

# Symbolic Cures: Scapegoating and the Constabulary Function in the 2009 H1N1 Pandemic

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## ABSTRACT

A disease outbreak as rhetorical exigence calls into being both explicit linguistic responses in the form of statements from public health authorities and media coverage, and symbolic responses that operate only implicitly. An outbreak context is marked by the need to offer, seek, or obtain reassurance or preventative medicine, by way of information, behavioural change, or, as we argue, symbolic cures. We illustrate the operation of Kenneth Burke's constabulary function in addressing public concern, whereby rhetors strategically direct audience focus toward one element of a situation, while drawing notice away from another, in media coverage of the 2009 H1N1 pandemic as a case study. We also illustrate the operation of processes of scapegoating as a tool of constabulary rhetoric in the service of reassurance against the threat of infection. Finally, we examine

ethical conflicts attendant on such symbolic cures via the framework of the *pharmakon/pharmakos* continuum that Jacques Derrida discusses in the context of Plato's critique of the instability of written language.

**Keywords:** constabulary rhetoric; rhetorical theory and professional practice; risk communication; Kenneth Burke; scapegoating; rhetoric of health and medicine

### INTRODUCTION

A disease outbreak is a rhetorical situation of enormous magnitude. Regardless of context, everyone in the audience 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. The 2009 H1N1 pandemic began in March, when Mexico reported cases of "respiratory illness" and "influenza-like illness" (Centers for Disease Control and Prevention). Upon analysis, virus samples were identified as swine-origin influenza A (H1N1) virus (Centers for Disease Control and Prevention). Soon two cases were confirmed in California in patients who had had contact with neither each other, nor with swine (Novel Swine-Origin Influenza A (H1N1) Virus Investigation Team). By November, more than 482,000 cases had been reported worldwide, with more than 6,000 deaths (World Health Organization).

A pandemic, according to John M. Last, is "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people" (131). The H1N1 pandemic occurred at a time when warnings of a "much-feared" avian (bird) flu pandemic had been circulating for six years (Butler). Thus, H1N1 appeared when pandemic fears were already high. Because the H1N1 virus was "much less severe than many had

anticipated or were prepared to acknowledge” (Kelly), the labelling of the outbreak with the term “pandemic” eventually became problematic (Kelly). Of interest to us in this study, however, is the media response to the H1N1 outbreak during its early days.

As key conduits to the public for public health information, journalists shape how a given disease outbreak is understood and are a persuasive force in inducing audiences to take protective measures. Analysing media coverage from the initial days (April 24–April 29) of the 2009 H1N1 (swine flu) crisis provides an opportunity to see how communication motivated by the desire to inform and reassure the public can in fact generate frameworks of understanding that deflect the audience’s attention away from the pursuit of beneficial health-related practice. The principal hazard we identify is the practice of what Jordynn Jack, following Kenneth Burke, terms “constabulary rhetoric”: “The set of rhetorical strategies that political and economic elites use to bolster a deteriorating social order and maintain the status quo while drawing attention away from broader, systemic problems within the social order itself” (Jack 67). Here, we argue that statements on the H1N1 outbreak provided by public health authorities, as mediated by journalists, function as “constabulary rhetoric”: that is, communication that can be shown to create the impression of taking dynamic steps to address a public crisis while actually further entrenching practices and attitudes that effectively perpetuate the crisis. More specifically, public-health statements function to portray authoritative action being taken, in the effort to discourage panicked behaviour, but such statements do not address the risk of contagion among Canadians in practical terms. Burke warns that such “constabulary” practice, once it becomes the norm, erodes the agency of both authorities and the public with regard to their capacity to adapt to the actual conditions of the crisis,

generating a state of what he terms “alienation or cultural lag” (Burke *Attitudes* 139). This cultural lag results in a stagnation in the development of effective strategies for managing public awareness and confidence.

While in the case of a novel disease outbreak one could assume that society’s attention and efforts would converge on the disease itself, media coverage in the early days of the 2009 H1N1 pandemic illustrated a different reality. A surprising lack of consensus existed as to the likely severity of the pandemic and the appropriate steps to be taken in the face of possible infection. One motivation for how these rhetors responded could lie in what epidemiologist Philip Alcabes described as the potential for “social disruption” (4). Alcabes argues that a saturation of pandemic warnings arouses both fear of death and anxiety over social upheaval. He observes, “To live in civilized society is to bear a dread that goes beyond the fear of death” (4).

