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Toronto Star Coverage and the Politics of Breast Cancer

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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 of causation between environmental and occupational exposures to breast cancer, the media seem generally to omit these factors. A detailed Critical Discourse Analysis was conducted on 125 articles from the *Toronto Star* from the year 2012, with the Propaganda Model as the theoretical framework. Seven different themes were found in the coverage of breast cancer. The study exposed 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.

Breast cancer | media | propaganda model | discourse analysis
occupation | environment | gender politics

"The only person who can save you is you: that was going to be the thing that informed the rest of my life"
—Sheryl Crow, on being informed that she had breast cancer

Introduction

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).

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).

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. Our paper documents this tendency and suggests reasons why the media are biased when it comes to breast cancer messaging.

At a casual glance, issues of human health appear to have a significant presence in the media. A more extensive investigation reveals certain trends regarding how health is covered, principally in the mainstream and certainly when one contrasts this with alternative media coverage. Of particular interest for this paper will be breast cancer, its place in the broader context of community health, with consideration for 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 essay explores 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. An analysis of the link between involuntary exposures to carcinogens and the nature of power in society and the media will be discussed through an investigation into the coverage of breast cancer in a major Canadian daily newspaper, using the methodological tools of *Critical Discourse Analysis*, (CDA) and on the foundation of the theoretical framework of the *Propaganda Model* (PM).

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 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 generally expect the media to relay a story, to provide accurate and objective information, based on a set of facts. But often stories convey a particular angle or slant that fits within a certain framework, a framework that can sometimes powerfully influence our shared perspectives on the world. (Winter, 2007).

Evans (2005:6) has written that although women are encouraged to change their "personal lives" to reduce the risk of breast cancer, it is in fact "not just a personal tragedy; it is a public health crisis that requires political will to change the status quo." 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. Neo-liberalism is a most virulent form of capitalism, which gained momentum beginning in the 1980's, and promoted by U.S. President Ronald Reagan, British PM Margaret Thatcher and Canadian PM Brian Mulroney. Replete with its free-trade agreements, deregulation and privatization, the narrow interests of capital have since taken precedence over the national interests of people and their communities.

In their assessment of epidemiologic research on

environmental pollutants, Brody, Moysich, Humblet, Attfield, Beehler & Rudel (2007:2667) 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). 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).

This analysis of one year’s coverage of breast cancer in the *Toronto Star* seeks to illustrate who is given a voice when it comes to breast cancer and what messages are promoted. This research will point to a more desirable future direction of media reporting by identifying solutions that build hope. It raises awareness that any discussion of 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.

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

According to Klaehn (2009: 43), 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,” and thus, this is a fitting theoretical foundation.

In theoretical terms, the critical political economy perspective on the mass media sees them as “actively fram[ing] issues and promot[ing] news stories that serve the needs and concerns of the elite ... and serve to mobilize support for the special interests 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, although there is abundant scientific evidence indicating environmental and occupational links to breast cancer, and therefore some prevention is possible, the corporate media focus tend to point to lifestyle issues and pharmaceuticals, in some cases claiming outright that there is no way to prevent breast cancer.

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 in the patriarchy, they lack relative power. (Kirby & McKenna, 1989:23; Ehrenreich, 2001)

There are a number of articles in the literature which

demonstrate similarities to the approach taken in this paper, and which address some of the issues raised herein. (cf. Jones, 2004; Elliott, 2007; Yang, 2007; Atkin, Smith, McFeters & Ferguson, 2008; Smith, Nazione, LaPlante, Kotowski, Michael, Atkin, Skubisz & Stohl 2009; Bingying, 2011; Walsh-Childers, Edwards, & Grobmyer 2011).

As with the media, the scientific community has conflictual positions on breast cancer. Brown, McCormick, Mayer, Zavestoski, Morello-Frosch, Gasior, & Senier Brown (2006) provide a compelling analysis regarding the ways in which the mainstream media discourse is tied to the dominant scientific paradigm.

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.

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, we implemented a Critical Discourse Analysis (CDA) approach. CDA encompasses the notion that the dominant forces in a society construct versions of reality that favour the interests of those same forces.

