

The role of the media in public and professional understandings of breast cancer

(1999)

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Example of published outputs – See: Henderson, L and Kitzinger, J (1999) 'The Human Drama of Genetics: 'Hard' and 'Soft' Media Representations of Inherited Breast Cancer, *Sociology of Health and Illness* (1999) 21(5):560-578 (Reprinted) In: Gabe J, Conrad P, (eds). *Sociological Perspectives on the New Genetics*, (1999) Oxford, Blackwells.

Executive Summary

Project objectives: to examine the media coverage of breast cancer, determine the journalistic processes influencing that coverage, and examine its effects on public understandings and on health professionals

Design/setting/participants: The project involved:

- Detailed content analysis of three years of press reporting about breast cancer as well as analysis of a selected sample of television coverage
- Interviews with 40 journalists and their sources, such as cancer research and support organisations.
- Focus group discussion conducted with 25 groups of 'ordinary women' in community centres and workplaces around Scotland and England. One further group was conducted with breast cancer survivors and 4 groups of health professionals.

Main results

- Breast cancer has a very high media profile relative to other illnesses. For example it is seven times more likely to be headlines than a disease such as lung cancer.
- It was described by journalists as a 'media friendly' disease because of seven key factors: its prevalence, the sexual/social meaning attached to breasts, its impact on younger women, the relative lack of stigma, the vocal involvement of women with breast cancer, celebrity association and media organisations' efforts to target female audiences. Journalists also emphasised the role of 'news hooks', 'relevance', 'accessibility' and 'controversy'. Over and above this 'human drama' was a significant factor in which stories were picked up by the media. This is what made stories about

genetic cancer particularly attractive to journalists and television script writers.

- The media have a profound influence on women's understandings of breast cancer. In particular, the media's disproportionate and dramatic emphasis on 'inherited breast cancer' is reflected in women's views about breast cancer as predominantly a 'genetic disease'. We also found widespread fear about treatment which was associated with radical mastectomy fuelled by media imagery. There is a lack of images of post-operative women's bodies, except where the scars are deliberately displayed in the media to provoke fear or disgust.
- Women's perceptions are strongly influenced by the media attention given to stories about individual women with breast cancer. These types of story constitute 22% of all press attention to breast cancer. Such stories are vividly recalled by women and used to 'make sense' of breast cancer as well as influencing their own sense of risk or mortality.
- There are clear patterns to how women respond to different types of risk presentation. For example 'scares' about 'the pill' make headline news that can suggest clear cut action ('stop taking the pills'). These can lead to straightforward changes in behaviour. However, dietary advice may be viewed with more scepticism because of the history of changing advice about which foods are 'good' and 'bad'. Women also view changing their diet as more difficult than simply taking (or not taking) a tablet.
- We found that many women believed that cancer could be caused or 'triggered' by blows to the breast.

Conclusion and relevance to the NHS

The media are a vital conduit for health information. Health professionals learn about medical advances both through the mass media and through the specialist press. However, they only described only indirect effects from the mass media. These were as follows:

- Discussions with patients are often mediated via, or conducted in relation to, particular headlines, press clippings or magazine articles.
- Concern that health professionals should be informed of new advances or potential 'scares' before they find their way into the mass media,.
- Concern was expressed about the way the media could misrepresent facts and options, e.g. giving the impression that anyone could simply request a genetic test and then know for certain whether they would contract the disease.
- Individual accounts (e.g. of 'miracle cures') were criticised for conveying unnecessary fears or false hopes.
- However the media were identified to be an important conduit for advice about self-/screening, directly bringing people to seek professional advice.
- Personalised account in the media were also identified by one GP as a useful because of their exploration of emotional impacts.

Recognising media and audience diversity is essential to any strategy aim at improving health communication. We would highlight the fact.

- Women are highly selective in how they use the media. The monthly women's magazines are highly trusted as a source of good quality health advice and seen as more 'responsible' than sections of the press.
- Soap operas are also viewed as accurately represent illness in some respects. At the same time women were reflective viewers who understood script-writers' needs for dramatic tensions and condensed story-lines.
- In spite of women's sophisticated readings of the media, dramatic representations (factual or fictional) can leave viewers with false impressions.
- Some women avoid information about breast cancer through fear. 'Positive' stories and alternative avenues (such as soap opera) may be the only way of reaching these women via the media.
- Women with breast cancer (and their relatives and health carers) were particularly concerned about some aspects of reporting. Critical comments revolved around a) the deluge of information (when those with cancer were trying to 'get on with their lives'), the lack of positive information and images around living with the illness and 'negative stories' which always ended in death.

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Dissemination

Henderson, L and Kitzinger, J (1999) 'The human drama of science: 'hard' and 'soft' media representations of breast cancer genetics', *Sociology of Health and Illness* 5 (5) (reprinted in Gabe, J and Conrad, P (eds) *Genetics and Society*)

Saywell, C, Henderson, L and Beattie, L.(1999) 'Sexualised illness: the newsworthy body in media representations of breast cancer' in Potts, L (ed) *Ideologies of Breast Cancer* Macmillan.

Presentations given at conferences including: 'The World conference on breast cancer' (Ottawa, 1999); 'BSA Medical Sociology Annual Conference' (York, 1997); 'UK Health Promotion Research Conference' (Edinburgh, 1998) 'Annual Conference of the International Association for Media and Communication Research' (Glasgow, 1998),

'Annual Conference on Public Communication of Science and Technology' (Berlin, 1998) and the 'British Sociological Association Annual Conference' (1998).

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Chapter 1: Introduction

Key questions

This project was designed to explore the media's role in representing, and informing understandings of, breast cancer. The aim was to systematically examine the ways in which breast cancer was reported by the media and follow this through to an examination of the effect of this coverage. The research examined three strands of the media communication process: the production, the content and the reception of media messages.

The examination of **production** focused on questions such as:

- Why and how do the media pick up on specific breast cancer stories? In what way and in what context is breast cancer 'news'? Why are some research findings taken up and reported, while others are not? How and why does a research finding about breast cancer move from, for example, the front page to the 'women's page' or even into TV drama?
- What factors within the media influence the nature of reporting?
- What factors outside the media influence the nature of reporting (e.g. operation of health campaign initiatives or research funding bodies)?

The investigation of **content** focused on questions such as:

- How is breast cancer reported? What emphasis is given to covering different types of stories (e.g. treatment versus risk factors or the reporting of the 'breast cancer gene')? What is the profile of different 'risk factors' in the media? How are screening and treatment options reported?
- What are the differences between different parts of the media in the way they report breast cancer research? Are there differences in the reporting depending on, for example the medium (TV/ press/ magazines), the type of journalist (e.g. health specialist or non-specialist) or the format (fact/ fiction)?

The investigation of **reception** focused on questions such as:

- How does media reporting impact on women? How do women assess what they read or hear in the media? What do they remember of particular reports? What are their other sources of information? How do the media influence their beliefs and behaviour? (E.g. sense of personal risk or practice of self-examination).
- How does media reporting influence professional understanding and practice?

Method

The three areas of investigation (production, content, reception) were examined using three different methods

Production: The production part of the study investigated both media practices and source strategies. This involved interviews with journalists (including medical/health specialists and non specialists) and also with documentary makers, scriptwriters and magazine editors. We also interviewed press officers from cancer charities as well as relevant pressure groups. In total 40 interviews were completed (mostly lasting half an hour to an hour). The interviews were conducted by Lesley Henderson and were tape-recorded and transcribed.

Initially interviewees were selected on the basis that they had been involved in writing, or had been quoted in, several media articles in our sample. To ensure diversity of perspectives and to address issues around access to media resources we also included those organisations which had attracted little attention during our sample period (for example WNCCC). The interviews as a whole thus represent a cross-section of media personnel and their sources

Content: The main content sample was selected to provide a substantial overview of coverage over time. We collected all reporting on breast cancer for three years (1995-1997) in eight different national UK newspapers. The newspapers selected for inclusion were two top-selling tabloid papers (The Sun and the Mirror), three broadsheet daily newspapers (the Times, The Guardian and The Independent) and their three sister Sunday papers (The Sunday Times, The Observer and The Independent on Sunday).

This main three year sample was supplemented by a 4 month sample (September-December 1997) of all the national UK and Scottish press, television and top selling women's magazines. This sample also included monitoring a small selection of radio programmes, e.g. Radio 4's 'Medicine Now' and 'Woman's Hour'). For this time period we also tracked down the research report that appeared in the media during that time

All the newspaper items were indexed onto a specially developed software programme recording date, headline, paper, page location and journalist. Items were also coded to record the nature of the report, its sources basis, individuals who are cited and the type of images used. (A copy of the coding form is reproduced in appendix I).

Reception: The third stage of the research focused on audience reception of the coverage. This was explored through 30 tape-recorded focus group discussions (details of the groups are presented in Table 1.1). Twenty five groups were conducted with women with no known special interest in breast cancer. These women (from a range of backgrounds and areas in Britain) were accessed through community centres, clubs and work places. For example, the

sample included people who worked together (e.g. waitresses) and groups who met for social, political or support purposes (e.g. a bridge club, a youth group, a black women's community group and members of an 'over 60's' group). The aim was to access a diverse range of women and to facilitate relaxed discussion. Where possible, sessions were conducted in places familiar to participants, such as their local community centre or, sometimes, in women's own homes. In addition to these 25 groups with 'ordinary women', a further five sessions were conducted with medical practitioners, breast cancer support workers and breast cancer survivors. In total there were 164 group participants (143 'ordinary women' and 21 people with special interest in the issue). Cherise Saywell acted as facilitator for most of these group discussions.

The average group involved 5 or 6 participants and lasted between one and two hours. The group sessions involved several group exercises. These included writing a typical news-script to match photographs taken from the media coverage of breast cancer and being asked collectively to rank different risk factors for cancer. We used these exercises and the surrounding discussion to examine what people remember from the media coverage, how they assess what they hear and see, how the media impact on beliefs, interactions and behaviours and how media representations are understood in the context of other sources of information (such as from family and friends). The discussions were transcribed and coded onto the data analysis programme, NUDIST.

A note about data presentation

Preserving confidentiality is a major imperative for any research, particularly where 'sensitive' information is involved. Some of the production interviews were granted on the understanding that they would be non attributable by name, or even job title. Additional constraints on reporting our data are due to the fact that several representatives from cancer research or support organisation were concerned that information about their views or their media strategies/fund raising opportunities should not become known to other organisations in the field (or sometimes even other people within their own organisation). This is both a methodological observation and a finding (see the discussion of intra-organisational competition and internal tensions in Chapters 3 and 4). For the purposes of this report we have removed all interviewee names and specific job titles and simply stated whether those cited worked in cancer support or research organisations.

Reporting data from the focus group poses fewer difficulties as the ordinary members of the public who participated in this research were less concerned about anonymity and, in any case, their anonymity is easier to protect. The group members are not identified individually, however we have presented a table (Table 1.1) describing the groups and each quote is identified with the relevant group code number.

Table 1.1. Showing the composition of the focus groups

I.D.	Group description	Age range	No of Participants
1	Theatre workers (Glasgow)	25-49	8
2	Inner City Youth Project (Edinburgh)	19-39	10
3	Office Cleaners (Glasgow)	39-59	4
4	Family group (Aberdeen)	58-71	3
5	Caterers (Glasgow)	34-57	4
6	Friendship group (Edinburgh)	36-42	3
7	Friendship group (Leeds)	20-28	6
8	Cleaners (London)	21-56	4
9	Cleaners (London)	21-55	7
10	Volunteer workers (London)	30-68	7
11	Women's group (Bristol)	23-80	4
12	Friendship group (London)	23-28	5
13	Secretaries & personnel officers (London)	22-34	6
14	Older women's community group (London)	72-91	5
15	Older women's community group (London)	69-78	6
16	Older women's community group (London)	72-89	6
17	Friendship group, lesbians (Colchester)	27-33	6
18	Waitresses (Edinburgh)	23-29	4
19	Young mothers (London)	30-39	7
20	Older women's bowling club (Birmingham)	57-78	7
21	Black women's community group (Bristol)	23-60	6
22	GPS (Glasgow)		5
23	Friendship group (Leeds)	23-53	7
24	Bridge Club (Buckingham)	45-71	7
25	Fiendship group (York)	32-55	6
26	Mothers of young children (Glasgow)	20-43	5
27	GPs (Glasgow)		4
28	Breast Care Nurses (Glasgow)		4

29	Survivors of breast cancer (Glasgow)	50-59	4
30	GPs (Bishopton)		4

A further point to note about presenting the focus group data is that the groups represent diversity rather than being a quota sample matching the population in a one-on-one fashion. This sampling strategy, combined with the focus group method, means that it is rarely appropriate to present figures (e.g. stating the X% of the sample took one view or another). Although we occasionally do this (see Fig 6.1) such representations usually have to be qualified by detailed attention to the surrounding group debate. The aim in presenting our focus group data, is then to examine patterns and processes of belief, and how these are bolstered or challenged by the media, rather than present a static summary of 'public opinion' (see Barbour and Kitzinger, 1999)

The structure of the report

The following section of the report presents the research findings. The first three chapters provide an overview of the content and production part of the study. The subsequent chapters focus on the audience reception part of the study.

- Chapter 2, provides a broad profile of the press coverage and examines why and how breast cancer proved attractive to the media.
- Chapter 3 explores the dilemmas, tensions and opportunities for press officers involved in this field.
- Chapter 4 presents a brief summary of the operation of Breast Cancer Awareness Month.
- Chapter 5 addresses women's understandings of the threat posed by breast cancer.
- Chapter 6 explores perceptions of risk factors for breast cancer.
- Chapter 7, addresses the influence of the media on the public profile of screening, self-examination, treatment and clinical trials.
- Chapter 8 highlights the ways in which women relate to different media outlets and the importance of taking into account the different responses people may have under different circumstances (depending, for example, on their own experiences of breast cancer).
- Chapter 9 presents a brief overview of the perspective of the health professionals who participated in the study.

Chapter 2: Media coverage and journalists' perspectives

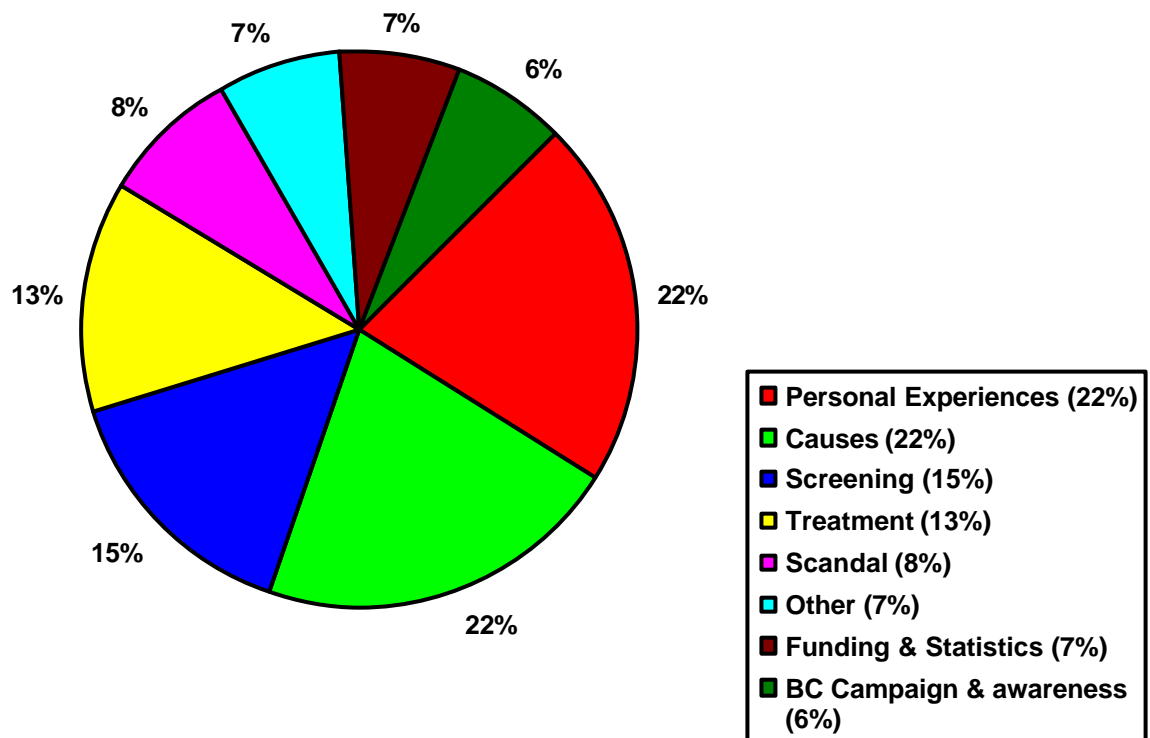
The first section of this chapter provides a schematic introduction to the three year press sample (1995-1997). This is simply to provide a basic context for the subsequent discussion of journalists' practices. More detailed content analysis is contained within subsequent chapters and in forthcoming publications.

