO and PHAC are acting naively with respect to the outbreak, whereas Dr. Gardam represents a more appropriate and authoritative stance. The portrayal of Gardam functions to discredit the elements of reassurance provided through other authorities. The text also confuses who is "in charge" of managing the outbreak and providing protection from the perspective of the audience. Gardam is

the agency by which the rhetor influences how the scene is viewed, making the article as a whole function to heighten anxiety.

4.4.d Text 9 (April 26, 2009): WHO: "We do not yet have a complete picture"

From the *Ottawa Citizen*, this text targets a local and regional audience. It describes the situation in Mexico and steps taken by health authorities there to try to contain the disease. While itemizing cases to date and providing statements from the Canadian government and the U.S. Centers for Disease Control, the rhetor focuses upon the World Health Organization's interpretation of, and stance on, the outbreak.

While featuring the severe nature of the outbreak, this text contrasts the international authority of the WHO in infectious disease surveillance and response, with the WHO's decision to refrain from taking action in the face of the virus that is "killing" people in Mexico.

4.4.d.i *Worldview*: *WHO's Pandemic*

This text constructs a worrisome situation from a number of perspectives. The threat is centred upon the deadly nature of the virus and its impacts in Mexico, but the severity of the threat is enhanced by the suggestion of a lack of transparency among public health officials in Canada. In terms of "holding the reins" of the situation, the WHO is featured not only as being the only entity capable of interpreting the situation, but also the only entity capable of responding to it.

The rhetor takes an overt approach in the description of an impending pandemic and of the potential cost in deaths. As in Text 1 (4.4.a), the coming pandemic is foreshadowed ("The United Nations health agency has warned for several years that a new virus strain could spark a human influenza pandemic that could sweep around the globe and kill millions"). Against this backdrop, numerous statements describe the coming of a pandemic. For example, the WHO "[warned the new flu virus] could start a global epidemic," and "Experts…believe that the world is now closer to another influenza pandemic than at any time since 1968." Swine flu is synecdochic in this text with (part of the same cluster as) "global epidemic."

In the context of such foreshadowing, a cluster emphasizing the terms "kill" and "deaths" completes the picture of a coming pandemic of a severe nature. The term "kill," which appears

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several times, is particularly striking in comparison to other texts. The virus "could sweep around the globe and kill millions"; also, it "could spark" a pandemic. Such emphasis attributes potency to the virus and introduces notions of violence.

An additional cluster of terms describing current numbers of deaths provides a context of escalation, juxtaposing Mexico's 80 deaths to date with a metropolitan population in the millions ("In Mexico's crowded capital of 20 million people, where most of the victims have died, jittery Mexicans were buying up surgical masks and foodstuffs"). Mexican citizens are portrayed taking protective actions of two types: striving to protect themselves from contagion on a personal level, and taking steps to prepare for the fall-out of social disorder. Consequently, this also contributes to the "virus" cluster.

In this article, the reassuring impact of the absence of the disease in Canada is superseded in emphasis by a cluster of terms describing reports of suspected cases being "strongly denied," as an official "called the reports 'rumour.'" Consequently, a cause for anxiety in addition to the disease itself becomes the lack of transparency of health officials in Canada.

The use of appositives and modifiers as forms of repetition in conjunction with a concept is a window onto how the rhetor conceptualizes an issue. Here, the virus is described in numerous ways emphasizing its novelty and its origin in animals: as noted, it is *killing*; it is *flu*, a *swine flu strain*, a *Type A influenza virus*, a *severe respiratory illness*, an *animal strain of H1N1 virus*, a *new virus strain*. In contrast, in Group I texts, the disease is often referred to by a single name, such as "swine flu" or "the illness," or it is described with colloquial language ("possible infections popped up"; 4.2.c). Given past experience with the severe acute respiratory syndrome (SARS) and years of warnings of a possible avian flu pandemic, audiences would be likely to associate such an animal link with a high threat level.

The terms "H1N1" and "influenza A" are also included in the cluster of virus descriptors, but their significance is not explained, and it is unlikely that lay audiences would possess an understanding of viral proteins. The effect of such terms in a lay text functions as a kind of medical jargon. While bureaucratic jargon is used in order to make discourse impersonal (Frye 331), jargon also functions as a way to exclude "out-groupers" (Allan and Burridge 10). Thus, a rhetorical effect of jargon is to emphasize a separation between the rhetor and an audience which does not understand the jargon, and in so doing to attribute an elitism to the element described, if not also to the rhetor. In the usage here, the virus is given membership in a biological elite. To an

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audience unfamiliar with viral nomenclature of any kind, a flu described as "H1N1" flu becomes implicitly more threatening than the simple "flu." But H1N1 is not the sole descriptor; it is also a "Type A influenza virus," which compounds the effect.

Another key term which appears in a cluster of appositives is the World Health Organization. It is referred to as "the United Nations health agency" and "the UN agency." Already holding significant hierarchical power through being the "World" health organization, the additional descriptor is an enhancing element of authority.

The WHO is featured in several clusters of terms. In addition to the clusters of WHO identifiers and entities (WHO's emergency committee, "experts at WHO," WHO chief Margaret Chan), it is the main locus of acts within the article. It is the entity which is *warning*, *designating*, *recommending*, *deciding*, *stating*, and *advising* other health officials. The WHO is also the only entity interpreting the "scene" containing the new virus. The WHO conveys the "pandemic potential" of the virus and the outbreak's nature as "a public health emergency of international concern." In addition, the cluster of terms representing the WHO's system of alert levels carries great symbolic significance, despite being an artificial system for organizing real-world events. A WHO confirmation of Level 6 would be synecdochic with a pandemic. In other words, it is implied that the declaration of the level "makes it so"—it creates the real-world situation and not the reverse, as in: "Level 4 would confirm evidence of 'increased human to human transmission.'" However, even in the case of numerous deaths and illnesses, if the transmission pattern did not meet "Level 6" status, audiences are urged to refrain from interpreting (or responding to) the events of the outbreak without this official confirmation of the disease's severity.[21] In fact, the term "pandemic" is only used in conjunction with the WHO. The pandemic becomes the WHO's pandemic.

If the pandemic is the "WHO's pandemic," it would be expected that the WHO would be holding the reins in terms of protection as well. And, here, the WHO is the only suggested locus of protection against the pandemic. The main protective element described in the article is a "sizable supply of [the antiviral drug] Tamiflu," wielded by the WHO. The article contains an implied objection to the dispensing of the WHO's supply of Tamiflu in Mexico: the WHO

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[21]   A similar pattern occurs in relation to the declaration of a travel advisory: In the absence of a travel advisory, business [in the case of Text 7 (4.3.c), tourism to Mexico] may continue as usual despite evidence of an outbreak.

"stood ready with antiviral drugs to combat the outbreaks in Mexico," "*but* authorities have a sizable supply of the drug Tamiflu…according to the WHO" (emphasis mine). This objection ("but") anticipates concern regarding the WHO's delivering its supply of Tamiflu to Mexico, at the expense of the rest of the world. It is also stated that the WHO will "advise drugmakers" when to focus on vaccine development, and that it is currently refraining from initiating vaccine development. In sum, the effect is to attribute to the WHO a kind of ownership over the pandemic through its influence over how the scene is viewed. Thus, the WHO holds the power not only to interpret and "create" the pandemic, but to decide who receives protection and when populations will receive protection through vaccination.

4.4.d.ii *Agon*: *WHO: "Too soon" vs. "public health emergency of international concern"*

Despite the attributed potencies of the WHO, the fact remains that it cannot see the future. The main agon featured in the text is related to an additional WHO cluster of terms, which represents a qualifier on the authority of the WHO. In the face of the preparations being made, the WHO maintains it is "too premature at this stage" to announce travel advisories: "We do not yet have a complete picture of the epidemiology or the risk…." (Chan). Further, the WHO maintains that it is "too soon," it "[has] not decided yet," and "more information is needed" prior to taking definitive actions. This is despite the patterns discussed regarding foreshadowing of the pandemic and the observation that the WHO is "alarmed."

In the context of the WHO's statements emphasizing the severity of the threat, this stance, which is described without any suggestion that a pandemic may not in fact develop, fails to offer reassurance in any way. The cautious stance may in fact increase anxiety as it is interpreted as lost time in preparation, or an ethos problem with the entity purported to be the "world's" protector in the case of a pandemic.

This cluster serves to anchor the predominant pattern of opposition in the text. On the one hand, there is the current isolated nature of the outbreak ("the swine flu strain has been confirmed only in Mexico and a handful of U.S. states"; there are "no indications of outbreak elsewhere in the world"), and the WHO's holding-pattern stance. On the other hand, there is the declaration by the WHO of the situation as "a public health emergency of international concern." Also on the side of concern are "jittery Mexicans," the "vigilance" of the Canadian government,

the CDC's "acting aggressively on a number of fronts," and the "strong" denial of reports of suspected cases in Canada.

A cluster of terms describes Mexico in particular as taking a heavy hand against the outbreak. Authorities have issued an "emergency decree," suspending events and closing public places, as well as granting officials "special powers" to control the sick through testing and isolation orders. These actions on the part of the Mexican government require the audience to accept that while it is "too premature" to declare a pandemic, it is not too premature for the other measures described to be taken, and the warnings and predictions outlined to be issued. Overall, this contradiction contributes to difficulty for the audience in determining the actual nature or level of the threat.

4.4.d.iii *Identification and Impacts*: *Have Faith in WHO*

With the rhetor's featuring of the WHO as the main actor and interpreter of the outbreak, this text invites audiences to identify with the WHO in the stance that a pandemic is coming. The ideal audience would refrain from critically evaluating the text and would identify with the stance of the WHO, as well as attributing to the WHO the authority to definitively "identify" the pandemic. It would be accepted that the WHO's alert levels have the power to bring a pandemic into being (or not) as opposed to events in the world.

It would not be seen as hypocritical for the WHO to portray a stance suggesting a pandemic is coming but at the same time, argue that there is not enough evidence to take action. In the context of the responses of other health authorities, it would be accepted that it is too premature for the WHO to declare a pandemic, but not too premature for the other actions to be taken. Nor would there be contradiction in the WHO's refusal to raise the alert level (a sign there is not a pandemic threat), regardless of the declaration of "a public health emergency of international concern." Despite the deaths of previously healthy people in Mexico, the WHO is correct in professing a "lack of evidence."

However, while the WHO has the power to act in terms of providing protection, it is portrayed as refraining from action. The only protection from the pandemic, though, is Tamiflu. Individuals cannot protect themselves—protection lies at the bureaucratic level, with WHO officials and closer to home, with the "vigilance" of the Canadian minister of health. Thus, no concrete reassurance or locus of protection is provided in the face of the coming pandemic.

Overall, this text over-emphasizes the protective capacity of bureaucratically-wielded measures and devalues the actions of non-WHO health authorities, discounting also the ability of individuals to take steps to protect themselves. This text urges the public to refrain from interpreting the events of the outbreak and suggests that the international community relies upon the WHO to "throw the switch" in terms of preparation. The only concrete protective measures currently being undertaken lie with the actions of Mexican health authorities against Mexicans. This is only acceptable if "the threat" lies solidly with Mexico, and in this text, the assertion is clear that the disease is moving beyond Mexico's borders.

4.4.e Article 13 (April 27, 2009): Be Afraid, Even Though Cases Are Mild

This article, written by a Canadian Press reporter, also targets a national audience. The article conveys the urging of public health officials at the World Health Organization, U.S. Centers for Disease Control and Public Health Agency of Canada, that although the illnesses associated with the outbreak outside of Mexico are mild, people should not dismiss the threat of the disease. The discrepancy between the behaviour of the virus in Mexico and elsewhere is discussed. Despite its warnings, the WHO maintains it is "way too early" to make predictions as to how the disease will develop.

Similarly to Text 1 (4.4.a) above, this text contrasts the stance of the WHO with the CDC and PHAC, and with "evidence" as to the virus' activities. The exigence is clearly the virus, which is portrayed as a severe threat through descriptions of its nature (e.g., ability to mutate), and through anthropomorphization. The "mildness" of illnesses in Canada serves to exacerbate the threat, in that it may mislead audiences as to the actual nature of the threat. In the absence of a vaccine, combined with "puzzled experts" and "confusion," audiences are invited to respond with fear.

4.4.e.i *Worldview*: *Impending Storm will bring Deaths as Virus Hits*

This text foreshadows a scene of death and social disorder. The threat here is the virus—it is portrayed as active: it can metamorphose, becoming more hazardous; it will "hit" communities. The term "mild" appears here, but the PHAC is portrayed dissuading audiences from being misled by the "mild" nature of infections. Messages of moderation are overshadowed by terminology emphasizing the dramatic nature of the scene.

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The scene described in this article is one of an impending storm. The message that a pandemic is developing, despite appearances, is conveyed in multiple ways. First, a cluster of terms centres on the virus itself via the World Health Organization's descriptions of its current behaviour and predictions of its future behaviour. The ability of influenza viruses to "evolve," "change constantly," "become more dangerous" and "mutate" is stressed. Corresponding observations suggest anthropomorphization in that the virus's "current behaviour is no guarantee of future actions," and that it is "difficult to predict" in what direction mutations will move (i.e., towards increased or decreased virulence). These comments intensify in significance due to being attributed to a source of high credibility: a WHO spokesperson, Dr. Keiji Fukuda, whose specialty is identified as influenza.

This influenza virus is implicitly more threatening because it is targeting an unusual segment of the population outside the typical "very young and very elderly." In the rhetor's terms, "It has been reported that in Mexico a large percentage of the cases are people in their 20s, 30s and 40s, a demographic not generally hard hit by flu."

There is an overestimation of the audience's ability to parse viral nomenclature, risking the effects of jargon, as in Text 9 (4.4.d). The rhetor refers to "two subtypes of influenza A and one family of influenza B viruses," and to "human H1N1 viruses." However, these terms are not explained.

A second cluster centres on the efforts of the PHAC to dissuade audiences from interpretations of the disease as mild. There are "mild cases" of "mild disease," but "No one should take this for granted in any way…no one should lull themselves into thinking everything's just fine" (Dr. Butler Jones, PHAC). (Quotes referenced by the rhetor are taken from a press conference also referenced by several texts in section 4.3. However, here, selected quotes function to increase anxiety.)

Science is portrayed as impotent in the face of the virus. A cluster of terms describes "puzzled" influenza experts; and "genetic information" that, rather than clarifying the threat, is adding to the "confusion." The "disease pattern" is "discordant."

In a third cluster of terms concerning preparation, "international authorities" identified as Drs. Anne Schuchat and Richard Besser of the CDC, urge that people "need to prepare for the idea that we will have additional cases…and I do fear we will have deaths here" (Schuchat). Key terms in this cluster are "prepare" and "idea," against the backdrop of deaths and general chaos

in communities as the virus "hits." The implementation of such preparation is not described: how does one prepare for an "idea"? Suggested methods of preparation thus remain abstract: "people should start making plans for how they can cope when (not if) the virus reaches their communities" (Besser).

The likelihood that the coming impacts will be severe is portrayed through the contrast between a cluster of "chaos" terms ("school closures"; "continued spread of virus"; "deaths as virus hits"), and rare statements such as "we may be fortunate," leading to an overall emphasis on the coming of a pandemic and its consequences in terms of deaths and cessation of services. While it is urged that people "prepare," the only recommended action involves the planning for lifestyle changes (e.g., doing without childcare services), as opposed to taking measures for the preservation of health.

It is notable that the rhetor portrays Canada, Mexico and the U.S. as consubstantial due to the shared experience of swine flu cases: "Canada joined Mexico and the United States on the list of countries with confirmed cases…." While the disease is "severe" in Mexico, Mexico also appears as a term in other clusters. It is literally a shared virus: "genetic sequencing of viruses from the U.S. and Mexico show the same strain of the influenza A H1N1 swine flu is responsible for the illness." There is no Othering occurring here. The shared experience of infections among the countries creates common ground, which in Burke's terminology equates with a shared stance (consubstantiality) and thus identification.

The rhetor refers to victims of the disease consistently as either "cases" or "deaths." An exception is Mexico's health minister, who in the rhetor's paraphrase states that the disease has "killed up to 103 people." The use of the term "cases" transforms the ill into an aspect of the scene of the disease, without character or agency.

An additional cluster centres upon the need for a vaccine. While the development of a new vaccine is described in a hypothetical fashion ("[Besser] suggested authorities are in discussions with vaccine manufacturers exploring the option of making a vaccine against the virus"), the current lack of a vaccine against the disease exacerbates the threat. The threat is particularly exacerbated in view of the "pessimism" of authorities: "The tests that we've done so far against the seasonal flu vaccine of H1N1 is [*sic*] very pessimistic" (Schuchat). There is a distinction made between human strains of H1N1, against which seasonal flu vaccines are protective, and *this* version, which is more threatening.

The only protective measure to which the rhetor alludes is immunity stemming from previous exposure to swine flu, an avenue likely not open to a significant proportion of the audience. In the context of warnings about "deaths" ["people should prepare themselves…that deaths are likely to occur"; "I do fear we will have deaths" (Schuchat)] the effect overall serves to increase anxiety without providing further context or suggesting measures individuals can take in terms of protection.

4.4.e.ii *Agon*: *Health Authorities vs. "present appearances"*

The oppositional tension reflected repeatedly throughout the text is the contrast between present appearances (the disease's manifestation as "mild") and the virus's ability to mutate into a version capable of causing a pandemic. This pattern (or in Burke's terminology, the "equation" of "from what to what"; PLF 82) is reflected even in individual quotes: "Of course, we may be fortunate…But I think we really need to prepare for the idea that we will have additional cases" (Schuchat). The article's emphasis falls on the second scenario which is implied to be the likely reality: "the whole picture" or "what is truly going on," in the rhetor's terms.

The WHO is an agonistic element in the appearances-versus-"reality" agon, suggested even in the article's lead, which contrasts "evidence" of the spread of swine flu with the WHO's assertion that "it needs more time to decide whether to raise the pandemic alert level." While one source at the WHO (Fukuda) is a focus of the article and the main voice emphasizing the changeable nature of the virus (in alignment with similar statements from the CDC and PHAC), he also repeatedly discourages predictions. In statements focused upon the WHO's stance regarding the pandemic, Fukuda gives the impression that the WHO is more concerned about justifying its position or observing its bureaucratic constraints than about the societal impacts of the virus (e.g., "We want to make sure we are on…solid ground").

The pandemic is in the hands of a committee: The responsibility regarding the WHO's stance with respect to the outbreak lies with the WHO "emergency committee" which is not meeting again until the following day (although it is stated that serious developments would precipitate an earlier meeting). Meanwhile, it is the unpredictability of the virus ("Fukuda said people should understand that flu viruses change constantly and that the current behaviour of the virus is no guarantee of its future actions"), which is causing other authorities to urge audiences to anticipate a coming pandemic. Thus, the WHO occupies an oppositional position with respect

to the CDC and the PHAC. The WHO does not choose to commit to the threat to which the audience of the article is being urged to commit, and consequently its ethos and potential value as a "reassuring" element is eroded.

4.4.e.iii *Identification and Impacts*: *"What's truly going on"*

      A number of terms place the stance of the WHO in opposition to the "evidence," with this opposition being developed in the first paragraph of the text. The rhetor refers to "what is truly going on," "the whole picture." Meanwhile, the WHO states that "it needs more time to decide" on a course of action. In other words, while the WHO will not yet commit to the severity of the threat, the audience of the text should.

      When the WHO uses the term "we," it means the WHO ("We want to make sure we are on pretty good, solid ground"; Fukuda). In contrast, when the CDC uses the term "we," it refers to both the official speaking and the lay audience—the shared "targets" of the virus. The CDC makes itself consubstantial with the audience of the text. Consequently, the identification invited is to an attitude that is in alignment with that of the PHAC and CDC. While the audience in Text 1 (4.4.a), written by the same journalist, is in thrall to the scene, in this article the audience is urged to actively engage in the "creation of" the scene: "we really need to prepare for the idea that we will have additional cases ... and I do fear we will have deaths here" (Schuchat).

      This text invites identification with the stances of non-WHO health authorities regarding the outbreak, specifically, with the stances of officials at the PHAC and the CDC. Audiences are invited to align with the "proper" stance through the use of direct quotes or paraphrases from sources in the imperative form—"Nobody should take this for granted"; "No one should lull themselves"(Butler Jones). Audience members will naturally resist seeing themselves as part of the group "taking this for granted" or "lulling themselves." Meanwhile Dr. Schuchat makes the audience consubstantial with her own stance: "we really need to prepare…."

      Via the opening line of the text, the rhetor indicates that perhaps the WHO is engaging in the kind of behaviour against which the CDC and PHAC are warning: "Despite evidence that swine flu viruses are circulating in at least three countries, the World Health Organization said Sunday it needs more time to decide whether to raise the pandemic alert level." The WHO is ignoring "evidence" about an impending pandemic and further, is approaching the pandemic

bureaucratically: "we have decided to wait and try to get a little bit more information so the committee can deliberate on this."

While the WHO is portrayed as engaged in justifying its stance, other officials are "trying to prepare people" and are mobilizing towards vaccine development. However, following the advice of the authorities quoted in the text, the ideal audience would accept that being prepared for an "idea" equates with being prepared for the pandemic. Likewise, preparations to counter effects of a pandemic on "lifestyle" equate with protection from a pandemic in a more holistic sense as well.

Overall, the stance suggests that the WHO is ignoring "evidence" about an impending pandemic, and the approach of the WHO may impact the ability of other authorities to effectively prepare. The audience of the text should identify with the stance that a pandemic is coming, with "those who don't lull themselves" in the face of the "mild" cases of the disease. However, as there are no clear protections in place, and as authorities are puzzled and concerned (or are choosing inaction despite the threat), the net effect is to invite fear in the absence of reassurance.

4.4.f Text 16 (April 28, 2009): Pandemic "threat" Causes Economic Sickness

This text, a nationally-targeted wire article via CanWest News Service, describes the economic impact a pandemic could have. A range of interpretations was reflected in the headlines written by different editors. Five versions of the article were printed, with headlines ranging from "No reason to panic, economists advise"[22] to "The wages of fear: Pandemic threat rocks economy."[23]

It is of note that, despite the varying headlines, the rhetor strives to present a balanced view of the H1N1 scene. The article contrasts the opinions of two chief economists: one suggests there is no need to worry, while the other argues that even the threat of a pandemic will have serious economic consequences. The text targets a business audience, but half of the versions were printed in newspapers' "A," or news, sections.

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[22]   Akin, D. "No Need to Panic, Economists Advise; Swine Flu Scare: "Canada is Very Well Prepared." *The Gazette* 28 April 2009:B1. Print.

[23]   Akin, D. "The Wages of Fear; Pandemic Threat Rocks Economy, but Canada Well Placed." *The Ottawa Citizen* 28 Apr 2009: A5. Print.

In contrast to earlier texts in this section, the threat highlighted here is a pandemic. Even the risk of a pandemic, however, has real-world impacts. The consequences feared here are economic in nature as opposed to deaths and illness. Airlines, for example, are victims.

Certain entities and behaviours are highlighted in the rhetor's terms as contributing to the "economic" threat: the WHO, which can bring a pandemic into being, and those who seek to benefit economically from the pandemic. Here, the threat to social order is economic in nature, and its symptoms are already in evidence.

4.4.f.i *Worldview*: *Symptoms of Economic Sickness Are Showing*

Despite differing interpretations by headline writers, the article's first paragraph portrays a bleak picture: "The swine flu scare is likely to wreak significant economic damage on a world already coping with its worst recession since the 1930s."

Via the terms evident here, the rhetor dissociates from the "actual" outbreak and its infections and deaths to date. The exigence as portrayed by the rhetor in this text is the pandemic, beginning to show effects even before it technically exists. As noted in the lead, the threat is immediate: while health officials can respond to the biological aspects of the outbreak, no one can contain the "threat."

