

**VIRAL STORIES:
SARS COVERAGE AS A CULTURAL NARRATIVE**

by

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Abstract

Infectious disease is far more than its biological components alone – it is experienced, often indirectly, through the meaning-making tools of our culture. Our mass-mediated communication about any given disease is thus profoundly shaped by a myriad of factors that may or may not be obvious to the consumer. This thesis explores one example of this cultural phenomenon through an analysis of news media coverage of Severe Acute Respiratory Syndrome (SARS). The SARS coverage resonates with historical narratives of emergent infectious disease, draws upon the cultural shifts that defined the modern era, and is shaped by collective anxieties specific to late-modern living. In examining these three areas of the SARS narrative, I offer a thorough analysis of the ways in which the mass media frames infectious disease for public consumption and the possible consequences this could have for our understanding and prioritizing of global health issues.

Dedication

Dedicated to my parents, for making so much possible, and to Nicole, for her patience and support.

This work is also dedicated to the memory of Susan Sontag and Edward Said, two authors who made their passing during the writing of my thesis, and who wrote with a passion, intelligence and curiosity that provided much of my inspiration.

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Chapter One: Introducing Disease as Culture

1.1 Introduction

If death is our common destination, disease is our most shared mode of transportation. The metaphor is inadequate (and arguably trite), yet indicative of one of the most easily identifiable commonalities shared across time and space by those experiencing disease; that is, the attempt to make sense of it, and of the suffering, pain and fear that inevitably accompany the process, through language. While the particulars and conditions of disease vary drastically according to social, economic, geographical, historical and countless other factors, this human impulse to build stories around our physical experience demands that we consider the biological within the wider context of culture; indeed, it ensures that the biological becomes the stuff of culture, and makes any attempt to draw impervious boundaries between the two highly suspect. This is true at both the individual and collective level, ranging from the subjective experience of illness to the supposedly objective knowledge of the sciences. For even the most dedicated materialist understands that we mediate all of these experiences through discourse – that our sense of control and security often depends upon our ability to rein in the unspeakable with words and statements.

Currently, the most prominent cultural expression of our collective response to disease can be found in the mass media. Far from merely providing essential information to the public regarding pressing health risks, the media are engaged in the

ancient tradition of providing cultural interpretations of the material and immaterial effects of disease and illness. An analysis of media coverage of emergent diseases therefore has the potential to shed light on a number of issues regarding the social reaction they provoke: where do our priorities lie in addressing them?; how do we attempt to cope with the uncertainty accompanying their early stages?; how do we employ language to do so, and what does this choice of language reflect about our culture and society?

In order to answer these questions I propose an analysis of magazine coverage of one of the more recent diseases to take up space in the public psyche. Severe acute respiratory syndrome, better known as SARS, presents a fascinating example of an emergent infectious disease that brings multiple aspects of modern life together under its influence. Drawing upon other cultural and historical analyses of disease and discourse, I will examine the ways in which news magazine coverage of SARS reflects the conditions and interests specific to the current cultural climate, while simultaneously reflecting tendencies as old as language itself.

My aim with this project, then, is to examine the ways in which the material and social conditions of an emergent infectious disease are represented in mainstream news coverage through an exploration of the SARS narrative and its major themes. In doing so, I come to connect how the decisions made in representing the disease have their roots both in the *history* of Western dealings with disease, and with *current* broader social aspects of daily Western living. Thus, while my approach uses the tools of discourse analysis, it more appropriately reads as a textual analysis in which the texts, in this case magazine articles, are situated within a broader context of the history of social constructions of disease. My interest is in exploring the themes that carry the SARS narrative along its course in the coverage, and to consider how the past, present and

future are contextualized as such. The challenge inherent in the project is to avoid performing an analysis of coverage that would prove to be too insular and specifically focussed on discourse to adequately deal with the broader questions I am interested in answering. On the other hand, considering a modern phenomenon in the context of a lengthy history always has the potential to stretch into so many directions that its content is diluted or evolves into vague generalities. Samuel Butler summed up the predicament nicely when he suggested that:

Everything must be studied from the point of view of itself, as near as we can get to this, and from the point of view of its relations, as near as we can get to them. If we try to see it absolutely in itself, unalloyed with relations, we shall find, by and by, that we have...whittled it away. If we try to see it in its relations to the bitter end, we shall find that there is no corner of the universe into which it does not enter (as cited in Lee & Poynton, 2000, p. 48).

To this end I have constructed my analysis around three coherent themes that I feel are inherent to the SARS narrative and have the potential to encapsulate the past, present, and suggested future effects of news coverage of emergent infectious diseases. I will introduce these themes, which form the basis for my three chapters of analysis, shortly. First, however, I will provide the following: background information about the disease itself, an overview of the media coverage generated by SARS, and a more specific description of my sample and my motives behind selecting magazine articles in particular.

1.2 The Virus

SARS was identified at the end of February 2003 as a form of atypical pneumonia, and scientists have since identified a corona-virus as its most probable cause. Related to viruses that cause the common cold and most forms of pneumonia, it has been suggested that this particular corona-virus may have lived in livestock before

mutating into a virus that could transfer over to humans. SARS is believed to have emerged in rural China, from where it spread to Hong Kong and then to other areas of the globe via airline travellers. The virus usually incubates in the body for two to seven days, after which symptoms such as a fever, dry cough, muscle aches, and progressive trouble with breathing occur. The disease may result in death, but the majority of sufferers do recover. Indeed, the latest statistics published by the World Health Organization (WHO) demonstrate the relatively low death rate of SARS: of 8096 globally reported cases of SARS, 813 individuals died, representing a death rate of just fewer than ten percent.¹ Since these statistics take into account only those who were ill enough to seek medical help, the actual ratio of deaths to infections may be less. The WHO also notes that the status of reported cases may change over time as previously reported cases could be discarded after further investigation. At the time when these statistics were published (July 31, 2003), the growth of reported cases had become almost negligible, dwindling from between zero to four or five daily. As a result the WHO has stopped providing daily statistics on the spread of SARS and on July 5th, 2003 stated that “the human chains of SARS virus transmission appear to have been broken everywhere in the world.” Although minor outbreaks did occur after this date (the most recent in April of 2004), the WHO considers the global spread of SARS to be contained.

1.3 The Media

As comparative content analyses on the topic have yet to be produced, it is too early to determine if the media's response to SARS has been unprecedented, or even exceptional. However, SARS coverage has certainly been abundant, particularly in the first half of 2003. In Canada, the only location outside of Asia seriously affected by the virus, the coverage was particularly intense and prolonged. SARS' newsworthiness

¹ All medical information drawn from WHO website, <http://www.who.int/en/>

stemmed from a number of factors that included its imminent threat to public health, its impact on the economy, and its political fallout in both Toronto (where spokespersons battled the WHO over travel advisories) and China (where it was discovered that the government inaccurately reported incidences of the disease in its initial stages).

Coverage of the disease has been correspondingly diverse in its scope, including such content as detailed medical information, photographs of politicians eating Chinese food in urban centres, personal narratives of travel plans and lives affected by quarantine, and the cancellation of cultural events and the hosting of “SARSstock”², to name just a few. SARS coverage crept from the front pages and health sections of the press into financial, entertainment, and political coverage by the media.

Critical backlash against the media for its extensive coverage of SARS has emerged from academics, public health experts, social activists, and, in occasional moments of self-reflection and defensiveness, the media itself. The critiques range from the conspiratorial suggestion that the media are implicit in the work of a “global military-medical-petrochemical-pharmaceutical cartel” (Horowitz), to politicians blaming the media for increasing fears about travelling to Toronto and thereby hindering its economic recovery, to those suggesting that fear-mongering SARS coverage provided a diversion from the United States’ war on Iraq. Critiques grounded in media studies use the SARS coverage as an example of what is wrong with the media in general, citing common concerns such as sensationalism, edutainment, and lack of integrity resulting from the economic imperative to incite the public into consuming more media. The ways in which the media distorts and misrepresents threats to the public have been well-documented, and it seems that SARS may join the ranks of other over-hyped diseases and social issues whose threat have been shown to have been overrepresented and exaggerated

² The city of Toronto hosted a benefit concert on July 30, 2004, as a means of advertising the city as a SARS-free tourist destination.

in the media. The hype around SARS seems particularly ridiculous when one places it in context with other global and national health threats. Compare the statistics introduced earlier on SARS (8096 individuals reported infected with 813 resulting deaths) to other health threats currently existing: tuberculosis killed over half a million individuals in Africa in 2002 alone³; 38 million around the globe were living with HIV as of end 2003⁴; more than 8,000 individuals die annually in Canada from hospital infections (“Hospital infection,” 2003). There are countless other examples of diseases or social conditions, such as poverty, which exact tremendous death tolls while receiving little to no mainstream media coverage in North America. In light of this, one wonders why SARS has made for such voluminous and compelling reading. The obvious answers to this question will be put forth and discussed in more detail throughout this paper, but can be summed up by the fact that new emerging threats that have the potential to spread widely and indeterminately throughout the community make for compelling reading – they put fear in the hearts of many and stimulate media consumption. I will also consider arguments suggesting that the West’s neglect of much more deadly, yet banal, diseases and conditions in the third world is in part the result of a Eurocentric or first world perspective of privilege. However, in my analysis I have sought to look beyond these more apparent explanations for SARS’ popularity. I suggest that the SARS story, as over-hyped and politically contentious as it may be, has made an impact in the social psyche in part because it resonates with the history of Western conceptions of disease. Moreover, the SARS narrative, while employing much of the discourse that emerged from the technical and social advancements made during the period of modernity, also taps successfully into many of the anxieties that have marked the West’s transition from modernity into the current era. These elements can best be seen at play in news

³ (<http://www.who.int/mediacentre/factsheets/fs104/en/>, retrieved September 2004)

⁴ <http://www.who.int/hiv/facts/hiv2003/en/>, retrieved March 2005)

magazine coverage, and as such I have selected these texts as the subjects for my analysis.

1.4 The Sample

As I have already stated, my emphasis in examining SARS coverage is on the thematic of the story itself. While I also consider the specific content of the coverage, including the pragmatic information included for the public's safety and awareness, I have chosen to view this information from the broader perspectives outlined in my introduction, namely in the way that this disease can be understood as a cultural artefact as it was represented to the public via the media. I have therefore chosen to use news magazine articles as my sample for analysis. I find magazines to be interesting cultural artefacts in and of themselves. They are current, yet the fact that they are published weekly allows them the length and scope to take on a broader perspective than daily newspapers. The length and format of their content lends more towards a narrative structure than newspaper articles, which must encapsulate more information in a shorter word count. Finally, I would suggest that magazines truly tell 'stories' in a way that newspapers do not, stories that are retold over time and have a residual, albeit limited, circulation among the public. Unlike newspapers, which are rendered obsolete almost immediately after their consumption – and are quickly replaced by the next day's paper with its newer and more up-to-date information – the magazine lingers on in communal venues such as waiting rooms and coffee shops. One can pick up and browse through magazines well after their original publication date, consuming them in a way that newspapers generally are not. Moreover, if the magazine story is a well-written narrative containing an intriguing plot and compelling characters, it might be read in passing as a reminder of events past.

If disease is part of our cultural experience, and ours is a culture compelled to express itself most fundamentally through stories, magazine coverage seems like a good place to start exploring the ways in which the events of the SARS outbreak have been communicated to the public as a narrative drawing on powerful and recognizable themes. For my sample I selected articles from three magazines: an article from *TIME*, one from *Newsweek*, and five from *Maclean's* magazine. *TIME* and *Newsweek* are American in origin (although the article I selected from *TIME* is from the magazine's Canadian edition) and each article represents the one time that SARS made the cover of the magazines. While there were also short related news briefs in previous and subsequent issues, these articles represent the most comprehensive pieces of coverage offered by these magazines. Both were published May 5th, 2003. They are quite similar in structure and content; each pictures a masked woman on its cover, contains a lengthy narrative account of the disease's epidemiological history accompanied by more personal narrative elements, and presents "fact sheet" sections providing data about the origins, spread, and communicability of the disease. There are some subtle differences between the articles as well, and these are discussed in more detail throughout my thesis.

TIME and *Newsweek* represent the two most successful news magazines in North America, and as such reflect the most mainstream coverage of the issue. They also, when read by their American audiences, were reaching a population that was for the most part materially unaffected by the disease itself. Far more Canadians experienced the effects of SARS and its broader impacts firsthand, particularly in Toronto and (to a much lesser extent) in Vancouver. For a closer perspective on the SARS narrative as it pertains to Canada, I turn to *Maclean's*, our national news magazine. The coverage of SARS in *Maclean's* was much more prolonged and

multifaceted than in the other magazines, and included at least three cover stories on the issue. It also incorporated a more reflective discussion about the role of media in generating hype around emerging infectious disease, while at other times being very similar in structure and appearance to the *TIME* and *Newsweek* articles.

In order to analyze the articles I read them thoroughly, considering both their overarching narrative structure and the ways in which detailed information about the virus was represented within the text. I made note of repeated themes and keywords, and the relative prominence they received throughout the coverage. I similarly considered the themes, emotions and ideas represented by key visuals in the articles. My approach was influenced by the primary literature on which I based my exploration, works that sought to explore the meanings associated with diseases and their carriers, and the ways in which the particular social context into which a disease is born affects this process. I therefore considered the broader social context into which SARS arrived as it was reflected in the coverage. I treated the magazine articles as living documents containing complex layers of meaning, some of which were uniquely contemporary, and some of which demanded a historical consideration.

Throughout this process, I discovered that there were remarkably similar themes that ran through all of the considered SARS coverage. These are encapsulated in the three categories around which I have built the main chapters of my analysis: 1) resonance with historical narratives of emergent infectious disease; 2) the influence of narratives of modernity and control; 3) SARS as a narrative of late-modernity. The first of these themes, a resonance with the historical narratives of emergent infectious disease, considers those elements of the SARS coverage that reflect standard Western methods of representing and reacting to infectious disease. In this chapter, I emphasize the universal aspects of the SARS narrative, suggesting that they fall into an infectious

disease mythology of sorts. This mythology transcends the specific conditions of this or any other outbreak, instead playing upon the powerful common themes and signifiers that inevitably accompany such events. My aim here is to consider the history from which SARS coverage emerges, a history that will most likely continue to repeat itself.

In the second chapter of my analysis, "SARS and the Narratives of Modernity", I discuss the ways in which the SARS narrative is defined in part by the controlling discourses of the modern era. The narratives employed by science and medicine in the West have essentially been based on issues of control, and are naturally the discourse through which much of the coverage is relayed. The prevalent application of the military metaphor provides an extension of this control into new psychological terrain. Another prominent Western discourse of control, Orientalism, is also highly relevant to the case of SARS; modernity's historical legacy of a world mapped by knowledge seekers into hierarchal global populations plays into the coverage of this disease and its continent of origin, Asia, and therefore warrants an examination.

The break between modernity and what comes beyond has been hotly debated and given many different names, all of which attempt to capture the ways in which late-capitalism and the society of spectacle have transformed, or are transforming, Western society and the world at large. According to several prominent theorists, this shift has been accompanied by extreme anxiety and conflict for individuals struggling to maintain their identities in an increasingly threatening world. In the final chapter of my analysis, I add SARS into the mix and consider the ways in which this disease's symbiotic relationship with these anxieties makes it the perfect fodder for a media spectacle of postmodern proportions.

These three themes, then, offer a past, present, and future-oriented view of SARS coverage and the ways in which it taps into social lore and emotions, bringing

some spectacularly to the fore while ignoring others altogether. Before beginning with a look backwards, I should note that while I am confident that these chapters do reflect three identifiable elements of the SARS coverage, I am keenly aware of the overlap that exists among many of the ideas discussed separately throughout. Imposing these categories upon such complex and interdependent subjects also poses the risk of simplifying these issues. Such is the peril of discursive action; in the end I can only offer up my own attempt to rein these topics in with words and structure.