A broad profile of the press coverage 1995-1997

Breast cancer is a fundamentally 'newsworthy' or, in the words of one journalist 'media friendly', disease. It attracts much more media attention than do comparative illnesses such as lung cancer or heart disease. For example, headlines about breast cancer appear seven times more often than headlines about lung cancer². Analysis of press coverage over three years highlights the main types of reporting (see Fig 2.1) .

A large proportion of coverage is concerned with reporting individual stories about having breast cancer, particularly the experience of celebrities. These type of stories account for 22% of all coverage of breast cancer. A similar proportion of press attention (another 22% of articles) focuses on the causes or risk factors associated with breast cancer (ranging from 'scares' around links with HRT to discoveries about genetics). Screening debates account for 15% of coverage and discussions of treatment account for another 13%. Scandals about misdiagnosis or mistreatment make up 8% of coverage. Funding and statistics are the main focus of 7% of articles, while breast cancer awareness, including the breast cancer awareness campaigns, account for 6% of coverage.

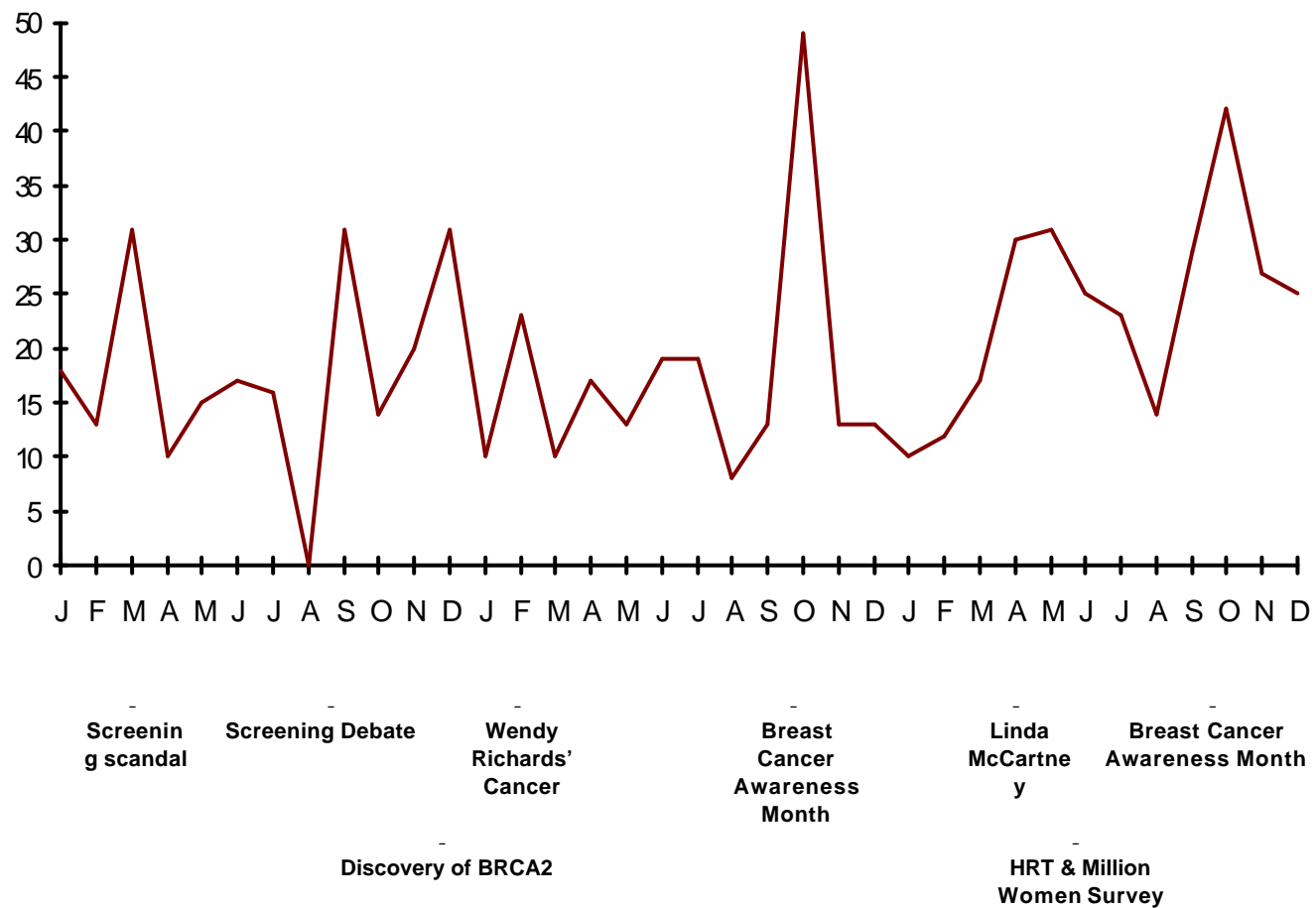
Fig 2.1 showing the main focus of stories about breast cancer in the press, 1995 - 1997*



* covering 8 newspapers and excluding letters from readers.

Another way of looking at the profile of breast cancer is to examine how coverage rises and falls over time. For examples, 'scandals' may only account for 8% of articles, but when scandals do break they can cause noticeable peaks in coverage, receiving front page treatment across a wide range of newspapers. Fig 2.2 shows the number of articles about breast cancer in 8 newspapers over three years, broken down by month.

Fig 2.2 Breast Cancer News Stories by Month, January 1995 to December 1997



There are three clear peaks in press attention during 1995. The peak in March 1995 is accounted for by coverage of a breast testing error with headlines such as '40000 Hit By Cancer Test Scare' (The Sun 2 March 1995), 'Error Detected In Cancer Screen' (The Guardian 3 March 1995) and 'Error In Breast Screening Prompts Review' (The Times 3 March 1995). The other main storyline during that month concerned a woman who was mis-diagnosed and consequently received compensation as treatment was too late to stop the cancer spreading. Headlines included: 'Pay out For Breast Cancer Blunder' (The Guardian 8 March 1995) and '£215,000, But What Is A Life Worth?' (The Mirror 9 March 1995).

The peak the following September is partly accounted for by a debate about the value of screening which arose after a well known cancer specialist resigned from his position with the National Breast Screening Programme. He claimed that screening was of limited use in saving women's lives and argued that the money would be better spent elsewhere. Headlines included: 'Pioneer Resigns over "useless" Breast Cancer Tests' (The Sunday Times 3 September 1995); 'Screening Saved Me But Do We Pay Too High A Price?' (The Mirror 4 September 1995) and 'Cancer Specialists Question Value Of Breast Screening Programme.' (The Independent 5 September 1995).

The third peak in 1995 occurred in December. This was accounted for by the announcement of the discovery of BRCA2: 'UK Scientists Claim Breast Cancer Gene Breakthrough', (The Independent, 21 December 1995); 'Breast Cancer Gene Isolated', (The Guardian 21 December 1995); 'Second Gene Linked to Breast Cancer' (The Times, 21 December 1995).

The following year, 1996, saw different types of story receive peak attention. For example, the small peak of coverage in February 1996 was due to coverage of a celebrity with breast cancer: Wendy Richards (who plays Pauline in the TV soap opera Eastenders). Her diagnosis and treatment generated a flurry of articles, front page stories and an editorial with headlines such as: 'Eastender Wendy Fights Cancer' (The Mirror 23 February 1996) and 'We Can All Learn From TV Wendy' (The Sun 23 February 1996). The large peak in October 1996 was due to the fact that October had been nominated Breast Cancer Awareness month and became the focus of proactive publicity initiatives (see Chapter 4).

The following year, 1997, has three months during which there were noticeably high levels of press attention to breast cancer. April and May 1996 saw a spate of stories about Linda McCartney's breast cancer and then about HRT and the Million Women survey. The peak in October 1997 is, once again, due to October having been chosen as Breast Cancer Awareness month.

Such schematic overviews of the nature of breast cancer stories and how coverage rise and falls over time provide broad contextual information. However, in order to understand the profile of breast cancer as a media story it is also crucial explicitly to address the innovations and objectives of those involved in writing the stories: journalists.

A 'media friendly' disease?: the view from journalists

The first point to note is that it is relatively easy for source organisations to attract journalists to stories about breast cancer, and, in their turn, journalists find it easy to obtain editorial support for writing about this topic. As one medical/health specialist journalist we interviewed commented:

[Breast cancer] is incredibly newsworthy. It will virtually walk into a paper compared to trying to write about other cancers with arguably greater social consequence... With breast cancer you only have to go up to the news desk or the news editor and say 'There is something about breast cancer' and they will say 'We will have it' and 'Go and do it!'
(Medical/health correspondent, broadsheet newspaper)

Specialist correspondents also spoke about how they would prioritise press releases about breast cancer and always read any related research in key journals such as the BMJ or Lancet.

Almost anything to do with breast cancer you immediately read it first and if there's a choice of 2 or 3 stories from one medical journal you just know that the one on breast cancer will be the one people want. (Medical/health correspondent, broadsheet newspaper)

The newsworthiness of breast cancer revolves around seven key factors closely related to the nature and site of the disease.

- The prevalence of breast cancer
- The sexual/social meaning attached to breasts
- Its impact on younger women
- The relative lack of stigma around this sort of cancer
- The vocal involvement of women with breast cancer
- Celebrity association
- Media organisations' efforts to target female audiences

Breast cancer is a 'media friendly' topic partly because of its prevalence. Journalists repeatedly commented on the resonance which the subject might have with their audience because, as one suggested: 'everyone knows someone who's had it' or because it was something many people worried about.

We get a tremendous response every time we do something on breast cancer because I think it is the one thing all women fear. (Medical/health correspondent, tabloid newspaper)

This point was echoed by another journalist who explained:

It affects a large number of women so, from a journalist's point of view, you are hopefully writing things which have maximum interest to your reader. The more likely someone is to have personal experience, the

more likely they are going to be interested in what you're reporting.
(Medical/health correspondent, broadsheet newspaper)

However, the epidemiology of a disease does not justify journalists' interest on its own. If this were the case then there would be equal media attention to other common causes of illness and death, such as lung cancer or heart disease. The extent of media attention is not only shaped by prevalence it is also shaped by journalists' and editors' perceptions of audience interest, and the cultural iconography which surrounds the disease in question. As one journalist commented:

Nobody wants to read about incontinence, nobody wants to hear about Alzheimer's disease or motor neurone disease...Everybody wants to hear about breast cancer. (Medical/health correspondent, broadsheet newspaper)

Breast cancer was viewed as (in journalists' vocabulary) a 'hot' story because, as one medical correspondent explained, 'it's linked with sex' and 'affects the woman's image of herself.' A point echoed by a press officer from a breast cancer support organisation who said journalists seemed to be interested because of the 'sexual significance' of the disease site. Breast cancer was also seen by journalists as a 'good' story because it can affect young women (perhaps with children of their own) so it was 'emotive' and 'powerful' involving 'family tragedies'. The fact that breast cancer has become a relatively stigma-free disease and that individual survivors have spoken openly about their experiences also increases media exposure. As one general reporter argued, 'Breast cancer is often seen as the truly causeless thing, faultless...[unlike] lung cancer...breast cancer is truly a big blameless illness.' In addition, coverage is increased by the fact that the disease has found a 'human' face and champions via vocal (and often middle class) women who are willing to be interviewed or actively campaign for media attention.³ This was recognised both by journalists and by their sources. A representative of a cancer organisation, for example, spoke about the role played by survivors, especially as women may live with breast cancer for a long time. Breast cancer, according to this interviewee, received more attention than other cancers because:

It's younger women, there's greater prevalence, it's a higher socio-economic group of people who get it on the whole. Younger women live slightly longer than in some of the other [cancer] cases and they are therefore able to be more vocal which is a good thing. (Cancer organisation)

The importance of survivors' accounts was amply demonstrated in our three year sample of press coverage. Individual women were quoted in 122 out of 708 articles and some individual stories received extensive coverage under headlines such as 'Doctor's bungle cost me both my breasts' (The Sun 24 May 1996); 'Why did I have to battle for the treatment that I need' (The Times 7 March 1995) and 'I'm dying because my doctor got it wrong and he can't even say sorry' (The Mirror 9 March 1995). In addition campaigns to highlight genetic risk

included articles which focused on particular individuals who used their own case histories to attract media attention e.g. '9 of my family got breast cancer so I had my breasts removed in case I was the next' (The Mirror, 14 February 1996). Over and above such stories about 'scandals' or genetics, individualised accounts appeared as straightforward personal accounts of the experience of living with breast cancer. In fact these stories accounted for 22% of the items about breast cancer in our three year sample - involving 52 articles focused on the experiences of ordinary women and a further 100 articles about celebrities. (see Fig 2.1)⁴

In addition, breast cancer charities have attracted celebrity supporters regardless of these women's own personal experience of cancer. Indeed, breast cancer fundraising or awareness has been promoted via fashion, beauty and music-related events. Breast cancer stories within our three year sample included articles featuring the model, Eva Herzigova, and pop group, The Spice Girls. This strategy in turn attracts further media attention, and is clearly not equally open to all health issues. As one press officer commented:

It's not going to make the best magazine with pictures of bowels, and colostomies are hardly the sort of stuff that catwalk models are going to get involved in whereas breast cancer is in the media sense and in a social sense a much more sexy subject. (Press officer, cancer support organisation)

Coverage of breast cancer is also fundamentally influenced by the status of breast cancer as a key 'women's health issue'. One charity representative suggested this was partly because 'many health specialists within the media are women and 'women are more aware of health issues than men, so women's health issues will always receive better coverage in the press than men's health issues'. However, the dramatic increase in media attention to health issues in general, and 'women's health' in particular, also needs to be seen in the context of the drive from both tabloid and broadsheet press to target female consumers. In an increasingly competitive and diverse media environment female audiences have been identified as a key constituency for newspapers. As one journalist commented: It [breast cancer] is a very women-friendly topic as well and newspapers are trying to be more women-friendly these days' (Medical/health correspondent, Scottish Press), or as another remarked:

[Breast cancer reporting] is a way of talking up the women's vote if you like 'Let's play the female card'. 'Women are bound to read this' and let's make newspapers more female-friendly is the big drive. (Medical/health correspondent, broadsheet newspaper)

This, then, formed the background to the media coverage of breast cancer. However there were additional elements influencing coverage. Breast cancer might be inherently 'media friendly' but journalists' precise story selections were influenced by other factors. The next section explores these factors.

Which breast cancer story? Traditional news values and the uptake of specific issues and events

Breast cancer has many 'inherent' (or closely culturally determined) features which make it a 'good' media story. However traditional news values also come into play. Journalists emphasised that the news media are dependent on 'news hooks' to make a story up-to-date. Hooks can be provided by:

- Policy statements and political issues
- Campaign initiatives
- Celebrity deaths
- Scandals (e.g. mistakes in screening)
- Scientific developments/discoveries (which can be presented as clear cut 'breakthroughs').

Policy and Politics: Politics and policy issues around breast cancer provide important news hooks for media reports. One medical/health correspondent suggested that breast cancer is 'newsworthy' because 'Britain's record was, until recently anyway, worse than any other country in the world' (Specialist broadsheet). Another pointed out that: 'There is the political element because there are groups like the Scottish Breast Cancer Campaign which claim that not enough is being done in research and providing services for people with breast cancer' (Medical/health correspondent, Scottish Press).