One economist emphasizes the consequences in terms of health, and another in terms of the economy. However, the risk emphasized by the *rhetor* is economic damage, with consequences such as closed borders and supply shortages. Poor ethos in this rhetor's view is benefitting economically from the outbreak, as opposed to spreading the disease.

Rather than the virus, it is the term "pandemic" that is significant throughout this text, a term repeatedly associated with the 2002-2003 severe acute respiratory syndrome (SARS) outbreak and the economic damage it caused. In a cluster of terms describing SARS, the rhetor notes that despite a relatively low number of deaths, SARS hurt markets and had a particular impact on the airline industry ("airlines were particularly hard hit," with "traffic declining" and stocks falling). When the cluster is viewed in terms of "from what to what?" (PLF 82), the current situation is made synecdochic with the SARS outbreak and its impacts. A pandemic "scene" is depicted in a cluster of terms, with national borders closed, supply shortages, and threatened energy supplies. The first symptom of damage is already occurring: the TSX is falling.

It can be seen that in the rhetor's contrasting of two economists' stances regarding the outbreak, there are in fact two discrete exigences being discussed. A cluster of terms centred on one authority, chief economist Sherry Cooper, conceptualizes the outbreak as a threat to health and addresses an audience concerned with contracting the disease or experiencing its impacts at the level of their personal lives. Elements of reassurance provided by Cooper pertain to the exigence as she sees it. "Economists and market watchers also cautioned that…there is no evidence yet that a pandemic is imminent." Cooper states, "I do know that hospitals around the country are using their pandemic preparedness plans right now to make sure that…they are ready." The impact of the virus causing the outbreak is symbolically attenuated: "the swine flu virus, like any other flu virus…." Context is provided describing its spread (coughing or touching, as opposed to the consumption of pork).

While Cooper's concern rests with the disease, the other economist, Stefane Marion, sees the problem as a purely economic one and addresses an audience concerned about the outbreak's financial impact. Marion is concerned exclusively with the impacts on the "victims" of SARS fears—the investors and businesses affected in the economic sense ("Fears of pandemic had a very tangible impact on equity markets in 2003").

However, in terms of an overall dissociation on the part of the rhetor, the outbreak itself otherwise receives little attention. Current mortality figures are not provided, no "cases" are mentioned, nor are the locations of outbreaks given (in fairness, perhaps because the journalist knew this information would be provided through other coverage). While impacts on stocks are discussed in percentages, so also are illnesses and deaths ("For economists, a pandemic exists when 15 to 35 per cent of a given population is ill"), making these impacts part of an economic "scene." Such terminology functions as a dissociation from the biological risks and impacts of an infectious disease outbreak, associating impacts instead with those of a financial nature. The vulnerability here is not human health, but financial health which, in this worldview, holds greater importance overall.

Beyond the "scare" referenced in the first paragraph of the text, there are two additional threats. First, the WHO's actions during SARS had "a very tangible impact" on the Standard & Poor's 500, which recovered quickly when the WHO retracted its alert. The WHO has the power to wreak—or prevent—economic damage. The acts of the WHO affect the "scene," more so than the disease itself.

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Second, the behaviour of some countries or stockholders in seeking to benefit economically from the outbreak is portrayed as poor ethos. Countries using the outbreak as an "excuse" to erect trade barriers ("There were...fears that some countries may use the swine flu as an excuse to put up new trade barriers") are in the same cluster as investors who "hit the jackpot" through investing in antiviral research. Countries exhibiting even poorer ethos are those who target Canada in trade barriers: "Ukraine went so far as to ban the import of pork products from Canada and any country where a case of swine flu has been reported."

The impact overall is the creation of a scene in which the effects of a pandemic "threat" are already being seen: "Investors seemed spooked," and the price of oil is falling, along with the TSX. Given past experience with SARS, this scene promises to become more grim, and there is little comfort to be had. In fact, risk is implied via "as many as 15,000" Mexican agricultural workers who travel to Canada on a seasonal basis: "many are already here." While health officials are described as being capable of responding to the biological aspects of the outbreak, as noted, no one can contain the "threat."

4.4.f.ii *Agon*: *Economic Illness vs. a Biological Pandemic*

The primary tension which emerges in this text is between the signs of coming economic trouble—"investors seemed spooked"—and the messages of reassurance about the development of an actual pandemic. This tension is reflected in the stances of the two chief economists. A distinction is made between an actual pandemic, which does not yet exist, and a cluster of terms discussing *fears* of a pandemic, which do exist. Even the threat of a pandemic is serious: The threat alone is capable of inflicting harm, and impacts can already be seen, and this is where emphasis falls, and where damage arises. Given that it is the "scene" that will wreak damage, the victims will not be biological but economic. The nature of the chaos to come will not be disrupted community services but low oil prices and falling stock values. Even though there might be a limited number of deaths, as with SARS, this could still be devastating—the potency of the "threat" undercuts any reassurance about the control of the disease spread, etc.

4.4.f.iii *Identification and Impacts*: *Economic Sickness Is More Severe than Biological*

This text describes a worldview in which economic "sickness," in the form of a recession with a "massive loss of productivity," is more severe and more tangible than biological sickness

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and deaths. Here, the term *swine flu* appears in the same cluster as the term *recession.* A recession is the equivalent of an economic pandemic, and worse, it can occur without or before a biological pandemic has been declared. Already, airlines are portrayed as victims: "Continental Airlines was among the worst affected, with its stock falling about 17 per cent."

Here, we see the economic version of identification to preserve social order. Economic benefit as a result of this kind of "sickness" is portrayed as poor ethos. There is oppositional tension between "appropriate" behaviour during an outbreak and inappropriate, but here, such behaviours are portrayed in an economic context. A cluster which the audience is invited to reject or condemn includes those benefiting from the outbreak, both investors in antiviral research firms and "some countries [which] may use the swine flu as an excuse to put up new trade barriers." "Some countries" are already refusing to import meat from Mexico, while, as noted above, the Ukraine is specifically targeting Canada in its restrictions. Canada is not an oppositional term (it is not portrayed as having any recourse or taking any action), but a victim— in Burke's terminology, a scapegoat. Through responding opportunistically to the outbreak and erecting trade barriers, Ukraine becomes an aggressor. Once again, the "enemy" to fear is not the virus or a pandemic. The threat is more immediate than that: the opportunistic behaviour of countries like the Ukraine and the associated economic consequences. The "enemy" here is not the disease or a pandemic, but the countries that will seek to benefit from the outbreak. Poor ethos is portrayed as using the swine flu outbreak to benefit economically, particularly if more countries than Mexico are affected. This is the theme of "social disorder" as viewed through an economic lens.

The federal government is portrayed here as demonstrating good ethos against the biological threat ("'They're not letting it slide. They're also not overreacting, either,' said Ken Forth, a farmer and president of Foreign Agricultural Resource Management Service"). The biological threat is under control (or can be controlled), but not the economic threat. Once the threat has surpassed the level of biological significance, no protection can be offered.

The current outbreak is associated with the SARS outbreak at the level of its economic impact. The stance that "this is like SARS" is continued throughout the article and functions to undercut messages of reassurance. While SARS is a motif, so also is the role of the WHO in being empowered to create, prevent, or cure economic sickness ("…the market recouped those losses within weeks of the World Health Organization's ending the SARS alert in summer

2003"). The ideal audience would align with the attitude that the same economic fallout should be anticipated here as occurred due to SARS.

Overall, there is equivocation among economists' definitions of a pandemic, the "threat level" system of the WHO ("…the World Health Organization raised its threat level late yesterday from three to four on a scale of six"), and the "scare" (recalling the rhetor's assertion that the "scare" alone is likely to "wreak significant…damage"). While there is slippage between the threat as biological versus economic, the audience is invited to identify with the economic interpretation. The impacts are explicit: "…it shuts down national borders, it reduces the flow of goods and services between countries, and it leads therefore to significant supply shortages because no single country is self-reliant" (Cooper).

The ideal audience for this text will view chief economists in the same light as audiences of texts on non-economic perspectives treat health experts. While the federal government works to contain the biological threat, economists work to convey the severity of the looming economic threat.

4.4.g Text 17 (April 28, 2009): Swine Flu, Free Fall and the Tipping Point

Also couched in a perspective regarding the "costs" of H1N1, this *National Post* text describes the potential economic impact of H1N1 on airline stocks, with SARS providing the backdrop. The text targets a business audience and was printed in the financial section of the paper.

This text echoes many of the patterns in the previous. Here, however, the identification invited lies in the diction of the rhetor and the structure of the text, as the agon constructed portrays the stances of economists on "opposing" sides of the question of how detrimental the swine flu outbreak will be.

4.4.g.i *Worldview*: *SARS Was Bad, and This Is Like SARS*

The rhetor here makes H1N1 and SARS consubstantial. Here, as in the previous text, victims are financial: SARS had severe financial impacts, and this is like SARS.

H1N1 is linked with SARS via a cluster of terms outlining SARS' financial impacts. As "the [H1N1] virus continued to spread," the term dreaded by investors—"free fall"—appears in relation to airline stocks, affected by "fears that a global outbreak of swine flu could prove as

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detrimental to the industry as SARS did." Impacts are in dollars and percentages: "Asian-Pacific airlines lost an estimated US$6-billion" when "demand fell by 50%" due to SARS. SARS "hit" Air Canada "disproportionately hard," leading to the ultimate financial tragedy: a declaration of bankruptcy. An expert source, Andrew Busch, adds to the bleakness of the scene by noting "that travel, leisure, and retail sectors are typically the hardest hit." Busch also forecasts economic impacts due to H1N1: "'I do think travel to the originally infected areas will be severely curtailed….Mexico's tourism will be severely negatively impacted."

Two clusters of terms centre on a second expert source, Cameron Doerksen, who alleviates anxiety by providing reassuring context on both Air Canada's current fiscal status and on the outbreak. Regarding Air Canada, it is noted that shares had "already fallen more than 60%" due to concerns "about its mounting debt" in the wider context of the economic downturn. Further, Air Canada's "other issues" are "probably more serious than a flu epidemic." Doerksen is also the source of a cluster of terms conveying the stance that "everything is under control." Current Canadian cases are "isolated." Airlines were already leaving Mexico due to the end of the tourist season.

An additional source aligns with Doerksen to ease anxiety, forming a cluster of terms describing the silver lining of "such epidemics." Michael Linenberg argues that any "sell off" could create "buying opportunities," that "negative headlines" could lead to "a more attractive entry point."

While the text begins on a note of high anxiety, the "moderating" clusters attenuate the potency of H1N1. It is "isolated"; it is another in a series of outbreaks. While Air Canada was a victim of SARS, shares are not currently affected by H1N1. Air Canada has a "neutral" rating; investors are not being advised to sell shares. For the airline, there are other concerns that are more serious. Finally, rather than presaging economic hardship, H1N1 may in fact turn out to be lucrative for investors.

However, the worldview portrayed here hinges on the point that despite messages of reassurance, the H1N1 outbreak will be severe. The rhetor's diction tends toward the colloquial, creating immediacy with the audience when the topic is dramatic economic damage due to a disease outbreak. "Stocks went into a free fall," SARS proved a "tipping point" for Air Canada, and Air Canada's "hub in Toronto" was a "hot spot" for SARS. This associative pattern again recalls Burke's remark, "If a man talks dully of glory, but brilliantly employs the imagery of

desolation, his true subject is desolation" (ATH 233). There is a certain fascination or allure with the idea of a new SARS, and this is evident in the grammatical patterns in this text. H1N1 is linked repeatedly with SARS; they are synecdochic, related with an "and" and not a "versus." Through both the rhetor's diction in describing the "high threat" scenario and the placement of those messages at the beginning of the article (recalling that journalists structure texts with the most "important" information first, so as to lessen the likelihood that it will be trimmed during editing), the attitude invited is that of high anxiety in anticipation of a SARS-like disease outbreak.

4.4.g.ii *Agon*: *"This is like SARS" vs. "There are other issues more serious than a flu epidemic"*

This text presents an ostensibly balanced analysis of the situation, contrasting the views of Andrew Busch with Cameron Doerksen and Michael Linenberg. However, in this balance an agon can be seen: "this is like SARS," versus "this will not be as bad as SARS." Oppositional tension in this text lies between the initial scene portrayed and the stances of Doerksen and Linenberg, who function to oppose the view that H1N1 may be as "detrimental" economically as SARS.

4.4.g.iii *Identification and Impacts*: *Swine Flu will be like SARS*

There is evidence that the rhetor invites identification with one side of the agon over the other. The rhetor's use of colloquial language (*free fall*, *hardest hit*, *hot spot*, *tipping point*), functioning to create immediacy with the audience, occurs in conjunction with the emphasis of the virus' shared characteristics with SARS: the rhetor makes the two consubstantial. This section of the text also foreshadows the coming chaos: "While it's still too early to assess the impact of the latest outbreak, the AMEX Airline index fell 10.6% yesterday after the virus continued to spread from its epicentre in Mexico to locations around the world..."

The ideal audience for this text, and other texts emphasizing the economic impacts of the outbreak, would accept the discussion of impacts in terms of percentages and dollars, and not in terms of lives.

While the term "pandemic" does not appear in the text, the terms *global outbreak* and *severe disease* appear, along with the observation that the virus is spreading beyond Mexico: the

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outbreak is in the process of expansion. This pattern of expansion is associated with falling stock values. Even this early in the outbreak, stocks are in "free fall," and "severe negative impacts" are anticipated (the ideal audience would accept that a 10 per cent fall in stocks constitutes a "free fall"). SARS was economically devastating, and "as SARS spread, so did its economic impact." Consequently, the ideal audience would accept that even though a pandemic has not occurred, the effects of the outbreak are already occurring. The outbreak is already showing "symptoms" which were evident during the SARS outbreak and if the effects of the "fears" are this substantial, the future will be even worse.

4.4.h Conclusion

Texts here feature an exigence founded on the virus and its ability to cause a pandemic. Agons structuring texts in this section pit health officials against each other in terms of those who accurately perceive the threat and those who do not; and the concept of economic "sickness" is introduced as an impact more severe than biological sickness. Audiences are invited to identify with stances couched in an attitude of fear regarding the developing pandemic scene, and with the belief that what is coming will be as severe as SARS was.

What all texts in this section have in common is an attitude that the coming events hold the character of apocalypse, a rhetorical emphasis constituting apocalyptic framing (5.6). To be expanded upon further in the following chapter, texts in this category over-emphasize the potency of the virus and in the absence of the protection of health authorities, dissociate the outbreak from a context involving easily implemented protective measures. Agons in this category predominantly feature tension between a developing pandemic "scene" and the ineffectiveness of potentially mitigating entities. Text 5 (4.4.b) highlights the actions of Mexican authorities as standing between the advancing virus and the rest of humanity; Text 17 (4.4.g) places the interpretations of economists in opposition to a scene that is reminiscent of the economic disaster caused by the SARS outbreak; Text 9 (4.4.d) features the lack of definitive action on the part of the WHO as contrasted to advancing outbreak. Through the figure of Dr. Gardam, Text 6 (4.4.c) directly addresses tension between the authority of the WHO in being imbued with the power to respond to the outbreak, and its lack of action. These texts reject the authority of those public health officials and bodies traditionally sanctioned as having the capacity and competence to protect humanity from infectious disease outbreaks.

In the portrayal of agents working to counter elements tangential to the virus itself lies evidence of the constabulary rhetoric function, as noted in earlier sections. In Text 9 (4.4.d), the PHAC is portrayed by the rhetor as engaging in the rhetorical construction of itself as "concerned," at the expense of implementing concrete measures against the outbreak (in fact supporting continued travel to Mexico). In the same text, the Mexican government is portrayed as taking drastic measures in that country, placing audience attention on Mexico's ability to control the outbreak and dissociating from the epidemiological significance of continued travel and tourism to Mexico. The constabulary function is evident in Text 13 as well (4.4.e), in which preparation consists in preparing for the "idea" of additional cases and deaths (Schuchat).

The theme of social disorder is also apparent in this section. In Text 13 (4.4.e), the PHAC's Dr. Butler Jones suggests appropriate ethos in the face of the outbreak: "Nobody should take this for granted"; "no one should lull themselves." This motif is evident in the nature of the preparation recommended. As noted, while it is urged that people "prepare," the only recommended action involves the planning for lifestyle changes. The concern of the rhetor falls on social disruption rather than biological consequences.

An additional theme that appears in this category is the idea of "economic" sickness (4.4.f, 4.4.g). These rhetors fear a pandemic of another kind—a somehow more tangible pandemic. These texts suggest that "financial" health is more vulnerable and significant than biological health. There is also the implication that financial "illness" is less discriminatory than disease (in the sense that individuals can seek an Other more susceptible to disease). Financial illness is a disease experienced by all.

Given the magnitude of the impending threat, the identification invited here is toward a dangerous virus, a threatening pandemic, which affects everyone. Consequently, it is not surprising that these texts also construct an audience that is not critically engaged in evaluating information regarding the outbreak. Overall, these texts depict a stance involving purely existential anxiety, portraying a scene in which a pandemic is advancing on humanity.

CHAPTER 5

STYLISTIC MEDICINE: SCAPEGOATING AND THE "CONSTABULARY" FUNCTION

A disease outbreak is a rhetorical situation of enormous magnitude: regardless of audience, everyone will share, at a basic level, susceptibility to the disease: the threat of "infection" with a novel and frightening contaminant, at the level of individuals, communities and nations. While in the case of a novel disease outbreak one could assume that society's attention and efforts would converge on the disease itself, the previous chapter emphasized the degree to which this was not the case. This chapter will explore the process of scapegoating and the function of constabulary rhetoric as means of transcending the risk posed by a novel outbreak, as well as the "response" to these offered by what I've identified as an "apocalyptic frame."

5.1 The Scapegoating Motif

René Girard argues that in the context of disease outbreaks, "the *sacrificial* element" is central (520), as a purifying process redeeming the rest of society from the impacts of the outbreak. Gilmore and Somerville (1994) describe symbolic processes of stigmatization and scapegoating in the context of infectious disease:

> When the spread of infection is rapid or there is uncertainty about its modes of transmission, [the threat of stigmatization] can be exacerbated. The worst situations in this respect are epidemics or, to use stigmatizing language, plagues. Other situations that increase the sense of threat and danger are those that challenge societal norms, or public safety and order. (1342)

This article focuses upon AIDS, a disease that in its origins was to tied conceptions of the "Other." However, in the association of the H1N1 outbreak with Mexico, it was also possible for rhetors to describe and identify an "Other" which enabled audiences to perform distancing functions ("it can't happen to me" [and therefore I don't need to change my behaviour]).

Gilmore and Somerville observe that a population under threat has several avenues of redress open to it: physical escape from the threat, control or incapacitation, denial, or "[displacement of] the fear it engenders such that its impact is eliminated or minimized" (1339).

Of these, denial and displacement lead naturally to symbolic processes of scapegoating (1339). Those members of society targeted by symbolic processes offer characteristics enabling audiences to identify those at risk as "not me": they are viewed as different due to discrimination and audiences may also engage in attributing "fault, guilt or blame" (1339-1340).

As symbolic means of containing threat, stigmatizing and scapegoating processes are viewed here as equivalent, in terms of Burke's interpretive framework. B.C.'s Dr. Skowronski stigmatizes poor infection etiquette ("You don't look so good, maybe you should go home"; 4.2.f). Rhetors stigmatize Mexico ("Mexican swine flu"; 4.3.d). We have problems with Mexican migrant workers in Canada, but not Mexican business travelers or Canadians of Mexican origin, or Canadian tourists returning from Mexico. Gilmore and Somerville argue that stigmatization functions to distance communities from dangers to "important and purportedly overriding values" (1343), resonating with rhetors' placement of importance on the maintenance of social order. "In contrast," the authors continue, "latent threats to these same values, even when of a more serious nature, are not handled with the same stringency, and may even be ignored" (1343). Thus, those who don't follow proper infection etiquette are stigmatized, while the possibility of unseen viruses circulated by innocent carriers is ignored.

Stigmatization also functions to consolidate identification among the members of the rhetor's ideal audience. By functioning to "articulate, re-affirm and 'purify' a community's values...and to reduce variance and engender conformity" (1343), stigmatization builds adhesion among those audience members who accept the rhetor's premises, and thus strengthens cultural systems whose stability relies upon the maintenance of order.[24]

The authors also name scapegoating as a means of maintaining social cohesion (Szasz 328). For human scapegoats to function effectively on behalf of the community, "they must be able to be dehumanized in order to be blamed, isolated, ostracized, or in some way separated from the scapegoating community in order to expel those 'sins,' and for the community to justify doing this to them but not to others" (1346). This separation enables, in Burkeian terms, "perversions of the sacrificial principle (purgation by scapegoat, [or] congregation by segregation)" (SS 279). Consequently, infection (that which is identified as such by the medical

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[24]This process appears in Burke's theory in the form of "'congregation by segregation,' unifying a people by antithesis, in terms of a common enemy" (OHN 73).

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establishment) becomes dehumanizing, a means of attributing Otherness to members of one's own community.

Scapegoating is transformative. The existence of a scapegoat enables a person or community to re-identify themselves, to transcend an undesirable symptom or state. In Burke's terms, transcendence solves conflict or dialectic via symbolic means (PLF 312). In times of high drama (Carter 3), the redemptive capability of the scapegoat increases. In the early days of a putative pandemic, what needs redeeming? Health, in all senses—biological, social, and financial. Because of the nature of the threat, audiences encounter the tinge of the unclean. One transcends risk of infection by knowing who or what *is* at risk and distancing oneself from them (tourists, Mexicans, agricultural products, industries). Redemption enables a hierarchical separation: from unclean to clean, potentially ill to healthy. Ideal audiences will accept the "sacrifice" offered: whether it be, for example, Montreal's Guy Simard, Mexican people, or tourists. The ideal audience will accept that they should be left to their fates.

As noted above (3.3), Burke distinguished explicit and implicit scapegoating processes. When scapegoating processes are clear to the audience, the audience is aware of the nature of the victim (e.g., the dismissal of a superior for an employee's crime, thereby cleansing the organization as a whole). When scapegoating occurs implicitly, the ideal audience benefits unknowingly. This variant is what Burke names "pseudoscientific" scapegoating (PLF 45). But, Burke argues, in the case of pseudoscientific scapegoats, the audience is unable to make a distinction in the victim's nature; again, the scapegoat simply "is" (46). Furthermore, and significantly for communications such as those examined in this study, "the scapegoat is taken to possess intrinsically the qualities we assign to it" (PLF 46).

5.2 If Hierarchy, then Scapegoating

As noted above (3.3), Burke placed scapegoating within a hierarchically governed concept of "order." As described, the target of a scapegoating process resides lower in the hierarchy or in a lesser hierarchy altogether. This placement can be distilled to the observation, "if hierarchy, then scapegoating".

Burke argued that humans are "goaded by a spirit of hierarchy" (LSA 15), and Hart and Payne observe that rhetors "so often [focus] on the end-points of the hierarchy" (350). Given

such hierarchical motivation, would rhetors featured in Group I (4.2) texts rather be writing about a "pandemic"—the ultimate term in a hierarchy of infectious disease? Such would be the case if these rhetors were focused upon a hierarchy of *subject,* but not here; rather, a key term throughout texts in this section is "mild," as in the mildness of the disease. However, the presence of "hierarchal psychosis" (P&C xlii) is evident in the prominence of end-points of a different hierarchy: one located in the administrative structure of the public health system. The functional hierarchy structuring texts in this section features the dominant "agents" of the public health system.

Overall, texts in this section (4.2) portrayed the H1N1 outbreak as manageable and functioned to forestall public fear by representing a public health figure vital to the audience's protection from the outbreak. Rhetors also conveyed reassurance via highlighting the transparency of health officials, the robustness of the health system's infrastructure, or the similarity of H1N1 to "common flu."