Chapter Two: The Western Narrative of Emergent Infectious Disease

2.1 Introduction

An emergent infectious disease (EID) outbreak understandably provokes reactions of fear, alarm and, at the very least, extreme caution among an affected public. And in this age of the global village, where we are for the most part well-informed of what occurs thousands of miles away and where virus's have the potential to travel as easily as their human hosts, the geographical and psychological terrain of the 'affected' may know no bounds other than the expanse of the earth's surface. The psychological results can be traumatic. Like the individual experience of illness, mass health threats "initially provoke episodes of ontological insecurity as the bubble of confidence about one's place in the world, normally sustained through adherence to everyday routines that defend against the flooding in of existential anxieties, appears to have been pricked" (Seale, 2002, p. 14). As part of our ongoing dance with mortality, death, fear and suffering, such encounters are forced avenues for exploring existential questions, questions that define the human condition universally, yet find very different avenues of expression between cultures and over time.

In this chapter, I will examine the history of the standard Western narrative of EID and its modes of address to some of these issues. In following this popular narrative, the coverage of the SARS outbreak can be said to provide a modern mythology of sorts, or at least to contain remnants of mythic elements. This assertion may seem farfetched to

those who view journalistic news media as providers of relatively straightforward accounts of events as they happen, or even for those who would view the SARS story as one of hundreds of sensationalized spectacles fed to the mass audience as a diversion from other pressing social issues. Neither of these perspectives, and all of the variations that lie somewhere in between, necessarily implies a deeper resonance with an overarching narrative structure. I suggest, however, that there is a pressing need to situate the SARS narrative in its historical context, and to examine its reliance upon the staple and powerful signifying key moments of the EID narrative.

In *Media and Health* (2002), Clive Seale offers an excellent examination of the ways in which we can consider coverage of infectious disease outbreaks to be part of an overarching narrative mythology:

The spread of an infectious disease may be newsworthy when it is threatening, yet by the time of its eventual containment by public health agencies the fickle interest of news reporters may have moved on to other topics. Yet all of these stories, if put together with others, with due recognition that there are many opportunities for audiences to “fill in the gaps” by the power of imagination, based on prior knowledge that is generally made available in a media-saturated culture, can be understood as presenting elements of a more *general mythic form* (Seale, 2002, p. 29, *emph. added*).

While the mythic form Seale refers to is the accumulation of similarly formatted mass-mediated depictions of EIDs, he also notes the historical resonance that these stories hold for a contemporary Western public that has mainly lived free of the burden of rampant infectious disease for the better part of a century:

With the decline of infectious disease as a major cause of illness and death in affluent countries of the world, media stories about such illness inevitably evoke imagery from a somewhat mythicised past. Classically, this involves references to “plague” in the attempts to evoke these distant folk memories (Seale, 2002, p. 80).

In the case of SARS coverage this mythicised past is brought forth repeatedly, usually voiced by a health official offering ominous warnings of the cyclical nature of epidemics and reminders that we are “long overdue” for a global pandemic outbreak. The fact that “all signs point to SARS not being the anticipated killer pandemic” (*Maclean's*, March 31st) is immediately juxtaposed with dire warnings about its potential to be just that. A crucial part of the SARS narrative is therefore an awareness, based on past experience, of the *potential* for devastation inherent in any EID.

Seale also notes that “[c]hronic infectious diseases that debilitate and weaken human hosts...are not major items in Western media....Instead, media excitement is generated by dramatic events, however insignificant in epidemiological terms these may be” (Seale, 2002, p. 80). The chronic and debilitating conditions of modern living (heart disease and adult-onset diabetes, for example) do not hold the same symbolic power as an EID, specifically one that threatens affluent nations and the ‘mainstream’ community. They fail to comply with a narrative structure that demands such devices as clearly defined villains and heroes, a quest, and the possibility for a satisfying and triumphant conclusion. The EID narrative, on the other hand, provides the potential to satisfy all of these. At its most basic the story unfolds like this: a disease emerges from mysterious origins; efforts are made to identify and contain the threat; if these efforts fail or an immediate solution in the form of a cure is not discovered by the heroes of the narrative (doctors, scientists, and public health officials) the members of a particular segment of society may find themselves the scapegoats for the disease; victims of the disease are stigmatized, or at the very least subjected to practices of avoidance and exclusion; if the disease continues to spread rampantly, it is accompanied by growing panic, disorder, desperation, and the increasing presence of an apocalyptic worldview, until the disease dissipates naturally. This narrative varies significantly, of course, depending upon such

factors as time and place, the severity and symptoms of the disease, and which segment of the population it affects most. What remains stable are the stock features of narrative: namely heroes, villains, complicating twists, a quest of some sort, conflict, and (one hopes) eventual resolution, even if only in the natural playing out of the disease. Finally, binary oppositions are an essential tool for the creation of conflict: uncomplicated figures of good and evil provide reassuring tropes for the audience member to identify with, or root against (Levi-Strauss, 1968).

As will be discussed in this and the following chapters, the SARS story contains all of narrative's stock features, with a few contemporary twists thrown in. The storytellers, wishing to make sense of what was most likely an ontological experience consisting of a series of chaotic events, are able to construct the narrative in hindsight, in accordance with a narrative logic that fuels much of how we communicate information with one another. The *myth* is a particularly powerful form of narrative, as one of its roles is to establish the foundational values of a culture. I turn now to a more thorough explanation of myth, and consider how the SARS narrative can be understood as having mythical elements of its own.

2.2 Mythologies

Mythologies are narratives providing answers to the 'big questions' faced by communities, the biggest of which remains the subject of mortality. Historically, religion has occupied an essential role in providing solace and answers to the questions raised by death. The communal experience of shared religious reassurance no longer exists in the West, however, due to a number of historical factors which include the separation of church and state, the diversity of religious cultures and beliefs (or non-belief, as the case may be) represented in Western communities, and the emergence of secular materialism. Our collective engagement with the question of death thus finds new

avenues of expression. To this end Seale suggests that the media have replaced organized religion for many as an arena for struggle with these issues as they provide “ritualized enactments of dramas that address basic existential concerns at an emotional level and thus speak to the themes once the province of religious authorities” (Seale, 2002, p. 21).

While our mass-mediated mythologies touch upon questions of mortality and being, they must be distinguished from the mythologies of so-called ‘primitive’ societies, in that they do not hold the same sense of the material world as a sacred and direct link to the divine. Thus, our symbolic representations of the material world do not hold the same power for us as they did for pre-modern communities. Altizer (1962) notes that, “for primitive societies, symbols are always religious, just as the real is always sacred” (Altizer, 1962, p. 88), and that those living under the thrall of logos are doomed to never again experience the pure thrall of mythos. Modern society has thus sacrificed its direct connection to the sacred thanks to a “Faustian” deal made in search of autonomy and independence; our “rationalization” was in fact a form of “desacrilization” (Ibid.). This is not to say that our modern lives are devoid of the sacred, even in the secular sense (I will in fact argue that there are elements of the sacred present in the SARS narrative). I merely affirm the distinction made by Altizer and others that our myths, like the myths of pre-modern communities, are beholden to the peculiarities of modern thought.

To this end I turn to the work of Levi-Strauss (1963) and Barthes (1972), seminal thinkers who have examined myth in the modern context. Both Barthes and Levi-Strauss suggest that narratives are never simply stories, as “they deal with basic conflicts, events and relationships that characterize human societies. In this sense, narratives of all kinds...have a *mythic* quality” (Abercrombie, 1996, p. 23, *emph. added*) Sebba (1962) further suggests that mythopoeia, the act of myth-making, is alive and well today,

particularly in response to events of historical importance. He adds that modern myth-making often involves an adherence to a historical narrative which may or may not be accurate, but is unquestionably “truer than true” due to the beliefs encapsulated by it. The power of these narratives thus lies not so much in their factual account of events, but rather in the emotional resonance of their key signifiers.

Barthes further supports the notion of modern world mythologies, and puts forth a framework that is particularly useful for analyzing myth as it is expressed in the mass media. He suggests that myth is a type of speech, a mode of signification; *any* subject has the potential to be myth provided it is conveyed by discourse. Thus, such topics as disease, the medical system, and foreign lands, all of which are key components of the SARS narrative, could be comprehended as myth, for “every object in the world can pass from a closed, silent existence to an oral state, open to appropriation by society” (Barthes, 1972, p. 109). While some may argue that the mass-mediated spectacle, with its relatively limited lifespan in the public consciousness, cannot be categorized alongside longstanding and constant mythologies, Barthes addresses the temporary nature of modern myth: “some objects become the prey of mythical speech for a while, then they disappear, others take their place and attain the status of myth” (Barthes, 1972, p. 110). There are, according to Barthes, very ancient myths, but no eternal ones, as the discourse of myth is historically determined and thus changes over time. I add, however, that there are eternal subjects for myth-making, death being the prominent one, although the nature of its mythic expression changes over time. Key to Barthes’ theory is the fact that the second-order signification of the mythic image or concept, while dissociated to some extent from its original signification due to its placement in a sea of images and words, does retain elements of its history and context. The sign, then, has a solidity that many postmodern theorists would negate by claiming for it an

ephemeral and transient nature. By taking on meanings that transcend the obvious, that acquire ideological power, the second-order sign moves from a meaning which is, at the form level, “shallow, isolated, [and] impoverished”, to again becoming “tied to the totality of the world” at the mythical level (Barthes, 1972, p. 119). If we are to consider the chief signifier of the SARS narrative as an example – that is, the surgical facemask – we can see that this relatively straightforward object, denoting a protective device intended for hospital staff, connotes far more in the coverage than SARS itself, or fear of the virus. Throughout my discussion it will be shown to be a physical representation of such diverse and powerful concepts as the authority of the medical system, our changing relations with our neighbours in postindustrial urban areas, and the anxieties encompassed by late-modern living, to name just a few. The mythic image signifies the events at hand, the history tied up in infectious disease, and the potential disaster inherent in the prospect of the future.

Mythologies, then, answer questions, particularly those for which there are no readily available answers through our usual methods of scientific examination. Indeed, Sebba (1962) notes that we turn to myth most when our rationality is powerless to address the situation at hand; the mythical explanation therefore satisfies emotional needs, rather than provides material evidence. Mythologies are thus part of our power play with meaning and control. Our reliance on myth in the face of the unknown leads me to begin my closer examination of the SARS narrative with that aspect which underlies this and other important aspects of its mythology: the mysterious nature of its origins.

2.3 Mysterious Origins

Fiske (1987) says that many narratives begin with an enigma or mystery capturing the audience’s attention, and the SARS narrative is a clear example of the

power that mysterious origins can have. The term 'mystery' connotes more than just a question or problem in need of a solution to be deduced through rational exposition. While this may be the case for the scientists working on the origins of a virus such as SARS, mystery also implies a potentially unanswerable question – an enigma. These meanings derive from its definition as “A religious truth known or understood only by divine revelation; esp. a doctrine of faith involving difficulties which human reason is incapable of solving.”⁵ While the word mystery does not necessarily denote this meaning directly in the case of SARS coverage, it contains traces of these associations. Examining its specific use in the coverage will, at the very least, demonstrate its significance in EID narratives.

By March 2003, the virus had been given its official name. *Maclean's*, however, first introduced the virus to its readers with the following headline: “Killer Viruses: A mysterious disease tests our ability to deal with an epidemic” (March 31st). The article's introductory statement explains, in part, the choice of language: “Severe acute respiratory syndrome hardly rolls off the tongue with ease.” The virus's acronym certainly would come to assume a dominant position in the public consciousness, however, and several weeks later the May 5th *Newsweek* article would place it front and centre in its headline: “The Mystery of SARS.” The author comments on the “virus's lingering mysteries”, and later juxtaposes the scientific community's effort to control the disease with its frustrating reality: “with every step forward, new mysteries arise.” Some of these mysteries are medical and material in nature. A doctor's statement that “the fear is in not knowing how the virus spreads” reflects reasonable concern about the unknown epidemiology of the disease and its ultimate potential for spread throughout the population. The use of “mystery” here alludes to a puzzle waiting to be solved.

⁵ Oxford English Dictionary Online, <http://dictionary.oed.com.proxy.lib.sfu.ca/>

Nevertheless, as I have previously noted, the word does have a history of enigmatic connotations. At the very least, one can argue that the term serves as a successful narrative technique meant to lend an aura of mystique and intrigue to the story.

The *TIME* magazine article offers some examples of alternatives to the use of mystery as a defining element of the SARS narrative. The origin of SARS remains an “open question” and “unclear”; the characteristics of the virus are “perplexing”; the mechanism of its transmission is “another factor that scientists don’t understand” rather than a baffling mystery. Less imbued with the spiritual connotations of mystery, the language is arguably more rational in tone, and less emotionally driven. The boundaries of this separation of emotional and rational language (arguably a false dichotomy to begin with) become especially blurred when science fails to deliver material and concrete explanations of a natural phenomenon. In our case, this takes us back to the humble roots of any virus – to the question of its origins.

It is notable that the sole use of the term ‘mystery’ in the *TIME* article is in regards to the question of origins: “One mystery is where the disease came from.” This mystery of origins lays the groundwork for much of the narrative that is to follow. It is widely accepted in modern times that the causes and conditions of SARS, and disease in general, are best addressed through scientific means, through which we will hopefully determine the specific causal virus and its properties, and pinpoint its exact point of origin. It is through science that we hope to isolate a cure for the virus, or at the very least develop tools for the quick identification of its presence along with methods for its containment. My point is that we generally accept that the questions of *how* and *where* will be addressed within the scientific arena. And indeed, all the information that science has gathered about the virus is presented at some point in the case of each magazine, usually in a sub-section of the article with its scientific status denoted by statements like

“Just the facts” (*TIME*) and “Here’s what you need to know about its science and how it spreads” (*Newsweek*). The discourse of science, accompanied by charts, graphs, and visual reproductions of the virus itself, adds its air of authority to this component of the coverage, while providing some practical information (how the virus spreads and its symptoms, for example).

The SARS coverage can tell us, through the discourse and representative tools of science, what is known about the virus, and what science has yet to solve in its efforts to learn all it can about the disease. What can never really be explained, at least not to its ultimate conclusion, is *why*, and more specifically, *why us*? The answer is obvious to someone like Susan Sontag, who wrote *Illness as Metaphor* (1990) as a rebuttal to the concept that disease is anything except nature running its course. Considering our problematic relationship with nature (as we have constructed it as an entity) and the frustrating reality of death’s inevitability, it should hardly be surprising that we still insist on asking the question. These articles, at some level, reflect the frustration that we run up against in the lack of a truly satisfactory answer. And, like all EID narratives, the SARS example exhibits its culture’s own ways of dealing with the origin issue.