Campaign Initiatives: Campaign initiatives can create an artificial 'hook' for a story and influence the timing of reporting. One major example is 'Breast Cancer Awareness Month', a collaboration between major research and support charities and businesses to promote the issue during October. This exploits many of the features about breast cancer outlined above and uses celebrity alignment and other such strategies to provoke interest ensuring that breast cancer received peak attention around this time. (For further discussion see Chapter 4).

Celebrity Illness: The diagnosis or death of celebrities also attract peak attention. In our three year sample, peaks in press coverage accompanied the diagnosis with breast cancer of Linda McCartney (wife of musician Paul McCartney) and of EastEnders star, Wendy Richards. There was also a constant background attention to other cases of breast cancer among famous women. Headlines included: 'Secret cancer fear of Baywatch babe, Yasmine' (The Mirror, 19 October 1996); 'Diana Moran. It felt like my death sentence...but I'm still alive' (The Sun 23 February 1996); 'Cancer Liza feels great' (The Mirror 22 July 1997); 'Singer Lena hit by breast cancer' (The Sun 22 October 1997) and 'Author Kathy Acker dies of cancer' (The Guardian 1 December 1997).

Scandals and Controversies: Attention can also be generated by controversies over the conduct or value of screening or individual cases of misdiagnosis or mistreatment. (See peak in media coverage in March 1995 discussed above). One journalist, for example, commented:

I think the reason that breast cancer gets a slice of the pie is that everybody knows about breast cancer, everybody knows how outrageous it is that certain women are being refused scans. You know if it's a 27 year old woman who feels a lump in her breast it will be assumed to be a cyst and she'll be fobbed off and fobbed off again. Everyone knows for the want of a scan this woman died or this woman lost a breast and because the cause and effects are so known about whereas other types of cancer aren't. ...That makes breast cancer definitely top of that list. (reporter, trade journal)

Scientific Discoveries: Finally, scientific developments or discoveries are also a vital source of media stories. Specialist health/medical journalists routinely scan journals such as the BMJ, the Lancet and JAMA. Almost any research about breast cancer will be examined more closely (for reasons outlined above) but only some will end up as news stories. Journalists we interviewed specified that the criteria for making a particular piece of research 'newsworthy' were:

- Clear cut scientific development: a 'breakthrough' or discovery that x causes y.
- Accessibility: it must be possible to transform the research into a report that can be understood by the audience/media consumers
- Perceived relevance to general readers
- Controversy: unexpected findings or conflict around those findings will generate further media attention.

Medical/science specialists generally identified themselves as reactive rather than proactive in reporting research. They also identified clear moments in the research cycle when they might report on the work:

We write about the start of trials and we write about the end of them. We never write about them in the middle 'work on-going, conclusions expected'. On-going research is hard to write about as most research moves in very tiny increments. Annual reports are other fairly artificial pegs which make it seem as though there had been some progress. (medical/health specialist broadsheet)

It really is reactive [reporting breast cancer research] ... You may pick it up before publication if the research is being discussed at an international conference, that is sort of allowable. Then you would pick it up at publication. We [journalists] are interested in new data. Why else would we write about it? (medical /health specialist broadsheet)

New data about risk factors for breast cancer were particularly likely to attract journalists' attention. Media coverage of possible associations with diet, the continued controversies over the contraceptive pill and the recently reported link with HRT exemplify this. In our three year sample, discussion of causal or risk factors made up 22% of all the coverage. Journalists also seem to privilege research which might be relevant to the majority, general population rather than

those already with breast cancer and which reported new studies rather than reviewing existing knowledge.

In our intensive tracking of journal articles over four months we also found further evidence of how journalists' professed preference for reporting findings about causes/risk factors influenced coverage. During that 4 month sample period, there were 46 newspaper articles based on research findings. Thirty five of these concerned potential cause/preventive links (e.g. soya, margarine, weight, alcohol and HRT). Other research reports in the same medical journals which did not receive media attention included questionnaire studies and clinical reviews, discussion of clinical guidelines and the treatment of women with breast cancer.

During the four month intensive tracking period there was no major new research released about genetics. However, it should be noted that genetic risk was one of the major stories evident in our three year sample (accounting for 1 in 3 of all the articles about causes or risk factors). This story was identified as particularly exciting by several of the journalists we interviewed. This was partly because of the science and partly because of the human interest aspect of the story. Genetic breast cancer is associated with younger women, raises questions about family relations and can involve multiple tragedies. It also can involve decisions about prophylactic mastectomy. The human interest and drama surrounding this has clearly contributed to media coverage. As one journalist commented:

[Breast cancer] is quite emotive on the genetics side because of the prophylactic removal [of breasts]. It is such a dramatic thing for a woman to do but that makes it quite newsworthy. (Medical/health correspondent, Scottish press)

Examining television and radio as well as newspapers we also found that genetic story lines had broad appeal to a wide range of media outlets and formats. Genetic risk was discussed on TV chat shows and documentaries, women's magazines, and even TV drama serials and a radio play. (For further discussion see Henderson and Kitzinger, in press)

The media coverage of breast cancer, including breast cancer research, should be seen in the context of both sets of factors discussed above. On the one hand journalists' selection of stories is influenced by 'hard news' values such as 'breakthroughs'. On the other hand it is also influenced by the 'human drama' of the story or issue. The reporting of science, politics, policies, controversies, or 'scandals' should be understood within the broader context of the status of breast cancer as an emotive story focused on women's bodies and lives. While a traditional 'news hook' may be the main focus and apparent rationale for a story, the nature of the reporting will also often be shaped by the other 'soft' values outlined above. In addition, breast cancer may appear in many other outlets and formats other than as 'news'. The 'human drama', 'family tragedy' or 'sexiness' of breast cancer stories may be particularly evident in the coverage of breast cancer in non-news outlets and genres such as women's magazines, soap opera and drama.

Conclusion

In conclusion, this chapter has explored the reasons why breast cancer receives much more media attention than comparative killers such as lung cancer. We have highlighted factors such as the sexual/social meaning attached to breasts, its impact on younger women, the relative lack of associated stigma, the vocal involvement of women with breast cancer and celebrity association. We have also placed this in the context of contemporary media organisations' efforts to target female audiences.

The precise profile of breast coverage within the news media can also be understood in terms of traditional 'news hooks' such as: policy statements and political issues; campaign initiatives; celebrity deaths; scandals and scientific discoveries. We also found that scientific research about breast cancer is most likely to be reported if it is seen by journalists to be accessible and relevant to their readers. There is also added news value if the finding is controversial. Clear cut research findings about causes or risk factors are particularly attractive to the media, and some aspects of 'science' are represented in a much broader way. Genetic breast cancer proved an attractive story to the media over and above its status as a story about the latest research and beyond the confines of the news media. Both factual and fictional writers exploited the drama of 'a family curse' associated with inherited breast cancer. Such stories can contain elements of the most popular hospital drama and TV family melodramas.

The factors outlined above also serve as background for understanding the strategies of source organisations in their interactions with journalists. It is this issue which is addressed in the next chapter.

Chapter 3: Source Strategies: tensions and dilemmas

No analysis of media coverage or journalists' behaviour can give a complete picture without considering the role of journalists' sources (Schlesinger, 1990). This is as true of breast cancer coverage as it is of AIDS (Miller et al 1998) or sexual abuse (Kitzinger and Skidmore, 1995). Any such exploration of source organisations has to start by acknowledging their different aims and objectives. There are a wide range of source organisations that journalists might deal with when covering breast cancer stories. These include both general cancer research organisations such as the Imperial Cancer Research Fund and breast cancer specific support bodies such as BACUP. Each source organisation has its own agenda and way of working. Different organisations, for example, might seek (or respond) to media attention with the aim of representing their work accurately and positively, promoting their organisations, attracting funding and volunteers, influencing the policy agenda or informing the general public. Sometimes there is an element of competition between these different aims or between different organisations. For example, major cancer research organisations such as the Imperial Cancer Research Fund and Cancer Research Campaign compete to promote themselves as leading the field of research science. In addition, different bodies may actually have conflicting agendas. Cancer research organisations may look toward research solutions and emphasise the high mortality rates associated with breast cancer whereas cancer support groups might place more emphasis on promoting stories about women's survival and about the psycho-social aspect of the experience. Analysis of relations within and between organisations and between press officers and journalists should be read in this context.

The key metaphor used by press officers when presenting their role is the metaphor of juggler or tightrope walkers. Interviewees repeatedly described their role as a 'balancing act'. They describe balancing between different strands of the organisation and between the organisation and the media.

Press officers' problems with scientists

Within some organisations press officers must juggle the demands of pursuing a fairly aggressive fundraising profile while promoting themselves as scientific research leaders. Often there is an uneasy co-existence between the two because fundraising means positioning and branding, chasing publicity across a wide range of media, including those who might not necessarily report science in a way always deemed appropriate or accurate. Several press officers we interviewed commented that scientists were often reluctant to co-operate or to compromise with the media. Struggles often revolved, for example, around the phrasing of press releases.

[Research scientists] put in words like "morbidity" and "mortality" and genes being "expressed". Most people just don't have any understanding of it. Words that to scientists mean one thing, to other people mean

something quite different. ... You just have to go right back to basics and say "Look even if we can get this in the Guardian or Telegraph, we're still talking about putting it in language that a clever 15 year old will understand". (Press Officer, research organisation)

They think it is a state of the art policy statement rather than being what it is, purely a flag-waving exercise. It's a piece of paper designed to make a very busy journalist think, 'I must follow that up'.
(Press Officer, research organisation)

In some cases researchers were reluctant to co-operate with tabloids at all, a position challenged by some press officers. As one declared:

It's not our role to be moral guardians about who gets our information and who doesn't. The bottom line is everybody who puts money in our collecting tins deserves to know what we're doing, whatever paper they read. ... In the scientific community it's only good if stories are placed in the FT [Financial Times] or some pharmaceutical journal. I'd like them to be re-educated because we need to get back to the people who read The Sun. (Press Officer, research organisation)

Routine practice and a relationships with specialist journalists

Press officers generally saw their role as accommodating the needs of journalists and establishing themselves as 'a good source' in the eyes of the media while promoting (and protecting) the interests and reputation of their organisation. The press officers emphasised the importance of being available, reliable and flexible, offering spokespeople during evenings and weekends (particularly important for getting on broadcast media) and never saying 'No comment'. All sources emphasised the need to meet journalists' deadlines.

'Match-making' between story and type of media outlet was seen as an important part of the job. As one senior press officer explained:

If you have a 45 year old middle-aged mum who's got two kids and is about to die of breast cancer well that's a Daily Mail story. If you've got some strident young woman of 28, 29 who's got very firm views about breast cancer and is trying to politicise the whole thing then you go straight to The Guardian. (Press Officer, cancer research organisation)

Press officers also emphasised the need to mobilise scientists, doctors and patients for interview and often offering up a 'human face' for journalists. For example, a senior press officer for a cancer research organisation emphasised it was crucial to use a doctor who is actually treating patients so that the story was more emotive and they could be quoted as saying 'This is how it could one day help save the lives of my patients'. It is no coincidence that survivors were

quoted almost as often as researchers/experts in the press coverage. The other most commonly quoted source was doctors, such as GP's).⁵

In terms of proactive work, press officers will monitor media coverage of breast cancer daily and try to be up-to-date with recently published research in the medical journals to allow them to anticipate new debates. Many, of course, are also involved in Breast Cancer Awareness Month (see Chapter 4).

The health/medical specialist journalists we spoke to recognised the efforts of press officers to meet their needs. On the whole, the journalists were complementary about the 'service' offered to them, especially by the major cancer organisations. As one medical/health correspondent commented:

The cancer charities are pre-eminently good at what they do. Both the CRC and ICRF have what can only be described as totally slick, well-oiled professional media machines that roll out and absolutely deluge you with information. That's very clever and useful for busy reporters. You get handed stuff on a plate. There is usually a very accessible, easy to understand press release. The science has already been translated for you in a way that the man on the street can understand. All the experts are there. There is usually a couple of patients provided which is excellent for the human angle and human interest. (Medical/health correspondent, broadsheet newspaper)

Press officers for the major charities and the specialist journalists they worked with, often reported positive working relationships. Indeed, their interaction was described by one journalist as 'synergy'.

It is synergistic isn't it? The press already has an interest and the breast cancer charities have capitalised on it and worked at it and very successful they have been and all credit to them. (Medical/health correspondent, broadsheet newspaper)

Particular journalists and outlets were singled out for praise by several source organisations. Where a newspaper or magazine article was well researched it could even provide a future resource for the cancer organisation:

I've still got the article [from Good Housekeeping magazine] and use it to send to people who just want a lay person's description. Plus they've got a list of organisations you could go to for further information or any backup, so they're just so good. (Cancer research organisations)

Press officers' problems with non-specialist journalists

General newspaper reporters and those from weekly women's magazines were often viewed less positively.⁶ Indeed, relationships with some non-specialist

journalists/media outlets were viewed quite negatively. Source organisations perceived the tendency of many media to ‘personalise’ as bringing its own problems and complained about the emphasis placed on particular types of stories.

[Women’s magazines] only want young women who have breast cancer which [makes] it more difficult getting people to understand that actually breast cancer is mainly a disease of women over the age of 60. I think the media have made a lot of people very worried in thinking [breast cancer] is really rampant among young people ... I still don’t think women over the age of 64 realise that they can ask for a mammogram if they want one.
(Press officer, cancer research organisation)

Some press officers saw journalists as pursuing a set repertoire of stories:

There are certain standard stories that journalists appear to be interested in. Miracle cures is one of them, mistakes by the medical profession is another. People who were given 1 month to live and have gone on to live another 5 or 6 years is another one. There are those standard stories.
(Press officer, cancer support organisation)

Although engaged in pursuit of publicity, press officers must also preserve their professional reputation and the integrity of their organisation. All publicity is not necessarily good publicity. A representative for a support charity outlined his dilemma here:

We’re in a bit of a dilemma over [co-operating with some stories]. If we support those we’re keeping myths alive. On the other hand if we don’t support those then [our] name, [and] phone number as a source of reliable information can be lost to readers. (cancer support organisation)

Where research does attract media reporting this can involve a difficult balancing act. All press officers spoke of the difficulties of reflecting scientific caution when the media demands certainty and breakthroughs. As one explained:

What journalists always want to know is ‘What is the implication?’ ...It’s getting a balance between letting the public and journalists know what the point is without raising expectations that this is a breakthrough.
(cancer research organisation)

A key problem is communicating science as a process, as one press officer described it, ‘involving shades of grey’ to a news media who require ‘black and white’. While most of the medical/health correspondents for broadsheets were well trusted to report the nuances of science, other journalists were less well respected:

They [the medical/health correspondents] understand the dynamics and they understand the dialogue and the dispute that there is in the world of science. They will reflect the uncertainty of it better. There is always the danger with the lay reporters that they are going to report it as a fait accompli.

(Press Officer, research organisation)

Some general regional reporters were also accused of having a limited understanding of medical/health issues in any case.

The specialist journalists know everything. They're really clued up, they're brilliant, they're so good at their job. The general ones, when you get on to regional press are not so good. You coax them through it. They'll phone you up and say 'Oh we've got this woman and she's dying of lung cancer'. You talk to them a bit and you realise that she's not actually dying of lung cancer she's dying of breast cancer which has spread to the lungs or breast cancer which has spread to the brain.... That's quite basic and that's something the national journalist would know. (cancer research organisation)

Several press officers could identify instances where journalists had been well briefed but the story had then been transformed in the reporting as 'breakthrough research' or 'miracle cures': 'the press like zappy headings and we like science and facts and the two don't always work.' (cancer research organisation)
)Considerable concerns were expressed about stories which promote drugs which have not yet completed controlled tests and the difficulties around publicising patient trials. As a representative for a major cancer charity outlined:

We'll say quite clearly [to journalists] 'Please say this is not an ongoing trial, it's not being used on patients yet' [because] you'll get hundreds of phone calls and letters saying 'Can I join the trial?' or they'll turn it into what we dread: headlines which say 'Cancer Cure' because we never use that word, not ever, but the tabloids like that. (cancer research organisation)

Some press officers were also concerned about the media's pursuit of increasingly tragic personal testimonies. As one commented:

It comes round to breast cancer awareness month and it's like 'Oh well we did case histories last year' and people always want to read first person accounts but they need an extra angle. It's not just 'I had breast cancer, I had the treatment, I'm okay' [Journalists] want 'I had a little girl' and all the extra human interest angles. [cancer research organisation]

They also complained that some journalists may be more interested in the power of a story to 'pluck the heart strings' than in anything else: 'We get an awful lot of calls from journalists wanting very harsh stories. (Press officer, breast cancer

charity). The bias toward individual stories could, in the view of some sources also mitigate against broader debate:

Another problem area was the lack of sophisticated debate around expensive drugs - media always personalise the story. It's done on the lines of 'Mrs Bloggs', 'isn't this terrible, let's fund-raise'. X newspapers fund-raise and pay for her treatment. Well, that doesn't move the debate along. (research organisation)

The media were also accused of failing to engage in reflection about the best way to address the breast cancer epidemic. For example one press officer felt very strongly about what he perceived as a media bias towards 'treatment' issues rather than 'preventative' research.