As Hart and Payne note, Burke identified the scapegoating impulse operating "whenever people build a sense of unity by identifying a common enemy," an entity that could range from a person or people to "an object (demon rum), an idea (reckless liberalism), or even a bodily process (the AA's notion that alcoholism is a disease)" (353). In these texts, victims of the disease are portrayed by rhetors as being "managed" by the health care system. The audience of the texts is implicitly separate from these victims by virtue of not being subjected to the treatment described ("the patient is put in a single room and anyone who goes in…is gowned and masked…She was put into isolation"; 4.2.a). These victims symbolically contain risk, and the ethos of the public health system is enhanced and reinforced via details of the treatment of these victims.

Here, the identity of the over-arching threat is not a pandemic, but the potential for attendant social disorder. Invitations to identify with "proper protocol," with the credibility inherent in the featured public health officials, align with arguments raised by Philip Alcabes (4.2, Conclusion). Any threat to civilization is greatly to be feared.

Audiences are invited to identify with rhetors' descriptions of appropriate behaviour ("infection etiquette") to limit disease spread in an infectious disease outbreak. However, appropriate behaviour is not described in terms of steps individuals can take to protect themselves; rather, it is portrayed in how suspected cases are dealt with by the health system and

by bystanders, who are urged to "police" apparently ill people ("Maybe you should go home"; 4.2.f Text 21). Audience members are provided with an alignment offering redemptive power. Contagion is symbolically exorcised through the observance of behaviours sanctioned by the public health officials to whom the power to interpret the nature of the outbreak is attributed. "Protocol" functions in transcendence by enabling the audience to conceive of a response strategy that will be effective regardless of the nature of the threat. Protocol transcends situations—it conquers all challenges. Protocol also transcends individuality—the nature of protocol diminishes individual agency and represents an "ultimate" term—a term of absolute authority; it is, as noted above, a containing force against social disorder (4.2, Conclusion).

In contrast to texts discussed in the 4.2, texts in section 4.3 (Group II) presented the new virus as deadly, but still portrayed the threat as manageable, albeit through less tangible means. Overall, texts in this section featured reassurance or protection, offered by varying interpretations of dramatistic agency, as standing between audiences and the threat posed by the H1N1 virus. In other words, if mechanisms of protection via health authorities are not evident, rhetors here convey protective reassurance through another entity, usually of a purely symbolic nature.

Here, public health authorities do not dominate the scene of the outbreak; rather, they profess "concern" (e.g., 4.3.b/Text 3, 4.3.c/Text 7). The functional hierarchy structuring texts in this section is a hierarchy of susceptibility: it features the relative immunity (only symbolic, of course) of Canadians to the disease as compared to Mexicans. This relative immunity enables Canadian tourists to continue travel to Mexico while Mexican citizens engage in the stockpiling of emergency supplies, and authorities close public places (4.4.c/Text 6). However, despite the risk it poses, the disease still does not qualify for a travel advisory, and in some texts, is denied the term "pandemic" (4.3.a/Text 2; 4.3.d/Text 15). What does occupy the apex of a hierarchy of "threat" is Mexico itself—for example, the "Mexican swine flu" of Text 15 (4.3.d), and the reassurance offered through the physical control of Mexican seasonal labourers in Canada.

These texts portray Mexico as the vehicle of threat. The processes of contagion are subverted in order to contain the threat to Mexico, Mexicans, or travellers returning to Canada from Mexico (though rarely in this last category, and these travellers are not portrayed as a threat to other Canadians; Texts 13/4.4.3 and 15/4.3.d). Despite identified cases in the United States, these states are not suggested to be sources of threat. Even Canadian tourists to Mexico are symbolically distanced from infection by the "purity" of the Mexican resort environment and its

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separation from Mexico "proper." Mexico bears the burden of the threat on behalf of the audience of the texts, consequently containing and distancing risk, and so enabling audiences to locate reassurance that justifies a rejection of behavioural change to protect health.

Transcendence offers a symbolic means of resolving conflict, a "symbolic cure" (PLF 312; "Fact" 67). Conflict arises here through the threat posed to health and social order. In sum, vehicles of transcendence are provided via the implicit "immunity" of Canadians combined with the scapegoating of Mexico. Both approaches enable a "not me" stance with regard to the threat.

5.3 Health Authorities and Hierarchical Tension

The portrayal of health authorities in journalistic texts (including oral and visual texts) is mediated, with resulting impacts on audience perceptions of the ethos of those authorities, in terms of their credibility to speak on the outbreak, their ability to control the outbreak, and their general competence in managing it. In the early days of the H1N1 outbreak, amid the confusion about the level of threat posed by the disease and rising anxiety, there was significant tension between public expectations of action on the part of health authorities, and those authorities' lack of action. If the statements of officials do not align with the audience's perceptions of exigence, audiences' perceptions of the competence of those authorities will be affected, as will the likelihood that audiences will follow suggested protective measures. Oppositional tension of texts falling in the second category (4.3) departed from the function of controlling panic to focus on the outbreak, featuring, respectively, tension between public health authorities and travelers returning from Mexico (4.3.a, Text 2), between the authorities and the virus itself (4.3.b, Text 3), between the need to conduct business as usual and the threat of the outbreak (4.3.c, Text 7) and between Canadian authorities and Mexico and Mexicans (4.3.d, Text 15). However, most notably, the fallibility of public health authorities appears in this category, as authorities express their "concern" and admit their lack of knowledge regarding the developing threat. Several texts in the third category (4.4a/Text 1; 4.4.d/Text 9; 4.4.e/Text 13; 4.4.f/Text 16) also feature tension between the beginning of a pandemic and official reticence, and only one features health authorities in an agonistic relationship with the disease itself (4.4.b, Text 5).

If those who represent the expertise that will lead to protection are not acting accordingly—or are not perceived to be doing so—hierarchical tension is created. In many of

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these texts, authorities' responses either show an absence of explicit and substantive action, or involve statements on the part of the WHO, CDC, and Canada's public health agency such as "this is very concerning" (4.3.b, Text 3), or, "we are worried" (4.4.c, Text 6). Such statements raise doubts as to whether the authorities are engaged in protective action, or are aware or even capable of required measures given the uncertainty of the situation. In addition, the majority of such texts lacks authorities' recommendations for protective measures through personal behaviour—the measures the WHO argues may be the only method of protection against disease when there is no vaccine or cure. All of these elements contribute to hierarchical tension in the face of a new disease, as the public awaits evidence that protections are in place, or recommendations on behavioural methods of protection.

Kenneth Burke suggests that "we ask how [hierarchical tension] might be undergoing a 'cure' or 'purge' within the terms of the given work". He believed that in a work, a rhetorical text, there would be evidence of a strategy for coping with whatever element of hierarchical tension was functioning in the work: "the given work 'states a policy' with regard to society's typical 'problems'" ("Fact" 67).

The examples of responses featuring opposition between authorities represent frustration or disapproval at the lack of action or lack of consensus among those tasked with protecting public health. For example, the third category (4.4) was the only category in which the main agon was composed of an explicit conflict between authorities, as constructed by the rhetor, reflecting the dramatizing function of the oracle. The message of such texts is that in the face of this new disease, the current threat is not the disease itself but the lack of an effectively functioning public health hierarchy.

Certain authorities are portrayed in a positive light by journalists in terms of their ability to provide protection from disease, as in Group I (4.2; in other words, they invite identification). However, if none of the authorities are portrayed as protective, hierarchical tension must be "cured" through symbolic means.

As the risk posed by the outbreak is seen to increase, symbolic processes proliferate in the interpretations of the outbreak. If it is felt that messages from health authorities are not relevant, audiences develop *symbolic* means of protection. The text encouraging tourism to Mexico (4.3.c, Text 7) is providing a symbolic way of transcending the threat posed by H1N1, through luxury and indulgence. A Canadian tourist planning to go to Mexico gains symbolic

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immunity through staying at resorts equipped with their own water filtration systems. Tourists returning to Canada are not viewed as a threat to other Canadians, while it is acknowledged that they may become ill themselves. This is a hierarchy of identity—it is a way to reinforce that the disease selectively affects those who are "not us."

Medical historian Charles Rosenberg provides a schema which brings such symbolic mechanisms into focus. Rosenberg notes that through history, there are predominantly three methods of attributing causation to disease. First, he describes a "configuration" view of disease:

> Before physicians had any knowledge of specific infectious agents, medical explanations of epidemic disease tended to be holistic and inclusive: an epidemic was the consequence of a unique configuration of circumstances, a disturbance in a "normal" – health-maintaining and health-constituting – arrangement of climate, environment, and communal life. A vision of health as a balanced, integrated, and value-imparting relationship between humankind and its environment constituted one major building block in traditional explanations of epidemic disease. (295)

While this view is not readily apparent in the period of the case study, it is evident in the recommendations of contemporary health experts for behavioural approaches to pandemics. Vincent Lam and Colin Lee, in *The Flu Pandemic and You: A Canadian Guide* (2006), recommend that readers "Adopt health habits: eat well, exercise regularly, don't smoke, drink in moderation, and don't contract preventable infectious disease." Shopping locally, riding a bicycle, and keeping a balanced perspective are also recommended (119). Somehow, an ethical approach to health is seen as protective.

Rosenberg features a second category of disease causation, the "contamination" emphasis (295). "Often reduced…to the idea of person-to-person contagion," it "could also imply disorder in a more general sense: any event or agent that might subvert a health-maintaining configuration" (295). So it is that in the walled confines of Mexican resorts, tourists are safe as long as water is filtered; and Ontario residents are protected via the oversight of a public health official who oversees the contaminative potential of Mexican migrant workers in the region.

Third, causation may be attributed to what Rosenberg terms "predisposition":

> "Healers and laypeople have always needed to explain the immunity of some individuals from the epidemic 'influence' surrounding them….Differential

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> susceptibility explained an epidemic's otherwise frightening arbitrary selection of victims" (296).

Consequently, the audiences constructed by the texts which attributed susceptibility solely to Mexicans could distance themselves from the risk of infection. Likewise, via the "contamination" perspective, Canadians exposed to tourists returning from Mexico were not at risk, as risk lay with Mexico proper.

5.4 The "constabulary function"

Scapegoating can be described as an attempt to constrain or define a situation presenting a high degree of uncertainty. Communicating facts, dispelling fear, maintaining order, are all elements of the imposition of control. As Burke observes,

> When we wish to influence a man's response, for instance, we emphasize factors which he had understressed or neglected, and minimize factors which he had laid great weight upon. This amounts to nothing other than an attempt to redefine the situation itself. (PC 220)

In Burke's theory of "constabulary" rhetoric, a rhetor strategically directs audience focus toward one element of a situation, while drawing notice away from another (a process which echoes the analysis of dramatistic ratios). An infectious disease outbreak by nature implies contagion, illness, and possibly death, particularly in the case of a hitherto unknown disease for which vaccines do not exist. Yet, in Group I texts, the concept of contagion is managed via protocol and ethos. As noted (4.2, Conclusion), Burke argued that rhetoric applied by authorities to shield issues not being addressed from the public's view, while maintaining the established social order, fulfilled a "constabulary function" (ATH 137). Over time, according to Burke's theory, the degree to which the response is employed increases in proportion to the urgency of the "actual" issue.

Jordynn Jack describes the "constabulary function" as arising from a context in which a "deteriorating social order" is strategically reinforced by "political and economic elites" in order to simultaneously draw attention away from "broader, systemic" issues (66). A key characteristic of the constabulary function of discourse is that it is wielded by entities of capitalism in the interests of "social cohesion," entities which fail to respond to alterations of a "cultural" nature

(67). Here, a potential pandemic generates fears of deterioration in social order, fears which prove to be a major motivational factor for a number of journalists and public health authorities alike (see Group I texts in particular). The "elites" featured in these texts are both politicians and health authorities who prevent audience focus from settling upon the concept of contagion (continuing the analogy, this aspect reflects Jack's "broader, systemic problem"), a remarkable feat given the nature of this particular threat to social order.

The emphasis of the "constabulary," as portrayed by these journalist-rhetors, falls upon countering social disorder, and not upon conveying risk. While details of potential H1N1 cases are described in detail, rhetors avoid suggesting that infectious carriers may be present in communities, while inviting audiences to align (in Burke's terms, "identify") with a worldview that is sanctioned by authorities as appropriate or recommended.

The processes of constabulary rhetoric are evident as well in Group II texts. In the offering of "vigilance" as protective (4.3.b/Text 3), there is a re-direction of attention from the potential for the disease's spread and the need for individual behavioural changes. The entire concept of contagion may be absent, as travellers are encouraged to continue visiting Mexico, protected by "common sense precautions" (4.3.a/Text 2). Similarly, as noted, the medical system's response launches in full force against "potential" cases of H1N1, placing these people in medical isolation, but allowing them to move freely in their communities prior to the time at which their identities morph into potential H1N1 cases. And, the monitoring of Mexican migrant workers in Canada is portrayed as protection for the audience of the text (4.3.d/Text 15). While medical doctors appear as sources of authority in 4.3.b/Text 3 (surely a profession which would be considered to have a great deal of authority in the context of a pandemic), they are notably absent from the texts as a whole—again, perhaps due to the de-emphasis in general of the notion of contagion: it is difficult to recognize medical expertise in the absence of concepts of disease.

The constabulary function is evident in Group III texts as well, as the PHAC engages in portraying itself as "concerned" while refraining from taking protective measures (Text 9, 4.4.d). As noted, in the same text, the Mexican government is portrayed taking drastic measures, placing audience attention on Mexico's ability to control the outbreak and dissociating from the epidemiological significance of continued travel and tourism to Mexico. The constabulary function is evident in Text 13 as well (4.4.e), in which preparation consists in preparing for the "idea" of additional cases and deaths (Schuchat).

The application of constabulary rhetoric occurs in the face of "alienation or cultural lag," which arises due to a divergence between "socioeconomic systems" and actual "social conditions" (Jack 71). On the face of it, the relation between a socioeconomic system and the rhetorical situation posed by a pandemic may not appear intimately related. Yet, by tracing correspondences between the terms of a constabulary rhetorical system and the rhetorical situation examined here, motivations rooted in a constabulary function appear. Within the context of a pandemic, elements of a lagging cultural order may be seen in changes in how publics value expertise, changes in how audiences interact with traditional media, and the erosion of borders, to name a few. Yet, a "lagging cultural order maintains itself through rhetorical acts" (Jack 72). Due to dissonance between the cultural order and social conditions, alienation occurs, which gives rise to "a range of social problems including crime" (72). Again, here, the emphasis on "appropriate" behaviour or what I have termed "infection etiquette" leads, by deduction, to what is viewed by authorities as "crime": poor behaviour by the infected.

Authorities working to counter the threat of "crime" turn to "transcendence" or "symbolic bridging and merging" (72), processes apparent in rhetors' emphasis on appropriate infection etiquette and invitations to identify with those who behave appropriately (e.g., Dr. Skowronski, 4.2.c/Text 11; 4.2.f/Text 21). These invitations, or "secular prayer," are extended by authorities in the aim of eradicating "crime." The "constabulary" then "enforces the law" (72)—the infected are passive, subject to the ministrations of the health system which enforces isolation, effectively punishing the failure to maintain health. As Jack observes, the response "seems to address the...crime, but does little to address ...alienation" (72).

As Jack summarizes, "the law, propaganda, and the constabulary are invested in preserving the existing regime, so they in fact support the crime they claim to eradicate" (72). As the constabulary targets the visibly ill, the unseen virus continues to circulate within the populace.

The operation of the "constabulary function" unmistakably echoes the premises of pentadic criticism. We recall that the terms of the pentad can be applied heuristically to explain how a rhetorical act can function to strategically shift the audience's focus to one element of a situation, while drawing notice away from another (2.1.1). The constabulary function is inherent in the motivation of an empowered rhetor (a health authority, a journalist) strategically "shifting focus" from one element of a situation to another.

5.5 The Cluster Analysis Approach Within the Context of Dramatism

Burke's cluster analysis offers a tool to identify embedded patterns in an artefact that reflect the values—the "worldview"—of the writer. Key terms are identified around which other terms cluster, thereby inviting enthymematic associations and dissociations. These associations create an orientation in which the intended audience of the piece is invited to participate.

As noted earlier (2.1.1), Burke's *The Grammar of Motives* describes a key starting point when any statement is made about "what people are doing and why they are doing it" (xv):

> any complete statement about motives will offer *some kind* of answers to these five questions: what was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose)….[These terms] need never to be abandoned, since all statements that assign motives can be shown to arise out of them and to terminate in them. (xv-xvi, emphasis in original)

Beyond the rhetor's orientation, then, Burke is emphasizing the idea that the rhetor is making choices about how to name the act, the scene, etc., so that motive is being assigned (Blakesley 8). Hart and Payne also emphasize the role of the rhetor's motivation in the critical application of dramatism by recommending a focus upon "the scene *the rhetor* depicts, the purpose *the rhetor* claims, and the act *the rhetor* recounts" (364; emphasis in original). Consequently, Burke's theory of dramatism, as a method that views communication as symbolic action (Blakesley 41), offers the means by which to tease out motivations of media rhetors profiled here as agents mediating the scene of a high-risk health threat.

The dramatistic pentad applies the language of drama to a rhetorical situation. The critic identifies an Act, Scene, Agent, Agency and Purpose. Blakesley notes that Kenneth Burke used the pentad primarily to analyze text, but that it is applicable to the analysis of situations, "especially when we consider events or actions as 'texts' capable of interpretation and provoking response" (34).

By studying the ratios between elements of the pentad, significant emphasis of one element over others can be detected, enabling interpretations of motive. Through analysis of the ratios, it is possible to illuminate the motive behind the act. In their article "Dramatistic

Analysis," Hart and Payne (364) suggest these "key critical questions" in proceeding with the analysis:

- Which factor dominates the discourse generally?
- When two factors are discussed simultaneously, which predominates and why?

Barry Brummett provides a model for dramatistic analysis in his 1984 study of media coverage of the DeLorean case[25] (cited in Hart and Payne, 366). The critic determines which dramatistic term is foregrounded (364) by the rhetor, and which is muted.

It may be useful to refer here to my earlier argument regarding the possibilities for "disease" within Burke's dramatistic approach:

> Disease could be viewed as a scene, and members of an affected society as the agents. It could be viewed as an agency through which social change is accomplished or by which society is terrorized. Or, from a perspective anthropomorphizing disease, it could be an act. How disease is presented in media accounts—what key "ratio of terms" it occupies—will reflect certain worldviews. (2.3)

In other words, depending upon which term the rhetor sees as key in the situation, emphases fall accordingly.

In Group I texts, of all dramatistic elements, a key entity representing public health (consubstantial with protection from any potential threat from this outbreak) dominates. This emphasis corresponds with the term "agent," and the agent controls the audience's interpretation of the scene. What is muted in these texts are the impacts of influenza, the existence of the phenomenon of contagion, and the potential for this new virus to cause a worldwide disease outbreak. These absences correspond to details of the dramatistic term "scene." Consequently, a ratio of *Agent: Scene* is observed.

This ratio also functions in transcendence. The very emphasis of a key public health figure constitutes an invitation for audiences to "place all faith" in that figure. Identification with the featured "agent" provides audiences with reassurance and protection.

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[25]   John DeLorean was the head of the DeLorean Motor Company in the 1970s and 1980s. The company encountered financial difficulty which led to a money-making attempt for which DeLorean was arrested for alleged drug smuggling.

In the next section, most commonly in Group II texts, a symbolic means or "agency" of protection is featured by rhetors: vigilance, symbolic immunity, or "medicine" deployed against travellers returning from Mexico. In one text (4.4.c/Text 6), a dramatistic agent (Gardam) is featured who governs the interpretation of the scene, as in the previous section. However, the focus of this agent is on monitoring Mexican migrant workers in the region: the audience is distanced from the threat posed by the workers in the province via the person, or agency, of the health official.

What is muted by rhetors here are actual processes of contagion, such as would occur between Canadian tourists in Mexico and ill Mexican citizens, and between returning tourists and members of their communities. These processes parallel aspects of "scene." Consequently, the dramatistic ratio featured here is *Agency: Scene*. The provision of protective "agencies of protection," even if symbolic, enables audience focus to shift from the potential for a large-scale outbreak. Indirectly, then, texts here also counter social disorder by conveying a worldview in which the threat is manageable.

5.6 The Apocalyptic Frame: An Answer to Constabulary Rhetoric

In Group III texts (4.4), elements of reassurance are entirely absent. Two rhetors (4.4.c/Text 6 and 4.4.e/Text 13) urge the discounting of positive messages, while others (4.4.a/Text 1; 4.4.b/Text 5; 4.4.f/Text 16; 4.4.g/Text 17) overtly encourage fear. Health officials are portrayed as incapable of meaningful responses to the threat, as being in conflict over who accurately perceives the nature of the threat and who does not. In addition to biological and economic consequences, an outbreak of social disorder is foregrounded by these texts. H1N1 will bring turmoil at every level of social existence.

The hierarchy structuring texts in this section features the potency of the virus. It is difficult to characterize this motif as hierarchical at all—there is no dialectic of relative threat levels (for example, of common influenza versus H1N1, as seen earlier). The virus simply embodies apocalyptic threat.

Othering does not occur in these texts; no group is portrayed as more at risk than any other. The main agon of this section is the virus versus all of humanity, and vehicles of transcendence are not provided. Likewise, it is difficult to identify a dramatistic ratio. Scene—

the pandemic scene—dominates all other elements of the pentad. The pandemic occupies multiple facets of scene: "Community conditions, social influences, historical causes, or natural events" (HP 366). Facing a threat on such a scale, there is little the individual can do—easily implemented protective measures are not relevant in the face of such danger, nor indeed are the actions of health authorities, no matter their level of authority.

An exploration of the guiding motivational influence on rhetors in these texts requires reference to a genre termed by James Jasinski "apocalyptic discourse" (19). Foust and O'Shannon Murphy (2009) describe a media phenomenon they term "apocalyptic framing":

> We found that the hallmarks of apocalyptic rhetoric—a linear temporality emphasizing a catastrophic end-point that is more or less outside the purview of human agency—permeate selected discourse. (152)

To be discussed further below (5.5.c), the genre has been described with different emphases by Barry Brummett ("Premillennial" 1984) and Stephen O'Leary (1994). Jasinski ties the genre to cultural preoccupations with "stories of the *eschatos* or stories about the end" (17). For O'Leary such discourse is characterized by the stance that the termination and the way it comes about is "imminent and discernible" (O'Leary 61; Jasinski 17).

Brummett's interpretation of apocalyptic discourse is narrower. It is a "genre that 'address[es] one *type* of perceived situational exigence with consistent forms of rhetorical style and substantive argument'" ("Premillennial" 85; Jasinski 18). In Brummett's interpretation, it is possible to see resonance with the notion of the constabulary function: "Apocalyptic [*sic*] is always a response to meaninglessness, failure of points of reference, and bewilderment about how to understand the present" (86). In other words, it is a response to alienation and cultural lag; it "develops in response to a state of generalized cultural anxiety" (Jasinski 18). Apocalyptic discourse is the response of the populace taking on the role of the constabulary in order to generate "a system of meaning to replace that being lost" (Brummett, "Premillennial" 87). Further, identification is created—a "sense of community"—within the ideal audience for apocalyptic discourse, those who believe and accept the worldview portrayed ("Premillennial" 91).

In the first group of texts (4.2), rhetors aligned with a worldview accepting H1N1 as a low threat that could be well managed by the health care system. This worldview corresponded

to a dramatistic ratio in which an "agent" (particular health officials featured by the rhetor) controlled the interpretation of the "scene." Agonistically, texts in this category align in acting to counter or pre-empt panic, alarmism and fear.

The second group of texts aligned with a worldview in which the risk posed by the disease was high, but the likelihood of it being managed by the healthcare system was high. In this grouping, symbolic protection against infection was featured, such as the symbolic purity of the resort environment in Mexico as compared to the environment outside of the tourist resorts. The texts in this group can be described by the dramatistic ratio of *Agency*: *Scene*, in which agonistically, it is these symbolic processes which are portrayed as protective against infection.