2.4 The Scapegoat

Historically, when a community cannot answer the question of *why*, they address the question of *who*, for which one can easily find a material and readily available answer. It often happens, then, that an individual or an identifiable community is blamed for the calamity. The tendency to scapegoat is a strong one in almost all cultures⁶ and most EIDs can be associated with the stigmatization of some group or another. When the Black Death ravaged Europe in the 14th century it was the Jewish community who

⁶ Girard (1977) makes the case for scapegoating as a natural and beneficial phenomenon that has traditionally allowed communities to release tensions, ultimately promoting harmony.

bore the brunt of the public's frustration; charged with the crime of well-poisoning, many were apprehended and tortured by authorities, suffering fates worse than the plague itself (Horrox, 1994). Indeed, when the links between science and the church were still strong, it was commonly assumed that disease could be attributed to some characteristic (religion, race, moral countenance) that in reality bore no biological relation to the disease itself. This was true of both religious *and* scientific authorities, as the two were not considered inherently separate in Western culture. In *The Wages of Sin* (2000), Peter Lewis Allen offers several examples of ways in which diseases such as leprosy and bubonic plague were associated with sexuality, resulting in moral condemnation regardless of the fact that they were not directly related to sexual activity. This was particularly the case when a disease was seen to affect some individuals but not others. As no material cause for this could be determined, it was assumed that the causes must be internal such that the disease was determined by one's lack of moral integrity. Sontag (1990) similarly documents the ways in which tuberculosis, a disease that mysteriously struck some and not others and wasted away its victims after infecting their lungs, became associated in the popular consciousness with romantic temperaments, particularly as great artists of the 1800s, suffering from melancholy, appeared to be disproportionately affected by the disease. In both Allen's and Sontag's examples, it is the mysterious nature of the disease which provides room for this moral or social interpretation – a gap waiting to be filled with ideas borne of irrational fear or misplaced notions of romance.

While SARS is an infectious disease similar to many of those discussed in Sontag's and Allen's work, ours is supposedly an era in which scientific rationalism has triumphed over religious superstition. We need look no further than the example of AIDS, however, for a potent reminder of the fragile borders separating medicine and religion.

Allen documents the ways in which the public and medical response to AIDS was as irrational as that of previous centuries, resulting in lives lost as paranoia and prejudice postponed an immediate reaction to the epidemic and hindered the dissemination of potentially life-saving information to the public. Allen makes connections between medical and political establishment responses to AIDS, and centuries of similar reactions to the uncertainties raised by disease:

Despite the innumerable changes that had taken place across the centuries, a fear of disease, a need to explain the world in human terms...made it possible for old ideas to take on form, strength, and power. The disease was new, the response was old, and the consequences were disastrous (Allen, 2000, p. 142).

The issue of conflating disease with morality in modern times is fairly specific to sexually transmitted diseases, and as a disease associated with the already stigmatized gay community, AIDS is hardly a universal example of social responses to infectious conditions. The history of the response to AIDS, however, demonstrates both the frailty of the divisions between 'rational' science and 'irrational' human reactions born of fear and uncertainty, as well as the fact that diseases succeed far more as narrative subjects once they have become associated with specific identifiable groups within society. Seale (2002) notes, for example, that necrotizing fasciitis, the "flesh-eating" disease that enjoyed SARS-like media attention in the mid-90s, held the media spotlight for a relatively brief period due in part to the fact that human carriers of the disease did not form an easily identifiable group. Sontag (1990) also notes the ways in which diseases associated with social factors, such as class or race, claim for themselves a popular mythology that may transcend the biology of the disease itself. The mythology of AIDS for some was one of illicit sexual activity and divine retribution. For others it was the story of an activist movement that would come to define queer culture for decades to

follow. Such powerful signifiers, along with the disease's widespread impact, ensured the strength and endurance of this narrative.

It would be difficult to argue that any particular group was made the scapegoat for SARS in the overt sense of persecution and retribution. However, while individuals were not necessarily *blamed* for being infected by the disease, the processes of avoidance and exclusion that accompany any EID emerged, and in this case it could be argued that the process ran along racial lines and the common process of 'othering'. As 'mysterious' as the nature of the virus was, this much was known: it emerged from rural China, where living conditions and some cultural practices helped establish the causal conditions of the disease. *TIME* and *Newsweek* therefore feature prominent depictions of such factors, focussing specifically on overcrowding and the cohabitation of people and animals in close quarters. The coverage thus played on powerful dichotomies contained within the long history of East-West relations, a subject I will analyse in much more detail in chapter three in the context of first world/developing world development in modernity. In this chapter I would like to focus on the fact that the Chinese community, both in China and in North America, served to play the powerful, archetypal role of the other in the public eye, while in reality suffering the processes of exclusion and avoidance which accompany all who are stigmatized as perceived potential carriers of a disease.

2.5 Stigma, Exclusion and Avoidance

As a disease becomes more widespread so does the fear and paranoia that accompany it, and all EID narratives contain within them accounts of ways in which the sick, if not necessarily blamed for *being* sick, suffer a double contamination as they are socially feared and excluded. There exists in the West a shared knowledge of plague-related horror stories, along with modern science-fiction narratives of a future

occurrence. Most of us probably recognize this vision of an apocalyptic world in which social norms and relations have broken down, as depicted here by Horrox in regards to the Black Death in Europe:

The fear of death proved a potent solvent of other social norms....City dwellers went and camped in the fields. The sick and dying were shunned. Parents abandoned dying children; children refused to visit dying parents – a negation of human affection which was clearly thought profoundly shocking.... Humans were reduced to the level of beasts (Horrox, 1994, p. 246).

The SARS crisis, although understandably terrifying for those living in its proximity, did not reach the proportions of causing complete social breakdown. The articles, however, remind us frequently of the virus's *potential* to become the next great plague, and report on the various ways in which social life *had* been affected. Individuals in affected areas were discouraged from handshaking and from meeting in communal settings unless it was necessary. In efforts to contain the disease, nations took measures to close their borders in order to protect their citizens. Travel advisories and bans were commonplace during the SARS crisis, although much debate ensued about the rationale and necessity of some of these interdictions. Stories of lives interrupted and inconvenienced by quarantine measures abound in the SARS coverage (a scientist is forced to spend “the worst vacation of his life” quarantined in his Paris hotel; a young girl's prospects for a soccer scholarship are dashed when her Toronto team is asked not to attend a scouting session in the United States).

All of these measures, undertaken to some degree or another in response to an EID, while debatable in terms of their effectiveness and necessity, are part of a public health response meant to contain the virus and prevent widespread devastation. The effects of such measures become more worrisome when they are constructed along

nationalist, racial, or other lines of discriminatory practices, as has often been the case in the history of EID. lezzoni notes that during the 1918 Influenza epidemic:

Examples of compassion and cooperation among racial and ethnic groups existed alongside their opposite, less charitable extreme. Terrified and baffled, many continued to assign blame. The Poles called the malady "The Bolshevik Disease." Russians blamed nomadic Kirghiz tribesman. Germans blamed the one hundred thousand Chinese imported to dig trenches for the war. As influenza ravaged Argentina, the Spanish dish paella was banned from restaurant menus (lezzoni, 1999, p. 93).

While the fear of visiting a country where a disease is spreading makes perfect sense to most people, here lezzoni captures the ways in which pre-existing national differences or conflicts are integrated into an analysis of and response to the disease; the disease in some cases becomes a mere excuse to blame an already existing foe. Other measures (the ban on paella, for instance) reflect the quite irrational response of avoiding that which is associated with the nation of origins, but has no actual physical connection with the place. The consequences for having one's nation inextricably linked in the public consciousness with an EID can be far-reaching and unexpected. North American politicians were well aware of this when they made public displays of eating Chinese food during the crisis, as were Chinese officials when they downplayed the incident rates of SARS in its initial stages. Officials in San Sebastian similarly feared the social and economic consequences of national stigmatization when, in 1918, they suppressed reports of the new strain of flu that would carry on to kill millions worldwide. Their efforts failed, and the disease came to be widely known as Spanish influenza (lezzoni, 1999).

Herlihy notes that, at the local level, the bubonic plague "caused divisions between the healthy and the sick; between those in the cultural mainstream and those at its margins" (Herlihy, 1997, p. 59). I have already noted how over time those at the margins have included Jews and homosexuals; one can expand this list to include IV

drug users, travellers or nomads, and, almost inevitably, the poor. Those not included in the middle to upper-class, predominantly white, and straight mainstream easily constitute a powerful other, resulting in binary divisions of 'us' and 'them'. These divisions are entrenched in Western daily life on a number of levels, always evolving and shifting in relation to power struggles related to political and social life. While times of crisis often bring out the common humanity between different social groups, the threat of a transmissible disease more often than not entrenches the differences between them. The case of SARS, in which the disease was strongly linked with China in the public consciousness, reflected this trend at both the local and national level.

The emergence of SARS in China and subsequent WHO travel advisories resulted in avoidance of East Asia and other areas affected by the disease, with some institutions taking measures to prohibit citizens from affected areas from visiting their premises. In some instances debate ensued as to whether the measures were racially ignorant and biased.⁷ At the other end of the spectrum officials in Toronto angrily claimed that the travel advisory against the city was based on the WHO's political desire to avoid appearing racially biased towards East Asia. At the local level, it was charged that fear of SARS and its association with Chinese ethnicity resulted in a widespread avoidance of Chinatowns and areas of significant Chinese population throughout North America as "fear of the disease spread much more quickly than the disease itself" (a sentiment present in much of the SARS coverage). Anecdotal accounts of SARS-related racial slurs prompted Asian community leaders in Toronto to call upon the government to do more to prevent a return to the days of the 'Yellow Peril' ("Fear of Virus", April 2003). Ontario's commissioner of public health responded by asserting that "SARS was not an ethnic disease" (Ibid.). The public-health director of Los Angeles, who made a point of

⁷ UC Berkley, for example, came under fire for banning residents of Hong Kong, Taiwan, and China from attending summer school there, particularly as the ban was not extended to include all students who had traveled in the regions, and not just residents ("UC Berkley").

eating wontons and chow mein at a press conference to counter fears that you could get SARS from eating Chinese food, is quoted as saying that the SARS scare created conditions “eerily reminiscent of the early days of AIDS” (*Newsweek*, 28).

No one knows for sure how much impact the SARS crisis had on East Asian communities in North America. Critics of the assumption that the response was racially biased have pointed out that the drop in business for Chinese restaurants and business districts may have been due to the decision of Chinese-Canadian patrons to lay low and avoid others who may have travelled recently to East Asia. Some individuals, however, claimed to have been subjected to racist comments (“Fear of Virus”, April 2003), likely from persons for whom SARS was merely an excuse to act out already existing biases. It also seems likely that many individuals from outside of the East Asian community chose to avoid Chinese food and business districts while the virus was still making headlines. Such practices are just small components of the “paranoid culture of surveillance and exclusion” (Allen, 2000, p. 131) that has historically been the response to infectious disease. Sontag notes that “any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally contagious” (Sontag, 1990, p. 6), thus resulting in the avoidance of those associated with the disease. And as has been demonstrated, this situation is exacerbated when the other is easily conceptualized in the public’s mind, and even more so when the other is already the subject of a complex and often discriminatory relationship with the dominant culture, as the Chinese have been in North America.

Can we blame the media for fostering racial sentiments towards East Asians by merely reporting on SARS and its origins in China? Of course not. One wishes to avoid the cyclical and tiresome process identified by Seale as occurring between liberal humanists and the media in such instances, wherein the media, by reporting on the

reality of a disease's pattern of infection along geographical, national, or other lines is blamed for hindering the utopian creation of a unified global community in which difference plays no part (Seale, 2002, p. 93). Such theorizing also often assumes a direct media effect to which I do not subscribe. However, if we assume that the media play a role in the creation of environments that encourage or discourage sentiment, if not direct action, we can suggest that the SARS coverage does the following, particularly in the case of the *Newsweek* article: by emphasizing the mysterious nature of the disease, the elements of the unknown, and the obvious potential that any such case has in creating widespread harm, a climate of fear and anxiety is encouraged that causes some to act out towards the perceived carriers of the disease, particularly when aspects of their culture are seen to be a part of the problem. These issues of national difference and fear-mongering in the media deserve more attention than they have been given here, and as such will be addressed in more detail in subsequent chapters.

2.6 The Moral Enemy

Some individuals' reactions to the Chinese community after the SARS outbreak was arguably based on racist predispositions accentuated by a heightened state of anxiety and fear. However, unlike AIDS patients, it is not clear that members of the Chinese population were not framed in the media as moral subjects. Our narrative tales are still moral tales, however. In the case of SARS the moral enemy came to be the virus itself. The discourse used throughout the *Newsweek* article to describe the virus is indicative of this phenomenon. For example, the new virus "continues its spree, killing hundreds and infecting thousands more." A spree literally refers to a brief indulgence of one's impulses, and here connotes the "killing spree" most often associated with mass murderers. The suggestion that the virus is indulging in an immoral act and has a nature of its own is inherent in the discourse throughout the article. At one point the author of

the *Newsweek* article, as a means of responding to accusations that the hysteria over this “microscopic bug” was manufactured by the media now that “Iraq was no longer fodder for 24-hour cable news”, notes that the “insidious nature of the virus, and its capacity to spread and kill, remained.” The implication of intent both personalizes and characterizes the virus. As the main antagonist of the narrative, the virus must act with purpose. To accept its existence as purely biological and devoid of moral meaning would not only make for dry reading (this is, after all, a magazine ‘story’), but would also force the reader into the uncomfortable position of acknowledging the random and accidental nature not only of disease, but of life itself.

2.7 Demythifying SARS?

In this chapter I have outlined the standard EID narrative, suggesting that some aspects of the narrative assume archetypal roles that can be deemed mythic in nature. The virus, for example, is situated as a demonic enemy that seeks to destroy the peace and well-being of innocent citizens. Similarly, useful practices of containment may become weighed down with associations of ‘otherness’ that can result in unwarranted negative actions towards those categorized as an outside threat. These emotional and, in some respects irrational, tendencies in human nature deeply offended Sontag (1990), who called for the demythification of disease and illness. At its worst, the demonizing of an illness leads to the stigmatization or demonizing of its carriers. Those who learn they have the disease will suffer the undue hardship of the shame and panic associated with the disease. While Sontag turned her attention towards more chronic and individual conditions such as cancer, her argument still stands in regards to EID.

Why continue to mythicize diseases such as SARS in order to gain a sense of control over circumstances that have the potential to careen out of control? Harvey says myth is “a humanly constructed, intermediate and historically determined link, which

disappears when human beings acquire the capacity to make their history according to own conscious choice and design” (Harvey, 1989, p. 110), noting that Marx also felt that myth controls and fashions the forces of nature in the imagination, and disappears when real control is established. Whether or not real control can ever be established is a question at the heart of modernity, and the basis for my next chapter. As a mythic narrative of EID, the SARS story is deeply woven with the narratives of the modern, a main feature of which was the triumph of Western rationalism over the forces of nature. Understanding how the problem of control infuses the SARS coverage with meaning demands an exploration of modernist thought and the ways in which its limits were ultimately tested in the 20th century.

Chapter Three: SARS and the Narratives of Modernity

3.1 Introduction

In the previous chapter, I discussed some of the archetypal aspects of emergent infectious disease (EID) narratives in the West and the symbolic power contained within SARS coverage due in part to its situation within a shared history of EID experiences. In this chapter I focus on how the SARS coverage reflects the changes brought about in the West by modernity, and the ways in which the defining discourses of modernity are present in the coverage, particularly in regards to issues of control. I begin with the discourse of biomedicine as most of the official declarations and updates on the SARS virus emerged from the biomedical community. As a voice of authority it has suffered defeats in the past century that have eroded some of the public faith in this institution; I draw on examples from the last great plague of the modern era, the 1918 influenza pandemic, to elaborate on how this view of biomedicine has evolved into what we now find in the SARS coverage. Intrinsic to this is an examination of the military metaphor, a linguistic preference to emerge from the ambitions of modernity and a common discursive method used in the West to communicate information about health crises. Finally, it seems especially relevant to consider the European expansion and the nation-state project when considering SARS in the context of modernity. SARS was a virus that entrenched boundaries along national and ethnic lines, while also polarizing the globe in economic terms. Using Said's *Orientalism* (1978) as a framework, I expand my

discussion outside of the boundaries of SARS in order to explore the implications this worldview has for health media coverage in general.