[Media attention] tends to be focused on treatment and it's very treatment and care orientated. But the danger is in concentrating on the Government announcing 'There's £10 million released from bureaucracy for care'. That's great, but actually at the end of the day it's not going to make a difference to [survival rates]. What will do that is long term research. (Press Officer, cancer research organisation)

It is worth noting, however, that this press officer represents an organisation which raises funds for research. Patient support organisations sometimes had a very different perspective. Indeed some of the press officers from these types of organisations believed that press releases from research bodies generated media reports which 'hype up findings' and offer false hope. The research bodies, on the other hand, identify limits in the 'care and support' approach. Each criticises the media for over-presenting the other's perspective.

Conclusion

In conclusion, this chapter has highlighted the dilemmas and tensions in the press officers' role. There are evident differences between and within allied organisations which sometimes are promoting different agendas or are even in competition. Press officers are also having to manage tensions between their organisation and the media. On the one hand press officers seeking to promote stories about breast cancer will find a media predisposed to running with the story. On the other hand they face dilemmas about how to manage that process in the way that best accords with the interests of their organisations. Clearly press officers have different priorities from journalists and this can lead to difficulties, particularly where non-specialist reporters are concerned. Press officers were worried about some general reporters or some weekly women's magazine writers who, in their view, sought out stock stories about extremely young women, dramatic tragedy, scandals and miracle cures. Particular concern was expressed about some media representations of science: specifically the lack of knowledge of some journalists and their tendency to express complex and developing stories in 'black and white'.

Chapter 4: Breast Cancer Awareness Month

Breast cancer awareness month in Britain involves co-ordinated activity from, and competition between, many different charities and commercial bodies. It involves major research organisations (such as Imperial Cancer Research Fund), breast cancer support bodies (such as Breast Cancer Care), and commercial organisations ranging from Estee Lauder to Asda, Boots and Avon. In addition, the month mobilises active involvement from women's magazines backed by support from celebrities: musicians, actors, super-models and television personalities.

In 1996 the collaboration between research fundraising organisation Breakthrough, and makers of Wonderbras, Playtex, resulted in front page coverage. In October 1996, supermodel Eva Herzigova became 'guest editor' for The Mirror's Woman Supplement. She appeared on the cover exposing her bra, with the headline 'Hello Girls', a deliberate play on the successful wonderbra advertisement line 'Hello Boys' with which she is usually associated (The Mirror, 9 October 1996). In October the following year The Daily Star carried a: 'Boobs special' publicising Breast Cancer Awareness Month and accompanied by a photograph of pop singer, Louise, wearing an awareness T-shirt. Under the headline, 'CARING: singer Louise is supporting the campaign' the item declared: 'Although this issue of StarGirl is celebrating a pair of the two best things about being a girl there is a serious side of Breast Awareness Month, one of every 12 women in the UK will develop breast cancer..'. It went on to provide readers with basic information and the phone number of 'Breakthrough' (Daily Star 1 October 1997).⁷

The nature of the coverage in itself provides some measure of successful strategies. It is clear that collaborations between charities and organisations such as Estee Lauder, Tesco and Boots create important opportunities in terms of generating publicity, reaching women and producing 'good PR' for organisation and charity. It is also clear that the creation of a particular month provides a focus for activity and a 'news hook' for the media. The strong symbol of the pink ribbon captures public and media attention, giving the Breast Cancer Awareness campaign added impetus and journalists a crucial news hook. As one journalist outlines here:

You've got an immediate context. The person supplying a story might think it's a very relevant story but the journalist has to think "How is this going to fit in? How are we going to put a context to it? It might need an extra angle". A month of awareness immediately gives you that context. You can just go ahead and write the story without having to find other angles'.

The campaign has gathered momentum and now involves all the major charities and frequently, commercial organisations as well as liaison with specific media

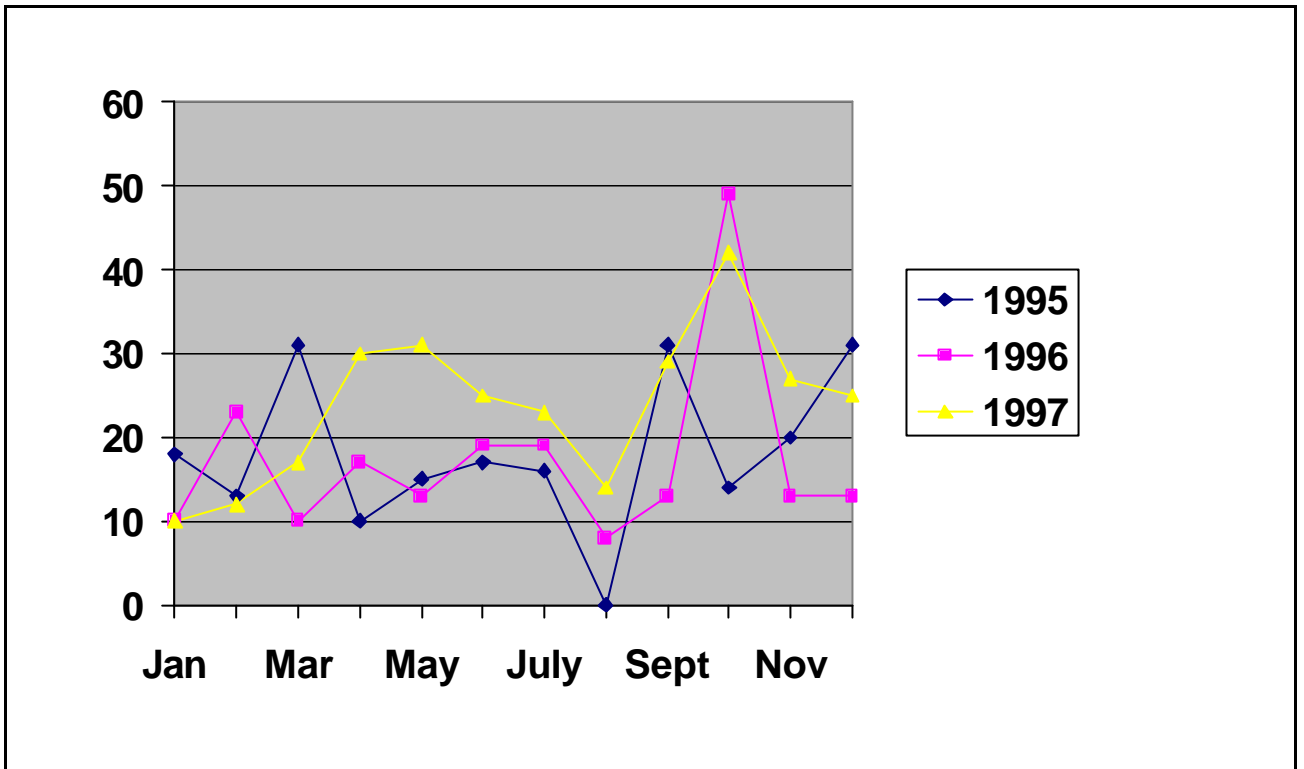
outlets. The success of the awareness month can be judged, in part, by the level of coverage over time.

Figure 4.1 shows breast cancer coverage in the 8 newspapers in our 3 year sample indicating the peaks of media attention to breast cancer during September and October. This growing momentum is recognised by cancer charity press officers who have been struck by the extent to which the initiative was initially very proactive but is now fairly reactive. One press officer for a local breast cancer organisation described journalist attention during October as ‘an onslaught’. As she says, ‘I don’t try and place stories during October, we don’t need to’. Another press officer described how the initiative has become well-established, saying:

When we began we had to eke out all the opportunities, ringing the women’s magazines, health editors, major papers and at first it was quite a struggle ... Over the years Breast Cancer Awareness Month has got its own shape ... Journalists need to take the information now because everybody’s taking it. It’s developed into something quite powerful.

(Breast cancer support organisation)

Fig 4.1: showing the number of newspaper articles about breast cancer during each month 1995-1997 and illustrating the peak in coverage around the Breast Cancer Awareness campaign



However, there are some emerging problems with breast cancer awareness campaigns. One issue is the extent to which the 'sexiness' of breast should be used to sell breast cancer (see, for example, the debate on Woman's Hour, Radio 4, 24 April 1998). Another is concern about intensified competition between different charities which are exacerbated during October. As one press office commented:

There are so many breast cancer groups out there. We do have to be proactive because it's an environment where, particularly the bigger stronger charities are being very proactive ... It's not so much that you're trying to cut other people out but you have to have your space [in October] because it's a big blast of when [journalists] are most receptive. [Press officer, Breast Cancer Support Charity]

Some of the journalists we interviewed raised scepticism about the inherent benefits of an 'awareness month' strategy and were not particularly keen to cooperate with it. However, they explained that it was impossible to ignore breast cancer stories in October simply because cancer organisations timed the release of important research to coincide with the month. As one journalist outlined:

The reason why you get increased coverage is not so much that [journalists] are thinking: 'Oh, it's Breast Cancer Awareness Month, I must write stories about it'. It is just that all the cancer charities put out research that is relevant which you would publish on its own merit whether it came out in February or through awareness month. (Medical/health correspondent, broadsheet newspaper)

More fundamentally, the 'hying' of awareness has been questioned by some practitioners in the field to the extent that several cancer specialists, writing in the Journal of Radiology called for a Breast Cancer "Un-Awareness month". This debate was taken up by some sections of the press:

Breast cancer: is the campaign raising awareness of fears? (Scotsman 29 October 1997)

Be aware - but don't panic: with the best of intentions the media is over-emphasising the bad news about breast cancer (Independent on Sunday 28 September 1997)

These articles quoted Professor Michael Baum who expressed serious concern about the impact of media messages on women's well-being:

The incidence of breast cancer under the age of 30 is extremely rare. Yet it is these women who are constantly bombarded by breast cancer

awareness campaigns and who, as a result, grossly overestimate their risk. My clinics are flooded with frightened young women who shouldn't be there at all.

This perspective was viewed with sympathy by some of the journalists we interviewed: 'I know women myself who have discovered a lump and are seriously alarmed and I'm sure the scale of their alarm is affected by the scale of publicity that the disease gets' (Medical/health correspondent, Broadsheet). Other journalists also suggested that 'fatigue' might set in if journalists were bombarded with information and that there were only so many stories that could run.

The big difficulty with breast cancer now is that there is so much publicity it is very difficult to write something new about it. You have done all the stories about women having had mastectomies because they might have the gene. People who've had this or that treatment. It is very difficult to find a new angle. Last year with breast cancer awareness I did a brother and sister who had both got [breast cancer] so that was something different (Medical/health correspondent, tabloid newspaper)

Some journalists' sense that the 'fashion' for breast cancer stories might soon pass was echoed by one individual responsible for liaising with the media who observed: 'I think it's a limelight that can't go on indefinitely' (Cancer support organisation).

Conclusion

Breast Cancer Awareness month has a key role to play in the media coverage of breast cancer, and, as our audience work demonstrate (see following chapters) had an impact of women's awareness and concerns. There are however, some reservations among some journalists and source organisations. The month is intensifying competition and is in danger of provoking a 'backlash' if its message is seen to be over stated. It may be that the campaign will have to adapt and evolve if it is to maintain a positive role in a changing social and media landscape. This is certainly an area in which further research could usefully be pursued.

Chapter 5: The general profile of breast cancer – its significance and pertinence for women

The subsequent chapters examine the impact of media representations drawing on the 30 focus group discussions conducted for this research (see Chapter 1).

- Twenty five of these groups were conducted with 'ordinary women' - women who (as a group) had no known special interest in breast cancer.
- Four groups were conducted with health professionals such as family doctors/GPs.
- One group was conducted with breast cancer survivors. These women also worked as counsellors for other women with breast cancer. We analyse this group separately because of their intensive engagement with the issue and exposure to medical information. However, the 25 groups of 'ordinary women' also included some individual women with breast cancer.

The first few chapters in this section focuses on the 25 groups of 'ordinary women', and all statements about numbers are based on these 143 women (unless otherwise stated). However, where appropriate we also draw on the group conducted with breast cancer survivors and comments from health professionals. Chapter 8 pays particular attention to the views of breast cancer survivors and Chapter 9 focuses exclusively on the perspective of the professionals to explore their views about how the media impact on themselves and their work.

Breast cancer has a high profile in public (women's) awareness. Research participants' discussions in the focus groups showed that breast cancer is a widely recognised and highly ranked risk which is often seen as a very pertinent personal threat. The high profile of the disease is influenced by:

- the extent, information within and targeting of media coverage the
- highly emotive personal accounts.
- women's own experiences, and information from their social networks as well as advice from medical sources.

The extent, nature and targeting of reporting

The mass media directly contribute to women's assessment of the significance of breast cancer through 4 aspects of reporting:

- a) The extent of the reporting about breast cancer in general. Breast cancer receives far more coverage than other causes of illness or death (see Chapter 3). Some women clearly associated the extent of reporting with the importance and distribution of the disease.
- b) Specific media reporting of statistics emphasising the common nature of the disease. (Many focus group participants recalled the 1 woman in 12 statistic).

- c) Targeted information (particularly in women's magazines and on newspapers' health pages) encouraging women to self-examine. Such information conveys the clear message that breast cancer is an issue for 'Every woman'.
- d) Concern about breast cancer is also influenced by awareness initiatives e.g. Breast Cancer Awareness Month.

Alongside such reporting it was also clear from our focus groups that 'personalised' accounts (stories about celebrities, ordinary women or even fictional characters with breast cancer) all had a significant impact on public perceptions. Indeed, such personalised accounts often seemed to have greater impact than standard news reports or health information. It is therefore worth having a closer look at how this operated.

The power and nature of personal accounts

Personalised accounts from the newspapers or television were often the first type of story which came to mind when invited to talk about breast cancer and such stories were recalled at some length with a great level of detail. Stories about individual women with breast cancer also generated strong emotive responses and animated discussion (and clearly had often been subject to such discussion prior to the research session). Women said that such accounts made them take the threat of breast cancer 'to heart' and that the portraits of 'ordinary women' or celebrities with breast cancer brought home to them the fact that breast cancer was an indiscriminate disease that could affect anyone.

Accounts about individuals with breast cancer can be divided into three types:

- a) Coverage of celebrities. As with AIDS, breast cancer is a disease seen to have affected the lives of famous people. Publicity surrounding these survival or deaths have a profound impact on public understandings (During the course of our study one of the most significant deaths was that of Linda McCartney).
- b) The personal accounts of 'ordinary women' with breast cancer or from 'breast cancer families'.
- c) Fictionalised or dramatised accounts, including in soap opera, also had an influence on women's perceptions. (During or just prior to our study three drama serials/soaps ran breast cancer story lines).

The poignancy, recall and impact of such accounts was often increased by factors such as the youth of the women whose stories were told (and the fact that some had young children). In reality most women who get breast cancer are past their menopause. However most 'ordinary' women with breast cancer represented in our press sample were younger women: 85% were under 50, and 38% were actually 35 or under. This portrayal of breast cancer as a young women's disease was reflected in our research participants' understandings and in their emotive responses. Research participants often spoke at length about the tragedy of young mothers with cancer and several vividly recalled a 'poignant'

and 'upsetting' TV programme about a woman dying from breast cancer seeking a new family for her young sons to live with after she died.

