MPC MAJOR RESEARCH PAPER

Communicating illness:
Depictions of mental illness and cancer in Canadian news media

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Abstract

This Major Research Paper (MRP) investigates how mental illness and physical illness are portrayed in Canadian print media and analyzes if and how this contributes to the social stigmatization of mental illness. The MRP explores the following questions: *What metaphoric and figurative language is used by the Toronto Star and The Globe and Mail to depict cancer and mental illness? How is authority depicted in newspaper articles about mental illness and physical illness in the Toronto Star and The Globe and Mail? What types of stories about cancer and mental illness are most commonly published by the Toronto Star and The Globe and Mail?* A discourse analysis was used to analyze the ways both illnesses were consciously and unconsciously characterized in 58 articles from two of Canada's most widely circulated newspapers. The quoted authorities and dominant story types were recorded in an attempt to further reveal how both illnesses are framed by the Canadian news media. The results indicated that the most commonly used metaphor within the cancer discourse was the war metaphor. Mental illness was commonly characterized as a loss of control. Patients were quoted significantly more often in articles about cancer than mental illness, suggesting that those with mental illness are not given a prominent voice in characterizing their own illness. Cancer stories were often related to new research. However, crime was most commonly associated with mental illness. These results frame cancer as illness that can be heroically battled collectively. On the contrary, mental illness is framed as a hopeless, personal affliction. These results may suggest that news media depictions of mental illness contribute to the stigmatization of the illness.

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Introduction

Cancer is one of the most prevalent illnesses in Canada. Approximately two out of every five Canadians will develop cancer at some point in their lifetime (Canadian Cancer Society, 2015). Lesser known, but increasingly prevalent, mental illness is experienced by approximately 20% or one in five Canadians with 17% of Canadians experiencing mild to moderate mental illness and 3% experiencing severe mental illness (as cited by Jacob & Skinner, 2015, p.6). Many more will be indirectly affected because they know a friend, a family member or a colleague who is suffering. With mental illness as the leading cause of disability in Canada (Mental Health Commission of Canada, 2014), the cost to the economy is approximately $51 billion a year (Lim et al., 2008). Although alarmingly common throughout the country, unlike physical illness there are still many barriers when it comes to the acceptance, treatment and communication of mental illness. In recent years there has been a greater shift to bring mental illness into the forefront to be socially accepted in the same way physical illnesses such as cancer are today, but many forms of mental illness are still heavily stigmatized.

Initiatives such as the Bell Let's Talk Day and the Canadian Standards Association (CSA)'s Psychological Health and Safety mandate reflect an effort to increase awareness and reduce stigma through a variety of campaigns, but many still shy away from talking about the subject or seeking treatment. An estimated 60% of those with mental illness will not seek help due to the perceived stigma (as cited by Jacob & Skinner, 2015, p. 6). According to the Canadian Medical Association, only 50% of Canadians would tell a friend that they had a family member with mental illness.

Comparatively, 72% of Canadians would tell a friend if one of their family members had cancer (Canadian Medical Association, 2008).

Given that the stigma that surrounds mental illness is significantly greater than that of physical illness, I am interested to see if the way these illnesses are conceptualized in society could be connected to how we communicate about them. The news media is considered one of the most important sources for health information. (Kromm, Smith & Singer, 2007, p. 298; Lupton, 1994) This is particularly true regarding mental illness. In 1990, the news media was cited as the most common source of information about mental illness (Borinstein, 1992, p.189; Wahl, 2003, p.1599). Given that the media has such a strong influence in telling stories of illness, it is important to closely examine this representation. Is the news framing of these illnesses contributing to the way they are socially constructed?

This Major Research Project (MRP) will examine the news media discourse associated with illness and disease. More specifically, it will explore the dominant discourse associated with cancer in contrast to the media discourse associated with mental illness. Cancer has been chosen because of its dominant discourse and past history of stigmatization (Sontag, 1978). Entman's framing theory and Bandura's social cognitive theory of mass communication will be used to analyze how both illnesses are consciously and unconsciously framed through an analysis of metaphors, privileged voices and dominant subject matter.

The following literature review will explore the current research related to cancer discourse, mental illness discourse, news media discourse and framing. This section will provide the foundation for this study and identify any significant gaps in the literature. It

will also establish the importance of studying health media in general. The methodology section will outline the design for the study, a mixed methods approach utilizing linguistic discourse analysis and content analysis. The findings and discussion sections will reveal the main themes and provide an analysis to answer the research questions. Finally, the paper will conclude by looking ahead to further research and by identifying the impact this work will have on journalism and the field of health communication.

Literature review

Stigma and mental illness have become areas of significant research; however, there are still gaps in the literature when it comes to the dominant language used for both mental illness and physical illness to illustrate the differences that exist. The following literature review examines the media discourse associated with illness and disease. More specifically, this review explores the dominant discourse associated with cancer in contrast to the media discourse associated with mental illness. The literature has been categorized into three main themes – cancer discourse, mental illness discourse and theoretical perspectives with a note on the significance of health media. Given the gaps in the literature, these themes are discussed independently of one another in an effort to inform the MRP. The study draws conclusions through a comparison between physical and mental illness. Given that the stigma that surrounds mental illness is significantly greater than that of physical illness, I am interested to see if the way these illnesses are conceptualized in society could be connected to how we communicate about them.

Significance of health media

The news media is considered one of the most important sources for health information. The information it provides is useful to the public for everything from prevention to diagnosis to meaning. Most notably, its influence has the power to shape the "cultural and social" understandings of illness and disease (Kromm, Smith & Singer, 2007, p. 298). More significantly, disease understandings have the power to affect the social worth of victims (Clarke, 1992, p.105). Given that news media has the power to represent and shape public opinion, it provides an interesting sociological lens to study

dominant illness discourses and their consequences (Clarke, 1992, p.106). Ball-Rokeach and DeFleur's dependency model of mass media effects emphasizes that the more society is dependent on mass media for information, the greater effect it will have on the society (Ball-Rokeach & DeFleur, 1976, p. 6). Given our immense reliance on mass media, it is interesting to look at the way in which these images of illness are represented and reinforced.

Metaphor and health communication

According to linguists George Lakoff and Mark Johnson, "the essence of metaphor is understanding and experiencing one kind of thing in terms of another" (Lakoff & Johnson, 1980, p. 5). Although primarily a linguistic device, metaphors are not just devices present in language, but also pervasive in everyday life (Lakoff & Johnson, 1980, p. 3). Lakoff and Johnson argue that metaphors play a significant role in "defining our everyday realities" and our conceptual understandings. (Lakoff & Johnson, 1980, p. 3). This supports the idea that metaphors are not only a useful way to illustrate language, but also an important way to understand everyday concepts such as illness and disease. Today, metaphors appealing to both logic and emotion are commonly used in medicine (as cited by Angeli, 2012, p. 205). In health communication, imagery, analogy and metaphor are often used to help explain complex or unfamiliar concepts. This practice helps to create a "common ground" and allows for better knowledge translation between medical practitioners and patients (Harrington, 2012, p. 408). In her book Narrative Medicine: Honoring the Stories of Illness, Rita Charon argues that metaphors play an even more important role now because health messages are "disseminated to billions of

people through television, radio, newspapers and the internet" (as cited by Angeli, 2012, p. 205). Literary theorist and communication scholar Kenneth Burke explains that metaphors offer a perspective on something (Burke, 1969, p 503). This idea may suggest that studying metaphors will help to provide insight into how or why an illness is characterized the way it is.

Cancer discourse and metaphor

Imagery, analogy and metaphor are particularly common within cancer discourse. Given that many of the emotions and experiences surrounding a cancer diagnosis are hard to express, metaphors are well used within cancer discourse (Harrington, 2012, p. 408). The sport journey metaphor is often used to illustrate the illness (Reisfield & Wilson, 2004; Grant & Hundley, 2008). Cancer in many ways has transitioned from an acute illness to a chronic condition that might span decades. The metaphor is appropriate given that this period is likely full of objectives, directions, progress (Reisfield & Wilson, 2004, p. 4026) and sometimes setbacks. Illustrating cancer as part of a "longer life journey" moves the focus from a physical fight against the disease to an "illness experience" (Harrington, 2012, p. 409). The sport portion of the metaphor is likely linked to the numerous walks and runs in support of cancer such as The Race for the Cure or Relay for Life (Grant & Hundley, 2008, p. 185). Less prominent cancer metaphors include the natural disaster analogy, the use of personification, and metaphors of mystery or puzzles (as cited by Harrington, 2012, p. 408). However, of all the metaphors used, the war or military metaphor is by far the most prominent in cancer discourse.