The third category of texts featured the dramatistic term "scene." When the crucial term is "scene," and when no avenue of protection is apparent, the dramatistic ratio becomes *Scene*: *Attitude*.

In a rhetor's influence of what appears to be the crucial term (2.1.1), the emphasis here on plague removes individual agency. In these narratives, there are no heroes, no heroic acts, and no individuals.

Figurative motifs often occur in the context of outbreak narratives and disease in general, with "battles" and war-like imagery being most common. For example, in SARS media coverage, headlines included "SARS war" (March 29/03), "Killer illness stalks B.C." (March 16/03), and "The war on bugs" (March 20/03). A key term of the coverage in general was "killer," as in "killer virus" (Calamai). However, the drama of H1N1, arising from a scene prepared for years by avian influenza and a forecasted pandemic, primarily focused attention scenically rather than in terms of an infectious "agent." In the third group of texts (4.4), rhetors align with the worldview that a pandemic is imminent, and the likelihood that the pandemic will be successfully managed by the health care system is portrayed as low. To introduce the term "plague," as one of the earliest media pieces on the outbreak did, was to raise a spectre that carries metaphorical significance accumulated over centuries of human existence. Dramatistically, when journalist-rhetors primarily feature the main threat as a pandemic, the central term in this category is scene, couched in notions of plague. Possibilities of "mild" disease and of the outbreak tapering off are rejected.

In his essay, "Definition of Man," Burke observes that a rhetor's "terminology" will "[contain] various *implications*" that the rhetor will be moved to implement—"a kind of

'terministic compulsion'" (LSA 19). As illustrated above, in high-risk health threat situations, it is important to consider what "terministic compulsions" are present in media texts. With respect to interpretations of disease, treatment, and vulnerability, once the scene is viewed in terms of the paradigm of an apocalyptic event, audiences do not receive information about individual protective behaviours since such behaviours do not align with a worldview couched in apocalyptic terms. In 4.4.b/Text 5, for example, the kinds of protective responses featured include the activation of "emergency centres" as opposed to hand-washing. It may be assumed that the protective measures featured parallel the rhetor's perception of the threat—that is, hand-washing is not a "fitting" response to a world-destroying pathogen. The nature of the rhetor's perception of the threat governs what the rhetor sees as protective. (Recommendations for protective individual behaviour *were* featured in the first grouping of texts in which rhetors aligned with seeing the disease as "mild.")

As prevention is not part of the apocalyptic frame, neither is contagion a concern at the level of individuals—for example, between Canadian tourists and other Canadians.

Priscilla Wald (2008) observes that stories of outbreaks "harnessed the apocalyptic energy of a possible species-threatening event, often distorting science in the process" (41). Wald describes the consequences of the existence of "outbreak narratives":

> As they disseminate information, they affect survival rates and contagion routes
> ….They also influence how both scientists and the lay public understand the
> nature and consequences of infection, how they imagine the threat, and why they
> react so fearfully to some disease outbreaks and not others at least as dangerous
> and pressing. (3)

Wald also observes that outbreak narratives in circulation at any given time are informed by perspectives of earlier eras as well as the current social and scientific context (10). The risk, then, is in a form—the genre of journalistic texts—that is taken by the audience to be "situated," but which privileges an apocalyptic narrative over situatedness and context.

5.7 Conclusion

The scapegoating motif was apparent as a symbolic means of containing threat and of maintaining social cohesion, while, I argue, the constabulary function arose as a response to fears

of deterioration of social order and was applied to pre-empt this disorder. The presence of the constabulary function attenuates the capacity of media content to convey protective information to publics and to motivate behavioural change. Finally, the apocalyptic frame leads to a heightened concern regarding the outbreak without corresponding awareness of protective measures.

In this section, I have contextualized the cluster analysis approach with respect to Kenneth Burke's theory of dramatism and suggested how the results of cluster analyses may be further explored via a dramatistic lens. In Group I of my analyses, rhetors featured dramatistic "agents" in response to the identification of exigence as a disruption of social order, leading to a dramatistic ratio of *Agent*: *Scene*. In Group II, rhetors identified exigence as the deadliness of the new virus, but provided agencies of protection, leading to a ratio of *Agency*: *Scene*. In Group III texts, the pandemic "scene" dominated all other pentadic terms.

The actions the ideal audience takes in Group I and II texts can be broadly described as forms of distancing. Distancing becomes problematic when it is desirable for audiences to *identify* with those implementing protecting behaviours in the face of an outbreak of a novel infectious disease.

It is, of course, normal for audiences to gauge risk and respond accordingly. We recognize ourselves as vulnerable to heart disease or cancer and change our diet or take vitamin D. The key is that in order to implement protective behaviour, one needs to recognize, and accept, vulnerability. Cancer and heart disease become relatively intangible in comparison to a potential pandemic. The nature of the threat here is immediate and real.

A dialogic approach to Burke's dramatistic pentad gives rise to new critical questions that can be asked. As Burke asks,

> What kind of *agent* must there be for an act to be possible? And what kind of *scene* must there be for such an *agent* to be possible? Or, if we cut directly across from act to scene, what kind of *scene* must there be for an *act* to be possible? (LSA 436).

In ratio form the three questions would be, respectively, an agent-act ratio, a scene-agent ratio, and a scene-act ratio. We can extend Burke's observations to ask, for example, given this *act* (as a key term featured by the rhetor), what kind of *scene* allows for this kind of act (such as vaccination)?

As Catherine Belling describes it, the CDC released a series of first-person accounts of the so-called Spanish flu of 1918 in hopes of countering complacency via the horrors described. Julie Gerberding, director of the CDC during its restructuring for improved response to emerging infectious disease threats, observed, "Complacency is enemy number one when it comes to preparing for another influenza pandemic" (qtd. in Belling, 71). However, a significant number of texts analyzed in this study encourage just that. Group I texts urge audiences not to worry, that the authorities are in charge, that no protective action is necessary. At the other end of the spectrum, Group III texts emphasize the catastrophic nature of the threat, but do not offer guidance in preparation or management. These rhetors do not see the situation as something that can be resolved through symbolic means.

Kenneth Burke argued that in a situation of catastrophic proportions, rhetorical acts would be governed by the scene (a corresponding dramatistic ratio of *Scene: Act*). The acts performed by rhetors in response to the scene would reveal "the motivating influence of the crisis" ("Questions" 15).

Viewing journalist-rhetors as actors in the context of this study as a whole, it is possible to see quite divergent motivating influences. Burke notes that rhetors "try to solve symbolically kinds of conflict that can and should be solved by material means" (PLF 312). "A writer," Burke notes, can be threatened with a kind of 'psychological unemployment' ('alienation') when his structure of meanings invites him to 'solve' by symbolism alone a conflict requiring material solution" (PLF 312). In the next chapter, I discuss the phenomenon of "role" as a means by which journalist-rhetors navigating a pandemic "scene" respond to this alienation.

CHAPTER 6
"ROLE" AS AN ELEMENT OF SYMBOLIC ACTION

As discussed above (2.2.1), the dramatistic "scene" of an infectious disease outbreak represents a particular category of rhetorical situation. If rhetoric is contextual, then the pandemic scene represents the context for the journalist-rhetors discussed here. Every media text is a response to a rhetorical exigence: a representation of a specific journalist-rhetor's interpretation of exigence and thus the remedy of that exigence. In short, the texts examined here are discursive responses to the ramifications of a pandemic as the exigence for rhetorical action.

Consequently, journalists have an implicitly interpretive role in a highly circumscribed form, a form imbued with the connotations of "fact," of "reality." For, there is a hierarchy inherent in the media industry. Only a journalist has the ability to contact theoretically anyone in the world (certain governments notwithstanding) and place on that person an obligation to at least consider answering the journalist's questions. We rarely see our own names in print on the cover of a national newspaper, nor do many of us ever make a television or radio appearance. The work of a journalist also represents a hierarchical form (Brummett, *Rhetoric* 40) —while members of the public may respond to published texts or audio via online comment forms, tweets, Facebook posts, etc., they do not have the power to alter the original piece. Thus, journalists are, whether we approve or not, one of the key mouthpieces of society—and again, are hardly unaware of their role as such.

The complex of exigence, audience and constraints particular to a high-risk infectious disease outbreak invites more defined responses from journalists than do exigences arising as part of the standard news cycle. As noted (4.1), a journalist who covered the 2003 SARS epidemic in Asia noted that "Reporters...are often conscious of their role as participants in a human crisis" (WHO 43), reminding us of Aristotle's observation that we give our judgments in different ways under the influence of pain and of joy, of liking and of hatred" (*Rhetoric* 1356a5). There is an awareness among journalists that media stories may be the basis for public actions and public policy having consequences measured in degrees of human health or, more rarely, in lives. As the scene of a pandemic is not a static context but one that arises with urgency and thus requires an interpretation of exigence and appropriate response, I argue the transformation of role in this context is exigence-specific. Which roles, then, will journalists play?

I will begin by describing the roles identified via analyses of print media in the early days of the 2009 H1N1 outbreak, and explaining how they manifested terministically. I will then argue that these roles represent a rhetorical response to exigence—in other words, the assumption of role represents rhetorical agency, within the constraints of this journalistic genre. Finally, I will argue that underlying these manifestations of role is alienation due to tensions arising from perceptions of ethical responsibility in the pandemic "scene."

6.1 The Impact of Rhetorical "role" in Exigence-specific Symbolic Action

Roderick Hart has traced the impact of "role" on rhetorical discourse. Defining rhetorical role as "a regularized set of verbal strategies resulting in a distinctive personal image" (272), Hart asserts that one's occupation delineates possibilities for an individual's enactment of role. Role constraints are "the communicative rules a job imposes on a speaker" (272). The critic's awareness of such roles is significant, for, following Hart, "roles create rhetorical limitations and possibilities" (273), or in other words, opportunities and constraints. A key constraint of the journalistic genre is that the voice of the author is necessarily muted. However, via Kenneth Burke's cluster criticism approach, the critic can arrive at terminologically distinct representations of rhetorical role.

Burke's usage of the term "role" was explicitly connected to his conception of human symbolic action as drama (PLF 112). Burke described the strategic adoption of "role" as an element of symbolic action (112). Similar to Hart's argument regarding a link between rhetorical role and occupation, Burke in *The Philosophy of Literary Form* couches the adoption of role by a rhetor in Marxist terms: it is a result of a contextual "medium...grounded in material structures" (112). By way of illustration, Burke offers *Pygmalion*, which "illustrates the process in an almost terrifyingly simplified form" (112). The protagonist strives to align (or "symbolically enroll," 112) herself with the behavioural and discursive standards she observes in the class with which she would associate, so identifying herself with this class (a form of "stylistic identification"; 310). "The individual's identity," Burke argues, "is formed by reference to...membership in a group" (PLF 306) and further, "one's identification as a member of a group is a role, yet it is the only active mode of identification possible" (311). If the adoption of such a role can be said to be symbolic enrolment, then we can class the strategic adoption of role as an element of symbolic

action. Consequently, fundamental changes in the identity of a rhetor can be traced to changes in group affiliation. The adoption of role as described here is not undertaken frivolously; it is done with the intent of fundamentally altering one's access to, and ability to wield, rhetorical power.

Burke argues that changes in identity arise due to alienation, which is related to material circumstances (PLF 308). Alienation, in Burke's view, is a state whereby the rhetor is moved to "reject the reigning symbols of authority" (306), a term also encountered in the context of Burke's "constabulary" rhetoric (Jack). Burke argues that in such cases, humans "must then throw off old and deceptive modes of identification and take on new ones" (PLF 308).

Burke discusses the grounding of alienation in conflict couched in moral value (PLF 308-309). When a journalist describes the experience of an outbreak as an experience of becoming "conscious of [our] role as participants in a human crisis," moral underpinnings are apparent. Consequently, I would argue that alienation can also occur due to conflict between a rhetor's pre-existing role and the development of a new rhetorical situation. Burke's labelling of symbolic action as "prayer," the means "by which [humans] seek to solve their conflicts" (PLF 313) and, as discussed in the context of constabulary rhetoric, to overcome alienation, further associates motivation with moral foundations. As will be seen below, different investments in moral responsibility within the rhetorical situation of a pandemic will be evident, ranging from a journalist's perceived responsibility to an audience, to responsibility to the journalistic genre.

6.2 Journalists' Responses to the Pandemic "symbol": Moral Value versus Genre Constraints

As Roderick Hart explains, Kenneth Burke wanted all critics to ask of rhetors, "What is this person trying to do to me?" (Hart 275). According to Timothy Crusius, Burke's logology, or "words about words" (RR 1), "not only studies transcendence but also is itself designed to transcend certain human motivations through better understanding of their symbol-driven nature" (215). In short, human motivations are symbol-driven, and the critic's challenge is to examine those motivations using symbols. In the context of journalism, individuals act (i.e., interpret information and situations on behalf of lay audiences) within the constraints of the genre. The genre requires alignment with standards of form, tone, and content. Yet, the analyses performed here revealed that within the quite profound constraints of journalism, individual

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journalist-rhetors did in fact engage with the information in unique ways, resulting in divergent portrayals of the H1N1 outbreak. If human motivation is symbol-driven, we have a view here of how different individuals responded to the "symbol" of a potential influenza pandemic.

Clearly it is not surprising that individuals interpret information in different ways. However, when those individuals interpret *on behalf of* others, and when the discourse of those individuals is taken by many audience members as "truth," and when those individuals themselves may view themselves as "arbiters of reality" (Zelizer 111), it becomes important to appreciate the motivations behind interpretation. Journalists are public figures. "In such cases," Roderick Hart argues, "personal ideology wages a ferocious war with social role" (75). So, we can see the groundwork for alienation due to individual ethos in conflict with journalistic constraints in the new pandemic "scene."

6.2.1 Stocking & Holstein (2008): Arguments for Journalistic "role"

The idea that within journalism, individual reporters can align with different interpretations of journalistic role, is not new. Arguments for distinct journalistic roles in coverage of a discrete news event have been made. Stocking and Holstein (2008) argue, for example, that "Journalists' use of [sources'] claims appeared to vary largely as a function of their perceptions of their journalistic roles and of their audiences" (23). In the authors' case study, reporters needed to evaluate specialized claims in spite of a lack of personal experience or knowledge of the topic. Following Weaver and Wilhoit's two decades of research (1996), Stocking and Holstein describe findings corresponding with four roles guiding individual journalists in determining "what was left in and what was left out" (32), or in other words, engaging in associations and dissociations. Below is a discussion of the four roles, with corresponding discussion of the rhetorical exigence and audience conception reflected in each role.

6.2.1.a The "disseminator"

The main concern of a journalist identifying with the role of "disseminator" is with publicizing information in aid of public knowledge, corresponding most closely with the "translator" conception of the media as described in the WHO report, *Outbreak Communication: Best practices for communicating with the public during an outbreak* (2005). Stocking and

Holstein describe a "disseminator" reporter's desire to quickly deliver information to the public ("fast and first") representing a broad view of the situation. Time is a primary constraint. A reporter interviewed acknowledged that this approach involves occasional dissemination of information that may not be credible—the reporter does not act as an "interpreter." However, the reporter professed a belief in the public's ability to evaluate the information conveyed (32-33), a clear indication of the reporter's conception of exigence as the audience's lack of knowledge regarding the issue. There is a sense of a lack of hierarchical separation between the "disseminator" journalist and the audience: the reporter privileges the audience's ability to critically evaluate the information. The reporter and the audience can arrive at the same conclusions: information is information.

6.2.1.b The Interpreter/Investigator

Second, according to the study, adherents of the "interpretive/investigative" role fact-check information, conduct independent research, supply context, and are cognizant of the potential to influence policy agendas. A reporter exemplifying this role carried out independent investigations rather than taking official statements at face value, and observed that "reporters can get taken in with the *appearance* of fairness and so present an unfair story" (33). At least as portrayed in Stocking and Holstein's study, adherents of this role would seem to focus upon maintaining integrity in the role of the journalist. In addition, the conception of audience is one requiring a greater degree of mediation of information than for the "disseminator" role. Hierarchically, the reporter holds an elevated position relative to the audience. This reporter assesses claims with independent research, but also feels it is appropriate to discard those claims on the public's behalf, and to guide the public's interpretation of the story.

6.2.1.c The "populist mobilizer"

Third, those journalists assuming the "populist mobilizer" role seek to inspire social change through developing relation with audiences. Adherents of this role legitimize the knowledge of "ordinary" people with respect to the topic of the story. Time is not seen as a constraint for adherents of this role. In Stocking and Holstein's findings, this role is the polar opposite of that assumed in the WHO report, in that adherents of this role choose not to "translate" technical information and claims, either because of preference or due to personal

concerns about the limitations of their own expertise in evaluating the claims, preferring instead to pursue alternate storylines that humanize and localize the issue (33-34). Adherents of this role did, however, view science as implicitly authoritative. However, the legitimization of science occurred through the support of "average" citizens. Populist mobilizers also acted as gatekeepers in terms of evaluating what the audience actually needed to know regarding the issue (33). This role aligns with the more widely used term "civic" or "public" journalism, which refers to an approach to reporting that incorporates the voices of average citizens (Rosen 34). This reporter also holds a hierarchically similar position relative to the audience, similarly to the previous "disseminator."

6.2.1.d The "adversary"

Finally, adherents of the "adversarial" role cultivate an attitude of professional skepticism through "challenging any and all claims" (34), particularly of socially sanctioned authority. Adherents of this role believed in their own ability to assess scientific claims. These claims are not inherently legitimate; adherents to this role recognize that scientists, too, may have agendas (34).

The authors describe the work of such a journalist as exhibiting a "role-based bias" (35), whereby information is filtered and stories are crafted according to the reporter's identification with the adversarial role. Adherents of this role pursue it at the expense of the audience; audience needs do not enter the "adversarial" journalist's motivational resources.

6.2.2 Burke and Rhetorical Role

The roles described above were founded on the actions journalists took in response to a particular situation. As argued by Stocking and Holstein, journalists' "perceptions of their journalistic roles and of their audiences" (23) guided individual journalists in determining "what was left in and what was left out" (32). The authors imply that this effect is independent of exigence; that is, this effect creates a degree of transcendence of specific context.

In terms of "rhetorical" role, identification with a role establishes the particular terministic screens available to one to use. Burke describes this association in *The Philosophy of Literary Form*, arguing that all "verbal action" is "grounded in what Malinowski would call 'contexts of situation'" (PLF, 111). Within such contexts, Burke argues, are "material

interests...that you symbolically defend or symbolically appropriate or symbolically align yourself with in the course of making your own assertions" (111-112). Burke continues that these factors or interests do not motivate discourse, but "they greatly affect the *idiom* in which you speak, and so the idiom by which you think" (112). Burke's "idioms" are the means by which individuals build their "*roles*" (PLF 112; emphasis in original), via an "externalizing of the internal" (112). Consequently, we can align Burke's terms "idiom" and "terministic screen."

This study aimed to identify the terministic screens, and ultimately worldviews, characterizing media coverage of high-risk threats to public health (3.2). Recalling Burke's description of terministic screens, rhetors will strategically apply terminologies that at once:

- reflect reality (enabling audiences to comprehend the message),
- highlight (select) aspects of reality aligning with the identifications in existence for the rhetor, and
- deflect aspects of reality as determined by the rhetor's investment in dissociations from certain facets of meaning (LSA 45).

A critic's description of a rhetor's worldview will express these terministic screens in terms of how they structure the rhetorical act.

Within the categories of worldview described in Chapter 4, the range of interpretations evident at the level of individual reporters, both of the nature of the scene and the corresponding stance suggested for the audience, revealed the extent to which individual perceptions of rhetorical situations (the exigence identified by each journalist, reflected in the manner in which the exigence was addressed) influence coverage.

However, patterns are visible within this range of interpretations. I argue that these patterns are couched in Burke's notion that symbolic action is reflected in the rhetor's assumption of membership in a group via investment in a "role" (PLF 37); in the context of this study, journalists identify with a personal *role* in a given scene, and this role is visible in their terminologies. Burke emphasizes the significance of such means of transformation, or "assertion of identity" (PLF 39), in the processes of symbolic action. Assumption of role also involves a selective weeding out of "ingredients that are irrelevant to this purpose" (PLF 38)—an additional act of selection and deflection.

6.3 Role as Symbolic Action: Pandemic as Exigence for Journalistic Roles

Burke argued that the "scene contains the act" (2.2.1) —here, the context perceived by the journalist gives rise to the rhetorical role adopted by the journalist in that context. Journalists viewing the "scene" as a discrete event requiring specialized attention, versus as a seamless continuum of events from which stories are drawn, would conceivably on further study be found to adhere most frequently to a particular role. This role could be one which, as evoked by the SARS reporter quoted above, considered audience vulnerability and needs to a greater extent than one that focused solely upon a responsibility to convey information.

Here, the experience of such a "scene" as a high-risk health threat outbreak invites reflection upon and assumption of certain responsibilities by journalists. Upon examination of the texts selected for this study, a small number of discrete roles were observable. Burke notes that in the assumption of a new role, there is a rejection of, or dissociation from, an old role (PLF 38).

The results of cluster analyses reveal, via the study of verbal strategies, the presence of four distinct journalistic roles in high-risk health threat situations. While there is in some cases overlap, identifiable roles are the "apprentice," the "watchdog," the "critic," and the "oracle."

6.3.1 The "apprentice" Role

For journalists featuring a particular health official and offering the statements of such an official as a mechanism of reassurance for audiences, I assign the role of "apprentice," a role that appears to be a divergence from typical roles identified in the literature. This role is characterized by the journalist's treatment of the source; that is, a specific public health figure is featured who functions to assuage public fear, potential or actual (e.g., Texts 10, 11, 21; 4.2, Group I). Dr. Gerry Predy, Health Minister Leona Aglukkaq, and Dr. Danuta Skowronski, respectively, serve as loci of reassurance and responsibility in the face of the outbreak. The reporters featuring these health officials act the role of "apprentice" in supporting and enabling these officials to convey their messages to public audiences. Adherents of the "apprentice" role identify more closely with a public health function than a journalistic one, acting as "apprentices" to the featured officials in conveying needed information to the public.

What was notable "terministically" in this group was the absence of the term "pandemic," evidence of a dissociative strategy. The head of Canada's federal National Microbiology Laboratory, Dr. Frank Plummer, told a national news magazine, *Macleans*, in April 2009, "The first thing you ask yourself is: 'Is this the start of a pandemic?'" (Friscolanti and Gillis 46).

Journalists here, however, classified the threat as "mild." H1N1 was placed within a cluster of terms including common flu and was dissociated from SARS. Reassurance was provided through the portrayal of respective key public health figures, and audience identification was invited with "proper protocol" and what could be termed good "infection etiquette," that is, how one behaves to prevent spreading illness.

The reporter aligns with the stance of the portrayed health official and, more importantly, participates in conveying protective information to the public, often answering most or all of the questions that could be anticipated for a public at risk, such as issues of causation, risk, protection, etc. This reporter has a sense of responsibility, a consciousness of accountability to audience in the outbreak scene, and yet, critical examination of the source's claims is absent. While these reporters construct an audience that is in need of mediation of information, it is health officials who provide such mediation and who are hierarchically privileged in relation to both the journalist and the audience. Audiences here do have agency, however: as conceptualized by journalists adhering to this role, they are seen as having the ability to implement protective behaviours.

An additional feature of the apprentice role is that stances toward the outbreak are attributed (i.e., are conveyed through the statements of sources) and not embedded in the reporter's language (in contrast to reporters using such terms as "plague" or "explosion"; Text 1/4.4.a). This is evident in Text 2 (4.3.a) for example: "'The big concern is that this is just the beginning of something that's more serious,' Kettner said."

The adherent of the "apprentice" role supports the featured source fully, in contrast to "watchdog" role described below, whose adherents challenge official views.

