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The Toronto Star and the politics of breast cancer

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THE *TORONTO STAR* AND THE POLITICS OF BREAST CANCER

By

Jane E. McArthur

A Thesis

Submitted to the Faculty of Graduate Studies
through Communication and Social Justice
in partial fulfillment of the Requirements for
the Degree of Master of Arts at the University of Windsor

Windsor, Ontario, Canada

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The *Toronto Star* and the Politics of Breast Cancer

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AUTHOR'S DECLARATION OF ORIGINALITY

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ABSTRACT

Research on media coverage of breast cancer has illustrated a tendency to report most often on prevalence, detection and treatment with a general lack of environmental and prevention oriented stories. In spite of growing evidence of links between environmental and occupational exposures and breast cancer causation, the media seem generally to omit these factors. A detailed critical discourse analysis (CDA) was conducted on 125 articles from the *Toronto Star* in the year 2012, with the Propaganda Model (PM) as the theoretical framework. Seven different themes were found in the coverage of breast cancer and CDA was utilized to expose how the dominant ideology came to bear on those texts, including the general omission and/or downplaying of environmental and occupational exposures in relation to breast cancer, as well as primary prevention. Given the significance for public health, understanding how the media cover the breast cancer epidemic can reveal necessary paradigm shifts.

DEDICATION

This thesis is dedicated to my two daughters, Aelwynn and Eleanor, whom I love more than words can say, and who like all beings, deserve a fair and just world.

ACKNOWLEDGEMENTS

I came back to writing this thesis after several years away from it raising my two young daughters. Returning to this work was prompted first by my Supervisor, Dr. James Winter, who for my intermittent academic career has always been an inspiration in his values and ideals, a tremendously supportive educator and mentor, and someone I can call a friend. Sharron Wazny deserves so much recognition for all of her expertise, support, guidance and kindness. Dr. Jyotika Viridi also supported my return to this work and I am very grateful for her backing and her insight as well. Additionally, I am appreciative of Dr. Vicky Parashak's insights and support.

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I. INTRODUCTION

At a casual glance, issues of human health appear to have a significant presence in the media. A more extensive investigation of the media reveals certain trends regarding how health is covered, principally in the mainstream and certainly when one contrasts this with the alternative media coverage. Of particular interest for this thesis will be breast cancer, its place in the broader context of community health with consideration of the role of factors such as class, gender, science and medicine, the pharmaceutical industry, as well as capitalism, neo-liberalism - with its seeming underlying premise of people serving the economy and not the reverse - and corporate power. More specifically, this thesis will explore the connection between potentially preventable breast cancers and the relationship to class structures, and the way in which breast cancer causation and prevention are portrayed in the mainstream media. In other words, an analysis of the link between involuntary exposures to carcinogens and the nature of power in society and the media will be revealed through an investigation into the coverage of breast cancer in a major Canadian daily newspaper, using the methodological tools of *Critical Discourse Analysis*, and on the foundation of the theoretical framework of the *Propaganda Model (PM)*.

Why would such an analysis be important? According to the Canadian Breast Cancer Foundation (CBCF), breast cancer “is a disease that will affect 1 in 9 Canadian women during their lifetime. In 2013, it is estimated that 23,800 Canadian women and 200 Canadian men will be diagnosed with breast cancer” (CBCF.org, 2013, November). As well, “An estimated 4,355 or 18 percent of all new cases of breast cancer in Canada will be diagnosed in women under 50 in 2013.” The incidence in this demographic is rising. And on top of these sobering numbers, CBCF acknowledges that “Overall, the breast cancer incidence rate has remained relatively

stable since the late 1980s.” Yet, we know from the celebratory way in which the media reports on it, that money is consistently being raised and donated and directed toward any number of groundbreaking scientific research undertakings, aimed at supposed new and better solutions to the breast cancer problem. The research funding effort has been enormously effective. The Canadian Breast Cancer Foundation – Ontario, for example, raised 21 million dollars in 2012. (CBCF, 2013)

It has been estimated that only 50% of breast cancer cases can be explained by such risk factors as genetic susceptibility, lifestyle choices, and reproductive history (Gray, 2010) with genetics making up only 5-10%. (Carroll, Allanson, Blaine, Dorman, Gibbons, Grimshaw, Honeywell, Meschino, Permaul, Wilson, 2008) There is growing evidence that exogenous chemical exposures may be to blame for some proportion of the breast cancer. (President’s Cancer Panel, 2010)

A 2013 report by the U.S. Interagency Breast Cancer and Environmental Research Coordinating Committee asserted that there are environmental causal factors for breast cancer and that they are “more readily identified and modified than genetic factors and therefore present a tremendous opportunity to prevent breast cancer.” The committee recommended increased prevention efforts and research on chemical and physical agents. It also stressed the importance of making scientific knowledge accessible to the public and addressing vulnerable populations such as women in some occupational groups. (Interagency Breast Cancer and Environmental Research Coordinating Committee, 2013)

Environmental and occupational risk factors seem to receive little media attention. Perhaps more resources should go into the identification of preventable causes of breast cancer,

such as involuntary exposures to carcinogens, instead of focusing primarily on new technologies to detect and treat existing cancers, or in seeking a cure. If modifiable risk factors were known, then maybe some breast cancers could be prevented. These ideas, while being raised by an ever-increasing number of people, are not being covered in the mainstream media. This thesis documents this tendency and points to the reasons why the media are missing the boat when it comes to breast cancer messaging.

We receive a great deal of information from the media on a daily basis. Whether by reading a newspaper, listening to the radio, watching a television newscast, or checking daily subscription e-mail updates, much of what we know about the world we obtain from various forms of media. It is how we believe we remain informed and connected. We rely on or have an expectation of the media to relay a story, to provide accurate and objective information, based on a set of facts. But often stories convey a particular story or slant on a story that fits within a certain framework, a framework that can sometimes powerfully influence our shared perspective on the world. “Media discourses...are, of course, highly influential. They help set the tone and subject matter of the public’s discourses – in the words of communication theorist Maxwell McCoombs, media help “set the agenda” for the public” (Babe in Klaehn, 2005 p.188.)”

Are the media infected with a liberal slant as is often suggested? What is the agenda? What is the public discourse on breast cancer? What agenda surrounds breast cancer coverage? It is frequently proclaimed by conservative critics that the media are too liberal; that what we hear on the news is a reflection of all of the left-wing, *bleeding heart* journalists who make up the ranks of our newsrooms; that *tree-hugging hippies* are telling us doom and gloom stories on the state of the environment. But is this really the case?

Depending on the side you take, journalists are either liberal-minded critics of government and big business, who go overboard, or they are fairly balanced and objective and criticize the establishment just about the right amount. These are the boundaries of the debate. The very idea that journalists might be too cozy with power, that they might be ‘embedded’ with more than the military, is just beyond the limits of reasonable thought. Anyone who even raises this specter is summarily dismissed as a conspiracy theorist.

Although journalists are portrayed as a bunch of ‘lefties’ by owners such as Conrad Black, or the Asper family, they tend to hold conventional views, and to be white, middle or upper-middle-class males. Journalists are a product of a state-and-corporate-run selection system that is operative throughout politics, culture and education. (Winter, 2007, p.39)

In the context of this thesis, the gender of journalists may also be important. The brief discussion of a feminist theoretical perspective will help to illuminate this in later chapters.

To a growing extent, in the current context of media concentration, it is arguable that the accuracy or reliability of the information is questionable; news items in many cases are in reality the creation of well-paid public relations and marketing firms. This situation is problematical for a number of reasons. In this thesis, I contend that misinformation, lack of information, and/or slanted information has potentially deleterious effect on human health.

This raises the question of what the role of the media is or ought to be.

In a democracy the media should, ideally, serve the interests of the people, providing them with the information needed to participate meaningfully in decision-making. As Chomsky has noted, “where there is even a pretense of democracy, communications are at its heart.” In the current media climate, dominated as it is by a few huge transnational corporations which stand to benefit from the increased spread of corporate globalization – by imperial means if necessary – democracy is ill-served. (Scatamburlo-D’Annibale, in Klaehn, 2005, 52-53)

Canadians value democracy. Canadians also value and place a priority on their health; the health-care system Canadians enjoy is built into the democratic structure. The media in this context, it would follow, ought to provide information regarding health in such a way as to facilitate and uphold democratic principles, giving Canadians information they can use to exercise their role in society in making choices about what kind of health care policy and priorities are pursued and implemented. For example, where a particular pesticide is known or suspected to cause breast cancer, and the company producing that pesticide has the ear of the politicians making decisions about research funding or chemical regulations, this is worth reporting. The implications go beyond the profit-making potential of the pesticide producer, reaching into health care spending, and quality of life for those exposed.

In 1962, the since oft-quoted Rachel Carson argued that, “The most determined effort should be made to eliminate those carcinogens that now contaminate our food, our water supplies, and our atmosphere, because they provide the most dangerous type of contact – minute exposures, repeated over and over throughout the years.” (Carson, 1962, 242) And while her words were penned several decades ago, it would seem that we are still placing very little emphasis on these factors, instead focusing on lifestyle and aging as the only important causes.

Let us assume the position of a breast cancer patient, and, presuppose that she, like many Canadians, is a media consumer. As such, does her knowledge of breast cancer stem in part from what she consumes in the media? And if so, what kinds of questions will she ask that will lead her to ponder her breast cancer in relation to her health? Will she contemplate her diet, her exercise habits, and her younger days as a smoker? Will it dawn on her to think about the fact that she grew up on a farm, exposed to pesticides, or that her career as a nurse has placed her in an environment in which she is exposed to ionizing radiation and carcinogenic chemicals? An

examination of the dominant discourse on breast cancer in the media might give us some indication.

A number of elements contribute to the significance of this project. Firstly, breast cancer incidence rates are not declining in spite of continued financial investments; a disturbing and scientifically unexplained trend is the increasing incidence among women under 50. It is important at the outset of this investigation to ask what contributes to the development of breast cancer? What does the science tell us? Some risk factors are within individual control and play a role in cancer incidence; however occupational and environmental carcinogens may also contribute to breast cancer risk. “We know how pesticides, industrial pollutants, radiation and other factors are linked – part of the social context of breast cancer. Yet, neither government agencies, nor societies responsible for dealing with breast cancer acknowledge this context. Why?” (Hall, 2003) If we were to take the approach, “first, do no harm,” health would take priority over profit. Instead, breast cancer prevention is left with the individual while the broader social, economic and political context are largely left out of the discourse.

Considerable resources are spent encouraging women to make changes in their personal lives that might reduce their risk of breast cancer. But many factors that contribute to the disease lie far beyond an individual’s personal control and can only be addressed by government policy and private sector changes. Breast cancer is not just a personal tragedy; it is a public health crisis that requires political will to change the status quo. This crisis must be addressed by implementing the precautionary principle as a matter of public policy. Under this principle, evidence of harm, rather than definitive proof of harm becomes the trigger for policy action. (Evans, Ed., 2005, p. 6)

Unfortunately, within our neo-liberal economy which values short-term gains and industry profits over long-term community health and environmental sustainability, changing the tide

towards prevention of environmentally induced cancers is a difficult paradigm shift. Under neo-liberalism, a most virulent form of capitalism which gained momentum beginning in the 1980's with Reagan, Thatcher and Mulroney, free-trade agreements, deregulation and privatization, the narrow interests of capital take precedence over the national interests of people and their communities. Economic growth along with government reduction and deregulation allows for a corporate freedom the results of which include the production and sale of harmful chemicals, the ensuing human health and environmental effects, and a concerted defense of the system by the powerful who propagate such activity. It is important to consider what the most recent science tells us about breast cancer.

The lifetime risk for breast cancer among Canadian women is approximately 1 in 9. Over the last 30 years, there has been a 25% increase. The majority of cases cannot be explained by the currently known or suspected risk factors. Family history of breast cancer can explain less than 10 percent of breast cancer cases. Factors which increase cumulative estrogen load have been found to increase risk. There is evidence of an association with diet, alcohol use, body mass index, reproductive history, age, physical activity and socioeconomic status. The recent increase in incidence may be linked to a combination of identified risk factors requiring further study, such as occupational and environmental exposures.” (Brophy¹, Keith, Gorey, Luginaah, Laukkanen, Hellyer, Reinhartz, Watterson, Abu-Zahra, Maticka-Tyndale, Schneider, Beck, Gilbertson, 2006, p.766)

When considering factors such as occupational and environmental exposures, it is important to recognize that cancer development is a multi-stage process; as well the combined effect of exposure to carcinogens and hormone-mimicking chemicals may play a role in the development of breast cancer.

In their assessment of epidemiologic research on environmental pollutants, Brody,

¹ I worked as an interviewer on the Brophy et al. study, as well as numerous occupational health projects with Dr. James Brophy and Dr. Margaret Keith, who are my parents.

Moysich, Humblet, Attfield, Beehler and Rudel (2007) indicate “Laboratory research has shown that numerous environmental pollutants cause mammary gland tumors in animals; are hormonally active, specifically mimicking estrogen, which is a breast cancer risk factor; or affect the susceptibility of the mammary gland to carcinogenesis.” (Brody et al., 2007, p. 2667) There are over 250 chemicals that have been identified in these laboratory studies. Furthermore, “Research in the last 5 years has strengthened the human evidence that environmental pollutants play a role in breast cancer risk.” (Ibid, p. 2706) Based on these findings, the authors suggest that prevention of breast cancer in humans is possible.

If these mechanisms similarly affect humans, reducing or eliminating chemical exposures could have substantial public health benefits, because breast cancer is the most commonly diagnosed invasive cancer in women and the leading cause of cancer death in women age 25 to 60 years. Furthermore, exposure to the chemicals identified as animal mammary carcinogens and estrogen mimics is substantial; these compounds are widely detected in human tissues and in environments, such as homes, where women spend time.” (Ibid, p. 2668)

Rudel, Attfield, Schifano and Brody (2007) address the evidence in animals as well, while also pointing to the occupational environment as a source of exposure. “Human carcinogens have largely been identified in occupational studies, which provide little information concerning women’s cancers because most of the studied populations have been male. Experimental studies in animals offer an alternative means for identifying potential carcinogens. Despite unresolved questions regarding their human relevance, animal studies are a key source of information. (Rudel et al., 2007, p.2636) The significance of occupational and environmental exposures, and the potential for breast cancer prevention, is evident in the current research. Given that this is case, then it would seem that these factors ought *not to* be ignored when dealing with breast cancer risk in media reporting.

Secondly, the importance of this project lies in its ability to help people understand media discourse; to become more media literate. This is of great consequence given the way the media function, and particularly when one realizes that which is not being communicated in the mainstream media, in this particular case: breast cancer prevention and occupational and environmental factors contributing to breast cancer incidence. The consequence of this thesis lies in laying bare the assumptions underpinning mainstream media discourse on breast cancer and to encourage broader media responsibility and literacy. This is relevant given how the media function, particularly because the mainstream media fail to communicate the contribution of occupational and environmental factors to breast cancer incidence. The mainstream media tend to back the scientific or medical community when it comes to cancer, in particular the omission or dismissive way in which it deals with occupational and environmental risks or causation, while focusing almost exclusively on treatment. This research contributes to furthering the debate over media democratization and alternative media generation.

Ultimately, the research addresses the issues being examined in a way that is meaningful for other people and that can represent a forward direction in terms of identifying solutions and hope. In other words, it can contribute to awareness that cancer, if we are to truly tackle the seriousness of the issue, must be approached with a discourse that includes prevention and that considers the potential impact of occupation and environment. This awareness can lead to prevention becoming part of the mainstream media vocabulary as a result of demand from those who have a stake in it being so. It can lead to funding of studies oriented towards identification of modifiable risk factors, such as involuntary exposures to industrial carcinogens, known or suspected, and the development of strategies to reduce or eliminate such exposures.

This thesis asks if what is reported about the causes of our ill health is complete and accurate information; it asks if we are to blame for our exposures due to our lifestyle choices; it questions whether the prevailing corporate culture consents to a certain amount of risk and mortality; it seeks to determine if the risk factors for breast cancer which are known in the scientific literature are included in the dominant discourse; it will investigate whether or not in the context of breast cancer, the media function in such a way as to reinforce the dominant value systems of our society. Does the neo-liberal, market-driven, individualistic culture in which we live get reinforced through the media and play a role in what we know about breast cancer and the lack of movement towards changing what and how we are exposed to in the general environment and in the workplace?

For the purposes of this research it is also important to contextualize the social justice framework conceived of here. The definition, which will be applied, is provided by Sam Gindin who envisions “a socially just society as one that fosters and encourages the full and mutual development of all the capacities of all members of society.”(Gindin, 2003, p. 4). And towards understanding that, while we may not yet be able to name the alternative, we know that there is one Gindin’s words are again insightful:

The issue, therefore, is less the absence of a comprehensive alternative, than the emergence of growing frustration with the status quo, combined with a commitment to a vision rooted in an alternative notion of social justice and the confidence that the individual and organizational capacities to bring that vision to life can be developed. (Gindin, 2003, p.3)

In line with the above philosophy, breast cancer prevention is about an alternative to the status quo, and therefore not the “popular” breast cancer movements, which seek mostly to detect, treat and cure. Implicit then, is that breast cancer acts as a barrier to developing one’s full capacities and that there is an alternative to the status quo when it comes to breast cancer.

One can't ignore the importance of the media in communicating the issues within this context. In *Health and Social Justice: Politics, Ideology in the Distribution of Disease – A Public Health Reader*, the final chapter asserts that “media matter because they can be a vehicle for increasing participation in civic and political life and social capital to promote social change.” (Given the individualistic nature of the “blame the victim”, and “lifestyle choice” discourses around cancer, political participation is eschewed. In the context of breast cancer prevention there are relatively few voices heard about the politics of cancer. Engaging the media can be part of a broader strategy in addressing the breast cancer epidemic we are facing.

But it is the views of the elite...that tend to dominate the national debate. Their views are given an extraordinary amount of media time and space, which gives them considerable influence in shaping the debate and making palatable a neoconservative political agenda that has little natural resonance with the broad Canadian public. It is important to pay attention to these voices so we can understand the message they're promoting – and how antithetical it is to the aspirations of most Canadians. It is also important to be able to filter out these over-amplified voices so that we can hear our own voices, and bring into a focus a vision of a country that appeals to most of the rest of us: a vision based on equality and inclusiveness, and on finding our own way in the world. (McQuaig, 2007, p.19)

The examination and analysis of one year of coverage of breast cancer in the *Toronto Star* seeks to illustrate who is being given a voice when it comes to breast cancer and what messages are being promoted. This research represents the future direction desired in media reporting by identifying solutions that build hope. It raises awareness that any discussion on cancer must include a discussion of prevention that addresses the impact of occupation and environment. Such a discursive approach may then lead to prevention becoming part of the mainstream media vocabulary, and perhaps, an eventual decline in preventable breast cancers.

II. THEORETICAL FRAMEWORK

Analyzing the mainstream coverage of breast cancer through textual analysis is intended to reveal that what is written and how it is written reflects powerful interests in our society such as big industry and government. It is hoped that this analysis will encourage collective action against those powerful interests whose conduct works against public health. Elimination of preventable breast cancers caused by involuntary exposures is an attainable goal if we understand the systemic barriers hindering that goal and work to challenge them.

The Propaganda Model

The theoretical framework and analytical constructs that inform the proposed research stem from a political economy perspective, and in particular, the Propaganda Model (PM) as well as a nod toward feminist theory.

Is it intentional that the mainstream media keep the public from having any substantive information on the potential links between breast cancer and occupational and environmental exposures? Are the pharmaceutical companies that manufacture drugs for the treatment of breast cancer behind the media messaging around breast cancer? Or is it the pesticide companies who are secretly colluding with the media to ensure that we don't question their contributions to rising breast cancer incidence? Do the auto manufacturers work in sophisticated ways to keep the harmful chemicals used in their production processes out of the limelight so that the public doesn't see any connection between occupational and industrial pollutants and cancer rates?

The "PM of media operations advanced by Herman and Chomsky is analytically and conceptually concerned to engage with the questions of how ideological and communicative power connect with economic, political and social power, and to explore the consequent effects

upon media output” (Klaehn, 2009, p. 43) and therefore, to answer the questions above, this is a fitting theoretical foundation.

The tenor of the questions might suggest a conspiracy of sorts exists. But in understanding how the media operate as examined through the lens of the PM, we find that a conspiracy is not necessary. In other words, the mainstream media discourse on breast cancer is not part of some overt scheme intended to obfuscate the prevention issue. In an article in which Herman takes a retrospective look at the Propaganda Model he explains generally how it works.

What is the propaganda model and how does it work? Its crucial structural factors derive from the fact that the dominant media are firmly embedded in the market system. They are profit-seeking businesses, owned by very wealthy people (or other companies); and they are funded largely by advertisers who are also profit-seeking entities, and who want their ads to appear in a supportive selling environment. The media also lean heavily on government and major business firms as information sources, and both efficiency and political considerations, and, frequently, overlapping interests, cause a certain degree of solidarity to prevail among the government, major media and other corporate businesses. Government and large non-media business firms are also best positioned (and sufficiently wealthy) to be able to pressure the media with threats of withdrawal of advertising or TV licenses, libel suits, and other direct and indirect modes of attack. The media are also constrained by the dominant ideology... These factors are linked together, reflecting the multilevel capability of government and powerful business entities and collectives (e.g., the Business Roundtable; the U.S. Chamber of Commerce; the vast number of well-heeled industry lobbies and front groups) to exert power over the flow of information. (Herman, 2003, n.p.)

In consideration of this explanation, one must question who is influencing the information on breast cancer as it predominantly appears in the mainstream media. Likely sources might be pharmaceutical companies who sell treatment drugs, companies manufacturing screening and treatment equipment, physicians and insurance companies who stand to benefit from various medical treatments, institutions and scientists who are funded by pharmaceutical companies, big industry such as those manufacturers who contribute to pollution, pesticide

companies making the chemicals that are suspected to be linked to breast cancer, retailers selling and marketing pink products, sponsors of breast cancer awareness events, even what is called the *cancer establishment* – that is those organizations that are supposedly working to tackle breast cancer including national cancer institutes and breast cancer foundations.

Dr. Samuel Epstein calls this the “politics of cancer,” explaining in particular the lack of information on prevention in this way: “Cancer treatment is big business, with multi-billion dollar annual cancer drug sales. Cancer prevention is very much less profitable, at least to big business.” (Epstein and Steinman, 1997, p. 299)

In theoretical terms, the political economy of the mass media is such that it “actively frames issues and promotes news stories that serve the needs and concerns of the elite...and serve to mobilize support for the special interest that dominate the state and private activity.” In simpler terms, the discourse on breast cancer supports the dominant ideology of individualism and a free market economy. (McChesney, 1989, n.p.)

So in spite of the fact that there is scientific evidence to show environmental and occupational links to breast cancer, and therefore that some prevention is possible, the focus tends to be on lifestyle and medicine, in some cases outright claiming that there is no way to prevent breast cancer. In other words,

Only stories with a strong orientation to elite interests can pass through the five filters unobstructed and receive ample media attention. The model also explains how the media can conscientiously function even when a superficial analysis of the evidence would indicate the preposterous nature of the many stories that receive ample publicity in the press and on the network news broadcasts.” (McChesney, 1989, n.p.)

The filters referred to above are:

1. Ownership
2. Advertising
3. Sources
4. Flak, public relations (PR)
5. Anti-communism, socialism, nationalism, “the other” or dominant ideological elements

These five filters, as advanced in the Propaganda Model, function in such a way as to keep unsuitable stories out of the media – in other words, those stories that don’t fit with the dominant ideology or elite interests. (Herman, 2003, n.p.) How do they work?

According to the model, corporate *ownership*, the first filter, can influence editorial content; as well the tendency towards large media conglomerates with connections to other large companies driven by a free market ideology. The nature of ownership also means that they function for profit and that criticism which may be directed towards the corporate owners or the market in general is not likely to occur. Furthermore, “their model suggests that ownership, size and profit orientation will influence media behavior in a range of ways and will ultimately encourage a right-wing bias with mainstream media discourses.” (Klaehn, 2009, pp. 43-44)

Examining breast cancer from a standpoint that takes into account environmental and occupational factors would generally be seen as a left-wing political angle, thereby in conflict with the typical bias.

Advertising, the second filter in the model, functions to maintain support for advertisers and consumerism in general. The PM observes that advertising is the principal source of revenue for most mainstream, commercial media, and thus media discourses tend to reflect the interest of the advertisers and the market. Taken together, the first two filters suggest that political-economic dimensions play heavily into news production processes, highlighting the macro-level structural dimensions that in effect ‘shape’ mainstream news discourses.” (Klaehn, 2009, p. 44)

Breast cancer is big business – the economic benefit is substantial to those who are producing products related to breast cancer diagnostics, treatment, pharmacology, research, and even fundraising campaigns. The mainstream media discourse on breast cancer profoundly reflects this.