Cancer discourse and the war metaphor

The metaphor of war to analogize cancer has been used for over 40 years (as cited in Coleman, 2013, p.33) and is the most prominent metaphor within cancer discourse (Penson, Schapira, Daniels, Chabner & Lynch, 2004, p. 708). In 1969, the Citizens' Committee for the Conquest of Cancer placed full-paged ads in prominent American newspapers urging President Nixon to fund researchers to cure cancer. The same ad compared the number of deaths from cancer to the lives lost in Vietnam (as cited in Coleman, 2013, p. 31). In 1971, President Nixon announced $100 million for an "intensive campaign to cure cancer" in an effort to increase his popularity amid a less-than-popular war in Vietnam. Within that speech, Nixon compared the lives lost to cancer to those of World War II, used military phrases such as "all-out assault" and described cancer as "one of mankind's deadliest and most elusive enemies" (as cited in Coleman, 2013, p. 32-33).

Years later, the language of war is still closely associated to cancer. War analogies are commonly used by the mass media to explain cancer and cancer research (Harrington 2012, pg. 409). However, physicians, pharmaceutical companies and patients are also known to commonly use battle language (Reisfield & Wilson, 2004, p. 4024-4025). For some, this language is helpful. Reisfield and Wilson speak of its enabling effects, for instance in the case of a World War II historian who wrote of his experience through the motivating lens of war (Reisfield & Wilson, 2004, p. 4025). The rhetoric of war also has the power to create fear appeals and increase perceptions of risk useful in cancer fundraising and health promotion (Hauser & Schwartz, 2014, p. 66). However, a larger portion of the literature has criticized the limitations war rhetoric places on cancer

discourse given that it is "inherently masculine, power-based, paternalistic and violent" (Reisfield & Wilson, 2004, p. 4025). Others argue that the war metaphor isolates the cancer patient away from their social network and puts too great an emphasis on "winning the battle" (Grant & Hundley, 2008, p.189) which can stigmatize those who die of cancer, suggesting that they were unsuccessful in their battle (Hurley, 2014, p. 314). Given the widespread use and power associated with the war metaphor that is embedded in cancer discourse, it is interesting to see if these analogies are unique to physical illness or if they transfer to media representations of stigmatized mental illness.

Media discourse of mental illness

In a 1990 survey, news media was cited as the most common source of information about mental illness (Wahl, 2003, p. 1599). For the purpose of this study, news media will be defined as articles in Canadian national newspapers. Given that the media has such a strong influence in telling stories of mental illness, it is important to closely examine this representation. In a study that discusses 20 years of research on the effect mass media has on the creation, perpetuation and reduction of mental illness stigma, Klin and Lemish's analysis reveals that images of mental disorders are exaggerated, distorted and often inaccurate (Klin & Lemish, 2008, p. 434). This article provides a broad analysis of the current literature on mental disorders in the mass media; however, it fails to address the effect this has on public opinion or those living with mental health issues.

Heather Stuart, a Canadian anti-stigma researcher, discusses how mental illness is portrayed in the popular media (in entertainment and news mediums) and the social,

emotional and treatment-related effects this may have on those with poor mental health (Stuart, 2006, p. 99). Her research shows that both fictional media and news media most often portray the mentally ill using negative imagery (Stuart, 2006, p. 99). Most notably, this research suggests news media stories are often sensationalized with "violent, delusional and irrational" depictions of people with mental illness (Stuart, 2006, p. 101). This results in intolerance, negative attitudes, public fear and rejection. For those with mental illness, it can result in denial and a failure to seek treatment (Stuart, 2006, p. 103). Other literature unrelated to media suggests that derogatory attitudes and themes are diffusing into the general population. A study of 472 14-year olds produced a list of 250 words used to describe a person with mental illness. Nearly half the words were termed "derogatory" (Rose, Thornicroft, Pinfold & Kassam, 2007, p. 1).

Comparative literature

The most significant gap in the literature is that there is no known research that addresses both physical illness and mental illness media depictions in one study. Limited research has studied language comparisons among illnesses. In a study in 1992, Clarke compared media depictions of cancer, heart disease and AIDS using a content analysis. The results revealed that the word cancer itself was commonly avoided and depictions were often "infused with images of war and military" (Clarke, 1992, p. 108). In contrast, heart disease was seen as a mechanical failure and AIDS was seen as an epidemic or an overpowering enemy. This article is valuable because it is one of few that compare the media depiction of cancer to that of other diseases. However, the study still leaves many

questions unanswered. Specifically, how were these meanings formed or perpetuated and what effect do they have on individuals?

There are no known studies that explore the language or metaphors used within mental illness discourse in comparison to physical illness. However, there is significant research that explores the media's depictions of mental illness and the prominent themes that emerge. For the purpose of this study, cancer and mental illness will be treated separately of one another in order to compare the two. However, it is important to note that the two are not always independent of one another.

Theoretical perspectives

In order to fully understand and appreciate the effect news media has on social attitudes, two theoretical perspectives will be used as a tool/lens to interpret and understand the power of news media discourse.

Framing

Whether it is a news report, a speech or a book, communication has the power to influence human consciousness. The concept of framing provides a good lens to describe this relationship (Entman, 1993, p. 51-52). Erving Goffman first introduced the idea of framing in the early 1970's by suggesting that a frame was a way to organize messages and package information. This could then be used to help individuals makes sense of their life experiences (Ryabova, 2013, p. 35). Based on Erving Goffman's early work on Frame Analysis in the 1970s (Goffman, 1974), Robert Entman explained, "communicators make conscious or unconscious framing judgments" and these

judgments are guided by "frames". The frames work to "select an aspect of perceived reality and make them more salient in a communicating text… to promote a particular problem definition, causal interpretation, moral evaluation and/or treatment recommendation" (Entman, 1993, p. 52). In turn, framing alters the interpretation of the audience by highlighting particular ideas "that encourage audiences to think, feel or decide in a particular way" (Entman, 2007, p. 164). Through this process of selection, the media are able to make certain words more "salient or memorable" for their audiences (Haller, Dories & Rahn, 2006, p. 62).

According to Lantz and Booth, a journalist "is likely to emphasize the mythical, heroic or magical power of medicine" to make medical issues more "newsworthy" (1998, p. 910). Journalists will often use practical examples to make scientific research more comprehendible and relevant to the lay public (Peterson, 2001, p. 1256). Although helpful, these frames don't come without consequence. Frames emphasize certain themes and facts, but leave out others (Peterson, 2001, p. 1258). Together, frames can collectively work to define public issues (Peterson, 2001, p. 1258) such as illness and disease.

In partnership with a content/textual analysis, framing theory is particularly useful to analyze the language used in both physical and mental illness to reveal prominent themes that may have the most influence in characterizing the social identity of these illnesses. This study intends to reveal how the media are framing mental illness and cancer.

Social cognitive theory of mass communication

Bandura's social cognitive theory of mass communication is another theoretical foundation that is useful for interpreting themes present in the media. It has guided the exploration of a variety of disciplines including psychology, organizational behavior, health promotion, gender development and communication. It works well in partnership with framing to reveal the overall effect that the news media can have. Social cognitive theory is rooted in the notion that social learning is dependent on the coexistent interaction of personal determinants, behavioural factors and environmental influences through the interpretation of symbols, symbolic modeling and vicarious verification (Bandura, 2001). Bandura's social cognitive theory of mass communication states that a significant amount of social learning occurs through modeling within the symbolic environment of the mass media (Bandura, 2001, p. 271). Given the reach of mass media, a single model can communicate new behaviours to countless individuals (Bandura, 2001, p.271). It appears mass communication may play an important role in creating and reinforcing prominent social discourse. In the case of mental illness and media, it might be harmful in perpetuating stigma. In the case of the war rhetoric surrounding cancer, this theory might also help us better understand how this discourse is further perpetuated. In partnership with the framing theory above, social cognitive theory of mass communication can help to explain how prominent images of mental illness in the media might be harmful in perpetuating stigma.

