

- ORTEGA Y GASSET, J. (1983): *Obras Completas*. Madrid: Alianza Editorial/Revista de Occidente, Tomo IX.
- PINKER, S. (2001): *El instinto del lenguaje*. Madrid: Alianza Editorial.
- RIEFFEL, R. (1995): "Sobre el vedetismo de los medios", en J. M. Ferry y otros (eds.), *El nuevo espacio público*. Madrid: Gedisa, 237-246.
- ROTH, Ph. (2011): *La mancha humana*. Madrid: Penguin Random House.

**TWO OPPOSING VIEWS OF THE SAME EVENT: AN ANALYSIS OF  
THE UNDERLYING TOPOI, ARGUMENTATIVE STRUCTURES  
AND USE OF MODALITY IN TWO CANADIAN EDITORIALS**

Patrick J. Duffley  
*Université Laval*

1. INTRODUCTION

In a study of discourse from the 1998-2000 Spanish Senate hearings on the question of euthanasia arguing for and against the legalization of this practice, Casado Velarde (2013: 52) concludes that "there are two opposing views of the very same reality which are translated into two distinct ways of framing argumentatively the two points-of-view and two different orientations underlying the choice of vocabulary"<sup>1</sup>. The present study of the underlying topoi, argumentative structures and use of modality in two Canadian editorials concerning an incident in which a young woman was refused renewal of her prescription for contraceptive pills leads to much the same verdict as does Casado Velarde's study of Spanish texts stemming from the debate on euthanasia: the eye of the beholder determines not only the speaker's stance on a topic, but also the discourse strategies employed in order to convey that stance.

One part of the framework of analysis for the present study is taken from Oswald Ducrot and Jean-Claude Anscombre's notion of argumentation in language (cf. Anscombre and Ducrot 1983). This approach focuses on the fact that language is not a purely information-bearing instrument, but that certain words and phrases have a positive or negative argumentative orientation which points the addressee towards certain conclusions. (I will not be adopting certain other components of Anscombre and Ducrot's approach, specifically the gen-

<sup>1</sup> "Existen, pues, dos percepciones opuestas de una misma realidad que se traducen, además de en distintas maneras de enmarcar argumentativamente los puntos de vista, en diferentes empleos del léxico de la lengua usual (...)" [my translation above].

erativist postulate that the meaning of a sentence is constituted by its relation to the other sentences of the same language or the structuralist hypothesis that linguistic signs can be adequately defined intra-linguistically, i.e. solely by their relation to other linguistic signs (Ducrot 1993: 234-235)). The other part of my analytical toolkit will be taken from Perelman and Olbrechts-Tyteca's (1969) treatise on argumentation.

The two texts which will be analyzed both concern an incident at a walk-in clinic in Ottawa, Canada that occurred in January 2014, in which a young woman who wished to renew her prescription for contraceptive pills was unable to do so because the only doctor on duty did not prescribe such pills due to his ethical concerns and religious values. One of the articles, by Konrad Yakabuski, comes from *The Globe and Mail*, a mainstream liberal newspaper published in Toronto (see Annex A); the other, by Pauline Kosalka, was published in *The Interim*, also operating in Toronto, which presents itself as "Canada's life and family newspaper" (see Annex B).

## 2. THE TITLES OF THE ARTICLES

To start with an analysis of the titles of the two editorials, that of *The Interim* article has a more neutral tone—"Ottawa doctors chastised for refusing to prescribe birth control"—while that of *The Globe and Mail* editorial is more polemical, taking the form of a rhetorical question: "Does a doctor's religion trump your prescription?". The use of the verb *trump* here construes the prescription as a right. The number-one collocate of this verb in the Strathy Corpus of Canadian English is the noun *rights*, followed by a set of other nouns all referring to personal interests and desires: *interests*, *sovereignty*, *desires*, *wishes*, *claims* and *needs*. The *Globe and Mail* title also uses a parallel 'possessive + noun' structure on each side of the main verb, thereby opposing *a doctor's religion* to *your prescription*: the possessor of the first term of the opposition is generic and the possessed noun's referent, abstract; the possessor of the second term is personalized as the reader herself, and the possessed is concrete. In terms of argumentative force, the concrete is felt to trump the abstract (cf. Martin and Powers 1983); this reinforces the implied answer to the rhetorical question as being in the negative. The only word bearing a rhetorical force in the *Interim* article title is the verb *chastise*: as the Webster's Dictionary of Synonyms indicates, this verb implies verbal censure and is associated with a purpose of reformation or amendment; this introduces the notion of the doctors being denounced for some form of wrongdoing.