Sourcing, the third filter, influences content in that relationships with information providers are established and continually utilized. For example, pharmaceutical companies may issue press releases about research they have supported that function as fact. News discourses then are constructed largely based on the sources of information. “Institutionally affiliated sources (the ‘primary definers’ of social reality) typically dominate news discourses. As a result, news comes to reflect institutional interest on a macro level.” (Klaehn, 2009, p.44) With regard to breast cancer, the cancer institutes, the research foundations, selected scientists, the policy makers, the government, and even private companies with a vested interest in breast cancer contribute to the dominant discourse.

Much of what is constructed by these sources is derived from their *public relations* production. This is the fourth filter at work. “Studies of news sources reveal that a significant proportion of news originates in public relations releases. There are, by one count, 20,000 more public relations agents working to doctor the news today than there are journalists writing it.” (Klaehn, 2009, p.44) To better situate this in terms of the dominant discourse on breast cancer, the following provides some insight. In the transcript of the film, “Toxic Sludge Is Good For You,” which uncovers how the PR industry works, author of the book by the same name, John Stauber exposes the fact that:

The public relations industry is a multi-billion dollar business owned by the advertising industry and its job is to manipulate public opinion, news information and public policy

on behalf of its clients. No wealthy individual, corporation or politician makes a move without PR consultants. The tobacco industry, the chemical industry, the petroleum industry, the logging industry, the mining industry, the drug industry – these are the industries that fund most of the propaganda campaigns. (Media Education Foundation, 2002, p.3)

In the context of the coverage of breast cancer, one particular technique is often evident.

“Third party advocacy, one of the most widely used PR strategies assumes that when we see experts and organizations on the news, we’ll take what they say at face value.” (MEF, 2002, p.9)

Many experts are distinctly visible in the news of breast cancer.

Flak, another aspect of the fourth filter, works to keep journalists in line through complaints, harassment or pressure from powerful voices. The power of those voices works in that the “dominant institutional actors possess the requisite power to exert subtle, or not-so-subtle control over patterns of media performance.” (Klaehn, 2009, p.44)

The fifth and final filter in the PM, the *anti-communist filter, anti-ideology or dominant ideological elements filter* as it is now sometimes referred to, can be described as a backing of the capitalist system and the free market. Klaehn argues that as the “fifth filter is so generalized it makes it relatable to a range of social phenomenon, and creates space for the PM to be utilized in a variety of social scientific research.” (Klaehn, 2009, p.45) Furthermore, “the fifth filter element may be related to any number of case studies involving power and powerlessness and seems particularly well suited for analysis concerned to investigate media and legitimization of power.” (Klaehn, 2009, p. 45) Moreover, and perhaps most relevant in the context of the examination of breast cancer discourse in the media, “the fifth filter element, in addition to being particularly relatable, is oriented toward broadening understandings of how ideological power intersects with political-economy and dimensions of social class.” (Klaehn, 2009, p.45)

The five filters as described above will be revealed in the analysis to follow as they are all at work to some degree in the media coverage and dominant discourse of breast cancer. Applying the PM in a critical discourse analysis of the breast cancer media coverage is consistent with what is intended for the model. “The PM emphasizes qualitative exploration of the boundaries of debate. Sources, emphasis, placement, fullness of treatment, context, tone and evident range of debate on central issues and topics are observable dimensions that may be qualitatively assessed when utilizing the PM to undertake detailed media analysis.” (Klaehn, 2009, p. 49)

As will also be illustrated in the analysis, the discourse is not monolithic. In fact, Herman and Chomsky do account for this in the model, and admit that it does allow for dissent.

The various parts of media organizations have some limited autonomy, that individual and professional values influence work, that policy is imperfectly enforced, and that media policy itself may allow some measure of dissent and reporting that calls into question the accepted viewpoint. These considerations all work to ensure some dissent and coverage of inconvenient facts. The beauty of the system however, is that such dissent and inconvenient information are kept within bounds and at the margins, so that while their presence shows that the system is not monolithic, they are not large enough to interfere unduly with the domination of the official agenda. (Herman, Chomsky, 2002, p. xii)

Feminist Theory

Applying a feminist perspective to a critique of media coverage of breast cancer is also illuminating. A most obvious starting point for a feminist perspective would of course be the fact that breast cancer is primarily a women’s cancer. Beyond that there are many other social considerations. As women are arguably still on the economic and political margins, they lack relative power.

Power is used to perpetuate and extend existing inequalities. Those in positions of power are able to decide what news is fit to print or air, and what parameters are available for interpreting such news. They decide what books get published, what research is funded and what knowledge is legitimated. Information about people who live in the margins is limited and often distorted through this control. (Kirby & McKenna, 1989 p.23)

Women, with or without breast cancer, are marginalized when it comes to knowledge dissemination. This begs the question of whether or not women are consulted when it comes to breast cancer media coverage. Are their voices as reporters, scientists, activists, and others heard in the mainstream? The answer is yes – sometimes -- however the stories are typically slanted towards coping with the disease through bravery and valour.

With respect to the specific issue of breast cancer and feminist questions, journalist Barbra Ehrenreich, offers insight following her own diagnosis of breast cancer and her quest for knowledge about her disease, emerging with a critical analysis. “. . . aside from the dilute sisterhood of the cyber (and actual) support groups, there is nothing very feminist -- in an ideological or activist sense – about the mainstream of breast cancer culture today . . . Like everyone else in the breast-cancer world, the feminists want a cure, but they even more ardently demand to know the cause or causes of the disease without which we will never have any means of prevention.” (Ehrenreich, 2001, p. 47) Ehrenreich points out that the very acceptance by the medical community of support groups suggests that the seditious nature which defined feminist breast cancer activists in the early years is likely now absent.

And although we may imagine ourselves to be well past the era of patriarchal medicine, obedience is the message behind the infantilizing theme in breast-cancer culture, as represented by the teddy bears, the crayons and the prevailing pink-ness. You are encouraged to regress to a little-girl state, and to accept whatever measures the doctors, as parent surrogates, choose to impose. Worse, by ignoring or underemphasizing the vexing issue of environmental causes, the breast-cancer cult turns women into dupes of what could be called the Cancer Industrial Complex: the multinational corporate enterprise that

with the one hand doles out carcinogens and disease and, with the other offers expensive, semi-toxic pharmaceutical treatments.” (Ehrenreich, 2001, p. 52)

The mainstream media coverage is seemingly illustrative of the mainstream of breast cancer culture itself as described above. Given the volume of coverage, it is important to investigate from a critical perspective, what the coverage actually conveys about the society in which we live, what is valued, and the underlying structures of power which continually reinforce and contribute to the upholding of the dominant discourse of breast cancer.

The Propaganda Model and the minor infusion of feminist theory considerations produce a germane theoretical foundation to conduct such an analysis.

III. LITERATURE REVIEW

This chapter will situate the work of this thesis in the existing literature as it pertains to media and breast cancer. As well, this section will introduce some pivotal arguments from various other sources including the alternative media which address the issue of breast cancer from the perspective that the dominant discourse of breast cancer. The dominant *media* discourse on breast cancer, omits primary prevention and environmental and occupational causes of breast cancer.

There are a number of articles in the literature which demonstrate similarities to the approach taken in this thesis, and which address some of the issues raised herein. But as the literature review will indicate, this thesis is fundamentally different in its theoretical grounding of this issue. Furthermore, the rooting in a political economy framework, in particular the Propaganda Model, informs the development of a very dissimilar set of questions and as such embeds it in a different paradigm within which conclusions have been drawn.

In her study “Coverage of Breast Cancer in the Australian Print Media – Does Advertising and Editorial Coverage Reflect Correct Social Marketing Messages?” (2004), Sandra Jones conducted an examination of Australian women’s magazines over a six-month period, investigating any piece with a reference to breast cancer, in an effort to scrutinize the accuracy of breast cancer detection messages. The study focused on the concern that women were not complying with screening recommendations. Jones concluded that the media messages were unlikely to encourage appropriate screening. Of particular interest for this thesis is that she acknowledges that media are an important source of health information for many women.

Charlene Elliott's article "Pink! Community, Contestation, and the Colour of Breast Cancer", published in 2007 in the Canadian *Journal of Communication*, focused on colour codification in the media. Elliott contends that the use of colour is used within the media to convey certain messages with specific goals. Her work looks at ribbon campaigns, and looks in particular at what she calls the "contested use of pink in the breast cancer awareness movement." Elliott identifies the power of cultural messages in the breast cancer movement, and acknowledges that there is controversy around it. Some of the assumptions made within this thesis mirror her insights.

The inclusion of environmental causes of breast cancer was an important aspect of Zheng Yang's 2007 conference paper "Attribution and the Seeking of Information About Breast Cancer Risk". Yang's paper reports on a study conducted among teachers and educational support workers in New York State which examined attribution and seeking of information on risks associated with breast cancer. Yang concluded that the mass media were sources of information that influenced how people attributed the risks of breast cancer, including environmental causes and especially in the context of concern about their local environment. The study concludes that communication strategies were needed that address people's understandings and perceptions of breast cancer risk in relation to the environment.

In their research published in 2008, Atkin, Smith, McFeters and Ferguson conducted a content analysis of breast cancer news coverage set in 2003-2004. Their study, entitled "A Comprehensive Analysis of Breast Cancer News Coverage in Leading Media Outlets Focusing on Environmental Risks and Prevention," looked to determine the nature of the coverage, with a view to the environmental and prevention content. Their study reveals key dimensions of the content of 231 stories, determined through a process of coding. Their study exposes important

information which was useful in the context of this thesis. They drew similar conclusions to those found within this thesis regarding the relative lack of environmental and prevention oriented stories in the media. Their conclusions illustrate the tendency asserted in this thesis regarding the inclination of the media to report most often on prevalence, detection and treatment and further, to rely on “expert” sources who framed the traditional lifestyle factors attributed to breast cancer causation. This thesis extends some of the findings of Atkin et al.’s study. I will return to the ways in which it does below.

In “Topics and Sources of Memorable Breast Cancer Messages and Their Impact on Prevention and Detection Behaviours” (2009), Smith, Nazione, LaPlante, Kotowski, Michael, Atkin, Skubisz and Stohl sought to determine women’s recall of breast cancer messages, including those from the media, through an online survey of 359 women. For the purposes of this thesis, their finding that the media were the source of 35.5% of memorable breast cancer messages points to the significance of media messaging for this issue. As well, their findings that the majority of memorable messages (37.3%) were on the topic of early detection with only 6% on prevention confirms that breast cancer coverage in the context of prevention is lacking in media discourse.

“Breast cancer coverage in China and the United States: a comparative analysis of wire service news stories”, by Liu Bingying, published in the Chinese Journal of Communication in 2011, reported that the U.S. coverage of breast cancer focused more on treatment and personal stories while in China, the coverage was more on risk reduction and prevention as well as early detection and diagnosis. These trends are again generally consistent with what this thesis posits is the case in terms of the overall content of the media pieces to be analyzed here.

Walsh-Childers, Edwards, and Grobmyer studied the comprehensiveness and accuracy of breast cancer messages in magazines from 2002 through 2007 in their study “Covering Women’s Greatest Health Fear: Breast Cancer Information in Consumer Magazines” published in 2011. The authors looked at 33 key facts as determined by an “expert panel.” The magazines, the study found, were most likely to emphasize family history of breast cancer or genetic characteristics as risk factors for breast cancer and they concluded that magazine coverage may contribute to women’s inaccurate perceptions of breast cancer risk. Many of those “key facts” are those which this thesis - and others as will be described in the paragraphs to come- are part of discourse of the *dominant* paradigm of breast cancer, which tends to omit environmental and occupational risk factors as well as primary prevention.

The above mentioned literature offers various insights into breast cancer messaging in the media. However, the direction that this thesis takes is different in a number of ways from the above. The theoretical foundation of the Propaganda Model rooted in political economy is new when it comes to studying the issue of breast cancer in the media. As well, utilizing the methodological approach of Critical Discourse Analysis, which assumes an ethical stance on social issues, is also novel in the study of breast cancer content in the media. Furthermore, the inclusion of occupational exposures as a topic for study in the news of breast cancer is also unique to the literature.

This thesis will offer new insights towards an understanding of the media in terms of breast cancer coverage in that it provides a more in depth analysis of media content through discourse analysis within media texts, and through the application of the theoretical foundation of political economy and the Propaganda Model. This thesis seeks to understand how the media operate in terms of breast cancer messaging and thereby to relate the influences on the content or

discourse of breast cancer. It should also be noted that this thesis utilizes the Canadian media as the source, which arguably has similarities to the American context given the cultural likeness and relationship, but is fresh in its source of Canadian material.

As this thesis aims to look at the media and breast cancer coverage in a novel way, there are certain key pieces of literature from alternative sources – that is not from the mainstream communications journals but rather in some cases books, journals from other disciplines, blogs, websites, alternative media, even activist publications. Either for their approach to studying the media, or in terms of examining breast cancer from the perspective of the necessity for inclusion of a discourse of primary prevention and a view to understanding causes with consideration of environmental or occupational exposures, these pieces served to situate the work of this thesis in important ways.

A key piece for situating this thesis in terms of the approach is James Winter's *Lies the Media Tell Us* published in 2007. In this compelling book, case study after case study reveals how the corporate structure influences the mainstream media coverage on numerous issues. Coming from a political economy perspective, the case studies expose such phenomenon as the generation of "MediaThink" and "Media Truisms" as produced by the texts of corporate media which Winter argues is fundamentally a system of propaganda.

While this thesis is examining media messaging, it is important to understand breast cancer in the context of the scientific community who are investigating breast cancer. And as with the media, the scientific community has conflictual positions on breast cancer. In "A Lab of Our Own": Environmental Causation of Breast Cancer and Challenges to the Dominant Epidemiological Paradigm" (2006) Brown, McCormick, Mayer, Zvestoski, , Morello-Frosch, ,

Gasior, and Senier Brown provide a compelling analysis regarding the ways in which the mainstream media discourse is tied to the dominant scientific paradigm. The authors opine:

This type of inquiry also highlights the structure and normative underpinnings of current scientific research – what we term the dominant epidemiological paradigm (DEP); (Brown et al. 2001). Each disease has its own DEP, an embedded set of institutional structures, beliefs, and actions of academia, government, industry, non-profit organizations, health voluntaries (e.g. American Cancer Society), and the media. Through the DEP, these social actors identify and define disease as well as determine their etiology, proper treatment, and acceptable health outcomes. The DEP for breast cancer is characterized by an outlook on disease that emphasizes individual behavioural factors rather than environmental and social factors in disease causation and health promotion. Such an individualistic focus is common since it seems more straightforward to change individual behaviours than to recognize social institutions and/or promote fundamental changes in industrial production and government regulation. Such individualistic approaches also carry a moralistic undercurrent that holds individuals responsible for their health status despite population data that demonstrate the importance of social structural factors in determining health and disease in populations. The approaches frequently are termed *lifestyle approaches* since they deal with factors that are apparent choices, such as smoking, diet, alcohol use, and late first parity. But a lifestyle approach fails to see that personal behaviors are shaped largely by social structure. (Brown et al., 2006, pp.500-501)

Brown et al. also offer to this thesis an underpinning of the issue as regards the theoretical framework of political economy.

The traditional and dominant approach to disease research focuses on individual risk factors, while environmental-breast-cancer researchers and activists pursue population- or community-level factors. Underlying science and policy are what Sylvia Nobel Tesh (1988) calls hidden arguments, political ideology about legitimate sources of knowledge and moral arguments, or conceptual frameworks, inform what questions get asked, which do not, and how researchers go about investigating them. Furthermore, these frameworks theorize about the causes of disease (Tesh, 1988) and therefore they influence how researchers conceptualize and operationalize the determinants of health (Zierler and Krieger 1997). Finally theoretical frameworks also inform how researchers prioritize among possible models for disease prevention. (Brown et al., 2006, p. 517)

This passage is illustrative of how the media also function, particularly in terms of how they report on disease and how “expert sources” are predisposed, thereby influencing the media coverage. These are important considerations in this thesis.

Author Barbara Ehrenreich was very important in the development of the questions and approach to this thesis, in particular with her article “Welcome to Cancerland” published in Harper’s Magazine in 2001. In this unapologetically critical piece on the breast cancer culture in the United States, Ehrenreich takes us through her experience as a breast cancer patient, from mammogram to “survivorhood”, and every step in between as it fuels her critique of the medical system, the culture of infantilizing, the pinkwashing rampant in the fundraising culture, even the direction of the breast cancer movement, identifying how it has been moved from its feminist roots to the cheery “darlings of corporate America”. Ehrenreich charges that “by ignoring or emphasizing the vexing issue of environmental causes, the breast cancer cult turns women into dupes of what could be called the Cancer Industrial Complex: the multinational corporate enterprise that with one hand doles out carcinogens and disease and, with the other, offers expensive, semi-toxic pharmaceutical treatments.” (p.10) And of the sisterhood encouraged among breast cancer survivors, she proclaims:

No, this is not my sisterhood. For me at least, breast cancer will never be a source of identity or pride. As my dying correspondent Gerri writes: “IT’S NOT OK!” What it is, along with cancer generally or any slow and painful way of dying, is an abomination, and, to the extent that it’s manmade, also a crime. This is the one great truth that I bring out of the breast cancer experience, which did not, I can now report, make me prettier or stronger, or more feminine or spiritual – only more deeply angry. What sustained me through the “treatments” is a purifying rage, a resolve, framed in the sleepless nights of chemotherapy, to see the last polluter, along with say, the last smug health insurance operative, strangled with the last pink ribbon. Cancer or no cancer, I will not live that long of course. But I know this much right now for sure: I will not go into that last good night with a teddy bear tucked under my arm. (p. 10)

As will be shown in the analysis to come, this kind of anger or dissent is not evident in the mainstream media discourse. Instead, what we find is endless bright-siding and portrayals of cheerful warriors.

Jim Brophy and Margaret Keith in “Barriers to the Recognition of Occupationally Related Cancers” published in 2011 in the *Journal of Risk and Governance* outline the problem of differing perspectives on cancer causality – mainly the two perspectives of personal lifestyle risk factors as opposed to the socially determined environmental risk factors. In this article they expose the historical debate within the scientific community regarding cancer causation, the barriers to resolving these issues as well as recent research on endocrine disrupting chemicals. Brophy and Keith posit that these synthetic compounds pose particular risks for women as they mimic estrogen, a known risk factor for breast cancer.

They argue that:

The rise in cancer incidence has occurred in the context of the tremendous post World War Two growth of the use of synthetic chemicals with a corresponding increase in the political power of the chemical industry (and Capital as a whole). There has also been a corresponding growth of the cancer establishment and its ability to frame the debate about the avoidable causes of breast cancer (Epstein, 2002). In general, these institutions have focussed the issue of cancer causality on lifestyle while, when necessary, using political pressure to downplay the potential role of exogenous occupational and environmental risk factors. (Clapp, 2000; Brown and Mikkelson, 1990). Cancer research pioneers like Dr. Hueper are isolated and silenced. Doll’s and Peto’s analysis is promoted, while other researchers like Epstein, Infante, and Davis that challenge the prevailing wisdom are marginalized. This strategy has successfully maintained the vested interests of the corporations, but has failed to win the war against cancer. (Brophy & Keith, 2011, p. 18)

Several pieces found within the alternative media also provide a critical look at the issue of breast cancer. This is the case in an article in *Counterpunch* entitled “Why we can’t prevent cancer.” Author Peter Montague describes how it is that a single point of view can become the dominant story, even if that perspective lacks credibility or even truth. This thesis argues that the mainstream media has had a tendency to back the scientific or medical community when it comes to their cancer perspective, in particular the lack of mention or dismissive ways in which occupation and environment are treated in the context of risk or causation, and a focus on

treatment. Montague documents this in his article, explaining that in 1981 two British scientists published a study in which they estimated that 2 – 4% of all cancers are caused by environment or workplace exposures. “It was wrong,” Montague asserts. (Montague, 2005, p.4) But that didn’t stop it from becoming the official figure recited over and over. Montague’s assessment of its impact is provided at length.

What a welcome message this was for the cancer-creation industries (petrochemicals, metals, pesticides, asbestos, radiation, and others) and for the cancer treatment industry! Damn the torpedoes – full-speed ahead! The “prevention is pointless” crowd latched on to the Doll and Peto study and spread it everywhere. By the end of 2004, the original 1981 Doll-and-Peto paper had been cited in 441 subsequent scientific papers. But even more importantly, the federal National Cancer Institute and the American Cancer Society (which together you could call the cancer establishment) adopted the Doll-Peto perspective, that cancer is a lifestyle disease – the victims themselves are responsible – and that prevention of environmental and occupational exposures is not worth the effort. Remember this was the beginning of the Reagan counter-revolution and the Doll-Peto paper fit right into the new ideology – government is bad, big corporations are good, we’re all individually responsible for whatever bad things happen to us, and greed is good because it makes the world go ‘round. (Montague, 2005, p.4-5)

Montague’s analysis supports the framework as described in the Propaganda Model.

In a 2003 article in *Z Magazine* entitled “Cancer: It’s A Growth Industry”, author David Ross shares information from an interview he conducted with Dr. Samuel Epstein, in which Epstein reveals an alarming piece of information about breast cancer screening, and conflict of interest between industry, the National Cancer Institute and the American Cancer Society. And while it does refer to the American context, it is relevant in the Canadian context as well. It is information that is not likely to appear in the mainstream.

The conflicts of interest extend particularly to the mammography industry – the machine and film industry. We have excellent data showing that pre-menopausal mammography is not only ineffective, but is also dangerous for a variety of reasons, including the high doses of radiation. Two films of a breast in a pre-menopausal woman gives that woman

about 500 times the dose of a chest x-ray. If a pre-menopausal woman gets mammography every year over a ten-year period, the dosages of radiation...reaches reasonably close to the kind of dosage that women got in Hiroshima and Nagasaki outside of the major epicenter where the atom bomb was exploded. Nevertheless, a radiologist will tell women when asked is there's any problem with the radiation, "Well my dear," and they'll call them by their first name, "not at all. It's just the same as spending a few days in Denver or taking a trans-Atlantic flight." This is deception and manipulation.

Epstein's description offers an instructive insight especially in contrast with many of the *Toronto Star* articles in which screening is posed as the way for women to be active in their fight against breast cancer.

Hazards, a British health and safety magazine, published a report entitled "Occupational Cancer: Burying the Evidence". In the report, author Rory O'Neill discusses a paper, which examined the issue of the role the public relations industry plays in terms of the media coverage of studies on occupational cancer.

The authors of studies critical of industry can find themselves facing a barrage of attacks, both from lawyers and the industry's own PR machine...corporations "work with attorneys and public relations professionals, using scientists, science advisory boards, front groups, industry organisations, think tanks, and the media to influence scientific and popular opinion of the risks of their products or processes.

"The strategy, which depends on corrupt science, profits corporations at the expense of public health."

The paper concludes: "The strategy developed by corporations working in concert with law and PR firms has been successful in limiting both liability and regulation." It says concerned health professionals and others have to wage their own PR campaign "to protect rather than undermine public health" and "must form more effective linkages with unions and authentic grassroots community organisations." (O'Neill, 2005)

Not only does this offer some insight into “how it all works”, in line with the fourth filter of the Propaganda Model, it also suggests how to attempt to counter the problem of industry influence.

There is a significant gap in the way the mainstream and the alternative media tend to cover breast cancer. What this reveals is that mainstream media need a radical change, away from corporate ownership and the influence of the dominant ideological paradigm. The above examples from the alternative media serve as a tool to demonstrate that the discourse on breast cancer in the mainstream media is narrow, misleading and outright dangerous. The analysis in the Chapter Five will illustrate this.

IV. METHODOLOGY: CRITICAL DISCOURSE ANALYSIS

In an effort to illuminate the dominant discourse regarding breast cancer causation, and further, the contention that the mainstream media tend to ignore occupation and environment as risk factors, as well as failing to explore the broader societal cancer prevention strategies while focusing primarily on personally modifiable lifestyle factors and medical treatment when covering breast cancer, I will be implementing a Critical Discourse Analysis (CDA) approach. In other words the analysis will examine how the discourses serve the interest of the elites of society and the dominant ideological forces.

