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**Representing disease: an analysis of breast  
cancer discourse in the South African Press**

**Lauren Post,**

MSc in Media, Communication and Development

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**Dissertation submitted to the Department of Media and Communications, London School of Economics and Political Science, August 2013, in partial fulfilment of the requirements for the MSc in Media, Communication and Development. Supervised by Dr. Ella McPherson.**

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# **Representing disease: an analysis of breast cancer discourse in the South African press**

**Lauren Post**

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## **ABSTRACT**

Since 2010, the international health community has placed a greater focus on reducing incidence and mortality rates due to non-communicable diseases, including cancer. Among women, breast cancer is the most common worldwide and therefore of great concern. While efforts to reduce and treat breast cancer are prevalent in Western countries, it is in developing countries where more than two-thirds of all breast cancer deaths occur. This is particularly evident in two African countries, South Africa and Nigeria, which have the highest mortality rates among nations in the global south.

Despite growing concern, major challenges to reducing breast cancer exist, including economic, political and social factors. In Africa, for example, misconceptions about breast cancer are prevalent, which may impact women's beliefs and decisions surrounding testing and treatment. Thus, to help garner a better understanding of these beliefs and the information potentially shaping some African women's knowledge of breast cancer, this study seeks to uncover how the disease is represented in the popular news media.

Theoretically, this research is rooted in theories of representation advanced by cultural studies and social psychology scholars. Specifically, it draws upon the concepts of discourse and ideology to ascertain how certain knowledges about and perceptions of breast cancer may be constructed in the South African press. It further considers political economy of communications and postcolonial theories to speculate how broader societal contexts and histories may influence the media's representations.

This theoretical framework is tested through a discourse analysis of eight articles about breast cancer, which were published in South African newspapers during September and October 2011. The study finds two key themes that suggest South Africa's social norms, values and ideologies surrounding health, and specifically breast cancer, are reflected in the

media's coverage. Despite some distinguishing differences, the findings also support the notion that dominant Western ideologies regarding health and breast cancer are perpetuated to some extent in South African press. Ultimately, this research adds a new perspective to the literature on breast cancer discourse, which has, until now, focused primarily on discourses in Western-based media.

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## **INTRODUCTION**

Breast cancer is the most common cancer in women worldwide, comprising 16 percent of all female cancers, according to the most recent World Health Organization (WHO) statistics. While incidence rates around the globe vary widely, some research suggests they have been increasing by up to five percent per year in many populations in developing countries (Coughlin & Ekwueme, 2009). Regarding mortality rates, a majority (69 percent) of all breast cancer deaths occur in developing countries (World Health Organization, 2004). Among countries considered part of the 'global south', South Africa and Nigeria have the highest mortality rates due to breast cancer (Pulitzer Center/PRI's The World, 2008).

Despite the growing prevalence and seriousness of breast cancer, global health concerns have, until relatively recently, focused on communicable diseases such as HIV/AIDS, malaria and tuberculosis. In 2010, however, United Nations Secretary General Ban Ki-Moon called for a 'concerted and coordinated policy response to include the prevention and control of non-communicable disease in global development initiatives' (United Nations 2010). Ki-Moon's rationale was that non-communicable diseases (NCDs), including cardiovascular and respiratory diseases, obesity and cancer, among global south populations are linked to a large share of premature deaths and poverty. Consequently, the WHO developed and released an inaugural global status report on NCDs, predicting – and warning – that death due to such diseases would rise globally in the decade, with the greatest increases in Africa, the Eastern Mediterranean and South East Asia (World Health Organization, 2010: 9). The report was accompanied by two international conferences dedicated to reducing NCDs: the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control in Moscow (April 2011), and the UN High-level Meeting on Non-communicable Diseases in New York City (September 2011).

While the international health agenda is shifting, albeit slowly, major challenges to reducing NCDs remain. Beyond the more transparent economic, political and structural issues, health

educators are also concerned with awareness, including how individuals living in the global south view and understand these diseases. If individuals are unaware or have inaccurate information, they may not realize they are at risk of developing a particular disease. Consequently, individuals might not take preventative measures, seek testing or undergo certain treatments that could save their lives.

Specifically regarding breast cancer in Africa, there are several misconceptions about the disease that may contribute to the high mortality rates. For example, some Africans believe that breast cancer affects only elderly, white women in Western countries (Coughlin & Ekwueme, 2009; Bello 2012; Union for International Cancer Control, n.d.). Other misconceptions include the belief that breast cancer is the result of social misbehavior, and that following breast cancer diagnosis, a woman's breast will be cut off and she will die (Coughlin & Ekwueme, 2009). These beliefs can have unfortunate implications, such as women hiding their breast cancer symptoms at early stages when the disease is most treatable. Hence, to reduce mortality rates from a disease like breast cancer, it is imperative to understand how people within different societies understand or perceive a disease.

Importantly, scholars at the intersection of health and communications agree that the media plays a role in the formation of ideas about health and illness (King & Watson, 2005; Seale, 2004). They also contend that the media can act not only as a source of health information, but also of misinformation (King & Watson, 2005). Thus, studying how African media represents breast cancer would be one way to garner a better understanding of the information potentially shaping some Africans' knowledge of the disease.

With the above in mind, this paper begins by discussing the theoretical debates surrounding media representations of health and illness, and the historical, cultural, and economic factors shaping news coverage in South Africa. A gap in the current research will be exposed, leading to my research questions focusing on breast cancer coverage in South African broadsheets. Following a justification for the use of discourse analysis as the most appropriate methodological approach to help answer these research questions, I will present an analysis and discussion of my findings, relating key themes from the data to the theoretical debates presented. Finally, the paper will conclude by considering what this research means for future health reporting and efforts to reduce breast cancer mortality rates in South Africa.

## **THEORETICAL FRAMEWORK**

### **Coverage of health in the mass media**

Mass media play a key role in the construction of ideas about health and related issues, as well as in the circulation of expert and lay accounts of health issues in the public sphere (King & Watson, 2005; Lyons, 2000). As Seale (2004) contends, 'health messages in popular mass media are an important influence and resource in contemporary life' (pp. 1-2). Given the potential impact media messages about health can have on people's understanding of a disease, health professionals and educators argue that the media should seek to deliver accurate, objective information 'free from any distortions of ideology, pressure from commercial interests, or obligation to entertain' (Seale, 2004: 3). However, research has consistently concluded that health-related content in mass or popular media often fails to reach this ideal, with some scholars arguing such freedom from ideology and commercial interests is ultimately not possible.

When reporting about health, journalists have been criticized for simplifying and sensationalizing – and thus distorting – the facts. This practice may be employed to better hold the attention and interest of a medium's audience, or it may be due to a lack of background knowledge about an issue, or lack of credible sources among journalists (Swanepoel, 2011). Whatever the reasons, simplifying and sensationalizing a health issue can have adverse consequences, such as perpetuating misinformation and misconceptions among the public.

Using the HIV/AIDS epidemic in Africa as an example, Swanepoel (2011) highlights the potential negative consequences of simplifying or sensationalizing a health issue in the news:

If the media ignores the [HIV/AIDS] epidemic, people think it is not important. If the media focuses on HIV/AIDS among specific groups (e.g., the poor), other groups might think they are not susceptible.... If the press distinguishes between 'guilty' and 'innocent' people with HIV, it perpetuates stereotypes, discrimination and stigma. If HIV/AIDS are viewed as just scientific and medical issues, laymen might not understand. (pp. 255)

Thus, a major conflict in reporting health is that while it is important to keep relevant issues in the news agenda, doing so may come at the cost of accuracy. Yet, as many health practitioners and researchers would argue, 'accuracy should be paramount because media reports could influence policy and personal decisions' (Swanepoel, 2011: 259).