## 3. THE STRUCTURE OF THE ARTICLES

The initial part of both editorials focuses on the case of Kate Desjardins, the young woman whose prescription was refused. In the *Interim* article, this incident is described as having given rise to a "controversy" in which "three family doctors are being criticized for refusing to prescribe birth control to their patients", the use of the verb *criticize* implying that it remains to be seen whether the criticism is justified. The *Globe and Mail* text places the incident in the framework of the social phenomenon of young adults being forced to have recourse to walk-in clinics because they have no family doctor. Such clinics are presented in a very negative light from the outset of the text, as "dreaded patient mills" where wait-times can extend for hours, "sucking up a young worker's day off from an often precarious job". In this context, it is said to be "even worse that the doctor on call can conscientiously object to treating them". The incident involving Ms. Desjardins is then introduced as a case of this double whammy situation. After quoting the doctor's statement explaining his objection to contraceptives and abortion from the letter that the receptionist handed Ms. Desjardins to explain why her request for contraceptives could not be met, the latter's reaction is described and the question of patients' rights is raised. The doctor's action is described as a "stunt", i.e. something intended to show off his beliefs in an attention-grabbing way in public, and the spectre of such behavior becoming widespread is raised by reference to a similar incident in another Canadian city in the previous week. This leads into a discussion of why doctors who have conscientious objections to certain medical procedures should at least be obliged to refer patients seeking such procedures to other doctors so as not to deprive patients of essential medical services. These considerations are followed by some thoughts on the oddness of the fact of such a debate taking place in the modern era, and the fact that this era is "post-secular", meaning that "religion is re-entering spheres of public life where it had been banished or forgotten decades ago". Reference is then made to the United States, where the separation of church and state is "often inconsistent", implying that Canada should not fall into the same vice and should be consistent in not allowing individual healthcare providers to refuse to provide contraception. The other side of the debate is then given the floor in the person of Sean Murphy, the head of a group pushing for legal protections for conscientious objectors similar to those referred to above in some U.S. states: a quote is given from Mr. Murphy taken from "an anti-abortion portal", thus classifying him as being against abortion. The article concludes with the argument that telling

patients to go to another doctor for treatment is a lack of respect for their rights. This argument is strengthened by the evocation of the hypothetical situation in which Ms. Desjardins lived in a rural region, in which case the conscientious objection would have deprived her of the right to the treatment requested due to the absence of any other doctors willing to provide it. The final sentence –“That’s not good enough in Canada, in 2014”– implies through the two circumstantial phrases that: (1) Canada is a progressive country where such retrograde behavior should not be allowed, and (2) in the year 2014, such behavior is outmoded.

The structure of the *Interim* article is somewhat different. After framing the case in terms of a controversy, the incident itself is summarized and the subsequent behaviour of Ms. Desjardins described in some detail: her posting an image of the doctor’s letter to a pro-choice Facebook group and her writing a post about her experience on a feminist website; a quotation from her, depicting her feelings of being judged, embarrassed and shamed in front of other people, and concluding that professionals “have to leave their morals at home”. Then two cases are cited of patients from the Ottawa clinic who have defended the three doctors and are very satisfied with their natural family planning approach to gynecology. The head of the Canadian Medical Association, Jeff Blackmer, is then quoted as contradicting Ms. Desjardins’ claim concerning the moral neutrality of doctors, saying that the CMA “doesn’t expect doctors to check their morals at the door”. This is followed by a reference to a criticism of Blackmer by a philosophy professor from the University of Western Ontario. The article concludes with a series of quotes from Sean Murphy, the head of the Protection of Conscience Project, the final one being a plea for “preservative freedom of conscience”, according to which healthcare professionals should not be obliged to do what they believe to be wrong. The major difference in structure between the two pieces is therefore that in the *Interim* article Ms. Desjardins’ case is contrasted with that of women who have a positive view of the doctors in question and their natural family planning approach.

#### 4. THE TREATMENT OF THE PARTIES INVOLVED

In the *Interim* article, two cases are cited in favour of the doctors versus only one against them, which shows this paper’s positive bias towards their side of the controversy. This bias also shows through in the way Kate Desjardins and Sean Murphy are treated. First of all, Ms. Desjardins’ full name is not given, but only her first name and initial. This suggests that she has something to hide and