This framework is an appropriate approach for a number of reasons given the subject matter. In particular, it may help to reveal that the texts reflect how the larger cultural, political, social context bears upon media coverage including imbalance of power, class and gender inequity, and other injustices. This extends the earlier discussion of the theoretical framework of the Propaganda Model. As well, given the incidence rates of breast cancer, the subject matter has consequences for a large number of women and therefore it would be hoped that shedding light on the problem via the media might lead to action for change.

CDA encompasses the notion that the dominant forces in a society construct versions of reality that favour the interests of those same forces. The reality of breast cancer contains a different story than the one that is being told in the mainstream media and CDA helps in exposing that reality.

CDA is appropriate in the case of this research for another reason. CDA researcher Thomas Huckin is quoted here.

Critical discourse analysis assumes a social constructionist view of discourse. Following the post-structuralist philosophies of Michel Foucault, Mikhail Bakhtin, and others, CDA

practitioners assume that people's notions of reality are constructed largely through interaction with others, as mediated by the use of language and other semiotic systems. Thus, reality is not seen as immutable but as open to change – which raises the possibility of changing it for the better. By focusing on language and other elements of discursive practices, CDA analysts try to illuminate ways in which the dominant forces in a society construct versions of reality, which favour the interest of those same forces. By unmasking such practices, CDA scholars aim to support the victims of such oppression and encourage them to resist it. (Huckin, 1997, p.2)

Analyzing the mainstream coverage of breast cancer here through textual analysis is intended to reveal that what is written and how it is written reflects powerful interests in our society such as multinational pharmaceutical and chemical corporations. And in keeping with tenets of resistance and social conflict within CDA, this analysis is intended to encourage collective action against those powerful interests whose conduct is oppressive to the health of certain sectors of the public. Prevention of breast cancer is not an unattainable goal if we understand the systemic contributions and work to challenge them.

Critical Discourse Analysis is a methodology of textual analysis, which employs a number of analytic tools that can be suitably applied to media texts. Huckin explains that these tools “point out those features of the text that are most interesting from a critical perspective, those that appear to be textual manipulations serving non-democratic purposes.” (Huckin, 1997, p.2)

Among these tools are:

- Text As A Whole
- Framing
- Foregrounding and Backgrounding
- Omission
- Presupposition
- Discursive Differences
- Agent-Patient relations

- Insinuations
- Connotations, Labels and Metaphor
- Register
- Modality (Huckin, 1997)

A brief description of each of these tools used in the analysis of the breast cancer texts follows. It should be noted that not all tools are applied in each case. Instead, the most prominent aspects of the analysis within an article categorized under a particular theme will be discussed for the purposes of illustrating the observations and conclusion made in each case. To make clear how those conclusions were made, each tool is briefly explicated here.

The *text as a whole* tool was used in an overall reading of each article, which produced impressions of each piece in terms of the genre, noticing if and how loaded words were used, as well as revealing whether or not there was a particular slant to the reading. This was the basis on which, after all of the articles were read, the themes - as will be revealed in chapter four – were devised.

After a *text as a whole* reading, the following tools were used on the text and then applied in pivotal examples on a sentence by sentence basis.

Interpreting the *framing* within a text is also quite revealing. Within the *framing* the context is considered, the angle the story or the writer takes, the slant of the information presented, and sometimes it includes a “good guys vs. bad guys” frame. (Huckin, 1997)

Foregrounding and backgrounding within media texts are also very revealing. This refers in some cases to the “top-down orientation” of certain pieces of information, or the priority or emphasis given certain ideas.

Omission, which Huckin asserts is “the ultimate form of backgrounding” (Huckin, 1997), is an extremely important tool in the context of the analysis of breast cancer media texts. As stated in the introduction of this thesis, the environmental and occupational risk factors for breast cancer, as well as primary prevention, were consistently omitted. The importance of these omissions in the context of breast cancer is as Huckin argues, “the most potent aspect of textualization, because if the writer does not mention something, it often does not even enter the reader’s mind and thus not subjected to his or her scrutiny. It is difficult to raise questions about something that is not even there.” (Huckin, 1997, n.p.)

Presupposition, in other words ideas which are taken for granted, leave no room for alternatives. As with *omission* in the case of breast cancer, presupposition was frequently identified in the texts analyzed. The mainstream media breast cancer discourses presuppose, as an example, that seeking the cure is the answer to the problem or that prevention comes in the form of modifiable lifestyle risk factors and that the alternative of taking a systemic approach to understanding breast cancer causation is not an option.

Discursive differences refer to the “voices” used to convey information. A more authoritative “voice” can be utilized in order to recommend a certain research approach or new treatment modality for example. Authoritative voices are often positioned in contrast to the helpless, ordinary person.

Agent-Patient relations within a text can ascribe who has power of action and who does not. Breast cancer patients, for example, are portrayed as being under the control of the medical system which would have agency over their health.

Another very valuable tool within CDA is looking at *insinuations* within a text. Often powerful suggestions are made, sometimes in the form of double meanings; insinuations can convey a sort of foregone conclusion. In the example of breast cancer discourse, there might be the presupposition that women are responsible for their own cancer due to their lifestyle choices. Another presumption is that environmental factors are of minimal importance. Another is that prevention efforts are in place because the system is working and we are being taken care of. Therefore doubts are cast on the credibility of those who assert the possibility that environmental factors may be responsible.

Connotations, labels and metaphor, are powerful ways of conveying a preferred message within a text, which can often be found at the level of individual words or phrases. Survivors, warriors and activists are examples of words that connote key assumptions in the context of breast cancer discourse.

Finally, *register*, the use of formal or informal text, as in the case of technical, medical or scientific language in the context of breast cancer has important implications for the readers as does *modality*, which conveys a particular tone or level of certainty through the use of various words such as might, can, or no doubt. (Huckin, 1997, p.5-8)

Other Critical Discourse Analysis researchers touch on some of the more pivotal aspects as they relate to the work of analyzing breast cancer discourse. van Dijk's work is pertinent for defining what CDA is, what its goals are, and how its researchers situate themselves in the societal context. He tells us that CDA does not have a unitary theoretical framework though it is centered on power, social power, abuse of power, and the control over discourse. (van Dijk, Teun A., n.d., n.p.) van Dijk calls attention to the fact that CDA is not without predisposition – that it

situates the work within the values of the societal context and even those of the researcher. In the case of the argument for inclusion of occupational and environmental risk factors and primary prevention in the messaging of breast cancer, there is an agenda, based on a set of values and principles that are in conflict with those of the dominant ideology. Van Dijk says:

Crucial for critical discourse analysts is the explicit awareness of their role in society. Continuing a tradition that rejects the possibility of “value-free” science, they argue that science, and especially scholarly discourse, are inherently part of and influenced by social structure, and produced in social interaction. Instead of denying or ignoring such a relation between scholarship and society, they plead that such relations be studied and accounted for in their own right, and that scholarly practices be based on such insights. (van Dijk, 2001, pp. 352-353)

As such, this thesis is situated within the context of the current social, economic and political relations in which breast cancer is allowed to proliferate as a by-product of capitalist production.

As with van Dijk and Huckin, Fairclough’s approach is extremely useful in its description of what CDA is, as well as, its analytical framework and definitions. Of importance for this research is the position he asserts on the use of CDA: “A critical awareness of language and discursive practices is, I suggest, becoming a prerequisite for democratic citizenship, and an urgent priority for language education in that the majority of the population is far from having achieved it.” (Fairclough, 2003, n.p.)

Stemming from his analysis of the role of discourses and knowledge in social change, pointing to the ideological aspects of different discourses and connection to social practices and power, Fairclough cites Marcuse in the “closing down of the universe of discourse”, drawing attention to the problem of a single political-economic discourse in the context of politics. (Fairclough, 2003, n.p.)

Ruth Wodak furthers this point when she argues “power does not derive from language, but language can be used to challenge power, to subvert it, to alter distributions of power in the short and long term.” (Wodak, 2003, n.p.)

This perspective is of relevance in the context of utilizing CDA towards the development of improved communication strategies, the transformation of our media systems as well as our societal and cultural – including political and economic – structures, and in changing the media discourse of breast cancer etiology.

In addition to the use of CDA, a mini-analysis of *Toronto Star* coverage of breast cancer was conducted, the results of which appear toward the end of the Analysis chapter in the form of a table. The table was generated through a Canadian newsstand search of the *Toronto Star* for the period 2002 through 2012, for all articles containing the search words “breast cancer”. Each of these articles, by year, was further searched with important key words in the context of breast cancer and the results of the CDA applied to the articles in the 2012 set. This table extends the analysis by providing a picture over a period a time of the tendency to cover breast cancer in particular ways.

V. ANALYSIS

The data for this analysis were obtained by conducting a Canadian Newsstand search of articles in the daily *Toronto Star* for the time period January 1, 2012 through December 31, 2012, using a key word search for breast cancer. *The Toronto Star* was chosen as it is the largest circulation newspaper in the country and therefore can be construed as the most important paper in terms of reach in that respect. As well, it is seen as the most progressive newspaper in terms of coverage compared to others such as the National Post. It was therefore surmised that the coverage on the issue of breast cancer would also be the most progressive relative to the others. The time frame, the year 2012, was chosen as it was the most recent complete year of coverage, and therefore would be the most up-to date in terms of scientific and other developments in breast cancer. A total of 125 articles were found and form the basis for analysis and hence drawing conclusions about the “mainstream media” coverage of breast cancer.

After a *text as a whole* reading of the full set of articles, several themes were identified, informed in part by the research questions asked in the formation of this thesis, as well in consideration of the theoretical foundation, the Propaganda Model (PM), being applied here. The themes are as follows:

Theme A) Genetics and lifestyle choices such as diet, exercise, smoking and alcohol consumption are the cause of breast cancer *or Women are to blame for their own cancers, not the system which accepts involuntary exposures to carcinogens in the general and work environments.*

Theme B) Breast cancer transforms women into cheerful warriors and survivors *or Anger and dissent are virtually absent; these lead to death.*

Theme C) Cancer is an accepted part of life; taming, normalizing and purporting its inevitability *or Who needs breasts anyway?*

Theme D) We can buy our way out of breast cancer; promotion of pink products, fun events and endless fundraising *or Shop For The Cure.*

Theme E) Early detection is the best prevention and research into a cure is THE cure for breast cancer; the answer lies in continued investment and energy invested into seeking a cure *or Primary prevention means stopping cancer before it starts, not treating cancer in its early stages and there is no need to look at prevention or even causes of breast cancer such as occupational and environmental exposures.*

Theme F) Treatments - medical, surgical, psychological and pharmaceutical - are the answer to the breast cancer problem *or Why prevent when we can treat?*

Theme G) Occupational and environmental exposures are marginal if at all existent; researchers who claim otherwise are suspicious *or Activists, advocates and dissenters are biased and their science is flawed.*

It should be noted that although articles have been coded into separate themes, there are many cases where articles contain elements of various themes, but they have been only counted once, and categorized into the theme that was most prominently articulated in the article.

The following table (Table 1) illustrates the breakdown of the articles into the themes.

Table 1: Themes by number and percentage

Theme	Number of Articles	Percentage of Articles
Theme A	28	35%
Theme B	25	31%
Theme C	22	28%
Theme D	17	21%
Theme E	11	14%
Theme F	8	6%
Theme G	6	8%
Articles with no theme	8	6%
Total	125	97%

What follows is the in-depth analysis of the articles by theme, using the tools of the methodology *critical discourse analysis*, as described previously under methodology.

Theme A) Genetics and lifestyle choices such as diet, exercise, smoking and alcohol consumption are the cause of breast cancer or Women are to blame for their own cancers, not the system which accepts involuntary exposures to carcinogens in the general and work environments.

The title of this theme speaks to the volume of the messaging of this kind in the breast cancer discourse in the mainstream media. In the context of this thesis and the set of articles being analyzed, 28 (35%) of them fall under this theme.

In their 2006 study which sought to situate what they call the “scientific controversy concerning environmental causes of breast cancer,” Brown et al. – as already quoted - identify aspects of this theme within the science along with an explanation as to the reasons behind this.

This type of study highlights the structure and normative underpinnings of current scientific research – what we term the dominant ideological paradigm (DEP); (Brown et al., 2001). Each disease has its own DEP, an embedded set of institutional structures, beliefs and actions of academia, government, industry, nonprofit organizations, health voluntaries (e.g. American Cancer Society) and the media. Through the DEP, these social actors identify and define disease as well as determine their etiology, proper treatment,

and acceptable health outcomes. The DEP for breast cancer is characterized by an outlook on disease that emphasizes individual behavioural factors rather than environmental and social factors in disease causation and health promotion. Such an individualistic focus is common since it seems more straightforward to change individual behaviours than to reorganize social institutions and/or fundamental changes in industrial production and environmental regulations. Such individualistic approaches also carry a moralistic undercurrent that holds individuals responsible for their health status despite population data that demonstrate the importance of social structural factors in determining health and disease in populations. The approaches frequently are termed *lifestyle approaches* since they deal with factors that are apparent choices such as smoking, diet, alcohol use, and late first parity. But a lifestyle approach fails to see that personal behaviours are shaped largely by social structures. (Brown et al., 2006, 500-501)

This observation, while focusing on elements that comprise the dominant paradigm, also raises environmental and industrial factors. These are, in large part, missing in the science, and likewise in the mainstream media. As argued by Huckin (1997) and others, omission is an important consideration when conducting textual analysis. As will be illustrated in the following pages, the environmental and occupational factors contributing to breast cancer are virtually absent, or omitted, while lifestyle factors are often foregrounded or provide the framing for breast cancer discourse.

Drs. Roizen and Oz's weekly column in the *Toronto Star* often provides news from the medical realm, and frequently focus on the individual choices readers can make to achieve better health. The framing provided by the headline of one of their columns, "Cup of Coffee had major cancer-fighting benefits," immediately does just that, and places the onus on the individual and a lifestyle choice. (Roizen & Oz, 2012, Jan. 02) A *text as a whole* reading of this column confirms this is not only for breast cancer but for other cancers as well. The genre of such a column grants the doctors authoritative voice and the modality provides a strong endorsement for the amount of coffee people drink from the point of view that it helps prevent cancer. "We average about 3.4 cups of coffee per day. Great news! Because in the war against cancer, coffee – lots of it – has become one of the most powerful weapons you never suspected." The writers also make use of

the common terminology used with cancer – the war analogy, as will be further discussed in Theme B that follows. The column later makes the claim that, with “breast cancer – heavy coffee drinkers run a 20 per cent to 50 per cent lower risk of some breast cancers after menopause, versus women who sip less than a cup.” And while there may be scientific evidence which backs this information, it is provided as a standalone fact, omitting the other contributors to cancer. It all comes down to lifestyle here.

A January 5, 2012 news article continues on the lifestyle theme with the opening “there’s been an unexpected rise in seven types of less common cancers in the United State, in some cases linked to growing obesity rates, says an American Cancer Society report urging more study to determine underlying causes.” (2012, Jan. 05) Clearly diet is foregrounded here, the framing of lifestyle as responsible for cancer is created, and the reference to the American Cancer Society provides authority and reinforces for the reader that this is credible information. From the perspective of the PM as the theoretical foundation, this is an example of elite sources information for public consumption. It typifies the prevention of breast cancer messaging so often given in the context of lifestyle or individual factors. “Better prevention – including anti-smoking campaigns, added screening, and improved nutrition – helped decrease mortality from the most-prevalent malignancies, in lungs, breasts and colons.” Two paragraphs later it continues with “People are living longer, so lifestyle choices at earlier ages and viruses they were exposed to, such as hepatitis or the human papilloma virus, may spur tumours as people get older, the report suggested.” Once again the omission of other exposures, such as carcinogens in the general environment or occupational exposures, early life or otherwise, reinforces that lifestyle factors are the most important. It is also interesting to note here that, when talking about the science of cancer, mortality rates are discussed in the context of 5 year survival. In other words,

survival only considers the 5 year period following diagnosis so a death, whether immediately following the cut-off of 5 years or many years later, is not counted as a death attributed to that cancer. The article concludes on a positive note regarding breast cancer advising the reader that “There was also good news in the report. A decline in lung cancer accounted for 40 per cent of the drop in the cancer death rates in men, while a decrease in breast cancer cut women’s death rates by a third.” Again, the breast cancer mortality is referring to 5 year survival rates, which may represent an improvement in the extension of remission related to better breast cancer treatments but not necessarily a cure, per se. It also places some of the blame on getting older while ignoring the fact that breast cancer incidence among young women is on the rise. And of course when looking at modality, the medical and scientific language is presented as statement of fact and in an authoritative voice.

Roizen and Oz’s February 4th column headline appears to break from the dominant paradigm of the individual focus. “Everyday fumes could raise risk of breast cancer” suggests that environmental exposures are being connected to breast cancer. And they are. But it is evident from the first sentence that such exposure is the individual’s choice, not that we might be unknowingly or unwillingly exposed to the chemicals they identify as related to breast cancer. “You wouldn’t take a bath in paint-thinner or breathe gas fumes for fun, so why are small everyday doses of toxic chemicals ok? Well, they’re not” the doctors assert. (Roizen, Oz, 2012, Feb. 04) Agency is immediately given to the individual, albeit in a tongue-in-cheek way. In consideration of the top down orientation, it is the individual who is given agency right from the start. The second paragraph reveals that the information source for this column is a new report which looks at environmental toxins and breast cancer, once again suggesting external causes, but brings it right back to individual lifestyle choices with the declaration, “Here’s the key stuff

on protecting you and your loved ones from environmental chemicals that promote breast cancer. The Institute of Medicine's concise message: 'Limit or eliminate your exposure to chemicals that are plausible contributors to breast cancer risk.'" It is clearly putting the power in the hands of the individual but it does not truly rest there, in this case.

The third paragraph follows up with some very important and useful information as far as the development of cancer and makes an acknowledgement of the fact that we are exposed to many dangerous chemicals. "There's a lot we don't know, but we do know that cancer can take decades to develop. And over the decades, we're all exposed to thousands of harmful compounds." They go on to inform the reader that, "About 34,000 cancer deaths a year are due to environmental pollutants." This is a rare statement in the mainstream media. Even using the word environment in connection with breast cancer is outside the norm and should be seen as progressive in that many breast cancer researchers assert that this is an understudied and under recognized area. The column continues with more information from the report which identifies second-hand smoke, chemicals in gas fumes, car exhaust, some work environments, and solvents in dry cleaning, paint and paint thinners. Again, a rare mention of occupational exposures, but this is framed with other pieces of information relate again to individual choices as far as what and how they are exposed, which seldom includes the workplace.

The next sentence, while again introducing a rarely seen connection to hormone mimicking chemicals in plastics and pesticides is problematic in modality with the use of the phrase, "could also be a problem." The use of the word "could" communicates a lack of certitude. This may be appropriate wording in a scientific journal; due to the conservative nature of science, associations are almost always hedged with statements regarding limitations or the absence of absolute proof. But using such language in a mainstream article sends the message

that such exposures might not be harmful, despite considerable evidence to the contrary. As well, this would have been an opportunity to raise the fact that the system allows for exposures that we cannot control -- both in the general and work environments. As doctors, and for the health of the readers that they are serving with their column, they could have made a case for the implementation of the *Precautionary Principle*, which states that, "When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically." (Kriebel et al., 2001, p. 871). Such measures could include improved regulation or even bans on the use of chemicals that they are acknowledging are connected to breast cancer. Instead, that discussion is absent, or omitted all together. It is presupposed that we accept these exposures and that it is a given that they are there; that we don't have any control whether or not they are allowed to be used or produced at all. Instead, Roizen and Oz return once again to the lifestyle and individual's role in developing breast cancer. "Don't shrug off their harmfulness. Instead, take these five steps. They'll lower your exposure to many toxins that threaten breasts most. 1. Don't breathe in this gunk: tobacco smoke, gasoline fumes, car exhaust. They have the strongest links to breast cancer risk. So steer totally clear of other people's tobacco smoke. (You don't smoke right?)" This assumes that people can actually avoid these things -- that is not always possible. Again, the argument for more systemic changes, such as stronger environmental regulations, tighter industry standards or banning of toxic products, is missing though given that this is a personal advice column it is not really surprising that they reduce it to personal smoking habits.

The second of their five steps once again puts the onus on the individual. "2. Try to use this stuff outside only: organic solvents in paints, paint strippers, glues. Air out fresh dry-cleaning in the garage or on a porch before bringing it in. Try to find a "green" dry cleaner, who

doesn't use trichloroethylene or perchlorethylene; both solvents are health worries. If solvents are reported in your local water supply, add a carbon filter to your taps." The first comment to be made here is the register. Although what is being discussed is potentially very serious, the tone is light, with the use of the word "stuff" instead of perhaps chemical or even carcinogens. It connotes a lesser problem. As well, calling potential breast cancer development in relation to these dangerous exposures "health worries" tones down the significance of the possible outcome. And while these are being discussed in terms of the reader as consumer of these goods, which is illustrative in and of itself of the perspective or slant being taken, there is no mention of the workers producing or using these products and who would likely have many times higher rates of exposure and correlating elevated cancer risk. This is a glaring omission once again of breast cancer in relation to occupation. Again, there is no question or criticism of the system which not only allows these chemicals to be produced or to be in use and available but further does not properly regulate them for the dry-cleaner worker or the painters using this "stuff." What's more, the fact that these harmful agents do end up in our water supply is not questioned, but rather is brought down to the recommendation that individuals should buy a carbon filter to protect themselves. The text of this second step alone reveals a great deal about how the mainstream media deal with this kind of information. Subjected to critical discourse analysis and the scrutiny of a systemic approach this second step reveals a great deal about what is valued in our society and who has the power. It is a false power being put in the hands of the individual, and it is presented as the only power through omission of making clear what other options might be available. In the context of the PM, this is the ideological filter at work.

The third step advises readers to "sidestep hormone disrupters." Again the modality is important here. The use of the word sidestep is a lighthearted way of presenting the need to avoid

these dangerous chemicals that are mimicking hormones and are a breast cancer risk. They acknowledge that BPA, “the most famous one” is “found in up to 30 per cent of women with breast cancer.” This is a substantial number. They don’t give that any weight though when they happily inform us that, “Fortunately it’s been removed from all hard plastic bottles, glasses and pitchers, but most tinned foods still come in cans lined with BPA-laced material (it excels at blocking spoilage and can contaminants).” Is this not an endorsement of the value of BPA at the end of a sentence that started off praising the elimination of it elsewhere? This serves to undermine the earlier acknowledgement of its harm, redeeming its value in use. We are advised, as a solution, to purchase canned products in BPA-free cans.

The reader is further informed that cash-receipts are coated with BPA and that, like the cans, we ought to avoid them either not accepting the receipts or ensuring that we wash our hands after touching them. They do not suggest that we eliminate the use of this chemical at all so that the consumer is not exposed. And let’s not forget the oft-omitted worker in this equation. How does the canned food production worker avoid the exposure, or the cashier who handles the receipts shift after shift? Again, within the system there is an acceptable level of risk for certain people in our society. Further, it is presupposed that industry has the right to produce, use and sell these chemicals for a profit and the individual must protect herself.

In step 4, Roizen and Oz tell the reader to “Be choosy about personal-care and household products. Choose non-toxic cleaners – the Green Seal is one good guide (www.greenseal.org); try baking soda and vinegar, too.” This is good information with a source for alternatives to the dangerous ones. However, it is insinuated that the authority or credibility of these alternatives is questionable in the subsequent sentences which advise that, “There’s plenty of controversy about certain chemicals in cosmetics, shampoos and more. The Environmental Working Group

(www.ewg.org) has a cosmetics database of worry-free products.” Again, it looks as though the individual is given the power to choose, when the reality is the system chooses not to eliminate the dangerous options, not to mention once again that the workers producing and handling the household and personal care products are presumably at much greater risk. What choice do they have as far as alternatives and avoiding exposure in the context of fear of job loss and a class system which disenfranchises them? It is as though Roizen and Oz have reached the bounds of the expressible in even suggesting the alternatives. It appears that they must not only stop at suggesting individual solutions, but also create doubt about the veracity or strength of the evidence identifying the harmful chemicals and pollutants they suggest we avoid.

Step 5 according to Oz and Roizen is to: “Start early. Remember steps 1-4 when you’re conceiving, breastfeeding and raising kids to protect your tissue during vulnerable development periods.” This further reinforces that we are responsible for our own exposures and then our children as well – and omits any accountability on the part of the system that creates the possibility for exposure.

So while, in this column, Roizen and Oz do suggest occupational and environmental exposures, they do so within the dominant paradigm, which ultimately concludes that women are to blame for their own cancer.

It’s not just about toxins. To really cut your risk of developing breast cancer, keep your weight healthy and your waist under 33 inches. Stay active. Stick to no more than one alcoholic drink daily. If you’re at above average risk, don’t drink alcohol at all. Consider hormone-replacement therapy for tough menopausal symptoms if you’re not at extra risk for breast cancer and heart disease.