She was like testing them [her sons] out with all these different foster families and eventually she found a family that she was happy to bring these two boys up. And they'd take them for weekends and she was going as well...she didn't have long to go. ...That was quite sad. Because they weren't babies, they were like ten and twelve...they knew exactly what was going on. (Group 3)

Recall and impact was also increased by being able to identify with the woman with cancer. This could mean that the woman portrayed was similar in terms of characteristics such as age, but also involved more complex levels of identification around life style and emotional reactions.

The stories where women are my age, that's what freaks me out because you can sort of think: 'OK, well if I get breast cancer when I'm like 50, I'll worry about it then'. But it's when you hear about these women who are just so young that you read these stories and you just think: 'Oh my God I could have it right now and I wouldn't even know'. (Group 1)

I think if you hear about somebody who's got a similar lifestyle to you and you can relate, sometimes you take it on board a bit more. (Group 9)

Personal stories made some research participants feel that 'this can happen to anybody' (Group 20) and also raised issues about how people cope in adversity. Readers often seemed to engage with the stories through thinking about how they themselves would react:

F: [It stuck in my mind] because she was just an ordinary person, she was a mother with two children, you know...

F: Bravery, I think.

F: Yes, that's what it is.

F: It sticks in your mind.

F: Yes, definitely.

F: Whether [if] you were ill, you'd stand up to it if it happened to you, would you be able to cope? (Group 15)

Personal accounts were also often identified as particularly powerful and memorable because of breast cancer's impact on body image (the implications of mastectomy were extensively discussed by women with no direct personal experience of the disease). The potential hereditary nature of the disease (resulting in inter-generational family tragedies) also generated extensive reflection and discussion.

Where accounts were presented in serial form or concerned celebrities, responses were also influenced by the sense of having followed their trials and tribulations over time and identified with their hopes and fears. Stories about celebrities with breast cancer have an impact, women said, because 'it's

somebody that is more familiar than somebody who's anonymous completely to you' and 'you feel that you know them.' (Group 2)

Close to home and embodied experience

The media clearly had an important influence on women's assessments of breast cancer as an important disease relevant to them. However, the media do not operate in isolation. The focus group discussions made it clear that media representations combine with other sources of influence to create or reinforce particular ways of understanding breast cancer. Indeed, breast cancer seems to have particular significance for many ordinary women because it is experienced as 'close to home'. This is in contrast to, for example, public understandings of AIDS, as documented in our earlier study, (see Miller et al, 1998). In that case stigma and the 'outsider' status of many of those infected made the epidemic less evident to 'the general population'. Breast cancer however, unlike AIDS, is viewed as highly personally pertinent by the general (female) population. In most of our focus groups, at least one participant knew of someone with the disease and some women had experienced breast cancer or 'scared' themselves. For some women breast cancer is also 'close to home' because it has affected relatives. Widespread (if not always accurate) knowledge about the importance of 'family history' meant that breast cancer information was often seen as particularly pertinent by these women.

The sense that breast cancer was 'close to home' was further reinforced by the way women related to their own breasts and to breast lumps, bruising or unexplained breast pain. Many women have the experience of finding a 'suspect' lump in their breast. This, combined with the association in many women's minds between breast cancer and breast pain or trauma (see Chapter 6) means that women may fear they are at risk or make preliminary 'self-diagnoses'. This can influence their attention, and responses, to information in the mass media.

Conclusion

Most women are aware of, and concerned about, the risk of contracting breast cancer. This perception of breast cancer is influenced by the extent of media coverage, publicity given to the '1 in 12' statistic, the fact that information is targeted at women in general via trusted sources such as women's magazines and by Breast Cancer Awareness campaigns.

Women's perceptions are also profoundly influenced by media attention given to stories about individual women with breast cancer. These types of story constitute 22% of all press attention to breast cancer and most focus on younger women (38% were actually 35 or younger). Such stories are vividly recalled by women and used to 'make sense' of breast cancer as well as influencing their own sense of risk.

- Individual stories generate strong emotive responses and can encourage women to discuss the issue with friends/colleagues. Such stories also

encourage readers/viewers to engage with the dilemmas experienced by women with breast cancer and to identify with them.

- Involvement with the story could be increased where representations appeared in diary form (e.g. Ruth Picardie's articles in The Observer) or in serial format (e.g. in soap opera). The trajectory of the illness of celebrities also had a great impact on women because 'you feel you know them' and because the story received publicity over time (e.g. Linda McCartney's diagnosis and eventual death).
- When women identify with those portrayed in the media this may increase women's sense of personal risk. The death of celebrities from breast cancer can also increase the sense that breast cancer is an automatic 'death sentence'.
- The fact that most cases publicised in the press focus on younger women with breast cancer increases younger women's sense of personal threat.
- Women's sense of personal risk is also increased by the way in which media representations interact with the social experience of knowing 'real' people with breast cancer and the embodied personal experience of breast pain, tenderness or lumps. These personal experiences also made breast cancer feel very 'close to home'. The media focus thus interacts with women's embodied experience of their breasts, which, in turn, sensitises women to the media messages, creating a spiral of awareness (or anxiety).

Chapter 6: Understanding 'risk factors' for breast cancer

Media representations do not only influence the perceived significance of breast cancer, but also help to shape the pertinence women attribute to different risk factors. During the course of the focus group discussion women were asked to write down up to 3 risk factors for breast cancer. This generated a list of 406 risk factors (see Fig 6.1 below).

The most commonly cited risk factor was genetic, or 'inherited' risk. This constituted 25% of all risk factors nominated by women. Lifestyle factors were also very strongly associated with breast cancer in participants' minds, with 68 women nominating smoking and 37 referring to diet. Other risk factors identified by some research participants included stress (n=32), alcohol (n=13), the pill (n=29), the environment (n=22) and bumps or knocks to the breast (n=23). Other potential factors such as HRT, age or pregnancy were less commonly mentioned. The 'other' category' in Fig 6.1 includes one woman who cited 'having breasts' as a risk factor and another who indicated that 'caressing' could be dangerous (for further discussion see below). This basic written data was supplemented by extensive discussion in the focus groups which gives a more in-depth picture of how people rate and understand such risk factors. The focus group data also gives a clearer picture of women's ways of thinking about risk. For example, although only 23 women were prepared to indicate in writing that knocks to the breast could trigger cancer, far more women actually believed that this might be the case. Many of them, were, however, tentative about expressing this as they thought it might be an unorthodox or old fashioned belief.

Fig 6.1 Showing the risk factors nominated in writing by women in the focus groups

Type of risk factor	No.
Gene/inheritance	101
Smoking	68
Diet	37
Stress	32
The Pill	29
Knocks	23
Environment	22
Lifestyle	16
Alcohol	13
Lactation	12
HRT	9
Age	8
Pregnancy	6
Ignorance, fear etc.	6
Hormones	6
Personality/psychology	4
Other	14
Total	406

In order to explore the media's role in these beliefs about risk we examine four different ways in which information is presented and understood.

- a) The HRT and 'the pill' scares. (These stories were predominantly headline news stories).
- b) Diet and lifestyle. (This information was generally presented as background, routine advice stories with the occasional front page 'discovery').
- c) Genetic risk. (Reports about genetic risk appeared in a range of media representations, including drama and personal accounts).
- d) Blows to the breast (The media rarely suggest that blows to the breast might be a danger, however, this was a widespread belief among the audience groups and provides an interesting example of how impressions may persist in spite of an absence of media representation of this 'risk'.)

Scares

'Scares' are one of the most obvious way in which the media influence public perception of risk, at least in the short term. News reports about the risks associated with HRT, for example, or 'the pill' were often recalled by women, particularly those using such drugs. (The precise nature of the associated risk was not always recalled, e.g. thrombosis versus breast cancer). In some cases women had immediately sought advice from their GP or changed their behaviour in some way (sometimes in spite of medical advice).

I heard on TV, it was everywhere actually...well, I was on the pill...and when I heard about it then I stopped straight away. I went to see the doctor and I said: 'I don't want to take them anymore'. They said 'these are not the pills'...she gave me the names of them....but I said 'I don't want to take them'...No, I stopped straight away. I don't want to take them. (Group 21)

The impact of scares are particularly noticeable to medical professionals, and were discussed extensively in the focus groups with professionals. General Practitioners and breast cancer nurses, for example, described how 'scare' stories impacted on women coming to them and were very critical of this aspect of media reporting.

The HRT scare...I certainly find patients querying whether they should continue with their HRT because they're told that it increases the risk of having breast cancer and the fact that it can protect from heart and cardiovascular disease...was neglected. So they just thought you're going to get breast cancer if you're on HRT. Certainly a few ladies came in about that. (Group 30)

And certainly I know that it has put off quite a lot of people who probably would have been quite suitable candidates for HRT because they think that they are increasing their risk of getting breast cancer significantly by taking hormone replacement. (Group 27)

I had a lady on the phone a few weeks ago there was a report on tamoxifen in one of the papers, the scare again, about the endometrial cancer and long term use and I had a lady who had only been on tamoxifen two or three years she phoned up and said: 'Should I stop taking it?' and I said: 'No you should stop reading that paper'. You know, because it was totally reported out of context. (Group 28)

Dietary advice

Women seem to react quite differently to other types of media accounts - particularly those about diet. Media reporting about the causative or protective functions of different foods (or drink) were widely, although somewhat vaguely, recalled in our focus group discussion. (Sometimes women assumed food or drink which was reported to have a preventative role for one thing was preventative for another. For example a few women thought red wine might help prevent breast cancer.

However, in contrast to their 'gut reaction' to 'scares', women often expressed cynicism and resistance to dietary information and talked about the difficulty of implementing changes in what they ate or drank. Often women said that advice was so tenuous and changeable that they could not allow media reporting to affect them.

You get bombarded with a million and one things you can and cannot do...you just take it all with a pinch of salt. (Group 2)

One minute eggs are bad for you, then chicken's bad for you, then beef's bad for you. (Group 3)

At one time they were saying coffee was one of these things that were related and could cause problems...one year something's out and it is the in thing to avoid or whatever. (Group 23)

In this context women often spoke of breast cancer risk in terms of 'fate'. They made comments such as 'what's for you won't pass you by'. Research participants often talked about obvious anomalies, describing people who had looked after themselves and still became ill and others who did not and lived to a ripe old age.

F: I mean you get people that are better off than other people, I mean they've got totally different diets and I mean the two of them could still get it.

F: People from different walks of life you know, vegetarians, people constantly at chippies and the two of them could end up having it ...

F: Aye. Just what's for you will no go by you, sort of thing. I mean you've just got to look at things that way, haven't you? (Group 3)

Research participants often also felt they were unlikely to take on board advice that was too difficult to fit into their daily routine such as 'having to run three miles every morning' as opposed to 'something as easy as eating a piece of toast.' (Group 9)

Women also frequently discussed the notion of a cancerous lifestyle imposed by 'living in the twentieth century'. Breast cancer risk was perceived, along with other cancers, to go hand in hand with the modern world. They saw themselves as having only minimal control over this.

You start to get a bit blasé about it, because you just think well probably everything you eat and everything you breathe is toxic and giving you cancer. So, there's a point at which you just, well, it's the late 20th century and what can you actually do about it? I mean apart from going and getting a full on organic diet and living in a house somewhere without air pollution. (Group 1)

Genetic risk

A different type of media effect, and risk concept is evident in reactions to media coverage of genetics. It is worth looking at this example in some depth because it illustrates the diffuse effect that different media, and types of coverage, can have on public perceptions of risk. Our 25 focus group discussions with 143 ordinary women showed that participants tended to over-estimate the role played by genetics in the aetiology of breast cancer. This was evident at several levels.

During the course of the research sessions, participants were asked to estimate the proportion of women with breast cancer who had developed it because of a family history of the disease. Most women who volunteered an estimate opted for a figure over 50 per cent. In only five groups did anyone offer estimates lower than 20 per cent.

The importance attributed to family history was also evident in the way that women discussed their own risk. Women with just one relative, or a couple of elderly relatives, who had breast cancer, sometimes gave this as a reason for feeling at risk:

One of my aunts had breast cancer, so I guess [I am at risk]. (Group 12)

That's why I check myself because my grandmother's had it [in her early 70s] and my mother's had it [in her late 50s] and right, I'm only 34 but it could happen any time. (Group 9)

At the same time, several other women, with no known family history of breast cancer, interpreted this to mean that there was very little risk of them contracting the disease:

I don't think there's a risk of it because it's not in my family. (Group 9)

I associate it mostly with hereditary type things and I know I haven't got a family history at all, so I'm sort of quite complacent that way. (Group 13)

There's nothing in our family and so [breast cancer] is one of the last things I would think would happen. (Group 12)

The importance of inherited risk was further emphasised by one woman who had been adopted and had no knowledge of her family of origin:

My awareness of it [breast cancer] is purely a genetic thing. Because I am adopted I don't know and I will never know what to expect... I just don't know how at risk I am because I judge it by genes more than anything else. (Group 18)

The emphasis placed on inherited risk cannot, of course, be entirely attributed to media coverage. In the focus group discussions it was clear that other factors came into play including personal experience and routine questioning about family history by doctors. Ideas about genetic risk are also informed by pre-existing cultural ideas about the importance of inheritance (for discussion see Davison, 1992).

While acknowledging the complexity of public understanding of science (and not wishing to promote a simple deficit model) our data suggest that the regular and extensive references to inherited breast cancer in the media play a key role in informing women's assessments. This was evident in explicit comments explaining and justifying research participants' emphasis on family history: 'It must be high', declared one woman 'because such a big deal is made of it' (Group 7). 'I would have said more than 60 per cent of breast cancers were due to inherited risk', commented another, 'It's certainly the one that's pushed the most' (Group 1). 'I think whenever I've heard of people having it' observed a third research participant, 'it seems to run in the family.' (Group 12)

The role of the media in informing women's assessment of genetic risk was also evident in the way they referenced specific media stories, particularly personal accounts of women from 'breast cancer families'. Here, again, we can see the importance of personal profiles (rather than straight news reports of research findings) in shaping public perceptions. Research participants spoke at length about magazine articles, documentaries, fictional representations and chat shows. In only three cases did they mention newspaper or TV news items and in one of these cases the woman explicitly stated that the account she recalled was: 'one of those sorts of human interest stories at the end' (Group 18). In several groups it also became clear that people were unaware that any 'breast cancer genes' had been discovered, it was personal accounts rather than scientific or news reporting which informed their thinking.

Even if research participants could not specify where they had seen the story (and people do not necessarily correctly attribute their source) they often had quite vivid memories which allowed us to identify the type (if not the precise source) of account to which they were referring. Women often, for example, dwelt on women's emotions or recalled visual images such as the family photographs or diagrams of the family tree. They spoke about how the women portrayed in the media had researched their family histories and made their decisions, and spoke about the 'heartbreaking' nature of the stories:

They took their family tree all the way back and right through their families. The amount of women that had died early from [breast cancer] was heartbreaking. ... [One woman] was in her 20s, they both had wee kiddies, and they were both going to have to do that [have prophylactic mastectomies]. They were heartbroken but they had made the decision. (Group 5)

Women often focused on the fear represented in such stories:

F1: I remember a family, the mother had two of her breasts removed and it was like two daughters and one was a teenager and one was like early twenties [...] And they actually went in and got their breasts removed before it actually caught them, sort of thing.

F2: They were frightened of it, weren't they, they were frightened in case it got passed on. (Group 3)

Sometimes research participants also described these stories as 'bizarre' or 'weird':

In a chat show quite recently with triplets, two of them had actually had lumps, and the third sister just assumed she had no chance and went through it [a mastectomy] as well. (Group 25)

F: I was weirded out by that one

F: I thought how could they do that to themselves, just in case. That seemed horrific, like self-mutilation from fear. (Group 11)

Women recalled such stories because of the youth of those affected by genetic risk ('they were quite young, so, that's the one that sticks out', Group 6). They also said such stories were memorable because of the way: 'It can blight a family'. (Group 13); 'The fear just came across so much' (Group 25); 'It seems such a drastic thing for any woman to do' (Group 24). As one woman commented:

That must be a terrible thing, if you know there's nothing wrong with you, to go in and be operated on, you know, healthy breasts. (Group 3)

Women also spoke about the way they had been drawn into the story and engaged with women's dilemmas: 'they chose mastectomies... Imagine having to make that choice.' (Group 18)

The focus group data suggest that media accounts of women's experiences in 'breast cancer families' may convey ideas about inherited risk independently from 'scientific jargon' about genetics or knowledge about research discoveries and genetic 'facts'. It is also these stories that generated conversation, thought and reflection and were most vividly recalled. However, the media were not the sole source of women's knowledge, other sources were also important and this is examined in the final example we discuss.