This paper investigates the statements of public health authorities, understood as delivered through the mediating influence of journalists in terms of which statements are selected, how statements are presented (i.e., paraphrased, provided as direct quotes and in what quantity, whether first-person pronouns are used), and how authorities are portrayed as acting (or not). Our analysis describes Burke’s concept of the constabulary function of public rhetoric and details how we see it operating in the context of the H1N1 pandemic. We understand these discourses as a means of transcendence, in Burke’s sense of the rhetorical process by which language goes beyond the limits of its “scientific” sphere (primarily denotative and minimally connotative) to function in what Burke calls dramatic terms (*Language as Symbolic Action* 44-5), as “secular prayer” or the “coaching of an attitude.”

This paper will further explore how the enactment of constabulary rhetoric in public health discourse is often legible in acts of rhetorical scapegoating which, while ostensibly seeking to contain the risk posed by a novel outbreak, may induce an attitude in the public where the threat of disease is displaced by a symbolic Other, and managing the crisis comes to revolve around an implicit cultivation of attitudes with regard to this Other. A scapegoating impulse within health-care messages draws attention to a number of fundamental problems surrounding the rhetorical implications of how this reportage is interpreted. In particular, we examine the risks of ignoring symbolic dimensions of health-care discourse in which the communication comes to be received as itself a rhetorical *pharmakon*, that is, a medicine, drug, or even a poison, in the treatment of social upheaval and anxiety.

To explore the broader cultural dimensions of rhetorical scapegoating, we draw upon Jacques Derrida's exploration of the cultural foundations of the scapegoating reflex to reveal how an awareness of this reflex provides a useful mirror in which society can see itself in the face of crisis. Doing so may help journalists, health authorities, and the public recognize the constant risk that lies in the appeal of narratives that unwittingly enable the constabulary function by privileging symbolic magic bullets over mundane precautions in the policing of pandemic conditions.

#### **DESCRIPTION OF CASE STUDY**

In the early days of the H1N1 outbreak, amid the confusion and rising anxiety about the level of threat posed by the disease, significant tension existed between public expectations of action on the part of health authorities and the perception by public audiences of a lack of decisive action. As noted, the portrayal of health

authorities in a given journalistic text (including oral and visual texts) is mediated by the author of each text, with resulting impacts on audience perceptions of the ethos of those authorities, in terms of credibility to speak about the outbreak, ability to control the outbreak, and general competence in managing it. If the statements of officials do not align with the public's perceptions of exigence, the public's perceptions of the competence of those authorities will be affected, as will the likelihood that the public will follow suggested protective measures originating with the authorities.

Case study examples referenced here are taken from a larger study (Laidlaw, *The Rhetoric*), in which media articles were analysed via cluster-agon criticism in search of motivations unique to individual journalists. Cluster-agon criticism, as conceived by Kenneth Burke (*Attitudes* 232-4), requires identification of key terms in a text, followed by a search for additional words or images that occur with those key terms (composing "clusters"). The critic then searches for oppositions created in the text in the form of "agonistic" relationships between terms or entities. Key terms in this case study, for example, include individual journalists' descriptions of the disease or the portrayal of health officials. Articles were chosen for analysis based on date of publication, between 24 April to 29 April 2009, a period of profuse coverage in Canada and internationally (Duncan), via the search terms "swine flu" and "H1N1." Articles were required to be a minimum of 400 words, to address topics of threat or protection, and to have been written by a single author. Within these criteria, articles were chosen at random. At 21 articles, theoretical saturation was achieved.

With regard to how journalists portrayed risk, media texts were found to fall within three categories. (See Table 1 below and the

complete list of texts analysed in Appendix 1.) The first category of texts portrayed the outbreak as manageable and of little concern (labelled A for ease of reference). The second category portrayed the outbreak as likely to be severe, yet still manageable (B). The third category portrayed the outbreak as likely to be severe and impossible to manage; indeed, likely impacts were portrayed as catastrophic (C).