We believe taking bioidentical estrogen, micronized progesterone and two low-dose aspirin daily both cools hot flashes and lowers breast cancer odds. Even without menopausal issues, talk to your doctor about low-dose aspirin to counter breast cancer, colon cancer and stroke.

These conclusions about the traditional lifestyle risk factors and agent-patient relations in their pronouncements are such that they bring the power of action back to the “elites” – to the doctors and to the system which is allegedly taking care of people. And this is further supported at the column’s finish where an advertisement informs the readers that they can purchase the authors’ book “YOU: Losing Weight.” While this column is intended for readers’ questions and doctors’ personal advice, not policy recommendations, it does have an influence on how readers see the issues, particularly considering the authority granted to doctors on these topics.

An article headlined, “Builder’s burger joint began with rare love,” (Menon, 2012, Mar. 13) while not about breast cancer per se, insinuates the lifestyle paradigm once again. In this case, genetics and diet and their connection to breast cancer are foregrounded when the article informs the reader of a large purchase made in an effort to bolster an individual’s breast cancer treatment. “When he purchased a farm in 2008, Shane Bughai’s only concern was his wife’s health. Four years earlier, his wife, Marnie, had been diagnosed with breast cancer, a disease that claimed the life of Bughai’s mother. During Marnie’s treatment, a nutritionist suggested she stop eating beef to avoid ingesting possible artificial hormones.” This advice was presumably sound but it brings to the fore once again the illusion that individual women - or their mothers - determine whether or not they get breast cancer and that the system is working as it should.

A text as a whole read of the article leaves one with the overall sense that the system we live in is beneficial, even generous, to those who play the game. It reinforces the notion of citizens as consumers, of the powerful role of business in our culture, and the underlying principle that money can buy anything, including health. And while there is some truth to the fact that wealth can alter one’s health outcomes, which reveals the class disparities when it comes to disease, we are all ultimately powerless to avoid many exposures that contribute to breast cancer.

In this story Marnie's breast cancer ultimately made her husband richer than he already was, promising a future of continued profit and philanthropic efforts, and lastly, his wife has recovered from her cancer, making this a happy ending story. "So the farm he bought for his wife, thinking it would never corral more than a few chickens and a small herd of cattle, will now be used to supply at least three restaurants in Toronto. The couple, who opened their home in 2005 for a party at which wealthy guests donated money to cancer research, has survived the cancer scare." In these sentences, the reader is left with the message that taking control of one's lifestyle factors, such as diet, having money, and donating money towards research turned a frightening experience, i.e., a breast cancer diagnosis, into an ultimately positive experience.

With some consideration of foregrounding and backgrounding and the top down orientation of the information, the last paragraph of the story finally acknowledges that this woman's breast cancer was not simply a success story, for her or her husband. "'Thank God there is no recurrence,' he says, referring to his wife's recovery. 'It's a dreaded disease. Sometimes it comes back with a vengeance. Sometimes it doesn't. You never know.'"

Another article presumably prompted by the Canadian Breast Cancer Foundation's launch of a new awareness program, headlines with lifestyle. "Seeing alcohol as the new tobacco" (Wintersgill, 2012, March 29) leads with the individual choice, creating a frame of lifestyle factors in relation to breast cancer right from the beginning. A *text as a whole* reading of the article leaves the reader with the impression that the science shows alcohol consumption is a major contributor to breast cancer incidence and that, if the public only knew this, they could make the decision to modify their drinking habits and the problem would be largely addressed. What is omitted once again throughout the story is any mention of involuntary factors, such as environmental or occupational exposures, in relation to breast cancer risk. A sentence by

sentence read gives the same message and moves from a somewhat light hearted look at women's behaviours to an authoritative discussion of alcohol's carcinogenic effects.

The article begins with a description of two young women and their Saturday night drinking behaviours. It connotes a kind of reckless ignorance on the part of the women, and conveys a tone of misplaced priorities contrasted with what is then presented as information that they should have. We are told they avoid sugary drinks as mix with their alcohol because, "With alcohol, Faist and Citron's health concerns are related mostly to appearance. They worry about the amount of calories they're consuming, that drinking can be damaging to their skin. Neither woman had heard of the most serious health complication related to drinking: the link between alcohol and breast cancer." The article goes on to inform the reader that, "A 2009 research study by the Canadian Breast cancer Foundation found that just 7 per cent of women knew that moderate alcohol consumption of one or two drinks a day can increase a woman's risk of developing breast cancer . . . 'We were shocked that regardless of education level, regardless of how fit and physically active people were, there was very, very low awareness of alcohol having a link to breast cancer,' says Sandra Palmaro, CEO, Canadian Breast Cancer Foundation." When we examine the discursive differences here, of course Palmaro comes across as the authoritative, knowledgeable voice and Faist and Citron the vulnerable, uninformed people. These discursive differences lend credibility to the overall message in the article of alcohol's threat to breast health.

Further weight is given to the alcohol breast connection and the need for better awareness of the issues in a subsequent paragraph. "The evidence on drinking and cancer has been around for quite a while, but it's not widely known outside the scientific community," says Dr. Norman Giesbrecht, a senior scientist at the Centre for Addiction and Mental Health. Giesbrecht's areas

of research include alcohol policy and chronic diseases related to alcohol.” The way in which he is presented, framed with his credentials and expertise, heightens the argument even more, leaving little doubt as to the importance of getting this information out. Granted, the alcohol breast cancer connection is real. However the omission in this article and arguably in the mainstream media generally of other risk factors lends credence to the ongoing, unchallenged focus on lifestyle risk factors. There is considerable contrast between the estimated 20% elevated risk related to consuming two alcohol drinks per day and the 42% increased risk found in a 2012 study for women working in occupations where they were assessed as likely exposed to carcinogens or endocrine disrupters – even more so for the 268% increased risk found for women working in the automotive plastics industry (Brophy et al., 2012). This is especially significant considering the fact that a quarter of a million Canadian women work in manufacturing. (Statistics Canada, 2013) It begs addressing the occupational issue with as much -- or more consideration as alcohol use.

And yet, the Canadian Breast Cancer Foundation, as reported in this article, “launched a risk-reduction campaign in the fall, promoting smart breast health choices for women. One in nine women will be diagnosed with breast cancer in their lifetime. According to the World Cancer Fund, nearly 40% of these cases are preventable through lifestyle changes.” The article continues, “It leads you to some tangible and actionable things you could be doing,” Palmaro says. Key among them are maintaining a healthy body weight, exercising daily and reducing alcohol intake to one drink a day or less.” Where is the environmental and occupational piece of the puzzle? The statistic regarding the 40% attribution of risk to lifestyle factors is a substantial number. And yet, the article omits any information about what is thought to account for the remainder, which, after subtracting the 5 to 10% believed to be related to genetics, leaves an

unexplained 40 to 50%. Instead the article continues to reinforce the lifestyle factors, handing the responsibility for breast cancer over to the women themselves, with no consideration of where they live, or work or even what their childhood exposures may have been.

Roizen and Oz's next column continues with the dominant paradigm of focusing on lifestyle. Headlined with, "Cut Your Breast Cancer Risk" (Roizen & Oz, 2012, 2012, April 10) the column's modality leaves little if any room for questioning the information as presented.

In January we told you about a major report on chemical toxins and breast cancer. Well, now here's another important piece of the puzzle: You can counteract the breast-cancer-causing effects of metal called cadmium that ends up in air, water and food. It comes from pesticides, manufacturing, paints and plastics as well as smoke and second-hand smoke (smokers have twice the cadmium in their bodies as non-smokers). How? By encouraging eating lots of 100 per cent whole grains and veggies. That's right. The high fiber component of that duo accounts for an 11 per cent reduction in breast cancer risk! But dodging breast cancer isn't all about avoiding toxins: You need also to stay at a healthy weight, only have one drink a day (or none if you are at a high risk of breast cancer), consider taking two baby aspirins a day and opt for hormone replacement therapy (use bioidentical estrodial and micronized progesterone) during premenopause if you're not at extra risk for breast cancer.

Again the column ends with: "YouDocs Mehmet Oz and Mike Roizen are authors of YOU: Losing Weight. Order it at StartStore.ca".

This column contains some identical information to the previous one analyzed under this theme, right down to the sales pitch for their book on weight loss. A *text as a whole* analysis reveals the slant to lifestyle factors. A sentence by sentence analysis brings out the presupposition once again that we don't question the system that allows the toxins they mention to be allowed to be used at all. The foregrounding of smoking once again, with the insertion of the loaded wording of the statistic on smokers at the end of the sentence -- which advises of sources of cadmium -- brings it back to the lifestyle factor of smoking. The follow-up sentence promoting eating vegetables and other high fibre foods reinforces the diet issue. The modality of the breast cancer "dodge" of toxics contrasted with the "need" to control weight and alcohol,

coupled with prophylactic pharmaceutical intake firmly places the onus on the individual and their choices, and insinuates doubt as to the contribution of the exogenous exposures. The omission of any mention of the workers in the industries mentioned – pesticide producers, applicators, or farm workers, workers in the manufacturing sector, painters or plastics workers -- completely ignores their elevated risk of working in these jobs and the comparatively enormous exposures to the toxins relative to the person who comes into casual contact through other means, i.e., consumers. Here again, we can see the PM's fifth filter – the ideological one - is at work in the sense that the consumer culture, and a class based society are the paradigm in which the writers have presented their information.

Often the lifestyle factors are coupled with the genetic component of breast-cancer risk when being discussed in the mainstream media. The pairing of these is found in a news article with the headline, “Blood test, breast cancer risk linked in study” (Lesley, 2012, May 03). The reader is told of a new epigenetic breakthrough which uses a blood test to identify a doubled breast cancer risk. The result of this finding is not surprisingly a push on the individual at the lifestyle level. “This is about future risk. If you get told all of the information about your future risk, maybe you can change some of the lifestyle risk factors,” said lead author Dr. James Flanagan.” While the researchers’ conclusions and advice are surely prudent, they leave no room for any acknowledgement that the women who test positive may live in high exposure neighbourhoods near industries which are polluting the air and water with carcinogens, nor does it account for exposures where they might be working, or for what the childhood exposures might have been. Omitted again are possible systemic contributors; responsibility for lifestyle changes on the part of the women themselves are provided as the key to cancer prevention.

Controlling for one's own risk factors comes up again in Oz and Roizen's column in May. This time around they are answering a reader's question, one who admits she is "terrified" of developing cancer in light of her sister's death from ovarian cancer. Their answer includes a discussion of breast cancer genes and screening in relation to ovarian cancer, as well as the unreliability of some of the screening tests. Their conclusive answer: ". . . adapt an anti-cancer lifestyle: stress reduction, weight control, plenty of physical activity and diet high in fruits and veggies, lean proteins and healthy fats (olive oil, omega-3s found in salmon)." (Roizen & Oz, 2012, May 10.) The traditional risk factors are again provided, in addition to *stress* this time. Again the column ends with an advertisement: "Drs. Oz and Roizen are authors of *YOU: Stress Less*."

This column gives a prime example of the persuasive influence of discursive differences – the authoritative voices of the doctors who have written a book on the issue versus the helpless, fearful ordinary person. Lifestyle is foregrounded, and occupation and environment are backgrounded through omission.

There are some articles that are exceptions to the "rule" of the themes presented in this thesis. One such example, on the surface, is an article entitled, "A changing landscape" (White, 2012, June 26), which is based on an interview with author Florence Williams about her book "Breasts: A Natural and Unnatural History." Throughout the course of the interview as reported, Williams does raise the topic of industrial and endocrine disrupting chemicals and discusses how breasts "soak up" these chemicals. And while Williams does promote two progressive websites – *Environmental Working Group* and *Breast Cancer Fund* - both of which offer challenges to the dominant paradigm of breast cancer and individual blame - it is done in the context of making

better consumer and personal care product choices, thereby concluding the article on a lifestyle note.

An article with the headline, “Lack of sleep a risk in breast cancer,” makes it pretty clear what the forthcoming article will be about. And from the first sentence, the register is formal and presents an authoritative voice in the doctor who is quoted. “Dr. Cheryl Thomson tries to get at least seven to nine hours of sleep nightly. This, she feels, is the optimal amount to maintain health.” (Wong, 2012, Aug. 31) Her authority on the issue is further boosted with the paragraph that tells us “Thompson was the lead researcher on a study, published in the August issue of *Breast Cancer Research and Treatment*, linking lack of sleep as a risk factor in more aggressive breast cancer.” This serves to further establish her expertise on the issue of breast cancer, particularly in connection with sleep as a risk factor. The article goes on to describe the findings of the study in some detail using the jargon found in scientific research and cancer terminology. The reader is provided with a level of confidence about the information as presented, due in part to the genre of the article, the framing in medical and scientific terms, and in its matter-of-fact style. A reader may conclude in a *text as a whole* reading that this is a comprehensive piece. However, in the context of this analysis, there is a grand omission – the occupational connection.

The final two sentences of the article are an affirmation yet again that *individual* behaviours and lifestyle changes are the way out of breast cancer. “She [Thompson] says that while physicians tend to concentrate on issues such as losing weight and eating better, it is also important to stress to patients that sleep is a good thing. ‘We keep saying that it’s important to go to the gym and eat right, but we also need to rest. As a society, I think we simply need to value a good night’s sleep.’” Thompson makes it seem as though it’s straightforward, a clear-cut answer. However, for many people, it is not so uncomplicated. What’s perhaps missing from this is an

acknowledgement of the many people whose jobs require shift work. The *International Agency for Research on Cancer* has declared night work to be a likely risk factor for breast cancer. (International Agency for Research on Cancer, 2010). Yet, in this article, which goes to such lengths as discussing the upset to circadian rhythm in relation to breast cancer, it appears as though this is a personal choice, a bad habit on the part of people who don't value their health. In reality, we live in a society that places little value on workers' health and in which the systemic problem of unavoidable and acceptable risks on the part of the average worker is reinforced in the priorities set up in a capitalist economy.

The article, "Diagnosis: couch potato" (Madhavi, 2012, Oct. 09) leaves little doubt about the connection between exercise and breast cancer when the writer reports on a recent study in which author "Janssen said seven chronic diseases are consistently linked to physical activity levels: coronary artery disease, stroke, hypertension, colon cancer, breast cancer, Type 2 diabetes and osteoporosis." The connotation in the label "couch potato" is ultimately negative and implies blame of the individual. The use of the wording "consistently linked" conveys a modality of certitude when it comes to the connection between inactivity and breast cancer. "Just get up and go. That's the key." The reader is assured. As previously argued, some people's lives and work situations leave little room for physical activity as prescribed in this article. It is the illusion of choice, the culture of blaming the individual at play again.

The final article in this theme makes the assertion with no words minced. The article, "New vegetarians are in it for health" (Graham, 2012, Dec. 08) looks at a study in which vegetarianism is investigated in relation to good health. Kathy Rayner, a study participant is quoted in the second paragraph proclaiming "Good health is not a coincidence . . . It's a choice. You have to be intentional about it." She, like many others believes she is in control of her

health. And while it has become clear that the research on dietary contributions to breast cancer are important, the failure of this article like the others is that it foregrounds diet, presupposes it to be a most significant contribution and presents it in terms that leaves no room for the introduction of factors outside of one's control. If only our best intentions were able to be realized; instead we are constrained by systemic variables, beyond the scope of our control.

Theme B) Breast cancer transforms women into cheerful warriors and survivors *or Anger and dissent are virtually absent; these lead to death.*

This theme contains 25 articles, or 31% of the articles being analysed. It is nearly as substantial as the first theme, and particularly so when we consider that a number of articles not coded into this theme also carry the battle - warrior - survivor terminology when discussing women with breast cancer as well as a tendency to couch cheerful acceptance or paint one's life in a positive light even in the face of this terrible disease.

Barbara Ehrenreich's critique provides an apt observation of this phenomenon: ". . . in the seamless world of breast cancer culture, where one website links to another – from personal narratives and grassroots endeavours to the glitzy level of corporate sponsors and celebrity spokespeople – cheerfulness is more or less mandatory, dissent a kind of treason." (Ehrenreich, 2001, pp. 6-7) She offers an in-depth description and criticism of what this looks like:

There is, I discover, no single noun to describe a woman with breast cancer. As in the AIDS movement, upon which breast-cancer activism is partly modeled, the words "patient" and "victim," with their aura of self-pity and passivity, have been ruled un-P.C. Instead, we get verbs: Those who are in the midst of their treatments are described as "battling" or "fighting," sometimes intensified with "bravely" or "fiercely" -- language suggestive of Katharine Hepburn with her face to the wind. Once the treatments are over, one achieves the status of "survivor," which is how the women in my local support group identify themselves, A.A.-style, as we convene to share war stories and rejoice in our "survivor hood": "Hi, I'm Kathy and I'm a three-year survivor." For those who cease to be

survivors and join the more than 40,000 American women who succumb to breast cancer each year -- again, no noun applies. They are said to have "lost their battle" and may be memorialized by photographs carried at races for the cure -- our lost, brave sisters, our fallen soldiers. But in the overwhelmingly Darwinian culture that has grown up around breast cancer, martyrs count for little; it is the "survivors" who merit constant honor and acclaim. They, after all, offer living proof that expensive and painful treatments may in some cases actually work . . .

Understood as a rite of passage, breast cancer resembles the initiation rites so exhaustively studied by Mircea Eliade: First there is the selection of the initiates -- by age in the tribal situation, by mammogram or palpation here. Then come the requisite ordeals -- scarification or circumcision within traditional cultures, surgery and chemotherapy for the cancer patient. Finally, the initiate emerges into a new and higher status -- an adult and a warrior -- or in the case of breast cancer, a "survivor."

And in our implacably optimistic breast-cancer culture, the disease offers more than the intangible benefits of spiritual upward mobility. You can defy the inevitable disfigurements and come out, on the survivor side, actually prettier, sexier, more femme. In the lore of the disease -- shared with me by oncology nurses as well as by survivors -- chemotherapy smoothes and tightens the skin, helps you lose weight; and, when your hair comes back, it will be fuller, softer, easier to control, and perhaps a surprising new color. These may be myths, but for those willing to get with the prevailing program, opportunities for self-improvement abound . . . (Ehrenreich, 2001, p. 6)

The labeling of women in this way exists in the breast cancer culture and extends into the media discourse as well. And as Huckin reminds us in the context of critical discourse analysis, "labels often carry unavoidable connotations." (Huckin, 1997) The impact of this labeling of breast cancer patients as warriors and survivors is really a celebration of the women who accept breast cancer and the treatments prescribed to them by a medical system that ultimately profits from this. It is downplaying of the reality of breast cancer outcomes and that to be a survivor really means you've made it five years. It hides the truth of the marginal improvements made in mortality and survival rates -- glossing over the fact that it is sometimes fatal. It keeps women celebrating their cancers in place of asking questions about why, or implicating the system which in many cases may be responsible for the conditions which contributed to the development of the cancer in the first place. Furthermore, it keeps the discourse focused on the repetition of the

traditional risk factors and the denial of the role of environment and occupation in cancer risk. The battle needs to be extended to fight the system and the ideology that allows this narrative to persist.

The first article in the set that comprise this theme begins with the headline, “Wrestling a deadly foe,” (Cordileone, 2012, March), which clearly establishes the battle theme so often found in the framing of women in relation to their breast cancer. The use of the words “wrestling” and “foe” set up the conflict orientation. And yet when we begin to read the article, it leads with positive framing revealing that, “Patricia Diamond has had a bit of luck in the timing of her misfortune.” The implication here is that she is actually somewhat fortunate. The article goes on to explain that she has been diagnosed with adenocarcinoma, stage 4 of 4. This is the final stage. And yet Diamond is celebrating (which arguably does have some psychological benefit). “If I’d been diagnosed five years ago, I’d be dead,” says Diamond, 62.” We learn a few paragraphs later, “Diamond, who had breast cancer in 2004 and beat it, enjoyed eight months of remission after the new treatments.” It should be noted that, while many women “survive” their breast cancers, often a secondary cancer occurs and it is argued that some treatments are actually to blame for this. This information is omitted. Instead, the reader is taken in by the framing of Diamond having fought and beat the disease followed by enjoyment of her cancer in remission.

Laura Ciarello is another cheerful and strong cancer survivor. In the article, “Work takes a backseat after scare,” (Hume, 2012, April 14) we learn that Ciarello was diagnosed with stage 3 breast cancer at age 36 but has been cancer-free since 2004 following intensive treatment. She then lost her brother to lymphoma, which “inspired” her to volunteer with the Canadian Cancer Society. The foregrounding of her positive responses provides a reassuring feeling despite the tragedy and severity of her life. What is omitted here is any discussion of why two members of

the same family developed cancer? One might question whether there was something to which they were both exposed -- or even to which their parents were exposed -- that could have contributed to their cancers? Ciarello's course of action is to volunteer, imparting information about "living with cancer and lifestyle risks that increase the likelihood of getting the disease." The message here seems to be inferring compliance and acceptance once again with the medical cancer establishment. The reader is further assured that "Ciarello's cancer battle instilled in her strength and a sense of resilience she wanted to impart to others." So although the article does lay out her fear and the realities of cancer treatment she faced, the underlying message is one of a cheerful survivor engaging in the battle. It suggests that breast cancer has a redemptive power in people's lives.

In a series of articles that chronicles nine participants in a program of goal setting to change their lives, we learn about the positive force of breast cancer on the life of Carol Hatch. In the June 23 article, "Graduation Day," the reader cannot help but join in celebrating Hatch's achievements; the article is truly an account of success. Hatch's "life-coach, Joyce Curry, helped her move forward after struggles with breast cancer . . . and she tried out for the women's dragon boat team for breast cancer survivors." (Steed, 2012, June 23) The labeling and connotations are all positive.

The headline, "Older riders getting back in the saddle," (Vyhnak, 2012, July 10) provides positive framing for the story to come. In it the reader learns that Monica Barber has "battled through hip replacement surgery, breast cancer and arthritis – all since taking up riding close to 10 years ago. 'I'm not giving up' she vows." Bright siding cancer once again.

"Ann's love letter to Mitt" (Potter, 2012, Aug. 29) recounts Ann Romney's speech to a Republican convention in which she discusses her own health problems. But again, the framing

is overall positive, a story of survival and optimism: “She etched a tale of ups and downs, including her well-known struggles with multiple sclerosis and [breast] cancer, as a large portrait of a husband who never gave up on her. And, by extension, will never give up on the country.” The insinuation here is that with the right support and a cheerful attitude, breast cancer is merely a blip in a grand life.

An entertainment news column notifies readers of Judy Blume’s cancer. The headline, “Judy Blume, kid-lit legend, battles cancer,” (*Toronto Star*, 2012, Sept. 6) invokes a larger than life image of the writer and casts her in the war metaphor. Obviously *battle* is a loaded word here, particularly when it is used in the headline. The framing is positive, even grand. This slant is sustained with the report that she is “feeling stronger every day after surgery.” The insinuation of continued wellness and survivor hood is conveyed here. It is presupposed that she will be fine, and that breast cancer, a mastectomy and surgical reconstruction has hardly affected her when, we, the readers, are informed that Blume “now walks a couple of miles each morning and hopes to begin writing again soon.” Optimism and liveliness endure -- and so therefore will she -- is the message.

Even in the midst of her likely imminent demise, Nora Wright is written about in the ever-prevalent brave portrayal. “Cancer won’t conquer walkers’ spirit: Weekend fundraiser has special meaning for many participants.” (*Contenta*, 2012, Sept. 09) Although the article contains a brief admission of fear on Wright’s part, it is ultimately an article free of complaints and instead foregrounds what come across as all of the beneficial changes to her approach to life.

One day, after cancer treatments had taken her hair, Nora Wright walked into her kindergarten class wearing a wig.

The questions and comments came immediately: ‘Your hair looks different...Why did you lose your hair? Can we see you without the wig?’ ‘I pulled off the wig and everyone

went ‘Oooooohh,’ Wright says. ‘Then a little voice in the back said, ‘You may not have hair, but you’re still beautiful.’

The children at Markham’s St. Rene Goupil Catholic school saw what anyone who meets Wright notices in a flash – cancer may be wracking her body, but it has no sway over a spirit that at time has her literally bouncing through life.

‘I wake up in the morning and I think, OK, I’m alive today – let’s do something worthwhile,’ says Wright, 45.

Saturday that meant joining some 4,500 people taking part in the Weekend to End Women’s Cancers, a two-day 60 kilometre walk that raised more than \$10 million. Over it’s 10-year history, the Shoppers Drug Mart sponsored event has raised more than \$133 million for cancer research, treatment and prevention at the Princess Margaret Hospital.