Knocks to the breast: embedded cultural ideas about the cause of cancer

Many of women's ideas were informed by the experiences of family and friends who had had cancer. This included highly accurate and detailed knowledge about cancer and its effects. It also included some knowledge which is less generally accepted as 'scientific' or 'orthodox'. In some cases it was clear that women were accessing 'ways of knowing' which were not directly gained from the media but which were part of a cultural repertoire for understanding in the body. This was most evident in women's discussions of 'knocks' as a potential cause of cancer.

The idea that bumping or bruising the breast could lead to breast cancer came up in the majority of groups of ordinary women. At least some members of most groups thought this was a plausible risk factor and, when asked to write down three risk factors for breast cancer 'knocks' was one of the ten most commonly mentioned factors. Banging the breast, (blows, bruising and damage) were mentioned by 23 women in nine different groups. It was thus mentioned more often than age, HRT or pregnancy factors.

Within the group discussions knocks to the breast came up as a potential risk factor even more often. In only one group had this theory never been heard, and in most groups there was a guarded acceptance of the idea or a sense that it was plausible, even if accompanied by disclaimers such as 'we're not doctors' or 'it may be an old wives' tale'. Individuals often made comments such as: 'If you knocked yourself badly you could set it off, couldn't you' (Group 14) and several women expressed their personal worries about banging their breasts. Discussions also included exchanges such as the following

F: They say a bump can cause breast cancer and all.

F: Aye.

F: I don't know if that's true or no, but, you know, banging your chest or something.

Interviewer: Have you all heard that?

F: Aye.

F: I've heard that, but I don't know if it's true right enough.

F: You bang any part of your body, even your leg...

F: Can bring cancer.

F: ... can bring a cancer out, because everybody's got cancer.

F: I've heard that and all, I don't know if that's true right enough.

F: Aye, it's all in us but it's just lying and those sort of thing can trigger it.

F: Dormant. (Group 5)

Trauma directly to the breast was seen as particularly problematic.

F: We were talking about Linda McCartney and she was on a horse, and I said: 'Well, she was always galloping with her tits going up and down like that'. So it was like the trauma, you know...It can't be very good for them... you think, ooh, that must be really sore.

F: I heard if you got bumped or if you've ever been in a relationship, you know, where the man's hit you or whatever, you can get that, with them being hitting you. I've heard that, aye. (Group 6)

Some women described bangs as a 'trigger' for cancer:

You hear a lot of people that have had knocks and bangs and this is when they discover there's something wrong, so, I mean there could be something in it...it may just be that it triggers something off, it's like switching a light on, you know, all of a sudden, you didn't have it yesterday, but you've got it today. And it's been there all the time just waiting for something to start it all up. (Group 3)

F: That's how my aunty got her breast cancer...She fell on her Hoover then she developed breast cancer and died. She thinks that the shock of banging her breast really hard on the Hoover and having a real pain in her breast started it off...

Interviewer: So you actually think that caused it?

F: Yes. That's what my mum said and she is quite eccentric in her health views but yes, I believe that. (Group 11)⁸

Some also expressed their own anxiety when they bruised their breasts:

I banged my chest a couple of weeks ago and keep feeling, I feel as I should go [to the doctor]...I feel that might bring it out, I mean, start up the cancer. (Group 3)

F: What worried me is bumps and it knocks ...

F: That is what I was going to say.

F: I fell weeks back, I had rather a big one. I came down on my back and I had a great lump on my head and sometimes I wonder if it does, [trigger cancer] you know. Because sometimes they say, she had a bump and it grew...

F: If it is shock it can trigger it.

F: If you have a natural injury to your breast, I have seen someone who had an injury to her breasts years before which developed into a cancer, eventually. So that was obviously caused [by the injury]

(Group 20)

Why did women so often think that a blow might be a relevant factor in developing breast cancer? One mentioned 'reading' something, another said it might have been something she had seen on TV. A third recalled the debate about allowing professional female boxing ('I heard that on the radio, because

they wouldn't let them box would they?', Group 1). The fourth woman recalled reading something about a TV celebrity who had contracted cancer after a 'bump' (Group 5). However, no one else referenced any form of media as a source of their information on this point. Instead, information about the danger of banging or bruising the breast was attributed to a general fund of cultural knowledge: friends they knew who had had cancer 'triggered' in this way and advice they had heard (especially from mothers, mothers-in-law, grandmothers and aunts):

In one group several women (in their 70s) reminisced about how they had been warned that 'excessive caressing' could trigger breast disease. Breast cancer, could, they said be caused by 'too many men having a feel' or 'too much massage' of the breast. (Group 15) Others spoke of the dangers of playing 'rough games' or participating in 'men's sport'.

F: My mother used to always say 'Now just be careful, you don't want to get a full pelt in the breast [when playing netball]. (Group 12)

F: Something can activate it, you know say like these girls that playing football...these men's games because they are exposing themselves to getting bad knocks in the breast

F: That's right ...

F: That's what people say. (Group 14)

F: I've always heard people saying, a woman's got to watch with her chest that they don't bang their chests.

F: Because it's one of the women I used to work with, her son took cancer in the leg and that was through a bang, that he got [cancer], that's how he took it with a bang. That's how I knew about that. (Group 5)

F: I didn't know whether it was an old wives' tale, but I can always remember particularly my mother-in-law making out that you have got to be careful about the way you banged yourself. If you banged yourself on the breast then it is not a good thing. (Group 23)

In this last group one of the women had had breast cancer and she responded by commenting:

F: I asked the consultant that [whether the cancer could have been caused by a blow] and he dismissed it. But then I don't always believe what they say. (Group 23)

Women also spoke of their own intuitive sense that bumps might cause cancer because of the pain of being hit in the breasts and the fact that such a blow could leave bruising or lumps which might 'turn sour' (Group 15):

Your breast is sort of a tender thing isn't it, so if you knock it, it can't do it any good. (Group 15)

F: That's the way I see it...because if somebody knocks into you, it really hurts you, , so you can imagine, that's probably just my imagination going to work, but you can imagine [it causes cancer] (Group 14)

F: Obviously some parts of the body are a lot more sensitive than others, which causes different things, but yeah I think, because you know when you look at a bruise it's not done a lot of good inside. There's blood all in there, and then scar tissue as well, builds up.

F: I don't know what cancer is, I know it's a lump which grows and grows and I would imagine that bangs could cause it. (Group 9)

Many of the women for whom this risk factor seemed most salient (or prominent in their minds) were older women. When asked to write down three risk factors for breast cancer 23 women nominated bangs in writing (many more volunteered this in the discussions). Of these who nominated bumps as a risk factor in writing: 12 were in their 70s however some of the others were in their 20s, 30s or 40s. As the discussions cited above make clear the idea that bangs might be a factor was also present in a wide range of groups including women from a wide range of ages. There was some sense, from some women, however, that this might be an 'old fashioned' or even 'medieval' idea:

F: I don't know, it just goes back ages now, nothing recently I must admit but I remember once giving my breast a knock, I was really worried about it because I'd heard a knock could start something up.

It's true there's not been publicity about that in anything I've read recently but it was very much in my mind 15 or so years ago when this happened.

F: I got the impression it had been dispelled now as an old wives tale

F: Probably is.

F: Bruising anywhere, if you've got serious bruising could almost like a medieval thing if you got seriously bashed it went bad inside or something. (Group 25)

Conclusion

Media representations influence women's understandings of causes and 'risk factors' for breast cancer. There are clear patterns to how women respond to different types of risk presentation.

- 'Scares' about HRT or 'the pill' make headline news ('it was everywhere') that 'can not be ignored' and can suggest clear cut action ('stop taking the pills'). These can lead to straightforward changes in behaviour.
- Dietary advice (which is usually presented in a more diffuse form in the media) may be viewed with more scepticism because of the history of changing advice about which foods are 'good' and 'bad'. Women also view changing their diet as more difficult than simply taking (or not taking) a pill and may therefore be less likely to respond to such advice.
- Genetic risk has been addressed in a wide variety of media formats and outlets, from announcements of the discoveries of BRCA1 and 2, through to

dramatic documentaries and fictional representations. We found that it was the latter type of personalised accounts which had made a profound impact on women's understandings of 'inherited risk'. Women tended to make sense of genetics through the dramatic stories of family tragedies rather than through reporting of the scientific research.

- The danger of blows to the breast. Although the idea that blows to the breast might cause cancer is not often represented in the media, this was a recurring theme in the focus group discussions. This seems partly to be rooted in embodied experience ('your breast is sort of a tender thing, so if you knock it, it can't do it any good') mixed with the association of breast lumps with bruising (a 'bruise which turns sour'). It was also part of a cultural repertoire for understanding breast cancer with some women (especially older women) having been warned about blows to the breast by older female relatives.

Chapter 7: The public profile of self examination, mammography and treatment

The chapter explores self-examination, screening and treatment. This chapter examines women's awareness of self-examination, and what prompted them to do it (if they did). It also briefly discusses their understandings of screening procedures and their views of treatment (including mastectomies and reactions to 'miracle cure' stories).

Self-examination

In all of the groups women were aware of self examination as a health practice and in 11 out of the 25 groups of ordinary women there were women who professed to self examine 'regularly' (although this did not always mean once a month). Some had started to self examine after discovering a benign lump, others had friends or relatives who developed breast cancer.

I do [self examine] but it's only because I had this scare and completely broke down...I never used to. (Group 1)

My mum, when she found out about her cancer, that made me religiously [self examine] then every month. (Group 25)

In some cases, media reporting was a prompt for commencing breast self examination. Where women described starting to self examine because they were alarmed by statistics, motivated by reading about a celebrity experience or encouraged by the reported success of self examination as a method of detection.

When I heard that one in four thing it made me think I've got to start doing a monthly check. (Group 5).

I think there's quite a high proportion of breast cancer discoveries are made through self-examination. I seem to remember reading or hearing that somewhere, along the line, so it just seemed like a good idea. (Group 6)

And how prevalent it is as well, shocked me into it because I just thought 'My God' because I didn't realise what a high percentage suffered this as well and it's such an easy way to examine yourself, and so quick. (Group 13)

In several groups women reported having learned about techniques of self examination from the media, either from magazines or from television. Several participants referred to television programs where a mould of a breast was used to instruct in self examination. Women who remembered these kinds of demonstrations said they had found them very informative: 'It was that "Really

Useful show” that was on, a week ago, or two weeks ago, and there was a doctor on and he had this breast’ (Group 3).

Practical demonstrations on the media seemed to have a particular influence on women's feelings that they could self-examine effectively and could spur women at least to have a 'one-off' investigation of their breasts. This was an observation also confirmed in one of the focus groups with GPs.

We had a patient ...she'd been watching Richard and Judy on the television and after that she thought 'I'd better go and examine myself'. So she went away and examined herself and found a lump, then the next week she was up at the clinic, she was saying: 'If it wasn't for that program I wouldn't have examined myself at all'. (Group 28)

Screening

Overall, focus group participants were aware of a wide range of issues relating to screening. They were aware of what is involved in the procedure, sometimes through having had a mammography screening, but sometimes through media coverage which followed women through the screening process. As one GP in our focus groups commented:

Everybody who presents with a lump [in this practice], they have some idea of what's going to happen. I mean they know perfectly well they'll be rushed up to the breast clinic and very few don't know they're going to a fine biopsy and if that doesn't work they'll get mammograms and if that doesn't work then they'll have to get it excised. And so I think most women are well aware of what's likely to happen. I think that's partly media reporting and partly everyone knows someone. (Group 30)

'Scandals' about breast screening and even scandals about cervical screening influence women too. The problems surrounding the cervical screening program, which received widespread publicity in 1997 and 1998, had a significant impact on ideas about mammography screening and some women had vague memories of the breast screening scandal of March 1995. Women were often quite concerned about the accuracy of mammography screening. Their anxiety lay not in the accuracy of the technique itself, but in misdiagnoses due to lack of funding and inadequate training of staff.

There's been lots of those scares and it's all to do with the quality, not the quality of the technicians but how the wages that technicians get paid is so incredibly low. I mean I was shocked when I discovered how much they get paid. You know if you think that these people are holding other people's lives in their hands, and you'd expect that you'd want the most highly trained...and you're not going to get that with the wages that they pay. (Group 8)

Despite the profile of scandal stories, there was a great deal of faith in mammography as a method of detection. Many thought it should be available to younger women in the way that cervical screening is, being unaware of its limited value for younger denser breast tissue. One 34 year old, whose mother and grandmother had breast cancer at 50 and 70 years old respectively, stated that she saw it as a sure method of 'prevention':

If screening was available to me then I would go and have it done, because it's a preventative measure isn't it, and if it's caught early then chances of you dying are very slim. But if it's in me and I'm going to get it in the next couple of years I'll probably die from it because there's nothing telling me or showing me what to do or how to do it. (Group 9)

Treatment

Women (without breast cancer) overwhelmingly associated breast cancer with mastectomy (even if they knew that lumpectomy was an option). The visual images women associated with breast cancer thus included powerful images around 'getting rid of a body part' (Group 12) and this was sometimes presented as an inevitable consequence of breast cancer. 'I know having your breast removed would affect your life but...that's the way it goes, unfortunately, if you get it [cancer] that's the way to get rid of it.' (Group 9). Some women (without breast cancer) also described mastectomy as 'every woman's ultimate fear' (Group 12).

This idea about breast cancer treatment was often illustrated with reference to particular media stories about women recovering from mastectomies, or horror stories about women waking up to find a breast unexpectedly removed. One woman said that such stories summed up her ideas about breast cancer: 'I just think of these horror stories like a woman waking up to find both her breasts gone when all she thought she was having was a lump removed. It's being totally horrified.' (Group 12)

Mastectomy treatment was often described as mutilatory but there was rarely any reference to the impact of chemotherapy or radiotherapy, and comparatively few discussions of lumpectomy. Breast cancer treatment was conceptualised in terms of an assault on femininity.

F: I mean I've read articles where women don't tell anybody because they feel that they've been sort of butchered basically and that's part of their femininity is their breasts and to have them removed is part of their sort of their beauty taken away...

F: It leaves a horrible scar as well.

F; Yeah, I mean it's not like a smooth scoop or anything. (Group 1)

It should be noted in this context that media coverage of breast cancer often examines the implications for women's body image and sexual feelings. Indeed, references to women's sexuality or attractiveness appeared in around half the descriptions of breast cancer survivors in the three year newspaper sample (see

Saywell et al., in press). In addition, coverage focuses on mastectomy rather than lumpectomy and discussions of the implications of other forms of treatment are much rarer. Over and above this, it should be noted that images of mastectomy in the media are rare. In our three year newspaper sample we found only 2 pictures of mastectomised breasts/chests. One image was from a Vegetarian Society advertisement. Three scars are pictured, one of which represents a mastectomy scar. The advertisement was the second most complained about that year (Independent on Sunday, 19 October 1997). The only other image of a mastectomised chest was a photograph of a mastectomy scar on a man who had had breast cancer (Daily Mirror, 20 March 1995). During the course of the project we regularly reviewed other newspapers outside our sample too. In this way we were able to find one more example of a mastectomy. This was contained within a front page feature called 'Breast Op Doc Made Me a Freak' (Daily Record, 10 April 1997). The piece is accompanied by a sub-heading 'The shocking picture Josephine Day wanted the world to see'. The emphasis on Josephine's desire for the world to see the image reinforces perceptions that it is not 'tasteful' subject matter (even for a tabloid) and the story is littered with Frankensteinian metaphors: 'Every morning and evening, Josephine Day looks in horror at her once-attractive body. Like something out of a horror film, the nipple of her left breast sits near the centre of her chest...Her other breast has collapsed completely - its contents oozed out from under her arm after the operation' She talks of her 'leaking wounds and the livid purple scarring' and 'a smell coming from my wounds - like rotten meat.'