Moreover, Kline (2006) has found that the ‘popular media is likely to perpetuate social and political power differentials with regard to health-related issues’ (pp. 44). In other words, mass media health coverage often privileges certain voices and ideologies, inherently marginalizing others. For instance, some studies in Kline’s (2006) review of health content in the media found popular news privileged a technical imperative associated with medicalization that marginalized non-technological forms of health care (pp. 50). Hence, the news legitimized and normalized the hegemonic ideology, promoting medical interventions over alternative ones.

Kline’s findings align with a Foucauldian perspective on power, knowledge and discourse. As Foucault (1978/1980) has proffered, discourse produces knowledge, and knowledge is inextricably intertwined in relations of power (Hall, 2001). Power relations in the public sphere cannot be eliminated; power is embedded in texts and discourses. Foucault’s theory on discourse further suggests knowledge, and practices surrounding that knowledge, are culturally and historically specific (Hall, 2001). It thus follows that the media’s presentation of health matters is not neutral; rather, it is subject to many determining influences (Seale 2004), including historical, political, economic, social and cultural structures.

As will be explored in the discussion that follows, when utilizing a theory of representation to analyze media portrayals of health, cultural studies and social psychology perspectives as well as political economy and postcolonial theories, should all be taken into account.

### **An ‘articulated’ account of representation**

Theories of representation have emerged in two distinct disciplines – cultural studies and social psychology. In cultural studies, Stuart Hall (1980, 1997) has posited a theory of representation, which accounts for the ideological role of the media and other public institutions in the development and dissemination of representations. Separately, Serge Moscovici (1961/2008) has developed Social Representations Theory (SRT), which focuses on the role of representations in communicative practices, especially in the transmission of knowledge from expert to layperson (Howarth, 2011: 6). Importantly, as Howarth (2011) argues, an ‘articulated’ account of representation, drawing upon both SRT and Hall’s notions, ‘proposes a more *political psychological* version of communication than either theory provides alone’ (pp. 6, emphasis in original). When dealing with social psychological issues like health, such an account of representation should be considered.

*Cultural studies' theory of representation*

According to Hall (1997), representation is the process by which members of a culture use language (i.e., any signifying system) to produce meaning (pp. 61). This assumes objects, people and events do not have in themselves any fixed, final or true meaning and that it is individuals in society who make things mean, who signify (ibid). Hall (1997) has rightly argued that due to the range of cultures and subcultures in society, meanings are contested and negotiated; in other words, 'meanings float'. Further, while a message may be encoded with a specific meaning at the point of production, each individual's decoding of that message may differ – both from the encoded meaning and from one another – at the point of consumption. This suggests that messages and their meanings are not transparent, and the (active) audience interprets them differently based on their own experiences, histories, contexts and who is doing the meaning making. It is this 'lack of fit' in the circuit of encoding and decoding that creates the possibility for polysemic and oppositional accounts to develop.

Another key feature of Hall's (1997) theory of representation is that difference is essential to meaning. He argues that culture depends on giving things meaning by assigning them different positions in a classificatory system, or symbolic order. In doing so, it becomes apparent that no representation is neutral; representations and their meanings are subject to relations of, and inequalities in, power. This is made clear when representations of difference are described in terms of binary oppositions (e.g., black/white, male/female, good/bad, etc.), which typically have one dominant pole (Hall, 1997; cf., Derrida, 1974). By perpetuating unequal binary oppositions – and through processes of stereotyping, naturalizing or essentializing – the media plays a role in sustaining the ideological power of one interest or identity over others.

In the context of media representations of illness or disease, dominant ideologies about the healthy versus the sick can evolve and be maintained. For example, studies have found that the notion that HIV was a disease among promiscuous, gay men was perpetuated through the media's discourse. Lupton (1998) contended that this discourse in the Australian press might have contributed to a belief that men with HIV were 'bad men'. This belief can be easily understood in Hall's terms of binary opposition where healthy men are 'good' and sick men are 'bad'. Through the media's perpetuation of this discourse it is possible for this belief to become the dominant ideology surrounding the health issue of HIV.

*Social psychological theory of representation*

In Moscovici's (1973) theory, social representations are 'systems of values, ideas and practices' with two distinct, yet interlinked, elements: 1) the content of an individual's understandings of everyday life, and 2) the processes by which these contents are shaped (Joffe, 1998). Similar to Hall, SRT posits that representations are not fixed, rather they are 'vectors of change, because they are a medium by which we communicate new situations and adjust to them' (Philogène, 2001: 113). They are also always relational, collaborative and political (Howarth, 2011).

According to Joffe (2002), SRT is concerned with 'the transformation that occurs as knowledge moves from the more reified, scientific universe into lay thinking' (pp. 561). Studies utilizing SRT examine how science becomes part of cultural heritage, thinking, language, and daily practices (Howarth, 2011). This process is similar to Hall's cultural circuit of encoding and decoding, where the world of science (encoder) and the world of everyday individuals and conversations (decoder) are connected and reactive with each other, and thus impact one another's discourses (Howarth, 2011). Therefore, one of the most fundamental contributions of SRT is its ability to enhance understanding of how lay people make meaning with regards to health and illness, and about how such meanings evolve (Joffe, 2002). The theory also 'provides valuable tools for showing how sociocultural and historical forces impact upon the individual's health-related thoughts and actions' (Joffe, 2002: 560).

There are two processes by which individuals in society incorporate representations into their ways of understanding and everyday conversations, according to SRT. The first process is anchoring, which involves classifying or naming an object (Howarth, 2011: 10). This process is similar to Hall's theory by which individuals classify objects in a symbolic order, and thus is also deeply embedded in ideology. The second process is objectification, which is 'the materialization of an abstraction' such that images or texts are no longer simply elements of thoughts; they become elements of social and ideological reality (Howarth, 2011: 11). In this process, the way in which an object is constructed in reality reflects the dominant meaning, serving particular interests and ideologies while simultaneously marginalizing others.

This has clear implications for representations of health and illness in media texts because one way that expert knowledge is disseminated to the lay, or public, sphere is through the media. According to SRT, in the circulation of knowledge between the scientific field, the media and the public, scientific knowledge tends to acquire a moral dimension (Moscovici,

1984). This moral dimension can manifest itself as judgments about what is acceptable or unacceptable, and feed into an 'us versus them' mindset in which power relations are embedded. As Joffe (1998) rightly argues, scientific knowledge becomes saturated with the values and social norms of society and culture, including dominant ideologies, as it gets represented in the media.

### *An articulated theory*

It is through communicative practices, including the mass media and everyday discussion, that different values and actions are reified and prioritized over others. Some representations are ultimately marginalized and excluded from mainstream systems of discourse. Additionally, it is through these communicative practices, that the process of representation supports ideological systems (Howarth, 2011: 12).

### **Media representations of health**

This articulated theory of representation suggests that representations are neither neutral nor value-free; rather they are embedded with specific meanings. Further, it is understood that mass media plays a major role in the creation and reproduction of meanings, especially in the transformation of expert knowledge into lay knowledge (Joffe, 2002) – an important point for representations of health, illness and disease. As Lyons (2000) argues, 'diseases, ill people and competing knowledges... are not described in neutral objective terms. Rather... they are described within ideological frameworks or discourses that reflect competing interests in society' (pp. 352). Joffe (2002) has concurred: the understanding of an 'illness is influenced by the ideological currents that exists in society, as well as by memories of past illnesses' (pp. 263). Understanding how the media represents health, illness and disease, and the ideologies and power relations embedded in these representations, is important to understanding the choices individuals may make when it comes to their own and others' health.