‘Everyone here today has a reason to walk,’ Paul Alofs, president and CEO of the Princess Margaret Hospital Foundation, told walkers gathered at the Direct Energy Centre. ‘We walk to remember loved ones. We walk to honour the courage of our survivors.’ And we walk, he added, to develop one of the world’s top cancer research programs at Princess Margaret.

A cheer erupted when Dr. Robert Bell, president and CEO of University Health Network, said ‘You made a difference in supporting us in our commitment to conquering cancer in our lifetime.’

Moments earlier, as part of the walk’s opening ceremony, Wright held hands with nine others to form a survivor’s circle.

The context in which the timeline of her diagnosis, treatments, surgeries and recurrence are framed removes all of the ugliness and presents a picture of vital enthusiasm. It confers upon her and the other women facing this disease a sense of victory, accomplishment, gusto and zeal. The reader sees her in the context of the bigger picture of the breast cancer culture, complete with survivor support, fundraising merriment and endless optimism.

The article records the reality that “one in nine women is expected to develop breast cancer during her lifetime, and one in 29 will die from it.” But this startling set of numbers is framed between the celebratory text quoted above and the observation that, “To look at Wright is to see an apparently fit woman, bursting with positive energy. She laughs easily and happily

hams it up with her three walking mates – together they raised \$10,000 – when a *Star* photographer takes her picture. Yet she is terribly sick . . . Wright says, ‘I’m here, I’m alive.’”

The *text as a whole* reading of this article reveals a positive slant, a tale of survival, of cheerfulness, of women taking control of their emotions. The top-down orientation of the information – that is the positive part of the story first, the cancer statistic much later -- foregrounds the more palatable information, creating no reason for the reader to not celebrate the story as a whole, as opposed to being angry that this has happened at all. It also seems to presuppose that part of being a cheerful survivor is to be active in fundraising for the hospitals and research foundations, but not to question where that money is being directed, what is being researched, or what progress has been made with money raised to date.

This kind of story feeds the dominant paradigm which rejoices in taking for granted that things are as they should be, that the medical system is taking care of us, and that money is the solution. Passive participants in the cancer machine keep it running; angry, dissident criticism has no place. It is another example of the PM’s fifth filter at work and also raises the likelihood that the third filter – *sources* – is in force here. The hospitals and fundraising public relations wings would undoubtedly be behind such a story. Just as the CEOs of the hospital foundation and health networks use the opportunity of the fundraising walk to get the message out, they use the newspapers, yet another venue for the message to be conveyed and reinforced.

As mentioned, there are exceptions to the thematic rules. In an article featuring an interview with actress Maggie Smith about her career and successes – Smith is quoted talking about her cancer in a very different way than the norm of the cheerful survivor, a surprisingly frank account of how awful it was for her going through treatment. “Some people say you have to fight cancer. But it was fighting me. The cure was worse than the disease, and it left me totally

exhausted and depressed. I just hid myself away in my daughter-in-law's flat. I couldn't face anyone or anything. But you get through it, you finally get through it. But you don't know how bad it is until you actually live through it yourself." (Ouzounian, 2012, Sept. 08) This atypical illustration of the impact of cancer treatment is quickly turned into something positive however. "At that precise moment, the waitress offers Smith another glass of wine, which she cheerfully accepts, saying, 'I see no reason why not.' And then she starts the wheels of comic invention turning again. 'There are advantages to cancer you know. My chemo cheered up the makeup department on Harry Potter because the wig went on a great deal easier without a single hair on my head.'" The insinuation here is that her turn to cheerfulness made her a survivor and leaves the reader feeling that all is well that ends well.

When a piece by Dr. Marla Shapiro is subjected to textual analysis, it is very revealing of the mindset expected of women diagnosed with breast cancer. Dr. Marla Shapiro details her own reaction. Intended to inform readers of the launch of her television show, the article begins with a biography, in and of itself conveying positive framing and an image of the warrior turned survivor paradigm. "Dr. Marla Shapiro, more fondly known as 'Dr. Marla' is an MD, the author of *Life in Balance*, a book about her battle with breast cancer, and the health and medical correspondent for Canada AM. On Sept. 24, she launching her new show, *Dr. Marla and Friends*." (Graham, 2012 September 18) The use of the word fondly contributes to the positive framing and good feelings.

The article continues with an interview of Shapiro and helps to shape the message of patients being responsible for their own health outcomes, that a positive attitude and compliance are pivotal in that equation, and survival depends in part on that attitude coupled with being a

good patient, and trusting your doctor to do what's right for you. There is little room for questioning *why* or *how* in this portrayal of what a breast cancer patient should look like.

There is more awareness now that there is a lot we can do to take care of ourselves. It's not just the smoking message and the weight message that people have been hearing for decades; there's a lot (more) that you can do in your own involvement in your own health care. People are recognizing that they have to be more participative in this because ultimately they are the ones who will pay the price.

While this may seem as though it represents a challenge to the traditional lifestyle message, it becomes clear that it is instead a prescription for passivity, not just when it come to breast cancer but when it comes to questions of health in general. "Dr. Google does not replace your own healthcare practitioner. You can plug in symptoms that have nothing to do with what's ailing you that can lead you down the wrong track . . . I still think that continuity of care – going through all the symptoms and all the concerns with your doctor is the best way." The interview continues with a few paragraphs later:

Q: You are one of Canada's most famous breast cancer survivors. Did that experience change you personally and professionally? A: When I was diagnosed with cancer I responded to it the same way anybody would. I didn't respond as Dr. Marla. This wasn't a patient I was working with. This was me. I had all the initial emotions, the fear and the anxiety. I worried about the impact it would have on my family – all those things were overwhelming. But there is no question that the experience transitioning from being the doctor in charge to the patient on the other side of that examining table was very difficult to do – to relinquish the control of being the doctor and recognize that you really do have to work with your team and trust them, particularly in areas of uncertainty, and with cancer there is so much uncertainty. There was a team taking care of me but along the journey there was my family and my children and it struck me how little support there was for them. I recognized that this was part of the patient's experience. It's made me empathic about uncertainty. We face uncertainty all the time and I continue to face uncertainty; it's given me the tools, the language to be able to talk to patients about what it means to live with a chronic disease – and how it does change you. It's made me mindful of how I live my life.

This in depth look at her emotional response does show the negative side of cancer, the emotional impact and the broader implications in her life. Still, it does move to a more positive

tone, and the ways in which she has been able to help other people in her medical practice as a result of her own experience, as well as being able to be more mindful in her own life. And here again, on the level of an individual story is the probable need on some level for cancer patients to take control of their emotions and move from a place of fear; it may be necessary to remove themselves from a victim state. But when we contextualize this article and the turn to the positive as one piece of a bigger puzzle whose eventual picture is the prevailing image of breast cancer patients as having been positively changed, it furthers the bigger issue of watering down the significant human impact the breast cancer epidemic is having. It serves to keep the multinationals, the government, and the lobbyists behind the curtain, so to speak, and takes the edge off this epidemic so we can avoid having to look at what is really going on.

Key words and phrases in many articles further illustrate this theme, from the battle metaphor, to the framing of life in cheerful terms: “Cynthia Nixon, Robin Roberts and Sheryl Crow – they’re only a few of the celebrities who’ve battled breast cancer and returned to their lives and careers full tilt. In North America today, more than 2.5 million are up and at it after a diagnosis with breast cancer. We You Docs applaud their courage.” (Roizen & Oz, 2012, April 10); “According to new research out of Concordia and McGill universities, breast cancer survivors who let go of old goals and set new ones experience improved well-being.” (Boyle, 2012, April 24); “For Lecker’s big moment, he chose the Sporting Life 10K Run for Kids with Cancer because his partner of 10 years is a survivor of metastatic breast cancer.” (Woods, 2012, May 14); “I commiserated with one woman over her battle with breast cancer.” (Porter, 2012, Sept. 25); “Truc Thanh is happily in remission now from breast cancer.” (Keung, 2012, Oct. 02); “Witkin, a breast cancer survivor who had a mastectomy and reconstruction, will be among the volunteers in the lounge, which launched quietly in the first Breast Reconstruction Awareness

Day a year ago and was so popular there were lineups at the door . . . If it's anything like last year, the lounge will be bursting with laughter, excitement and tears.” (Gordon, 2012, Oct. 15); “Makeup to Breakup, founding KISS drummer Peter Criss’s account of his journey to the pinnacle of rock glory, the perils of excess and fears of his own mortality, a near-suicide, two broken marriages and a hard-won battle with male breast cancer.” (*Toronto Star*, 2012, Oct. 27); “Part of Rethink Breast Cancer’s efforts to further education, support and research in regards to this disease, the three-day program begins with *Jonna’s Body, Please Hold*, a screen version of Jonna Tamases’ stage comedy about the battle for supremacy inside the mind and body of a cancer sufferer.” (*Toronto Star*, 2012, Nov. 2); “Summer was great with *Dragons Abreast*, a dragon boat racing team of women who had breast cancer. We had so much fun.” (Steed, 2012, Dec. 08); “Susan Ireland joined CanWell in October 2010 on the advice of a friend who is a breast cancer survivor . . . The focus is on health, getting past cancer, finding a new norm and adapting your life to a healthy way of living . . . People tell us that exercise has helped them regain their confidence . . . This is a reminder that cancer is not a death sentence.” (Teotonio, 2012, Dec. 1); “Deborah O’Hare has been fighting breast cancer for two years . . . Cancer will not kill me – living in this building and trying to get a healthy little box [apartment] will be more of a challenge. That’s what will kill me.” (Alamenciak, 2012, Dec. 15).

This transformative process into cheerful warriors and survivors as insinuated in these articles is a reinforcement of what Ehrenreich claims is the case in her critique of the breast cancer culture in the United States and which is no doubt similar in Canada. I quote Ehrenreich again here.

America’s breast cancer cult can be judged as an outbreak of mass delusion, celebrating survivor hood by downplaying mortality and promoting obedience to medical protocols known to have limited efficacy. And although we may imagine ourselves to be well past the era of patriarchal medicine, obedience is the message behind the infantilizing theme

in breast cancer culture, as represented in the teddy bears, the crayons and the prevailing pinkness. You are encouraged to regress to a little girl state, to suspend critical judgement, and to accept whatever measures the doctors, as parent surrogates, choose to impose. (Ehrenreich, 2001, 09)

Like any theory or analysis, there are exceptions to the rule. And in some cases those exceptions help to prove the rule. Certainly Chomsky and Herman in their theory of the Propaganda Model account for this. “The PM does not assume that the media are monolithic, nor does the model ignore dissent. Chomsky has in fact described the media system as inherently unstable.” (Klaehn, 2009, 52) It is useful here in the context of the claim that the media present a particular slant when it comes to breast cancer coverage as being illustrated in this analysis, to explore the pieces that serve as a contrast or contradict the themes as identified.

An in-depth piece examining Jackie Smith’s response to her breast cancer and secondary brain cancer, presents a critique, much like Ehrenreich’s, of the culture of cancer as seen through the eyes of a patient. Jackie encourages other patients saying, “If you’re sick, don’t be passive. Educate yourself, learn about your disease, and act on the information.” (Scrivener, 2012, April 22). This attitude is quite different from simply accepting the medical treatments as prescribed. “She had a lumpectomy and was told repeatedly that she was cured. Now she knows there is no cure. She doesn’t want any more treatment. Nor does she want to wrestle with the health care system to get it. She has opted out of what she calls ‘death-denying culture.’ She says, ‘I was sick of everything. And no matter what they did I wasn’t going to get any better. I might get a couple of months, and I was interested in enjoying the life I had, not sitting in a doctor’s office.’ Besides, it was exhausting.” And in response to the war metaphor applied to women with breast cancer, “‘I’m not interested in fighting this,’ she says. ‘Actually, I’ve never been in the battle. And because of that I’m having a better quality of life. I don’t have to fight to get appointments

to get MRIs.” She makes an apt observation and points out a contradiction, both of which take aim at the very issues this thesis is arguing. “Jackie says we live in a ‘cure culture’. We can fix everything. We have all this science at our command, but we still have these terrible diseases.’ One of her doctors – some of them seem to be incurable optimists – told her, ‘We’ll get you through this.’ She pauses. ‘And I still have this thing weaseling its way through my brain.’”

Although this article does take aim at the breast cancer culture, revealing some of the inherent flaws with the advice being doled to women, it is arguable that a *text as a whole* reading of the article nonetheless supports the general theme outlined. We are taken through Jackie’s story, her diagnoses, treatments, her response to them and her thoughts and critique of it. And we are told she IS dying. She is losing the battle so to speak – a battle she acknowledges she was never in. The connotation here is that she has made the wrong choices. Not to engage in the battle, to embrace the warrior persona, but instead to challenge her doctors, to verbalize dissent and ultimately to be critical of the system as a whole as it pertains to breast cancer, it is insinuated – or at least implicit - that this has secured a death sentence for her. Various descriptions and adjectives are used to confer this upon her: her “outrage,” her reaction that “waiting was too stressful,” conveying that “Jackie has always had strong opinions. Her fierce outspokenness is often admirable but has sometimes been a problem in the many jobs she had;” “occasionally she is melancholy,” “there’s a strange calmness about her,” “I felt lost and abandoned by the system.” These are very emotional and yet rational choices she is making as she faces the end of her life but she is portrayed as though she is overemotional. The connotations here are that of someone who is fighting against the wrong thing, and therefore she is losing the ultimate battle – the one for her life.

Still, with this exception, when we look at the framing of the article, in particular the beginning paragraphs as well as the concluding ones, the typical positive portrayal when it comes to breast cancer patients is evident. The article begins with a light hearted description of her morning travel on the subway for palliative radiation. She explains that “It’s crowded. No one is standing to give me a seat. I’m dying but I must look ok. You don’t think this is how people behave – carry on, take the subway – when they are dying. But they do. It’s surreal. The radiation she receives will not cure the aggressive breast cancer that has invaded the lining of her brain, but it will reduce the symptoms and lead to a more gentle death.” The fact that she looks “ok” and is preparing for a “gentle death” tone down the gravity of her current condition. The concluding paragraphs further create the presupposition that breast cancer transforms women’s lives for the better. “‘It’s so terrible,’ she says. ‘And I’m so fortunate.’” Even the dissenting voices are brought back to conform to the dominant paradigm of breast cancer reporting.

Theme C) Cancer is an accepted part of life; taming, normalizing and purporting it’s inevitability or *Who needs breasts anyway?*

This theme is present in 22 or 28% of the articles being analyzed. It should be noted, as in the case of the other themes, that the articles contain elements of the other themes within them; likewise there are articles coded under the other themes that may also have components of this theme within them.

With regard to the Propaganda Model, this theme falls under the fifth filter, modified to refer to broad ideological elements. “The (fifth) filter may also refer to recurring thematic elements that tend to go unquestioned but are observable over extended periods of time.” (Klaehn, 2009, 44) Although we may believe there is a general lack of acceptance of breast

cancer in the sense that we are always “fighting” it, fundraising for research for a cure, eating better to prevent the likelihood of developing cancer ourselves, when the message in the mainstream media is subjected to critical discourse analysis and application of the fifth filter of the Propaganda Model, it is quite the contrary.

The mainstream media portray a kind of normalization of breast cancer, an acceptance of its existence both culturally and on an individual level, and give the sense that it is an eventuality, an inevitable part of modern existence, or simply an inconvenient thing to deal with in the midst of other things happening in life. And as we have been so inundated with breast cancer messaging in so many forms for quite some time now, breast cancer, in particular when seen as *pink*, is so tamed in its representation that it may leave women wondering whether they really even need their breasts. “In the harshest judgement, the breast cancer cult serves as an accomplice in global poisoning – normalizing cancer, prettying it up, even presenting it as a positive and enviable experience.” (Ehrenreich, 2001, p. 10)

In concert with the notion that CDA is concerned with an ethical stance on social issues, the prevalence of this theme within the texts being analyzed is frightening. Accepting and normalizing rising breast cancer incidence, in particular among young women, takes away any impetus to argue against this trend, or to question why it is happening, or to look at the causes and who or what might be responsible. To simply accept breast cancer as inevitable maintains the status quo; makes it business as usual. But allowing this to continue is in fact unethical; it is therefore important that we examine the ways in which breast cancer is being portrayed as *normal*.

A number of the tools implemented in the use of critical discourse analysis illuminate the existence of this theme. The approach of reading *text as a whole*, examining the framing of

breast cancer within an article, as well as looking at who has agency, what is insinuated, as well as what is foregrounded or backgrounded reveal the elements of this theme.

In many of the articles being examined, breast cancer is mentioned within the context of another story being told, and quite often, these are stories of success, happiness, of other achievements in someone's life. This is not to say that it is not possible for a woman with breast cancer to feel happy, or to continue to achieve success or to carry on with life, but rather it contextualizes breast cancer in such a way as to make it seem comparably inconsequential. The positive parts of the story are foregrounded, breast cancer backgrounded, insinuating that it has very little impact on the person's life. The grand omission here is prevention, particularly for those factors not directly within an individual's control such as environmental or occupational exposures. Furthermore, it presupposes no need for prevention when breast cancer can simply be accommodated into life as it is.

In an article in which the awarding of sick benefits to women on maternity leave was granted, the information is couched in words of success, both in terms of the issues at hand and also in the passing mention of overcoming of the disease. The article begins in positive terms with "A Toronto mother's successful battle to win EI sickness benefits while on maternity leave has sparked a \$450 million class action lawsuit against the federal government." (Monsebraaten, 2012, Jan. 20) The reader is immediately given the sense that this is a story of triumph. It goes on with the same tone declaring that two other women were "inspired" by her to "ensure no other new mother...has to fight." Two paragraphs later the article informs the reader that "Rougas, who was diagnosed with breast cancer during maternity leave in 2012, was awarded the maximum 15 weeks of sickness benefits in addition to her combined 50 weeks of maternal and parental

benefits. The award amounted to about \$6,000, or \$400 a week.” Again, positive terminology is used, leaving no doubt for the reader that this is a victorious woman.

The story continues and brings in the other two mothers previously mentioned, one of whom, McCrea, 35, “was diagnosed with breast cancer while on maternity leave last July, the day Rougas won her appeal.” McCrea, we are told, “had a double mastectomy, has since returned to work and is training to run a half-marathon in May.” The casual, matter-of-fact mention of the removal of both of McCrea’s breasts, a painful procedure both physically and emotionally is somehow glossed over with the news of her resumption of work and her ambitious run on the horizon. While these pieces of information about McCrea are facts of her life, the way in which they are presented creates a sense that her breast cancer was just something relatively inconsequential that happened and life as normal carried on. It could well be argued that the omission of any other aspects of her breast cancer diagnosis, her treatments and the effects on her further normalize it.

A lengthy article entitled, “Legacy of Fear,” conveys the normalizing theme as well. Although the title sets the tone of breast cancer being something to be afraid of, the first line presents it as inevitable. “Theresa Quick was tired of looking over her shoulder. At 28, she had spent too many years waiting, wondering and bracing herself for the day breast cancer would catch up with her.” (Gordon, 2012, March 10) The third paragraph informs the reader, “Breast cancer was always a big part of our lives,” says Quick. It’s been this thing hanging over me. I’ve always just assumed that I’m going to get it.” While the article reveals her family history and the results of genetic testing, which mean that she was at a higher risk, the overall contribution of this article and the way it is written furthers the idea that it is inevitable. As well, in describing how Quick decided to handle this fear, the article presents the story in such a way as to tame a

really dramatic and serious surgical undertaking. “She decided to have both her breasts removed: Last Nov. 8, Quick underwent a prophylactic double mastectomy at Women’s College Hospital. The four-hour surgery, which involved the first stages of breast reconstruction, has reduced her risk of breast cancer to about 4 per cent – less than the one-in-nine chance for the general population.” Later in the article the reader is assured, “What she would tell any woman who is considering the procedure is that she has no regrets and indeed feels a great sense of relief.” That relief is no doubt real but the message being conveyed once again is that it wasn’t really a big deal, in spite of the fact that the article does concede that a common reaction to her choice was that “It’s so dramatic, it’s so extreme.” That is followed up with the assertion “To Theresa Quick, it was neither dramatic nor extreme.”

The article continues on to reveal her sister’s response to finding out that she too has the gene – and she is undecided about what to do. “Whatever decision I make, I am 100 per cent behind my sister’s choice. I think she was so brave.” This comment is followed up with further explanation of the genetic screening, diagnostic and treatment options for women in similar positions to the Quick sisters. And it does acknowledge the difficulty of all of this. Still, it concludes on a level of acceptance and normalizing. “‘It was always the three of us’, says Laura. This is just another round of ‘we’re all in this together.’”

In an article about the sudden death of a woman from an aneurysm Dale Breckles relates this story about his wife: “A few hours after she was diagnosed with breast cancer seven years ago, she returned from a solitary walk and told him: ‘I started asking myself why me. And then I thought, why not me? Life offers no guarantees, they learned suddenly.’” (Porter, 2012, March 24). And while this is the only reference to breast cancer in the article, it sends a message of acceptance. Omitted here are the potential answers to the question why me? If there are reasons

why *her*, then presumably there are causes, circumstances and conditions which contributed to a cancer diagnosis. Concluding that life offers no guarantee in the face of this news presupposes that there is no possibility for agency -- no reason to question whether or not it is normal to get breast cancer. Furthermore, if it just *IS*, then there is no possibility of primary prevention or to examine environmental or occupational exposures in connection with breast cancer; then there is no reason to demand that research priorities shift from just treating the disease with various forms of medical management to really trying to get a handle on what kinds of policies, regulations or bans might be considered in order to work for primary prevention and the elimination of involuntary exposures to agents which are known or suspected to cause breast cancer.

The headline, "Cancer a disease that touches everyone," sets the context and the presupposition that it is *normal*, even inevitable if it touches everyone, that it cannot be *abnormal* and therefore it is something simply to be accepted and incorporated into life. The article is a composition of quotes from numerous people who each identify someone in their lives who has been diagnosed with cancer, and each is summarized with hopefulness about the future of cancer. Lorraine Leger said, "I lost my sister-in-law to breast cancer at a very young age, leaving two babies behind and my brother to raise the kids on his own, but with the support of our family. He was lucky to meet a wonderful lady who unfortunately was also diagnosed with cancer, but thankfully she's in remission. I'm reasonably optimistic that with the technology and research moving forward people's chances of surviving cancer are getting better." (*Toronto Star*, 2012, March 29) This story, while presented in a quote – a factual account of this women's tale – is indicative of the theme. Her words stand alone and are powerful in that they are revealing a mindset, left to be accepted as a truth in the context of other tales of cancer as part of

life, particularly when led by the chosen headline. Her words presuppose that the way forward is further research to treat cancer, improved diagnostic tools, and to hope for survival strategies. In other words, cancer happens, we find it, and we kill it. But what's missing once again is the question of why so many women get breast cancer in the first place – especially in consideration of the fact that most of the women are otherwise healthy to begin with. The omission of any discussion of primary prevention makes clear the position that it is not a priority, but rather presupposes that continued investment in research which focuses on screening and treating and extending survival of the disease is just the way it is. The insinuation is an acceptance of the status quo.

We meet with Carol Hatch once again in a series of articles which follow various people in their work with a life coach. The positive framing begins with the headline: "Hatch's horizons already expanding." (Steed, 2012, April 26) A *text as a whole* reading of the article leaves the reader with a sense that cancer ultimately brought positive things into her life, backgrounding and toning down the cancer and foregrounding all the beneficial changes she has made with breast cancer as part of her life. A sentence by sentence reading affirms the positive slant, the normalizing trend, giving the connotation that breast health is unimportant, even unnecessary and that life goes on. Of course, in many cases it does, but any notion of breast cancer being abnormal is disguised under all of the accolades for her upward progress in life.

The reader learns that, "For Carol Hatch, 53, the changes started right away. Turning Point connected her with a life coach, Joyce Curry, but in order to meet her, Hatch had to drive from her Mississauga home . . . a long journey on two highways that filled her with trepidation." Her husband of 30 years had always driven, but "he left her after she'd gone through surgery for breast cancer, chemotherapy and radiation. But Hatch was looking forward to learning from

Curry which is why she was determined to make the long drive.” Her fears were not realized and the result was positive. “On the drive home, Hatch says she was exhilarated. ‘I felt as if the energy of the universe was pulling me to do something more.’”