6.3.2 The "watchdog" role

For journalists emphasizing the importance of the transparency of health officials, as in Text 8 (4.2.a), I assign the role of "watchdog." These journalists see the most important aspect of reporting on the outbreak as ensuring information is not hidden by health officials. This role is

evident "terministically" through the emphasis of key phrases and terms such as "being informed," and on rhetors' emphasis of the term "confirmed." Officials who "refuse to comment" are cast in a negative light, and the role of the media in keeping the public "informed" is highlighted. In one story, media became characters in the story, portrayed interrogating public health officials. Implicitly, a lack of complete transparency equates with having something to hide. The media "watchdog" role is understood by these journalists as a significant element of managing the H1N1 outbreak.

The "watchdog" is an archetypal role for media, one concerned with "forcing the state to admit to what it has sought to conceal" (Guénel and Klingberg 243). Consequently, a journalist's identification with this role as a basic tenet of the journalistic tradition could underlie its manifestation. In the realm of infectious disease, Guénel and Klingberg (2010) describe the role of the Vietnamese media in first publicizing the avian influenza outbreak there in 2004. A specific newspaper, the Tuoi Tre, "[induced] the Vietnamese government to concede that an avian influenza outbreak was under way" (243). The actions of Vietnamese journalists who worked to convey to their audiences the technical content and significance of dissonance among authorities regarding control of H5N1 led to the administration's public acknowledgement of an avian influenza epidemic (243).

The "watchdog" role prefigures the "adversarial" role of Weaver and Wilhoit (139). The reporter's enactment of this role takes precedence over contextual considerations and over the audience's needs. The "watchdog" journalist is at the apex of a hierarchy composed of sources, audience, and the journalist. The power of this role lies in the journalist's ability to both access information and make use of a public channel by which to communicate it. It is through the enactment of the "watchdog" role that the reporter accesses hierarchical superiority. Adherents of this role do not see the audience as needing to take protective action; the source of threat lies in the concealment of information and thus these journalists mediate the threat solely through their enactment of the "watchdog" function.

6.3.3 The "critic" role

An additional—though infrequent—role apparent in the coverage analyzed is that of journalist as "critic." This role is overt in Text 6 (4.4.c), in which the journalist creates

opposition between the federal official Dr. David Butler-Jones and the WHO on one hand, and provincial official Dr. Michael Gardam on the other.

There is overlap here with Weaver and Wilhoit's "adversarial" role (139), in that the reporter is ambivalent about information provided by ostensibly credible and socially-sanctioned sources. One variant of the "critic" does two things—first, creates opposition between hierarchically authoritative officials such as a federal official (Dr. David Butler-Jones) and the WHO on one hand, and a provincial official (Dr. Michael Gardam) on the other (Text 6/4.4.c). Terministically, the rhetor identifies with the messages of one source and invites the audience to do so as well. This was illustrated by a number of direct quotes from the source (Gardam; 4.4.c.iii). The portrayal of this source functions to discredit the elements of reassurance provided through other authorities represented in the text. This source (Gardam) becomes the agency by which the rhetor influences how the scene is viewed, making the article as a whole function to heighten anxiety.

However, the "critic" proceeds beyond the adversarial role in constructing a scene in which a given position is clearly endorsed. Warnings are issued beyond those provided by the central health authorities, or conversely, warning that are issued by health authorities are critiqued (e.g., Text 7/4.3.c; Text 15/4.3.d).

Concern for audience needs, and consequently recognition of audience agency, is given somewhat greater prominence, as the outbreak and its attendant health threats are presented from a perspective contrasting with the sanctioned one (e.g., the contention that it is still safe for Canadians to travel to Mexico). The critic, by superseding the stances of health authorities and by virtue of acting as a "judge" of knowledge and information provided by health officials, is, like the watchdog, at the apex of a hierarchy composed of sources, audience and the journalist. The critic, however, while identifying with membership in the journalistic tradition, seems to perform a "whistleblower" function in calling into question media coverage that supports official messages, such as texts by reporters adhering to the "apprentice" role. Consequently, the "critic" occupies a position hierarchically superior even to other journalists.

6.3.4 The "oracle" Role

Journalists may also treat the subject matter of stories in a highly symbolic manner, enacting a more subtle role of "oracle." An oracle is one who truly "sees" and aims to convey

what is seen. When the journalist participates in mythologizing the outbreak to the exclusion of other functions of the text (e.g., conveying who is at risk, protective behaviours, symptoms, the "appropriate" stance toward the outbreak), I assign the role of oracle. This journalist's motivation arises primarily from the magnitude of the scene—the new disease and its potential impact. For adherents of the oracle role, protection is absent from media stories and terms such as "plague" and "explosion" are used to characterize the "scene" of the outbreak (e.g., Text 1/4.4.a).

Terministically, analysis of texts described in this category revealed clusters of terms depicting H1N1 as a potent threat, as well as clusters describing vulnerability and impending social disorder. In other words, in these texts, H1N1 is portrayed as (and suggested to be) a harbinger of chaos. It is either the virus as mutating and spreading which is the focus of texts, a dramatistic agent, or it is the broader notion of "pandemic" (scene) as a consequence of the virus' spread. These rhetors reflect high anxiety, describing the beginning of the long-forecasted pandemic and its anticipated impacts (both biological and economic), the vulnerability of health officials to respond to it effectively, and the potency of the virus ("mutated"; "multi-strain"; "pandemic-type"; 4.4.b.i). Rhetors here do not suggest means of protection, at the level of individuals or otherwise. In sum, a pandemic is to be feared in these texts and this is reflected in the terminology used to describe it. Reassurance is largely absent and avenues of protection do not exist: rather than offering the development of a vaccine as reassuring, rhetors emphasize that there is no vaccine. The outbreak is portrayed as a threat to all of humanity.

The conception of audience held by the narrator is one that is rapt and naïve, likely to embrace the dramatic and the hypothetical. This audience does not critically evaluate information; rather, it responds intuitively. The oracle role is interpretive but only within the parameters of the "message" to be delivered, identifying epic struggles, heroes and villains. And, as a storyteller weaves the plot for an audience that does not itself have agency but that can only listen, so the "oracle" occupies the height of a hierarchy composed of audience, sources and the journalist.

In contrast to the roles of the apprentice, watchdog and critic, the journalist as oracle is clearly demarcated from the events described: where the apprentice, critic and watchdog all engage with sources, the oracle speaks from a distance, describing not only the scene but the scene to come.

In this drama, the audience is united: there is no Othering of certain groups or populations, there is no scapegoating, and this was borne out in the analyses of texts in Group III (4.4). To use Priscilla Wald's terminology, when we acknowledge common susceptibility, we accept common humanity (54). Consequently, the purpose of the oracle is to warn audiences against one universal threat. These rhetors are saying: "Fear this." Even when a key public health official is featured, as in Text 6 (4.4.c), that message remains. The nature of the threat is so profound that only profound measures will contain it; in keeping with the role of the oracle, whose task is not to provide counsel, protective elements are not described or offered.

6.4 Pandemic as Exigence Leads to Re-framing of Rhetorical Role

Burke's concept of alienation is helpful in interpreting the manifestation of the roles described above. Burke states in the *Philosophy of Literary Form* (306) that "the need of rejecting the reigning symbols of authority is synonymous with 'alienation.'" In short, alienation leads to dialectical pressure, which leads to the adoption of counter-method (PLF 48).

In ATH, Burke explains that alienation arises when "one no longer owns one's world because, for one reason or another, it seems basically unreasonable" (gender-neutral paraphrase; ATH 216). There is a "breach between attitude and function" (316). What Burke terms "spiritual" alienation arises "insofar as this deprivation leads one to distrust the rationale of purposes by which one is deprived" (216). One "repossesses the world," states Burke, "by forming allegiances to a new rationale of purpose" (216).

What is absent from this discussion of journalistic role as drawn from media coverage in the early days of a potential pandemic is the positivist stance of the "disseminator" role as described by Weaver and Wilhoit (1998)—the same role attributed to the media as a whole by the WHO (2.2.5). The "disseminator" or "translator" is an information conduit and engages in little interpretation, privileging audiences with the ability to critically evaluate the contents of media coverage. In terms of Aristotle's modes of appeal, adherents to this role privilege *logos*; that is, the audience's ability to wield reason in response to journalistic texts. While the "apprentice" role I describe above shares similar characteristics on the surface, the "apprentice" journalists were interpretive to the extent that they chose to restrict their use of sources to one person, with whom they uncritically aligned.

A theme in the inducement of cooperation as seen in the roles described above is the alignment of journalists with hermeneutical stances. Via verbal strategies, journalists shape information, shape the interpretation of the "pandemic" symbol itself, according to the guiding role with which they identify in the pandemic context. Where inspiring explicit audience action is not an aim of journalists, inducing audiences toward *"correct* judgement" (Herrick 84; emphasis in original) is a function of the roles described above and reflected in the coverage analyzed. Here, then is the pathos appeal: "the goal of adjusting an audience's emotional state to fit the nature and seriousness of the particular issue being argued" (Herrick 84).

Interpreting Burke, James Herrick remarks upon Burke's "unyielding interest in the symbol, and a corresponding interest in its use by human agents to change themselves and their communities" (224). In Burke's view, rhetoric was "symbolic inducement," a means of "garnering cooperation by the strategic use of symbols" (Herrick 224). It is implicit in the genre of journalism that exigences (as perceived by journalists) will be rhetorical exigences, that is, they can be remediated by discourse. In the context of this study, journalist-rhetors are responding to a particular exigence in a way that these rhetors assume will result in the cooperation of the audience. These differing responses reflect varying "experiences of pandemic" and consequently adaptations to a rhetorical situation. As we have seen, what such cooperation looks like differs according to different alignment with journalistic roles.

In terms of motivation, how does a rhetor select a role with which to identify? I have argued above that the adoption of a new role occurs as a function of Aristotelian *ethos*. Michael Halloran summarizes the persuasive power of ethos by noting that it is "the argument that says in effect, Believe me because I am the sort of person whose word you can believe" (60). Halloran points out that a rhetor's "speech" will exert as one of its effects "a dramatization of the character of the speaker" (60). How, then, does a rhetor demonstrate ethos in such a genre as journalism, when, via the constraints of the genre, the speaker is most effective when unnoticed? Here I argue that, in the context of a pandemic, journalistic ethos manifests in identifiably distinct roles even within the formal constraints of print journalism.

As noted, Roderick Hart also argues that analysis of role can be approached via how the rhetor strives to portray credibility in the discourse (292). Where above I have approached a discussion of role from the opposite direction, I can now argue that the range of roles available is limited not only by situation and exigence, but also by ethos. In the context of a pandemic,

journalists work to effect some kind of change on their "communities," in Herrick's terms, or audiences. If we can accept, following the SARS journalist's statement above that journalists become exceptionally conscious of their roles during a human crisis, then the kind of change a rhetor works to effect will, in the rhetor's conception, be a "just" one: "We become just by the practice of just actions" (Aristotle, *Nichomachean Ethics*, II, 1; qtd. in Halloran 61).

Halloran argues for an interpretation of ethos that can be applied at the level of a group: "If at an academic conference...I speak so with some authority, it is partly because I manage to look and sound the way professors are supposed to look and sound; I make present some important aspects of what we can call 'the professorial ethos'" (62). What has been described above, then, is a possible range of representations of "journalistic ethos" in the context of a pandemic.

CHAPTER 7

CONCLUSION: LANGUAGE THAT "SERVES AND BAFFLES HUMAN RELATIONS"[26]

The preceding analyses of H1N1 media reportage illustrate the degree of connotative meaning present even in the "impersonal" style of the journalist. This "secondary" meaning aligns with Burke's view of language as dramatistic, his invitation to see language "in terms of 'symbolic action,' [as concerned with] the necessarily *suasive* nature of even the most unemotional scientific nomenclatures" (SS 115). Rhetors select, reflect, and deflect meaning, and by so doing, "direct the *at*tention" (italics in original) both of the rhetor (SS 115) and of the audience. Further, the choice of one set of terms over another is much more than a disingenuous exercise; rather, as Burke notes, "much that we take as observations about 'reality' may be but the spinning out of possibilities implicit in our particular choice of terms" (LSA 46). For example, different sets of terms are employed by a rhetor viewing SARS in terms of an "agent," and a rhetor viewing H1N1 in terms of a "scene."

Richard Coe describes rhetoric as "the methodology of human decisions, of practical politics and real-world ethics" (369). For the Burkeian critic, "Words always connote, always embody biases about what matters, about what is valuable" (Coe "Beyond" 370). In the context of this work, media are means, modes, or agencies of symbolism through both removing their topics from the realm of individual experience and inviting consubstantiality with stances portrayed, through the processes of identification. The symbols we use are also the symbols by which we are used: "Man is vocabulary. To manipulate his vocabulary is to manipulate him" (Burke, "Counterblasts" 101).

In going beyond a cursory application of Burke's theory (Hart and Payne 343), the critic, as in Robert Heath's view, follows Burke's suggestion "that we be debunkers who look upon our beliefs and those of others with skepticism" (viii). Heath characterizes Burke's aim as to "[seek] a methodology which relies upon the structure and impact of language and the concept of identification to explain how language serves *and* baffles human relations" (3). Burke's theories do not point towards an overall inductive "answer" to the questions of human behaviour; rather, "All ideologies, Burke argues, are nothing more than perspectives that are lived as though they are true" (Heath viii).

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[26]   Heath 3

Cluster criticism is about unlocking "symbolic mergers," and Burke states that the key is in the rhetor's "*art*" as opposed to the "official front" (ATH 233). Cluster criticism functions at two levels—it offers insight into the individual rhetor's worldview, thus enabling the interpretation of an individual rhetor's motivation, and it requires an investigation into the enthymematic effects of the artefact on an audience—into the ways in which symbolic action is public.

Burke's concept of "entelechy" takes cluster analysis beyond an activity suspiciously akin to conjecture regarding another's motivations, and places artefacts in juxtaposition with their impacts, consequences, or results. The importance of such an activity is illustrated in Burke's essay "The Rhetoric of Hitler's 'Battle,'" in which the implications of Hitler's terminology in *Mein Kampf* were of such a horrifying nature that they moved Burke to urge the investigation of the "kind of 'medicine' this medicine-man has concocted, that we may know…exactly what to guard against, if we are to forestall the concocting of similar medicine in America" (PLF 191).

Burke offers up the concept of entelechy as a "basic principle" for the cluster criticism approach (68). Burke appears to use the word in the commonly accepted, Aristotelian sense of an inherent directional principle operating towards a fitting end (Lindsay 269), specifically: "The realization or complete expression of some function; the condition in which a *potentiality* has become an *actuality*" (OED online; emphasis mine). However, Burke broadens the concept to apply it to human symbolic action, whereby *language* contains "near-deterministic compulsions" (Lindsay 282). Burke explains, "by entelechy, I refer to such use of symbolic resources that potentialities can be said to attain their perfect fulfillment" (OHN 125). For Burke, the overriding entelechial principle is inherent in "symbols," "terminologies," "nomenclatures." Burke observes that the "entelechial" principle is deeply enmeshed in "the genius of symbolism": A given terminology contains various *implications*, and there is a corresponding "perfectionist" tendency for men to attempt carrying out these implications.....a kind of "terministic compulsion" (LSA 19). The pragmatic significance of Burke's theory is apparent when viewed through the lens of a high-risk health threat, when the "terministic compulsions" of rhetors mediating information for lay audiences have tangible impacts.

7.1 Entelechial Significance of Worldviews

Three broad categories of worldview emerged from the case study, reflecting individual journalists' interpretations of their rhetorical situations as shaped by the H1N1 outbreak. Taking Burke's dramatistic term "scene" as "when or where the action took place," rhetors offer a description in these findings of the H1N1 "scene" and suggest an interpretation of that scene. Corresponding to these interpretations were strategic assumptions of role, reflecting associative and dissociative processes, rejections of "ingredients that are irrelevant to [the] purpose" (PLF 38). Journalists' identification with a role determined the *function* of the text.

One segment of those texts studied supported a view of the outbreak as posing little threat, and as easily managed by the health care system. The "evidence" for this stance, as supported by "objective citation," originated in clusters of association in which the H1N1 virus was made synecdochic with the term "mild," with "common flu;" and an overall dissociation from the term "pandemic," which in some texts was completely absent. H1N1 was also dissociated from the more frightening, more dangerous SARS outbreak. These texts also highlighted an essential locus of reassurance in the form of specific public health officials who modeled adherence to "proper protocol" and good infection "etiquette."

The stances of journalists featured in this category reflected identification with an "apprentice" role: Health officials are hierarchically privileged, and journalist-rhetors are fully engaged in the communication of protective information, refraining from meta-commentary on the nature of the scene or the content of officials' remarks.

The main enthymematic significance of texts in this grouping is that the public health officials (as consubstantial with the public health system) epitomize the lay public's defence against panic. Adherence with "proper protocol" also functions to deflect panic and the threat of the disease itself. Paradoxically, despite information being included in the texts regarding protective behaviour, these measures are not necessary, as audiences view the victims of the disease being "managed" by the public health system. In addition, these texts portray the stance that a disease that is synecdochic with "common flu" is reassuring, thus deflecting the true costs of seasonal flu.

The "watchdog" role also appeared in the first grouping of texts, with some overlap with the "apprentice" role. The "watchdog" journalist-rhetors emphasized the transparency of health

officials as crucial to the effective management of the outbreak, thus introducing themselves as "actors" within the scene of the outbreak and taking on a protective capacity.

The second segment of texts featured associative clusters portraying H1N1 as a serious threat—here, in contrast to the first grouping of texts, "common flu" is a severe disease. The novelty of the H1N1 virus functions to exacerbate its potency, its "mutated" nature, and its behaviour in Mexico. Mexico itself becomes synecdochic with the virus in some texts, and is portrayed tainting Canadian tourists. Here, the vulnerability of the public health system appears, with some authorities expressing "concern."

However, in terms of dissociations, the term "pandemic" may also be avoided altogether, as in the first grouping of texts; and while the broader public health system may be a reassuring presence, so too in this category are symbolic means of protection from H1N1, such as "vigilance," and more importantly, risk that is confined to Mexico, a stance that engages in processes of Othering. Contagion is not a biological process; risk can be deflected simply through being "Canadian" and not Mexican, through the "purity" of the resort environment. Similarly, the threat is contained in the imposition of a travel advisory: in the absence of such a concrete step, the threat posed by the disease is viewed as minimal, even in the context of events in Mexico. This category, too, encourages complacency with respect to individual responsibilities in protection.

The third segment of texts associates H1N1 strongly with a pandemic, through the potency of the virus (it is an apocalyptic threat, converging on all of humanity), and the inability of health authorities to manage it: they are "struggling" and "vulnerable," or are portrayed as misguided in the actions that are being taken. Distancing health authorities further from the perspective featured in the first group of texts, the WHO in this group becomes a term in the same cluster as a pandemic, having the power to bring a pandemic into being.

Journalist-rhetors featured in this group view the exigence as the intensely dramatic nature of the scene and function to "mythologize" the outbreak to the exclusion of other functions of the text, enacting the role of "oracle." To a lesser extent, the role of "critic" appears in this group, a role that focuses upon challenging the sources of authority which are traditionally sanctioned.

This group of texts does not offer reassurance of any kind, with rhetors emphasizing the fact that an effective vaccine is not available and rescinding the traditional authority of those

entrusted with outbreak management. Through the cataclysmic nature of the pandemic "scene," this worldview also rejects outbreak management through easily implemented behavioural changes.

The entelechial significance of the worldviews described in this study may be accessed through a perspective anchored in Burke's dramatistic pentad. All worldviews speak "in terms of" a pandemic, rather than the H1N1 virus itself. A pandemic is scenic, while a virus can be classed as an agent and thus become a visible "enemy," as was the SARS virus.

Dramatistically, within the first category (4.2, Group I), the scene is structured by a new disease which is "mild" and closely related to "common flu," offered here as an element of reassurance. The term "pandemic" and its scenic connotations were rejected. Audiences accepting this worldview, despite being provided with information regarding personal protective measures, would place their faith in the protective capacity of the public health system and dissociate themselves from implementing steps to maintain health.

"Scene" in the second category (4.3, Group II) is structured by a severe disease threat, and audiences subscribing to the worldviews described would engage in processes of Othering and in deflecting risk through symbolic means as opposed to implementing protective behaviours.

In the third category (4.4, Group III), the scene is an imminent pandemic; possibilities of "mild" disease and of the outbreak tapering off are rejected. Texts in the third category create anxiety but offer no way to address it. The scene is an impending disaster of cosmic proportions. In this scene there are no "protectors" identified, as who can protect from such a disaster? Audiences subscribing to this worldview would experience high anxiety, yet have no information as to protective steps.

7.2 The Function of Fear in Pandemics

Texts in Group I and II (4.2 and 4.3) featured the actions of authorities as protective. The primary function of texts discussed in Group I (4.2), that of countering public panic through featuring specific health authorities as reassuring figures, aligns with an historical precedent regarding the function of fear in pandemics. The apparent preference for public health authorities as the main source of protection and reassurance in the face of an outbreak (as opposed to

medical doctors, virologists, epidemiologists or vaccinologists, for example) has its roots in the 16th century (Rosen qtd. in Wald, 18). Giles-Vernick and Craddock (2010) note that through history, fear among the lay public has proven beneficial to outbreak management, by spurring advances in epidemiology, science, and public policy (5). However, the texts in Group I functioned explicitly to allay fear. Texts privileging the outbreak control capacities of certain public health authorities also by default privilege certain geographical areas as safer than others (in 4.2.a/Text 8, Manitoba is safe while Quebec is likely at greater risk), a construction avoided by other journalist-rhetors who describe a "context" of outbreak control involving successive layers of protection (e.g., 4.2.b, Text 10; 4.3.a, Text 2).

Rodriquez-Ocaña (2010) recounts authorities' concern in late-19th-century Brazil regarding "a moral epidemic" in response to an influenza outbreak, with such a response posing an even greater threat than the disease itself (57). The risks of a moral epidemic included

> public health risk as disease spread, and as a collective sensation…feelings of
> unease and a lack of confidence in authorities, which became all the more
> dangerous in socially strained situations. (57)

Fear is equated with a loss of faith in public health authorities and corresponding risk of chaos. This preoccupation was echoed some 30 years later in the throes of the 1918 pandemic, and Rodriquez-Ocaña observes that the main "anti-flu measure" endorsed by public health experts was "a call for people to keep calm and maintain a positive state of mind," while the chief strategy behind public health communication was to respond to the potential for "a 'moral epidemic' of fear" (59). This context makes it fitting that texts in this category featured a specific public health figure as a source of reassurance. Authorities featured in these texts seem intent on averting such a "moral epidemic" and reporters subscribing to the "apprentice" role support them in this capacity.

George Bishop of the National University of Singapore conducts research on lay experiences of disease outbreaks. In a 2009 presentation for the World Health Organization on SARS, Bishop describes the context in which the lay public experienced the outbreak: it was a disease that appeared and spread quickly through means that were not understood; it lead to deaths, discrimination, and the limitation of public freedom due to quarantine; and it had severe impacts on economies. Bishop notes that the low number of deaths received a disproportionate amount of attention (in parallel to the H1N1 outbreak), yet SARS created social disorder on a

much larger scale in the form of quarantines, travel advisories, and panic-buying of supplies such as surgical masks (in contrast to H1N1). However, Bishop cites research that found that members of the public had a "fairly realistic understanding of SARS" and predominantly refrained from sensationalizing the threat. This would imply that public health messaging and media portrayals were effective, but it also invites contemplation of the distinction between "worry" and "panic."

Bishop's work highlighted the role of fear in outbreaks, both as a threat to outbreak management and as an opportunity to be "harnessed," as "worry" correlated with the implementation of protective behaviours. The theme of disease as war was a major motif in the SARS outbreak. As Bishop notes of the Singapore experience, the prime minister argued that

> Every single Singaporean is a soldier in the fight against SARS. We have armed every household with a thermometer. That's a weapon. We involved them in this fight against a common enemy...we are going to see a stronger Singapore because we are all in this fight together. (10 May 2003; qtd. in Bishop 2009).