3.2 Defining Modernity

Modernity has its roots in the Enlightenment project of the 17th century, the goals of which were to enrich and improve daily life through scientific progress, while espousing a doctrine of democratic emancipation (Harvey, 1989). The shift towards a project of scientific modernization has resulted in countless benefits for the Western world, including much improved standards of living, extended life expectancies, and unprecedented improvements in health care. Enlightenment thinking has not been without its critics, however. Its claims to superior reason based on a Eurocentric and patriarchal worldview raises issues for some, while Weber and others were deeply concerned with what they saw as the oppressive nature of the purposive-instrumental rationality that resulted from Enlightenment promises. Over the past century especially, the Enlightenment dream has suffered several major setbacks; the inequity entrenched under capitalism, the atrocities committed during the Second World War, and the sometimes disastrous results of scientific activity (perhaps most vividly realized in the development of nuclear weaponry) are just a few of the world events that have caused some to question the legitimacy of the modernist project (Harvey, 1989). Despite the challenges put forth, the discourses of modernity still, however, define much of the discourse that takes place in SARS coverage, perhaps best exemplified by that of science and biomedicine.

3.3 Narratives of Science and Biomedicine

The scientific achievements of modernity have established a standard of safety and health in the West unprecedented in history. Seale suggests that,

living in the wealthy countries of the world, we nowadays experience unprecedented good health. Life expectancy is at a level higher than ever before in history, infant mortality has been reduced so far that death is largely confined to old age, and disease is subject to a host of medical interventions whose effectiveness would have appeared miraculous to earlier generations (Seale, 2002, p.1).

The biomedical grand narrative of modernity, having its roots in the secular Enlightenment ideals of scientific rationalism and progress (Fox, 1993; Harvey, 1989), offers a positivistic approach to knowledge and an expectation that most, if not all ailments and disorders can eventually be made materially knowable and therefore conquerable. Developments and improvements in health care made at the turn of the 20th century, particularly in regards to immunization and antibiotics, helped secure biomedicine's position as an influential force in society (Morris, 2002). Contained within the promise of medical science was the hope for a world void of the pain of illness and premature death.

Much has been written about the relationship between scientific and narrative knowledge, and the subject deserves a brief overview as it is fundamental to the nature of modernity and its changes towards the end of the 20th century. Jameson notes that one of the features that characterizes more scientific periods of history is the "relative retreat of the claims of narrative or storytelling knowledge in the face of those of the abstract, denotative, or logical and cognitive procedures generally associated with science or positivism" (in Lyotard, xi). The discourse of science is officially one of facts, figures, queries based on material problems, and quantifiable solutions. Lyotard (1984) saw distinct differences between the role of scientific knowledge and narrative knowledge in legitimizing certain aspects of social life and in their relationships to the construction of history and meaning. He said that narratives transmit a set of pragmatic rules that constitute the social bond. The *act* of narrative sharing is as important as the content of narratives themselves; it legitimates social institutions and relationships.

Narrative knowledge is shared in the context of the language games identified by Wittgenstein; utterances can be defined in terms of rules specifying their properties and the uses to which they can be put. The language games of narrative knowledge allow for a considerable amount of metaphor, symbolism, and connotation. Scientific knowledge, on the other hand, relies only on the language game of denotation; truth-value is the criterion for accepting a statement's validity. According to Lyotard, then, scientific knowledge plays less of a direct role in forming the social bond than does narrative knowledge, although it does play an indirect part because of its role in constructing social institutions.

Scientific knowledge can therefore be identified as different than narrative knowledge. It cannot, however, be considered as entirely separate, particularly when much of the scientific knowledge passed on to the general public is through the largely narrative structure of the mass media, as is the case in the SARS coverage. The articles under consideration, however, seek to maintain a distinction between the two knowledge domains by labelling certain sections "Just the Facts", or "What you need to know." In these sections, statistics, figures, and bulleted notes provide a seemingly scientific overview of the disease. The main narratives in the articles also include the knowledge passed on from medical authorities, which is then incorporated into the narrative structure of the article. But to say that scientific knowledge is a non-narrative discursive practice that is merely integrated into a narrative format would be misrepresentative. Scientists and outsiders alike have documented the narrative nature of science and medicine. Lyotard, however, identifies a persistent inequality between the two: proponents of narrative knowledge approach scientific knowledge as a variant of itself, whereas scientific knowledge classifies narrative knowledge as being of a different mentality altogether – backward, and composed of opinions, prejudice and ideology

rather than proof. Lyotard states that the symptoms of this inequality make up the “entire history of cultural imperialism from the dawn of Western civilization” (Lyotard, 1984, p. 27). There is much grey area to be explored in Lyotard’s sentiments, but for my purposes I note the following about his argument: scientific discourse can be understood very much as a discourse of power and ideology, based on its history of favouring some areas of research over others and the ways in which its approaches to research have often reflected the biases and myths of the day. As a major narrative of modernity, science can also be seen to have assumed mythical elements, much as was discussed in the previous chapter. Lyotard notes that popular stories recount what could be called positive or negative apprenticeships, i.e. “the successes or failures greeting the hero’s undertakings” (Lyotard, 1984, p. 20). These successes or failures bestow legitimacy upon social institutions, as is the function of myth, or call that legitimacy into question. Scientific and biomedical narratives are thus inherently political narratives, particularly as they relate to the legitimacy of social institutions, the allocation of resources, and the treatment of various identifiable segments of the population.

As biomedicine is the privileged discourse of health in modernity, we might expect that the SARS narrative would thus reflect its interests and serve to legitimize its place as the conquering hero of the SARS virus. In some respects this is the case. The *Newsweek* article prominently features an image a paramedic wheeling a patient into a Toronto hospital; they and individuals waiting in the background are all wearing masks as a preventative measure. The image’s background and part of its foreground are slightly blurred, giving the impression of the swift movement and sense of urgency that accompany a scene from the popular television show, *ER*. However, from what we can see through the blurred effect, no one’s facial expression or bodily position denoting anxiety or alarm (the patient may in fact be suffering from one of the chronic

conditions less represented in the media, accompanied by the bureaucratic paperwork and long periods of waiting usually involved). The subheading reading “EMERGENCY: A patient and a paramedic at a Toronto hospital are suited up against the virus” helps to offset this suggestion. It is unclear as to whether or not “EMERGENCY” denotes the setting of the picture, or the fact that this specific situation is an emergency, or even that we should all accept that the SARS outbreak is cause for a general state of emergency. Whatever the case, it is clear that, in the West, the hospital is the primary institution defining any EID outbreak, the source of the scientific medical interventions we rely upon in the face of illness. In this image the hospital is also a site of urgent activity and progressive action.

The lettering above the image notes that in the face of “this strange new virus”, “scientists are working overtime, trying to keep people from harm.” The article also refers to “a medical battle fought on all fronts”, in which results will emerge “thanks to technology and a spirit of global cooperation.” Our hope in finding a quick resolution in the form of a cure for SARS ultimately lies with scientists and the high-tech tools of microbiology. There also exists awareness, however, in both the public and the coverage, of the shortcomings of the medical system. Hospitals are dangerous places to visit at the best of times, and during an epidemic especially so. It was indeed the incorrect judgment of one Toronto hospital staff member that led to the spread of SARS to another hospital. The institutionalization of health in modern times has provided us with incredible benefits, but also made it so that the average person can no longer stay home to deal with more than the most basic sickness. Our complete dependence on a highly bureaucratic (and some would argue, under-funded and failing) system places us in a precarious state of dependence on the very places which could make us ill. The notion is reinforced by images in *Maclean’s* and *TIME* of Toronto hospitals under

quarantine – institutions surrounded by police tape and staff covered in full protective gear. It is a nightmare of Weberian institutionalized rationality and the failure of techno-scientific progress.

In this and other ways SARS is a throwback to an experience we had thought conquered in the West with the announcement of the *pax botanica* in the 1970's, the point at which infectious disease was declared to longer be a serious threat to the developed world. Our dismay at science's inability to keep up with a mutating virus that is, ultimately, a mere form of the flu, has been experienced repeatedly over the past century, but was perhaps most acutely felt in 1918 when an influenza pandemic killed millions globally. SARS has much in common with the influenza epidemic, in that both occurred in relatively scientifically advanced times, both tested the limits of this advancement, and both had the effect of stripping the health care system down to its most basic and individualized practices in regards to prevention. A further examination of the influenza outbreak thus offers some insights into how the SARS narrative is shaped, and how the institutional forces in it are represented.

3.4 The Virus that Conquered the Stanley Cup

In the United States alone more died of the influenza outbreak than did in all of the 20th century wars combined (Iezzoni, 1999). In Canada the flu had, until just recently, the distinction of being the only event to have prevented the handing out of Lord Stanley's Cup, something neither of the World Wars accomplished. Perhaps the most astonishing aspect of the outbreak, however, is its near total omission from the public's consciousness. What is described by one writer as "seventeen horrifying apocalyptic weeks" (Iezzoni, 1999, p. 17) has left a relatively small impact in the North American psyche – scholars note that more attention is paid in history books to the 14th century bubonic plague. Sontag (1990) argues that the reason for the almost total

amnesia about influenza is its lack of power as a metaphor. This may be a contributing factor, but there are clearly others at play. lezzoni suggests that part of the reason lies in the fact that influenza was one of the first true tests of modern medicine, and medicine failed. North American life at the turn of the 20th century was hardly a stranger to the ravages of infectious disease and premature death. American writer Jack Finch's uncle died of Influenza in 1918:

My uncle's death was but one small, sad design in the vast tapestry of a fatally infectious disease as common to the fabric of American family life then as it is rare today. Times were so different then. Grown-ups and children were so quickly subtracted from the world by so many diseases that we no longer have to fear. My grandmother...sewed her tubercular sister's burial shroud and then died of the disease herself. Her youngest son was born tubercular. He died before his mother (as cited in lezzoni, 1999, p. 46).

Yet in spite of a familiarity with infectious disease as part of everyday life, the scope of the influenza epidemic at a time of such transition and advancements in science and technology led many to place their hope in the timely finding of a cure through scientific means, and to dismay as it seemed an increasingly futile prospect:

An increasingly grim group of researchers confronted the global pandemic. Public health officials, physicians, and the American public turned to the triumphant priests of 20th century medicine with dazed confusion and a rising sense of panic and betrayal....To many, science represented a new, "modern" version of God. How...could a "homey", familiar little illness bring medicine and the modern world to its knees (lezzoni, 1999, p. 107)?

It would seem that we have forgotten the outbreak in part because it is a narrative without a hero, and without victory. The pandemic played itself out, and eventually ceased. As noted by theorists such as Morris (2002), Fox (1993) and Frank (1995), one of the core limitations of the modernist biomedical narrative is its inability to allow room for open endings. Order must be maintained, resolutions made imminent, and death averted at all costs. While it is only natural that we would wish to avoid death,

Seale notes the extent to which modern living conditions in the West have dissociated us as a culture from death and illness when he says that “it is possible to imagine, for most our early lives, that our bodies can at times be forgotten, at others can become aesthetic projects, or that even death might not exist for us (Seale, 2002, p. 1)”. Sontag (1990) similarly notes that our fear of death in industrial societies frames it as an offensively meaningless event, making it that much harder to come to terms with. Death is an affront to biomedicine in general. Morris (2002) documents the ways in which the heroes of biomedicine, doctors and surgeons, abandon their patients to care workers when the diagnosis is terminal, and the hierarchies that are maintained in the health care system according to the worker’s role in this plot. Biomedical narratives are fuelled by issues of control – of controlling the disease, the environment, the patient, and nature itself. Issues that seem to fall out side of the area of control, such as death and suffering, are for the most part excluded from the plot (Morris, 2002).

The influenza narrative is one of rampant death and suffering. Its conclusion is unsatisfactory. Its heroes were those individuals who risked their lives to care for the sick and dying, nurses and women especially. Its technical weaponry ultimately consisted of hand washing, small pieces of gauze serving as facemasks, and avoiding the infected. As a biomedical narrative, it fails completely. The SARS narrative, being that of an emerging infectious disease merely on the brink of creating wide-scale suffering and chaos, contains within it elements of both the emerging hope and faith in science to conquer the virus, while also noting in pictures and language the everyday actions taken by individuals (hand washing, mask wearing, etc.) to prevent infection. It does not yet have the tone of despair of a full throttle epidemic, yet hints at the frustration of those scientists facing the task of solving this problem. It acknowledges the nurses (mainly the women) who work the front lines in hospital care, and represents the disease primarily

with the white, female face; its core proactive actors are, however, higher-level and predominantly male doctors, public health officials and politicians. There is in the *Newsweek* article more of a sense of the possibility of an open-endedness than there may have been in the past: "SARS may never be vanquished but its lessons are preparing scientists for whatever comes next." (32) We straddle the line between acknowledging the cyclical and, perhaps unconquerable, nature of infectious disease, and maintaining morale in a necessary fight.

3.5 The Military Metaphor

In 1918 the First World War raged on while soldiers waiting in training camps and travelling towards Europe in battleships died on mass of the flu; they would be designated by the state as war heroes rather than as among the millions of 'senseless' deaths to result from the disease. The war was another reason that the influenza outbreak was purged from public consciousness; in a world so full of loss and suffering, with so many young people left for dead, nations chose to move on, to valorise the sacrifices made, and to forget that which they could only passively be a part of (Iezzoni, 1999). It is fitting, then, that the language most often used in the public communication of biomedical discourse is the military, or wartime, metaphor. The SARS narrative presented in the magazines is laden with terminology and metaphors reflecting non-scientific responses to disease and uncertainty. While the articles stylistically interpret scientific discourse, their choice of metaphor is also reflective of the nature of discourse used in any field of discovery. As Sontag and others have documented, the discourse of biomedicine, as empirical as it can be, also relies heavily on metaphors and language which offer a far more imagistic understanding of disease than a straightforward account of statistics and epidemiological reports would. As one of the common discursive methods employed by science, the military metaphor positions the power and knowledge

of biomedicine in opposition to the invading forces of infectious disease, making for an exciting and familiar narrative. The military metaphor similarly imbues the nature of an epidemic outbreak with a new set of meanings, while providing a controlling metaphor for death under seemingly meaningless and unfair conditions.

In her comparison between the discourse used to represent tuberculosis and cancer, Sontag (1990) documents the popularity and power of the military metaphor, particularly as it affected the individual's experience of the illness. Tuberculosis was framed as a withering away (by consumption) to the core essence of an individual, a romantic notion reflected in the arts and literature of the time. In contrast, cancer metaphors refer to 'attacks' by outside cells that are 'non-you', cells which 'invade' and 'colonize' and need to be 'eradicated' by the heroes of biomedicine – doctors, surgeons, and their tools of technology and science. The metaphor has its roots in the 1880s, when bacteria were first identified as the agents of disease. As was discussed in the previous chapter, the virus or disease itself is the clearly defined enemy in contemporary EID narratives. The battle is fought at both the individual and collective level – a SARS survivor notes that he was “determined to conquer” the disease through his “aggressive personality” (*Newsweek*, May 5th, p. 29). For some, the wartime metaphor is a suitable one through which to work through the experience of disease. Sontag, however, expresses concern over this particular mythicizing of disease, noting that it may have consequences for how some situate themselves as victims of disease, or as lacking in the personal fortitude to overcome it; death from an incurable condition becomes a personal failure. On a collective level the military metaphor comes to encapsulate different, yet just as powerful, meanings, as is evidenced by the SARS coverage.