Where the actions of health authorities were highlighted in a manner inviting question, (Categories B and C), this tension was situated between public health authorities and travelers returning from Mexico (Category B; e.g., Skerritt), between the authorities and the virus itself (Category B; e.g., Fitzpatrick), between the need to conduct business as usual and the threat of the outbreak (Category B; e.g., Sibley), and between Canadian authorities, and Mexico and Mexicans (Category B; e.g., Rennie). Most notably, the fallibility of public health authorities also appears in this category (B), as authorities express their “concern” and admit their lack of knowledge regarding the developing threat. Several texts in Category C (e.g., Branswell “Swine”; Barrera; Branswell “Mild”; Akin) also feature tension between the beginning of a perceived pandemic and official reticence on the subject, and only one text features health authorities in an agonistic relationship with the disease itself (Nicholson), which is surprising given the context.

The processes of constabulary rhetoric, described in more detail below, are evident in Category B texts. In the offering of “vigilance” as protective (e.g., “The public health agency has asked health professionals across the country to increase their vigilance” (Fitzpatrick)), 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 when

travelers are encouraged to continue visiting Mexico, protected by “common sense precautions” (Skerritt). Similarly, 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 protective (Rennie). While medical doctors appear as sources of authority in Fitzpatrick (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 manifests in Category C texts as the Public Health Agency of Canada (PHAC) engages in portraying itself as “concerned” while refraining from taking protective measures. As Caroline Alphonso notes, “Canada’s chief public health officer expressed deep concern about a swine influenza outbreak”, stating that ““This is very concerning, clearly. That’s why we’re all paying attention”” (Alphonso). In the same text, the Mexican government is portrayed as taking drastic measures, placing public attention on Mexico’s ability to control the outbreak and dissociating from the epidemiological significance of continued travel and tourism to Mexico: “There is no reason Canadians shouldn’t travel to Mexico, as long as the usual travel precautions are taken, Dr. Butler-Jones said.” The constabulary function is evident in Branswell (“Mild”) as well, in which preparation consists of preparing for the “idea” of additional cases and deaths (Branswell “Mild” A3).

**Table 1:** Rhetorical stances identified via cluster analyses of media



articles on H1N1, published between 24 April and 29 April 2009 (see Appendix 1 for full citations).

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<i>Category</i>	<i>Texts</i>	<i>Scene descriptor: Likely severity of influenza A H1N1</i>	<i>Suggested/invited interpretation of consequence</i>
A	Giroday	Of little concern	Manageable
	Cooper		
	Crawford		
	Brean		
	Talaga		
	Fayerman		
B	Skerritt	Severe	Manageable
	Fitzpatrick		
	Sibley		
	Rennie		
	Branswell "Swine"		
C	Nicholson	Severe	Impossible to manage: catastrophic
	Alphonso		
	Barrera		
	Branswell "Mild"		
	Akin		
	Deveau		

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*The constabulary function in H1N1 media discourse*

Communicating facts, dispelling fear, and maintaining order are all elements of the imposition of control. Official statements surrounding the H1N1 pandemic threat unambiguously impose control by "coaching an attitude" (Burke *Attitudes* 322) in the public

toward the pursuit of appropriate behaviour. However, such discourse (as mediated here by journalists) may also impose control through unintended symbolic means, thus opening other dimensions to 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. (*Permanence* 220)

Constabulary rhetoric, as initially described by Burke in his early book *Attitudes Toward History* (originally published in 1937), is a function that may be observed to motivate the rhetoric of authority figures when the actual responses to an exigence fail to function in the resolution of that exigence. Burke argues that rhetoric applied by authorities to shield issues not being addressed from the public's view, while maintaining the established social order, fulfills a "constabulary function" (Burke *Attitudes* 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. A rhetor strategically directs audience focus toward one element of a situation, while drawing notice away from another. 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 Category A texts, the concept of contagion is managed via protocol and ethos. For example, Dave Cooper and Tiffany Crawford each provide the same quotation from then-Health Minister Leona Aglukkaq: "Aglukkaq said health officials were 'following plans and protocols prepared in advance for events like this'" (Cooper A1; Crawford A1). Cooper further notes, paraphrasing

Dr. David Butler-Jones, then chief public health officer, “Canadians had to practice good basic flu-prevention techniques to lower risks of infection” (A1).