Individuals gain their beliefs about health and illness not in a vacuum, but within a particular culture and society. Sociologists have argued that representations of health and related issues, such as medicine, illness and disease, are influential in the construction of lay knowledges, beliefs and experiences of health phenomena (Lyons, 2000). For example, media representations of health can influence 'individuals' attitudes towards people with disease and how certain subgroups of the population are viewed' (Lyons, 2000: 350). Thus, how health, illness and disease are represented in the media has the potential to influence

perceptions and behaviors concerning the risk of health threats, especially where these representations become dominant.

In addition, media representations of health and illness reproduce meaning in relation to these experiences for both lay people and health professionals. Meanings of health and illness, therefore, can influence conceptions of who or what is responsible for health (e.g., personal lifestyle/choices, environment, genetics). Some research indicates that public health discourse often blames the victim for putting him/herself at risk for a specific illness or disease (Lupton, 1994). Further, as Lyons (2000) asserts, the media can play a role in 'constructing identity through meanings that are embedded within dominant representations of health, health care, illness and disease' (pp. 353). For instance, media representations of healthy individuals as 'good' and unhealthy individuals as 'bad' can create a context where an individual must identify with one or the other of these binary poles, without taking into consideration the broader context. Ultimately, media representations of health both construct meanings as well as limit the framework within which such meanings are understood (Lyons, 2000: 354).

Finally, dominant media representations mediate individuals' lived experiences. This includes: embodied experience; behavior through the ways in which dominant constructions position individuals and groups around health issues; and our view of the normative reality (Lyons, 2000). In other words, how health, illness and disease are discussed creates and maintains a dominant 'normative' reality for those affected by that illness or disease. The media acts as a reference point for understanding what it means to be healthy and normal, or on the other hand, ill/diseased and, subsequently, abnormal.

This means that a critical examination of media representations can provide a valuable way of incorporating social and cultural contexts into the study of health and illness (Lyons, 2000). Hence, it may be feasible to identify possibilities for social change as well as to transform the meaning of individuals' lived experience by identifying dominant discourses and alternative or competing discourses in the media (Weedon, 1987). However, it is important to note that, as social representations theory acknowledges, 'representations are in the media as well as in people's minds; they form part of culture as well as cognition – and they need to be sampled and analyzed in both contexts' (Farr, 1995: 8).

*Media representations of breast cancer*

In general, much research has found that knowledge about health and illness tends to originate in the medical sciences of the West, and the vocabularies and images that Western medical science generates are disseminated to lay people via mass media (Joffe, 2002; Moscovici, 1984). In addition, much of the research into the representations of and discourses about health has been conducted in the West. This is particularly true for studies relating to breast cancer in the mass media. While the present study will aim to fill this gap by examining such representations in a non-Western country, it is worth first outlining previous findings in Western societies.

Analysis of cancer in the media begins with Sontag's (1978/1991) study of the metaphors and images of illness in Western culture, which found a distinct militaristic discourse. Studies of more contemporary media representations have also found a prevalence of military metaphors surrounding breast cancer. For example, Clarke's (1992) study of North American magazines supported Sontag's claims of military imagery through the common use of terms such as 'fight', 'battle', 'victims' and 'war against cancer'. Lupton's (1994) study of breast cancer in the Australian press also supported this, finding news articles used terms such as 'blitz', 'bravery' and 'fight'. This rhetoric has been associated with the view that such language is harmful to the interests of people with cancer (Seale, 2001). Analysts of breast cancer discourse in the media have also argued that the use of military metaphors 'reflects a dominant masculine rhetoric, so that the promotion of battle imagery is in fact an aspect of patriarchal social control through medicine' (Seale, 2001: 309).

Relatedly, given breast cancer is a disease that primarily (although not solely) affects women, the aspect of gender in representations of the disease has been widely investigated. Specifically, 'research examining portrayals of breast cancer in the media has shown how dominant discourses function to place responsibility for the disease on individual women, and produce a strong social message concerning women's behavior and behavior choices' (Lyons, 2000: 353). Kline (2006) has also noted that various studies have found victim-blaming within representations of breast cancer, which 'perpetuates the notion that the disease is caused by individual risk factors resulting from nontraditional behaviors including reproductive choices, diet and use of tobacco/alcohol' (pp. 50).

Further, some research has looked at the breast cancer discourse in media targeted along racial lines. For example, Hoffman-Goetz (1999) investigated representations of breast cancer in North American magazines targeted at African-American women. She found a theme of religious rhetoric, and subthemes of the importance of faith, God's role, and the challenge to the spirit of a cancer diagnosis. She concluded that narratives in magazines

with a predominant readership among African-American women emphasize religious belief in cancer survival and present mixed attitudes towards European-American medical institutions.

While research surrounding media representations of breast cancer is fairly robust, there are gaps that need to be addressed. Most importantly, how breast cancer is portrayed in non-Western media has yet to be explored. Such a study could help illuminate whether the Western representations found in the studies mentioned above, and the ideologies embedded in them, have been replicated in, or have otherwise influenced, such representations in non-Western countries. It could also show what hegemonic and counter-hegemonic ideologies may be influencing people's understanding and perception of breast cancer and what impact on behavior we can expect.

### **Accounting for history, politics and economics**

While theories of representation can help to identify the ideologies and power relations embedded in discourses or images, political economy scholars have criticized such theories for failing to address the impact of broader economic and political systems on media content. Thus, they argue for a political economy of communication approach, which takes the structuralist (i.e., capitalist) factors influencing production of media content into consideration. As McChesney (2000) has argued, a political economy of communication can address the nature of the relationship between media and communication systems and broader society (i.e., how media and communication systems and content reinforce, challenge or influence existing social/class relations). He further argues it can determine how ownership, support mechanisms (e.g., advertising) and government policies influence media behavior and content (e.g., production, distribution, and consumption of communications or symbolic forms.).

The global economic and political imbalances that exist today prove a strong case for taking political economy views into consideration. While reports from the International Commission for the Study of Communication Problems (1980), and more recently the World Summit on the Information Society (2003, 2005), have attempted to address the issue of one-way flows of information, wealthier (Western) nations often still dictate the media infrastructure and content of less wealthy nations (Mansell & Nordenstreng, 2006). This imbalance, undoubtedly, has an impact on the representations created by mass media coverage in developing countries.

*Mass media on the African continent*

Writing during the tail end of apartheid, Uka Uche (1991) outlined how African media has depended on external media imports for information and entertainment. Importantly, he highlighted how Africa's colonial history has had enormous implications for the structure and role of the media, explaining that the use of mass media systems in Africa developed as 'derivates of those in advanced industrialized countries' (Uka Uche, 1991: 11). He further argued that the cultures of African nations were being 'eclipsed by external cultural influences due to a wholesale dependence on foreign media productions' (Uka Uche, 1991: 3). In turn, the ideology in African countries was being imported from Western nations, and failed to be a reflection of national cultures and societies. He therefore rightly warned that a 'lack of ideological direction leads to brainwashing by the competing external values that seek to dominate and influence the attitudes and minds of the people in Africa' (Uka Uche, 1991: 15). In other words, the political economic structure where Africa's media is dependent upon the media of wealthier nations, can potentially lead to hegemony of Western ideologies among developing countries.

Assuming Uka Uche's arguments hold true, South African media will likely reflect the dominant ideologies within breast cancer discourse found in the Western media. At the very least, this suggests that war and sport metaphors will likely be present, those with breast cancer will be blamed for their illness, and religious language will be prominent. In addition, attitudes and perceptions of breast cancer that compete with how the West views the illness could be marginalized, despite their contextual relevance.

While Uka Uche's theory holds much value, it is also important to be cautious of making the assumption that all practices on the African continent can be reduced to homogenous sets of continent-wide social and African cultural values (Tomaselli, 2003). Thus, a closer analysis of the politics, economics and history of mass media in South Africa is necessary.