Identity theories and self-stigma

Few illnesses convey the social identity that mental illness does. Those with cancer can have cancer, but they are not cancer in the same way that someone with mental illness is often said to be "mentally ill" (Arboleda-Florez & Stuart, 2012, p.457). Research into the language used to describe those who suffer from mental illness shows some difference in how they are identified, but significant literature is still lacking. Yanos, Roe and Lysaker's research on mental illness identity brings the importance of illness identity to light by suggesting that illness identity may be linked to one's meaning of their illness thereby affecting their hope, self-esteem, coping, rehabilitation, social interaction and even symptom severity (Yanos et al, 2010, p.76). Yanos et al.'s proposed identity theory model starts with one's own meanings of a mental illness diagnosis. For instance, do they see mental illness as a barrier, a weakness or neither? This meaning then influences one's self esteem which in turn influences coping, rehabilitation, social interaction, and symptom severity (Yanos et al., 2010, p. 76). This research is significant in informing the effect of prominent media discourses about mental illness and how they have the influence to shape identity and recovery. This past research has helped to inform the current research questions which seek to fill the gaps in the literature.

Research Questions

There are no known studies that explore the language or metaphors used within mental illness discourse in comparison to physical illness. According to Haller, Dories and Rahn, the language we use to describe people affects how they are perceived in society (Haller et al., 2006, p.62). This major research paper (MRP) intends to fill this gap in the literature by comparatively analyzing the way cancer and mental illnesses are depicted in the news media. The research questions are as follows:

RQ1: What is the difference(s) in the way mental illness and physical illness (cancer) are depicted in Canadian news media?

    a. What metaphoric and figurative language is used by the Toronto Star and The Globe and Mail to depict cancer and mental illness?

    b. How is authority depicted in newspaper articles about mental illness and physical illness in the Toronto Star and The Globe and Mail?

    c. What types of stories about cancer and mental illness are most commonly published by the Toronto Star and The Globe and Mail?

Methodology

Selected articles from the two most circulated Canadian newspapers were analyzed using discourse and content analysis. Cancer was chosen as the physical illness to study given that it was once a stigmatized disease much like mental illness, but is now widely talked about (Sontag, p. 8, 1978). It was also used as a measurement beside mental illness because simply using all "physical illnesses" would be too broad a measurement considering the overwhelming number of physical illnesses in contrast to mental illnesses. Articles were coded for illness metaphors, quoted authority and primary topic.

Critical discourse analysis

Critical discourse analysis and content analysis were employed in the study in an effort to reveal the meaning and overall effect of the language used in newspaper articles. This analysis explores how the language used by the media contributes to the social construction of mental illness and cancer. Critical discourse analysis was chosen because it seeks to analyze "structural relationships of dominance, discrimination, power and control as manifested in language" (Blommaert & Bulcaen, 2000, p. 448). Choices and patterns (such as metaphors) in vocabulary are one element that can be studied to reveal the larger sociological patterns at play (Blommaert & Bulcaen, 2000, p. 448). This close reading will help to reveal a number of subtle and important themes embedded in both discourses.

Data collection method

All relevant newspaper articles were collected within the time period of January 1, 2014 to May 31, 2014 from The Globe and Mail and The Toronto Star, using the media retrieval and storage system LexisNexis. The months of January to May were chosen because this time period includes two relevant awareness periods: the Bell Let's Talk initiative for mental illness in January and Cancer Awareness month in April. I chose to include a time period with both months in an effort to reduce any selection bias, which might yield more results for either illness. The articles were selected based on keywords for cancer and mental illness. The selected keyword for cancer was "cancer". The selected keywords for mental illness were "mental illness", "mental health", "schizophrenia" and "schizophrenic". These criteria are based on the methodological guidelines for media analysis of mental illness outlined by Whitley and Berry (Whitley & Berry, 2013). These guidelines provide a wide data sample that is broad in scope but avoids false positives. Words such as "depression" and "anxiety" were avoided as they are often used in unrelated contexts (ex. Economic depression or anxiety suffered by sports fans) (Whitley & Berry, 2013, p. 247). The inclusion criteria were as follows: all English-language articles from The Globe and Mail and The Toronto Star from January 1, 2014 to May 31, 2014 that feature at least one of the Keywords. Once both data sets were collected and duplicates were removed, a 25% sample of each was selected using systematic random sampling. Every fourth article was selected to be included in the data set. This ensured the data was broad but reduced its size to fit the MRP timeframe. The exclusion criteria excluded passive mentions, obituaries, book/entertainment reviews, editorials, horoscopes and letters to the editor in an effort to provide an analysis of the

general news media portrayal of cancer and mental illness. Any articles that were about both mental illness and cancer were also removed to ensure that the data sets were entirely comparative. After the excluded articles were removed, each data set included 29 articles for analysis for a total of 58 articles.

Coding scheme

Four coding sheets were created within one Google spreadsheet. Both sets of articles were first identified with basic descriptors including date, publication/source, topic, and word count. All metaphors relating directly or indirectly to the illness were highlighted. These metaphors were then recorded on the metaphor code sheet where they were coded inductively into categories. The frequency was recorded here. The corresponding codes were then matched to the articles on the central coding sheet for that illness. This information was used to answer RQ1a. In an effort to answer RQ1b, the main authority in the article was also noted by asking the guiding question: are experts, advocates or those who experience the illness (past or present) quoted in the article? Whichever authority was primarily quoted was recorded. In the case where more than one authority was quoted, the primary source was noted first. This information was housed separately on two sheets, one for each illness. Lastly, the article type was noted. The following category types were created inductively: recovery, personal experience, news, crime, research, fundraising, policy and other. After the cancer articles had been coded, the process was repeated for the mental illness articles. Once all of the coding had been completed, final frequency numbers were calculated and recorded. Please see appendix A and B for sample coding examples.

Findings

The coding process generated some interesting results that will be outlined below. The main themes that were explored throughout the research were the inherent metaphors used by journalists to characterize the illnesses, the quoted authorities used to illustrate the illness and the article topics. Within each of these categories, individual themes emerged as discussed below. The analysis of these findings will inform the research questions.

Characterizing the illness: metaphors used

A number of metaphors were identified throughout the analysis. Within the 29 cancer articles, a total of 52 metaphors were coded altogether. Seven out of the 29 articles contained no metaphors related to the illness. These results suggest metaphors are used consistently in a variety of stories about cancer. Listed below are the six metaphor themes that appeared. A visual distribution can be seen in Figure 1.

War- The war or military metaphor appeared most frequently within the data set and was undoubtedly the most dominant metaphor. Of the articles that contained metaphors, 91% of the articles contained at least one war metaphor. Popular language in this category included battle words such as "fight", used in contexts such as "a family is determined to fight, to pray, to beat this," or "survivor", used in contexts such as "cervical cancer survivor". Military language was often used to personify cancer with the frequent use of adjectives such "aggressive" and "killer". Cancer was often characterized as something that needed to be "battled", "fought" and "targeted". Cancer patients themselves were

often referred to as "survivors."

Sport- The sport metaphor was the second most frequent metaphor to be used within cancer articles, appearing seven times in three articles. Closely aligned with the military metaphor, this type of language compared the cancer experience to sports and athleticism, often characterizing the illness as a match or a race to be won or beat. In this particular passage, the patient uses the sport metaphor numerous times to analogize her cancer experience.

> "By the end of the day, I am in a runoff for the bronze. Gold and silver have long since left the building. My competitor, a guy my age who is sprinting through his IV bags, also has lymphoma. He had come in a couple of hours after me. I had a huge head start, but I don't care: I've been hooked up for seven hours, am woozy from Benadryl, and eager to be done. In the end, my machine beeps its finish before his. "I got the BRONZE!" I yell. We both laugh, and wish each other well."