It is of note that while the media coverage analyzed here did not feature the "disease is war" metaphor, public health messaging did. Brochures in clinic waiting rooms featured titles such as "Know what to do to fight the H1N1 flu." PHAC mailing campaigns also featured the battle motif, claiming "Knowledge is your best defence." Medical historian Patrick Zylberman of the EHESP School of Public Health has suggested that the World Health Organization, at the inception of the H1N1 outbreak, fell "under the spell of [a] worst-case scenario." Zylberman observes the invocation of Spanish flu in early H1N1 discourse, and describes the interpretive consequences of this stance: "a health (massive destruction) as well as a social (massive disorganization) crisis; i.e., nothing but Thucydides' famous description of the plague of Athens." In fact, Zylberman argues that the "Thucydides paradigm" underlies most pandemic planning. The "worst-case scenario" approach was structured, according to Zylberman, by the existing "conceptual vision (preparedness)," influenced by the years of warnings of an impending pandemic, as well as by the difficulties of accurately tracking morbidity. All of this, combined with "historical analogies" that form a component of the context of new outbreaks, suggests that, paradoxically, the greater one's *disciplinary* knowledge of infectious disease, and empowerment in terms of being able to "control" it, the stronger the likelihood that it will be viewed in figurative terms.

SARS media coverage paralleled themes in the early H1N1 coverage, such as providing information, portraying the stances of public health officials and offering "human interest stories emphasizing desirable and undesirable behavior." Social responsibility (complete with celebrity endorsement of proper protocol) and government paternalism also emerged as crucial motifs in SARS coverage. However, SARS media coverage went beyond to explicitly counter processes of Othering in the form of discrimination against health care workers, a socially unacceptable form of scapegoating (it would be of interest to evaluate the coverage for Othering processes involving additional social or cultural groups). Lessons Bishop takes away from Singapore's experience with SARS include, in addition to adequate preparation, "decisive leadership, credibility, accurate information, appropriate reassurance [and] partnership with the public."

7.3 H1N1 in apocalyptic terms

The third grouping of texts contains the most explicit drama. Joseph Gusfield observes that "seeing *in terms of* is the clue to Burke's continuous focus on the limits of specialized single terminologies" (16). The rhetors featured here see the scene "in terms of" an apocalyptic event.

If, as noted above (5.6), plague removes individual *agency*, in this group of narratives, there are no heroes, no heroic acts, no individuals. Consequently, individual protective measures are not presented, nor is contagion at the level of individuals a concern—for example, between Canadian tourists and other Canadians.

Bakhtin's observations about the epic form also point to the teleology of the apocalyptic motif when featured in the journalistic genre. "The epic was never a poem about the present, about its own time," he observes. Seeing in epic terms, "we ignore the presentness of the present and the pastness of the past" (13). Context is irrelevant in an apocalypse. The risk, then, is the audience interaction with a form—the genre of journalistic texts—that is taken by the audience to be "situated," but which features an epic theme over situated-ness and context.

When the crucial term is "scene," and when no avenue of protection is apparent, the direction of influence between dramatistic terms is from scene to attitude—that is, the scene influences attitude in response to the text. How the disease is portrayed dramatistically taps into corresponding different levels of anxiety – personal, community, national, existential. The emphasis here is existential: This is a potentially cataclysmic event for humanity.

Scientific literature on public responses to H1N1 has found that protective behaviours were most common when people felt most anxious (Jones and Salathé; Bults, Beaujean, de Zwart et al). These rhetors are saying: "Fear this." Consequently, the apocalyptic stance *implicitly* creates the "disease is war" metaphor. The function of the rhetor featuring the pandemic as an apocalyptic event is to align audiences against *one* exigence.

Burke believed that attitudes presage acts. When "we" are under threat, we act to protect ourselves. These media texts refer to people who went to the hospital because of media coverage and not because of severe illness or pain. In this category, the audience is united: there is no Othering of certain groups or populations, and this was borne out in my results.

7.4 "Epidemics as responses to processes of representation"

Media texts are artefacts in a system of popular culture, and "one of the primary reasons for the informed criticism of popular culture is that it can help people to identify texts of which they were not aware" (Brummett, *Popular* 28). Rhetoric is purposeful communication: it may be assumed that the "purpose" of media texts is to inform, but individual reporters have "purposes" which are tied to the context as perceived by that individual. The significance of this study is that it reveals the interpretive processes at play at the level of individual reporters and the range of interpretations and emphases than can emerge from the same news subject in a concentrated space of time.

Contemporary approaches to media studies explore the epistemological nature of media. Here, members of the media engage in the production of culture, "[imparting] preference statements about what is good and bad, moral and amoral, and appropriate and inappropriate in the world" (Zelizer 177).

Evoking Daniel Boorstin's concept of the "pseudo-event"—an essentially fictional occurrence which is made substantial through publicity—anthropologist Charles Briggs explores the origins of "plagues" which develop, complete with "public character and dramatic intensity," without a single human infection (39). Briggs asks, "How might we see epidemics as responses to processes of representation?" (39). Briggs introduces the term "mediatization" to describe how the media's approaches to portraying science and medicine "are reshaping biomedical and

scientific institutions" (40). He argues that the media shape how "plagues...come to be social and scientific phenomena in the first place" (40).

Briggs argues that the media shape official responses to outbreaks via the "mediatization of institutional practices," that is, "their reorganization in order to control media representations" (43). Resulting structures govern "who can legitimately say what to whom" (57). The stance reflected in the WHO report *Outbreak Communications* was further echoed by officials interviewed by Briggs; he observes that "Only particular public health officials, it seems, have the right to initiate press coverage, and the only appropriate source of information is a definitive test from a state laboratory" (51).

Despite profound changes in audience uptake of online media technologies, traditional media remain, at the time of this study, a significant source of information for lay audiences. A 2009 survey found that audiences preferred newspaper and television as primary sources of information on the H1N1 outbreak, with these sources being viewed as trustworthy (Jones and Salathé). Although the advent of "Web 2.0" drastically affected the ways in which journalist-rhetors communicate with their audiences, the processes portrayed here are all still occurring, though they are not as visible in "tweets."

In this context, while some forecast a radical difference in the traditional separation between "media" and "audience" due to the availability of participatory online media technologies, it remains to be seen whether tensions will persist between "dominant" and "minority" perspectives, or whether increasing online participation of audience members ensures that a broad range of views are represented. As Jim Kuypers observed, alternate points of view tend to be withheld by those whose perspectives are not represented and who believe themselves to be among a minority (237). And, as noted in Chapter 2, Kenneth Burke also argues that an individual "becomes aware of *himself* in terms of ...the 'other.' And *his* attitudes, being shaped by their attitudes as reflected in him, modify his ways of action" (GM 237). Such processes of identification, operating across disciplinary boundaries, are significant in risk communication contexts.

7.5 A "dialectic" Approach to Pandemic Communication

The interests of the media lie with events, and officials subscribing to the media-as-tools stance consequently lament the lack of coverage of topics those officials view as significant, but which are not yet represented in the sense of a dramatistic "act." It is worth noting that while media are often described as "sensationalizing" events and topics, they are much less frequently described as *under*-emphasizing events, particularly those involving risk, a phenomenon that would seem to be equally offensive.

The choices and strategies of individual journalist-rhetors have consequences in pandemic reportage. The diversity of rhetorical acts arises from rhetors' perceptions of individual rhetorical situations, and corresponding identification with a journalistic role.

The outcomes of this study invite further examination of the observation cited earlier: that, by delving into the persuasive effects of media coverage, a rhetorical approach offers an opportunity to develop "other ways of speaking" that may prove more effective (Brummett "A Representative," 479-80) in the dissemination of accurate information upon which the public can base their actions in a high-risk health threat situation.

As noted, the majority of journalists studied here conveyed the threat as low, as manageable, or both. Most also addressed the probable concerns of audiences at the time. Consequently, the meanings constructed by audiences diverged from those constructed by journalist-rhetors, illustrating a disconnect between the portrayal and perception of worldviews at the public health authority/media and media/lay audience boundaries.

Public health officials may reject conceptions of a lay audience that "mediates" the information it receives (Briggs 40). Briggs suggests that "Official constructions of 'the public' point to the gap between official practices and communicable cartographies. If efforts to inform the public were guided primarily by scientific evidence, health officials might have focused less on a disease that at the time had infected [few]....and more on the ten leading causes of death in the county that year" (55).

Thus, associative and dissociative processes also occur among public health officials guiding health-threat communication processes. It is interesting to note that Bishop's "partnership with the public" becomes "compliance" in other outbreak management discourses. Though Bishop does not provide explicit recommendations in implementing responses to the

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SARS outbreak, the measures he suggests most closely parallel the approach taken in Category 1 texts. Aligning with Bishop, Abraham (2010) suggests that governments would do well to "[build] a shared understanding with the public…through dialogue."

Brug, Aro, and Richardus (2009) do note that in the medical and scientific approaches aimed at managing novel infectious disease outbreaks, there is a degree of "[dependence] on human behaviours" (3). However, in contrast to Bishop's terminology, they observe that many public health measures

> are all more or less dependent on whether people at risk comply with behavioural recommendations. Especially in the early phases of a possible epidemic, compliance to precautionary behaviours among the populations at risk is often the only means of prevention of a further spread of the disease. However, very little research has been conducted to explore the determinants of behavioural responses to infectious disease outbreaks. (3)

Briggs returns critical capacity to the lay public when he observes that "the meaning and impact of media texts are shaped by active processes of reception" (40). While this study as a whole suggests that the public would benefit if reporters engaged in a more deliberate examination of their individual approaches to stories of this nature, it also suggests that the members of those lay audiences may be well served by examining the origins of their perceptions of media sensationalization—are we blaming the media for *our* responses to the coverage? Audiences are complicit in receiving the message created by a rhetor.

Burke felt that people are susceptible during "moments of great drama," becoming "actors in, rather than critics of, dramatic action" (HP 359). The impetus for this study came from the question of how rhetors engage with a high risk health threat, such as a pandemic. While this study does not suggest that there is an "ideal" method for media reportage of high-risk health threats, it does argue that an awareness of the *ways in which* such issues are mediatized, to use Briggs' term, is crucial to improving the communicative processes that aim to protect the health of lay publics.

What this study does suggest is that it is only through a "dialectic" of high-risk health threat messaging that a public at risk implements protective behaviours. As noted above, anxiety correlated with the implementation of protective behaviours. Perhaps, then, a public which experiences the epic motif *as well as* the panic-allaying texts conveying protective behaviours

and enabling strategies such as public health hotlines is the best informed, prepared and protected in a pandemic situation.

7.6 Future Work

A number of researchers around the world have assessed social responses to the 2009 H1N1 outbreak both in the context of protective behavioural actions and perceived efficacy of public health authorities. These studies provide additional perspective on the issues and events which composed this work, and suggest additional directions for future study.

7.6.1 Media and Lay Public Responses

Steelfisher et al. studied public behavioural change in the U.S. over the course of the outbreak. They observed uptake of the recommended behaviours of hand washing (59 per cent of respondents in April 2009) and staying at home when ill (55 per cent of respondents in May 2009) in the early days of the outbreak. To a lesser extent, survey respondents implemented the recommendation to avoid others who are ill. The authors also found that in addition to recommended health measures, up to a quarter of respondents chose to avoid large gatherings of people and minimize contact with people outside the family. Despite projected "panic buying" of antivirals in an outbreak situation, the authors found that only between one and three per cent of respondents had either requested or purchased antiviral drugs. The authors also found that the impression of the government's response was predominantly supportive, ranging from just over half of respondents early in the outbreak to two thirds by January 2010. While these results portray a lay public engaging in protective behaviours within reason (i.e., refraining from measures not recommended as protective, such as stocking up on antiviral medications), the authors did not evaluate audiences' information sources. In addition, in a severe pandemic, higher levels of implementation of protective behaviours would be desirable.

Jones and Salathé (2009) conducted a study evaluating public perception of risk and corresponding behavioural change during the first few days of the outbreak, when uncertainty was at its height (April 28-May 5, 2009). Their aim was to track the implementation of "epidemiologically relevant behavior" against awareness of H1N1. They found that respondents' main source of information was the Web, but as the survey itself was available online, and was

promoted online via blogs and social media, the significance of this result for the general population is uncertain.

Jones and Salathé found the most pronounced behavioural measures taken were hand washing and avoidance of travel to Mexico, with the implementation of these measures correlating with anxiety levels (perhaps such as those influenced by adherents to the role of "oracle"). Bults, Beaujean, de Zwart et al (2011) conducted a similar study in the Netherlands over four months in 2009 (May to August). Their findings echoed those of Jones and Salathé in that implementation of protective behaviours was correlated with high anxiety, as well as high levels of attention to media coverage. However, Jones and Salathé found that later in the sample period, fewer behavioural changes were implemented [Canadian media coverage peaked on April 30, 2009]. Even by May 5, 2009, anxiety levels and individual protective measures had fallen according to a decline in "the perceived gravity of the novel outbreak." The authors observe that "subjective risk perception was low and people's belief in their ability to avoid infection was high." These results are of note given the responses to the availability of the H1N1 vaccine in winter 2009/2010. The apparent relation of behavioural changes to patterns in media coverage led the authors to conclude "that people's response to a potential pandemic is quite sensitive to media reports." Here again, data on media coverage, or sources of information used by the public, were not provided.

Keramarou, Cottrell, and Evans et al (2011) studied the correlation between media interest in H1N1 and numbers of visits to general practitioners. While initially both doctor visits and media attention were high, corresponding hospitalizations and deaths were low. However, in a second wave of visits, media attention and overall numbers of visits were lower, but confirmation of H1N1 was higher, as were numbers of hospitalizations and deaths. These findings echo observations in texts from the current case study in which members of the public sought health care due to media coverage, and not illness. Media coverage appears to be applied by the public as a means of deciding whether or not to endorse the threat, as opposed to biological factors such as symptoms or visible illness in one's community. The absence of studies targeting protective behavioural actions taken in the context of information sources is notable, and highlights the contribution a rhetorically-grounded study could provide.

A study that did evaluate media coverage highlights the importance of analysing the media from the perspective of lay audiences. Hilton and Hunt (2010) carried out a 12-month

study of U.K. newspaper coverage of the H1N1 outbreak. They found the coverage to be "largely measured," contradicting the familiar accusation that the media "over-hyped" the outbreak. The authors concluded that

> coverage reflected genuine scientific uncertainties about the future course of the pandemic, and differed from earlier reporting of other public health issues which, in seeking to offer 'balance' in reporting, inappropriately presented two apparently equally well evidenced 'sides' to the issues and drew heavily on personal stories to heighten certain risks. (Hilton and Hunt)

In the authors' estimation, the sheer volume of media coverage may have led to accusations of sensationalizing. These authors seem to discount the influence of visual components of media coverage (for example, the rhetorical impact of the "SARS mask" during the SARS outbreak, which functioned to erase individuality by obscuring faces, and to emphasize vulnerability by portraying people acting on their fears of infection). More importantly, these authors appear to privilege technical accuracy over actual impacts on audiences. For example, while it may be important to some that scientific uncertainties be accurately reflected in coverage, scientists are not the primary audience of that coverage.

7.6.2 Media, Expert Sources, and Rhetoric

Physicians would seem to be a significant source of information for the public during an outbreak. Gholami et al. performed a study evaluating the knowledge of general practitioners regarding H1N1 (transmission, prevention, epidemiology), and the role of the media in informing physicians about the H1N1 outbreak. Responses from early May 2009 and fall 2009 were compared. While the study represents a contrasting cultural and social context, it is notable that the authors found that the initial level of preparedness of physicians was not adequate in terms of being able to meet requirements for containment (35), with weaknesses found in knowledge of identification, containment and treatment (36). In addition to journals, physicians often made use of television, satellite and radio as significant resources throughout the authors' study period, such that the authors urge public health officials to become more cognizant of the importance of information reported by the media (36).

On a broader level, an evaluation of public opinions of government handing of the outbreak in the European Union found that the majority of media coverage was either neutral or

supportive of government actions, but did not examine corresponding public reactions to the outbreak , actual protective health measures, or other protective or risk information highlighted in the coverage (Duncan 1). As a point of comparison to the approach recommended in the WHO report on outbreak communication, the author identified the predominance of public health authorities as sources in the stories as evidence of the effectiveness of the strategy of announcing early, thus securing a focal position as spokespeople on H1N1 (3, 1). Similarly, a Canadian Press - Harris-Decima poll of 1000 Canadians (Nov. 2009) found that about half of respondents felt the government's handling of the outbreak ranged through good to fair (with approval lowest in Alberta; Ubelacker). Again, respondents were not asked how they had accessed information regarding the outbreak, yet sixty-five per cent of respondents felt that the media had overreacted. It is of note that despite the role of the media in conveying the recommendations and stances of public health authorities, from the perspective of lay publics, there appears to be a pronounced divide in interpretations of media credibility.

Contrary to the above data indicating public support of government responses, Abraham (2010) references "a season of inquiries" into the handling of the H1N1 outbreak in response to "public distrust." The author suggests that governments would do well to return to the central tenets of risk communication as opposed to "persuasion" in attempting to encourage the adoption of protective measures. The model he privileges "is about building a shared understanding with the public, about the nature of a risk and the measures needed to respond to it through dialogue. It is not about trying to persuade people." From a rhetorical perspective, this argument fails on two levels, and is notable as it arises from a scholar associated with a journalism public health communication program.

First, Abraham assumes that communication from health officials regarding a health threat can occur in the absence of persuasive effects on its audience; and second, that people will change their behaviours in response to a disease risk in the *absence* of persuasion. Gerard Hauser describes the "inevitable consequence of language" as "the symbolic inducement of social cooperation" (*Vernacular* 14). Following Burke, Hauser observes that "we cannot address others without our symbols encouraging a response" (14). Particularly in such a situation as a high-risk health threat, which naturally features anxiety-inducing elements and many cultural figures imbued with their own symbols of authority and expertise, the absence of influence in communication is a myth. Further, as Jones and Salathé found, and as Aristotle first argued,

humans' behaviour is influenced by their emotional state. In the absence of anxiety, protective responses declined. A risk communication approach grounded in the ability of audiences to critically evaluate information could, in this light, prove ineffectual and perhaps worse. Abraham's argument highlights the potential for rhetorical contributions not only to the field of risk communication, but points to the impacts of a lack of rhetorical education in journalism training programs.

The need for context-dependent public health communication strategies is also highlighted in a comparison of responses to H1N1 in Malaysia and Europe in the week after the WHO's raising of the pandemic alert level to "five." The authors found anxiety and corresponding behavioral change to be greater in Malaysia (Goodwin et al.), perhaps due to lingering fears of SARS in Asia (Tsai). There is also a potential for rhetorical theory to shed light on scapegoating processes during infectious disease outbreaks. The distinction of marginalized groups perceived as more likely to contract H1N1 was evident in the results of Goodwin et al., for both Malaysia and Europe, with the authors noting that such beliefs antagonize public health measures involving protective personal behavioural changes. The identities of the groups targeted are somewhat suspect, however, as survey respondents did not freely identify those seen as at greater risk than themselves, but were provided by the authors with several groups that respondents then "rated" in terms of risk. As a point of strategy in pandemic communication, and in view of the rhetorical impulses of identification (association) and dissociation, it would be of interest to consider the extent to which Othering would occur in the absence of such "stimuli."

The H1N1 outbreak was the first pandemic in which "Web 2.0," or "social media," began to constrain the ways in which public health authorities disseminated information. Through social media and the Web, audiences are able to circumvent official messages (Ding and Zhang). The model for communication from experts in the H1N1 pandemic was predominantly one-way—perhaps the last pandemic when this will be so. Yet as noted above, audiences predominantly approved of governments' responses in managing the outbreak. Even with the burgeoning uptake of social media, Jones and Salathé found that audiences still preferred traditional media as a source of information during the H1N1 outbreak, even while public health organizations such as the CDC add social media to their outbreak communication strategies.

Going forward, there appears to be growing interest on the part of experts in processes that involve publics in risk communication. For example, a 2011 conference on the theme of

uniting "experts and amateurs" asked of the potential value of such an approach in the face of "increasing skepticism towards experts and expertise."[27] If such skepticism indeed exists, the ability of laypersons to contribute to a time-sensitive and highly volatile discourse such as that of a novel disease outbreak, or the nature of such a contribution, would be a generative topic, particularly in light of Kenneth Burke's theory of identification. In light of the findings discussed above, a question arising from the results of the current study concerns what factors influence the choice of "expert source" for media, and are these sources those with the greatest credibility in terms of the knowledge needed by the public?

Digital media also provide opportunity for the publicization of perspectives that are marginalized by traditional media, opening the door to divergences from traditional "outbreak narratives."

An extension of analyses beyond the scope of this study would also prove instructive. The current case study did not incorporate events of the H1N1 pandemic which became inscribed on public memory, the impacts of which could likely serve as the focus for an entire dissertation: the death of a young hockey player in Toronto, the shipment of body bags to northern reserves, or the influence of the media on vaccination uptake. A potential avenue of future research would involve the observation of changes in how the pandemic and virus are portrayed over time, both by journalists and public health officials. However, the time-consuming nature of the critical approach demonstrated here poses a constraint on the number of texts that can reasonably be analyzed by one author.

The comparison of H1N1 coverage to coverage of the severe acute respiratory syndrome outbreak would also be instructive. On cursory examination, headlines published during spring 2003 portrayed the SARS virus in the context of an "enemy" to be addressed through "militaristic" tactics. These patterns are absent in the H1N1 coverage analyzed here. One could hypothesize that H1N1's association with "common influenza" lessened its dramatic value, in comparison to the entirely novel SARS virus. As noted earlier, the drama of H1N1, arising from a scene prepared for years by avian influenza and a forecasted pandemic, thus focused attention scenically as opposed to in terms of an infectious "agent." Such a comparison would have utility in planning outbreak communication strategies adapted to the situational rhetoric of pathogens.

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[27] Extending Expertise? Experts and Amateurs in Communication and Culture. 30 April-1st May 2011. University of Ottawa, Canada; Collins and Evans 2002

Visual rhetoric plays a significant role in audience conceptions of mediated information, yet this study did not take into account photographs which appeared with journalistic articles, or the fact that audiences do not interact solely with one journalistic text or medium at a time.

On a similar note, media texts themselves are also "mediated," with copy and layout editors, headline writers and additional newsroom personages influencing the final published piece. The extent to which these influences affected the texts studied here is unknown, although every effort was made to limit these kinds of influences.

7.7 The Scapegoat Pandemic

Avian influenza H5N1 forms part of what Zylberman terms the pre-existing "conceptual vision" that foregrounded the H1N1 outbreak, and what I have described as part of the existing context of the H1N1 outbreak. For many years prior to the H1N1 outbreak, there were warnings of an avian influenza H5N1 outbreak. Coincident with the earliest stirrings of the H1N1 outbreak in Mexico, there were still warnings of an imminent bird flu pandemic. An April 12, 2009, headline in *The Independent* warned, less than two weeks before the first H1N1 coverage appeared in Canada, "Egypt: New bird flu cases suggest the danger of pandemic is rising".

Looking back on H1N1, the dearth of pandemic warnings since raises the question as to the world's current status with respect to the next pandemic. If SARS is viewed as a "dress rehearsal," as Zylberman argues it was, then H1N1 became "the one" – the pandemic for which the world had been preparing for so long. Even in the H1N1 coverage analyzed in this study, there were references to avian influenza as a "failed" pandemic: the virus did not spread "easily enough" (Text 6/4.4.c). The H1N1 virus was thus a more efficient and fitting entity to fill the vacuum left by years of pandemic preparations. Patterns of foreshadowing, both by scientists and the media, also imply that the length of time since the last "real" pandemic increases our risk. Accordingly, are we "safer" now?