*Mass media in South Africa*

The democratization process in South Africa began in the early 1990s, with the end of apartheid. Since this process began, there has been a shift in the media environment from freedom being severely restricted by 'an intricate and authoritarian system' to 'one of self-regulation based on constitutional guarantees of freedom of expression' (Wasserman, 2006: 234). In 1994, when Nelson Mandela was elected as president, there was a rapid emergence of black-owned newspaper corporations (Olorunnisola, 2011). For example, New Africa

Investments Limited (NAIL) gained control over Times Media Limited – an English newspaper group that owned the *Sunday Times* (the largest circulating newspaper in the country), *Business Day* and *The Financial Mail*; NAIL also bought into *Sowetan*, the leading black-readership daily.

However, ‘despite the direct Black investment and participation in the media, ownership is still concentrated in a few hands... [and] the alternative and community press that flourished during the apartheid years have virtually disappeared following the dwindling of donor funding’ (Olorunnisola, 2011: 28). Moreover, through the first decade of democratization (i.e., the 1990s), there was persistent criticism that the media continued to privilege white viewpoints and experiences (Wasserman, 2006). Thus, even though ownership and editorial staff became more racially diverse, criticism that the mass media perpetuated racial polarizations and imbalances continued.

As Wasserman (2006) has maintained, there are conflicting opinions on what the role and responsibilities of the media in post-apartheid South Africa should be, and there are contesting ethical paradigms for the media. For example, ‘there has been increased pressure on journalists to conform to the ideas of the government and powerful elites around what role the media should play’ (Rodny-Gumede, 2011: 159). The media is often pressured to report according to national interests as defined by the government. In being uncritical of the government or governmental policies, the media may fail to act as a public service (as it should in a democracy). Further, it has been argued that the South African news media has become more mainstream and apolitical in its coverage, which has also seen its tabloid media sector grow since the end of apartheid (Rodny-Gumede, 2011). Ultimately, each of these political and economic tensions in South African society is likely to play a role in the way the news reports and represents key issues – including health.

### **Statement of conceptual framework**

This study seeks to draw on the contentions explored in the above literature review as they relate to print media representations of breast cancer in South Africa. Using a discourse analysis approach, it will draw upon the concepts of discourse and ideology to determine how certain knowledge about and perceptions of the disease (e.g., who can develop breast cancer, how it is diagnosed, treatment options, etc.) may be constructed among South African readers. Although it cannot draw hard conclusions regarding *why* certain representations are dominant and others marginalized, it will consider both political

economy of communications and postcolonial theories to speculate how broader societal contexts may influence journalistic representations.

### **Research objectives**

Drawing on the concepts outlined above, this study will explore how breast cancer is discussed and represented in South African English-language broadsheet newspapers. As was highlighted in the theoretical chapter, most, if not all, attention surrounding representations of breast cancer has been conducted in relation to Western media outlets. Further, some scholars argue that the Western media sets the agenda for the developing world, suggesting that Western ideologies and perceptions of the disease will have likely permeated South African media. Yet it is also evident that there are specific political, economic and cultural factors that continue to impact South African media, including colonialism and apartheid, and that may have influenced how breast cancer is covered.

Thus, the overarching questions for this study are: *How is breast cancer among South African women represented in South African broadsheets? What ideologies and power relations are embedded in the discourse? To what extent does the discourse reflect, perpetuate and/or contradict dominant Western ideologies surrounding health generally, and breast cancer among women specifically?*

The findings obtained from this study will contribute to research on the discourse of breast cancer by offering insight into coverage of the disease in South Africa. This will provide an understanding of the power relations and ideologies inherent in South Africa's reporting on a health issue, and add a new perspective to the growing literature on breast cancer discourse. In doing so, this study aims to assist future research at the intersection of media, communications and health, especially research focused on knowledge and perceptions of breast cancer in a non-Western context.

## **RESEARCH & METHODOLOGY**

To examine the ideologies and power relations produced and maintained within textual representations of breast cancer, this study operates within a methodological framework of critical discourse analysis. As Lupton notes (1992), by linking textual communications to their role in society, 'discourse analysis has the potential to reveal valuable insights into the social and political contexts in which varied discourses about health take place' (Lupton,

1992: 146). Further, discourse analysis approaches language as ‘reflecting and perpetuating power structures and dominant ideologies in society’ (Lupton, 1992: 147). Thus, critical discourse analysis was chosen as the most appropriate research method.

Importantly, this methodology assumes a Foucauldian definition of discourse. This means that ‘discourse’ refers to a ‘group of statements which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment... [it] is about the production of knowledge through language’ (Hall, 2001: 72). This suggests that discourse defines and produces the objects of knowledge such that meaning is constructed within discourse. Moreover, as discussed in the theoretical chapter of this paper, Foucault posited that knowledge, discourse and power are entwined. From Foucault’s (1979) perspective, ‘discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it’ (pp. 100-101). It is thus within this complex relationship, where power relations and ideologies are embedded within textual representations, that such representations with regards to breast cancer will be examined.

The specific type of discourse analysis adopted in this research project follows Lupton’s (1992) two-dimensional analysis. First is the textual dimension of the discourse. This dimension accounts for the structures of discourse and is concerned with the ‘micro’ elements (e.g., use of grammar, rhetorical devices and syntax) and the ‘macro’ structures (e.g., topics and themes). Second is the contextual dimension, which relates the structural descriptions to the social, political and cultural contexts in which they take place. This contextual dimension is concerned with the production or reproduction of ideologies and hegemony.

Among the various types of discourse analysis Lupton’s approach was chosen for its two-dimensional framework. As demonstrated in a pilot project for this research, this two-part method addresses the dimensions presented in the discourse of breast cancer in South African newspapers: how the structure and themes surrounding the discussion of breast cancer (textual) may be constructed by, create and maintain understanding and perceptions of the disease in South Africa (contextual). Additionally, Lupton’s approach has been successfully used to analyze discourse specifically related to health issues, reinforcing the decision to use her approach for the current study.

Although content analysis is often used to analyze texts about public health, the aforementioned notion of discourse showcases why discourse analysis is a more appropriate

methodology for this study. Content analysis is limited to merely coding articles within subject categories to show how many times a subject was mentioned. A drawback of such an analysis is that assumptions about the latent or symbolic meanings of a discourse cannot be made; there is 'no facility to place text into context' (Lupton, 1992: 147). Given language is not simply a 'neutral means of reflecting or describing the world' but instead a 'conviction of the central importance of discourse in constructing social life' (Gill, 1996: 141), the way in which public health issues are represented rhetorically can, arguably, be more important than how many times they are mentioned (Lupton, 1992). In other words, the critical dimension of Lupton's discourse analysis, that takes social, cultural and political contexts into consideration, makes it a more suitable method.

### **Methodological limitations**

As with any type of research methodology, however, discourse analysis has received criticism and has its own set of limitations. For example, some critics argue, 'discourse analyses are too subjective, relying almost entirely upon the particular scholar's reading of a text, with little regard for how others, especially those of different class, ethnicity, age or gender might interpret the same text' (Lupton, 1992: 148). Fairclough (1992b) also admits discourse analysis is an interpretive exercise that relies on the researcher's experiences and biases (pp. 214). Still, discourse analysis proponents maintain that their biases are what make them sensitive to the social, political and cultural trends and contexts to which their texts refer. Without this awareness, discourse analysts would be 'unable to see the alternative versions of events or phenomena that the discourse [they] were analyzing had been designed to counter' (Gill, 1996: 147). This is especially important when the reproduction of dominant ideologies occurs through means not obvious to the public (Lupton, 1992: 149). Finally, discourse analysts do not seek to make claims of universal truth and are aware the same set of texts can be understood in various ways (Gill, 1996; Lupton, 1992).