is remaining partially anonymous. In contrast, the full names of all three doctors are provided. In the description of Ms. Desjardins’ Internet reactions to the incident, she is associated with “a pro-abortion organization famous for sending knitted wombs to politicians” and with a feminist website. In one of the quotes from the pro-choice site, a parenthetical “sic” is added (“when you become a doctor, you take an oath to do not (*sic*) harm”), implying that its users do not even know how to spell properly (see Casado Velarde 2010: 75), an obvious attempt to diminish their credibility. Ms. Desjardins is quoted as making the very strong claim that “when you’re in a professional position, you have to leave your morals at home”, and as characterizing people who are against abortion as “radicals”. In contrast, in the *Globe and Mail* article, Ms. Desjardins’ full name is given, implying that she feels herself to be in the right and has nothing to hide. Her age is also given, 25, which tells readers that she is a mature adult and not an irresponsible teenager. Her reaction to the refusal to renew her prescription is described as one of humiliation, whereas *The Interim* depicts her as being merely surprised. *The Globe and Mail* thus clearly takes Ms. Desjardins’ side and presents her as a mature woman who was denied one of her basic rights in a condescending way. For *The Interim*, on the other hand, she is a pro-choice feminist who is against public morality.

The treatment of Sean Murphy in the two articles also reflects this opposite positioning. Firstly, he is given five paragraphs in *The Interim*, as against only two in *The Globe and Mail*. In the latter, he is associated with the negatively-viewed inconsistent state of affairs existing in the United States, with the implication that this is due to the activism of Evangelical fundamentalists in certain states. He is also associated with an anti-abortion website (note the use of the term *anti-abortion* instead of *pro-life*). This serves to discredit his position and allows the editorialist to conclude, by invoking the extreme hypothetical case of someone in an isolated rural area, that conscientious objection to certain medical procedures constitutes a denial of patients’ rights to medical treatment. In *The Interim*, in contrast, Murphy’s position is presented in much greater detail. He is given space to rebut statements from the Radical Handmaids’ website as well as from a hypothetical law professor who demands that doctors act against their consciences in medical practice but not that lawyers do the same in legal practice, and to put in a plug for natural family planning. He is also given the final word in the conclusion of the article to plead in favour of preservative freedom of conscience. The reasonableness of this plea is reinforced rhetorically by presenting it as lower on the scale of demands than the stronger claim of

“perfective freedom of conscience”, which is the freedom to actively pursue a perceived moral good. This contrast allows the playing down of what the Protection of Conscience Project is asking for.

#### 5. THE USE OF MODALITY

Another interesting difference between the two articles is the much greater presence of evaluative modality in the *Globe and Mail* article. Expressions indicating a negative evaluation of the situation occur consistently from the second paragraph on, with a parallel structure (“*it’s bad enough* that wait times that these patient mills can extend for hours (...). *It’s even worse* that the doctor on call can conscientiously object to treating them”) placing the incident on the level of a higher-than-usual degree of turpitude. Two paragraphs later, Dr. Kyrillos’s letter is characterized as “preachy, if not condescending”, also utilizing a structure that ramps up the negative evaluation from a first level of being preachy to a higher one of being condescending. Another two paragraphs later, the Ontario College of Physicians and Surgeons’ exemption of doctors from the obligation to refer patients for treatments to which they have a conscientious objection is deemed to “go too far”, and requiring General Practitioners to provide such referrals is judged to be “an essential service”. Then the whole debate over religious accommodation is qualified as an “odd” thing to be occurring in the year 2014. In the next paragraph, the application of the church-state divide in the United States is judged to be “often inconsistent”. Finally, in the concluding paragraph, allowing doctors to refuse to treat patients requesting objectionable treatments is deemed to be “not good enough” for a modern state such as Canada in the modern era of 2014. The whole tone of the article is thus one of moral indignation.

In contrast, the *Interim* editorial adopts a factual tone for the first ten paragraphs, with evaluative language being used only in the 12<sup>th</sup> and 15<sup>th</sup> (and final) paragraph. In paragraph 12, Sean Murphy is quoted as writing that freedom of conscience is “important” for living a fully human life; in the last paragraph of the article, he is cited as defending the principle that healthcare professionals “should not be forced” to do what they think to be wrong.

#### 6. CONCLUSIONS

Overall, the editorial from *The Interim* reflects a more cautious and defensive attitude, with the incident at the clinic being presented as in a judicial tribunal.

The facts are stated in the initial part of the article, with Ms. Desjardins being identified as the witness for the prosecution, and Andrea Pavlovski and Faye Sonier as the witnesses for the defense. Experts from both sides are then quoted, with the final plea being granted to the lawyer for the defense, Mr. Murphy. Interestingly, Casado Velarde (2013: 52) observed a similar more sober tone in the testimony of the expert who argued against the legalization of euthanasia in the Spanish Senate hearings.