APPENDIX 1: LIST OF PRINT MEDIA TEXTS EVALUATED BY CLUSTER ANALYSIS
IN LAIDLAW (2013)

1. Branswell, H. (2009, April 24). Swine flu cases in U.S., mystery ailment in Mexico have experts scrambling. *Whitehorse Star/Canadian Press*, p. 22.

2. Skerritt, J. (2009, April 24). Mexican outbreak has hospitals on alert. *Winnipeg Free Press*, p.A8.

3. Fitzpatrick, M. (2009, April 25). No Canadian cases yet of human swine flu; At least 60 people may have died so far. *Star-Phoenix*, p. A14.

4. Kyle, A. (2009, April 25). Health officials keeping eye on flu. *Leader Post*, p. A1.

5. Nicholson, S. (2009, April 25). Mexico, U.S. scramble to contain swine flu; Outbreak sickens hundreds, kills at least 20. *National Post*, p. A16.

6. Alphonso, C. (2009, April 25). Pandemic in the making. *The Globe and Mail*, p. A1.

7. Sibley, R. (2009, April 26). Few alter plans to travel despite flu outbreak; Ottawa-area residents still booking trips to Mexico, agents report. *The Ottawa Citizen*, p. A3.

8. Giroday, G. (2009, April 26). Suspected case in city proves to be false alarm. *Winnipeg Free Press*, p. A3.

9. Barrera, A. (2009, April 26). Swine flu could start pandemic: WHO; Virus spreads in U.S.; no confirmed cases in Canada. *The Ottawa Citizen*, p. A1.

10. Cooper, D. (2009, April 27). Canadian swine flu cases confirmed; 'Mild' illness for N.S., B.C. victims. *Edmonton Journal*, p. A1.

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APPENDIX 2: INITIAL TIMELINE OF THE 2009 INFLUENZA A H1N1 OUTBREAK[28]

Mid-February	Outbreak of respiratory illness in La Gloria, Veracruz, Mexico
April 12	Mexican public health authorities report outbreak in Veracruz to the PAHO
April 15	CDC identifies S-OIV in the specimen of a boy from San Diego, California
April 17	CDC identifies S-OIV in the specimen of a girl from Imperial, California
April 21	CDC alerts doctors to a novel strain of H1N1 influenza virus
April 23	The Public Health Agency of Canada identifies S-OIV in specimens from Mexico
April 24	WHO issues Disease Outbreak Notice
April 27	International spread and clusters of human-to-human transmission prompt WHO to raise the pandemic alert from phase 3 to 4
April 29	WHO raises the pandemic alert from phase 4 to 5 (human-to-human spread in at least two countries in one WHO region)
May 21	41 countries report 11,034 cases, including 85 deaths

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[28]   Neumann, Gabriele, Takeshi Noda & Yoshihiro Kawaoka. "Timeline of Swine-Origin H1N1 Virus Outbreak." *Nature* 459 (18 June 2009): 931-939

APPENDIX 3: KEY TERMS AND CLUSTERS

The depictions below are grounded in the parameters of this study, and the interpretation of the "data" presented here is conducted along with close-reading techniques described in full in Chapter 4.

The tables below list, for each text analyzed, the causative agent as key term, other key terms specific to that text, and terms *associated* with "key" terms (composing a cluster). Finally, the last column suggests implied meanings when terms are viewed as generative principles.

Key terms are identified "on the basis of frequency and intensity of use" (Berthold 303) and include "not only individual words, but phrases, images, concepts, themes, or elements...[that] establish the general orientation of the discourse" (J. MacLennan, unpublished document, "INTD 898: Kenneth Burke and Dramatism: Tips on Conducting a Cluster Analysis," Winter 2004; see also 3.2.2a).

"Key" terms listed below are a member of the cluster in which they are listed, but are not repeated in both columns unless repetition exists in the original text. "Clustering" terms are selected due to proximity or similarity of contexts. Terms that are implicit but not literally stated are indicated in italics. It is important to keep the agency of the journalist in sight in choosing which quotes will be included in an article; if terms are located within a quote, they are indicated in quotation marks. A source may be included as a term if he or she is featured by the rhetor, thus indicating that the rhetor views the source as having potency or significance in the scene described.

Group I Texts

Table A1. 4.2.a Text 8 (April 26, 2009)

Clusters			Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms	Associated terms *(and)*	
Causative agent as key term	*swine flu	*Quebec *swine flu *has gripped Mexico *the flu virus *the virus *quarantine	*"Swine flu" in Mexico / Quebec --> "Illness" in Manitoba*
Other key terms	* a severe respiratory illness	*a severe respiratory infection *a severe respiratory illness * "not a reportable case" *Winnipeg	
	*proper protocol	*proper protocol *she was put into isolation * "the patient is put in a single room" * "she was put into isolation" * doctor consulted with provincial medical officer of health *Winnipeg Fire Paramedic Service *Winnipeg Regional Health Authority *Manitoba Health *spokeswoman confirmed	*Manitoba --> modelling proper protocol (transparency is part of proper protocol)* *Protocol --> protective*
	QC health authorities	* Quebec's health ministry * officials confirmed * province has no confirmed cases * But they refused to comment * "don't have any confirmed cases" *But Cyr wouldn't comment * on high alert	*Quebec --> lack of transparency*
	the media	* told The Canadian Press * "you'll be informed" *told CTV News..two patients were in isolation * ..later released..both tested negative..CTV reported *told The Canadian Press *But Cyr wouldn't comment *But they refused to comment	*Media --> watchdog role part of protection*

Table A2. 4.2.b Text 10 (April 27, 2009)

Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles (*from what to what*) (*therefore*)
Causative agent as key term	*swine flu	* "new strain of influenza" * "being transmitted from person to person" * "it is a swine flu" * this...strain of the common H1N1 seasonal flu virus * "not that unusual" *new flu strain *not like SARS * "this swine flu" * "an entirely new influenza, but it is influenza" *this latest influenza *influenza *swine flu	*New swine flu --> not new/not SARS* *New virus is influenza --> a good thing*
Other key terms	* "mild" cases	* cases * victims * Canadian cases "relatively mild" * "first confirmed cases" * symptoms in Canada were "mild" *recovering *those who had the flu	*First confirmed cases --> "mild"*
	*Mexico	*recently visited Mexico *cases linked to Mexico * "it has hit first in Mexico" * "it seems to be spreading" *but the situation in Mexico stands apart *1,300 cases and 81 fatalities *so far *suspected of having swine flu *cases..linked to Mexico *Mexican cases *two-thirds..given clean bill of health and sent home	*Deaths in Mexico -->but 2/3 "clean bill of health"*
	* Dr. Predy, medical officer of health	* Alberta public health officials * enhancing disease surveillance *"no reason for the public to be panicked" * "no confirmed cases here" * "we are following up with people who travelled" * this..strain of the common H1N1 seasonal flu virus may have been around for some time * "we deal with [influenza] regularly" * "so far we have not found the new strain of influenza" * too early to say *family doctors..emergency rooms have been notified *provincial labs are set up to handle..additional testing	*Levels of protection -->personal, regional, national* *Etiquette --> protective*
	*federal Health Minister Leona Aglukkaq	*warned * "ramp up our surveillance efforts" * "these cases likely not the last we'll see" * "plans and protocols prepared in advance for events like this"	
	* *etiquette*	* practice good basic flu-prevention techniques *take simple precautions to stop the spread of influenza * "anyone who develops fever..cough..or..contact with... Mexico..or U.S." * "All Albertans should..wash hands frequently" * no one should touch ..eyes, nose or mouth after...surfaces that may harbour influenza	

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Table A3. 4.2.c Text 11 (April 27, 2009)

Clusters				Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms		Associated terms (*and*)	
Causative agent as key term	*swine flu		*a new type of swine flu *spread *has killed up to 81 in Mexico *has infected about 20 in the U.S. *the flu *the virus *swine flu *the flu *spreading	*Confirmed cases of swine flu --> "mild" in Canada*
Other key terms	*cases	* "mild"	*"mild" cases *None of the people in Canada ..hospitalized * "relatively mild" * "patients.. recovering" *symptoms in Canada "mild" * "we are not seeing severe cases" * "All..recovering" * "this illness" * "it has been so mild" *they felt fine *mild cases of swine flu * protective covering had not been recommended	
		*confirmed cases	*first confirmed cases in Canada *victims in [Nova Scotia] *cases confirmed *Canadian cases * "first confirmed cases" * "six confirmed cases in Canada..different from..Mexico" *21 people..in isolation *being isolated...as a precaution * "expect more cases" *possible infections popped up	
	*outbreak		*Mexico * victims recently visited Mexico *links..to.. Mexico *outbreak *at an early stage * "severe cases...in Mexico" * deadly in Mexico * mild in other countries *deaths so far...in Mexico	*Disease in Mexico --> deadly*
	*Minister / officials (health bureaucracy)	*Aglukkaq	*Canadian health officials reported..cases *warned there could be more cases *Aglukkaq.. warned * "ramp up our surveillance efforts" * "likely not the last we'll see in Canada" * "following plans and protocols prepared in advance" * government co-ordinating its response in key departments *prime minister...briefed *consulting provincial/territorial counterparts * Aglukkaq in contact with officials in the U.S. and at the WHO	*Health officials --> protection from flu* *Aglukaqq--> consubstantial with U.S. officials, prime minister, WHO* *Multiple levels of containment with respect to health officials ---> hierarchy functioning as it should* *Basic etiquette --> protection*
		*Dr. Butler-Jones	* "our first confirmed cases..troubling" *prescription: good basic flu-prevention techniques	
		*health officials	*governments around the world rushed..to check the spread *[U.S.] decision to declare a public health emergency...part of a normal course of action *health officials are closely monitoring * "This is not scary monsters"	

Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles (*from what to what*) (*therefore*)
			* "surveillance system on high alert" * "detect these cases"	
	*science	* "a lot more unknowns than is known" * "We'll learn..more as we do..epidemiological analysis and research"	*more 'epidemiology' --> better safety/protection*

Table A4. 4.2.d Text 12 (April 27, 2009)

Clusters			Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms	Associated terms (*and*)	
Causative agent as key term	*swine flu	*same strain of swine flu that threatens to launch a global pandemic *swine flu *the virus * "the virus" *swine flu * *not SARS* * "swine influenza"	*Swine flu--> not SARS* (*new disease has to be SARS-like to be threatening*)
Other key terms	*SARS	* "SARS outbreak..changed how we approach these things" *contrasted swine flu to SARS * "a disease with dramatic effects and huge impacts" * SARS so difficult to track and prevent	
	*Canadian cases	*student cases	* "recovering nicely" *minor respiratory ailments * "But I feel fine" *mild respiratory ailment * students and teachers...isolated for seven days * "students who are sick" *illnesses ..so mild * "allergies" or "sniffles"	*Cases --> mild / contained* *'mild' disease --> not a threat*
		*confirmed in Canada	* cases of swine flu...confirmed *Both people had returned from Mexico * "Canada's first confirmed cases" * "likely not the last we'll see" * "naturally worrying" * "swine influenza is present in Canada" * "not unexpected"	
	preparedness	* "continue to ramp up our surveillance efforts" * "would be concerned if we weren't getting reports" * Canada expected [cases], is prepared for more * "We have plans in place, and we are following them" * Canadian border agents trained in medical surveillance *officials..looking for *officials..discovered * "we had our surveillance system on high alert"	*Surveillance--> preparedness/protection*
	*Mexico	* sought medical help due to..publicity * "the Mexican backdrop" * virus was "acquired in Mexico, brought home and spread" * "the trip is the vector" * [airlines] waiving change fees to/from Mexico *where the outbreak began *more than 80 deaths	*Virus--> frightening because of (Mexican) context*
	Science	*Winnipeg lab has done testing for Mexico *confirming the Canadian cases *devising a vaccine *part of a normal process *testing current flu vaccine	*Science --> protective*

Table A5. 4.2.e Text 20 (April 29, 2009)

	Clusters			
	Key terms		Associated terms *(and)*	Key terms as generative principles *(from what to what)* *(therefore)*
Causative agent as key term	*Swine flu		*previously unknown virus *has killed up to 159 Mexicans / has made as many as 6,000 ill *swine flu *fast-spreading disease *swine influenza A (H1N1) *same strain Ontario, U.S., Mexico *comparable to the seasonal flu *health experts puzzled...milder than the cases in Mexico	*Swine flu -->spreading but mild/like seasonal flu*
Other key terms	*cases	*confirmed cases	*Ontario's first confirmed cases of swine flu *confirmed cases of swine flu in Canada *cases...grew *Alberta confirmed *B.C. Confirmed.. *N.S...reported *68 confirmed cases in the U.S. *confirmed cases ..reported in Israel, NZ, Scotland and Spain *Hundreds of students...developed symptoms ..in N.Y.	*First confirmed cases --> all illnesses are mild / contained*
		*mild	*recovering at home *mild cases of the flu *[residents] were seen within seven days of their return * "All illnesses are mild" * "individuals are recovering at home" *illnesses in the U.S. and Canada are milder *Ontario [patients] suffered fever, cough, respiratory ailments *none was hospitalized *[none was] given antiviral medication *another 20 potential cases *newly confirmed cases *the outbreak	
	*SARS		*McGuinty encouraged Ontarioans to "stay calm" *trust the [Ont.] government: learned from SARS (killed 44; quarantined thousands; ravaged...tourism) * [Toronto's] pandemic preparedness plan * city is well-stocked and well-prepared for a major outbreak	*Toronto SARS victim --> well-stocked, well-prepared for outbreak*
	*travel to Mexico		*some students...trip to Mexico *bring home Canadians booked into Mexican resorts *cancel flights to Mexico *suspension of all operations to Cancun, Cozumel, Puerto Vallarta *cases in Mexico *postpone non-essential travel to Mexico *awaiting data from Mexican authorities	*Mexico -->source of risk*
	*U.S. preparedness		*Obama asked..emergency funds to fight the ...disease *drug stockpiles *monitor future cases *help international efforts	*Obama --> source of protection for U.S.*
	*science		* National Microbiology Laboratory *researchers have learned * incubation period is from two to seven days * comparable to the seasonal flu	*Science --> protective*
	*federal preparedness		* Dr. Butler-Jones * "These cases were anticipated" * "[These cases] do not change our course of action" *Ottawa issued travel advisory warning Canadians *what authorities are doing to respond to the outbreak	*"Fast-spreading" --> anticipated (reassurance)*

Table A6. 4.2.f Text 21 (April 29, 2009)

Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles *(from what to what)* *(therefore)*
Causative agent as key term	*swine flu	*the virus *neither highly virulent nor contagious * swine flu situation..still evolving *the virus * "influenza-like illness" *swine flu * swine influenza A (H1N1) *should fizzle out *germs *current public health threat * The swine influenza * swine flu	*This situation --> same as typical influenza, and will "fizzle out"*
Other key terms	*confirmed cases	* Michelle Bossi	*B.C. resident confirmed to have swine flu *fell ill..Cancun *went to..hospital for testing * "I'm fine" *concerned she may have...spread the virus * "I'm annoyed I could have affected other people" *waited in ...hospital *later visited a walk-in clinic	*Confirmed case (sick) --> "fine," concerned, "annoyed"* *Bossi --> model of good "etiquette"*
		*cases	*only three cases in B.C. * third confirmed case B.C. * "across Canada...13 cases" * "no hospitalizations and no deaths so far"	
	*Dr. Danuta Skowronski	*surveillance	*it's reassuring...only three cases * "we're monitoring" * "We don't want to be complacent" * "expect..more cases" * "expect...may be hospitalizations and deaths" * "we need to think ahead and prepare" * "health care system on high alert" * "lab is responding" * "we're following up"	*Skowronski --> situation's moderator/interpreter, protection from disease and psychological counsellor* *Emphasis on etiquette --> silver lining*
		etiquette	*experts reiterating * people with symptoms...to isolate themselves * Skowronski..hopes the current public health threat helps change the culture	
		*Mexico	*acquired swine flu while on holiday in Cancun * no "safe zones you can go in Mexico" * "Canada has..issued a travel health warning" * public health officials..sticking to their plan * "we don't want to mislead people" * "We..prefer people to consider Mexico in its entirety as a possible risk area"	
	transparency		* Skowronski refused to say *The Vancouver Sun..disclosed *results of testing...were not available *number of possible cases wouldn't be given *public shouldn't "fixate" on numbers	*Possible cases --> not relevant (Skowronski)*
	protocol		*told [Bossi] she was not contagious *all protocols were followed * "responded as would be expected" * "The management was appropriate" * initial tests..did not raise alarms	*Possible threat --> everything's fine (thanks to protocol)*
	*influenza		*put into perspective * [thousands of] B.C. residents get influenza * 1,400 die from it * expected that even swine influenza A (H1N1) should..fizzle out * swine influenza..is spread the same way as typical influenza * symptoms of swine flu..also the same as common strains of influenza	*Swine flu --> "typical influenza"*

Group II Texts

Table A7. 4.3.a Text 2 (April 24, 2009)

Clusters			Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms	Associated terms (*and*)	
Causative agent as key term	*illness	*unidentified respiratory illness * has killed at least a dozen people *severe respiratory illness * potentially infectious disease * the illness	*Illness --> "something more serious"*
Other key terms	* outbreak	*outbreak * still unclear * "the big concern is ...just the beginning of something..more serious" * the outbreak	
	*patients	*severely ill patients *severe respiratory infections with death *cases..tested positive for influenza * patients..seriously ill with flu-like symptoms * younger patients who are severely ill *anyone with an undiagnosed severe illness * "patients that are very ill way beyond what we expect" * " a person with a severe case of the flu that need [sic] hospitalizations, further interventions" * these illnesses	*Manitoba's "patients" --> Mexico's "cases"*
	*Mexico	*origin of disease	* cluster of cases of severe respiratory illness in Mexico * disease..has struck..in south and central Mexico *death..in Mexico City..[and] San Luis Potosi * Manitobans who visited Mexico have been exposed *severely ill...returning from Mexico	*Source of threat --> Mexico (not U.S.)*
		*numbers of cases and deaths	* Mexico City..reported 120 cases..[and] 13 deaths * San Luis Potosi..reported 14 cases..four deaths * one death..Oaxaca * two deaths..Baja California Norte	
	*protective capacity of health system on the ground	* hospitals on the lookout *Canada's integrated outbreak surveillance system * scientists...National Microbiology Laboratory..helping investigate * hospitals across the province..on alert * Suspect patients will be put in isolation * workers will follow proper outbreak precautions ..wearing gloves and masks * hospitals will remain vigilant * triage nurses and doctors have been warned *Health-care workers will flag as immediate concern	*Medicine is protective (vs. science)(first line of defence)* *Illness will be dealt with in an orderly way (vs. panic/chaos)*
	*etiquette	* anyone planning a trip... take common-sense precautions *travelers..washing their hands * using hand sanitizer * Winnipeggers avoid getting sick ...by coughing and sneezing into..arm * "the etiquette we talk about normally" * "washing your hands frequently is a good idea"	*Common sense/good behaviour --> protective* *"Etiquette" --> a social responsibility*

Table A8. 4.3.b Text 3 (April 25, 2009)

Clusters			Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms	Associated terms (*and*)	
Causative agent as key term	*deadly new strain of swine flu	*deadly new strain of human swine flu *swine flu *human swine flu *a new strain of swine flu *the virus * the illness *the disease *the virus * this new human swine virus *the illness * this strain of human swine flu, the likes of which have never been seen before *an influenza A virus..H1N1..mixture of swine, human and avian viruses * an "unusual" combination *whether...virus will prompt a global pandemic	*"pandemic"* --> *regular flu*
Other key terms	*symptoms like regular flu	* similar to those of regular flu * fever, coughing, lack of appetite..energy loss *runny noses, sore throats, nausea, vomiting and diarrhea	
	Canadian public health	*Health Minister Leona Aglukkaq* — * "Canada is working hand in hand with the World Health Organization" * no confirmed cases in Canada * "no immediate threat to Canadians" * "we will always be vigilant" * Canadian government is monitoring the situation closely * "will take further action as necessary"	*Canada* --> *free of disease (reassurance)* *Response* -->*represented by "vigilance"/paying attention/transparency*
		chief public health officer Dr. Butler-Jones — * handful of cases in Canada are [sic] being looked at * so far ...[no] swine flu *advised travellers to consult PHAC website for tips *asked health professionals across the country to increase their vigilance *and to report unusual..illness * "This is very concerning...why we're paying attention" * "If we find any [cases], Canadians will know about it" * "impossible to predict" * Much more testing and analysis [needed] *Canadians ..returned from Mexico..[with] flu-like symptoms should contact their doctor	
	*Mexican authorities	* Mexican authorities confirm *Schools,..museums, theaters and libraries..will be closed indefinitely *The government will distribute breathing masks *to curtail the disease's spread	*Protection from virus via health authorities*
	*WHO	*dispatched a team of experts to Mexico *to work with authorities there *events ..of "high concern"	
	*CDC	* working aggressively to get more information * trying to connect the dots * between...Mexico..Texas..California * CDC confirmed ..an eighth case * did not require hospitalization *has begun preparation work on a vaccine *describes [virus] as an "unusual" combination	
	* outbreak	*Mexico and the United States * same human swine flu *in the Unites States *outbreak *At least 20 deaths..confirmed linked to the virus *1,000 people..showing symptoms of the illness * Mexican government [asked NML] to test samples	*U.S. and Mexico* --> *consubstantial*

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	Clusters		
	Key terms	Associated terms *(and)*	Key terms as generative principles (*from what to what*) (*therefore*)
		* Mexican Health Minister Jose Cordova *as many as 68 deaths * an outbreak...that's also been seen in parts of the U.S. * outbreaks in Mexico and the United States	

Table A9. 4.3.c. Text 7 (April 26, 2009)

Clusters			Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms	Associated terms (*and*)	
Causative agent as key term	*swine flu/virus	*an unusual strain of swine flu *influenza *uniqueness of the virus *rapidity with which is has spread *the virus *combines genetic material from pigs, birds and humans *not previously encountered * "a novel virus" * "has spread from human to human" *this new virus * a type A influenza virus * the swine flu *this new strain of influenza	*Swine flu virus spreading --> pandemic*
Other key terms	*pandemic scenario	*flu pandemic occurs *type A influenza virus *radical mutation *antigenic shift *suddenly able to infect people *resulting worldwide epidemic *pandemic	
	travel agents' authority — *the situation	*outbreak *the situation in Mexico *the situation *various regions of Mexico *blamed in the deaths of as many as 81 people *More than 1,300 cases of influenza ..reported *most of those who've died *a potential pandemic *Mexicans ..wearing surgical masks *Authorities..closed schools, museums, libraries *cancelled public events throughout the country *this new virus crossed the Mexican border *Eleven cases..confirmed in [U.S.] * "the situation"	*"outbreak" --> "situation"* *Possible pandemic --> business as usual* *Travel agents-->source of health advice* *People wearing masks, public places closed --> "sun-soaked country"* *Mexican resorts --> safe havens* *Canadians--> less susceptible to infection*
		*travel agents: *Mexico vacations *sun-soaked country * "I haven't had one call concerning Mexico" *Local travel agents *[taking] their cue from Foreign Affairs *advise clients *don't expect..cancelling Mexican vacations *places like Cancun, Puerto Vallarta..Mayan Riviera *resorts and hotels have own water purification systems * "one lady..just a little concerned..she only bought travel insurance just in case" * "People are still booking for Mexico" *Handa Travel *Sears Travel *Tripcentral.ca *Adventure Travel	
		*already booked vacations: *questions of concern *none..cancelled *customers expressed "moderate concern" *none...cancelling *already booked trips *those travelling to Mexico *planning to travel to Mexico *Anyone who has travelled to Mexico	
	etiquette	*PHAC recommends * follow..same precautionary measures as with seasonal influenza *receiving a seasonal flu vaccine *washing your hands often *covering coughs and sneezes *staying home when ill	*Flu vaccine and "etiquette" -->travellers' protection in Mexico* *Non-travellers--> not at risk*