Sontag notes that the “transformation of war-making into an occasion for mass ideological mobilization has made the notion of war useful as a metaphor for all sorts of

ameliorative campaigns whose goals are cast as the defeat of an 'enemy'" (Sontag, 1990, p. 99). The enemy may be one of any number of social threats, such as drugs, poverty, AIDS, or, in our case, an insidious virus on a killing spree. The *Newsweek* article notes that "Scientists are working overtime, trying to keep people from harm"; "the medical battle is being fought on several fronts"; "Scientists are launching seek-and-destroy missions in petri dishes....As with any new enemy, victory will not come easily – or quickly." The antagonists and protagonists are clearly defined and again the virus is personalized as an enemy with an inherent nature that must be defeated, rather than as a natural and unthinking biological entity. While the dramatic narrative of the article is offset somewhat by an inset article including scientific details and statistics explaining the virus and its spread, Seale suggests that this seemingly objective information serves largely the same purpose:

Metaphors and numbers are...of considerable importance in creating rhetorical effects in media representations. By placing disparate things together, metaphor plays an important part in generating the stock stories used to frame media health products in familiar form and to draw parallels with other areas so that a sense of underlying order in the world is created and the unfamiliar can be presented as already known....Numbers... work by enhancing the facticity of reports, appearing to be objective to a credulous and somewhat innumerate public. Clearly, they can, like metaphor, play an important part in generating oppositional extremes that enhance emotional engagement (Seale, 2002, p. 37-38).

Interestingly, *Maclean's* presents this information in a far more subdued manner than the other two magazines, particularly when it comes to conveying details about the infection and death rate in various countries. In its April 14th article *Maclean's* contains a simple numerical chart from which one can quickly surmise that, as of April 5 2003, 2353 cases of the disease had been reported and 85 people had died globally (with 8 of those deaths occurring in Canada). The *TIME* article presents the same information (although updated as of April 26th) in a much more visually striking, three-dimensional format that uses small coloured cubes to represent the incidence and death rates around the globe.

Affected nations are coloured in as well. The effect is quite striking; Hong Kong and China have a towering stack of cubes, and a significant portion of the globe is highlighted as being affected. The fact is, however, that each cube represents *one* incident or death; as a result, a nation the size of Brazil is highlighted with a small stack of cubes representing a total of *two* incidents of SARS. One can be forgiven for thinking, based on this chart, that SARS had succeeded much more in conquering the globe than it actually had.

Situated as it is with no comparative information or critical counterview, the official scientific discourse in these articles serves only to affirm and validate the rhetoric of the battlefield with charts, graphs, and casualties. Thus while this information is presented as a means of validating the story's worth, the narrative draws upon powerful militaristic metaphors that engage us on an emotional level. Sontag warns that such discourse acts in the "service of a simplistic worldview that can turn paranoid" (Sontag, 1990, p. 69), a statement that seems validated when one looks at the wide-eyed, fearful, and masked woman on the cover of the *Newsweek* magazine. However, the article inside presents the virus as being ultimately conquerable. When the author suggests that "victory will not come easily – or quickly", she fails to suggest the possibility that victory might not be achievable at all. Closure, at least in this one article, is inevitable. A *Maclean's* article from March 31st, titled "Killer Viruses", closes with a less optimistic military response. The author notes that although we are generally better equipped to deal with health crises than we were the last time a pandemic hit, "viruses and bacteria have proven adept at finding new ways of sabotaging our defences." It is interesting to note that this article was written six weeks previous to the *Newsweek* article, at a time when the initial SARS outbreak in Toronto was thought to have been contained and the

virus no longer of any real importance. Perhaps this compelled the author to leave that lingering hint of potential doom at the article's close.

What the military metaphor offers us is both excitement and reassurance; reassurance that the battle is being fought, that we are active participants in this process, and that we can win. It also, as Sontag has noted, provides a powerful ideological mobilizing message, one that may serve quite practical in ensuring that individuals do their part to prevent the spread of the virus. It is also worth mentioning that the SARS outbreak took place during the US led war on Iraq (the article immediately following the SARS story in *Newsweek* features Shiite demonstrators dripping in self-drawn blood). The boundaries between war and disease are always blurred. During World War I, at the height of the influenza epidemic, the world was made of safe-to-hate enemies in the form of clearly defined global villains. SARS emerged during a time when American military might was similarly making the case for a necessary attack on enemies, but of a more complicated and contested nature. Today's great enemies of America are more nebulous, consisting of terrorist networks that are difficult to isolate and attack. Although the mainstream media coverage of the war in the Middle East was arguably in line with the governmental depiction of clear enemies, there exists in post-Vietnam North America and around the world a more conflicted sense of good and evil, of heroes and villains. The offering up of the SARS virus as a safe-to-hate enemy perhaps offers some relief in its clear-cut simplicity, or perhaps the heightened wartime atmosphere causes an increase in the military metaphor's use in media coverage of SARS. There is overlap between these two discourses; terrorism may be described as a cancer in need of eradication, just as cancer requires "shock and awe" solutions. What concerns Sontag are the ways in which the military metaphor justifies authoritarian rule, implicitly suggests the necessity of state-sponsored repression and violence,

overmobilizes, and contributes to the stigmatizing of the ill (Sontag, 1990). In this sense, we are presented with a world that, from many angles, is in need of a disciplining hand. More importantly, it is a world in which, increasingly, we cannot trust our neighbours.

3.6 Foreign Entities

Modernity is defined in part by the development of the nation-state as the basis for governmental rule, achieved through centuries' worth of tumultuous wars, conflict, and colonialism (Harvey, 1989). To consider the SARS narrative in the context of modernity therefore demands inclusion of this expansion of global interrelationships carried out according to an overwhelmingly Eurocentric agenda. In Chapter Two I discussed the racialized nature of the narrative as a means of discussing stigmatization and exclusion. Here I put the issue in the context of modernity and examine the ways in which the telling of the story from a North American point of view, and for a North American audience, affects the coverage. In no way do I assume the North American audience to be a homogenous one of European descent; rather, there are a multiplicity of races and ethnicities represented, as are there countless perspectives, and therefore readings, brought to the SARS coverage. However, the SARS coverage is part of a larger mass media dialogue which has historically overrepresented a European perspective. Beyond the issue of race, moreover, the SARS coverage comes from a developed world point of view, and in this sense I am very interested in how it plays a part in the construction of a developed/developing world dichotomy. This problematic ultimately leads me beyond the question of racial representation and towards a consideration (in the following chapter) of the ways in which the media's construction of Asian otherness and the developing world relates to consumer culture's intense emphasis on individualism, and the threat that a disease such as SARS poses to the identity of the consumer-citizen.

In laying out this argument I turn to Said (1978) and his seminal work, *Orientalism*, in which he considers the Orient as a construction created by European scholars that continues to dominate in the Western psyche. As a way of encapsulating a diverse and immense geographical area over several centuries, Orientalism involved the collection of data and knowledge by colonizers of the Middle East and Asia. The ontology of these terrains was therefore documented by white foreigners, who returned home with tales romanticizing the exotic and emphasizing the strange. As Said says, the Orient vacillates between the West's contempt for the familiar and its shivers of delight in novelty. The Orient was then, and continues in some sense to be, a place of complete otherness; its traditions and peoples are a clear example of foreignness for European westerners. As an ideology, Orientalism represents the power of the outside visitor to accurately select and represent the ontology of the East, whose citizens are constructed as a homogenous collective, stripped of their ability to voice their own narratives. Moreover, the Orient is a land that time forgot; it has been constructed as eternally backwards – an exotic locale of unchanging time.

In a contemporary context Orientalism is still alive and well (perhaps more so than ever in regards to the Middle East, yet still applicable to China); in this particular context however it takes the form of emphasizing the 'backward' nature of Chinese living and its health care system. This is depicted in the contrasts presented between the modern world and those areas of China seen as still lagging behind. In the *Newsweek* article a picture of a masked airline crew walking through a sterile Hong Kong airport is juxtaposed with a picture of a shack surrounded by geese in Guangzhou, China, an example of typical Chinese farms where "animals and people live close together". The us/them dichotomy constructed between the West and East draws its power from such binary oppositions: urban/rural, modern/antiquated, clean/dirty, and so on. Subsequent

information about the Chinese government's cover-up of the disease's early emergence has since added the communist/democracy dichotomy into the mix, following in a long tradition of divisions created along national lines.

I do not suggest that this depiction of rural China deliberately sets out to accomplish the task of Orientalism (which is in part, to preserve the West's place in a hierarchical world order) or that the representation is false. The disease did in fact develop in part as a result of unsanitary living conditions in which people and livestock were living in close quarters. There are also many images in SARS coverage of modernized institutions in Hong Kong and other Asian cities – airports and shopping malls in particular. However the Orientalist discourse, like all Eurocentric discourses, draws attention to other nations only under specific circumstances, and in exploring these I hope to get at some of the underlying reasons why SARS' effects in China would receive mass media attention, while other more dire global health situations do not.

3.7 First World, Third World

Much is revealed about the West's attitudes towards other nations when disease is the subject matter. Our ability to turn our backs on the suffering endured in underdeveloped nations is profound. There are countless systemic reasons for this. The one that interests me is Orientalism's homogenizing effect, which can be expanded to include all previously colonized nations. There seems to be an acceptance that those living in Africa, Asia, or other populous and poorer regions of the world should naturally fall victim to disease from time to time. Whereas it might be viewed as an unnecessary tragedy were it experienced in the West, there is arguably an apathetic response when disease ravages an area already viewed as overpopulated beyond its resources.⁸

⁸ This Malthusian project of population control has come under fire from critics who state that the problem is not overpopulation, but rather the unequal sharing of global resources (Smith, 2003).

George Orwell was confronted by this inequity when he viewed colonial subjects in Marrakech in 1939, offering this unsettling observation:

When you see how the people live, and still more, how easily they die, it is always difficult to believe that you are walking among human beings. All colonial empires are in reality founded upon that fact. The people have brown faces.... Are they really the same flesh as yourself? Do they even have names? Or are they merely a kind of undifferentiated brown stuff, about as individual as bees or coral insects? They arise out of the earth, they sweat and starve for a few years, and then they sink back into the nameless mounds of the graveyard and nobody notices that they are gone. And even the graves themselves soon fade back into the soil (as cited in Said, 1978, p. 252).

When does a disease gain our attention? Most obviously, when it threatens us directly. "Us", as defined in the majority of mass media representations, really means North America and Europe, and the predominantly white, middle-upper class in particular. Sontag notes that "every feared epidemic disease...generates a preoccupying distinction between the disease's putative character (which usually means just the poor and, in this part of the world, people with darker skins) and those defined – as 'the general population'" (Sontag, 1990, p. 115). She further suggests that "one of the enduring Eurocentric presumptions about others is the fantasy that peoples with little reason to expect exemption from misfortune have a lessened capacity to feel misfortune" (Sontag, 1990, p. 139). Indeed, unless the conditions are particularly horrific or taken up by a successful celebrity appeal, it is likely that famine, genocide, or disease occurring in poor nations may never experience front page news coverage in the West. AIDS is just one contemporary example. Virtually ignored when it was seen as threatening only to North American gays, it grew to become the cause celebre in the entertainment world, particularly as it spread into the straight community. The disaster of AIDS in Africa (and increasingly in other areas of the world) fails to mobilize the kind of widespread financial and political support in the West necessary to seriously address the issue. Sontag argues that

were AIDS only an African disease few outside of the country would be concerned; it would be one of the “natural” events which periodically ravage poor overpopulated countries; rich countries would feel helpless to deal with it...Because it is a world event – that is, because it affects the West – it is regarded as not just a natural disaster. It is filled with historical meaning (Sontag, 1990, p. 171).

I would suggest that along with historical meaning, diseases that affect the West are filled with narrative meaning, and diseases inflicted upon the West by other nations are especially so. There is a preoccupation in our history of dwelling upon the negative which has been done to us, rather than that which has been given us by others (or that we have taken from them). There is also a demonstrated desire to attribute that which is implicitly negative to an outside source. Sontag attributes this to the fact that “part of the centuries old conception of Europe as a privileged cultural entity is that it is a place which is colonized by lethal diseases coming from elsewhere. Europe is assumed to be by rights free of disease” (Sontag, 1990, p. 115). The link between imagining disease and foreignness in our minds is reinforced by the awareness of AIDS as having come from the ‘Dark Continent’, and SARS and the avian flu from Asia. Disease does not spring from *here*. Similarly, the great European tradition of spreading disease along with colonization is downplayed. The European/Western tradition was and is, however, one of acting upon the world. SARS is an example of the world acting back on the West, or more specifically of the impoverished masses and their living conditions acting upon us. It is an act of (albeit unwitting) agency; it is a reversal of the usual narrative structure, and I would suggest that this is part of what is deeply unsettling for Westerners. Said suggests that narrative is a powerful tool for destabilizing Orientalism:

Against the system of “synchronic essentialism” I have called vision because it presumes that the whole Orient can be seen panoptically, there is a constant pressure. The source of pressure is narrative, in that if any Oriental detail can be shown to move or to develop, diachrony is introduced into the system. What seemed stable – and the Orient is synonymous with stability and unchanging eternity – now appear unstable (Said, 1978, p. 240).

Yet while the narrative can be frightening in its instability, there is potential to open up European and Western perspectives to the experiences of the other:

Narrative asserts the power of men to be born, develop, die, and the tendency of institutions and actualities to change; above all, it asserts that the domination of reality by vision is no more than a will to power, a will to truth and interpretation, and not an objective condition of history (Said, 1978, p. 240).

One way in which media coverage could move towards this goal is by providing perspectives from inside of the foreign experience. This is in woefully short supply, as there seem to be few narratives produced by individuals within the infected areas. Instead, Westerners provide experiences of what it was like to have lived in China or Hong Kong during the outbreak. The Orientalist tendency to thus report back from the inside without accessing locals directly for their stories contributes to a Western point of view, and the opportunity to let us into the world of the other, on their own terms, is lost. *Maclean's* offers an excellent example of this in its April 14th issue. It opens with the narrative of a Caucasian Canadian living in Hong Kong. The article portrays her situation and surroundings as unequivocally unsettling and foreign:

It's usually pretty simple for Kandra Kaufield to get to work. The 27-year-old grade-school teacher from Charlottetown lives in suburban Hong Kong....Her apartment building is up a steep, bustling road, part of a surreal complex of two dozen 30-storey high-rises clinging to the side of a mountain. The towers are hives of humanity – and possible infection. These days, when Kaufield leaves the relative safety of her shared 28th floor apartment, she rides the elevator to the lobby with some apprehension. The consequences of her next few steps weigh on her as she wonders: is it safe to go outside?

The story goes on to briefly describe the broader state of affairs in Hong Kong – the widespread use of masks, the impact on the economy, and the high-rise apartment tower that has been emptied, “it’s residents quarantined in special camps built on the outskirts.” The imagery is powerful and emotive, and arguably reminiscent of a futuristic, *Blade Runner*-type worldview of the Orient through Western eyes. For starters, the

residents of Hong Kong are presented as an unidentifiable mass. The insinuation is made literal when the author describes their dwellings as “hives of humanity”, a phrase eerily reminiscent of Orwell’s questioning of whether or not the foreigners in front of him could be seen by Westerners as anything more than “a kind of undifferentiated brown stuff, about as individual as bees or coral insects.” The living conditions, described as “surreal” and juxtaposed with the image of encampments on the “outskirts”, invoke a futuristic, and somewhat apocalyptic vision of overpopulated landscapes surrounded by lands inhabited by undesirables. Said might identify the author’s shivers of delight in the foreignness of the landscape as a stock narrative technique of the Orientalist. The effect is enhanced by the fact that the voices of indigenous Hong Kong residents are not accessed here. Instead, we shift from a Canadian’s point-of-view in Hong Kong to the story as it is unfolding in Canada. *Maclean’s* is a Canadian magazine targeting a primarily Canadian audience, and as such, it seeks to tap into the Canadian experience at home and abroad. But again, the Western media’s lack of appreciation for the narratives of citizens at the heart of locales in crisis does contribute to a Western-based worldview, while also directing the focus of the global spotlight towards issues to which we feel we can at some level personally relate, and away from those to which we feel no real connection. One counter example to this trend can be found in a *TIME* magazine article in which the voices of several Chinese residents are heard. However, they are again presented in the context of foreign distrust, as the article, titled “China’s Cover-Up”, is an in-depth look into the Chinese government’s failure to communicate honestly with global health authorities and its own citizens.