The *Globe and Mail* editorial, on the other hand, adopts the attitude of the offended party whose rights she feels have not been respected. The particular incident is presented as a threat to commonly accepted principles and its importance is played up from the very outset of the article, in which young adult women being obliged to have recourse to a walk-in clinics for sexual or reproductive health reasons is presented as a frequent occurrence. This way of presenting things constitutes an application of the “locus of quantity” argumentative strategy, according to which that which occurs frequently serves as the basis for “the step from what is done to what should be done, from the normal to the norm” (Perelman and Olbrechts-Tyteca 1969: 88). Later on, in paragraph 6 of the editorial, another reference to frequency is made with a different effect. Here it is claimed that unless the College of Physicians provides and enforces clear rules (note the implication that the current rules are unclear), “the collision between the rights of doctors and their patients is likely to become more common”. This is backed up by a reference to a similar incident that occurred the week before in another Canadian city. Here the modality of probability is applied to a possible increase in the frequency of conflicts between patients’ rights and doctors’ conscientious objections to certain medical procedures. The fact of two such cases having occurred in the space of just one week is extrapolated from in order to conjure up the spectre of a growing wave of refusals to provide contraception based on doctors’ personal beliefs. No reference is made however to the number of cases of conscientious objections recorded in past years or months. Since such incidents are regarded as a threat to established rights, even two is felt to be a sufficient motive for alarm. As Perelman and Olbrechts-Tyteca (1969: 106) observe: “inertia makes it possible to rely on the normal, the habitual, the real and the actual and to attach a value to them, whether it is a matter of an existing situation, an accepted opinion, or a state of regular and continuous development”. Any change to the status quo is felt as a threat, an offense against accepted and settled opinion. This accounts for the attitude adopted toward the incident at the medical clinic in the *Globe and Mail*

article. The fact that *The Interim* does not represent a mainstream viewpoint on the situation accounts for the 'court of justice'-framing that the incident is given in this publication, which invites the reader to first of all hear the facts, then listen to the defense and the prosecution, and finally side with the defense.

All of this goes to confirm Casado Velarde's (2010: 71) observation that journalists employ a diversity of semiotic resources in order to bring in other speakers and enunciators without losing the slightest control over the direction in which they wish to take the reader:

Indeed the plurivocity of each textual unit and of each news medium does not in any way turn it into a chaotic arena of vying voices; rather, the various voices are carefully positioned with respect to each other by the author of the text (or the decision-maker in charge of the medium) in function of the overall message that they wish to convey in each hemerographical unit and in the editorial line followed by the medium. There is always a dominant voice in each text that decides unambiguously what the latter's import is meant to be. Polyphony is subordinated to argumentative goals<sup>2</sup>.

As the same author also puts it, there is always a conductor leading the orchestra of the various voices convoked to express their views in each text. This is certainly the case for the two reports on the same incident that have been analyzed in this study.

#### REFERENCIAS BIBLIOGRAFICAS

- ANSCOMBRE, J.-C. and DUCROT, O. (1983): *L'argumentation dans la langue*. Bruxelles: Pierre Mardaga.
- CASADO VELARDE, M. (2010): "Algunas estrategias para la desautorización del discurso ajeno en la prensa", in C. Martínez Pasamar (ed.), *Estrategias argumentativas en el discurso periodístico*. Frankfurt: Peter Lang, 69-85.
- CASADO VELARDE, M. (2013): "Léxico y argumentación: análisis comparativo del discurso a favor y en contra de la eutanasia", in C. Llamas Saíz, C.

<sup>2</sup> "En efecto, la plurivocidad de cada unidad textual y de cada medio informativo no constituye, en modo alguno, un foro caótico, sino que, por lo general, las varias voces aparecen cuidadosamente jerarquizadas por el hablante responsable de cada texto (o de cada medio informativo), en función del sentido global de cada unidad hemerográfica y de la línea editorial del medio. Hay siempre en cada texto una voz dominante que decide sin ambigüedad alguna su sentido. La construcción polifónica se encuentra, pues, subordinada a la finalidad argumentativa" [my translation above].

Martínez Pasamar and M. Casado Velarde (eds.), *Léxico y argumentación en el discurso público actual*. Frankfurt: Peter Lang, 29-54.

DUCROT, O. (1993): "Topoi et argumentation dans la langue", in C. Plantin (ed.), *Lieux communs, topoi, stéréotypes, clichés*. Paris: Kimé, 233-248.

MARTIN, J. y POWERS, M. E. (1983): "Truth or corporate propaganda: The value of a good war story", in L. Pondy and T. C. Dandridge (eds.), *Monographs in organizational behavior and industrial lectures*. London: JAI Press, 93-107.

PERELMAN, C. y OLBRECHTS-TYTECA, L. (1969): *The new rhetoric. A treatise on argumentation*. Notre Dame: University of Notre Dame Press.

STRATHY LANGUAGE UNIT: *Strathy Corpus of Canadian English*. <http://corpus.byu.edu/can/>.