A unique aspect of the sport metaphor is its ability to generalize cancer patients into one group or "team". This characterization contributes to the idea that cancer is an outside force or enemy to be taken down. It also illustrates that cancer is not just a diagnosis, but that a "cancer culture" exists with its own shared norms and practices. This characterization is illustrated in examples such as, "I never thought about the cancer team until I suddenly found myself recruited." Although cancer is still seen as a negative experience, there doesn't appear to be any stigma associated with admitting that you're "on the team".

Journey – As outlined earlier, the journey metaphor is another significant metaphor used
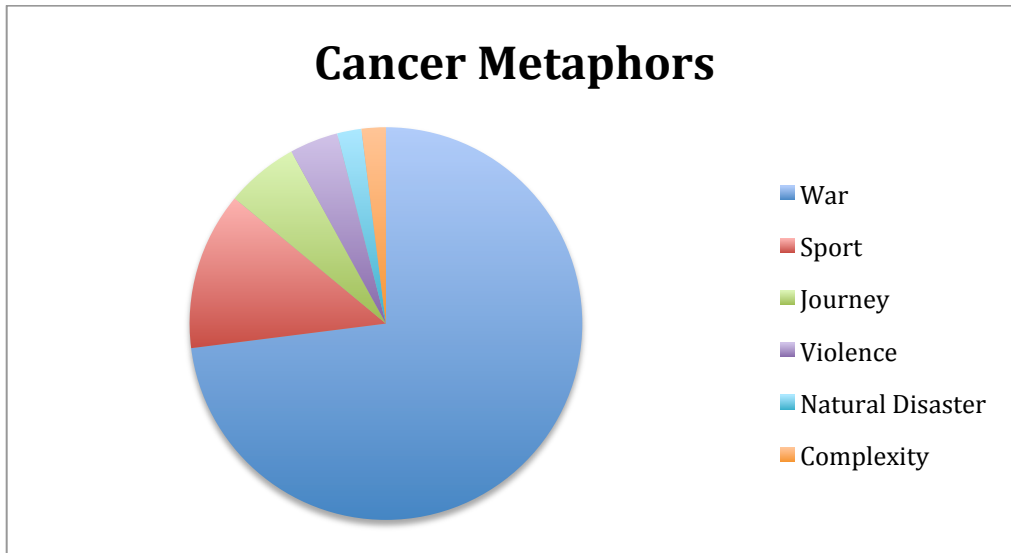
within cancer discourse. Within this study, the journey metaphor appeared in three articles. From diagnosis to treatment to remission, the journey metaphor was used to describe the struggle that patients face: "it's not always a clear path to success" and the obstacles both emotional and physical they may face: "the pure stress of navigating my fears".

Violence – Within the data set, cancer was personified as violent numerous times. The majority of that language was coded as war, but in two cases, it didn't fit the code description. In one case the emotional pain felt in reaction to a cancer diagnosis was described as "emotional terror". In a second case, the cancer diagnosis was described as "a slap in the face". Both examples illustrate violent pain, whether emotional or physical. Two other less frequent metaphors also appeared within the data:

Natural Disaster – Unexpectedly, this metaphor was very infrequent, appearing only once within the data set. It was used to emphasize the emotional and psychological effect of a cancer diagnosis. "Words such as 'terminal and 'incurable' hit like a tsunami when they crash into the lives of a family". The tsunami metaphor illustrates a cancer diagnosis as extremely overwhelming, destructive and devastating.

Complexity – Surprisingly, only one metaphor centered on the complexity of the illness: "And her hopes of avoiding death…are tangled in a web of medicine." In this particular metaphor, the journalist was describing an inaccessible cancer drug held up in bureaucracy. The low frequency of this type of metaphor might suggest that the general population commonly understands cancer.

Figure 1

Cancer Metaphors

Legend:
- War
- Sport
- Journey
- Violence
- Natural Disaster
- Complexity

Unlike the cancer articles, the mental illness articles contained few metaphors at all. Out of the 29 articles collected, only 11 articles or 38% contained at least one metaphor related to the illness. In total, 27 metaphors were recorded into 8 codes. As coding categories were created inductively, some overlap was seen between both illnesses. The war/military theme made an appearance, although far less frequently than in the cancer data set. The journey and complexity metaphors also briefly appeared. However, a number of new metaphors were coded. Some of the most frequent themes were dark vs. light, broken and loss of control. The following section will explore the findings in brief detail.

Loss of Control – The most significant theme that appeared throughout the analysis was the idea that mental illness was seen as a loss of control or complete chaos. This theme was not just an analogy for the symptoms or the personality of someone who was suffering, but rather a general characterization of the illness itself as somewhat rogue or unexpected. This loss of control was often characterized as violent and abrupt. For

instance, "Stella imploded" or "Stella's mental health crashed". Other metaphors likened it to a mechanical error causing a loss of control, such as, "… an average kid, with what we thought were typical teen issues, but nothing that would indicate the wheels were coming off." This metaphor appeared a total of 7 times in 2 articles.

Dark vs. Light – The second most frequent theme was dark vs. light imagery, appearing four times in two out of 13 articles that featured at least one metaphor. This theme was particularly dominant in one article titled "Soccer/Mental Health: the dark side of football." The idea that mental illness is cast in darkness is particularly significant because that language is inherently stigmatizing. Not only was "dark side" featured in the title of this article, it was also repeated two other times. In another article, it was used as a synonym for depression, "if you're in a dark place, reach and out and talk with someone…"

War/Military – The war or military metaphor made an appearance within the mental illness data also. Although not used as frequently as within the cancer articles, this theme appeared four times in two out of the 13 articles that contained metaphors. Similar language around survivorship was used. In one article, a mental illness sufferer was characterized as a "psych survivor". Battle language was also seen. Sometimes it was used when talking about the illness itself: "Ajax teen Shayne Clench took his own life after battling depression." In other cases, unlike cancer it's not the illness that is being fought, but rather the stigma that still surrounds it. One article stated, "…The military must do more to combat the stigma…"

Weight –Mental illness or the associated stigma was often characterized as a burden or weight. This occurrence was interesting and distinct from the themes within the cancer

articles. In one article about mental illness rates among Canadian soldiers, a member of the military describes the illnesses as "emotional burdens". In another part of the article, the stigma is describes as something that "weighs over those with mental illness". The weight metaphor appeared three times in two of the 29 articles within the data.

Broken – Two out of the 13 articles with metaphors used language that suggested that those with mental illness were broken or damaged in some way. This metaphor was used to characterize both the mental illness system and those suffering. One article described the mental health care system as "fractured". Another article suggested the mental illness can be disabling. "He was struck with a crippling social anxiety that silenced him and attracted bullies." In both cases, the broken metaphor characterizes not only the illness, but also the treatment possibilities.
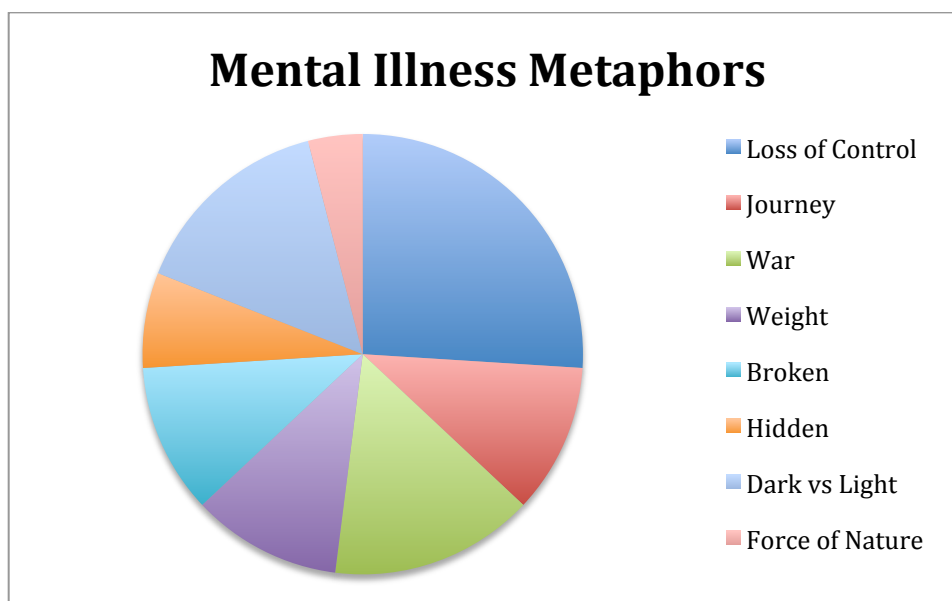
Journey – The journey metaphor appeared in three out of 29 articles. This was similar to the cancer data set where the journey theme appeared three times as well. Similar to cancer, within the mental illness articles, direction was a common theme. The language around mental illness was sometimes about a path to success or recovery and sometimes about how life had journeyed in a difficult direction. One journalist writes, "…it had been through Alcoholics Anonymous years before that he turned his life around and discovered a new addiction: running." Another journalist describes the journey of mental illness as bumpy or unsteady, "Tony has his ups and downs."