3.8 Towards a Terrifying Future

The SARS narrative is in many senses a modernist one, inherently bound up in the material political, social, and cultural movements that have brought us to this point in

history. The narrative is infused with the discourse of science, medicine, warfare, and a privileging of a first world, Eurocentric point of view, all reflecting the values and knowledge systems that have shaped the Western experience. The privileging of the individual narrative in the West highlights a transition occurring from modernism to a new era. In this chapter I have outlined some of the ways in which the narratives of modernity have shaped our cultural response to SARS as it is reflected in mass media coverage. I take a similar approach in the following chapter, but turn my attention to the transition and the recent developments in Western culture that invariably come into play in the SARS narrative.

Chapter Four: After Modernity

4.1 Introduction

It is the view of many theorists that we are in a state of transition from one great epoch of history to another. The new era has been conceptualized alternately as late-modernity (Harvey, 1989), liquid modernity (Bauman, 2000), postmodernity (Lyotard, 1984), or a second modernity (Beck, 1999). These writers emphasize different aspects of the transition, but all propose that economic, political, and social life changed radically in the second half of the twentieth century. The shifts that took place in modernity – to marketplace economics, nation-state political organization, the secularization of public life, and so on – have been pushed beyond their limits. In their expansion they are shifting towards something else altogether, and these scholars have identified an associated instability in social life. Together they encompass views that range from optimistic to pessimistic, bleak to hopeful, grounded in realism to deliberately clouded and fragmented. They are all future-oriented and grappling with complicated relationships with history and current conditions, and in this regard they have much in common with the SARS narrative.

I have discussed the ways in which the SARS narrative incorporates elements of mythic symbolism, an overarching infectious disease narrative and an awareness of past epidemics. I then considered the ways in which modernist thinking, with its privileging of nationalism, scientific rationality, and the Western point-of-view, inform the narrative. In this chapter I examine how the SARS narrative refers to those conditions specific to our

own era, or those aspects of current social life that are assumed to be at the heart of the transition. Using the work of the theorists mentioned above I will examine how the SARS coverage brings these issues to the fore. In doing so I hope to situate the magazine articles as more than stand-alone scare stories by placing them in the context of this larger philosophical discussion about the values encompassed in our transitioning way of life.

4.2 Late, Post, Second, Liquid

There are several conceptualizations of how our current social experience can be defined as a break or a transition from the era known as modernity. This has been decades in the making, having its roots in the unease with the promises of modernity as they failed to be delivered. For Harvey (1989), the myths of modernity were of the machine and efficiency, and the celebration of corporate bureaucratic power. He suggests that a moral and spiritual crisis occurred as a result of economic restructuring in the post-World War II era. The shift from Fordism to flexible accumulation, which was in part a shift from relative stability to instability in the marketplace brought on by Fordism's inability to address global market issues and to respond quickly to changing consumer demands, loosened corporations from ties to any particular geographical area or community of labourers. The effects of flexible accumulation include the weakening of labour rights, increasing part-time employment with fewer (if any) benefits, the emergence of new information economies, the commodification of knowledge, and an increasing shift in power away from the nation-state in favour of corporate interests. Social norms and values have subsequently changed as well. Individualism and competition is favoured over collectivism and co-operation, the entrepreneurial ethic has spread to most areas of social life, and the flexible motion of capital emphasizes the new, fleeting and contingent aspects of daily living (Harvey, 1989). At the same time, a

counter resurgence has occurred in the search for 'traditional' values manifested in the form of religion, nationalism, and the nuclear family. At the core of late-modern economics is an obsession with growth as an end in and of itself.

Postmodernists such as Lyotard (1984), Baudrillard (1998), and Jameson (2002) also emphasize the colonization of social life by marketplace values, including those ephemeral areas that were previously organized by such foundational institutions as the family and religion. Essential to this shift has been the growth of the mass media and the electronic information revolution. We now trade in economies of signs, through advertising and popular culture. The power of mass culture-driven capitalist imperatives, along with an unprecedented access to information afforded by the internet and television, has resulted in drastic changes to our worldviews and attitudes towards history, current events, and each other. While the changes are too varied to be considered in detail here, it seems that most theorists examining the break can agree upon the fact that one of its main side effects has been the emergence of new, collective forms of anxiety in the Western worldview. While fear and anxiety are part of the human condition and have always found avenues for expression, this expression has perhaps never been so widely disseminated, and so inclusive of so many areas of daily living, as it is today. In the case of the SARS coverage, it verges at times on terror. While the ontology of SARS is inherently one of anxiety and fear, the coverage is more than just a representation of this fact; rather, it can be clearly tied into wider social trends associated with the shift to late-modernity, including the use of fear as part of a cycle designed to keep consumers seeking out just such representations.

4.3 Fear Itself

By placing SARS-related fear in the broader context, then, we can view the coverage as part of a media-effect of rollercoaster emotions that provides a catharsis of

sorts to the reader. Seale agrees that this kind of intense but relatively short-lived coverage of emergent infectious disease provides a greater social function, allowing for “public participation in dangerous activities at the level of the imagination, a low-level version of the active courting of risk that Giddens has identified as a feature of modern risk mentality” (Seale, 2002, p. 67). He further suggests that “the stimulation provided by mediated images hints at confrontation with existential terrors, though for the most part in such small, ‘safe’ doses, and so is commonly juxtaposed with resolutions – promises of safety, heroism, or rescue – that the viewer can sleep sweetly at night” (Seale, 2002, p. 67). In this regard, an image such as that on the cover of *Newsweek* – a clearly alarmed masked woman with only the name “SARS” written in bold, red lettering for context – can be seen to be tapping into the needs of some viewers who actively seek out narratives that may frighten and alarm. Crucial to this process being a fulfilling one is that the EID not actually rage out of control, and that it in fact come to some sort of eventual resolution, even if that should mean merely becoming contained enough to be dropped from the public eye.

We can attribute this cycle of anticipation and satisfaction in part to our evolution as a consumer culture. In *The Romantic Ethic and the Spirit of Modern Consumerism*, Colin Campbell (1987) examines the roots of consumer culture and its creation of endless wants and instability, a fact that we have come to take for granted, but which he identifies as being decidedly unnatural. Campbell diverges somewhat from Veblen’s theory of conspicuous consumption, which posited consumption first becoming essential to daily life as a means of displaying social status. He focuses instead on the cycle of pleasure-creating and relieving enjoyed by modern consumers. Those of us for whom our most basic material needs – for food, clothing, and shelter – are continuously met, fail to experience a primal sense of anticipation at having these needs satisfied. As such

we are also denied the pleasurable relief that accompanies these most basic satisfactions. We have, suggests Campbell, learned to seek this pleasure in other realms, and, more importantly, for its own sake. Campbell defines this as the hedonist impulse to artificially recreate the cycle of the need-satisfaction experience. While the needs themselves may change over centuries, the emotions generated by their associated cycle of anticipation and relief remain a constant and are transplanted to other events in order that we continue to experience them. The modern hedonist accomplishes this predominantly through mediated emotions rather than primary sensory experiences. There are limits to the pleasures that pure sensory stimulation can provide, or at least for people's ability to access them; aesthetics and risk-taking open up new possibilities for meeting these needs.

While I would not argue that the SARS coverage provided a hedonistically satisfactory experience for *all* of its viewers (and certainly not for those whose daily lives were touched directly by the events), it can at the very least be seen to function as part of a need to recreate the threatening and scary experiences that, as Giddens and Seale have noted, satisfied and privileged consumers miss in their day-to-day lives. Historically, fear and entertainment have always had this kind of relationship. Most cultures have engaged in creating material manifestations of fearful subjects, which are then conquered in stories, plays, or other communal means of communication in order to offer emotional catharsis to the community (Gabler, 1998). Fear, then is a natural component of communal living, and media representations that emphasize scary events can be said to be part of a continuum of ritualized re-enactments that unite communities in uncertain times. What critics argue is unnatural, however, is the overwhelming presence of *manufactured* fear in late-modern Western society (Altheide, 2002; Massumi, 1993). The media are here charged with producing a multitude of fear-

inducing images and stories that exaggerate the fearfulness of everyday life. The extent to which the media are engaged in the active production of fear narratives, as opposed to highlighting existing social anxieties, has long been a topic of debate in cultural studies. The truth lies, as it usually does, somewhere in between. For my purposes, I tap into the debate through two theoretical lenses – the *spectacle* and the *fear thematic*. Considering whether or not the SARS narrative serves as a potential spectacle allows me to address relevant media critiques about the consuming social role played by news media, and the blurring of the lines between information and entertainment that can be said to be at play in the SARS coverage. As I have argued from the beginning, however, SARS is far more than a mere media spectacle, and so I turn afterwards to the concept of the fear thematic, which I feel more adequately addresses the powerful currents of fear running through the SARS narrative.

4.4 Making a Spectacle of a Virus

The Oxford English Dictionary defines 'spectacle' as a "specially prepared or arranged display of a more or less public nature, forming an impressive or interesting show or entertainment for those viewing it."⁹ If we are considering applying such a definition to the SARS crisis, two issues are immediately identified. Firstly, SARS was clearly not an arranged event, but rather a naturally occurring phenomenon. Secondly, the definition begs the question of whether or not the SARS crisis, as it was played out in the media, could be considered an interesting show or entertainment.

In addressing the first issue, it can be agreed that, conspiracy theories aside, SARS was indeed a naturally occurring virus and not a staged event in the same sense that a Roman gladiator match or a Superbowl would be. However many *media* spectacles – consider the coverage following Lady Diana's death – are not staged from

⁹ Oxford English Dictionary Online, <http://dictionary.oed.com.proxy.lib.sfu.ca/>

their inception, but rather emerge from an autonomous occurrence that draws the media's attention, which in turn often fuels the events in new directions or towards new heights (or depths) of sensationalism. Through this process the images and concepts associated with the events are endlessly reproduced and commodified for public consumption. It is at this point that public events truly become spectacle in the late-modern sense of the word, for it is through this process of commodification and repetition that a reality above and beyond the ontology of the events themselves is established (Kellner, 2003). Debord perceived the extent to which this process would come to permeate everyday life when he wrote *The Society of the Spectacle* in 1967. He argued that the production process – a process which, if we were solely interested in producing goods which served a material purpose, would have a finite lifespan – has been distorted into an infinite process of representations and images meant to only temporarily satiate our ephemeral and potentially limitless needs and desires. The ultimate effect is the separation of reality from its image, with drastic consequences for the ways in which we perceive the world. “Images detached from every aspect of life merge into a common stream, and the former unity of life is lost forever” (Debord, 1994, p. 12), as society becomes organized around the production and consumption of images, commodities and staged events.

So while SARS was not a staged event, it certainly existed in a mediated reality as part of the marketplace of ideas and images identified by Debord. We can again consider the image of the masked woman as a powerful example of the virus's semiotic currency in the late-modern landscape. But while the mediated SARS crisis may look somewhat like a spectacle, it remains to be seen whether it serves the function of spectacle, which according to Debord is to pacify and depoliticise a public, distracting them from reaching their own creative potential. Debord arguably puts forth a view of a

passive and uncritical audience, an image so often brought forth in critical theory bent on revealing the media's power to lull and mesmerize its audience. Kellner (2003) seeks to build upon the strengths of Debord's work while addressing this identified shortcoming by suggesting that "media spectacles are those phenomena of media culture that embody contemporary society's basic values, serve to initiate individuals into its way of life, and dramatize its controversies and struggles, as well as its modes of conflict resolution" (Kellner, 2003, p. 2). Kellner's conception of spectacle is certainly more in keeping with the perspective I have taken on the SARS crisis, in that it addresses the broader role the media plays as a social arena for acting out conflicts at the symbolic level. Regardless, the notion of spectacle still implies some level of entertainment, which begs the question again: is the SARS narrative an entertaining one?

4.5 Amusing Ourselves with Death

The SARS narrative is a *news* story, offering important information public health crisis at the local level, and informing the broader public about a global issue that may or not come to affect them directly. Nevertheless, news and entertainment have never been completely separate from one another, and entertainment has taken up more space in everyday life than ever before. It has been argued that humans are inherently pleasure-seeking individuals, and that we now look to mass mediated forms as the primary source of this pleasure. Can we count the fearful prospect of an infectious epidemic disease outbreak as one of the many ways in which we are *entertained* by media spectacle? I would suggest that we can, and to support the case I offer a brief consideration of the ascendancy of the entertainment prerogative in the news media.

In *Life the Movie*, Neal Gabler (1998) documents the entrenchment of entertainment as a way of life in America. While entertainment has always had a place in daily living, Gabler notes that it was traditionally understood as an escape from the

hardships of everyday life, and a temporary one at that. He identifies the success of the motion picture in the late 1800's as the root of the entertainment revolution. Movies established a new way of thinking about life; they suggested the possibility of malleable life narratives and an existence whose primary end was the pursuit of sensation. Over time, argues Gabler, we have come to see our own lives as movies (and television serials), and narrative has taken a hold of all arenas of public life. He argues that journalism was the primary vehicle through which this was accomplished. In the transition from six-penny opinion sheets to the penny-press newspapers, the notion of 'news' was developed. This era marked the emergence of the notion that it was necessary for the average citizen to be kept aware of far-away events, and shorter texts accompanied by pictures replaced longer and more complicated editorial pieces on social issues. Gabler notes that

the single most important attraction of the penny press may have been the most obvious one – namely, that for a constituency being conditioned by trashy crime pamphlets, gory novels and overwrought melodramas, news was simply the most exciting, most entertaining content a paper could offer, especially when it was skewed, as it invariably was in the penny press, to the most sensational stories (Gabler, 1998, p. 60).

Neil Postman (1985) similarly discusses the transition that took place when society shifted from a typographic way of thinking (relying on the written word) to a primarily visual form of understanding. Like Gabler, he notes the influence that the entertainment style has had on politics and news reporting. Postman frames this situation as somewhat of a moral revolution – the aspiration towards ideas replaced by gratification through sensation. The entertainment format favours binary oppositions and definite resolutions, and over-represents unusual events over the ordinariness of daily lives. News coverage that seeks to entertain while it informs runs the risk of presenting a skewed worldview, one that draws attention away from pressing but unexciting social issues, while paying inordinate attention to items that may have no real impact on the

conditions of a reader's daily life, yet offer some form of emotional stimulation that is in itself rewarding. In accepting that all aspects of daily living could, and perhaps should, be entertaining to some extent, and by excluding from the news agenda that which does not fit in with the entertainment agenda, Postman and others feel that democracy itself is threatened, and that the Huxylian view of a world inhabited by unthinking citizens easily led by the promise of emotional satisfaction is rapidly becoming reality.

Our increasing turn towards entertainment has been blamed for shortening our collective attention span and ability to engage in prolonged rational argumentation. Paul Valery notes that

Interruption, incoherence, surprise are the ordinary conditions of our life. They have even become real needs for many people, whose minds are no longer fed...by anything but sudden changes and constantly renewed stimuli....We can no longer bear anything that lasts. We no longer know how to make boredom bear fruit (as cited in Bauman, 2000, p. 1).

Walter Lippmann similarly said of tabloid journalism that the

philosophy which inspires the whole process is based on the theory, which is no doubt correct, that a great population under modern conditions is not held by sustained convictions and traditions, but that it wants and must have one thrill after another (as cited in Gabler, 1998, p. 78).

The SARS narrative can be seen to be part of an agenda of sensationalist media coverage that offers a rollercoaster style depiction of world health events to the public, favouring extensive and emotionally charged coverage of 'events' rather than the chronic and sometimes preventable conditions which take millions of lives each year around the globe.