We are told that her next session with her life coach resulted in a homework assignment in which she was to state the five most important values she would like to live by. Numbers four and five on her list read like a breast cancer survival guide. “4. Courage, hope, strength, projecting a positive, optimistic and strong message. Believing that we can make the most out of life, that we can overcome obstacles. 5. Growing in self-knowledge. Self-reflection. Mind/body/spirit. Making time for self-renewal.’ Hatch has already made a good start living by those values.” The article seems to conclude that because of her adherence to these ideas, she is rewarded and, furthermore, she has become secure in the realm of breast cancer reality: “And finally, this message of hope: ‘I just came back from my six-month check-up with the oncologist. All is good. At first, it felt so strange to be amidst people who were fighting for their lives. I sat in fear and disbelief, ‘What am I doing here?’ But now the environment is strangely comfortable. These are lovely people, the patients, the doctors, nurses and staff. They care for one another. I feel like I belong. I want people to know - there is a light at the end of the tunnel, there is another shining star out there.’” What could be possibly wrong with a situation described in such glowing terms?

Rose Weitz, author of *Rapunzel's Daughters: What Women's Hair Tells Us About Women's Lives*, was interviewed on the subject of her book. She makes a glib comment that fits this theme as well. Breasts, her statement insinuates by foregrounding the importance of hair, are dispensable and unimportant to women in our culture. She claims that “men as well as women whose hair turns gray or who lose hair to illness, aging or chemotherapy often feel like they have

lost part of their selves. Indeed, many women who have had breast cancer describe losing their hair to chemotherapy as worse than losing a breast to mastectomy.” (Menon, 2012, July 14)

An obituary article on *Toronto Star* reporter Tracey Tyler speaks of her continued strong commitment to her work, right up to her ill-fated, early death. The headline, “Tireless champion of the underdog” (Daubs, 2012, July 26) hints at this work ethic and pigeonholes her with the disenfranchised, perhaps an unredeemable position. This framing seems to put her at odds with the system, perhaps creating a slant that she doesn’t conform. A *text as a whole* reading corroborates this slant. The reader may even come to the conclusion that her lack of conformity contributed to her having succumbed to breast cancer. A *sentence by sentence* and then *word by word* analysis further demonstrates this.

At Tracey Tyler’s neatly arranged desk, a red light is glowing on the phone. A voicemail waits for the *Star* reporter who never stopped working, even during two separate bouts of cancer. Tyler died Wednesday. She was 50. When she was diagnosed with breast cancer more than two years ago, Tyler would drive from her Acton home to a Hamilton hospital for radiation, and then come to work. ‘She was so tired from treatment and she’d pull into a parking lot and have a nap,’ said Theresa Boyle, a *Star* reporter and Tyler’s long-time friend. “But work was good for her. It was her therapy.”

The reader is told Tyler was “tired,” that she used work as her “therapy.” The insinuation here is that she was somehow weak; the connotation that she was unable to handle breast cancer. This is particularly so when contrasted with the stories of women with breast cancer who are portrayed as warriors in the battle and who emerge survivors. The article, as an obituary piece typically does, details parts of her life with a focus on her work. We learn that she had an “interest in the plight of ordinary people in the justice system,” that she “had a quiet dignity,” “displayed sensitivity to her subjects,” and that she “recognized injustice.” These all contribute to a rendering of a woman who goes against the grain, is the exception to the rule, and even questions the system. Those connotations are advanced again as the reader is told, “she was in a

class of her own when it came to explaining in layman's language the subtleties of court decisions" and that "when a landmark Ontario Court of appeal ruling affirmed that court exhibits are public documents, Tyler spearheaded an investigation which found some courts still refused to release exhibits, despite the ruling."

The article reveals that when her cancer returned she worked at home. And at dinner with a colleague, "she said she would beat the disease." This is the singular mention of this kind, in the final paragraphs of the piece. Her colleague admits he said, 'Of course you will,' but I wasn't so sure she would. It's very sad." The doubt he has seems to undermine her statement, creating the sense once again that she was not adequately engaged in the fight, or was not as strong as she should have been, and therefore she lost her life.

I make the admission here that I found it troubling to write the analysis for that piece, because, although those are my impressions, it seemed somehow unfair to draw these conclusions about this woman who sadly lost her life to breast cancer. Still, this is what I infer in my reading of it, especially when viewing it through the lens of the broader context of the issue, and through the theoretical premise of dominant ideological bearings within the media on this issue.

In a somewhat bizarre example of this theme, and probably written with some intrinsic criticism of how breast cancer was dealt with in this case, an article about Chinese diver Wu Minxia informs us that, "Wu became emblematic of the ugly side of China's Olympic success this week when it was revealed that her parents had chosen to keep some sizable family news from her, lest it interrupt her training. Only after winning her first gold medal here, in the 3m springboard, was she told that her grandparents had been dead for a year, and that her mother has had breast cancer for eight years." (Kelly, 2012, Aug 06) A competitor whom Wu beat after

winning her second gold said she was sad for her and also admitted, “But I’m really happy for her that she can put this on the side and put in a great performance.” The article poses the questions, “Was the sacrifice worth it, and answers with Wu’s response, “First of all, I haven’t died you know . . . Wu put it as simply as she could: ‘I chose to be a diver.’” It is insinuated in the article that breast cancer is not as important as an Olympic success.

The way in which Wu -- and the article in general -- seem to casually dismiss breast cancer is mimicked in several other articles in this set. Breast cancer, and breasts for that matter, are insinuated to be insignificant, inconsequential, even negligible when put up against other matters. It is reported that a psychiatric nurse, Margaret McDermott, said, “in many ways having a mental illness is worse than cancer. She would know. McDermott had breast cancer two years ago and was off work for 11 months.”(Chantaie, 2012, Aug. 20) The news of Kathy Bates’ breast cancer and her recovery after a double mastectomy are reported with the information that she tweeted that, “she doesn’t miss her breasts as much as *Harry’s Law*, her NBC drama that was cancelled last May.” (*Toronto Star*, 2012, Sept. 13) A brief article headlined by, “Playwright’s cancer bumps production,” (White, 2012, Nov. 1) reveals that author Linda Griffiths “has been receiving a combination of chemotherapy and hydrothermia in B.C. and the results have been encouraging . . . she plans to return to Toronto in early 2013.” The optimism in that detail is provided a further relaxed feel when they quote Griffiths saying, “Cancer is both an ordinary and an extraordinary thing to have . . . Lots of people have been through this and now it’s me. No tragedy so far.” An article reporting the news that Sharon Osbourne had chosen to have a double mastectomy upon learning she carried the gene that could increase her risk of breast cancer, it quoted her as saying, “I didn’t even think of my breasts in a nostalgic way, I just wanted to be able to live my life without fear all of the time.” The whole issue seems to be trivialized in these

representations, through the blasé manner in which they are discussed and reported. Breast cancer as a small, incidental aspect of other more rousing parts of these women's lives is foregrounded and the insinuation of disposable breasts prevails. Breast cancer is acceptable, because who really needs breasts anyway, is what the overall message seems to be.

Theme D) We can buy our way out of breast cancer; promotion of pink products, fun events and endless fundraising or *Shop For The Cure*.

We would be hard pressed to find any media consuming person in our culture who wouldn't associate the pink ribbon with breast cancer. The colour pink alone has been so universally associated with breast cancer that it need not even be a ribbon to conjure up the connection. The public relations vigour behind raising money for breast cancer research with the use of the pink ribbon has been so powerful that it has begun to draw some fairly substantive criticism. Still, the public have been sent a strong message, and has been compelled to participate extraordinarily in the prescribed course of action in the "fight against breast cancer." It is as though we have come to a collective belief that we can buy our way out of breast cancer and that each purchase of a pink product is yet another guarantee of that perceived eventuality. We are all shopping for the cure. But in that zeal, some important arguments are consistently being left out. The feel good pinking of breast cancer has kept us in the dark about primary prevention, not to mention environmental and occupational risk factors.

The media have been complicit in this campaign. The Propaganda Model can shed light on why this would be so. The second filter, advertising, is a likely culprit in contributing to the emergence of this theme in the mainstream media. "Since the media sell audiences to buyers, they reflect the interest of sellers, buyers and consumerism." (Klaehn, 2005, p. 11) And critics of

the phenomenon of pinkwashing in relation to breast cancer assert this point. “We could say that the pink ribbon industry has identified its audience well. The premise being that breast cancer only affects middle class, ultra feminine, white women, because this is the demographic that industry want to sell pink products . . . Breast cancer is the ‘poster child’ for cause marketing.” (Lynn, 2012, n.p.)

While finding markets for the pink products is clearly important given the sheer number of pink products and products with the pink ribbon on them, let alone the pieces of advertising with the pink ribbon conspicuously present as a tool to promote a product or event, marketing of the fundraising campaigns in the form of runs, walks, dinners, plays, etc. is another market which is continually tapped and which keeps the breast cancer fundraising machine going – and for dollars that are being spent largely on the same issues – a cure, better treatments, genetics - while other areas – occupational, environmental and epigenetics - remain understudied, and underfunded. In what way do the mainstream media contribute to this paradigm of shopping for the cure? The analysis of the articles in this set will illuminate this dominant practice.

Of the 125 articles overall, 17 of them, or 21% have been coded under Theme D. Of course, other articles in other themes contain some elements of this theme, but the pieces subject to critical discourse analysis in this section more dominantly illustrate the elements of Theme D.

An article discusses the impact of pink when used in marketing campaigns. The headline “The powerful problem of pink: Victoria’s branding secret may be colour-based, but when it backfires, it isn’t pretty. Just ask Lego.” (Kopun, 2012, Feb. 14) The headline not only speaks to the strength of pink but also alludes to troubles associated with it – and the article does go into those troubles as will be discussed. First, though, what is being reported speaks to the substantial impact of breast cancer’s pink ribbon campaigns. “Victoria’s Secret knows how to own the

colour pink. Pink is a cornerstone of the brand, from the retail décor to the pink banner on the website to gift cards and boxes, tissue and ribbon.” A few paragraphs later the article avows, “In the right hands, pink is powerful. The pink-ribbon campaign for breast cancer awareness has been one of the most successful colour-based campaigns in history... Pity the retailers who use it badly.” This statement, made by Leslie Harrington, executive director of *The Colour Association of the United States*, which tracks and forecasts colour trends, affirms the influence of the pink ribbon but also suggests that we need to feel sorry for retailers in the face of a marketing failure. This is an important point in the framing of the article, particularly considering what is to follow. The article goes on to describe how Lego felt a backlash after launching pink pieces in an effort to market better to girls. It then describes how the breast cancer pink ribbon campaign also backfired for KFC.

A *text as a whole* reading of the article conveys the value of using pink in the market, foregrounding the pink-ribbon success, with an underlying connotation of sympathy for the companies who did not succeed in using it. And, while the article does contain some critique of how the pink ribbon has been used in questionable ways, the overall feeling is that it provides a positive outcome. An analysis of content of the sentences in the following text will illustrate this.

KFC had a larger public relations problem on its hands in 2010, when it teamed up with Susan G. Komen for the Cure, the organization behind the pink ribbon campaign for breast cancer awareness. During the campaign, KFC changed the colour of its iconic bucket from red to pink, temporarily lit its headquarters pink, and repainted a Louisville restaurant. The Colonel Sanders look-alike who represents the company traded in his white suit for a pink version to complete the brand’s temporary transformation. The result was the single largest donation in the history of Susan G. Komen for the Cure - \$4.2 million raised by 5,000 restaurants in the United States. The funds were used for local breast cancer education, screening and treatment, but the campaign provoked ridicule and lingering criticism.

As told in the above paragraphs, the detail of the lengths to which KFC went implies a real commitment to the cause; the connotation is that they cared. The result, reported as the largest donation in history, frames this in very positive terms. Furthermore, the reader is informed of the good that the money went to in the context of breast cancer. The sizable donation and its impact are foregrounded in the top-down orientation. At the bottom, is the fact that it was criticized. By virtue of the placement of this information, the reader is led to feel that the donation was the important part -- the controversy less so. An explanation of why this campaign was criticized followed.

“Raising money in the name of breast cancer research, while engaged in a partnership with a corporation that may very well be contributing to this disease, is pink-washing in its most egregious form,” according to Think Before You Pink, an organization launched in 2002 due to concerns about the growing number of pink ribbon products on the market. It accused KFC of targeting low-income communities with a product containing carcinogens and fats linked to heart disease and breast cancer. The campaign was not repeated.

This piece of information is actually quite extraordinary relative to the typical coverage of breast cancer in relation to pink-ribbon fundraising. It brings out the issue of companies profiting from harm and about the conflict of interest many of the companies could be accused of, in tying themselves up with the pink ribbon. And while it is a welcome critique, it is sandwiched between the characteristic endorsement of the market system. The paragraph following this one advises how to use colour effectively to brand a company, and references banks' effective use of colour. The overall impression is that Komen's activities were positive in that the money was raised, and therefore, in the end, there is no need to be critical of the Foundation activities, only the unfortunate outcome for KFC.

There is seemingly no end to the creative ways in which companies will use their products and activities to increase their sales while marketing in association with breast cancer

fundraising. “Shattering the glass ceiling: Women brewers on the rise as city explores their unique craft beers” (Jackson, 2012, March 23) exposes the ways in which women are being brought into the marketplace in the brew-your-own-beer market in Toronto. The article also brings in breast cancer fundraising and the way it has been incorporated into this activity. In regards to the difference between the way men and women brew beer the reader is told, “The difference shows,’ [beer brewer and marketer] Phillippi, said, in the ‘inventive and imaginative’ cask and keg libations these women collectively brewed for a breast cancer charity event dubbed Beer for Boobs ... The link between breast cancer and alcohol isn’t lost on them, Phillippi said. They encourage drinking good products in moderation.” Women as consumers is foregrounded and their risk for breast cancer given a minor role relative to the product’s “goodness.” And that goodness, it is implied, not only is in its quality, but in its fundraising for breast cancer capacity, the implication once again being that we can buy our way out of the breast cancer epidemic.

The strength and visibility of the pink ribbon movement is so substantial that it is coveted and used as a model. In an article which describes Michael Kirby’s next project, Partners for Mental Health, he expresses his desire to mimic what the pink ribbon has. “What Kirby aims to create is not another elite charity; it is a social movement as strong and as visible as the pink ribbon campaign that galvanized millions of women to become better advocates for better breast cancer treatment.” (Goar, 2012, April 06) And while his intention is admirable and the goal a lofty one, it affirms that what the public sees of the pink ribbon activity is positive. The presupposition here is that there is nothing wrong or missing from pink ribbon fundraising and that it should in fact be replicated.

The dominant ideological position of people as consumers -- and that in consumption, good can be achieved -- is once again put forth in the reporting of an upcoming charity event.

“Yard sales put good cause on the table” (*Toronto Star*, May 19) frames the story in a positive light. It begins by exposing the negative stereotypes of people who make a hobby of attending yard sales and then spins it into a positive, benevolent light. “But on Saturday, May 26, yard-sale enthusiasts will be able to silence even the most scornful by explaining their purchases also will have supported a very good cause. On that day, yard sales in support of the Canadian Breast Cancer Foundation (CBCF) will take place in communities right across Canada. Money raised through the *Yard Sale for the Cure* event goes toward breast cancer research, advocacy and education.” The justification for spending is given in the form of raising money for breast cancer; it implies that any activity is acceptable as long as the benefits are related to breast cancer fundraising.

The CBCF has aligned itself with numerous corporate entities, some which would likely not stand up to the scrutiny of critics of pink ribbon fundraising activities, and yet the media seem to put their automatic stamp of approval on so many of these ventures. This is seen as the article unfolds. It promotes the corporate sponsors of many of the events and celebrates the money raised -- all put forth in the framing of spending money as a pleasurable activity with a side benefit. It is not only presupposed that this is all good, it actually asserts that it is. It is called a “worthwhile initiative,” touting the fact that “corporate sponsors have played an important role in the expansion of the program,” and rejoicing that “vintage finds are part of the thrill at Yard Sales for the Cure.” There is no room for questioning how the money is being raised, why the money continues to be needed, in spite of years and years of considerable monetary contributions, and who truly benefits from the financial outcomes. It implies that Shopping for the Cure is the resolution to the problem of breast cancer.

The association of pink with breast cancer has also made its way into art which intends to raise awareness and money for breast cancer. So strong is the connection in people's minds, that anything pink can be engaged in the quest for breast cancer fundraising and for other financial gains. "Pink Tutu to beat breast cancer blues" (Zerbisias, 2012, July 29) is an in-depth article with an interview of photographer Bob Carey. Carey has created a collection of photographs of landscapes in which he also appears in a pink tutu. "The collection began as an escape but turned into a mission after Linda was diagnosed with a very aggressive form of breast cancer in 2003. As she was receiving chemotherapy, she would share her husband's images with sister patients. They laughed. That's when Bob got the idea of growing the collection, selling the prints and publishing as a book to raise money for those breast cancer patients who did not have the financial resources Linda did." This is certainly admirable, truly charitable, and a positive bonus to the creation of his art. But his quest for good has also been a boon to his own success. "This has been an amazing gift. I have sold a lot of prints before in my career but this thing has exploded beyond all our expectations. It's been amazing. I have sold out eight or nine different images and we have this special edition book that we have been selling that comes with an original print – and that's 500 books that are almost sold out. We're printing 5,000 books and they will be available on the tutu project website." The book and a signed tutu print are given in exchange for a \$650 donation. And while this undertaking may in and of itself have value, it is yet another example of how the media and the general public are failing to ask critical questions about breast cancer fundraising and the pink branding of the disease.

Several remaining articles in this set contain simple mentions of pink products and pink events, all seemingly given an unquestioning approval of product and charity alliances, pink

ribbon fundraising and ultimately emphasizing the message that buying things – anything it seems – is how to work our way out of this problem. It is pinkwashing at its finest.

One article, whose purpose is to let readers know about a company that sells wine and donates \$1 per bottle to charity, acknowledges this by pointing out that, “A charity tie-in with a purchase isn’t new. Many large companies earmark a product to help a particular cause. The Canadian Breast Cancer Foundation, for instance benefits from the purchase of a range of items, from snowboards to toilet paper. (See Shop for the Cure at cbc.org)” (White, 2012, Aug. 18)

Reading through the articles we find out about the “Glitz and Glamour Breast Cancer Event where Celebs can party for a good cause at the Arcadian Court on opening night in support of the Breast Cancer Foundation, hosted by Oxford Beach and Etherington Generations. Pink carpet in effect.” (Pagliaro, 2012, Sept. 06); readers are told to “Lace up your sneakers or line the route and cheer for the runners at the Canadian Breast Cancer Foundations’ CIBC Run for the Cure on Sunday morning. Now in its 21st year, the 5k and 1k run and walk raise awareness and funds for breast cancer research.” (*Toronto Star*, 2012, Sept. 28); at the King’s Chocolate Inspired Afternoon Tea, “it’s \$39 a person and \$5 of each sale goes towards prostate and breast cancer initiatives.” (Folliott, 2012, Sept. 29); we’re informed “a Wave of pink sweeps across the city” in the CIBC Run for the Cure, (*Toronto Star*, 2012, Oct. 01); readers are advised that business is booming for popcorn makers and Jacques Lalonde is in on it making “pink, cotton-candy flavoured popcorn to sell as a fundraiser for breast cancer research.” (Kopun, 2012, Oct. 03); and although the price is acknowledged to be high, the results are touted as worth it when we read that “Crème de La Mer hand balm is a whopping \$90 for 100ml, and is available at Holt Renfrew in a limited-edition package to raise funds for Breast Cancer Research Foundation. It sinks into the skin, it makes your skin silky, and it smells like Crème de La Mer, which for me at least

evokes very comforting and luxurious memories.” (Delap, 2012, Oct. 17) In the final article under this theme we find out that, “Honda has taken pink marketing to a whole new level, introducing a pink car for women in Japan, claiming the windshield prevents wrinkles by blocking UV rays and the air conditioning system improves skin quality.” (Kopun, 2012, Nov. 01) Although the Honda article contains a critique of the use of the pink as associated with the pink-ribbon campaign, the author worries it “could elicit a backlash from consumers. ‘It feels like an archaic notion for what it means to be feminine,’” again placing women as consumers and showing concern for the outcome of the companies failing to properly market with pink. The connotation is that the market is more important than women; and that pink ribbon activities, no matter the contradictions, are still of benefit to the overall cause of breast cancer.

In the film *Pink Ribbons Inc.* Barbara Ehrenreich makes the argument,

I think the fact of the whole pink ribbon culture was to drain and deflect the kind of militancy we had as women who were appalled to have a disease that is epidemic and yet, that we don't know the causes of. We found sisterhood from other women and looking critically at what was going on with our health care. The sisterhood is now supposed to be supplied by runs and races for the cure. I mean what a change. We used to march in the streets, now you're supposed to run for a cure or walk for a cure.” (*Pink Ribbons Inc.*, 2011)

And author Judy Brady points out in the film, “If it were a conspiracy then we could expose it and people would be aware. But it's not. It's business as usual.” And it's business as usual in the media given that “media performance is ‘guided’ by market forces and elite interests” (Klaehn, 2005, 18). According to Samantha King, author of the book *Pink Ribbons Inc.*, in this case those elite interests work like this: “

The big players in the cancer establishment have boards of directors with representatives from the pharmaceutical, chemical and the energy industry and it's almost impossible to separate the people who might be responsible for the perpetuation of this disease from those who are responsible for trying to find a way to cure, or even better, to prevent it. (Lynn, 2012)

The hypocrisy in the promotion of products that contain carcinogens being sold in the name of a cure for breast cancer demands that the media, and likewise the public, ask more questions about the money they are being “pinkwashed” into spending.

Theme E) Early detection is the best prevention and research into a cure is THE cure for breast cancer; the answer lies in continued investment and energy invested into seeking a cure or *Primary prevention means stopping cancer before it starts, not treating cancer in its early stages and there is no need to look at prevention or even causes of breast cancer such as occupational and environmental exposures.*

Eleven, or 14%, of the 125 articles in this thesis fall under this theme. Although this is relatively few compared to other themes, it is nonetheless an important aspect of the coverage of breast cancer in the mainstream media. So much of the medical information as reported on in the media is about the kind of research that is being done and much of that is in looking for the cure. As well, when referring to prevention, it is often secondary or tertiary prevention in the form of screening, improved detection methods and early intervention in an already detected cancer. But what the public may fail to realize is that primary prevention is often missing. In other words, stopping breast cancer before it starts is most often omitted and therefore does not register as important. The omission of primary prevention then leaves no need to question what actually causes cancer, whether or not environmental or occupational exposures may be contributing, and why, despite the years of successful fundraising in the name of breast cancer, we have not found the answer to the high incidence of breast cancer among women who are otherwise healthy.

Why does this theme appear in the way media operate? The answer may lie in what Herman and Chomsky identify in the Propaganda Model. They observe that, “The modes of handling favoured and inconvenient materials (placement, tone, context, fullness of treatment) differ in ways that serve political ends.” (Herman and Chomsky, 1988, p. 35) Furthermore, Klaehn’s argument that, “instead of discovering and reporting the truth, the media fix the premises of discourse, decide what the populace can see, and manage public opinion through propaganda campaigns.” (Klaehn, 2005, 9) Klaehn’s description of the third filter also sheds light on why the discourse around prevention is limited if not altogether absent.

The third filter of Herman and Chomsky’s model draws attention to and highlights the ways in which news discourses are socially constructed vis-à-vis sources. Institutionally affiliated sources (the ‘primary definers’ of social reality) typically dominate news discourses. As a result, news comes to reflect institutional interests on a macro level. Within individual news stories, preferred meanings are typically encoded into media texts, influencing how news articles are constructed vis-à-vis their headlines and leads, as well as overall story presentation, particularly in relation to choices of emphasis and overall tone.” (Klaehn, 2009, 44)

In the case of breast cancer, the institutional messages that constrain the discourse are coming from scientists, policy makers, government -- even corporations. Their discourse is one of prevention in the form of early detection as it represents the lowest threat to the ideological underpinnings of a capitalist society in which profit comes before people. The dominant scientific paradigm, which takes its cues from the dominant ideology in our culture, needs to change if the media are going to change.

Possibly the great obstacle to moving science more upstream is that if science finds that chemicals need to be better regulated, industry may face major financial difficulties. Therefore, it is in the best interest of industry to take a more downstream approach that focuses on curing diseases rather than preventing them. Acting on science involves the

choice of focusing upstream on prevention or downstream on curative approaches. Acting is only rudimentary for this area of breast cancer and the environment. (Brown, 2006, 516)

The media, as will be illustrated in the articles explored under this thematic heading, have taken the downstream approach when it comes to breast cancer.