Interpreting Burke, 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). Jack further suggests that “the constabulary function and its attendant terms provide a vocabulary for sociorhetorical critique” (67), a call that we explore in this study. In this case, 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 Category A texts in particular.) The “elites” featured in these texts are politicians and health authorities who prevent public focus from settling upon the concept of contagion. Continuing the analogy, we note that this aspect reflects Jack’s “broader, systemic problem” (6), a remarkable feat given the nature of this particular threat to social order.

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). In Burke’s terms, “[w]e use [the term alienation] to designate that state of affairs wherein a man no longer ‘owns’ his world because, for one reason or another, it seems *basically unreasonable*” (*Attitudes* 216; emphasis in original). Burke continues, “He ‘repossesses the world’ somewhat by forming allegiance to a new rationale of purpose” (216). 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 publics 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). In Burke’s terms, these rhetorical acts are “secular prayer” (*Attitudes* 321). Notes Burke: “Such parliamentary and dictatorial praying is also generally backed by the most drastic material reality, since the prayer is implemented by the constabulary resources” (324). Due to dissonance between the cultural order and actual social conditions, alienation occurs, which gives rise to “a range of social problems including crime” (Jack 72). Again, in the case of the H1N1 pandemic, the emphasis on “appropriate” behaviour or what may be termed “infection etiquette” leads, by deduction, to what is viewed by authorities as “crime”: poor behaviour by the infected. An authority cited by Pamela Fayerman, Dr. Danuta Skowronski of the B.C. Centre for Disease Control, said that she

hopes the current public health threat helps change the culture so that if healthy bystanders see someone sick in schools or workplaces, they will say to the ill person: “You don’t look so good, maybe you should go home.” (A4)

Authorities working to counter the threat of “crime” turn to “transcendence” or “symbolic bridging and merging” (Jack 72). Burke defines “bridging” as “[t]he symbolic structure whereby one ‘transcends’ a conflict in one way or another” (*Attitudes* 224). Symbolic processes are apparent in rhetors’ emphasis of appropriate

infection etiquette and invitations to identify with those who behave appropriately (e.g., Dr. Skowronski, quoted in Crawford and Fayerman). These invitations, or “secular prayers,” are extended by authorities in the aim of eradicating “crime.” The “constabulary” then “enforces the law” (Jack 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). Jack summarizes the situation as follows: “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 symbolic constabulary targets the visibly ill, the unseen virus continues to circulate within the populace.

#### **SCAPEGOATING AS VEHICLE OF TRANSCENDENCE**

As a means of transcendence, underlying the constabulary rhetoric that appears in the public discourse surrounding H1N1 is another kind of motivating discourse, which poses a threat to the task of guiding the public toward effective standards of behaviour. Scapegoating is a rhetorical device of great antiquity, deeply engrained in human social practice and consciousness, which operates as a mechanism for asserting agency in the face of potentially overwhelming forces. Even removed from its original religious context, where a literal or symbolic victim is offered up for the good of the community, scapegoating as a discursive means of creating a collective identity in opposition to a perceived threat is a powerful tool for “coaching an attitude” through Burke’s secular prayer (*Attitudes* 322). Given Burke’s dictum that attitude is an “incipient act” (*Rhetoric* 42–43), an awareness of how scapegoating occurs in public health communication is important if the conscious goal of the

communication is to promote safe behaviour and proper precaution on the part of the public. If such a message can be shown, on some level at least, to misdirect the audience's perception of the health-care authorities' management of the crisis, then it becomes necessary for health-care authorities to recognize the points at which unconscious scapegoating may present itself as a substitute for other kinds of agency.

Medical ethics scholar Norbert Gilmore and bioethics scholar Margaret 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 the scapegoating process are characterized in ways that enable 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” (1339-40).

Gilmore and Somerville focus on AIDS, a disease that in its origins was tied to 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 (e.g., “it can't happen to me”). This othering, itself a form of 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 via symbolic means (“Philosophy” 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. One transcends risk of infection by knowing who or what is at risk and distancing oneself from them (e.g., tourists, Mexicans, agricultural products, industries). Redemption enables a hierarchical separation: from potentially ill to healthy.