Hidden – Another theme that appeared throughout the data set was hiding. Metaphors and figurative language characterized the illness as something to be hidden with phrases such as "everybody likes to tuck it under the bed" and " you can't bottle things up inside". In both cases these were not journalists speaking, but rather quotes from those

being interviewed. Even though this metaphor appeared only twice, it is significant to note. Three other less frequent metaphors also appeared within the data:

Force of nature – In the same way the natural disaster metaphor was able to characterize cancer as an overwhelming force, similar figurative language also appeared to illustrate mental illness. Anxious and depressive feelings were compared to wild animals in the metaphor, "don't let your feelings eat you alive".

Figure 2

Mental Illness Metaphors

- Loss of Control
- Journey
- War
- Weight
- Broken
- Hidden
- Dark vs Light
- Force of Nature

Privileged voices: depictions of authority on mental illness and cancer

In order to further assess the framing of cancer and mental illness, the following research question was asked: how is authority depicted in newspaper articles about mental illness and physical illness in the Toronto Star and The Globe and Mail? To

answer the question, each article was analyzed and the primarily quoted voices were recorded. After an initial analysis, three coding categories were created: patient, expert and advocate. The patient was identified as the person who currently had the illness or had previously had the illness. An advocate was anyone who spoke on behalf of the patient's current or past experience. The most common advocate was often a family member. The expert category included anyone who was an "expert" on the illness, but was neither a sufferer nor an advocate. Primarily quoted experts were often scientists or doctors.

Within the cancer articles, the patient was the most commonly quoted authority on cancer. The patient appeared 16 times as the primary, secondary or tertiary authority. However, the patients were only the primary source 11 out of 29 times (38%). 13 out of 29 times, the expert voice was privileged as the primary authority. This voice was present in 14 articles. In just over half of all articles, the patient was given a voice to help characterize the disease. The advocate voice was primarily quoted five times, but was included in eight articles or 28% of the data set. Therefore, the data suggests that the patient voice and the expert voice are both authorities on cancer with the expert voice being privileged marginally more often.

The results proved to be surprisingly different for the mental illness articles. One article was unable to be coded as it didn't fit into any of the three descriptions. In articles about mental illness, the expert voice was most dominant. It appeared 16 times and was the primary source of information 12 times. The advocate voice was also seen quite frequently. It appeared in 13 articles altogether and appeared as the primary source 11 out of 28 times. However, the patient voice was quoted only six out of 28 times and more

than half of those times it was a secondary or tertiary voice. The data suggests that those

suffering from mental illness are rarely given an opportunity to share their experience in

articles related to mental illness. Therefore the illness is mainly characterized by the

expert voice. This is in contrast to the cancer articles where the patient voice was quoted

in more than half of the collected articles. As I will discuss later on, article types might

play a contributing role in why certain authorities were quoted more often.

Most common types of illness stories

In order to fully assess the way both illness were framed by the Canadian print

media, it was important to not only analyze the main themes and privileged voices, but

also the types of stories that journalists were writing about. Were the stories that were

being promoted to the public about cancer and mental illness significantly different or

significantly similar? There's no doubt that the types of stories that journalists are sharing

contribute to how these illnesses are perceived in some way by the public. The data

suggested some interesting results.

During the analysis, a number of different "type codes" began to emerge to label

the articles. These included personal experience, recovery, crime, news, policy, research,

fundraising and miscellaneous health or "other". Surprisingly several of the cancer

articles could be best described as personal experience. These articles were often featured

in the Life section or occasionally in the local news section (GTA in the Toronto Star).

Personal experience articles documented the story of a cancer blogger, the difficulties of

an unexpected diagnosis and the story of three-month old twins battling a rare eye cancer.

Recovery was another article type that appeared. This type of article reflected on an

individual's past illness, but made an effort to center around the recovery that patient had made. Fundraising stories were mainly focused on a particular fundraising event or group. Any article that announced new scientific research related to the illness was classified as research. News and crime were stories that primarily focused on a current event that was popular in the news. Although these categories overlap, if the article was reporting a crime, it was classified as only crime. Finally any article that was mainly about cancer policy, mental illness policy, drug policy or government was classified as policy.

Within the group of cancer articles, research (38%), personal experience (21%), and news articles (17%) were most commonly published. Recovery (10%), policy (7%), fundraising (7%) and crime (0%) articles appeared rarely or not at all (see Table 1). Within the mental illness data set, the stories that included mental illness were most commonly crime stories (35%). This made up over one third of all articles sampled within the category. News (17%), research (14%), personal experience (10%), and recovery stories (7%) were less common topics within the mental illness data. One story could not be coded and was labeled as other (see Table 2). This information does suggest that there is a significant difference between cancer and mental illness when it comes to the types of stories journalists are writing.

Table 1

Cancer Story Types		
Story Type	**Frequency**	**Percent**
Research	11	38%
Personal Experience	6	21%
News	5	17%
Recovery	3	10%
Policy	2	7%
Fundraising	2	7%

Table 2

Mental Illness Story Types		
Story Type	**Frequency**	**Percent**
Crime	10	35%
News	5	17%
Research	4	14%
Policy	4	14%
Personal Experience	3	10%
Recovery	2	7%
Other	1	3%

The following section uses media framing theory and social cognitive theory to critically examine the results of the study and inform the research questions.

Addressing the research questions

1a. What metaphoric and figurative language is used by the Toronto Star and The Globe and Mail to depict cancer and mental illness?

This question can be answered by comparing the dominant metaphoric themes present in the articles from the cancer and mental illness data sets. By far the most dominant metaphor that appeared within the cancer articles was war and military. This was consistent with the literature, which argued that military language is most dominant within cancer discourse. Thirty-eight military metaphors appeared in total with 72% of the articles containing at least one military reference. These numbers suggest that this theme is still alive and well within media discourse about cancer, but what does it reveal about how the illness is framed?

According to Wallis and Nerlich, military ideologies focus primarily on the physical, see control as central and "encourage the expenditure of massive resources to achieve dominance" (Wallis & Nerlich, 2005, p. 2630). War stories in general have unique characteristics that make them engaging to audiences: good usually prevails over evil, there is sometimes a hero and those who win are usually rewarded with freedom. The war metaphor frames cancer as an enemy to be fought. According to Good et al., cancer patients are part of a "discourse of hope" (Weiss, 1997, p. 458). This type of rhetoric appeals to logic, but especially emotion. Most of all, it empowers those who are

diagnosed to be proud and strong. The cancer victim is seen as an automatic hero. It is no surprise that around the same time as the war on cancer discourse began to gain dominance, the stigma surrounding cancer began to dissipate.

The inherent problem with the military framing of cancer is it can produce shame and guilt (Sontag, 1978). When cancer treatment fails to be successful, those who were once deemed warriors and fighters are helpless. They don't feel like they can "beat" their cancer or "win" the battle. This shame felt can be inherently stigmatizing. If cancer is seen as war, it might also be seen as something that the patient brought on to himself or herself. The war that the current generation of Americans relates to is one they brought on themselves. Unlike WWII, America's involvement in Korea, Vietnam and Iraq were arguably voluntary. To parallel this understanding of war with cancer can produce feelings of self-guilt.