The Susan G. Komen Foundation came under fire for a political decision that did not sit well with the public. Komen withdrew its funding to *Planned Parenthood*, allegedly under pressure from anti-abortion groups, but restored its commitment to funding after public pressure and “outrage erupted from donors and supporters.” (Hasham, 2012, Feb. 04) The article reports that Cecile Richards said, “The outpouring of support for women in need of life-saving breast cancer screening this week has been astonishing and is a testament to our nation’s compassion and security.” Komen, it is reported, grants *Planned Parenthood* \$700,000. “The Komen grant goes into providing breast exams – nearly 170,000 have been done as a result of that funding in the past five years, according to Planned Parenthood, out of a total of four million breast exams.” These numbers are substantial and the argument for the need persuasive. The importance given these screening programs, in the eyes of the public, and as affirmed by the reporting of it, are underwritten with the information that, “Since Komen announced its plans to cut funding earlier this week, Planned Parenthood has raised almost 3 million for the breast cancer program from about 10,000 donors. New York Mayor Michael Bloomberg also pledged to personally give a \$250,000 matching donation to Planned Parenthood, saying, ‘Politics have no place in health care.’”

Unfortunately, politics are very much entrenched in health care, and the focus on screening is a result of that. If they were not, the public might offer the same kind of outcry over the fact that so much of what is fundraised is invested in early detection methods, in funding for

pharmaceutical companies to research treatment drugs, and in seeking a cure, while research into causes and primary prevention are virtually ignored, because no one profits from this kind of a focus.

An article exulting yet another substantial personal donation towards improved screening and faster diagnosis sets a positive tone for the increased services being offered at Princess Margaret Hospital. The headline “Family’s generosity allows cancer program to expand: Gattusso-Slaight family donates \$20 million for same-day diagnosis centre at Princess Margaret.” (Hauch, 2012, Feb. 21) The headline, in its use of the words “generosity” and “expand,” creates a positive slant to the article. And this information is positive for those women whose lives can and will be changed by eliminating the time worrying and waiting for a diagnosis. It’s all presented as good news, but at the same time, by foregrounding these initiatives, it confers a kind of priority setting agenda on the public.

With the last of the donations secured, the centre will expand its hours of operation in May. It will be open five days a week, up from the current four.

Instead of waiting five or six weeks for a diagnosis, patients referred by their family doctors are seen at the diagnostic unit in the morning and are able to get a physical exam, mammogram, ultrasound and tissue biopsy (if needed) done on-site. They get their results on the same day.

If a woman has a malignant tumour, she can get a treatment plan as well, before she leaves, and a referral can be made to breast surgeons either at Princess Margaret or closer to her home.

Since 2006, the rapid diagnosis centre has seen 1,961 patients and 48 percent of those received a diagnosis of breast cancer...

...Obviously that’s a big change in the way we provide care,’ he [Dr. Robert Bell]” says. It means a total reevaluation and replanning for the way we diagnose cancer.”

The celebratory nature in which the swiftness of this approach is discussed seems to presuppose that this is the way to deal with breast cancer. The same day terminology connotes a

timeliness that can eliminate many of the perceived tribulations associated with breast cancer diagnosis and treatment. The absence of primary prevention presupposes that it is non-existent.

In the continued zeal for research that investigates new or better diagnostic methods, the headline, “Blood test could detect breast cancer” (Teotonio, 2012, April 11) alludes to more of that hope and the ongoing investment of priorities in detection. “Researchers at Montreal’s McGill University have created new technology that puts them a step closer to developing a blood test that detects cancer in early stages. The goal is to develop a test using a drop of blood that could be done, quickly and painlessly in a doctor’s office, reducing the need for mammography screening and minimizing exposure to X-rays says principal investigator Dr. David Juncker.” As in so many other articles of this genre, the reporting of medical research and trends, the discursive voices place authority in the researchers being quoted and therefore in the information itself. That authoritative voice seems to connote a presupposition of completeness and accuracy that can eliminate any notion of questioning the information being communicated.

The article contains specific biological and medical information about the research findings. It does say that more studies would have to be done. This sets the stage for the prevalent mindset of continued research, for more and better information. The final paragraphs of the article confirm that position, presenting the argument that the “earlier cancer is detected, the greater the chance of successfully treating it and giving patients a chance at long-term survival. According to the Canadian Cancer Society, on average 64 Canadian women are diagnosed with breast cancer every day and 14 die from it. One in 9 women is expected to develop breast cancer in her lifetime and one in 29 will die from it.” These statistics are sobering and in this case seem to justify the argument for better detection, further research. But the presentation of the figures could also have prompted the question of why these numbers are what

they are. They could have been contextualized historically, showing the climbing incidence rates over the last few decades. The statistics could have been used as a call to action for more and continued resources being put towards primary prevention, or an examination of the environmental and occupational factors, which are thought to contribute to a significant proportion of breast cancers. The omission speaks volumes about the dominant discourse on breast cancer.

In another piece, which brings to the fore once again the relative importance of detection in the minds of the public, Drs. Roizen and Oz answer a reader question about dogs' ability in the diagnostic process and point to a potential future for this information. "Studies demonstrate dogs can detect early stage breast cancer, melanomas and bladder cancer with an accuracy rate of 88 per cent to 97 per cent ... The dogs' ability to smell these volatile organic compounds may lead to a new test to detect cancer." This is a call for more research into early detection. It is once again purported to be the way forward.

In spite of the controversy raised in recent years in connection to the efficacy of mammograms in accurately diagnosing breast cancer, the Canadian Cancer Society makes the claim that they nonetheless need to do more to educate women to ensure they are getting the mammograms as per their recommendations. The article's headline reveals, "Women confused by breast cancer screening," (Teotonio, 2012, Oct. 03) and after reporting on the result of a poll which concluded this, asserts that, "Getting a mammogram every two years is the most effective and reliable way to find breast cancer early, when it's most treatable." This is yet another article which has early detection as its focus, and is troubling when seen in contrast to what Sam Epstein, as quoted earlier, has argued about both the efficacy and safety of mammograms.

Primary prevention receives no mention at all, keeping it conspicuously absent from the discourse.

The underlying assumption in the ongoing promotion of seeking a cure, fundraising for a cure, new research toward finding a cure, is that prevention is unnecessary in the face of being able to eliminate breast cancer. Besides, curing holds potential for profit, prevention does not. And so the media celebrate each new advance in research into a cure, fed no doubt by the public relations wings of the companies which stand to be well served in developing the new technologies. And the articles leave no doubt that new is better.

A story on a genetic mapping research project publicizes its prospective impact. “This is a real transition point, and we have to move toward more sequencing to give patients the best shot toward curing their cancer...The new world is a diagnostic system that will be based on targetable DNA mutations present in breast cancer.” (Bloomberg, 2012, Sept. 25) But what of the old world, when breast cancer was minimal? What were the human conditions in which we didn’t need these new world technologies? There is seemingly no room for this kind of questioning. And why would we when “Patrick Gunning will continue to work on a molecule that cures breast cancer, multiple myeloma and acute lymphoblastic leukemia in mice.” (*Toronto Star*, 2012, Dec. 30) The articles seems to suggest that breast cancer cure researchers are hitting their stride and it is only a matter of time before the millions of dollars invested here will pay off. But as Barbara Ehrenreich argues, of the feminist women who have been part of the breast cancer movement from the beginning, “Like everyone else in the breast cancer world, the feminists want a cure, but they even more ardently demand to know the cause or causes of the disease without which we will never have any means of prevention.” (Ehrenreich, 2001, p. 5)

Theme F) Treatments - medical, surgical, psychological and pharmaceutical - are the answer to the breast cancer problem or *Why prevent when we can treat?*

The content of the articles in this theme, like those categorized under other themes, is not exclusive to this theme. Many of the articles coded into the other themes include the treatment-as-solution discourse, however the articles included in this section provide the best examples of the thematic elements. This theme contains 8 articles or 6% of the total.

The medical model leads toward treatment; it does not lead to prevention. Why? Must it be this way? It is this way because the real money is in treatment and therefore, the scientific research and medical priorities are in treatment. And as such, there is little doubt that the public relations industry spins the story to keep the priorities where profits are to be made and away from prevention. It begs the question: are the national cancer institutes and cancer societies in a conflict of interest with industry, promoting cancer drugs, further study of genetics and development of more drugs? The mainstream media reflect the interests of the cancer establishment in the pursuit of profit in treatments over primary prevention, where there might be some money to be made, but not nearly as much as in treatments. It is also worth mentioning here that there is a general omission in the *Toronto Star*, and this would presumably extend to the mainstream media as a whole, of alternative treatments to breast cancer. Approaches to healing such as acupuncture, nutritional supplements, hypnosis, guided imagery, or shamanistic and native healing traditions as brought out in *Coyote Medicine* (Mehl-Madrona, 1998) are absent in the discourse of breast cancer treatment, in favour it would seem of the bigger profit generating mainstream medical approaches.

One of the trends that was visible in the coverage in this theme and in articles that fall under the other themes, but where treatment is discussed, is the idea of treatments tailored to

individuals. The article, “Plan seeks to tailor cancer care,” (Boyle, 2012, Feb. 03) is one example of that bent. New and improved treatments, in the context of personalization, cannot help but conjure up a positive connotation. “Since every patient’s cancer is different, a Toronto-based research institute is leading an international effort to provide specific, targeted treatment in cancer care.” This sounds like good news for cancer patients, but it is also good news for the Ontario Institute for Cancer Research and Princess Margaret Hospital. “Dr. Tom Hudson, president of the Ontario Institute for Cancer Research, said DNA testing for a multitude of mutations could very possibly be standard practice on all cancerous tumours in a decade. That would enable physicians to provide earlier and more accurate diagnosis, he said. And treatment could then be tailored to individual patients with fewer side effects.” Hudson’s news may have some future benefit, but in the meantime, treatment is being highlighted here and is continuing to be pursued in the absence of prevention strategies. The financial aspect of the research then comes up in the article, alluding to the fact that this long-term research – the expectation is that it would be 5 to 10 years - could eventually lead to cheaper tests. “Hudson said genome sequencing is becoming more affordable. He worked on the Human Genome Project, a \$1 billion effort to sequence the three billion DNA letters in the human genome. It took 10 years and that was completed about a decade ago. Now the Ontario Institute for Cancer Research can sequence a genome for less than \$10,000 in a week. An international competition is underway to figure out how to do it for only \$1,000.” The figure presented here – the money, the time frames, the DNA letters – are astounding, even dazzling. The framing is all positive, forward thinking, credibility establishing. And yet, in these years of study, what has happened with breast cancer incidence? How many women have gotten breast cancer? How many have not survived? The article presupposes that this direction is the correct one, and yet if the kind of energy being invested in

treatment were put into primary prevention strategies, including better regulation of carcinogenic exposures, bans on known or suspected carcinogens, or research which takes into account that we have not found what is causing cancer and therefore pursuing a better grasp on the causes, then might we be able to prevent first, and treat when necessary?

Along the same lines as the previous article, an article entitled, “Breast cancer has 10 distinct forms,” (Boyle, 2012, April 20) advises readers of two more studies which find new directions in breast cancer understanding with additional genetic knowledge and with a vision towards tailored treatment. “This new information could be used to better tailor treatment to individual patients. Many of these newly identified genes could offer new insight into breast cancer biology, allowing doctors to predict whether a tumour will respond to a particular treatment, whether the tumour is likely to spread or whether it is likely to return following treatment.” These pieces of information present an authoritative voice on the ways in which treatment can be improved. Read by the ordinary reader, it all seems reasonable if not probable and is therefore acceptable and desirable. If viewed as propaganda for the treatment modality, it comes across as designed to influence the average person who is not informed on this subject and is therefore susceptible to being won over. Further affirmation is provided in the statement: “McGill University professor Dr. Gerald Batist, a scientist funded by the Canadian Institute of Health research, said both studies are key for breast cancer treatment.”

Another article, “Turning the science of stem cells into art,” (Ogilvie, 2012, April 29) brings the art world into breast cancer again. A *text as a whole* reading leaves you feeling uplifted, enlightened, and cultured in a bizarre way. The story describes a number of projects, including a focus on the work of Craig Aarts, who in the lab is looking at cancerous stem cells which are “a small subpopulation of cells within a breast tumour that are thought to be more

aggressive and responsible for metastasis and cancer relapse. ‘The focus in our lab is to find molecules to target this aggressive cell population,’ he says, noting that the goal is to find new treatments for breast cancer.” Once again, new is presupposed to be good; cell research is the direction to take. And to add to the positive sentiment of the treatment being pursued, the image of the cells when coloured with dyes and viewed through a microscope “caught his eye because of the bright splash of yellows, pinks and blues. ‘It has a celestial appeal.’ He also believes it is important that the public is able to share the successes of scientists who spend their time toiling in labs. This image in particular, he says, reveals the ‘pure esthetic pleasure’ of their work.” This conveys a sense of awe of the science and the scientists, further adding to the potency of the backing of scientific research into innovative cancer treatment modalities.

Yet another glamorization of treatment is offered in the article, “Breast cancer drug ‘groundbreaking’” (Hall, 2012, Dec. 06). “It’s being called one of the most promising breast cancer therapies to enter the research pipeline in decades,” claims the article in the opening line. The genre of the article is familiar, and ultimately reads like an advertisement. The new and improved aspects of the drug are touted by the scientist, Dr. Richard Finn, who is studying it, a comparison to other drugs is offered as evidence of its supremacy, and the need for clinical trials is argued. And while the case for its benefit as a new treatment is presented in strong words, the final two lines, using Finn’s own words, reveal that it may not actually stand-up as well as promoted. The modality suggests a lack of certainty on his part. “Finn says the new drug may work in conjunction with other breast cancer drugs and could transform the ER [estrogen receptor] positive form of the disease into a chronic, treatable condition. ‘That’s our hope,’ he says.” The use of the words “may,” “could” and “hope” provide further evidence that we really do not have solid answers when it comes to treating breast cancer and that it is a seemingly

endless pursuit which allows some people to profit along the way as they peddle the latest treatment. But it also exposes the missing piece of the puzzle again – we are treating when we could be preventing. Where is the research seeking to identify causes?

There is a kind of assurance (albeit possibly false) for the reading public provided in reports that treatments are being used, updated, further researched, and tailored. In an article that exposes the findings of a study which tracked women for one year after their breast cancer treatment, it found that in poorer areas, mastectomy rates compared to lumpectomy with radiation were higher. “Location key in breast cancer care” (Donkin, 2012, Oct. 12) examines the variations in care, debating which treatment option to be the best. Regardless of the findings, the article concludes with a breast cancer patient’s statement which offers recognition of her treatment in terms that suggest there was no other option. “If it does come back tomorrow or next year, at least I know I did everything I could have done.” It may have been everything she could have done in the face of her diagnosis and where she lived in relation to access to care, but the question left unasked again is: have we as a society and have the powers that be done everything they could when it comes to breast cancer? Is treatment everything we could have done, or could it have been prevented in the first place? The dominant ideological elements - the fifth filter in the Propaganda Model – are being played out in this theme.

Theme G) Occupational and environmental exposures are marginal if at all existent; researchers who claim otherwise are suspicious or Activists, advocates and dissenters are biased and their science is flawed.

The final theme contains 6 articles, or 8% of the total articles being analyzed. That this theme has the fewest articles of all the themes, tells us something about what the *Toronto Star*,

which may be representative of the mainstream media in general, prioritizes in terms of breast cancer messaging, and clearly occupational and environmental exposures are not given much credence.

Occupational and environmental exposures in relation to breast cancer do not get much mention. This is reflective of the broader scientific and medical field as well, and as the dominant voices and elite sources influence what the media say – or the third filter of the PM - it is not surprising that much of the discussion on any relationship between environmental and occupational exposures and breast cancer causation are absent. And as the analysis of the articles in this theme will reveal, even when environment and occupation are included, the text, the framing, the foregrounding and backgrounding, omission, presupposition, discursive differences, insinuation, connotations and modality often serve to undermine those messages.

The headline “Not so pretty in pink” (Barnard, 2012, Feb. 03) alludes to the controversy and does set up the issue of criticism of pinkwashing in a straightforward way. The article, a film review of the NFB film *Pink Ribbons Inc.*, does take on the issue of environmental and occupational exposures in relation to breast cancer while contextualizing it in the pinkwashing and pink ribbon culture surrounding breast cancer.

This article is largely progressive and is ultimately an exception in the overall trends observed. The very fact that they cover the film in the *Toronto Star* is positive and in some ways surprising - although not completely. Media scholars have observed that film reviews and other arts oriented stories, in particular in entertainment sections, are perhaps more progressive. This may be due to the fact that the editors in these sections are different from the news editors who may be more likely to reinforce the dominant discourses. Still, it may imply – perhaps

incorrectly - that the issues raised in the film are irrelevant in the Canadian context when it states that

the movie focuses more on the American experience. In fact the most “egregious examples of pinkwashing – past breast cancer marketing campaigns for products that may actually be linked to cancer, such as yogourt made with bovine growth hormone and fat-laden fried chicken – didn’t apply here. Nor can Canadians pick up a pink handgun each October during Breast Cancer Awareness Month.

In spite of this, we can view this on the whole as a welcome exception.

To contextualize the analytical conclusions to come, an important discussion need be raised here. There is a tendency within the media to characterize activism and concern for the environment or other social issues within negative frameworks, and to discredit and question those who are engaged in working for social justice. This helps to keep the story straight – the story that is largely constructed to maintain the corporatist status quo. And so, in order to cast the framing of environmental issues in a spurious light, the media ascribe certain ideas, characteristics and judgments to those who work to bring to the fore environmental, occupational, feminist and other issues of social justice. As such, the word activist has come to carry negative connotations. Two “media truisms” on this issue have been identified. “Environmental ‘problems’ are largely invented by hysterical members of radical groups such as Greenpeace” and “As the economics involved are paramount, we are better off if industry is self-regulating.”(Winter, 2007, n.p.).

When the article Pink Ribbons Inc. tells the reader that in the film “the activists say they suspected the root cause of breast cancer was environmental and that was what started their marches and campaigns in the early 1990s” the subtle implication is that these are hysterical women without proof. Even if we didn’t read that subtle connotation, the very mention of this association is an exceptional assertion in the mainstream media, and as an almost isolated

statement makes it seem implausible. Further, that the statement is left as is in the article, that the issue of whether or not there is a connection between breast cancer and the environment is not validated or explored presupposes there is no validity to it.

Two other articles in this set that raise the potential for a connection between environmental and occupational exposures and breast cancer causality not only insinuate that the people making the claims are irrational and hysterical, and that the claims are without merit, quoting opposition to the claim from supposed experts makes it so that the discursive differences confirm the characterization of irrationality. One article will be used to illustrate the case.

In “Experts split on Oshawa man’s ailments,” (Poisson, 2012, Feb. 27) the reader learns that Russ Loader is “convinced that invisible electromagnetic fields in his Oshawa apartment are making him sick.” This article may be yet another exception to the overall trends seen in the coverage of breast cancer. The article by and large gives credence to Loader’s perspective in the space it provides for his side of the story and overall provides a balanced point of view. Still, in some parts of the story, the article uses discursive differences to counter Loader’s inexpert opinion against this: “‘Based on the information provided, and on Health Canada’s expertise, there is no scientific reason for people in the building, nor any Canadian, to be concerned with exposure to power-frequency EMF’s,’ agency spokesperson Christelle Legault wrote in an e-mail to the Star.” The article then introduces the reader to Dr. Magda Havas, who wrote a report on the exposures she found in the apartment and deemed them to be unsafe. But if there was any question as to the legitimacy to Havas’ claim, the article says:

But Havas and others ultimately fly in the face of a much larger scientific community who interpret research differently.

Havas, who has also spoken out against wireless internet in schools, cites literature that shows links between low levels of EMFs (2 to 4 mG) and a doubling of childhood

leukemia. There's evidence in occupational literature of increased rates of adult leukemia, brain tumours and breast cancer as well as a greater possibility for miscarriages. And there are also people who have developed sensitivities to the fields, she said.

Havas is typified as a lone voice against the "much larger scientific community" even though she references studies to back her assertions. Still, the fact that Havas is foregrounded by placement of her opinions at the top of the article, while Muc's discrediting remarks come later does allow for the unconventional view to be presented. It is worth noting here that the balancing of a story seems more often to appear when a story goes against the dominant discourse, whereas when the mainstream ideas, or the conventional wisdom are presented, they are often provided uncontested and insinuate that the information is to be taken as credible at face value. The opposing position is presented here which may serve to leave Havas' claims dismissed.

Dr. Tony Muc, associate professor at the University of Toronto, who has been studying the issue of electromagnetic fields for more than four decades, agrees with the government's assessment.

He noted that in almost all the research Dr. Havas cites there are critical phrases, such as "possible association" and "possible causal link". How one interprets that is where opinions have diverged.

"The extent to which one wants to establish public policy on the basis of possibilities, that's fine," said Muc, adding that if Ontario votes to shut down all the power lines and shut off all the cellphones, the province will have to deal with that.

"Well-reasoned moderate opinion on this kind of stuff, is there is indeed no problem in this particular apartment," he added.

Muc said that for his work, he's had his hands in EMFs measuring some 20,000 mG and knows people in occupations, like Hydro workers, who are regularly exposed.

"And none of these people have fallen down dead or had open sores develop or whatever else," he said.

This passage is wrought with text intended to remove any notion of legitimacy to Havas' work. Muc's credentials are touted, granting authority to his opinions. He directly discredits Havas' work using her wording against her. He proposes an extreme situation in the shutting

down of operations and with a subtle forecast of economic doom as an illustration of the implications of Havas' conclusions. He implies that Havas is unreasonable and extreme. He makes claims of his own hefty exposures as well as workers in the field, claiming there were no effects, as evidence for his and the government's position. Loaded words and a critical angle all serve to remove any credence to Havas' position as well as scientific research which does acknowledge possible associations. In the paradigm of breast cancer and occupational and environmental research, there is no "proof", which of course is also the case with social science research, where evidence may be found to support or contradict a theory, even to be neutral.

It should be noted that epidemiological studies by definition don't "prove" anything. They present statistical probability, showing an association. In matters of health, like breast cancer, that probability is significant when you find an association between certain exposures and disease. You will not be able to show for absolute certain that an exposure was the cause of the disease, but even in legal terms and scientific terms you have different standards of proof. Public health is not regulated on absolute certainty because if you wait for absolute proof you could be waiting hundreds of years, in the meantime harming many people.

The final three articles in this set all stem from the release of a study in which the researchers found an association between certain occupations and an increased risk for developing breast cancer. It is quite interesting that a single study on occupation, environment and breast cancer received such substantial attention in spite of the fact that occupation and environment are generally not part of the media discourse on breast cancer let alone the scientific or medical discourse. While it is in some ways positive, progressive, possibly even hopeful about the impact such information could have on the media and the public, subjected to critical

discourse analysis, the general tendency of the media to question, discredit and even undermine occupational and environmental discussions related to breast cancer does infuse these pieces.

The headline of the first article “Auto plastics industry linked to breast cancer” (Morris, 2012, Nov. 19) reveals the occupational association with breast cancer. What’s interesting about this uncharacteristically long piece (1710 words) on occupation and breast cancer, let alone in the front section of the newspaper, is that the story is actually credited as coming from The Center for Public Integrity, a non-profit, independent investigative news outlet in Washington.

The article presents a lot of information about the study itself, the findings of the study, even the frame of reference in looking at breast cancer from an occupational exposure perspective.

The six year-study, to be published Monday online in the Journal of Environmental Health, draws a striking conclusion: women employed in the automotive plastics industry were almost five times as likely to develop breast cancer, prior to menopause, as women in a control group.

The implications reach far beyond Windsor factories, said study co-author James Brophy, an adjunct faculty member at the University of Windsor and a former occupational health director.

“These workplace chemicals are present in our air, water, food and consumer products. If we fail to take heed then we are doing so at our own peril.”

Brophy and a team of researchers from Canada, the United States and the United Kingdom examined the occupational histories of 1,006 women from Ontario’s Essex and Kent counties who had breast cancer and 1,146 who didn’t. They took into account such factors as smoking, weight, alcohol use and other lifestyle and reproductive factors. Study members worked in auto parts plants, casinos, food canning factories agriculture and metal-working plants...

...There seems to be widespread concern about consumer exposures (to chemicals) but almost no concern for the most highly exposed population – the blue-collar workers,” said Brophy. “These women remain invisible and their cancer risk largely ignored.”

The length to which the article goes to explain the issue from the standpoint of the study as well as to contextualize it in political and economic terms is unusual indeed. Situating breast

cancer in the context of causes outside of the traditional risk factors is uncommon as this analysis has indicated, let alone to bring in an acknowledgement of the systemic elements of it. This is an anomaly in terms of the overall findings of the critical discourse analysis applied to the set of articles on breast cancer, regardless of the theme.