### **Sampling**

Although analysts and scholars maintain discourse analysis – and sampling for it – does not require adherence to formal procedures (Billig, 1988), the following describes the sampling and analytic procedure taken in the present research.

As mentioned, South Africa's media was democratized following the end of apartheid. While ownership remains concentrated in a few hands, there is now some diversity in ownership,

circulation, audience and content. Thus, to narrow the field for this study, a focus was placed on the English-language newspapers that cover health stories and that have the highest circulation. This includes three daily newspapers (*Business Day*, *The Star*, and *Sowetan*) and two weekly newspapers (*Sunday Times* and *Mail & Guardian*). These outlets represent a range of owners, including Avusa (*Business Day*, *Sunday Times*, *Sowetan*), Independent News (*The Star*) and Newtrust Company Botswana Limited/*Mail & Guardian* Media (*Mail & Guardian*). They also target various audiences in South Africa, ranging from lower-income readers (e.g., *Sowetan*) to higher-income readers (e.g., *Mail & Guardian*) as well as white, black and other non-white readers.

Using the electronic newspaper database Nexis, a search was conducted for 'breast cancer' being mentioned at least three times in editions of the five newspapers published during September and October of 2011. This date range was chosen because it represents the weeks following the UN High-level Meeting of the General Assembly on the prevention and control of non-communicable diseases, which was held on 19 and 20 September 2011 in New York City. As highlighted in the introduction to this paper, this meeting arguably represents one of the major turning points for increased international attention to NCDs among developing country populations. The search yielded a total of 17 articles.

All of the articles were carefully read to ensure they met the criteria of this research, specifically that they included ample discussion of breast cancer among women. Subsequently, eight articles were removed from the sample because they did not meet the criteria. For example, several articles focused on male breast cancer rather than female breast cancer and others contained only a very brief mention of breast cancer within the context of a larger topic (e.g., an article about baby bottles containing Bisphenol-A, a potentially carcinogenic compound).

Ultimately, eight articles were selected for analysis. See Table 1 overleaf.

**Table 1. Sample**

	<b>Outlet</b>	<b>Title</b>	<b>Author</b>	<b>Date (2011)</b>
<b>1.</b>	<i>The Star</i>	‘Health system failing those with chronic illness; Struggling, struggling; it’s not nice this disease. It’s not nice at all’	Simjee, F.	September 22
<b>2.</b>	<i>Sowetan</i>	‘New alternative therapy’	Monama, T.	October 5
<b>3.</b>	<i>Sowetan</i>	‘Breast cancer is high in SA’	Monama, T.	October 5
<b>4.</b>	<i>Business Day</i>	‘Genetic profiling “can prevent needless chemo”’	Wild, S.	October 13
<b>5.</b>	<i>Mail &amp; Guardian</i>	‘Rebuilding a new life’	Malan, M.	October 14
<b>6.</b>	<i>Mail &amp; Guardian</i>	‘Discovering the meaning of life’	Malan, M.	October 24
<b>7.</b>	<i>Business Day</i>	‘Knowledge is the power to beat breast cancer’	Cohen, M.	October 26
<b>8.</b>	<i>Sunday Times</i>	‘A frightening epidemic’	Msimango, Z.	October 30

### **Analytical procedure**

Once the sample was determined, Lupton’s (1992) two-dimensional discourse analysis was employed. As part of the textual dimension analysis, the nine articles were coded for micro and macro elements of discourse. This included looking for broader topics and themes as well as the choice of vocabulary and the use of rhetorical devices such as metaphors. The construction of the articles, including the use of direct quotations and the context into which they were placed, was also considered. In addition to determining what was being said and how it was being said, who was speaking was also noted. Given the fact that this study seeks to analyze power relations, whether an expert, local individual or international organization was quoted is important – as is the editorial context into which each ‘voice’ is placed. For example, contradictions and continuities between experts and lay people were of interest. An example of how this procedure was undertaken can be seen in Appendix I.

After coding for the micro and macro elements for each article was completed, a review of the patterns – including the variability and consistencies – between discourses was conducted. Tentative hypotheses were then formed based on patterns or themes that emerged, and then re-tested against the eight texts in the sample. For instance, if a pattern became apparent at a later point during analysis, that pattern was then taken into consideration when reviewing the earlier texts during the ‘re-testing phase’. Importantly, this strategy allowed for unexpected findings that could not have been predicted while also

ensuring the same pattern of analysis was adopted in all texts. The re-testing of themes and patterns also increased the rigor and reliability of the findings.

Finally, taking the analysis one step further into the contextual dimension, the findings were placed into the context of South Africa's culture, politics, socioeconomics, and history. As previously discussed, this step allowed for political economy and postcolonial lenses to be used. This was a crucial step in the analysis given that knowledge, power relations and ideologies are context-dependent.

Results of this investigation are reported in the next section.

## **ANALYSIS & DISCUSSION**

This section will attempt to draw out the key aspects of the media texts that were analyzed to help answer the stated research questions. Through repeated reading and analysis of the eight sample texts, two primary themes emerged: Westernization as both a cause and solution to breast cancer, and the perception of breast cancer as an elderly, white woman's disease. In addition to what was being said, who was speaking and how they were speaking will be considered.

### **Westernization: a cause or a solution?**

#### *Westernization as a cause*

Throughout several news articles, local experts blamed the adoption of 'Western lifestyles' for higher rates of breast cancer among women in South Africa. From a health perspective, a so-called 'Western lifestyle' typically refers to a high calorie diet, rich in fat, refined sugars and animal proteins, as well as an increased consumption of alcohol, and is accompanied by a sedentary lifestyle (i.e., little to no regular exercise) (World Health Science, 2010). This lifestyle is commonly associated with populations in countries where there is a higher level of industrialization (i.e., the West). It is also often associated with many non-communicable diseases such as cancer, obesity, diabetes and cardiovascular disease – all of which have relatively high incidence rates in Western countries (World Health Science, 2010).

In some articles where a 'Western lifestyle' was explicitly mentioned, there was no explanation of what was meant by this terminology. Rather it appeared the journalist

assumed his or her readers would know what was meant by the term. For example, Johannesburg oncology specialist and surgeon Dr. Carol Benn told the *Sunday Times* that an increase in breast cancer incidence among black women may be due to more black women with breast cancer coming forward or '*it could be a result of black women adopting more Western lifestyles*' (Msimango, 2011, emphasis added). In other articles, local oncology experts highlighted lifestyle changes, such as 'exercising, eating healthily and cutting down on alcohol' (Malan, 2011a), which could prevent or reduce one's risk of developing breast cancer. These recommended changes evidently counter what is perceived as a Western lifestyle and diet.

The explicit and implicit references to a Western lifestyle can be analyzed in at least two ways. First, it can be understood as implying that Western culture has had a negative impact on the health of South Africa's female population. Effectively, this discourse places blame on the West for an increased health burden among women in South Africa. This implication supports Joffe's (1998) argument that scientific knowledge can become saturated with the values and social norms of society as it gets re-presented in the media. Claiming that one cause of increased breast cancer incidence is the adoption of a 'Western' – more industrialized or modernized – way of life arguably supports an ideology where 'Western' is seen as 'bad'. Given South Africa's history with the West, namely colonialism, viewing the West in this way may reflect an animosity towards or rejection of the West and its modernization approach to global development. In prioritizing such an ideology, knowledge of breast cancer acquires a moral dimension. As Moscovici (1984) theorized, this can manifest itself as what is acceptable or unacceptable, and feed into an 'us versus them' mindset, where 'us' is South Africa and its ways of life and 'them' is the West and a Western lifestyle. Relating to the present case, the idea that women who act like 'us' are acceptable, while women who act like 'them' are unacceptable, is circulated via mass media.