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 (1997:2) 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.” Among these tools are: Framing, Foregrounding and Backgrounding, Omission, Presupposition, and so forth.

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 (n.d.), Fairclough (2003) and Wodak (2003) are pertinent for defining what CDA is, what its goals are, and how its researchers situate themselves in the societal context.

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.

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 Canada. As well, it is seen as the most progressive daily 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. 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 (Huckin, 1997) several themes were identified, informed in part by the research questions asked in the formation of this paper, as well in consideration of the theoretical foundation, the Propaganda Model (PM), being applied here. Table 1 illustrates the breakdown of the articles into the themes.

What follows is the in-depth analysis of the articles by theme, from most-prevalent to least-prevalent, using the tools of the methodology *Critical Discourse Analysis*. Generally, we will use one article from *Toronto Star* coverage to illustrate each theme.

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 paper and the set of articles being analyzed, 28 (35%) of them fall under this theme.

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, 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 focuses 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). As medical 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.

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 percent whole grains and veggies. That’s right.... 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....

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, and personal responsibility. A sentence-by-sentence analysis brings out the presupposition once again that we don’t question the system that allows the toxins to be used that they mention. 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 their comparatively enormous exposures to the toxins relative to others. 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.

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 display cheerful acceptance or paint one's life in a positive light even in the face of this terrible disease.

The first article in the set comprising 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 reader is taken in by the framing of the subject having fought and beaten the disease followed by enjoyment of her cancer in remission.

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). 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 mentioned above 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.

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

This theme is present in 22 stories 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 contain components of this theme.

In many of the articles 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's 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 is 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.

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 each of whom 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 woman'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.

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.

Of the 125 articles overall, 17 of them, or 21% have been coded under Theme D. There is seemingly no end to the creative ways 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, for example through a cancer charity event dubbed "Beer for Boobs."

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. 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).

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 "pink-washed" 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 paper 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.

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.

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.

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

This theme contains 8 articles or 6% of the total. The medical model leans 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 larger profit-generating mainstream medical approaches.

Yet another glamorization of treatment is offered in the article, “Breast cancer drug ‘ground breaking’” (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.... 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?

One of the trends 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.”

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 reveals, 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 yogurt 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).

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 discrediting remarks come later does allow for the unconventional view to be presented. It is worth noting here that this type of 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.

An additional mini-analysis of an eleven-year period of the *Toronto Star* coverage of breast cancer is offered in 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 would 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 general 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 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 that saw years in which it did not appear in any articles at all was “occupation” and in other years it had the lowest numbers of all 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 paper 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, over time. 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 the onset 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 apparent 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.

Conclusions

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 supersede 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 immense.

This paper set out to understand with more depth how breast cancer is portrayed in the mainstream media and as

such did so through the study 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 the broader social discourse on breast cancer – and what is not said. The analysis further indicated the compatibility between dominant ideology and media 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 tolerates and even promotes involuntary exposures to carcinogens in the general and work environments.

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 is that anger and dissent about breast cancer and the prescribed path are virtually absent and when present, may 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 was that breast cancer is an accepted part of life. The message was conveyed through a taming of breast cancer, treatments, surgeries, and outcomes; ways of talking about breast cancer which have a normalizing and integrative effect on people’s lives; as well as purporting breast cancer to be 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 why’s or how’s in relation to breast cancer causation and risk. This keeps the system functioning in the interests of the elites who have control of it.

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 breast cancer rates failing to decline but rather remaining 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, 2006:1) The corporate 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.

The sixth of the themes to become clear was a tendency to present treatments - medical, surgical, psychological and pharmaceutical — as the answers 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, 2010:12).

The seventh and final theme which emerged 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.

The 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.

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 be 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 serve women, but serves aspects of 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 CDA, we have seen evidence of the five filters at work, and in particular the fifth — the ideological filter. The third filter, sources, and the fourth, flak and P.R., were quite in evidence as well.

The more significant issue these results raise 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. Might we boldly suggest, not just based upon our own evidence herein but mountainous other research, that the structures of power, the means of control, and the communication systems require a revolutionary overhaul.

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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%

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	1.5	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

A
C