Unlike cancer discourse, the media discourse surrounding mental illness lacks a dominant discourse. As stated earlier, only 45% of articles contained any metaphors relating to the illness at all. These results weren't entirely surprising given that there was no clear research in the literature that supported one particular theme. It might suggest that, because mental illness is stigmatized, people are still figuring out how to talk about it. Although present, the military metaphor was far less dominant within the mental illness articles than it was in the cancer articles. The theme appeared 4 times, suggesting it may be beginning to emerge but is still not a dominant theme.

The research didn't reveal one dominant theme. Instead, three main themes emerged: dark vs. light, loss of control and broken/damaged. These metaphors contributed to the reader's understanding of the illness but framed it in a primarily

negative way. Unlike how cancer was framed with rhetoric of hope, mental illness was framed as dark, damaging and uncontrollable. It was framed as hopeless. The dark vs. light imagery often characterized the illness as somewhat evil with phrases such as "the dark side" or "a dark place". This brought about images of a stormy, ominous, hellish existence. The broken metaphors described "a fractured system" and the "crippling" effect of the illness. The theme of losing control was evident in metaphors such as "spiraled into depression" and "the wheels were coming off". This language casts a dark cloud over those suffering from the illness themselves as somewhat unpredictable, damaged and evil. In general it portrayed those with mental illness as disabled or deviant. According to French philosopher Michel Foucault, this type of characterization would disempower those with mental illness in society (Foucault, 1980).

It terms of Entman's framing theory, the research suggests that cancer is framed as an enemy to be fought. The discourse that surrounds it is hopeful. The theme of war is most salient throughout the data set. This powerful and dominant rhetoric not only provides hope to those with cancer, but also to the rest of society that this illness can be heroically treated. In contrast to cancer's heroic discourse, mental illness is still framed as somewhat hopeless and deviant. The two are not counterparts in the way they are framed in the media. There are signs that military language is becoming more common in mental illness discourse, but it is still far behind the dominant war analogies that frequently appear in cancer articles. Mental illness is characterized as dark, broken and uncontrollable.

1b. How is authority depicted in newspaper articles about mental illness and physical

illness in the Toronto Star and The Globe and Mail?

In order to fully assess how both illnesses were framed, it was not only important to see what language was used, but also who was being quoted in the articles. Were journalists writing about mental illness and cancer from a patient perspective or were experts characterizing the disease? According to Bandura's social cognitive theory, media representations can reinforce attitudes and stereotypes (Bandura, 2001). The voices that are privileged in the articles on cancer and mental illness can help to further shape our social understanding of these illnesses.

The patient voice was the most commonly quoted authority in general. It appeared 13 out of 29 times as the primary, secondary or tertiary authority. However, the expert voice was quoted primarily most often (13 times). This suggests that patients have a strong influence in shaping stories on cancer, but the expert voice is still comparatively dominant. An almost equal number of stories are framed from a patient standpoint as from an expert standpoint.

In contrast to this the patient voice was quoted only 6 out of 28 times in articles about mental illness, suggesting that those who suffer or who have suffered from mental illness are rarely included in articles about the illness. Instead, the expert voice is the most dominant in characterizing the illness. Therefore although both illnesses are shaped in part by the expert voice, journalists do a far better job incorporating the patient voice into cancer stories than mental illness stories. Although advocates are often quoted (13/28 times), those with mental illness are rarely quoted as an authority on their own illness. It is particularly problematic that we do not hear from those who experience the

illness first hand.

The expert voice is dominant in both cancer and mental illness articles. In recent years, we have seen a shift to the bio medicalization of mental illness in an attempt to reduce the stigma associated with it (Jakob & Skinner, 2015, p. 5). This shift is part of a greater movement in the way illness is understood. In the 19th century, the medical community and patients were concerned with the "visible, tangible, body". However, new research and understanding have prompted us to look to illness at a molecular level (Jakob & Skinner, 2015, p. 12). Although useful, this biomedical expert discourse often silences other forms of knowledge (Jakob & Skinner, 2015, p. 12) like the subjective patient experience. Jakob and Skinner argue, "Scientific… knowledge has achieved a form of elite status" (Jakob & Skinner, 2015, p. 12) dominant over other forms of knowledge and necessary for "societal progress" (Jakob & Skinner, 2015, p. 12). Framing these illnesses with the use of the expert voice privileges biomedical discourse over patient experience. When the patient voice is rarely heard (in the case of mental illness articles), it can further stigmatize this illness and those who suffer from it.

1c. What types of stories about cancer and mental illness are most commonly published by the Toronto Star and The Globe and Mail?

In an effort to reveal the general themes that were associated with both illnesses, articles were classified into story types. The most commonly published stories about cancer were research stories. These appeared 38% of the time. Scientific in nature, these stories usually discussed a new finding, treatment option or disease discovery. Second to this, personal experience stories appeared 21% of the time. The predominance of research lines up with the expert framing of cancer. As outlined before, this frames cancer within

an expert discourse.

In contrast, the most commonly published stories associated with mental illness were crime stories. Thirty-five percent of the articles within the data set were coded as crime stories. This was the most significant percentage, while policy (14%), research (14%) and news stories (17%) also appeared somewhat frequently. The theme of crime is consistent with other literature in the field, which argues that media representations of mental illness are often associated with crime and dangerousness (Wahl, 2003). This representation is not likely an overt framing of those with mental illness as criminal. Instead, criminal activity is sometimes linked to mental illness and this factor needs to be discussed. However, when crime stories are the majority of articles that appear in the media, it inappropriately characterizes the illness. People without personal connections to mental illness or direct models may rely solely on media representations for images of reality. This reliance can be particularly harmful given that crime stories illustrate those with mental illness in a negative light. According to Albert Bandura's social cognitive theory of mass communication, behaviours can be learned through symbolic and abstract modeling. Once these behaviours (modeled through the media) become so entrenched in our networks, they begin to manifest themselves into our social realities and influence our perception of the illness as whole. As Bandura says, these images translate into an "authentic state of human affairs" (Bandura, 2001, p. 281). Newspaper media plays a part in reflecting public attitudes. According to Hilgartner and Bosk, a condition's public attention "is an important element in its social construction" (as cited by Lantz & Booth, 1998, p. 909). However, it should also be noted that this relationship is reciprocal. Given that mass media is a central source of information, it also has the power to influence

public opinion (Bandura, 1986, p. 70). Through this process, images of mental illness and cancer are produced and reinforced.

To answer RQ1 in full, both conscious and unconscious themes were explored. Cancer metaphors revealed an empowering and hopeful discourse, while mental illness metaphors revealed a more hopeless narrative. Cancer was seen as an outside enemy to be defeated heroically, whereas mental illness was seen as a dark and damaged evil that takes over the body. Experts primarily shaped the perceptions of both illnesses, but cancer articles also frequently included the patient perspectives. Although advocates often represented mental illness sufferers, their own voice was rarely included in articles. This was one of the most troubling findings considering that those with mental illness are already heavily stigmatized. A further silencing of their voices only contributes to the stigma that this population faces. This is not only damaging to the social characterization if the illness, but can directly affect those who suffer because of the associated self-stigma that occurs, affecting a patient's hope, self-esteem, coping, rehabilitation, social interaction and even symptom severity (Yanos et al, 2010, p.76).

Lastly, when it came to story types, research stories were most commonly associated with cancer, suggesting that innovation was a key theme. This further contributed to the hopeful discourse that characterized the illness. Alternatively, crime was most commonly associated with mental illness articles. These results indicate that those with mental illness are still be characterized in a negative light. This research might suggest that there is a need to share more stories of research and personal experience to balance out the numerous crime stories that are published each year.

Limitations and further directions

Although the study generated some interesting results, this work is only a small step towards much further research that still needs to be completed in the field. The study suggested that there are differences in the way we communicate about mental illness versus physical illness, but given the sample size, it is still unclear how dominant these differences are. This was one of the most significant limitations. Given the time frame of the MRP, articles were sourced from only two papers over the course of a four-month period. From that, only 25% of the articles were included. After numerous articles were removed based on the exclusion criteria, the sample size was relatively small at 58 articles. Although some patterns were able to be seen in regards to the metaphors that appeared, other results were somewhat scattered, making it hard to draw definite conclusions. Secondly, because the sample size only pulled articles from four months, the results could be skewed to particular news events that might have taken up the better part of a month. Ideally, it would be beneficial to analyze at least one full year. Lastly, only two Canadian papers were included in the analysis. A more diverse data set would yield more generalizable results.