Scapegoating is a recognizable symbolic 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” (Gilmore and Somerville 1346). This separation enables, in Burkeian terms, “perversions of the sacrificial principle (purgation by scapegoat, [or] congregation by segregation)” (Burke *On Symbols* 279). Consequently, infection (that which is identified as such by the medical establishment) becomes dehumanizing, a means of attributing Otherness to members of one’s own community.

#### **PHARMAKON AND PHARMAKOS: SCAPEGOATING AS OPIATE**

Further differentiation between the symbolic mechanisms through which scapegoating contributes to the constabulary function occurs in Jacques Derrida’s essay “Plato’s Pharmacy” in his 1972 book *La Dissémination* (English translation *Dissemination*). The term for scapegoat in classical Greek is *pharmakos* (φάρμακός), and the semantic links between this term and *pharmakon* (φάρμακον), meaning *drug* or *medicine*, whence the English word *pharmacy*, are informative for our discussion. Derrida uses the concept of the *pharmakon* to explore Plato’s critique in *Phaedrus* of written language

as a *pharmakon* for the failure of memory. While claiming to “heal” the imperfection of memory, writing actually undermines its substance. When information can be encoded independent of the context that constrained its “actual” meaning, it can be deployed in situations that invite multiple and conflicting interpretations (Derrida 75-102). Derrida sees Plato understanding writing as a *pharmakon*, not as legitimate medicine, but as a drug and even as poison (Derrida 130).

Evoking these attested meanings of the Greek term speaks strongly to deep-seated cultural anxiety, not only regarding written language taken out of context (an anxiety which digital media amplifies to an exponential degree), but also, in the present case, to the whole problem of addressing the general public on a health-care crisis. The logos of any advice reported to the public must rest on what Burke would call a “dialectical substance” or “*point of departure*” (*Grammar* 33) of scientific knowledge regarding the spread and control of disease. Deployed within the constabulary function, in the guise of science, “information” becomes an unstable entity, whose lack of substance makes its application volatile, thereby “poisoning” the host logos.

Derrida and Burke both distinguish two kinds of scapegoating impulses. Derrida’s discussion of Plato’s use of the motif implicitly contrasts the “constituted” *pharmakos*, whose existence is formally inscribed in the rituals of ancient Athens, with the *pharmakos-as-pharmakon-as-poison*, a condition that arises when the scapegoating attitude operates without the constraints of conscious ritual operating within a public consensus. Burke similarly distinguishes between “scientific” scapegoating, where, again, the act functions through overt and recognizable symbolism before an



audience, and “pseudoscientific” scapegoating, where the enthymematic nature of the attitude sublimates or overrides rational thinking in identifying a scapegoat in the public eye.

#### **DERRIDA ON THE “CONSTITUTED” SCAPEGOAT**

In Derrida’s account, the otherness (as opposed to the guilt) of the victim becomes a “constituted” element in the consciousness of the community. He cites Sir James Frazer’s *The Golden Bough* to illustrate how Otherness has historically been nurtured in the constituted reality of the community: “The Athenians regularly maintained a number of degraded and useless beings at the public expense; and when any calamity, such as plague, drought, or famine, befell the city, they sacrificed two of these outcasts as scapegoats” (133). Scapegoating thus addressed upheaval

by violently excluding from [the community’s] territory the representative of an external threat or aggression [who] represents the otherness of the evil that comes to affect or infect the inside by unpredictably breaking into it. Yet the representative of the outside is nonetheless constituted, regularly granted its place by the community...in the very heart of the inside. (133)

Here we have the “coaching of an attitude” in the public where the undesirable, devalued Other is understood to dwell inside the community, with the expectation that when calamity occurs, the mechanisms are in place to purge the Other as a response.