The fact that these are some of the only available images of mastectomy means that women's horror at the thought of such an operation is unlikely to be modified in any way, and may rather be reinforced.

Miracle cures

One concern commonly expressed by professionals such as GPs is that media coverage of 'miracle cures' could give women false hopes. 'Everything is reported in a sensational way, like a miracle cure with no side effects, people will be beating their way through your door to get it' (Group 22). However, in one group GPs believed the public to be a little more cynical now, particularly about reporting of breakthroughs and new drugs:

Do you not think people get a bit more realistic about it all now, I think people are a little bit immune to it to be honest, 'I know there's a new drug out for MS, but I don't suppose it would help me' that sort of thing. I mean I think there are a lot of people they have seen it all before and they're not quite as gullible as they were once. (Group 30)

Certainly the cynicism about 'miracle cures' expressed in our focus groups with ordinary women would support the latter view. Participants were very cynical about 'miracle cure' type headlines and several commented that reporting

sometimes seemed designed to deceive, but that they were not taken in by such journalism.

[The headline]makes it sound like a cure, but then when you read it's just reducing the risk for people who obviously haven't already got it...It sets you up, it's like this big like wonder cure but then the story will be about something completely different. (Group 1)

Women felt that there was no relationship between reporting of new treatments and what was actually available to them:

You always seem to hear about medical trials but the drug is never actually ready for prescription or being used. (Group 13)

There was an implicit understanding that findings headlined as miracle cures in newspapers would be qualified in the 'small print'. e.g. as being subject to clinical trials, or as having side effects.

Women frequently claimed not to pay attention to, or be affected by such reporting (either emotionally or in terms of changing perceptions or practices).

Things like new miracle drugs that tend to get announced in the papers...I do remain sceptical about...just because there have been so many of them and...with all different kinds of things, they are all blah blah blah blah and then you find out that they are not actually licensed and two years down the line there is a problem with them. (Group 17)

Most of the women in our focus groups thus denied that 'miracle cure' stories had any impact on them. This response was shared by some of the research participants who actually had breast cancer themselves. However, it should be noted that responses to treatment stories may vary between some of those with and without cancer and between newly diagnosed and long term survivors. There was evidence that such reporting could have problematic effects from the health professional groups. Health professionals such as GPs and breast cancer nurses reported that miracle cure stories were generating 'false hopes' for some of the women with breast cancer who came to them:

You get things like that in the paper and then you would get a phone call saying what is this new drug and ...it doesn't give you enough information I mean it doesn't tell you what the drug is or anything about it. (Group 28)

People latch on to how it's benefited an individual and then come into us, so then you have to dice it down and say 'well in your circumstances it might not be quite so good' or 'this patient is different in this way'. (Group 22)

Clinical trials

Most women were aware of the existence and basic nature of clinical trial was. In two groups, participants knew someone who'd been on a clinical trial (for 'the pill', in the sixties, and for Hodgkins Disease). In another group, one of the participants was on a clinical trial for Tamoxifen. Research participants often had vague ideas of how clinical trials function, often using terminology like 'placebo' and 'control group'. However, on the whole, women were suspicious of clinical trials. Suspicions were described in terms of an (hypothetical) unwillingness to be used as 'guinea pigs' in risky procedures.

No, I wouldn't be a guinea pig unless it had already been proved without a shadow of a doubt that there was no more risks involved. (Group 9)

Women also discussed possibilities of unknown side effects and fears about untested drugs which might 'trigger something else off': What happens if it throws up things that you don't want? (Group 23) Most said they wouldn't go on a clinical trial unless they were on their 'last legs' or had nothing to lose.

Well, if you think you're going to die you definitely would. If they say there's no chance and I was going to die I would try it. If I wasn't and it was still not decided, I would really need to think about it, I would want to know more about it. (Group 5)

In one group a participant was suspicious of clinical trials for another reason altogether. She expressed concern about ending up with a useless placebo:

If I had breast cancer I would go on a trial but I would demand to know where I was in the trial. I don't want any placebo, I don't want any false hope, I want to know whether I'm actually on medication or not. A placebo is a sugar pill, has no value at all. (Group 10)

By contrast, the one focus group participant who was on a clinical trial had a rather different approach. She had a very different sense of her personal risk to others in the group, and a specific knowledge of the drug in question that contrasted with the hypotheticals and generalities of other discussions.

I take this tablet everyday, but I don't know whether it's tamoxifen or a placebo... I think they are going to compare it after ten years to see who's contracted it and who hasn't. But we are all people who are perhaps prone to breast cancer, that is why we were accepted on the trial because we have got a family history. [Did you have to put much thought into whether you were going to do that or not?] Well because of how I saw my mother suffer and that, I didn't really think about it. (Group 20).

Conclusion

- The media are an important conduit for information about self-examination, especially where practical demonstrations are provided

- Women are aware of mammography screening and generally have great faith in the technique (including when performed on younger women). However, previous scandals, including about cervical screening, make them suspicious about errors during parts of the process (e.g. the efficiency of informing women).
- Treatment of breast cancer is primarily viewed in terms of mastectomy which is viewed with horror. This horror is encouraged by the dramatic language used about mastectomy by the media and the absence of media discussion or positive images of post-operative women's bodies.
- Although health professionals expressed concern that women might be misled by 'miracle cure' stories, most research participants expressed considerable cynicism about such reporting.
- The concept of clinical trials were generally understood, but most women were wary about the idea of participating in such experiments.

Chapter 8: Different media sources and diverse audiences

In this chapter we want to highlight the fact that neither the media nor their audiences should be seen as a single homogenous whole. Women made highly graded distinctions between different types of information sources and the reactions of women to the media also varied between different groups and individuals (depending, for example, on their personal experiences with breast cancer).

The importance of magazines and soaps.

The bulk of this report has focussed on press reporting. However, it is worth noting how women assessed other media outlets, in particular magazines and television soap opera. Overall, focus group participants judged women's magazines (at least the monthly 'glossies') to be a better source of information than newspapers. They trusted magazines as a source over newspapers, feeling that magazine writers and editors had an enduring and responsible relationship with their readers.

The women's glossy magazines tend to have facts rather than sensationalism...so you get a fuller picture...A newspaper sells on headline and shockability whereas the glossies, it depends on a more factual story I suppose rather than shockability. (Group 10)

By contrast, women often argued that newspapers tend to publicise breast cancer only when it sells, such as when a celebrity has it or when a 'miracle drug' is discovered. They felt that magazines contextualised information in a way that newspapers didn't, for example, by including useful 'self help' information, such as guidelines about how to self-examine.

I think the magazines are better, periodically they have an examination thing, like Well Woman type, all the checks you should do, that sort of thing. (Group 9)

The format and style had direct appeal. For example, women often said they liked information offered alongside personal stories of ordinary women who had experienced breast cancer or benign lumps, offering roles and situations with which they could identify.

Over and above these factors it was evident that women's magazines were integrated into lifestyles and social communication in a way that newspapers were not. Groups of women would often read the same magazines, sharing them and discussing the information within them.

A similar role is played by soap opera which often had generated discussion between women prior to the research session. On the whole, women found soap

operas to be a useful source of information and judged them to be well researched.

F: I think they do do a lot of research first don't they, before they actually put it on the telly?

F: They have to, don't they.

F: Yeah.

F: Didn't she spend time in a hospital, what's her name, Barbara Windsor [The actors who plays 'Peggy']. I think she'd spent time in a hospital talking to patients. (Group 8)

F: I'd be more inclined to trust Eastenders [a television soap] than the Sun, I've never thought about it before, but I would.

F: Yes definitely, now I'm thinking about it now.

F: I would trust the researchers to have done proper research.

F: Because they do, they go into these things.

F: They've got more to lose as well, if they get it wrong because they lose face. (Group 13)

Women were conscious and sometimes critical of how soaps condense the timing and dramatise issues. However they made it clear that they viewed selectively: 'I don't think you should take them as gospel'. (Group 20); 'You've got to take them light heartedly, but there is some truth in them sometimes'. (Group 9)

It should also be noted that personal or dramatised accounts may attract an audience who are 'not interested' in the news, or who might not watch a documentary. The integration of a breast cancer story line in a drama serial may also reach women who would normally avoid any 'flagged' exploration of this topic on television but are drawn into the subject through loyalty and enjoyment of their regular programme.

Audience diversity: Factors influencing how different women related to the media reporting

Just as the mass media should not be thought of as a single entity, neither should their audiences. Considerable diversity in the way people related to media reporting of breast cancer was evident in the focus groups. This was true both when it came to examining the extent of people attention to (or avoidance of) breast cancer information and their diverse responses to similar stories.

Our sample included some women who made an effort to pursue information about breast cancer and others who tried to avoid thinking about it at all. Some women were intensely interested in the issue and said they made an effort to educate themselves on the subject. Several of these women had family members who had had breast cancer and with whom they had discussed the issue. One woman, for example, described how her mother had taught her how to self-examine.

It was my mum, years and years ago [who taught me to self examine] as soon as I had bosoms... She used to tell me then about checking myself every month for breast cancer. So she was always aware of various things and she always checks herself'.. In the last 15 years of so I suppose that we've had known breast cancer in the family so I think it's just something that I consider could happen to me... I like to be informed but not horrified by. I like to sort of have a certain knowledge, I don't like to be ignorant of things. (Group 1)

By contrast a few women who took part in our study said that sometimes it was necessary to ignore information about breast cancer. For example, a woman who was herself a breast cancer survivors (and who also worked as a counsellor for other women with breast cancer) criticised aspects of Breast Cancer Awareness Month. She described helping out in a support group for young women with breast cancer and commented that about five out of the fifteen women in the group were distressed about the extent and nature of the media deluge:

[They were] very upset by the emphasis and the publicity [during the Awareness month] they had felt by the end of the month that they had been bombarded with all this information at a time when they were trying to put it behind them and recover and get back to normal life. (Group 29)

Several other women, with no personal experience of breast cancer, described how they avoided any discussion of breast cancer in the media because it just upset them or made them frightened.⁹ One woman, for example, commented that she avoided information about breast cancer because she was frightened. 'I don't listen to anything, do I Jacky? [addressing other member of the group], I don't, I don't even listen to it on the news or anything... I'll just switch off.' (Group 5) (Interestingly, one of the few media stories this woman could recall was a 'positive' story about the success of tamoxifen in treating the disease).

One key way in which audience groups differ in relation to the media is whether or not they have personal experience of breast cancer. From our focus groups it was clear, for example, that women with breast cancer were likely to be more sensitised to information about that disease than other people. Their priorities may also differ. For example, while women without breast cancer may view mastectomy as the greatest threat, women with the disease may be more concerned about survival. Once a woman is diagnosed she may also react in quite different ways than she did prior to diagnosis. In a group of breast cancer survivors this was stated outright:

Interviewer: What kinds of stories did you notice before the diagnosis?
Can you remember ever seeing anything or?

F: I knew nothing about

F: Was that the case for all of you?

F: Not a thing.

F: I think it didn't register.

F: It doesn't have the same impact when you are not affected by it.
(Group 29)

Diseases also have their own trajectories and people may need different types of information or wish for different types of images at different points in their own (or friends' and relatives') illness.

For example a group of breast care nurses drew attention to the impact of heavy publicity during Breast Cancer Awareness Month on their newly diagnosed patients and patients in the middle of treatment:

It's very difficult for women that have just been diagnosed and... particularly like last month, Breast Cancer Awareness Month. The television, papers, magazines, everything's full of breast cancer and a lot of it's all negative. That's very difficult for women that are actually waiting to start treatment or, you know, just in the middle of this treatment. You hear all these really sort of sad stories all the time you know. (Group 28)

Media reporting about silicon implants provides another interesting case in point. Silicon implants have had a good deal of negative publicity involving problems surrounding leaking implants and related litigation. One woman, a breast cancer survivor who had undergone reconstructive surgery some months after losing her breast said media publicity surrounding silicon implants often made her anxious and might make other women depressed. She also described how angry she felt towards a particular journalist

There is one particular journalist who is a very, very confident journalist and she has run really quite an up front anti-implant campaign. And I (want) to say to that lady 'look at me, have you any idea what it feels like to read what it is that you are printing?' (Group 29)

People may also want different things from the media. The breast cancer survivors who spoke to us described their desire for positive images of women living with breast cancer (even while acknowledging that some women might find such images difficult):

[The Guardian] featured three women who had been diagnosed at various stages. At that time I had been about 7 or 8 years down the line [post diagnosis] and for all of us there was pictures of women in the rudest of good health, just oozing health. That might have been difficult for people that weren't doing very well or for people who had lost but that was the first time I had seen something that was really positive.

Programmes consciously addressing women with breast cancer would be welcomed by many survivors:

All the programs about breast cancer ...I watched them to the end and I found them quite upsetting and the reason I watched them to the end was I was wanting to know who was alive at the end of them.... I think what they

should have in breast cancer awareness month they should have a program specifically geared towards women who actually have breast cancer and they're trying to deal with it maybe like sort of programs on like alternative therapies, positive thinking, things that women can do to help themselves and make themselves feel good instead of all these really sad tragic stories which make women feel like awful. (Group 29)

The death of celebrities could also be profoundly depressing, especially if the celebrity had appeared to be making a full recovery. A breast cancer nurse, for example, commented on the impact on Linda McCartney's death:

I got some phone calls about that, people thought she had died very suddenly...and I had several phone calls that week, I think people thought they were going to get up one morning and collapse and die. (Group 28)¹⁰

Sometimes this is a problem where women with breast cancer identify with a fictional character with breast cancer who is subsequently 'killed off' - this can be deeply undermining. Breast care survivors said that they attempted to avoid showing this kind of material to other women with cancer.

For ladies who are newly diagnosed at that time it's horrific because a lot of it is scaremonger tactics...you know if you go and get this dealt with early on there's a chance that you can get on with your life. But then some women who are newly diagnosed are hearing about people who haven't been so lucky... One article [was about] 5 other women who'd been in a fashion show ...and I read down and I thought that's quite positive to show people. And then I got to the very bottom and it said the five women who took part in this fashion show last year have all died...it was the tiny bit at the bottom...and the implications it could have had you know if you'd shown someone that article. (Group 29)

This concern about the lack of representations of survival was shared by some relatives of women with cancer.

F: After Linda McCartney dying of breast cancer then having Carly Simon coming out and saying: 'I had it as well and I'm still alive' was probably quite reassuring.

F: When my mum had it she was really reassured by the number of people that said 'Oh, I had that a couple of years ago' or 'I had that five years ago'. (Group 18)

I remember when my mother had breast cancer and Ingrid Bergman had just died with breast cancer...I remember her saying if they can't do anything for Ingrid Bergman then what chance I have got? (Group 20)

On the other hand including death as a possible outcome may be seen as realistic and even helpful under some circumstances. Women with a terminal diagnosis might be looking for articles about coping with dying rather than surviving. One breast cancer counsellor said that she had received a phone call

from a woman angry about a program which she felt was unrealistic, having just lost her sister to breast cancer:

We have an instance of a lady who was raging because she felt it didn't give a true picture and not everybody survived because her sister had died. She had so much anger round her sister's death and of course even the programme had brought it all home again, it was something that hadn't been dealt with. (Group 29)

Conclusion

Diverse media outlets may be appropriate for reaching out to diverse audiences or conveying different types of messages. Audience diversity should also be taken into account. Women with breast cancer are rarely considered by journalists, but may have particular insights about, and needs for, media representations.

