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CHAPTER 1

INTRODUCTION

Breast Cancer

Society places enormous emphasis on women’s breasts and the loss or disfigurement of them from cancer can be devastating. A study suggests that women perceive a mastectomy as a threat to their femininity and that the removal of one or both of a woman’s breasts can result in a decline in body image and anxiety (Harcourt et al., 2002). Suffering the loss of part or all of their breasts equals a loss of their identity as women (Harper, 2006).

Breast cancer means the partial or total loss of their breasts, as well an emotional devastating experience. Breast cancer aggressively threatens a part of a woman’s body that holds much meaning in our society which makes a difference in how women’s perception is to the disease in relation to its actual health risk.

Women commonly believe that breast cancer is their biggest health risk due to all the media coverage breast cancer receives (Gorman, 2003). Actually, statistics show
that only one in eight women will be diagnosed with breast
cancer, and only one in 35 will die from it (American Heart
Association [AHA], 2007a). Compared to that, one in three
women will die of heart disease (Gorman, 2003). Do women
fear breast cancer more than they fear heart disease?

Women’s’ magazines are an important source of women’s
health information (Jones, 2004), which are the third most
important source of cancer information for women (Meissner
et al., 1992). Do magazines focus more on breast cancer
than heart disease?

Qualitative framing analysis is used in this study to
examine health coverage in *Family Circle, Good
Housekeeping, Ladies’ Home Journal and Woman’s Day*. It
sought to answer the following research questions: (1) What
frames were used in heart disease and breast cancer
coverage between 2001-2004 in the four women’s magazines.
Did the magazine’s cover breast cancer and heart disease
accurately compared to the health risks associated to
women?

Prior research has covered magazine health issues and
how they are framed in magazines. This research examined
the relationships between coverage of two key health
issues, offering researchers, media and public relations
professionals a better understanding of the overall message.

Another reason this study is important is that it examines the way health issues are framed. Magazines must address health topics in ways that reach those women who are most at risk for these issues (Frisby & Fleming, 2005). Through this research public relation professionals will have a better understanding on how the message is perceived and framed.
CHAPTER TWO

REVIEW OF LITERATURE

Heart Disease

Many women believe their greatest health risk is breast cancer, but twice as many U.S. women die from heart disease and stroke, compared to all forms of cancer. The number one killer of women is heart disease.

Not only are women at high risk for heart disease, but when women do suffer heart attacks, they are 15% more likely than men to die from a heart attack (Skarnulis, 2005). Women are also at higher risk to have a second heart attack in the six years following their first (Skarnulis, 2005). Heart disease is not considered a women’s greatest health threat (Skarnulis, 2005). Many women are not aware that heart disease is a serious health threat for them.

Framing Theory and Women’s Magazines

Framing theory is used in this study, which argues that the ways in which journalists write about the disease
have an impact on the readers’ responses to the disease. Frames help writers make sense of events and issues through the use of catchphrases and symbols. Frames suggest what is most important in thinking about an issue or disease (Gamson & Modigliani, 1989). Frames help indicate the overall tone of an article’s message and give clues as to how readers will receive the information.

Magazines must address health topics in ways that reach those women who are most at risk for these issues (Frisby & Fleming, 2005). This study examined the way health issues are framed.

Coverage of Health Issues

Meissner, Potosky and Convissor (1992) looked at how sources of health information influenced knowledge of breast cancer screening procedures. The Meissner et al. study (1992) showed that magazines were the second most frequently used source for health information, after doctors. Overall, this study revealed that those who used magazines and other print sources for health information were more likely to be familiar with cancer screening exams (Meissner et al., 1992). The study also concluded that those who used magazine and other print sources for health
information were more educated in finding and reading

Magazines are an important source of health
information for women (Jones, 2004), but not are always
accurate conveying which health problems affect women the
most.

Many say magazines have failed to cover some serious
women’s health issues in favor of keeping advertisers happy
(Kessler, 1989). Magazine editors may have perceived that
a story on smoking-related hazards would be controversial
in a magazine that receives ad revenue from cigarette
companies (Kessler, 1989).

Mass market of women’s magazines has been increasing
coverage of health issues. McKay and Bonner (2000) found
that pathographies, or the study of a subject in relation
to an illness, were a powerful narrative tool used by
magazines on health discourse. These pathographies are
designed to inspire readers using symbols of hope,
optimism, perseverance and survival while offering first
hand advice on handling significant health issues (McKay &
Bonner, 2000).
In a 2002 study, McKay and Bonner further explored the personal health narratives found in women’s magazines. These narratives provided more than health information by conveying the meaning of what it is to have an illness and the triumph of overcoming it (McKay & Bonner, 2002). Through their research, McKay and Bonner (2002) also identified four common themes found in magazine coverage. These themes emphasized the importance of family, helping others, self-identity and spirituality (McKay & Bonner, 2002).

Heart Disease Coverage

Women do not recognize heart disease as a legitimate risk to their health (Mosca, Ferris, Fabunmi, & Robertson, 2004). Clarke identified a disparity in magazine coverage of cancer, heart disease and AIDS (Clarke, 1992). The mass media were identified as a “significant source of information about the disease, its nature, causes, and treatments in the mass media” (Clarke, 1992, p. 105).