In terms of analyzing the illness depictions based on quoted authorities and story types, it should be noted that the two have symbiotic relationship. Crime articles are less likely to include patient voices, especially if the patient is under arrest or deceased as was often the case in the crime articles analyzed. In these cases, it is difficult to include the patient perspective. Therefore because many of the mental illness articles were crime stories, this likely affected the privileged voices in the data set. Secondly, it should also be noted that the nature of mental illness can be a somewhat limiting factor in itself.

Unlike cancer, mental illness affects a person's reasoning, decision-making and cognitive function. Therefore, it is often a relevant factor in a crime story. This means there are always going to be more crime stories associated with mental illness than with cancer. A larger sample size would likely reveal other dominant themes important to the characterization of the illness also.

Lastly, it is recommended that future research not only explore a larger data set, but also other forms of media. It is important to note that newspapers are no longer the most influential source of news. As the Internet and social media become more common news sources, it will be important to evaluate their representations of cancer and mental illness to see if these patterns are continuing.

Conclusion

The stigma surrounding mental illness is an issue that continues to plague those working in mental health and especially those affected by it. Work is continuously being done to try to reduce the stigma and provide more accessible services to those suffering. However, as argued in this study, many lessons can be learned from examining the ways we are currently communicating about the illness to help reduce the stigma. This study demonstrated that journalists do communicate about cancer and mental illness differently.

In contrast to physical illness, mental illness is often associated with crime. Along with this, stories of personal experience and a patient perspective are few and far between. Based on the results of this study, journalists don't often privilege the voice of the patient; instead they rely on experts and advocates to characterize the illness. This is somewhat problematic considering the immense stigma already associated with the illness. Mental illness is often framed as somewhat dark and hopeless. According to critical discourse theory, this type of language disempowers those affected by the illness. Those with mental illness may not be empowered by their illness depictions in the same way cancer patients are. Negative associations and a lack of patient perspective privilege the expert discourse; further disempowering those with the illness to speak openly about it. The language used within the cancer discourse suggests the illness is something to be "fought" and heroically beaten. However, mental illness is socially constructed as a dark burden or an irreparable loss of control. This depiction is far less hopeful and portrays those with mental illness as inherently disabled, thereby reducing their status in society.

Negative attitudes will continue to exist if the newspapers continue to use language that suggests mental illness is something to be hidden. As we begin to communicate more

and more about the illness, it will also be important to be mindful of the way we are doing so. As the number one source for information about mental illness (as cited by Wahl, 2003, p. 1599), journalists and newsmakers must be conscious about the types of images they are producing. Through modeling, these themes are continuously reproduced and eventually become embedded in our society. This is not unique to mental illness, as the research has shown military language has become the dominant discourse of cancer. Although powerful and hopeful, the rhetoric that surrounds cancer can also be damaging to some.

This research suggests that a greater effort must be made to publish stories of personal experience and research to balance out the frequent crime articles that are present in the mental illness discourse. Stories of recovery and innovation can contribute to a more holistic characterization of the illness. Secondly, metaphors that are inherently stigmatizing (darkness, broken, hidden) should be avoided. Lastly, a greater effort should be made to incorporate the voices of those who are suffering from the illness in the same way cancer patients are given a voice.

References

Anonymous. (2007). A war of attrition. *Lancet Oncology, 8*(4) 277.

Arboleda-Florez, J. & Stuart, H. (2012). From sin to science: fighting the stigmatization

of mental illness. *Canadian Journal of Psychiatry, 57*(8), 457-463.

Angeli, E. (2012). Metaphors in the rhetoric of pandemic flu: electronic media coverage

of H1N1 and Swine Flu. *Journal of Technical Communication and Writing, 42*(3),

203-222.

Ball-Rokeach, S. & M. DeFleur. (1976). A dependency model of mass-media

effects. *Communication Research, 2*(1), 3-21.

Bandura, A. (2001). Social cognitive theory of mass communication. *Media Psychology,

3,* 265-299.

Blommaert, J. & Bulcaen, C. (2000). Critical discourse analysis. *Annual Review of

Anthropology, 29*, 447-466.

Borinstein, A. (1992). Public attitudes towards persons with mental illness. *Health

Affairs*, 11(3). 186-196.

Burke, K. (1969). *A grammar of motives*. Berkeley: University of California Press.

Canadian Cancer Society. (2015). *Canadian Cancer Statistics 2015*. Retrieved from:

http://www.cancer.ca/~/media/cancer.ca/CW/cancer%20information/cancer%20101/Ca

nadian%20cancer%20statistics/Canadian-Cancer-Statistics-2015-EN.pdf

Canadian Medical Association. (2008). *8th National Report Card on Health Care*.

Retrieved from

http://www.facturation.net/multimedia/CMA/Content_Images/Inside_cma/Annual_Me

eting/2008/GC_Bulletin/National_Report_Card_EN.pdf

Clarke, J. (1992). Cancer, heart disease and AIDS: what do the media tell us about these

 diseases? *Health Communication, 4*(2). 105-120.

Coleman, M. (2013). War on cancer and the influence of the medical-industrial complex.

 Journal of Cancer Policy, 1(3-4), 31-34.

Entman, R. (1993). Framing: toward clarification of a fractured paradigm. *Journal of

 Communication, 43*(4), 51-58.

Entman, R. (2007). Framing bias: media in the distribution of power. *Journal of

 Communication, 57*(1), 163-173.

Foucault, M. (1980). *Power/knowledge: selected interviews and other writings* (1972–

 1977). Brighton: Harvester.

Goffman, E. (1974). Frame analysis: An essay on the organization of experience.

 Harvard University Press.

Grant, J. & Hundley, H. (2008). Fighting the battle or running the race? Metaphor

 analysis of cancer photos in the Associated Press. *Visual Communication

 Quarterly, 15*(3), 180-195.

Haller, B., Dorries, B. & Rahn, J. (2006). Media labeling versus the US disability

 community identity: a shifting cultural language. *Disability & Society, 21*(1), 61-

 75.

Harrington, K. (2012). The use of metaphor in discourse about cancer: a review of the

 literature. *Clinical Journal of Oncology Nursing, 16*(4), 408-412.

Hauser, D. & Schwartz, N. (2015). The war on prevention: bellicose cancer metaphors hurt (some) prevention intentions. *Personality and Social Psychology Bulletin, 41*(1), 66-77.

Hilgartner, S. & Bosk, C. (1988) The rise and fall of social problems: a public arenas model. *American Journal of Sociology 94*, 53-78.

Hurley, K. (2014). To fight, or not to fight: a cancer psychotherapist with cancer confronts the battle metaphor. *Women & Therapy, 37*(3-4), 311-318.

Jacob, J. & Skinner, E. (2015). Exposing the expert discourse in psychiatry: a critical analysis of an anti-stigma/mental illness awareness campaign. Aporia, 7(1). 5-16.

Kirby, M. & Keon, W. (2006). Out of the shadows at last: transforming mental health, mental illness and addiction services in Canada. Retrieved from:

http://www.parl.gc.ca/content/sen/committee/391/soci/rep/rep02may06-e.htm

Klin, A. & Lemish, D. (2008). Mental disorders stigma in the media: review of studies on production, content and influences. *Journal of Health Communication, 13*, 434-449.

Kromm, E., Smith, K. & Singer, R. (2007). Survivors on cancer: the portrayal of survivors in print news. *Journal of Cancer Survivorship, 1*(4), 298-305.

Lakoff, G. & Johnson, M. (1980). *Metaphors we live by*. Chicago: University of Chicago Press.

Lantz, P. & Booth, K. (1998). The social construction of the breast cancer epidemic. *Social Science Medicine, 46*(7), 807-918.