A second way this text can be read is as a discourse of victim-blaming. Similar to the numerous studies on representations of breast cancer conducted in the United Kingdom, Australia and the United States (Kline, 2006), South African media also perpetuates the notion that the disease is caused by individual risk factors and personal choices such as diet and lifestyle. This discourse can lead to an understanding that those who have been diagnosed with breast cancer are to blame for their own circumstances. Moreover, the articles use the word 'good' when describing the lifestyle changes women should make to counter a Western lifestyle and to help prevent developing the disease. From a social representations theory perspective, this discourse can play a role in constructing identities of women with breast cancer as 'bad' and women, and those without breast cancer as 'good'

because of their diet or lifestyle. Furthermore, victim-blaming can also perpetuate the notion that broader economic contexts, such as access to affordable, healthy foods, or alternatively the contexts of genetic risk factors, are irrelevant.

*Westernization as a solution*

While Western lifestyles were criticized, Western medical practices, including diagnosis and treatment processes, as well as scientific statistics were recognized in several articles as having a positive impact. For example, oncologist Dr. Devon Moodley told the *Sunday Times* that ‘research from Europe and the United States shows that breast cancers in black women tend to be more aggressive and patients tend to be of a poorer prognostic group’ (Msimango, 2011, emphasis added). Despite the fact that the research Moodley mentions was conducted in and by Western nations, she relies on this data to prove her point about breast cancer among black South African women.

Further, while the Cancer Association of South Africa was occasionally referenced, information released by health bodies outside the country were often used to prove breast cancer is a major health issue. For instance, *The Star* mentioned that ‘[t]he *American Cancer Society* has warned that the number of cancer deaths will double by 2030,’ and, ‘[t]he *World Health Organization* believes that non-communicable diseases are a massive cause for concern and will – in the future – financially cripple developing nations’ (Simjee, 2011, emphasis added). This article was, surprisingly, the only article to link a concern of breast cancer to the UN high-level meeting on NCDs that took place in New York City around the time of publication.

It should be noted, however, that one expert, Dr. Justus Apffelstaedt of the Cape Town breast clinic, did argue that data from Eastern Europe and the United States could not confirm South Africa was seeing a rise in breast cancer among younger women due to the difference in demographics (Monama, 2011a). In spite of this, Apffelstaedt’s comment ultimately supported the notion that South Africa’s health care system was inferior to that of the Western world – another aspect of this discourse on breast cancer.

While the articles analyzed promoted Western science and research, they simultaneously criticized South Africa’s health care system and research bodies. In *The Star*, Dr. Moodley claimed that ‘the system had failed’ a breast cancer patient who died due to doctors ignoring certain symptoms (Simjee, 2011). In a *Business Day* piece, Dr. Apffelstaedt also argued that due to lack of resources, ‘more women in developing countries than in developed countries

would die from breast cancer' in the next decade (Wild, 2011). In addition, several articles noted that the prevalence of breast cancer in South Africa could not be quantified because the National Cancer Registry, which is supposed to collate, analyze and report annual cancer incidence rates, was not up to date. In other words, a national system on which experts and researchers rely was failing to do its job.

In promoting and using Western science to legitimize claims about breast cancer in South Africa, the media is arguably supporting the idea that Westernization is 'good' for South Africa because it can help experts understand, measure, prevent and treat a fatal disease. This clearly competes with and contradicts the discourse and ideology discussed above, namely that South Africa should avoid Westernization because it is 'bad' for South Africans' health. Experts' dependence on and the media's promotion of Western research and science can also be interpreted as Western countries being portrayed as superior to South Africa. One could potentially go as far as to say that these representations support the ideology that the West must be called upon to 'save' South Africa from its health and health care problems because the South African health care system is inadequate. In other words, the discourse perpetuates the ideology that South Africa must rely on assistance from wealthier and more knowledgeable Western nations. From a postcolonial perspective, this can undermine South Africa's efforts to portray itself as an independent nation and can serve as support for an approach to global development by which Western nations use their power and wealth to modernize and 'fix' less developed nations.

Moreover, articles often denounced Eastern, traditional or alternative medicinal practices in favor of Western medicinal practices. In the *Sunday Times*, the journalist wrote:

Many NGO workers speak of women being diagnosed, going for chemo a couple of times and then disappearing without finishing their course.... *Others seek alternative treatment from traditional healers, but ultimately land up back at hospital. And by the time they return, their cancer has worsened.* (Msimango, 2011, emphasis added)

The journalist supported this statement by quoting a woman who had been diagnosed with and survived breast cancer, Ivy Mahlangu. Mahlangu said, *'People would tell me to go get prayed for by charismatic preachers such as Pastor Chris Oyakhilome. But I knew the only way that this was going to go away was if I went to hospital'* (Msimango, 2011, emphasis added).

As Kline (2006) found among studies conducted using Western media texts, South African newspapers privileged a technical imperative associated with medicalization and the increasing marginalization of non-technical forms of health care. The South African news articles analyzed for this study legitimize and normalize the hegemonic ideology that medical interventions are superior to alternative ones. Yet seeking alternative treatments, such as visiting a traditional healer, is often a priority for South African women, especially those living in rural communities (Vorobiof *et al.*, 2001). The news articles, however, marginalize and essentially condemn such a practice despite its potential importance to women across the country. While it may be the case that alternative treatment is less effective than modern medical approaches, there is little attention given to the fact that: 1) alternative treatment may be the only type of treatment available to some women (e.g., women living in rural areas), and 2) refusing modern medicine is likely to be based on longstanding beliefs that are of cultural value. As such, it can be deduced that the South African media has aligned itself with the Western media's discourse on breast cancer treatment, and fails to reflect aspects of the national culture and society. This supports Uka Uche's (1991) argument that African countries' cultures have been 'eclipsed by external cultural influences' and their current ideology has been imported from Western nations (pp. 3).

Taken as a whole, it appears these articles are playing a balancing act between placing blame on Western lifestyles for causing increased breast cancer rates and praising Western science and medical treatment as the solution to the problem. Other than the one expert who suggested that data from the West could not be applied to the South African population, articles generally relied on statistics gathered in the West to prove that breast cancer is a major health issue. They also suggested that Western medicine – rather than alternative therapies – were the solution to reducing mortality rates due to breast cancer. Many articles recommended that women seek oncology specialists to help them through the detection and treatment process. At the same time, there was a general agreement that Western lifestyles, including poor nutrition and exercise habits, were to blame for increased rates of breast cancer.

However, it is unlikely that South Africans are reading all of these articles given that they are published in different newspapers with different readerships. It is therefore imperative to consider the political and economic contexts in which the articles were published. From a political economy of communication perspective, who owns which newspapers may play a role in what is ultimately published (McChesney, 2000). For example, that the *Mail & Guardian* is partially owned by a news conglomerate in the United Kingdom may have an

impact on the news it publishes. In addition, one reason that the *Sunday Times* praised Western research, while *Sowetan* condemned it, could be that each is catering to their own audience. While the *Sunday Times* has the largest circulation, *Sowetan* reaches some of the poorer non-white communities; therefore, the *Sunday Times* may be reflecting the hegemonic ideology of South Africans living in its capital, Johannesburg, while *Sowetan* may reflect a counter-hegemonic ideology from among those living in less urban areas or cities outside the capital. Although the reason each newspaper chose to report on the same topic differently is speculative, the fact that specific political, economic and cultural factors manifest in the discourse should be taken into account.