By examining magazine coverage of cancer, heart disease and AIDS, Clarke aimed to identify how these diseases were portrayed. Mass media are a “major source of information, metaphors, and values” (p. 106), Clarke argued
that understanding how magazines portray these diseases will help researchers understand how society understands them. Clarke found that heart disease was predominantly portrayed as an isolated event that was very painful (Clarke, 1992). However, Clarke (1992) found that magazine coverage portrayed cancer as “evil,” and that it also was cause for shame in the patient diagnosed with it (Clarke, 1992). The media portrayed it as disfiguring and terminal (Clarke, 1992). Clarke’s study found that magazine coverage sensationalized cancer and deemphasized the seriousness of heart disease.

Clarke and Binns (2006) found that coverage of heart disease was framed in one of seven ways in the top 20 North American magazines. Frames were optimism about medicine, “good” medicine versus “bad” body, heart disease as an “attack,” individual responsibility, contradictory information, male celebrity patients and doctors, and prestigious medical sources (Clarke & Binns, 2006). The male celebrity patients and doctor frame reinforced the myth that heart disease is traditionally a man’s. Clarke and Binns (2006) also reported an overall lack of information on women and heart disease found during the time period researched.
In a 2002 study, Meischke et al. found that women received more information on the prevention of heart attacks instead of vital information as how to recognize the symptoms of heart disease. Women did not receive adequate health information on certain heart attack symptoms, such as shortness of breath and nausea. Both symptoms are more frequently reported by women having heart attacks than by men.

Breast Cancer Coverage

Andsager and Powers found that news magazines’ breast cancer coverage is different from women’s magazines’ coverage. Three frames were identified within women’s magazines stories: coping, first person experiences and risk factors. Within these frames, Andsager and Powers (1999) found that articles encouraged women to be assertive in prevention and treatment of breast cancer and also provided in-depth information that was only found in a women’s magazine, while news magazines covered breast cancer in a less personal way and used economic, political and medical news frames (Andsager & Powers, 1999). Women’s magazines encouraged women to prevent breast cancer and
seek treatment, while news magazines focused on the effects of breast cancer.

In a 2002 study, Covello and Peters found that many women knew little about the real risks that breast cancer posed to them (Covello & Peters, 2002). The researchers found that media coverage of breast cancer exaggerated its risks, leading women to believe breast cancer was their greatest health risk over heart disease. Despite an overall increase in media coverage of disease, Covello and Peters (2002) found that the women they surveyed were unable to accurately identify their disease-related risk. They argued that the media’s exaggeration of breast cancer as a woman’s greatest health risk over heart disease and lung cancer leads women to underestimate the importance of these other more common health risks (Covello & Peters, 2002).

Framing Theory

Framing allows the researcher to identify how these women’s magazines covered the heart disease and breast cancer. An illustration of the effectiveness of the framing method is Clarke and Binns’ (2006) framing analysis of magazine coverage of heart disease. Clarke and Binns (2006) suggest that “all media stories are framed in one
way or another. Frames establish boundaries regarding what and how topics will be discussed” (p. 39). They identified seven frames used in coverage of heart disease in their study.

Hallahan (1999) indicates that the concept of framing also connects to the “psychological processes that people use to examine information, to make judgments, and to draw inferences about the world around them” (p. 206). Many scholars define the concept of framing and emphasize the different elements of framing. Goffman (1974) views “frame analysis” as “the examination in these terms of the organization of experience” (p. 11) and considers “primary framework” as “rendering what would otherwise be a meaningless aspect of the scene into something that is meaningful” (p. 21).

Goffman also identified primary framework in two classes: natural and social. The natural framework indicates the “purely physical” description, excluding any “casually and intentionally interference” or any “actor [that] continuously guides the outcome” (p. 22). For example, the description of a state of the weather is considered as the natural framework. The social framework refers to the descriptions of events that “incorporate the
will, aim, and controlling effort of an intelligence” (p. 22), and the process of the social framework includes a constant management of consequences, corrective control, and motive and intent.

Reese (2001) claims that “frames are organizing principles that are socially shared and persistent over time, that work symbolically to meaningfully structure the social world” (p. 11). Hallahan (1999) holds a similar notion of framing defining reality, and specifies that “framing is a critical activity in the construction of social reality because it helps shape the perspectives through which people see the world” (p. 207). Hertog and McLeod (2001) agree that frames structure social reality by stating the content of social concerns, the role of the sources that provide information and are involved in social concerns, and the various beliefs, values, and actions. Not only do frames categorize individual phenomena, concepts, and ideas to form the content of a social concern, but they also outline the value and goals inherent in the content.

In addition, any individual, organization, or institution as social member may be framed as an essential piece to solve a social puzzle or problem, whereas other
members may be framed as peripheral to the solution, or even may be identified as the cause of a problem. Similarly, some relationships can be presented by frames as likely and appropriate, whereas others may be portrayed as inappropriate, illegitimate, or impossible.