- Women are highly selective in how they use the media. The monthly women's magazines are highly trusted as a source of good quality health advice and seen as more 'responsible' than sections of the press.
- Soap operas are also viewed as generally well-researched and as accurately represent illness in some respects. At the same time women were reflective viewers who understood script-writers' needs for dramatic tensions and condensed story-lines.
- In spite of women's sophisticated readings of the media, dramatic representations (factual or fictional) can leave viewers with false impressions. This seemed to be particularly true when we examined women's understandings of genetic risk (see above). Women's overestimation of the significance of inherited risk had been encouraged by the prevalence in the media of powerful stories about 'breast cancer families'.
- Some women avoid information about breast cancer through fear. 'Positive' stories and alternative avenues (such as soap opera) may be the only way of reaching these women via the media.
- Women who were less fearful about breast cancer could be more responsive to breast cancer information. The ability to engage positively with media information seemed to be encouraged where the issue had been openly discussed with female relatives.
- Women with breast cancer (and their relatives and health carers) were particularly concerned about some aspects of reporting. Critical comments revolved around a) the deluge of information (when those with cancer were trying to 'get on with their lives'); b) the lack of positive information and images around living with the illness and c) 'Negative stories' which always ended in death. However, always avoiding the fact that breast cancer can lead to death was also not seen as a positive option.

Chapter 9: Media influence on health professionals' practices

In this final short chapter we briefly highlight core concerns emerging from the group discussions with health professionals. Some of these concerns have been addressed in the previous chapter. Here, we briefly review those concerns which have not been addressed so far.

Health professionals tended to learn about medical advances and new treatments, from both the medical press and the popular press. However, they claimed that any mass media's affect on them was largely indirect via patients. They reported that patients often learnt about symptoms, drugs, side effects or medical advances from the popular press. Discussions with patients are thus often mediated via, or in discussed directly in relation to, particular headlines, press clippings or magazine articles.

I have certainly had little clips from papers handed to me occasionally before I knew about them. The new one about the bone density was the very latest one...a lady had handed it to me from American, her sister had phoned her and said `you must get on this'. (Group 22).

I may read an article in the *BMJ* and somebody will maybe just within a few days be asking because they have read about it in *Good Housekeeping*. (Group 27)

The speed with which research reached the mass media, sometimes before health professionals were properly informed, was seen to be a problem sometimes.

[The pill scare]...that is the biggest one that certainly I have experienced about it, in terms of women phoning up and coming in...because of the number of women on the pill, we really have to do a lot of work to get women changed over. So that was the biggest and we weren't really given enough warning about that at all. I think it was always the day the news broke that we got information about it. (Group 22)

Most things come through the popular press first, the patients know far more about, they've read or heard on the television...
And they're down asking you about it and you've been sitting in your surgery all day and haven't heard a word about it. I think reports are published in newspapers the same day as they are published in the *BMJ*, *The Lancet* etc, so we've not had a chance to see them first you know... they start ringing up and you know nothing about it, you know, and it makes us look terribly incompetent and feel angry about it because we don't know, we don't know what to tell them, because we don't have the details of the thing so we have no more knowledge than they have on that particular issue. (Group 30)

The style of some types of reporting was also seen to pose problems. Medical personnel were critical of media reporting for reporting gradual progress as 'breakthroughs' and for the sort of 'miracle cure' reporting discussed earlier.

They [the journalists] make it sound like it's some wonderful new idea...Chemo stem cells, I mean we've been doing that now for over 5 years...I think it's just all sort of just sensationalised and made out as if it's like this wonderful new thing. (Group 28)

The media were criticised for failing to take into account cancer variations and leaving the GP or nurse with the job of explaining how that drug might affect the individual who came to see them as a result:

The problem with the press is that they don't see that they [some new drugs] will only be valuable in a minority of women because most women out there think that breast cancer's one disease and it's not and they don't explain this, that they (the drugs) will only be suitable for a certain group of women. (Group 28).

Newspapers want a personalised story, they want a story about an individual whose life's has been altered by this wonderful drug. People will read that and tell us that they think my life could be changed in the same way. Whereas our evidence has informed usually by studies which involve large numbers of people rather than the individual and we deal with individuals obviously on a day-to-day basis we have to pay attention to how these things can affect individuals. We have to remember that everybody is different and the drug may not affect everybody the same way and indeed may not be suitable for everybody even if they had a similar kind of risk factor profile perhaps. (Group 22)

Sometimes reporting was seen as misleading because it did not take into account the different languages of medical and lay conceptions of illness into account:

I think reporting a cure rate sometimes is one of those things. Medical people will be talking about a five year cure rate, whereas obviously that quote 'cure' does not necessarily mean the same thing to doctors as it does to the general public. And I think that that's often a sort of misunderstanding in press reports is that the actual potential benefits of something is not really put in context because cure to a member of the public means that that's 100% free of the disease forever which is obviously not the case in quite a lot of them. (Group 27)

Health professionals also commented on the sorts of misunderstandings of genetics that we had also noted from our previous focus groups with 'ordinary women'. People often, they said, overestimated the role of inherited risk to the extent that those without a family history were surprised that they could have breast cancer:

A lot of women who develop breast cancer then say: 'Well, why have I got it...I'm the first in my family and they find that hard to deal with...you know when you say it's only 5-10% that it's genetic and they look at you as if you're quite bizarre...and I think that's definitely come from the popular press and from women's magazines. (Group 28)

Over simplifying issues such as genetic testing was also seen as a problem:

The public are under the impression that you can go and get a blood test done and be told if you're carrying this gene or not in a matter of weeks and then do something about it. Whereas in actual fact the reality is they go for discussion first and then they'd have to decide whether or not they'd want the blood test done they have to go to a centre where there's a geneticist working on the BRCA1 or 2 gene, which is not widely available either...I think a lot of the women don't understand initially as well that if they're tested for it they're only tested to see if they're carrying the gene and it still doesn't mean that they're still definitely going to get breast cancer and that a big dilemma. They think they'll be tested and if they're tested they'll be told whether they're going to get breast cancer or not... Group 28

However, the media were praised as being an important conduit for basic information about breast cancer, including screening. Highly personalised accounts were also seen to have some indirect and even direct value:

I think that actually personal accounts of people, the way that people's illnesses have been handled can be quite a useful reminder to us...it's a very individual illness and people have to be treated as individuals at all times and although it sounds a bit sentimental...I think that certainly these articles can bring home to you just how devastating that sort of illness is to a family and to a person (Group 27)

Conclusion

Health professionals learn about medical advances both through the mass media and through the specialist press. However, they claimed that they were only directly influenced by the latter. They did say, however, that the media reporting did have an important indirect effect on their work through its impact on patients.

- Health professional are often faced with patients who have learnt about a symptom, drug or medical advance from the media. Discussions with patients are often mediated via, or conducted in relation to, particular headlines, press clippings of magazine articles.
- Health professionals are concerned that they should be informed of new advances or potential 'scares' before they find their way into the mass media. This is crucial to allow them to respond appropriately to public enquiries.
- Concern was expressed about the way the media could misrepresent facts and options, e.g. giving the impression that anyone could simply request a

genetic test and then know for certain whether they would contract the disease.

- Individual accounts (including personalised 'scandal' stories or accounts of 'miracle cures') were criticised for conveying unnecessary fears or false hopes.
- However the media were seen to be an important conduit for advice about self-examination and screening, directly bringing people to seek professional advice.
- Personalised accounts in the media were also identified by one GP as useful because they 'remind' health professionals to treat people as individuals' and 'bring home to you just how devastating that sort of illness is to a family.'

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APPENDIX I: Copy of the coding sheet for items about breast cancer in the press

**BREAST CANCER IN THE NEWSPAPERS
CODING SHEET**

SOURCE:

DATE:

HEADLINE:

JOURNALIST'S NAME

JOURNALIST'S SPECIALISM

FORMAT

FORCED FIELD

News report /

Feature article

Editorial

Column (Opinion piece)

Review

Letter (NB: types of letters pages)

Other

PAGE DESCRIPTION

FORCED FIELD

Front

Women's

Health page

Readers stories page

Letter to editor (or opinion letter)

Letter - medical advice

Letter - agony page

Unknown

Other (includes non specified page, sport page, foreign page etc.)

NO OF IMAGES**FORCED FIELD**

No of images (including not known, and excluding irrelevant pictures eg. of columnist)

TYPE OF IMAGES**NON-FORCED FIELD**

Description of image, circle one descriptor per type of image

Man (with breast cancer)

Woman on own

Woman with family (partner/children)

Woman - self examining

Lumpectomy/mastectomy

Doctor/scientist/medical or scientific scene/image

Campaigners/fundraisers/celebs (not with breast cancer)

Other

STORY TYPE

FORCED FIELD Circle one only

Breast Cancer Campaign (including fund-raising)

Breast cancer awareness

Statistics (Frequency of occurrence, survival etc.- gene stats separate)

Personal experience - ordinary woman

Personal experience - celeb woman

Male breast cancer

Funding (political issues)

Causes/Risk factors/Protective factors (eg. smoking, pill)

Gene/family history (as applied to gene, eg. mother/sister type story)

Screening/diagnosis/detection/prevention)

Treatment (lumpectomy, mastectomy, tamoxifen, chemotherapy, radiotherapy)

Screening/treatment scandal (eg. not sending out letters)

Other

CONTENTS

(Do not code if already coded under story type)

Causes/Risk Factors	Protective Factors
Early periods/late menopause	Late periods/early menopause
No pregnancy	Pregnancy
Late pregnancy	Early pregnancy
Abortion	No abortion
Diet as risk factor (bad diet eg. high in fat)	Diet as protective factor
Weight - heavy	Weight - light
Alcohol	Teetotaler/or low alcohol consumption
Smoking	No smoking
Pill	No pill
Age (including post menopausal references)	Youth as a protective factor, eg. (woman under 35 years)
Not breastfeeding	Breastfeeding
Stress/anxiety (death/trauma/bereavement etc)	No stress etc.
Environment/pollution/pesticides (chemicals, asbestos, electric pylons etc)	Environment as a protective factor
Silicon implants	No silicon implants
Income/poverty/class as risk factor	Income/class etc. as protective factor
Ethnicity/culture	Ethnicity/culture as a protective factor
Gene/family history	No gene
HRT	No HRT
Hormones (oestrogen)	Hormones as protective factor
Other Causes	Other protective factors
Discredited as cause/risk factor	Discredited as protective factor

Screening/diagnosis/detection/prevention
Screening (mammography/self-examination)
Tamoxifen (as prevention)
Scandal of screening
Gene testing
Funding

Treatment
Complementary therapies (eg. acupuncture)
Tamoxifen
Specialist/surgeon centres
Other medicalised treatments: (eg. mastectomy, lumpectomy chemotherapy/radiotherapy)
Scandal of treatment
Funding

General
Benign breast conditions, eg benign lumps
Breast Cancer Campaign
Breast cancer awareness
Clinical trials
Statistics
Male breast cancer
Personal experience - ordinary
Personal experience - celebrity

Miscellaneous
Challenge to/politicising of science
Risk checklist
Graphs, charts, bullet points, stat. formats
Helplines/Info - format
Lesbian (any mention)
Body image (sexuality, femininity, post op)

SURVIVOR/VICTIM DESCRIPTORS

NOT FORCED FIELD, TICK AS MANY AS APPLY

Age (of subject, not as general risk factor as in Contents)

Parental status / Partnership status (*eg. married, single*)

Sexuality or attractiveness / Ethnicity / Occupation or class /

Weight/ Smoking

SOURCES (FORCED FIELD)**Source format**

Book

Research papers (including editorials in medical journals and conference papers and on-going research)

Medical committee organisation reports (*eg. a report for the BMA*)

Official policy documents *eg. NHS policy on funding*

Other mass media

None

Medical/Research/Alternative Medicine Interviewees

Research Scientist

Medical practitioners - GPs, consultants, radiographers, surgeons

Nurses

Genetic counsellor

Complementary practitioner *eg. acupuncturist, homeopathist*

Spokesperson/Representative

Public Health/Administration

Politicians (not DoH)

Department of Health (any rep including Health Minister)

NHS executive/administrator/manager

Lay Person Interviewees

Survivor

Survivor's partner/family

Woman or man with breast cancer gene

Other

Funding/Research/Activist/Charity organisations

- BACUP (British Association of Cancer United Patients)
- Breast Cancer Care
- Cancer Relief MacMillan Fund
- Cancerlink
- Breakthrough
- Bristol Cancer Help Centre
- British Breast Group
- British Medical Association (BMA)
- Cancer Research Campaign (CRC)
- Department of Health (DoH)
- Health Education Authority (HEA)
- Imperial Cancer Research Fund (ICRF)
- Institute of Cancer Research
- Kings Fund
- Medical Research Council (MRC)
- National Cancer Alliance
- Wellbeing
- Wellcome Trust
- Womens Nationwide Cancer Control Campaign (WNCCC)
- Other - add by name

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Endnotes

² These figures are based on a CD rom search covering The Guardian, The Independent and The Times and their sister papers, The Observer, Independent on Sunday and the Sunday Times from 1995 to 1997.

³ One longstanding specialist journalist commented on the cultural changes he had observed over his years as a journalist which such transformations had occurred: "Women view themselves and their position in society differently ... [the culture] was ready for breast cancer to be grasped not something that was whispered about by elderly ladies. I think women, particularly the second generation of health users are now far more aggressive and assertive about what they want and what their options might mean. It is the first generation of health users who are no longer deferential.

⁴ Articles were classified as 'personal experience' where the primary focus was on the experience of having breast cancer rather than, for example, where personal experiences were merely used to illustrate another main theme (such as a treatment scandal or genetic risk issues).

⁵ Our 3 year sample included 153 articles quoting researchers/experts, a further 122 quoting breast cancer survivors and 105 articles including quotes from doctors such as a GP. Other people quoted in articles included representatives of charities (n=69), relatives or friends of breast cancer survivors (n=55), the Department of Health (n=45) and NHS representatives (n=34) and politicians (n=20).

⁶ However, one medical/health correspondent for a Sunday newspaper was identified by both sources and other journalists as having broken the implicit contract between source and journalist.

⁷ Women's magazines also take up the campaign with enthusiasm. October 1997 saw lengthy feature articles or small items about the month in New Woman (1 October 1997); The People's Friend (4th October), Hello (4 October 1997), Candis (1 October 1997), Prima (1 October 1997) and Elle (October 1997). Several outlets published the initiative for bras to carry information about self-

examination on their labels. For example this was subject to an article in Cosmopolitan: 'Breast idea ever'; Cosmopolitan October 1997) and in You magazine. 'Bra plan' which showed the television presenter and model, Tania Bryer, posing with her shirt open displaying a leopard skin patterned bra (YOU magazine, 12 October 1997). The awareness initiative also received extensive coverage in Good Housekeeping which ran a ten page issue on breast cancer. This included positive personal accounts from breast cancer survivors ('I just say yes to a lot more things now'), discussed risk factors ('The real risk of breast cancer..and what you can do') and advertised the sale of a 'pink gold ribbon brooch (£395)' all profits from which went to the charity. This issue also publicised: 'A chance to pamper yourself' declaring that 'looking good can help you feel better and boost your confidence - which is why Good Housekeeping has linked with Boots and the charity Breast Cancer Care to bring you a series of special evening of pampering and glamour ... for readers with experience of breast cancer and their friends and family'.

⁸ It may well be that a blow to the breast, and the resulting bruising, may lead to the discovery of a breast lump which was there before. Although there is no scientific evidence that such trauma affects the onset of cancer, it may influence detection.

⁹ It is interesting that some such women felt happy to come along to our research discussion groups. The group setting perhaps provided some of these women with a situation in which they felt able to engage with the issue to a limited extent, in a relatively safe environment.

¹⁰ Linda McCartney was diagnosed and had treatment for breast cancer in December 1995, generating a spate of stories such as 'Linda McCartney In Breast Cancer Scare' (The Sunday Times 17 December 1995); 'Health Mad But She Still Fell Victim' (Mirror 18 December 1995), 'Linda's cancer can be cured' (Sun 20 December 1995) and 'New Hope For Women Like Linda' (The Times 19 December 1995). Further publicity followed in Spring 1997 with articles such as: 'Ordeal has taken a big toll on her' (The Sun 28 April 1997); 'These past 18 months have been hell' (The Sun 10 April 1997); 'Linda, looking so good' (Mail 15 October 1997) and 'The tears I wept for Linda, by McCartney' (Mail 8 December 1997). Linda McCartney died the following spring: 'Linda dead' (Daily Star, 20 April 1998) 'Paul mourns for his Linda' (The Mail 20 April 1998). This was during the early stages of our field work and her death had made a profound impact on many of the research participants. The fact that she, with all her wealth and healthy living, had not survived made many people fatalistic about survival chances.