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Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles *(from what to what)* *(therefore)*
		*anyone..to Mexico..and develops symptoms *influenza..severe respiratory illness..high fever *urged to seek medical attention	
	*WHO/health authorities	*experts, researchers * "We are very, very concerned" * held emergency meetings *on high alert *a potential pandemic	*"Very, very concerned"* --> *things aren't so bad*
	*authorities stopped short	*So far *WHO has stopped short of declaring a pandemic *whether to raise pandemic alert level *U.S. Authorities have stopped short of warning..to avoid Mexico *Canada's Foreign Affairs department has not issued a travel advisory for Mexico *To date...no reported cases..in Canada	

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Table A10. 4.3.d Text 15 (April 28, 2009)

Clusters				Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms		Associated terms *(and)*	
Causative agent as key term	*swine flu		*potentially fatal swine flu from Mexico *swine flu scare *swine flu *a "grave pneumonia" *swine flu *Mexican swine flu *Mexican swine flu	*swine flu-->Mexican* *Mexico consubstantial with swine flu*
Other key terms	*outbreak		*outbreak * "difficult to say how this outbreak will proceed" *areas of Mexico with..most cases *about 1,900 cases..reported in Mexico *149 deaths *U.S. health officials.. confirmed 20 cases *Mexico flu outbreak *high number of fatalities *many..young adults not normally at risk * "This is certainly unusual"	
	*Medical Officer of Health Dr Allen Heimann	*safe so far*	*No cases confirmed yet in Ontario *travelling to the U.S. not a concern *So far, no serious respiratory illnesses have been reported *only six cases of swine flu confirmed in Canada *four..had travelled to Mexico *Heimann stressed all..swine flu cases in Canada the U.S. to date were mild *no hospitalization required * even more common flu strains can kill	*Heimann embodies protection for local audience*
		Health care system prepared	*Immediately..left..to confer with hospital officials *said..would be holding frequent news conferences *local doctors have received alerts *The health unit is monitoring * "We're monitoring all..long-term care facilities carefully" *local, provincial, and federal officials taking quick steps	
	*Mexican migrant workers		*temporary halt to..arrivals of..Mexican workers..under consideration *Mexican migrant workers..now being screened there [Mexico] *asked to fill out a questionnaire *thousands of migrant Mexican farm workers in the...area *a particular concern here *medical officials..very concerned *too many Mexican workers in the ..area *The concern...recent arrivals from Mexico have no flu symptoms *in Canada for months..and..healthy..not a risk to anyone *advised residents..against travelling to Mexico * "I..wouldn't be comfortable..travelling to Mexico"	*Mexican migrant workers --> swine flu scare [Threat embodied in Mexicans, not 'pandemic' (never mentioned)]* *Limiting spread of disease --> limiting movement of Mexicans*
	*similar to any flu		*symptoms of Mexican swine flu * similar to those of any flu *fever, coughing, sore throat, muscle and joint pain and shortness of breath *Anyone with..symptoms..travelled to Mexico..should call.. *usual precautions for seasonal flu *frequent handwashing, coughing into tissues..promptly disposed *minimizing contact with others *not visiting hospitals or nursing homes	*Travellers protected through "usual precautions" (etiquette)*

Group III Texts

Table A11. 4.4.a Text 1 (April 24, 2009)

	Clusters		Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms	Associated terms (*and*)	
Causative agent as key term	*(human cases of) swine flu	*human cases of swine flu *concurrent outbreaks *human infections with swine flu viruses *number of confirmed cases..risen *two clusters [of confirmed cases] *more reports of vomiting and diarrhea than is seen with regular flu *pandemic	*Concurrent outbreaks --> "the start of a flu pandemic"* *20 deaths in Mexico --> "explosion," "plague"*
Other key terms	*illness in Mexico	*mystery respiratory illness in Mexico * cases of an unusually severe respiratory illness *plaguing parts of Mexico * ill after returning from Mexico *unusual explosion of severe respiratory illness in Mexico * centred around central Mexico and Mexico City *samples from Mexico...unusual swine flu virus * "whether..strains of H1N1...in Mexico are also swine flu" / Don Low	
	*pandemic	*what is unfolding *mounting number of human cases of swine flu *seven [cases] and counting *significant enough *the world is watching the start of a flu pandemic *1976 swine flu scare *feared pandemic that didn't materialize *threat of a pandemic *first since the 1968 Hong Kong flu * "unusual" * events unfolding * affecting..young, previously healthy adults * 20 deaths...associated with the outbreak * centred around central Mexico and Mexico City *plaguing	
	*U.S. cases	*cases in U.S. *southwestern U.S. *All recovered *one..required hospitalization *none..had contact with pigs * swine flu *symptoms similar to seasonal flu	*Outbreak in U.S. --> similar to seasonal flu*
	*WHO	*official pronouncements..crafted with caution * monitoring * "We would not see an evidence yet for this being a phase change" * "We never want to overestimate or underestimate something" * "we're following it closely" * "we see no evidence"	*Action by international health authority --> "official pronouncements"*
	*CDC	* revealed * found two human cases * announced * "We believe..that human-to-human spread is occurring" * "We don't know yet" * "we certainly don't know the extent of the problem" * expect to confirm more cases * wants samples of viruses * cautioned * can't currently tell *samples en route to the CDC's labs	*CDC active against outbreak (vs. WHO)*
	*PHAC	* no infections..have been found in Canada *apparent outbreak * [said] no infections in Canada	*Reassurance via statements*

	Clusters		
	Key terms	Associated terms *(and)*	Key terms as generative principles (*from what to what*) (*therefore*)
		* seemed unlikely the illness was related to..the outbreak * National Microbiology Laboratory testing samples from Mexico * looking for the cause or causes of the illnesses * Canada would issue a travel advisory	
	*science	*health authorities... struggling *Laboratories in Atlanta and Winnipeg *are looking at clinical specimens *trying to determine *experts wondering * a key test ..Mexico..U.S. * flu viruses that can't be identified by standard methods	*Science --> struggling*

Table A12. 4.4.b Text 5 (April 25, 2009)

Clusters			Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms	Associated terms (*and*)	
Causative agent as key term	*swine flu virus	*has sickened hundreds *causing at least 20 deaths *infected seven in the U.S. *swine flu *the virus * "the swine flu virus" *the virus..mutated from pigs *transmitted to humans *swine influenza...potential source of a human flu pandemic * "novel" A/H1N1 influenza ..might have a risk of developing into a pandemic-type virus *swine flu * "swine H1N1 viruses"	*Nature as mutated/multistrain --> increased pandemic potential*
		*a new multistrain swine flu *includes strains from different types of flu *strains involved in Mexico * "swine H3N2..swine H1N1"	
Other key terms	*outbreak in Mexico	*outbreaks *sickened hundreds of people in Mexico * "cluster of cases we have seen in Mexico" *densely populated city * Mexican cases *healthy adults..no..prior illness	*Virus in Mexico-->spreading already* *Closer to Mexico --> greater risk*
	spreading from Mexico	*Mexican and U.S. officials *emergency steps *Mexican cases..same genetic make-up as victims..in California *people have been infected *sickened in Texas *states share a border with Mexico	
	*Mexican officials' control measures	*confirming the number of deaths *[Mexican] authorities probing 40..possible fatalities and 943 possible infections * Mexican officials warned people to avoid crowds *closed..museums *are..preparing to launch a massive vaccination campaign *government has 500,000 doses of flu vaccine *urban area of..20 million * teams..on stand-by at the capital's airport *Passengers with flu symptoms..not to fly *all travellers...fill out a questionnaire	*Mexican officials--> illustrating capability of control within Mexico* *vaccine --> symbolic shield for audience outside Mexico*
	David Butler-Jones, Canada's chief public health officer	*no confirmed cases in Canada *handful of cases being looked at *so far none...cases of swine flu * "If we find any, Canadians will know about it" *transparency*	*Canada at risk --> OK **so far*** *Protection offered by authorities outside of Mexico --> transparency*
	*CDC concerned	*Richard Bresser, head of the U.S. CDC * "People are concerned..we are worried as well" * "Our concern has grown" * there is no vaccine to..protect humans from swine flu * "It's very obvious that we are very concerned" * "We've set up emergency operations centres"	*"concern" --> - CDC consubstantial with "people"/lay audience vs. as a protector*

Table A13. 4.4.c Text 6 (April 25, 2009)

Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles (*from what to what*) (*therefore*)
Causative agent as key term	*swine influenza virus	*swine influenza outbreak *gripping Mexico and the southwestern U.S. *has not landed in Canada yet * "impossible to predict" *never-before-seen virus *authorities say has killed 20 people..perhaps dozens more *Hundreds...suffering from a severe respiratory illness *The virus *a new swine flu virus *unusual influenza A H1N1 swine virus *swine flu *new swine flu strain *confirmed in 20...deaths *the new swine influenza *spreads..same way as the seasonal flu *has similar symptoms..fever..joint aches	*outbreak/new virus/unusual virus --> pandemic*
Other key terms	*pandemic	*a potential global flu pandemic *pandemic alert level * "pandemic alert" * Level 6 is a pandemic * "up the pandemic threat level" * a new flu virus that could cause a global pandemic *touch off a pandemic *preparations for a pandemic	
	*Canada's chief public health officer — *concern	*expressed deep concern * "This is very concerning, clearly" * "we're all paying attention"	*very concerning --> Canada prepared* *Butler- Jones --> Canadians' protector*
	*Canada's chief public health officer — *protection	*those..returned from Mexico..experiencing flu-like symptoms..see..doctor *so far none..positive *no reason Canadians shouldn't travel to Mexico *[take] usual travel precautions *Canada..among the first to start preparations for a pandemic *ability to produce a vaccine quickly for the whole country	
	*Canada's chief public health officer — *stockpile	*the virus shows sensitivity to Tamiflu and Relenza *two anti-viral drugs ..Canada has stockpiled *officials..built an anti-viral stockpile	
	*Mexico	*shut down schools, museums.. libraries in its capital *hope of containing *confirmed..some of the..illnesses..caused by a new swine flu virus *similar..sickened..people in TX and CA *Mexico sent samples of its influenza virus to be tested *68 people have died *new swine flu..confirmed in 20...deaths *1,004 people..sick from the suspected flu *health young adults	*Mexico --> good ethos in terms of controlling flu*
	*Simard	*Crown attorney..returned from Mexico..with a mysterious illness *health officials..awaiting lab results *blood specimens *Cornwall lawyer Guy Simard, 47 *tested for the virus *has since recovered	*Simard --> potential first case in Canada* *Mysterious illness --> swine flu*
	*WHO	*raising the pandemic alert level *currently at level 3 *six-rung alert ladder * "pandemic alert 3 to a pandemic alert probably 5" *Level 5...a new strain with significant human-to-human transmission *Level 6 is a pandemic	*WHO --> has the power to validate a "pandemic"*

	Clusters		
	Key terms	Associated terms *(and)*	Key terms as generative principles *(from what to what)* *(therefore)*
	*Gardam, director of infectious diseases prevention and control	* "In my mind" * "I understand that" * "I am assuming" * "My own personal opinion" * "being very familiar with their plans and their phases" * "they need to up the pandemic threat level" *disagreed * "I would probably rethink my travel plans"	*Gardam knows best* *WHO --> passive*
	*CDC	*found cases with the virus *heard high anxiety from the public * "We are worried as well" *labs found positives of swine flu	*CDC --> consubstantial with "the public"*

Table A14. 4.4.d Text 9 (April 26, 2009)

Clusters				Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms		Associated terms (*and*)	
Causative agent as key term	*swine flu virus		*A new flu virus * killed as many as 81 people in Mexico *could start a global epidemic *a new virus could spark a..pandemic *could sweep..the globe and kill millions *the virus *the flu..had killed *the new strain *causes severe respiratory illness *the swine flu strain *a type A influenza virus ..likely to be the swine flu *swine flu * "clearly an animal strain of the H1N1 virus" * "has pandemic potential because it is infecting people" *the flu strain *the new virus	*Swine flu virus --> pandemic*
Other key terms	*outbreaks spreading		*disease spread further *raising the likely death toll from 68 * "unusual outbreaks of influenza-like illness and severe pneumonia" * Colombia..arrived from Mexico with flu symptoms * one possible case in London *Hong Kong..Japan..health officials stepped up checks *the prospect of the flu strain spreading outside..North America * "outbreaks of influenza-like illness or pneumonia" * "the possible spread beyond the ..affected areas"	
	*WHO chief Dr. Margaret Chan	*authority	*warned *WHO's emergency committee *the UN agency *The United Nations health agency *warned..that a new virus could spark a..pandemic *recommending "all countries intensify surveillance" * "clearly an animal strain of the H1N1 virus and it has pandemic potential because it is infecting people" *could sweep..the globe and kill millions * "public health emergency of international concern" *the agency is alarmed * "It would be prudent for health officials..to be alert" *Health officials..should..be alert *WHO experts..in Mexico to help * "in the assessment of WHO, this is a serious situation"	*WHO --> only entity that can "interpret" the scene and lead response*
		*too soon	* "we cannot say on..evidence whether or not it will..cause a pandemic" *WHO officials have not decided yet * "more information is needed" *no indications of outbreaks elsewhere * "too premature" to announce travel advisories * "We do not yet have a complete picture" *also too soon for the UN agency to advise drugmakers	
		*pandemic levels	* "Experts at WHO..believe..closer to..pandemic than..any time since 1968" * WHO's designation of the outbreak *WHO's pandemic alert *stands at level 3 *increase the alert level to 4 or higher * "concerning the appropriateness of the current phase 3" *Level 4 would confirm evidence

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Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles *(from what to what)* *(therefore)*
		* drugs * WHO stood ready with antiviral drugs * a sizable supply of ..Tamiflu *effective against the new virus * to soon..to advise drugmakers..to producing a new vaccine	
	*Mexico	*active against outbreak *President...issued an emergency decree *government special powers *run tests on sick people *order them isolated *suspended public events *closed bars, restaurants..schools *try to halt the spread of the virus	*Outbreak --> Escalation in Mexico*
		*outbreak in Mexico *said the flu had probably killed 81 people *more than 1,300 people ..believed to have been infected *dead in Mexico *Mexico's crowded capital of 20 million people *where most of the victims have died *jittery Mexicans *WHO experts..in Mexico to help authorities *WHO..with..drugs to combat the outbreaks in Mexico *so far *confirmed only in Mexico	
	*CDC	*U.S. CDC..actively looking for new infections * "We are worried" * "because we are worried" * "we are acting aggressively" * "The situation is serious"	*CDC active against outbreak* *(vs. WHO)*
	*suspected in Montreal	*reports..two people.quarantined in Montreal *suspected of being infected *strongly denied * called the reports "rumour" * said.. no cases of swine flu *no quarantines in effect	*Montreal --> lack of transparency*
	*Canada's health minister Aglukkaq	*no confirmed cases in Canada *Canadian government monitoring..closely * "will take...action as necessary" * "no immediate threat to Canadians" * "we will always be vigilant"	*Protection --> bureaucratic "vigilance"*

Table A15. 4.4.e Article 13 (April 27, 2009)

Clusters			Key terms as generative principles (*from what to what*) (*therefore*)
	Key terms	Associated terms (*and*)	
Causative agent as key term	*swine flu virus	*swine flu viruses *circulating in at least three countries *the influenza A H1N1 swine flu is responsible for the illness *the virus *this virus *swine viruses *genetically very different [from human H1N1] *the swine flu viruses *the virus *this virus *a pandemic strain * "the lethality of the virus"	*Swine flu virus --> pandemic*
Other key terms	*disease pattern	*discordant disease pattern *puzzling influenza experts *making it difficult to see what is truly going on *the confusion *the pattern of disease appears..so different	*confusion-->what is truly going on*
	*Dr. Keiji Fukuda, WHO	*too early	*despite evidence *it needs more time to decide *emergency committee *pandemic alert level *advises..on whether to raise..pandemic threat level or declare a pandemic *will convene again Tues. * "We want to make sure we are on pretty good, solid ground" * much remains to be answered about the disease pattern *cautioned against predictions about how a pandemic ..might play out * "too early in our investigations" * "Clearly we are seeing ..cases which are mild" * "it's way too early right now to predict...a mild pandemic or a severe pandemic"	*Justification of its stance --> Part of WHO's way of embodying protection* *WHO as authority --> holding pattern*
		*mutating virus	* people should understand ..flu viruses change constantly * current behaviour of the virus..no guarantee of its future actions * "quite possible for this virus to continue to evolve" * "when viruses evolve, clearly..become more dangerous" * "cause more serious disease" * "or mutate so ..cause less serious disease" * "very difficult to predict" * "we will watch for very carefully"	*This flu virus--> likely to mutate*
	*mild		*countries with confirmed cases *six cases *All have had mild disease *are recovering *Spain ..New Zealand have suspected cases *mild in..U.S. and Canada *sequencing of viruses from the U.S. and Mexico...same strain *the mild illness * "mild cases" * "relatively mild disease"	*mild--> dangerous* *mild --> deadly in Mexico* *healthy --> vulnerable*
	*Mexico		*severe in Mexico *teams from the WHO, Canada and the CDC ..to Mexico to help public health authorities there *Mexico's health minister says the disease has killed up to 86 people *sickened up to 1,400 *cases..a demographic not generally hard hit by flu	
	*PHAC / Dr. David Butler-Jones		*officials tried to prepare people for the idea *it is early days * mild illness...unlikely to be..whole picture	*mild --> threatening*

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Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles *(from what to what)* *(therefore)*
		* "Just because we're having mild cases nobody should take this for granted" * "No one should lull themselves..that everything's just fine"	
	*CDC	*preparation *people should prepare..for continued spread of the virus *possibility of school closures as the virus hits *deaths are likely to occur * "we really need to prepare for the idea..additional cases" * "I do fear we will have deaths here" * people should start making plans for how they can cope *when the virus reaches their communities	*Being prepared for the 'idea' --> being prepared for the disease, even though no vaccine* *Preparations to counter effects on lifestyle -->sufficient protection* *WHO won't commit to threat, but audience should*
		*vaccine *in discussion with vaccine manufacturers *revealed..seasonal flu shots probably don't offer protection *The tests..against the seasonal flu vaccine of H1N1 is [sic] very pessimistic" *existing flu shot *[protects] against two subtypes of influenza A and one family of influenza B viruses * Flu shots...protect against human H1N1 viruses * "It does not look like there's cross-reacting antibodies from the seasonal vaccine"	
	reassurance via hypotheticals	* having been infected with H1N1 flu viruses in the past would confer any immune protection * possibility that some other viruses..causing some of the illnesses *some evidence..human flu strains..still circulating in Mexico	*something else causing the illnesses-->comforting immunity --> protection through passive means*

Table A16. 4.4.f Text 16 (April 28, 2009)

Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles *(from what to what)* *(therefore)*
Causative agent as key term	*swine flu scare	*significant economic damage *the threat of a pandemic * "Fears of a pandemic" *fears *WHO raised its threat level..from three to four on a scale of six	*Fears of pandemic --> very tangible impact* *Economic consequences as serious (or more) as biological (deaths)*
Other key terms	*economists and market watchers	*cautioned *no evidence yet that a pandemic is imminent * pandemic exists when 15-35 per cent ..is ill *forcing..massive loss of productivity *employees ..too sick to work	*chief economists --> protectors/interpreters (vs health experts)*
		* Sherry Cooper, chief economist	* "no evidence this will be a pandemic" * "if it were, it shuts down..borders" * "reduces flow of goods and services" * "leads to significant supply shortages" * *ethos*: After..SARS..wrote..report titled "Don't Fear Fear or Panic Panic: An Economist's View of a Pandemic" *ability...to deal with a pandemic *how..pandemic scenarios might affect businesses * "I think Canada is very well prepared" * "no macroeconomic response required" * "hospitals around the country..using their pandemic preparedness plans"	
		*Stefane Marion, chief economist	*even the threat of a pandemic *likely to hurt global stock markets * "Fears of a pandemic..a very tangible impact..with the outbreak of SARS"	
	*symptoms	*investors seemed spooked *Stocks...connected to travel were battered * Continental Airlines..worst affected * stock falling * fears ..some countries may use the swine flu as ..excuse to put up new trade barriers	*The victims are economic victims - businesses and investors*
	*SARS	*During...SARS crisis, airlines..particularly hard hit * air traffic declining..30 per cent * price of..oil..down * Expectations of reduced energy prices..push down the TSX *Standard & Poor's 500...fell 14.7 per cent *market recouped...[with] WHO's ending the SARS alert	*This --> SARS outbreak and impacts (consubstantial)* *airlines --> "victims"*
	economic benefit	*investors in..niche antiviral research firms hit..jackpot *share issues jump 693 per cent *some countries..banned meat imports from Mexico * Ukraine ...ban the import of pork products from Canada *any country where a case of swine flu has been reported	*antiviral investors benefiting from outbreaks --> poor "etiquette"* *trade barriers --> ultimate in bad behaviour*
	*the flu	*swine flu like any other flu virus * transmitted to humans by coughing or touching * not passed through consumption of..pork *affects millions of Canadians each year *20,000 admissions to hospital *4,000 deaths * fewer than 0.1 per cent...die of influenza	*Swine flu--> like any other flu virus*
	*Canadian farmers	*concerned about the situation *applauded the federal government * "They're not letting it slide" * "also not overreacting" * "They're monitoring the situation closely" * "I have..faith they'll take appropriate action"	*Federal government will contain the biological threat*
	*Mexicans	*Canadian farmers' requests for foreign labour	

Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles (*from what to what*) (*therefore*)
		*governments in Mexico and Caribbean *foreign agricultural workers..required to pass a medical exam * Canadian officials said..would require..exam..just prior to..departure *15,000 Mexicans..expected to come to Canada this year *many are already here	*Foreign agricultural workers --> flu threat*

Table A17. 4.4.g Text 17 (April 28, 2009)

Clusters			
	Key terms	Associated terms *(and)*	Key terms as generative principles *(from what to what)* *(therefore)*
Causative agent as key term	*such epidemics	*fears *global outbreak of swine flu *the latest outbreak *the virus continued to spread..to locations around the world *as SARS spread, so did its economic impact *such epidemics	*This outbreak --> another in a series*
Other key terms	*falling stocks	*Airline stocks *free fall *as detrimental..as SARS did *still too early to assess the impact *AMEX Airline index fell 10.6% *Transat A.T. Inc., ..WestJet.., ..Jazz Air.. all fell	*Victims --> economic in nature*
	*Andrew Busch, global foreign exchange strategist	*studied..such epidemics *notes..travel, leisure, ..retail sectors are ..the hardest hit * "I do think travel..well be severely curtailed" * "Mexico's tourism will be severely negatively impacted"	
	*the case with SARS	* Asian-Pacific airlines lost..US$6-billion *demand fell by 50% *as SARS spread, so did its economic impact *Air Canada..hub in Toronto *hot spot for the disease *was hit..hard *tipping point for..filing for bankruptcy	*SARS --> financial Armageddon*
	*Cameron Doerksen, Versant Partners analyst	*Air Canada shares...already fallen more than 60% [due to] concerns..about its mounting debt * "They've got other issues..probably more serious"	*Issues --> more serious than a flu epidemic*
		* he doesn't expect ..swine flu to have same impact...SARS did *so far..Canadian cases..isolated *[air] carriers..moving much of their capacity out of the Mexican market * "outbreak of flu in February or March..a lot more significant"	
	*Michael Linenberg, Merrill Lynch & Co. analyst	* such epidemics typified by a sharp drop in demand...equally quick recovery *might be some buying opportunities created * "The negative headlines could..create a more attractive entry-point" * "a materially [sic] worsening of the situation could mean..[revisiting]"	*Negative headlines --> attractive entry point (silver linings)*

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