And yet, in spite of the voice in the wilderness that this article offers, it does not come uncontested – it is balanced with another side of the story. The article turns toward an opposing position on the conclusions made of the findings in the study. It is not surprising, given the consideration of the Propaganda Model that the economic stakeholders would be the source for the opposing voice, and no doubt from the public relations wing.

Industry officials in Canada and the U.S. questioned the findings.

The American Chemistry Council provided a written statement reading, “The well-established risk factors for breast cancer are not chemical exposures, but rather a combination of lifestyle and genetic factors.”

This study, the council said, “only examines occupations, not exposures to any agents or substances” and that “there is no actual determination of exposures to such substances, no documentation of their presence in the workplace.”

Marion Axmith, director general of issues for the Canadian Plastic Industry Association, said her members “strongly support enforcement of all regulations that protect worker health and safety.”

The article then tells the reader that the workers don’t have faith that the regulations are protecting them. But the discursive differences between the workers and the industry and government representatives may provide doubt about the workers’ concerns, and as a corollary, the study itself. The article adds yet another authoritative voice which casts doubt.

The Ontario Ministry of Labour is “committed to protecting workers from occupational exposures and the prevention of occupational diseases,” a spokesman said in a written statement.

Dr. Leon Genesove, chief physician for the ministry, said employers are required to protect workers from hazardous chemicals by conducting their own testing of toxic chemical levels.

“The onus is in the workplace to prove that they’re meeting the exposure limit. Our inspectors look at that,” he said.

“Sometimes we’ll arrange sampling also,” Genesove said.

The implication here is that there is no problem, that there is no possibility for occupational exposures in relation to breast cancer. It implies that the system is working, that workers are being taken care of by the experts who have the knowledge and information to do so.

In spite of these assurances, the article does dig deeper into the issue, and questions them. “Bob DeMatteo, who for 30 years was the health and safety director at the Ontario Public service Employees union, questioned how useful the ministry’s work was in protecting the workers in the plastic industry. ‘What’s the average worker really exposed to – what’s in their bodies? We don’t know,’ said DeMatteo, who is now a research associate at York University for the National Network on the Environment and Women’s Health. ‘Nobody is doing that testing.’” What DeMatteo raises here is again the problem of the lack of studies being done in the area of occupational exposures – without the studies, we don’t know the causes, and the doubt created allows industry to proceed with business as usual.

Ironically, this article may actually serve as a good example of what is often characterized as fair and objective journalism. It seemingly attempts to provide all sides of the story, something that the other studies discussed in other articles did not have – other study findings were presented as uncontested findings - because they were not a threat to the dominant media discourse on breast cancer. Occupational and environmental risks for breast cancer and the studies exploring them are inherently political because they challenge the system of production and the economic arrangement we have in our society. They therefore always raise conflictual

relationships because of that vested interest. That is why in this article we see both “sides” of the story.

In an article which follows up after the release of the study, those interested and affected by the story are characterized in terms which again invoke media truisms which would see union members in negative terms, and likewise their advocates.

“When some women walk onto the factory floor, punch their time card at a food processing facility or start their shift at the foundry, they are literally dying to go to work, union members and health care advocates say.” (Quinn, 2012, Nov. 20) Does this lead, with the connotations it invokes of those who are making the statement, undermine the information to come? Maybe. Still the article is in many ways an exception to the rule, providing a lot of information on the study and the outcomes as well as the implications. “Margaret Keith another of the principal researchers said the issue of women’s health in industry is a ‘no-go area’, and said that more needs to be done to ensure parity with their male counterparts...Advocates for women working in auto parts say this study will reach far beyond the science it presents: it will break the silence on an issue that has long been the subject of many whispers.” In raising these aspects of the breast cancer and occupational question in the context of gender as well, it serves as an example of the contention that the media are not monolithic, that there is room for dissent, in small doses of course. Because although the political problems are addressed in the article, the study’s funder, a mainstream cancer organization actually divulges the barrier that it will face, and which represents a barrier in terms of the mainstream media as well. “Sandra Palmaro, the CEO of the Ontario wing of the Ontario Breast Cancer Foundation – a funder of the study – was in Windsor for the presentation and said the next step is for the research community to accept, and endorse the findings.” That is, no doubt, a challenge.

A third article, “Advocates for an ‘invisible cohort’” (Quinn, 2012, Nov. 21) which refers to the same study as the previous two, focuses more this time on the study’s researchers. A *text as a whole* reading presents them as biased even while admitting that it is a criticism, and strengthens criticism of their work by invoking the opinion of another assumed expert.

They’ve heard the criticism before: Too invested. Too involved. Not impartial.

Jim Brophy and Margaret Keith say yes. They do care, a lot, about the people whose lives they study. But they don’t think that makes their research into how workplaces can make people sick any less valid.

“If you really care about what you’re doing, then why would you not want to advocate?” Keith said Tuesday. “You’d want to take your findings out into the community to make a difference.

The depiction is that of overly emotional, over involved researchers, which presupposes that it cannot be good, objective science.

When Brophy 65, and Keith, 62, presented the findings (of their study) to about 40 people in Windsor – mainly health-care advocates and union representatives – there was anger at the risk faced by women, and calls for improved safety for workers. Other medical experts, however, were dubious of the study’s findings, and voiced their feelings to the national media.

The implication with the wording in this passage is that only a small heated group of special interests are affected by and care about the study. And besides, the other experts doubt the results, as the article goes on to confirm.

“If you were to ask me the general question ‘Does occupation contribute to breast cancer risk in Ontario today’ I would have to say no,” Dr. Steven Narod told the CBC when asked about the study.

“I think women should feel comfortable that they can go to work in the morning and not feel that they are exposed unduly to chemicals, carcinogens, hormones that put them at increased risk of breast cancer,” Narod said, a senior scientist at Women’s College Research Institute and professor at the University of Toronto.

Narod, a member of what Epstein would call the “cancer establishment”, attacks the credibility in any association between work and breast cancer. The handling of material which is

inconvenient to the system is to discredit it, just as Narod has done in this article. Granted, the article concludes with a systemic critique, and one which is really the framework for the challenge of the media's tendency to reflect the dominant ideology, but in the challenge to right the injustices of the dominant ideology in our culture, which upholds capitalism and corporatism over humanity. "To resolve this issue, society needs to be involved," Brophy said. "What is our standard? Do some people have to bear the risk for our consumer goods in order to make a living, or do we believe that everyone's health is of equal value and needs to be protected?" The values as projected in this overall analysis have been clearly illuminated.

An additional mini-analysis of an eleven-year period of the *Toronto Star* coverage of breast cancer is offered in the following table (Table 2) as generated using a Canadian Newsstand Search by year from 2002 through to and including 2012, the year for which the critical discourse analysis as given above was conducted. The table shows the overall numbers in each year of the total number of articles which contained "breast cancer" followed by searches of various key words within the articles in each of the years. The key words were chosen based on the themes which emerged in the previous critical discourse analysis of the 2012 articles. It was thought that these words if cited in the articles on breast cancer might give some indication as to the level of coverage on these topics in any given year and over the eleven year period. While it is not, by any means, a conclusive analysis of media content, it does provide a snapshot of the coverage, the issues covered as well as changes within the time frame examined.

In looking at the eleven year totals in the table, the word with the highest percentage was "treatment" at nearly 32%. The next highest percentage was "survivor" with 13.5%, followed by "pink" with 11.7%. The word "prevention" appeared in 7.6% articles overall, although it is presumed that as pointed out in the critical discourse analysis of the 2012 articles, prevention is

more likely to be used in the context of secondary and tertiary prevention as well as primary prevention. The word environment was shown to be in 5.6% of the articles overall, although it should be noted that a very brief look into some of the articles revealed that many times the word environment referred to something completely unrelated to breast cancer. The only search word which had years in which it did not appear in any articles at all was “occupation” and in other years had the lowest numbers of all of the search words.

Less than 6.5% of the articles written on breast cancer in that eleven year period contained the words “environment or “occupation” The occurrence levels of these words is reflective of previous studies in the area of breast cancer and media messaging as well as the arguments made in this thesis about the general lack of coverage of occupation, environment and prevention.

Of note, is an overall decrease in the number of articles on the topic of breast cancer. This may be a lack of faith or interest in the issue of breast cancer after what appeared to be a very intense period of reporting in the midst of pink ribbon campaigning and investment in the idea of a cure and which failed to produce the results that were expected to stem from this. This is an area for further examination. Generally, it would appear from the numbers as illustrated in the table, that for that eleven year period the *Toronto Star* very much reflects the dominant epidemiological paradigm for breast cancer and likewise, the dominant paradigm of media discourse on breast cancer. The picture provided by the numbers in the table, extend the analysis as described above by theme for the year 2012.

Table 2: Key word search by year: Breast cancer AND key word

Year	<i>Breast cancer</i>	Lifestyle		Treatment		Cure		Battle		Survivor		Prevention		Pink		Environment		Occupation	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
2002	268	24	9	95	35.4	35	13.1	26	9.7	26	9.7	39	14.5	15	5.6	24	9	3	1.1
2003	179	15	8.4	66	36.9	33	18.4	18	10.1	26	14.5	17	9.5	14	7.8	6	3.4	1	.56
2004	197	14	7	54	27.4	15	7.6	24	12.2	30	15.2	14	7.1	16	8.1	8	4.5	0	0
2005	224	11	5	74	33.0	22	9.8	19	8.5	34	15	14	6.25	34	15.1	12	5.4	1	.45
2006	227	11	4.8	56	24.7	26	11.5	22	9.7	29	12.8	18	8	40	17.6	8	3.5	3	1.3
2007	228	12	5.2	70	30.7	22	9.6	22	9.6	32	14	20	8.8	32	14	14	6.1	0	0
2008	178	7	4	52	29.2	14	7.9	15	8.4	20	11.2	7	4	13	7.3	16	9	0	0
2009	163	5	3	54	33.1	10	6.1	17	10.4	25	15.3	5	3	28	17.1	6	3.7	0	0
2010	151	6	3.7	50	33.1	14	9.3	22	14.6	20	13.2	3	2	16	10.6	5	3.3	2	1.3
2011	120	10	8.3	47	39.1	13	10.8	16	13.4	18	15	7	5.8	15	12.5	8	6.7	1	.83
2012	125	16	12.8	33	26.4	16	12.8	14	11.2	19	15.2	12	9.6	18	14.4	9	7.2	4	3.2
	2,060	131	6.36	651	31.6	220	10.7	215	10.4	279	13.5	156	7.6	241	11.7	116	5.6	15	.73

VI. CONCLUSIONS

The media play an important role in society particularly regarding the generation and dissemination of information. In an ideal society, the media would take a neutral stance or at least be accountable to their readers and viewers. We do not however, live in that reality. Instead we live in a stratified class society in which the interests of a few supercede the interests of the many. And as a result, the media system, a corporate run system, within the broader capitalist system, regularly reflects the interests of those powerful few. The implications of this are broad-reaching.

Questions of the effects of media have been asked often, and studies to assess them countless. Much research has been conducted on how to better use the media to reach audiences on various subjects. And criticism about the ways in which media report abound. This thesis began with a number of questions, some assumptions about effects, and with a critical stance on how the media operate. This critical standpoint derived from the problems associated with the description above – that is of the influence of the broader social, political and economic system on the media system. That aspect became a crucial point in approaching the subject at hand, for it is embedded in the criticism that more questions arose, and from which the answers produced further criticism, and a better understanding of how the media operate on a particular issue.

Previous studies of media and breast cancer produced various findings including: the majority of memorable messages were on the topic of early detection and very few were on prevention (Atkin et al., 2008); an emphasis on family history of breast cancer or genetic characteristics as risk factors for breast cancer resulted in women's inaccurate perceptions of breast cancer risk (Walsh et al., 2007); creative campaigns and colour is used within the media to convey certain messages with specific goals, including the contested use of pink in the breast

cancer movement (Elliott, 2007); that U.S. coverage of breast cancer focused more on treatment and personal stories compared to China where the coverage was more on risk reduction and prevention as well as early detection and diagnosis (Bingying, 2011); that communication strategies that address people's understandings and perceptions of breast cancer risk in relation to the environment were needed (Yang 2007); that there was a lack of environmental and prevention oriented stories in the media as well as a tendency to report most often on prevalence, detection and treatment and to rely on "expert" sources who framed the traditional lifestyle factors attributed to breast cancer causation. (Smith et al., 2009).

The previous studies suggested certain trends that should be further explored and better understood. This thesis set out to understand with more depth how breast cancer is portrayed in the mainstream media and as such did so through the examination of newspaper articles within a particular time frame and in a particular publication. After conducting a critical discourse analysis of the 125 articles which contained the phrase "breast cancer" in the *Toronto Star* in 2012, a number of themes emerged. Those themes viewed individually and as a set, reveal a great deal not only about what the media discourse says about breast cancer, but also our broader social discourse on breast cancer – and what is not said. This ultimately reflects our social values. The analysis further showed how dominant ideology comes to bear on the texts, and how the]is dominant ideology, through the operation of the media framework, influences the generation of those texts.

The analysis revealed seven themes within the examined media texts. First, the texts often presented genetics and lifestyle choices such as diet, exercise, smoking and alcohol consumption as a comprehensive inventory of the causes of breast cancer. What this ultimately conveys is that women are to blame for their own breast cancer and not the system which actually tolerates

involuntary exposures to carcinogens in the general and work environments. As earlier discussed, Brown et al. (2006) have identified this theme as part of the dominant epidemiological paradigm of breast cancer within the scientific community. Brown's assessment is important in that he asserts that this is a reflection of the broader economic system. This thesis illustrates that the same factors which influence the science of breast cancer also influence the operation of the mainstream media system.

The second theme identified was that the media portray breast cancer as having a transformative power over women, changing them into cheerful warriors in a courageous battle who emerge victorious as survivors. The converse of this tendency was that anger and dissent about breast cancer and the prescribed path are virtually absent and when present, may actually lead to a woman's demise. The media coverage of breast cancer seems to suggest the need to comply with breast cancer and a culturally prescribed way of handling it; the space for dissent is limited lest it expose and challenge the system as a whole and its exploitative nature.

The third theme which emerged after textual analysis was that breast cancer is an accepted part of life. The message was conveyed was through a taming of breast cancer, treatments, surgeries, and outcomes; ways of talking about breast cancer which has a normalizing and integrative effect on people's lives; as well as purporting breast cancer as inevitable. In the media texts, women seem to be waiting for their turn with breast cancer as though it were a rite of passage. The media even go so far on occasion to portray women with breast cancer with an attitude of "who needs breasts anyway?" If we presuppose that breast cancer is normal, there is no need to question whys or hows in relation to breast cancer causation and risk. This keeps the system functioning in the interests of the elites who have control of it.

To use Ehrenreich's words, the media have in this way developed into accomplices in global poisoning. (2001)

The fourth theme that became evident was this notion that we can simply buy our way out of breast cancer. This of course, is a glaring endorsement of the capitalist system. If we are socially constructed as consumers, then the solution to our problems is through our purchasing power. This is not a surprising observation given that the media tend to reflect "values conducive to the commercial aims of the owners and advertisers as well as the political aims of the owning class." (McChesney, 2003, p. 305) Through the promotion of pink products, fun events and seemingly endless fundraising campaigns including the Canadian Breast Cancer Foundation's own "Shop For The Cure" the public need not search for the answers to the problems in an effort to devise better solutions, as the simple answer is consumption. It is advertising at its best, a prime example of the PM in operation.

The fifth theme to arise out of the analysis was the representation of early detection as the best prevention approach and additionally that research into a cure *is* the cure for breast cancer. The media seem to presuppose that the answer to the failure for breast cancer incidence rates to decline but rather remain steady, lies in continued financial investment and energy invested into seeking a cure. The scientific community, the pharmaceutical companies and likely the chemical companies and no doubt their PR strategists, keep this myth alive. "Instead of discovering and reporting the truth, the media fix the premises of discourse, decide what the populace can see, and manage public opinion through propaganda campaigns." (Winter, 2006, p.1) So long as this myth is perpetuated, the media will likely continue to omit the premise that primary prevention means stopping cancer before it starts, not treating cancer in its early stages. And further, if there is a cure, then there is no real need to look at prevention let alone the causes of breast cancer

such as occupational and environmental exposures – exposures which proliferate in the capitalist economy and the production of harmful products.

Primary prevention (upstream) emphasizes disease prevention in populations. In an environmental health context, this includes strategies aimed at preventing human exposures to toxics through pollution prevention and toxic-use reduction. Secondary prevention aims to provide screening, early detection of disease and prompt intervention for people at risk for disease. Tertiary prevention (downstream) minimizes the effect of the disease in people who are already quite sick. For breast cancer, a walk upstream implies a radical shift in research and intervention away from tertiary approaches such as treatment efficacy (surgery, radiation and pharmacological treatments) and secondary prevention such as screening and early detection (through mammography, breast self-exam and biopsy) and toward minimizing exposures to risk factors and toxic substances that may be linked to the disease. (Brown et al., 2006, p. 512)

By way of example of this problem, previous analyses on the media coverage of various issues have illustrated how the media have distorted information or outright omitted particular stories. Like in the case of breast cancer, the media coverage of the issue of water fluoridation has been dominated by the medical perspective, while the numerous other voices who present the evidence of harm of fluoride have been marginalized. (Winter, 2007) On the issue of the harm of leaded gas and the strategies employed by Ethyl Corporation to obscure the deadly effects, the mainstream media have never told the story, but rather the issue has been brought out almost entirely in the alternative media. (Winter, 2013)

The sixth of the themes to become clear was a tendency to present treatments - medical, surgical, psychological and pharmaceutical - as the answer to the breast cancer problem. Study after study on new and improved treatment modalities were present in the articles analyzed. This could also be read as “why prevent when we can treat?” The medical model leads you toward treatment because the real money is in treatment. The scientific research and medical priorities are in treatment for that reason. And as such, there is little doubt that the public relations industry spins the story to keep the priorities there and away from prevention. “Where there is consensus

among the corporate and political elite on a particular issue, the media tend to reflect this in their coverage of an issue.” (Klaehn, 2010, p. 12)

The seventh and final theme which emerged in the analysis of the 125 articles with breast cancer was that occupational and environmental exposures are marginal if at all existent and the researchers who claim otherwise should be treated with suspicion. Put another way, the mainstream media present breast cancer activists, advocates and dissenters as biased and their science as flawed. To confront occupational exposures in relation to breast cancer exposes the social class dynamics of breast cancer – in other words not all women bear the same risk, not just from lifestyle choices, but also in relation to their social class position which includes occupation. “Social inequalities within the broader society and social world are highlighted by the PM.” (Mullen & Klaehn, 2010, p. 225) The political and economic system does not favour looking at workers, particularly in questions of health which lead to pointing the finger at industry and industrial practices. This is also true with environmental causes of breast cancer. It moves the gaze from the individual to the system. The same is true within the scientific elites who no doubt are the source of a great deal of the news stories within this frame.

In contrast to frameworks that conceptualize disease causality and prevention at the individual level, political economy of health or social production of disease models ask how economic and political relations affect health. This includes an emphasis on the role of environmental factors in disease. Under the assumptions of this framework, disease prevention is achieved not through medical treatment or through individual behavior change but through changes in industrial production practices. Political economy or social production of disease theories focus on the dynamic relationship with the political economy and social world. (Brown et al., 2009, pp517-518)

The mainstream media portray breast cancer risk in terms of a common assumption based on individual choice, that consumerism is inevitable, that modifiable behaviours based on individual choice are the key players in breast cancer risk and that our only path for change is an individual one within the current system. Those media, in harmony with the medical

establishment, are focused on a discourse that reflects the predominant value system in our society – that which values corporate economic gain over community health and environmental sustainability.

So what does it all mean then? What are the implications for women given that the media discourse on breast cancer omits primary prevention for the most part and all but ignores environmental and occupational risk factors in spite of ever-mounting evidence to show these links? And what are the public health consequences arising from three decades of pink ribbon fundraising with no marked decline in breast cancer incidence? The answers to these questions all demand a radical shift in how things are being done.

As for the media, in their current form and mode of operation, we would be perhaps naïve if we were to expect anything different. In particular, on the question of women and feminism in relation to breast cancer and the media, the access to power, the agency to create and legitimize discourse, including the ways in which women are framed in breast cancer reporting – disempowered, infantilized, “pinked” and engaged as shoppers, undermined as activists - there is a great deal to be considered within the frame of gender politics. While breast cancer awareness and bringing breast cancer out of the closet was helped along by the feminist movement, feminism in breast cancer and in particular in the media treatment of breast cancer has been swapped out. The prominence of the themes in the mainstream media as illustrated in the *Toronto Star* coverage, have served to keep true feminist questions on the margin, and the trivialization of breasts at the forefront. Instead of demanding that the rights of women of protected, through such modes as the pursuit of a better understanding of the causes of breast cancer with the intent to prevent breast cancer and ultimately save women’s *lives*, and not just their breasts, the media have come down on the side of the status quo which does not truly serve

women, but serves the economy. Feminism needs to be brought back into the discourse of breast cancer in the media, and in general.

This analysis has in numerous ways illustrated the Propaganda Model at work. On the issue of breast cancer in the *Toronto Star*, and through critical discourse analysis, we have seen evidence of the five filters at work, and in particular the fifth – the ideological filter. And certainly the third – sources – and the fourth – flak and P.R. - were evidenced often as well.

Because ,

where once journalists were active gatherers of news, now they have generally become more passive processors of unchecked, second-hand material, much of it contrived by PR to serve some political or commercial interest. Not journalists, but churnalists. An industry whose primary task is to filter out falsehood has become so vulnerable to manipulation that it is now involved in the mass production of falsehood, situation and propaganda.” (Davies 2008b in Mullen & Klaehn, 2010, p.225)

Alternative media are one way to counter this problem, though obviously the reach, scope, perception of credibility, etc. are not equivalent.

In light of the above, media literacy is an imperative part of being informed in a supposed democratic society, because if we are unaware that what we are being presented with is in large part propaganda, we won't question what is in the media. Ideally, we need to read media texts critically, not just so that we can uncover the meanings behind the messages as an intellectual activity, but also so we can begin to realize the ways in which the system is working, often against our interests. The issue of breast cancer is but one example of how the mainstream media discourse is ultimately deadly to some, harmful to others, misleading to most.

Coming to terms with the fact that the public has been sold a bill of goods in the form of breast cancer fundraising is another important piece of the puzzle. The history of the pink ribbon is nearly as unsettling as the realization that the hypothetical outcomes of the campaigns haven't

materialized. Originally a grassroots effort launched by Charlotte Haley to bring attention to the fact that the National Cancer Institute only directed 5% of its massive budget for prevention. Haley countered with a peach ribbon campaign to draw attention to this imbalance but her efforts were ultimately co-opted by the corporate dominated pink fundraising. Approached by Estee Lauder and Self magazine for a partnership in her campaign, Haley rejected being associated with a corporate campaign so the lawyers and marketers at Self called for a re-branding, changed the ribbon to pink, and the rest is history. But, “after 30 years of pink, the public is demanding more than cheerful awareness and pink products awash in chemicals of concern... This Breast Cancer Awareness Month, nearly 32,000 people took a stand with Breast Cancer Action against corporate power and demanded that chemical regulation work for people, not just corporate profit. And the movement keeps growing. Together, we can go toe-to-toe with industry and achieve the change we need to see. This is how change happens.”(Jaggar, 2013, p.2)

The holes in the status quo are being exposed, and a new agenda for breast cancer prevention is in forward motion. As illustrated in Table 2 in the analysis section, there appears to be a downturn in the overall number of breast cancer articles being written, and the pink content declining. It would be evidence of a colossal shift if a corresponding upturn in the table happened which included a rise in the number of articles with prevention, environment and occupation.

Ted Schettler’s new book *The Ecology of Breast Cancer: The promise of prevention and the hope for healing* summarizes the issue in this way. “In many ways, breast cancer is a design problem” Schettler concludes. “It is not only a disease of abnormal cells but also of communities that we create and live in. Breast cancer is profoundly a public health concern, requiring a public health response.” (Schettler, 2013, n.p.) And as Dr. Sam Epstein has argued, “The public and the

media should finally hold industry accountable, and demand urgent investigation and radical reform of current industry practices beside governmental unresponsiveness.” (Epstein, 1997, p. xi) Forging change in media coverage will engender a paradigm shift along the lines of seeing true prevention become part of the mainstream media vocabulary.

The more significant issue this raises is the need for the pursuit of social justice, a broader societal paradigm shift, such as pursuing alternatives to the current political and economic context of neo-liberalism and capitalism. The structures of power, the means of control, and the communication systems require a revolutionary overhaul.

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VITA AUCTORIS

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