When such formal civic and religious rituals are no longer operative, the attitude lingers, with its expectation of the process society is psychologically conditioned to anticipate. Under such conditions, it is not surprising that communication practice, in the give-and-take of the rhetorical triangle of rhetors, public, and communication,

would be inclined to conform to the ancient pattern; Plato, as explicated by Derrida, would worry that written communication evoking a *pharmakos* without the constraints of conscious memory would empower a mob mentality and contribute to social upheaval, acting as *pharmakon*-as-poison (or social hallucinogen?). The social cohesion achieved by scapegoating (in what Burke calls “congregation by segregation” (*On Symbols* 281)) occurs at the cost of “poisoning” the public against individuals and groups who are not “constituted” as scapegoats, in a society that would not consciously embrace scapegoating as symbolic action. The result is what Burke criticizes as “pseudoscientific” scapegoating.

#### BURKE ON SCIENTIFIC SCAPEGOATING

Burke’s distinction between scientific and pseudoscientific scapegoating addresses the *pharmakos* motif in modern terms. He argues that 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). Moreover, Burke argues that the ritualistic scapegoat “is felt both *to have* and *not to have* the character formally delegated to it” (“Philosophy” 45); this scapegoat is thus consubstantial to a degree with the evil that is symbolically cast out through the scapegoat’s expulsion or destruction.

The ambiguity expressed in the constructions “*to have* and *not to have*” is important to understanding scapegoating as a rhetorical practice, where that very ambiguity may be deployed enthymematically to coach an attitude in an audience that would reject the same attitude were the connections made overt (as Plato would fear). The public might hesitate at the idea of all Mexico, all Mexicans, or all returning

tourists being implicitly “guilty” of contagion, and thus deserving of exclusion. However, the devaluing implicit in designating an individual or a collectivity as a scapegoat indicates an attitude at work in the communication between the authorities and the public, as delivered via the media, which is willing to accept the consubstantiality of the scapegoat with the destructive forces its expulsion is meant to avert. This enthymematic reliance on perceived consubstantiality is essential to the constabulary function as *pharmakon*; the public feels that the disease is being brought under control because the perceived pathogens are being dealt with on a symbolic level.

However, the problem/risk inherent in scapegoating as an attitude thus coached lies precisely in the capacity to override the “not guilty/not to have” dimension that belongs to rational perception. If we are approaching this attitude in the specific sense of the *pharmakos*, and seeing the motif called into play by the exigence of this communication as a verbal *pharmakon*, then we must be conscious of how this override is integral to the operation of the “drug.”

#### **PSEUDOSCIENTIFIC SCAPEGOATING**

When scapegoating occurs implicitly, the audience benefits unknowingly. This variant is what Burke names “pseudoscientific” scapegoating (“Philosophy” 45). Further, and significantly for communications such as those examined in this study, “the scapegoat is taken to possess intrinsically the qualities we assign to it” (“Philosophy” 46). When Burke distinguishes between the ritualistic scapegoat and the pseudoscientific scapegoat, he points out that when scapegoating occurs implicitly in rhetorical practice, the audience is not encouraged to perceive the symbolic nature of the practice. As he puts it,

[I]n its concealed pseudoscientific variants, where one's vices are simply 'projected' upon the scapegoat, and taken literally to be an objective, absolute, nonfunctional intrinsic attribute . . . endowed by 'projection' without an explicit avowal of the process, [the pseudoscientific scapegoat] is felt purely and simply to have the assigned character. We may discount the ritualistic scapegoat by knowing that there is an element of mummery in the process of transference; but the pseudoscientific projection suggests no discount. ("Philosophy" 45-46)

When the information must be adapted to the general public, in statements by officials reported by journalists, the information is clearly intended as *medicine*, as a means to inform and thereby protect the public. Obviously, neither the original spoken word nor the digital or print captures of them in the media have the power to treat infection or inoculate an individual, and no health practitioner or health care official believes otherwise. However, Plato's anxiety about written language, which, as Derrida indicates (106ff), was part of his quarrel with the Sophists as enablers of communication in the uninformed public, applies also to the audience's will to receive the messages as something more than information on how to evade an infection that has not yet touched them directly. Rather, raising the spectre of contagious individuals invites the public to see potential human vectors of disease as *constituted*, in Derrida's terms; if the "contaminant" is already inside the social body, then the message is open to interpretation as actual treatment of that infection through the scapegoating process. The message thus changes its nature as a *pharmakon* from a preventative to a purgative, from a *medicine* that boosts immunity to a *poison* that seeks to expel a foreign contaminant.