Seale counters these standard communication critiques of the dumbing down of media and such negative effects, noting that while such studies are important, it is also necessary to understand the popularity of sensational narratives dependent on

extremities and overt contrasts. In highlighting basic anxieties through the dramatization of existential life issues (life/death, good/evil) and their resolution, such narratives provide comfort and a sense of belonging, “perhaps through this means building an enveloping sense of community by producing pleasures rather than simply taking away important democratic rights” (Seale, 2002, p. 42). According to Seale, entertainment need not be oppressive. There is certainly validity to the argument that the news can entertain while it seeks to inform, and it is somewhat problematic to situate emotions and rationality at opposite ends of a scale weighing the objectivity of news coverage. Sontag, however, expresses concern about our tendency to readily entertain the notion of apocalypse for its thrill-value: “That even an apocalypse can be made to seem part of the ordinary horizon of expectation constitutes an unparalleled violence that is being done to our sense of reality, to our humanity” (Sontag, 1990, p. 181).

The notion of news, even bad news – even the *worst* news, in the form of apocalypse – as entertainment, or as a postmodern spectacle of the ephemeral detached from the material conditions of everyday life, is a contentious one when applied to the case of SARS, and draws us into infinite philosophical discussions about the nature of ontological representation. Is SARS a legitimate news issue, a fabricated (or at least exaggerated) event meant to distract the public's attention away from more pressing matters, or titillating entertainment meant to increase media consumption? Cases have and can be made for all of these notions, and I believe there is truth in all of them. I am specifically interested, however, in the ways in which the coverage taps into the fears associated with late-modern living, thus adopting the fear thematic.

4.6 Fear Thematic

I have stated from the outset of this chapter that I wished to explore SARS as more than a scare story exaggerated to sell magazines, choosing instead to situate it

within the broader context of late-modern anxiety. SARS can be seen to be a relatively contained event, a 'danger' that was overcome; its coverage, however, is part of a wider discourse of fear that has become an increasingly popular perspective for viewing social experience in general. Altheid (2002) refers to this expanded use of fear in media as *fear thematic* and he too attributes it to the conditions of late-modern living. The fear thematic is about more than the need for mediated emotional stimulation. It belies a real concern with the way our current course is taking us. If the modernity narrative was one of control – of labour through Fordism, of nature through science, of identity through nation-state building and the basis of the nuclear family as a reference point – late-modern theorizing is about the lack of control embodied in the instability of a transitioning global order, the details of which I have already outlined. Massumi sums up this state of affairs nicely when he says that “[s]ociety’s prospectivity has shifted modes. What society looks toward is no longer a return to the promised land but a general disaster that is already upon us, woven into the fabric of day-to-day life” (Massumi, 1993, p. 11). As opposed to the more active risk-seeking that Giddens’s late-modern individual takes part in by courting thrills and excitement, there has been a shift towards an encompassing and anxiety-inducing worldview created in part by media coverage, one which many argue produces a constant dissatisfaction that imperils our ability to think and act rationally. The SARS narrative taps into these fears in very resonant ways that I have chosen to organize around the themes of risk society, time-space compression, and the stranger.

4.7 World Risk Society

Ulrich Beck (1999) considers our era to be a second modernity, or a radicalized modernity that undermines the foundation of the first modernity and changes its frames of reference. His conceptualization of a “world risk society” draws attention to the

uncontrollable nature of modern life in a world in which once separated people are now connected. Whereas modernity was an age of values, we are currently, according to Beck, living in an age of side-effects – the ecological and environmental consequences of the global community in constant, interdependent flux. As nations of people, we conceive of each other through veils of risk, of threats posed and potential damage done. While not a blanket assessment of the sum of our global relations, Beck argues that this is the pervading view in the developed world, in spite of the relatively decreased risk actually posed to humans by the environment. The current cultural climate “denotes a basic ambivalence between the cultural script of individual self-fulfilment and the new political economy of uncertainty and risk” (Beck, 1999, p. 12), which draws us together in ways that fail to foster trust, belonging, and cohesion.

The risks that Beck refers to are industrial in nature, and not naturally occurring phenomena such as plague. Indeed, Beck directly makes the distinction of plague as being a “human drama” rather than a risk; unlike plague, risks are based on human agency and presume the making of industrial, technological, and/or economic decision-making (Beck, 1999). While his point is important for understanding the role of risk in modern times, there are certainly grounds on which to challenge Beck’s failure to view infectious disease as a social phenomenon, particularly when he suggests that plagues are stories of fate brought down by the ‘other’ and not politically charged. His view is historically accurate, but fails to engage with the ways in which modern epidemic disease, while not manufactured *by* us (with certain exceptions, i.e. biological warfare), is linked in the press with human decision-making at both the individual and structural levels. His basic thesis, that our engagements with one another, locally and internationally, occur within a matrix of risk-assessment, therefore rings particularly true

in the case of the SARS narrative, especially as it is concerned with time-space compression as the means by which our risk is continuously inflated.

4.8 Time and Space

The pervasive theme in *World Risk Society*, and a reoccurring theme in the SARS coverage, is the notion that the establishment of the global village, the radical reconstruction of the world order by the development of high-speed international travel and communication technologies, has brought us closer in touch with the potentially dangerous 'other'. The imperial expansion into the Orient discussed earlier similarly brought the Eastern world to the West. From the point of view of European scholars, however, control was on their side – control not only of people, but also of space and time itself (Said, 1978). Bauman (2000) suggests that modernity was born under the stars of acceleration and time conquest; speed of travel and movement in turn allowed for the more effective colonization of valuable space. Harvey (1989) similarly notes that in their centuries' worth of exploring, mapping, colonizing, and collecting knowledge about the world, modernist Europeans assumed it potentially finite and knowable; when they were done with it there would be no surprises left. Harvey describes the radical transition that resulted as *time-space compression*, a process that revolutionized the objective qualities of space and time and altered how we would represent the world to ourselves.

The presence of a world risk society plighted by the effects of time-space compression looms large in the SARS coverage. *Newsweek* recognizes the historical break on its cover page. Under "SARS: What You Need to Know" is the line "The New Age of Epidemics." An elaboration is offered on the table of contents page: "SARS isn't the only new health threat facing a 21st-century world that is growing ever smaller." The magazine then proceeds with an entire article dedicated to the subject of "How Progress

Makes Us Sick” (33), subheaded with the observation that “Advances that make life more comfortable can also make it more dangerous.” The article is essentially a rumination on the ideas I have introduced above. After outlining some of the unusual new diseases to have emerged in recent years (SARS, ebola, avian flu) the author notes that “even as optimists proclaimed victory over the germ, our megacities, factory farms, jet planes and blood banks were opening new avenues for infection.” The author considers how human enterprise has disrupted the natural environment in ways that have directly resulted in the emergence of new diseases (thirty “have cropped up since the mid-1970s, causing tens of millions of deaths”). An image of a Chinese chicken farm is figured prominently (“Crowded farms can be breeding grounds for infectious disease”). Images of a hamburger, blood bags, a tick (the carrying agent of lyme disease), an African bushman carrying slain primates on his back, and another Chinese poultry market are placed under the title “Our Own Undoing.” Overall, the article is an overview of the ways in which we have brought many current calamities upon ourselves, through our intelligence (improved medical procedures) and through our unmitigated expansion into ecologically sensitive areas of the globe. These manufactured risks, as Beck would describe them, are seen by others to be part of nature’s backlash against the Enlightenment project, which sought to emancipate humanity from the elements through the domination of nature (Harvey, 1989). Myerson (2001) expands on Beck’s arguments by assuming just such an ecological stance. Ecology identified the end of modernity in “the final breakdown of modern confidence, the settling up of accounts between exploited nature and an exploitative society” (Myerson, 2001, p. 4). The establishment of ecology as an alternate late-modern framework through which to view the world drew attention to the disasters caused by the excesses and limitations of modernity: pollution, over-population, viruses and bacteria renewed by a medical science that meant to

destroy them, and so on. The *Newsweek* article resonates with this view of a world turning back on its makers.

What I find particularly interesting about the article are the solutions proposed:

A long-term strategy would have to include modernizing the world's farms, improving basic health care and stockpiling vaccines and antiviral drugs. As science illuminates the ecology of infectious disease, it may also inspire wiser, safer approaches to land use and wilderness preservation. Until then, surveillance will be doubly important. (35)

The author weakly suggests that safer approaches to land use “may be inspired” by a proposed future scientific discovery. Ecologists, however, argue that we already have the information we need in order to improve our current actions; what prevents us from doing so is in part the vested interests of those who profit from the current global situation. In this way SARS ties into complex issues that include global economic inequity and the side-effects of development inspired by capitalism. The author, however, suggests that the real solution is to be found in the other edge of late-modernity's sword: “The good news is that the forces making microbes so mobile are also making them easier to track.” Advancements in communication technology are posited as the only real and easily achievable solution. While such measures are essential in the face of infectious disease, as a long-term solution by which to address the ways in which our ‘progress’ continues to mean the colonization of space to the detriment of global populations, the suggestion is lacking to say the least. And the uneven effects of the damage caused for the most part as a result of an economic system benefiting the West is ignored completely. *TIME* expresses slightly more awareness of this issue when it states, as the very first line of its main SARS article, that “So far, most of the rich countries have been lucky.” Indeed, in larger balance, this is always the case, although luck hardly begins to address the systemic causes of such inequity.

4.9 The Strangers among Us

If an infectious epidemic disease brings to the fore our suspicion and distrust of others at the national level, and under the fear thematic, it can certainly be said to have a similar effect at the local level. In more traditional times and communal settings, the person who might pass an infectious disease on to you would most likely be someone you knew and with whom you had some kind of relationship that suddenly found itself under a new set of pressures. It was also possible, however, that one would receive assistance from those in the community during times of illness, even if infectious in nature. All historical narratives of emergent infectious disease include examples of ways in which the disease brought out the best, along with the worst, in neighbours and communities. Strangers, in the form of nomadic peoples or travellers, existed outside of the realm of these intricate social relations; as such they often found themselves feeling the wrath of fearful communities who barred them from entry during times of high infection, or in worse scenarios fearing for their lives as they were made scapegoats by angry and despairing communities.

In modern North American society, the odds are likely that, unless you live in a rural setting, the majority of people you will meet on a daily basis will be relative strangers to you. Urbanization, industrialization, and capitalism have irrevocably changed our social relations. In our day-to-day lives, we wear a variety of figurative masks with which to negotiate our interactions with one another. The polite nod to a unknown neighbour in an elevator, the avoidance of direct or prolonged eye contact with the person sitting across from you on the commuter train, the idle chat made with a waiter at a chain restaurant – all involve differing levels of engagement (or disengagement, as the case may be) with individuals with whom we expect to have little or no relationship in the future. The appearance of an infectious disease on the social

horizon radically alters this aspect of our daily lives. Elevators and commuter trains are closed spaces in which viral relationships may be unwittingly formed with any number of people; restaurants become sites of fear and loathing. Bauman notes that, these days, the “meeting of strangers is *an event without a past*. More often than not, it is also *an event without a future*” (Bauman, 2000, p. 95, *emph. original*). The presence of infectious disease seriously threatens this status quo. Strangers, once ignored altogether or serving as blank templates on which to project our own ideas, are now filled with the potential for *future*; their fates and ours suddenly have the potential to become intertwined in a way usually only experienced in modern life under conditions of disaster. Indeed, the coverage of the initial spread of SARS seems to relish the narrative fodder to be found in the chance meeting of strangers and its consequences, as it relates the epidemiological history of the disease. The author of a *Maclean’s* (April 14th) article heightens the audience’s suspense: “Will someone catch it on a bus? Or in an apartment building?” *TIME* magazine notes that:

The story begins with the mundane: an elderly Toronto couple decides to spend 10 days in Hong Kong....As part of their vacation package, the couple were offered the chance to spend one night at any number of hotels. They chose the Metropole Hotel in Kowloon. It was there that [one of them] almost certainly had a chance encounter with a retired nephrologist named Liu Jianlun. (21)

Lui had SARS and passed it on to Kwan Sui-chu, who then returned to Toronto where she sought medical attention and passed the disease on to a 76-year-old man who was being monitored for his irregular heartbeat. This is the stuff of great narrative – the emergence of extraordinary events from the everyday, and from random choices made with little awareness of the potential consequences. Had the couple only chosen not to use their free night’s stay in the hotel, or ridden in that particular elevator with that particular guest, they might never have become infected and indeed, the disease may have never reached Canada. The stranger encapsulates this unlimited and undesirable

potential. Disasters of a more finite nature, such as earthquakes or the December, 2004 tsunami in East Asia, draw people of disparate walks of life together in unanticipated and sometimes beneficial ways. At its early stages, infectious disease often has the opposite effect. The figurative masks we wear in everyday life give way to the literal masks worn to protect oneself from the now threatening stranger.

4.10 Mask Consumption

In the time of the Spanish influenza (and previously) one might gauge the collective fear about communal gatherings by examining the attendance at community social events or church services (Iezzoni, 1999). Today, one of the urban barometers of this is the shopping mall, a site designed for collective gathering, but equally designed to prevent interaction with the stranger. As Bauman notes, “consumption is an utterly, irredeemably *individual* pastime” (Bauman, 2000, p. 97, *emph. original*), and the “well supervised, properly surveilled and guarded temple of consumption is an island of order, free from beggars, loiterers, stalkers, and prowlers” (Bauman, 2000, p. 98). Malls are clean, safe, risk-free temples of entertainment that harbour a sense of unspoken community; everyone knows why everyone else is there. Perhaps there is nothing more frightening than a near-empty shopping mall – a picture of which is featured in the *TIME* magazine article as an example of the virus’s community impact – particularly in a late-capitalist economy founded on the purchase of consumer goods. For modern consumers, the inaccessible (or at least undesirable) mall poses a more personal threat, the threat to identity and individuality. Late-modern culture can be defined in large part as consumer culture; for those with means, late-modern identity is “malleable to an extent unexperienced by, and unimaginable for, past generations” (Bauman, 2000, p. 8). Bauman argues that, compared to the solid and heavy traditional roles of family status, labour, or class, the Western identity is fluid and light – a freedom and rootlessness that

invokes its own kind of anxiety for the late-modern individual seeking a fixed identity on a horizon of seemingly infinite possibility. Disease temporarily plunges the sufferer into a fixed identity, one that may carry its own weight of stigma and shame. One can only imagine what it was to be diagnosed as having SARS, or even identified as a potential carrier, and thus infectious agent, of the virus. I can surmise, however, that this identity temporarily surpassed all others, at least in the eyes of the public and the health authorities. The identity of sickness weighs heavily on the individuals immortalized in the SARS narrative presented in the magazines – an unwelcome celebrity by any stretch of the imagination. The same can be certainly said for cities such as Toronto and Hong Kong, whose names become synonymous with the disease. The celebrity-making machine of the media successfully re-branded these cities; for some poorer regions in China the trickle-down economic effects of this would prove more dangerous than the disease itself (White, 2003).

While the Orientalist view discussed earlier homogenizes the peoples of the Eastern world and lacks in accounts of individuality, ours is one in which the status of the individual has achieved cult-like proportions. As the products of advertising we are told consistently that our needs, desires, and happiness are of primary importance. The 'self' is the great project of late-modernity; our personal narratives override all else (Bauman, 2000). The fear of epidemic disease is in part a fear of loss of individuation. If the persona of SARS overran the identities of both individuals and geographical areas in the public psyche, its physical manifestation was most noticeable in the form of the surgical mask, easily the ubiquitous signifier of the SARS crisis. During the influenza outbreak of 1918, the mask became a much more widely used preventative measure in North America than it did during the SARS outbreak. Its use was, in fact, made mandatory in many of America's urban areas. Those who refused to comply with mask laws were

branded 'mask-slackers' and depicted as placing their own needs before the collective good; they could be refused entrance into public spaces and transit, or arrested. As the epidemic worsened, so did authoritarian responses to mask-slackers. An American Health Department inspector shot a blacksmith who refused to wear a mask, killing two bystanders, while in San Francisco police raided hotel lobbies and arrested mask-slackers, most of whom had loosened their masks in order to smoke. In response, some citizens formed an 'anti-mask league', charging the state with encouraging paranoia and challenging the highly exaggerated claim made by the Red Cross that the masks were 99% effective in preventing the spread of influenza (Iezzoni, 1999).