Lim, K.L., Jacobs, P., Ohinmaa, J., Schopflocher, D. & Dewa, C.S. (2008). A new population-based measure of the economic burden of mental illness in Canada, *Chronic Disability Canada, 28*(3). 92-98.

Lupton, D. (1994). *Medicine as culture: illness, disease and the body in western societies.* London: Sage.

Mental Health Commission of Canada. (2014). *Why investing in mental health will contribute to Canada's economic prosperity and to the sustainability of our health care system.* Retrieved from http://www.mentalhealthcommission.ca/English/system/files/private/MHStrategy _CaseForInvestment_ENG_0.pdf

Nixon R. (1971). Statement about the National Cancer Act of 1971. In: The American Presidency Project. Retrieved from: http://www.presidency.ucsb.edu/ws/?pid=3276

Penson, R., Schapira, L., Daniels, K., Chabner, B. & Lynch, T. (2004) Cancer as metaphor. *The Oncologist, 9*(6), 708-716.

Peterson, A. (2001). Biofantasies: genetics and medicine in the print news media. *Social Science and Medicine, 52*, 1255-1268.

Reisfield, G. & Wilson, G. (2004). Use of metaphor on discourse on cancer. *Journal of Clinical Oncology, 22*(19), 4024-4027.

Rose, D., Thornicroft, G., Pinfold, V. & Kassam, A. (2007). 50 labels used to stigmatize people with mental illness. *BMC Health Services Research, 7*(97), 1-7.

Ryabova, M. (2013). Euphemisms and media framing. European Scientific Journal, 9(32). 33-44.

Sontag, Susan. (1978). *Illness as metaphor*. New York: Farrar, Straus and Giroux.

Stuart, H. (2006). Media portrayal of mental illness and its treatments: what effect does it have on people with mental illness? *CNS Drugs, 20*(2), 99-106.

Wahl, O. (2003). News media portrayal of mental illness: implications for public policy. *American Behavioural Scientist, 46* (12), 1594-1600.

Wallis, P. & Nerlich, B. (2005). Disease metaphors in new epidemics: the UK media framing of the 2003 SARS epidemic. Social Science and Medicine, 60. 2629-2639.

Watson, A., Corrigan, P., Larson, J., & Sells, M. (2007). Self-stigma in people with mental illness. *Schizophrenia Bulletin, 33*(6). 1312-1318.

Weiss, M. (1997). Signifying the pandemics: metaphors of AIDS, Cancer and Heart Disease. Medical Anthropology Quarterly, 11(4). 456-476.

Whitley, R. & Berry, S. (2013). Analyzing media representations of mental illness: lessons learnt from a national project. *Journal of Mental Health, 22*(3), 246-253.

Yanos, P., Roe, D. & Lysaker, P. (2010). the Impact of illness identity on recovery from severe mental illness. *American Journal of Psychiatric Rehabilitation, 13*(2), 73-93.

Appendix A: Sample coding methodology

Code	Metaphor	Definition	Example	Frequency
1	War	Uses military language or compares the illness or associated elements to an element of war (warrior, battle, weapon etc.)	- Supporters came to her defense - Three month old triplets battling rare eye cancer	38
2	Sport	Compares illness or associated elements to sport or athleticism.	- I never thought about the cancer team until I suddenly found myself recruited. - We're all aware of those examples, where we thought from early results we had a winner…	7
3	Journey	Compares illness or associated elements to a journey.	- It's not a clear path to success - Navigating my fears	3
4	Violence	Uses violent language or imagery to express the nature of the illness.	- It was a slap in the face (cancer diagnosis).	2
5	Natural Disaster	Compares illness and associated elements to a natural disaster.	- Words such as terminal and incurable hit like tsunami when they crash into the lives of a family.	1
6	Complexity	Compares the illness and associated elements to a complex system.	-…are tangled in a web of medicine.	1

[Cancer Metaphor Codes]

Code	Metaphor	Definition	Example	Frequency
1	Loss of Control	Compares illness or associated elements to a loss of control.	- At 17, Stella's mental health crashed - Basically an average kid, with what we thought were typical teen issues, but nothing that would indicate the wheels were coming off.	7
2	Force of Nature	Compares illness or associated elements to a force of nature (thunderstorm, animals).	- Share your feelings and do not let them eat you alive	1
3	Journey	Compares illness or associated elements to a journey.	- It had been through Alcoholics Anonymous years before that he turned his life around and discovered a new addiction: running.	3
4	War	Uses military language or compares the illness or associated elements to an element of war (warrior, battle, weapon etc.)	- Psych survivor - Combat the stigma	4
5	Weight	Compares illness or associated elements to a weight.	- We are moving away from silent suffering and we've come a long, long way in understanding how to help our members deal with these emotional burdens.	3
6	Broken/Damaged	Compares illness or associated elements to being broken or damaged.	- He was struck with a crippling social anxiety that silenced him and attracted bullies.	3
7	Hiding	Uses language or comparisons to suggest the illness or associated elements are hidden.	- It's about being aware that you can't bottle things up inside and you have to talk about them	2
8	Darkness	Uses language or comparisons to suggest that the illness is dark	- If you're in that dark place, reach out and talk with someone, she said.	4

[Mental illness codes]

Appendix B: Sample coding of articles

Article Title	Source	Word Count	Date of Publication	Newspaper Section	Article Type	Metaphors Used	Quoted Authority
Putting her own spin on fundraising for cancer research; The donor Lauren Clarfield	The Globe and Mail	254	2014-01-04	Business	Fundraising	1.2.7	Family member
Cancer blog condemned as 'deathbed selfie'; Some in online community contend honest narratives help patients deal with feeling isolated	The Toronto Star	753	2014-01-17	Life	Personal experience?	1,3	Patients
The easiest way to relieve tension; Artist, cancer survivor and poet Bif Naked says dropping the jaw and relaxing the face can lead to reduced stress	The Globe and Mail	697	2014-01-23	Life	Personal experience?	4,1,3	Patient
Tests for the resiliency of the human spirit; A mother-in-law is given six months to live, three years after her husband died suddenly. Is one situation better than the other?	The Globe and Mail	802	2014-01-24	Life	Personal experience?	1, 5,	Family member
Woman can't get potentially life-saving drug; Experimental treatments can give false sense of hope to some cancer patients	The Toronto Star	1282	2014-02-08	News	Policy	1,2, 6, 3	Family member, experts
Double mastectomy may beat genetic breast cancer; Research shows procedure increases survival chances for women with mutation	The Toronto Star	346	2014-02-12	News	Research	N/A	Scientist, patient
Brokaw reveals diagnosis	The Toronto Star	162	2014-02-12	News	News Brief	1	patient

[Sample Coding of Cancer Articles]

Article Title	Source	Word Count	Date of Publication	Newspaper Section	Article Type	Metaphors Used	Quoted Authority
I'm not ready to be alone'; Ex-politician opens up to the Star about husband Christopher Peloso's battle with depression	The Toronto Star	1236	2014-01-04	News	personal experience	1	advocate
U.S. woman given time served; Linda Jean McNall, who had death pact with mother, convicted of aiding a suicide	The Globe and Mail	648	2014-01-08	National News	crime	N/A	expert/patient
MENTAL HEALTH; 'We were turned upside down'; After struggling to get her daughter help, Donna Green began a drive to open a community-based centre for those under 30	The Globe and Mail	720	2014-01-14	Life & Arts	recovery	1	advocate/expert
Cannabis and the brain connection; The series	The Toronto Star	912	2014-01-16	Life	research	1	researcher
Runner prepares for rare double Boston Marathon; Jean-Paul Bedard's race will symbolically overcome trauma suffered in child-hood and last year's bombing	The Toronto Star	790	2014-01-27	GTA	recovery	3	patient
Toronto schools to get mental-health teams; All staff will receive training in order to be an adult that students can turn to when life looks bleak	The Toronto Star	499	2014-01-28	GTA	Policy	N/A	expert
School mindful of need for increased wellness; To combat high school stress, Rosedale students using yoga and meditation	The Toronto Star	566	2014-01-29	GTA	News	9	advocate/patient/expert

[Sample coding of mental illness articles]