### **Breast cancer misconceptions: not just a white woman's disease of the West**

As mentioned earlier in this paper, race has played a significant role in South Africa, especially due to the nation's history of colonialism and apartheid. Thus, it is not surprising that race also plays a significant role surrounding health-related issues in the country. Regarding breast cancer, one common misconception is that the disease is an elderly white woman's disease and/or that young black women are not susceptible to the disease (Coughlin & Ekwueme, 2009; Union for International Cancer Control, n.d.). While research has found white women are more likely to develop breast cancer than black women, and the risk for developing breast cancer increases with age, this does not mean young, black women cannot get breast cancer. Another misconception is that only women in the (wealthy) Western world can develop breast cancer (Coughlin & Ekwueme, 2009; Union for International Cancer Control, n.d.). Although the focus on curbing the disease has historically been in the West, women around the world are increasingly diagnosed with and treated for breast cancer.

The impact of race on the potential to develop, and the likelihood of surviving, breast cancer was highlighted by local experts across several articles. Generally, these experts sought to discredit the idea that breast cancer can only develop among elderly white women. While they noted statistics could not be verified as the national registry was 'not working well' (Msimango, 2011), experts agreed more young black women were being diagnosed with the disease. *Sunday Times* stated, 'Doctors and volunteers working on the ground say they are *definitely seeing more black women suffering from this disease*' (Msimango, 2011, emphasis added). An expert quoted in *The Star* asserted, 'We have many women in this country, many women with breast cancer and it's *the commonest cause of death in black women* in this country' (Simjee, 2011, emphasis added). Journalists, often through the use

of quotations from local experts, circulated the notion that more young black women are developing and dying from breast cancer in South Africa.

Furthermore, the discourse of breast cancer among black women was compared to breast cancer among white women. Incidence and mortality statistics as well as differences in the aggressiveness of breast cancer tumors among women of different races were compared and contrasted. As Hall (1997) argued, meaning lies in difference. Thus it is not surprising that the majority of cases where breast cancer among black women was mentioned, breast cancer among white women was also mentioned. The comparison and distinction was necessary not only to show that breast cancer among black women is prevalent, but that it is also more likely to be detected later and can be more aggressive among women of color.

Such comparisons, however, must also be placed into the cultural context of South Africa and its history of racial discrimination (Hall, 1997). Research shows poorer communities with fewer resources, including access to affordable health care, are typically black communities (Coovadia *et al.*, 2009). This persistence of inequality between races can be traced to public health policies and systems during colonialism and apartheid in South Africa (*ibid*). Given this specific context, in trying to dispel the misconception that only white women can develop breast cancer, the articles appear to reinforce the ideology of general white affluence and power over the black impoverished population.

The most substantial discussion of race and breast cancer was Dr. Devon Moodley's rationalized and logical explanation as to why breast cancer is not only a disease that affects white women in the *Sunday Times*. There are several reasons this commentary stands out among the other quotations and discussions surrounding the topic. First, Moodley's comments are clearly prioritized in the *Times* piece, taking up more than a quarter of the article – the most space given to the topic across all the articles analyzed. As the most circulated paper in South Africa, how the *Sunday Times* represents breast cancer can potentially have considerable implications for how South Africans understand and view the issue of breast cancer.

Second, Moodley's statement that breast cancer is 'not a *white man's* disease' (emphasis added) is an interesting choice of words given that she is talking about a disease that largely impacts women, not men. Notably, this phrase is similar to the expression 'white man's burden', which typically connotes that white people have a supposed or presumed responsibility to govern and impart their culture and knowledge to non-white people (The American Heritage® Dictionary, 2011). The 'white man's burden', coined by Rudyard

Kipling in his 1899 poem by the same name, is often used to advance a justification for European/Western colonialism. The phrase has also been used as the title of scholar William Easterly's book, which heavily criticized Western organizations and their economic policies for failing to mitigate global poverty. Given this, by stating that breast cancer is 'not a white man's disease' Moodley suggests that the disease is neither one created by Western populations nor an issue that will necessarily be solved by Western ways.

Finally, Moodley's comments were published mostly as a direct quotation, which, when printed, come across as a conversation with the reader as opposed to with the journalist to whom she was originally speaking. This leads to a unique use of pronouns. Moodley says, '**we** have this breast cancer epidemic' (emphasis added), making herself part of those affected by the problem. Notably, as can be seen in the other experts' quotations highlighted above, the pronoun 'we' was commonly used when breast cancer was discussed in the context of it being a national issue. Using 'we' suggests that breast cancer is a collective problem facing everyone in South Africa, and that it will take a collective effort to solve the issue. Inadvertently, using 'we' can empower readers to come together to become part of the solution.

Throughout her commentary, Moodley also repeatedly states, 'if *you* think about it', or, '*you* say to *yourself*' and asks, 'how can *you* expect' (emphasis added). By asking the reader and journalist to question his/her own opinion or beliefs about race and breast cancer, Moodley is asserting her power over the readers and the journalist; she implies that she is more knowledgeable than them on the topic.

In addition, Moodley uses 'them' to describe the women with breast cancer, effectively creating an 'us versus them' dichotomy. This distinction between 'us' and 'them' can be understood as expressing the power relation between the healthy and ill and/or between doctors and breast cancer patients, where the former in each binary pair holds power over the latter. As such, Moodley's use of pronouns highlights how various power relations, and thus ideologies, are embedded in the discourse of breast cancer in South Africa.

### **Voices: who can be heard?**

Of the eight articles analyzed, seven directly quoted or referenced expert opinions and only four included commentary from women diagnosed with or who have survived breast cancer. Notably, most articles included little original editorial content and were largely based on direct quotations from experts or women with breast cancer. While it is beyond the scope of

this paper to determine *why* there is a lack of original editorial content, the fact that the voices of experts and women with breast cancer, not journalists' opinions, are driving the narrative around breast cancer is worth noting. As such, the following subsection will take a closer look at the voices in the articles analyzed for this study.

Among the articles that featured experts' commentary, there was a clear lack of diversity in who was quoted and in the topics they discussed. Three local oncology experts were typically quoted and thus were the most prominent: Dr. Devon Moodley, Dr. Justus Apffelstaedt and Dr. Carol Benn. This repetitive use of the same official sources effectively gives power to a small, elite group of experts who likely have their own agendas – personal and/or contractual. For instance, according to a *Business Day* article used in this study, Dr. Benn is a medical spokesperson for the Novartis Oncology/Carlton Hair 'locks of love' breast cancer campaign. Given this, it is possible that Benn has a contractual obligation to Novartis and what she can or cannot say is bound by an agreement with the company. Compared to the other oncology experts, Benn and her opinions may be seen as more or less credible by readers given her spokesperson status.

While there were numerous aspects of the disease that these experts could presumably discuss, the majority of their comments focused on statistics, prevention methods, and treatment options. Further, their commentary was typically portrayed as objective and rational. For example, as highlighted in a previous section of this analysis, Moodley's commentary about race and breast cancer was presented in a logical, scientific manner. These characteristics support the notion that doctors and other medical experts are often portrayed as not having feelings, whereas, as will be discussed next, women are portrayed as emotionally volatile (Clarke, 1999). This subsequently contributes to the valorization of medical technology over a patient's desires and feelings (ibid).

As for articles that featured quotations from women with breast cancer, the numbers offered above could suggest that their voices were generally marginalized. However, in the four articles that did quote such women, journalists gave their voices equal – and in some cases more – space than experts' opinions or other editorial content. As a whole, the articles that gave a voice to women with breast cancer portrayed them as emotional, yet empowered and hopeful. These women appeared to have overcome their deep personal fears of the disease and treatments, especially about undergoing a mastectomy. For example, one woman talked about the possibility of having a mastectomy, saying, '*It will not change who I am. All I want now is to live and for that I'm willing to lose my breast*' (Msimango, 2011, emphasis added). Another woman said, 'I've actually become a little bored with the idea of death. I'm

*not scared* of what happens after death' (Malan, 2011a, emphasis added). In a *Mail & Guardian* piece about the experience of a woman named Cecile who underwent a mastectomy, Cecile said, '*I was so scared* that I would be depressed and sad, *but I was euphoric* from the moment I woke up after the operation. I was so *extremely proud* of being *so brave* to go through with this' (Malan, 2011b, emphasis added). Clearly these narratives reinforce that while having breast cancer can be frightening, women can overcome their fear and, if they seek appropriate treatment, can survive the disease.