The battleground between individual freedoms and collective responsibility is one that emerges in some form or another from every public health crisis. In the case of SARS, nurses and public transit drivers fought with their employers over the right to wear masks and potentially damage the public image of their institutions. While there is debate regarding the effectiveness of the mask as a useful deterrent against the spread of infection, there is similar debate about its use as a psychological mechanism of control. In donning the facemask, we become isolated in our own breath, yet remain hopelessly thrust into an unpleasant collective. The mask posits a frightening image of standardized attire; when worn en masse it recreates a uniformity associated in the West with oppressive regimes such as communism. The loss of identity that accompanies the use of masks may also have hints of institutionalization. The *TIME* magazine article includes an image of masked Chinese citizens being held under hospital quarantine. They peer out from behind bars, foregrounded by masked security guards and an individual in a full containment suit. In Goffman's work on institutions he notes the important process of identity-stripping that occurs when inmates enter; part of the stripping can be said to be the removal of the social and personal tools that people use

to create the masks they present to the world as part of their unique identity and as a means of negotiating social relationships (Branaman, 1997). Perhaps this, along with consumer ideology, explains the need that some had to seek out and purchase designer masks during the SARS outbreak. Some citizens in 1918 had enough morbid humour about them to wear masks bearing the skull-and-crossbones symbol (Iezzoni, 1999). In 2003, citizens of China and Hong Kong sought out masks that matched their designer label outfits. If the individual is somewhat of a god in modernity, we perhaps seek to maintain some sense of our sacred selves in the face of a base return to inconsequential existence. The resistance here, however, is not directed towards the heavy hand of authority as it was for many mask-slackers less than a hundred years ago. It is, rather, resistance waged in the form of the commodified identity.

The question of whether or not the public had adopted the mask as a protective measure seems to be something of an obsession with *Maclean's*. The cover of its April 14th issue features a picture of a mask with the question, "SARS: Is This Your Best Defence?" The question can be read as an accusation or an anxious plea directed towards the powers of science and advanced technology, especially when one considers the accompanying subheading: "As the killer virus spreads, more Canadians die and experts remain baffled." The idea that this is the best we can do recalls the despair of 1918 at the failure of modern science to deliver a quick and effective cure for the disease. There are counter-statements in the SARS coverage that provide a far more optimistic view of events. *Newsweek* notes that scientists are determined to conquer the virus and, "[t]hanks to technology and the spirit of global cooperation, the first genome of the virus that causes SARS was mapped by Canadian researchers in less than a week." The alternative to the risk society is a unified global information order destined to improve living conditions, health practices, and environmental concerns. The widespread

use of masks in an urban Western centre is an anathema to this Enlightenment dream. On a more direct level, the prospect of widespread mask-use is undesirable and representative of the health authorities' failure to reassure the public. *Maclean's* features a large image of the Canadian resident living in Hong Kong, riding a ferryboat with her mask on. The caption notes that, "Like many others in Hong Kong, Kaufield wears a mask in public – a scenario that public health officials in Canada are striving to avoid." The May 5th article, "Fear and Loathing of Toronto", follows up on this issue by featuring two montages of images of city life, with commentary on the presence, or lack of, mask-usage in public settings. The mask provides a logical signifier for the media, acting as the handiest physical manifestation of an invisible threat, as well as a barometer of the public's general fear of the disease.

4.11 And How are We Feeling Today?

The SARS coverage not only tells us about the scary aspects of late-modern living, or about the frightening spectre of the virus itself. Rather, the SARS narrative includes depictions of the anxiety generated by the events as they unfold and, in the reflexive style of postmodern narratives, conversations about the media's role in producing this public fear. In some cases the efforts appear token. I have noted, for example, how *Newsweek* undercuts its recognition that "Many people couldn't help but wonder if health officials and the media were manufacturing hysteria over a microscopic bug" (28) with the reality of the virus's "insidious nature" and "capacity to spread and kill" (29). The virus's mere existence provides enough validation to ward off any deeper discussion about the media's role in these matters. *Maclean's*, however, posits a much more in-depth discussion about just this very issue, due in part to its extensive and on-going coverage of the virus and its proximity to the only North American centre to be seriously affected by SARS. A brief overview of the cover stories put forth by *Maclean's*

offers some insight into how the spectacle and the fear thematic play themselves out over the course of the coverage.

In regards to fear, the cover stories presented by *TIME* and *Newsweek* (both written for the week of May 5th 2003) are similar in tone and content to one another, with the *Newsweek* article being arguably the more alarmist of the two. Each balances out the fact that SARS does not look to be the next great pandemic with assurances that this event is indeed on its way, and that the lessons learned with SARS may prove vital to addressing this looming doomsday scenario. They each close with cautious optimism about the future. *Maclean's* first cover story on SARS, "Is This Your Best Defence" (April 14th 2003) is quite similar in many regards. A more in-depth look at how the events were unfolding in Toronto, the article ends on a similarly ambiguous note: "As the battle continues against a new and dangerous disease, there's still room for optimism – nervous optimism." Reassurances and calls for calm – the health authorities stress that the measures taken by the city are not overblown and that the threat to the general population is very low – are counterbalanced with worst-case scenario depictions of its possible spread beyond hospital zones. The article's language is highly emotive: "Canadians anguish over how to protect themselves"; "Toronto stood shaken" as "nerves began to fray." The author notes that the "trick, in these scary times, is finding the right balance between being reasonably cautious and putting your life on hold", shortly after he ponders whether "someone will catch it on a bus", or "in an apartment building." Overall, the article depicts a city on the edge, a frightening spectre of urban danger and anxiety.

Three weeks later (May 5th, the same week that *TIME* and *Newsweek* both published their articles), *Maclean's* cover story focuses on "SARS: Fear and Loathing of Toronto", with a subheading reading "The Fear Factor: How SARS has made Toronto

synonymous with danger and death.” We can only assume by the article’s depiction of Toronto that the magazine has assumed the popular stance of damage control that so many Canadian authorities were engaging in at the time, as the economic impact of Toronto’s negative press were beginning to be truly felt. In this article “perception is reality” as very few people were actually wearing masks in the city, and “fear appears to be spreading faster than the disease itself” as rational thought cannot compete with “emotions and the fear of something potentially happening.” Most interesting is the observation that “With the doom-and-gloom scenarios coming fast, perhaps the biggest surprise of the SARS crisis so far has been the stubborn refusal of Torontonians to panic.” Indeed, the author goes out of his way to emphasize the ordinariness of life in this urban centre previously thought to be a city on the edge. Citizens crowd on public transportation without a mask in sight. They café-hop and window-shop on a beautiful spring evening. A couple that should be feeling paranoid – he drives a bus, she’s an administrative assistant in one of the affected downtown hospitals – refuses to live in fear:

The Greens aren’t panicking or changing their lives until they see proof that there is something to worry about. “We’re Canadians,” Pat says by way of explanation. “When the medical officer of health gets on TV and says that everything is OK, we believe her.” There’s not much time to talk. The Greens are heading off to meet family and friends. “We’re having dinner at a Chinese restaurant,” Pat says with a laugh.

Here, Torontonians, and indeed Canadians, are represented as being naturally rational beings, whose trust in authority prevents them from believing the hype created around the virus. For extra reassurance that SARS is not a “real” epidemic, and therefore not worth getting overly concerned about, the magazine includes a chart listing the enormous death tolls for previous outbreaks in North America.

In comparing the articles, one gets the impression that the author of the second could be referencing the *Maclean's* coverage directly when he states that "Messages don't get more mixed. Depending on who, or WHO is talking, Canada's biggest city is either a perfectly safe and fun place for a family vacation, or a no-go plague area." Indeed. This second article features several pictures of individuals wearing masks along with images of unmasked citizens, in order to emphasize the author's point that masks were seldom, if ever, seen on the streets of Toronto. It's a contradictory state of affairs, particularly when one considers that one of the most under-publicized facts of the SARS crisis was that the virus never spread to the general population and in fact remained most threatening to health care workers. Images of individuals *not* wearing masks is essentially a non-event, and one not worth representing on its own. To the reader glancing through the magazine, the message may be basic: quite a few people are wearing masks in Toronto, and doesn't it look peculiar in a modern, urban Canadian setting? Wolseley (1973) offers a similar example that highlights the problem with emphasizing a point-of-view with visual imagery. On May 6th, 1969, *Newsweek* depicted an image of armed black men marching from a university building, accompanied by the caption "Universities Under the Gun." The article inside contained background information crucial to understanding the event depicted, including the fact that the weapons weren't loaded, a cross had just been burned outside of a black women's residence hall, and that the black students had been listening to radio reports of armed whites on their way to the campus. None of this was widely publicized by the press. The case of SARS and masked citizenry is less politically potent than the one just described, but the idea is the same – images have a power unto themselves, and are ripe with the potential for conveying mixed messages.

My point here is not to belittle *Maclean's* for covering the SARS story from varied perspectives that at times seem to contradict one another. This is the nature of mass-mediated messages – they are complex, multifaceted, and encompassing of a wide range of views. There is in today's mediated depictions of events, however, a sense of having one's cake and eating it as well, especially when one considers the extent to which self-reflexivity is presented as a response to dealing with the shortcomings of previous reporting. This is particularly the case with the final cover stories *Maclean's* produced in relation to SARS: "The Good News About the Bad News" and "Fear Factory" (June 9th). The first article examines the general anxiety generated that year around such issues as SARS, the West Nile virus, and the so-called 'mad cow' disease (i.e. Creutzfeldt-Jakob Disease), with a particular emphasis on risk assessment. The second article, "Fear Factory", relates directly to SARS and questions whether the media have overblown Canada's health scares. The article speaks in generalities about the media's tendency to shift from inciting panic towards focusing on more positive developments as the outbreak wore on, reassuring audiences that "this was not, in fact, The End, and that mass terror wasn't appropriate (at least not yet)." The author comments on the popularity of "sage" headlines like "fear spreading faster than SARS" in publications such as the *New York Times*. All of this is done without specifically referencing *Maclean's* as part of the media-machine, and without pointing out the use of "fear is spreading faster than the disease" in its own coverage (May 5th). The magazine succeeds in offering a self-reflexive critique of media sensationalism, without implicating itself in the process.

4.12 Thrill Ride

One supposes that *Maclean's* is implicitly commenting on itself when chiding the media for sending extreme messages of any nature, be they falsely reassuring or

apocalyptic. And the magazine can certainly be commended for incorporating these critiques into its ongoing assessment of SARS coverage. One wonders, however, where the cycle of following events reporting with self-reflexive commentaries on the weaknesses of that coverage leaves us in the end. If the overall picture fails to change, if the rollercoaster just assumes an overarching course above and beyond an individual narrative to include the nature of news production itself, can we ever get off the ride? More importantly, do we want to? Audience reception to and appreciation for the thrilling and anxiety-inducing narratives of late-modern risky living are as varied as the public itself. What for some readers, safely situated away from Toronto, was the equivalent of a scary campfire story was for others a reminder of that day's trials and tribulations as a worker in the city's health care system. For others it was a non-event altogether, a spectacle not worthy of an audience. Only time will determine what the legacy of the SARS narrative will be. Its spectre is fading even now, as we live in what Sontag describes as the permanent modern scenario of waiting for the always-coming next big thing: "apocalypse looms...and it doesn't occur. And it still looms" (Sontag, 1990, p. 175). In the meantime, we can assume that the media will continue to engage in the practice of appealing to readers to not panic, while at the same time encouraging them to do just that (Seale, 2002). After all, these narratives are here to inform us as to "*what to worry about*" (*TIME*, 5) and "*how scared we should be*" (*TIME*, 14). Fear is an assumed state of being – it just needs to be channelled in the right direction.

Conclusion

Throughout this essay I have attempted to address some of the many layers of meaning that are encapsulated in the SARS narrative. I have considered the importance of narratives past, and the mythic archetypes that present themselves in any of the stories we tell ourselves about infectious disease. I have acknowledged the still present metanarratives of modernity and the integral role they play in shaping the discourse used to address SARS in the media. Finally, I considered the ways in which the SARS narrative, and the fear represented around it, tap into powerful social anxieties related to late-modern living and the transitions that have characterized the past half-century of Western living.

In undertaking this project, I have concocted my own narratives, and relied upon many of the metanarratives that I have simultaneously attempted to deconstruct. In his introduction to *The Postmodern Condition*, Jameson notes a similar conflict in Lyotard's project. Jameson argues that Lyotard, by constructing his *own* narrative around the subject of postmodernity, had to generate the illusion of an "imaginary resolution of real contradictions" (in Lyotard, xix). Said takes more direct issue with Lyotard's postmodern approach:

The attempt to read a text in its fullest and most integrative context commits the reader to positions that are educative, humane, and engaged, positions that depend on training and taste and not simply on a technologized professionalism, or on the tiresome playfulness of "postmodern" criticism, with its repeated disclaimers of anything but local games and pastiches. Despite Lyotard and his acolytes, we are still in the era of large narratives (Said, 1991, p. 29).

I find myself largely in agreement, and hope that, while I may have engaged in playfulness, I have acknowledged the structural meanings at play in the coverage of SARS. A thorough accounting of the political and economic influences at play in news coverage would lend greatly to this project¹⁰. For my purposes, I have chosen to emphasize the effects that our preoccupation with the terrifying spectacle has for health media coverage in general, and for attending to world health issues. If our current news reality is built in part upon gleaning thrills from potential calamity located close to home, rather than maintaining a critical perspective on the systemic global economic and power inequalities that uphold the unnecessary suffering of the poor, we must question the validity of this coverage. This in turn requires a questioning of the global information order, and the system by which it operates. These issues were not addressed within the SARS coverage, and any critical analysis that might have been made of them was lost in a sea of other, more emotive and symbolically powerful meanings.

I would like to assert, however, my belief that such meanings are worth exploring. The media play a role in shaping the focus of democratic discourse (Hartley, 1982), and the media's decisions to highlight certain public health issues over others could have consequences for both public policy and the treatment of the ill. Treichler (1999) similarly affirms the importance of the linguistic project. In response to charges that news analysis of AIDS coverage was the equivalent of philosophizing in a war zone, she argues that "language is not a substitute for reality; it is one of the most significant ways we know reality" (Treichler, 1999, p. 4), noting further that "a virus – any virus – is a constructed entity, a representation whose legitimacy is established and legitimized through a whole series of operations and representations" (Treichler, 1999, p. 159). SARS is just such a constructed entity, a biological phenomenon wrapped in history, theory, and negotiated

¹⁰ For those seeking such an approach to this material, I highly recommend Comptom's *The Integrated News Spectacle* (2004), which offers a detailed and insightful analysis of the political economics of news spectacle production.

meanings. My goal has not been to strip these meanings away, or to deride them as invaluable. Even Sontag (1990), with her aim to demythicize disease, admitted that the prospect of viewing an epidemic as a natural cleansing, as an apocalypse with no meaning, is a horrendous thing to contemplate. To moralize and to simplify, to disregard human suffering in one case because it fails to entertain or engage us, is the real issue at hand. In this regard I hope I have lived up to Said's admonition and that the reader has found my own small contribution to the field to be educative, humane, and engaged in its effort to address some of these broader issues.

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