This instability in the message-as-*pharmakon*, from immunity-booster to poison, signals a parallel shift in the scapegoating. Obviously, sound reasons exist for advising the public to exercise

precaution around individuals who have been at risk of exposure to H1N1. In identifying in the most general terms those who may have been exposed, a degree of scapegoating is inevitable, but remains “ritualistic” to the extent that warnings will point to common-sense measures, where ethos is grounded in practical understandings of how contagion is transmitted. The audience/public should understand that they are observing an established set of practices, and the degree to which an infected individual is seen as “guilty” can be managed rationally. However, once the *pharmakon*/message is perceived as an actual treatment by the public, then the door is open to Burke’s unscientific scapegoating. The *pharmakon* as poison becomes consubstantial with the *pharmakos* as the poison to be expelled, and the rejection of the *pharmakos* can appear a more urgent priority in addressing a potential pandemic than the logical preventative measures that the public should take.

When it becomes impossible to distinguish the preventative message from its reception as treatment for an infection deemed to have already taken hold of the public “body,” health-care communication inevitably risks falling into the constabulary mode. While such would not be the design of the rhetor, the situation in which the desire to address intense public anxiety by demonstrating a sound knowledge of where the risk lies (so it might be avoided) will inevitably stand on a threshold between the public’s need for knowledge and its desire for actual protection. Health communicators therefore must consider how their rhetoric can on some unintended level be understood by the public as stressing “social cohesion” in the face of “invasion”/infection,” and where an attitude of policing the dangerous elements outed in the scapegoating process draws attention away from the “broader, systemic problem” of

promoting effective preventative practice by individuals (Szasz 328; Jack 67).

### **CONCLUSION: MANAGING TRANSCENDENCE**

This study has demonstrated how journalistic mediation can enact a constabulary function in healthcare discourse, implicitly promoting secular prayer in defence of a threatened social order. In Category A (see Table 1), which catalogues media texts describing the early days of the H1N1 outbreak, victims of the disease are portrayed by rhetors as being “managed” by the health care system. The public addressed in the texts is implicitly separate from these victims by virtue of not being subjected to the treatment described. As Gabrielle Giroday notes, quoting an unnamed official, “The proper protocol was followed, which meant the patient is put in a single room and anyone who goes in and visits is gowned and masked” (A3). Victims symbolically contain risk, and the ethos of the public health system is enhanced and reinforced via details of the treatment of these victims, allowing rhetorical transcendence to occur once the overarching threat is identified, not as a pandemic, but as 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: Any threat to civilization is greatly to be feared.

Audiences are invited to identify with rhetors’ descriptions of appropriate behaviour to limit disease spread in an infectious disease outbreak. However, appropriate behaviour is increasingly 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 (e.g., Fayerman). 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. Constabulary “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 a containing force against social disorder. As a result, the fight against infection is raised from mundane but tangible precaution to a symbolic plane focused on the ethos of the players.

In contrast to Category A texts, Category B texts present the new virus as deadly, but still portray the threat as manageable, albeit through less tangible means. 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., Fitzpatrick; Sibley). The functional hierarchy structuring texts in this section is a hierarchy of susceptibility: It features the relative immunity (symbolic only) of Canadians to the disease as compared to Mexicans. This relative immunity enables Canadian tourists to continue to travel to Mexico while Mexican citizens engage in the stockpiling of emergency supplies, and authorities close public places (as described in Alphonso). 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” (Skerritt; Rennie). What does occupy the apex of a hierarchy of “threat” is Mexico itself—for example, the “Mexican

swine flu” (Rennie), 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 viral contagion are subverted in order to contain the threat to Mexico, Mexicans, or travelers returning to Canada from Mexico. (Discourses of containment appear rarely in this last category, however, and these travelers are not portrayed as a threat to other Canadians (Branswell “Mild”; Rennie). 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 separation from Mexico “proper” (Sibley). Mexico bears the burden of the threat on behalf of the readers 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.

Lastly, in Category C texts, the constabulary function is evident in an emphasis on “concern” on the part of the Public Health Agency of Canada in the absence of action (e.g., Alphonso). The drastic actions of the Mexican government are also presented as reassuring (Alphonso).