The consistent representation of women being empowered to overcome breast cancer can create a dominant normative reality for those affected by the disease. It can also, as Lyons (2000) points out, potentially influence others' attitudes towards the disease and those diagnosed with it. One possible implication of perpetuating the notion that women can and should feel empowered to seek treatment and fight the disease is that women who were previously too scared to seek testing or treatment might now do so. On the other hand, when only the voices of survivors are included, the serious risks of having breast cancer and undergoing treatments like a mastectomy are undermined. While this study cannot determine what the effects (if any) of the empowerment narrative are, it is clear that a lack of alternative voices (e.g., from someone who lost a family member or someone who underwent treatment but is still dying due to the disease) creates a specific, dominant narrative of women's empowerment.

### **Language and rhetorical devices**

Unlike previous research on breast cancer discourse, war/sport language, religious rhetoric and metaphors were not common in the articles analyzed. As will be outlined below, this suggests a break from the dominant breast cancer discourse, which may be a reflection of the specific economic, political and/or social contexts in which health is reported in South Africa.

#### *War and sport rhetoric*

Words, such as 'battle', 'fight', 'victims' or 'bravery', and metaphors reflecting war or sports were uncommon throughout the texts analyzed. Only one article directly mentioned a 'battle' with breast cancer: 'Award-winning musician Busi Mhlongo... underwent treatment, but lost her *battle* with the disease and passed away last year' (Msimango, 2011, emphasis added). Another article referred to breast cancer as the '*biggest killer*' among women (Simjee, 2011, emphasis added), which could be understood as insinuating the disease is an

‘enemy’ or ‘opponent’ of women. Finally, one oncologist compared ‘sleeping cancer cells’ to a ‘*ticking time bomb*’ (Malan, 2011b, emphasis added) to evoke a sense of urgency in removing the cells. While militaristic and sport rhetoric can be found, it was arguably not as prominent as that found in analyses of breast cancer discourse in Western media (cf., Sontag, 1978/1991; Clarke, 1992; Lupton, 1994; Seale, 2001).

### *Religious language*

Despite a lack of overt religious rhetoric (e.g., mention of faith or God), some articles discussed ‘myths’ or ‘dangerous myths’ surrounding breast cancer. The word ‘myth’ has been used by scholars from various fields, including the study of religion, and typically connotes a fable or story that has been passed down from generation to generation. ‘Myths’ are often conceptions of the culture at large and reflect broader attitudes, values and ideologies within a society, and can be related to religious beliefs. Therefore, by choosing to use the word ‘myth’, instead of ‘misconception’, ‘misunderstanding’, or ‘fiction’, it could be suggested that a religious tone was present throughout the discourse. Of note, there are numerous contextual factors that may have led journalists to use the term, such as the fact that storytelling is a tradition among many South African communities (Scheub, 1985). Framing an article around the ‘myths’ versus ‘facts’ about breast cancer could also reflect breast cancer awareness materials, such as fact sheets and brochures developed by the Cancer Association of South Africa. Ultimately, while it appears there were some religious overtones throughout the articles analyzed, it is far from the direct references to God and faith found in Hoffman Goetz’s (1999) study of North American magazines targeted at African-American women.

## **LIMITATIONS**

Like any piece of research, this study has limitations and they should be acknowledged. As discussed in the methodology chapter of this paper, discourse analysis relies on the specific interpretation of the researcher, which is subjective. Thus it is important to recognize that my specific knowledge and experiences have shaped the analysis provided above. Specifically, the fact that I am a white female who grew up in the United States (the Western world) and has a personal connection to breast cancer likely impacted how I analyzed the breast cancer discourse. Therefore, my reading of the articles would likely differ from how some individuals in South Africa – such as a young, black female recently diagnosed with breast cancer – might read them. This can be seen either as a weakness (i.e., it is too

subjective) or as a strength (i.e., my biases allow me to see alternative versions of events or make me sensitive to certain larger trends and contexts) of utilizing discourse analysis as a methodology.

Another limitation is that, until audience reception studies are conducted, the impact or use of these representations will remain unknown. While the aim of this study was to determine how breast cancer was being represented in the South African press, how these representations are manifested among the audience is key for health communicators. As Joffe (2002) asserts, social representations rely on both how a health issue is represented in the discourse and how that manifests itself as perceptions among the public. To determine what the public actually thinks, interviews with readers would need to accompany the current discourse analysis.

In addition, that only eight articles were used as part of this research means that the findings cannot be broadened to all of South African media reports on breast cancer. Importantly, the sample chosen was restricted to English-language newspapers. While English is generally understood across the country, and is the primary language of government, business and commerce, and the language that is taught in most schools, some news is published in Afrikaans, isiZulu and other indigenous languages (Brand South Africa, n.d.). Additionally, the newspapers chosen also may not reach the most rural places in South Africa, where health care beliefs and practices may differ from more urban areas. Finally, breast cancer is a topic that permeates the news throughout the year, and articles published surrounding the UN meeting and during Breast Cancer Awareness Month may have a different tone and angle than articles published during other times of the year. For example, an aspect of the Awareness month is to honor survivors, thus editorials may be more empowering and more likely to include uplifting narratives and language.

## **CONCLUSION**

As stated at the outset of this study, limited research has been conducted specifically on representations of breast cancer in media published in the global south. Thus, the analysis and discussion presented above, despite the noted limitations, adds a new perspective to the literature on breast cancer discourse.

Through a rigorous use of discourse analysis, two distinct themes emerged across the eight articles analyzed: contrasting views about Westernization, and conceptions of the impact of

race on breast cancer development. In the discourse surrounding both themes, ways in which scientific knowledge becomes saturated with society's values, social norms and other cultural facets as it is represented in the media (Joffe, 1998) is evident.

Understanding South Africa's specific history of colonialism and apartheid helps to unpack the ideologies and power relations embedded within the media's representation of breast cancer. Many of the findings in the current research support the assertion that the ideology in African countries has been imported from Western nations (Uka Uche, 1991). This was most evident in the media's discourse on the technical imperative associated with medicalization versus alternative treatments for breast cancer. Although to a lesser degree, the findings also support the suggestion that there is a one-way flow of media content from wealthy Western nations to less wealthy nations (Mansell & Nordenstreng, 2006). In many cases, it was clear that the values, actions and ideologies reified and prioritized within the discourse reflected Western thinking and knowledge surrounding breast cancer.

However, Western journalists' use of certain language (e.g., war, religious) and rhetorical devices were less evident across the discourse analyzed. This may, contrary to the above conclusions, reflect norms specific to South African media. Given the country's experience with HIV/AIDS, there may be a cultural sensitivity to how health is represented in the media. Determining *why* these journalists chose to – or not to – use certain language is beyond the scope of this paper, but would be worth further examination.

Finally, this study's critical examination of South African media's representations of breast cancer can provide a valuable way of incorporating social and cultural contexts into the study of health and illness. By identifying dominant discourses and alternative or competing discourses in the media, those in the health education field may be able to identify possibilities for social change (Weedon, 1987). Ultimately, however, representations exist not only within the media, but also in people's minds. As such, the current study must be accompanied by research into how and whether these representations of breast cancer are evident among the South African population.

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