Transcendence offers a symbolic means of resolving conflict, a “symbolic cure” (“Philosophy” 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.

As we have argued, Jack has indicated that an understanding of the



constabulary function can facilitate sociorhetorical critique of public communication (67). Our study demonstrates how the language of journalistic mediation of health-care information, in presenting that information as “news” for public consumption, risks causing a shift in how important facts are understood by the public. When the constabulary function evokes social order by the Othering processes involved in scapegoating as a form of “secular prayer,” the effect is to blur the distinction between scientific and dramatic uses of language, until the dramatic function overrides the scientific. Not only have we shown how easily the constabulary function can “infect” discourse in times of crisis, but we have also demonstrated how the ancient tendency to scapegoat must be understood and resisted as a *pharmakon* in the negative sense, an opiate or poison that interferes with the public’s capacity to look for a balance of ethos, logos, and pathos in messages that seek to mobilize efforts against a health crisis.

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**APPENDIX 1: LIST OF MEDIA TEXTS ANALYZED IN LAIDLAW, 2013**

Akin, David. "No need to panic, economists advise; Swine flu scare: 'Canada is very well prepared.'" *The Gazette*, 28 April 2009, p. B1.

Alphonso, Caroline. "Pandemic in the making." *The Globe and Mail*, 25 April 2009, p. A1.

Barrera, Adriana. "Swine flu could start pandemic: WHO; Virus spreads in U.S.; no confirmed cases in Canada." *The Ottawa Citizen*, 26 April 2009, p. A1.

Beazley, Doug. "Pork producers squealing; Name's unfair, they say; Fear market collapse like what happened with beef." *The Gazette*, 30 April 2009, p. A3.

Branswell, Helen. "Mild cases shouldn't lull people into dismissing threat: experts." *Telegraph-Journal*, 27 April 2009, p. A3.

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Brean, Joseph. "Six cases confirmed in N.S., B.C.; 'Not The Last.'" *National Post*, 27 April 2009, p. A1.

Cooper, Dave. "Canadian swine flu cases confirmed; 'Mild' illness for N.S., B.C. victims." *Edmonton Journal*, 27 April 2009, p. A1.

Crawford, Tiffany. "Swine flu in Canada; First cases found in BC, Nova Scotia." *Regina Leader-Post*, 27 April 2009, p. A1.

Deveau, Scott. "Swine flu sends airline stocks into a tailspin; Echoes of SARS." *National Post*, . 28 April 2009, p. FP8.

Fayerman, Pamela. "Third BC resident confirmed to have swine flu; Victoria woman who fell ill at a Cancun, Mexico, resort is 'fine' after testing at Royal Jubilee Hospital." *The Vancouver Sun*, 29 April 2009, p. A4.

Fitzpatrick, Meagan. "No Canadian cases yet of human swine flu; At least 60 people may have died so far." *Saskatoon Star-Phoenix*, 25 April 2009, p. A14.

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Flavelle, Dana. "Corporate watch begins on swine flu; Preparedness planners say they're advising firms not 'to overreact until we get more information.'" *Toronto Star*, 28 April 2009, p. B3.

Giroday, Gabrielle. "Suspected case in city proves to be false alarm." *Winnipeg Free Press*, 26 April 2009, p. A3.

Kyle, Anne. "Health officials keeping eye on flu." *Regina Leader-Post*, 25 April 2009, p. A1.

Nicholson, Sophie. "Mexico, U.S. scramble to contain swine flu; Outbreak sickens hundreds, kills at least 20." *National Post*, 25 April 2009, p. A16.

Rennie, Gary. "Officials on alert for swine flu; Suspected case in Michigan false." *The Windsor Star*, 28 April 2009, p. A1.

Sibley, Robert. "Few alter plans to travel despite flu outbreak; Ottawa-area residents still booking trips to Mexico, agents report." *The Ottawa Citizen*, 26 April 2009, p. A3.

Skerritt, Jen. "Mexican outbreak has hospitals on alert." *Winnipeg Free Press*, 24 April 2009, p. A8.

Talaga, Tanya. "Swine flu in Canada." *Toronto Star*, 29 April 2009, p. A1.