However, Hertog and McLeod argue about the two characteristics of frames provided by Reese (2001). First, they claim that frames are more than principles. “Frames have their own content, as well as a set of rules for the processing of new content” (p. 140). Frames are cultural structures with central ideas of myths, narratives, and metaphors. Second, frames are not necessarily persistent over time. “New frames are at times created and existing ones modified or replaced, or they may simply fade from use” (p. 145).

Johnston (1995) explained frames from a cognitive perspective. Johnston defines frames as “problem-solving schemata, stored in memory, for the interpretative task of making sense of presenting situations” (p. 217). Zoch and Molleda (2006) use the metaphor of a window to describe the concept of frame. “The message of framer has the choice of what is to be emphasized in the message, as the view
through a window is emphasized by where the carpenter frames, or places, the window” (p. 281).

Frames provide the unexpressed but shared knowledge of communicators that allows each to engage in discussion that presumes a set of shared assumptions” (Hertog & McLeod, 2001).

Hertog and McLeod (2001) take the definition a step further, claiming that frames are “organizing principles ... that work symbolically to meaningfully structure the social world” (p. 140). Frames may reflect social realities already in place (Hertog & McLeod, 2001)

The framing method is the most appropriate for this study because of its focus on enabling the researcher to decipher how these magazines portrayed heart disease and breast cancer, also showing how readers of this information, in turn, may think or act. This is shown through a media framing analysis of breast cancer and implants (Andsager & Powers, 2001). The authors contend “it is important to understand the ways in which journalistic framing of issues occurs, because framing influences public understanding and, consequently, policy formation” (Andsager & Powers, 2001, p. 164).
By applying similar framing techniques found in these examples, this study is intended to determine how heart disease and breast cancer is framed in women’s magazines. The implications of such findings, as shown by Andsager and Powers, are important because they could have an impact on readers’ perceptions and actions. If heart disease and breast cancer articles are framed a certain way, they may alter one’s views on the health risk of each.

Organizational Framing

Hallahan (1999) pointed out that framing theory can be utilized as a rich approach to analyze public relations practices. Through the framing process, organizations not only attempt to define the reality for the public they depend on, but they also develop common frame of reference on issues based on the mutual benefits with the publics in order to effectively establish and maintain relationships. Zoch and Molleda (2006) claim that public relations practitioners act as sources to provide selected information for media and help frame the issue in the way the organization wishes.

Practitioners should well prepare themselves as dependable and reliable sources. In addition to passively
acting as a source, practitioners could actively view framing as a “strategy of constructing processing news discourse” (Pan & Kosicki, 1993, p. 57), and employing the four functions of framing brought up by Entman (1993)—define problems, diagnose causes, make moral judgments, and suggest remedies to carry out their duty effectively.

Hallahan (1999) in his examination of literature developed from different areas—textual, psychological, and socio-political construct—suggested seven models of framing that can apply to public relations. The seven models of framing are situational framing, attribute framing, framing of risky choices, action framing, issue framing, responsibility framing, and news framing. Hallahan uses a case of how public relations practitioners reacted during crisis management as an example to explain each model. Situational framing is applied at the beginning to define whether the situation constitutes a crisis or not. Crisis managers use attribute framing to identify or emphasize certain attributes of the crisis. Framing of risky choices implies the level of significance that organizations have affect themselves and their publics.

Action framing describes how the affected publics frame the desired actions they have taken in different
ways. Crisis managers can adopt the issue framing to frame the issue underlying the crisis and employ the responsibility framing to offer the causes and explanations of the crisis.

Finally, news framing depicts how crisis managers act as a source of the crisis or a spokesperson of the organizations and frame the publics’ perception of the crisis.

**Framing Analysis**

Framing analysis research has been done by many scholars (Perkins 2005). Framing analysis examines messages shaped by reporters and editors and by public relations sources attempting to promote ideas or opinions. Johnston (1995) points out that framing analysis explicates the sources, ideology, and effect of frames. It also can find out how the belief, meanings, and experience form the frames.

Hertog and McLeod (2001) suggest the first step of framing analysis is to identify frames through a master narrative. “Narratives are powerful organizing devices, and most frames will have ideal narratives that organize a large amount of disparate ideas and information” (p. 148).
Frames can be identified by examining the repetition of certain vocabularies, including adjective, adverbs, verb tenses, and nouns. After gathering enough content for frame analysis, researchers are recommended to take the following steps to process the analysis: (1) establish preliminary models of frames and subframes (as many as possible); (2) identify the sponsor or the source of the frame; (3) be aware of the symbols appearing in the frame and the changes of the frames; (4) propose the hypotheses to find out the relationship among frames, culture, ideology, issues, and narrative structures; (5) finally, identify the research methods to conduct the analysis.

Summary and Research Questions

Two conclusions can be drawn from existing literature. First, magazines are an important source of women’s health information. Second, heart disease is not accurately perceived by women as their greatest health risk. This study will answer the following research questions:

First, identify use of heart disease and breast cancer coverage between 2001-2004 in the four women’s magazines.

Second, was heart disease accurately perceived as the number one health risk for women?
The researcher analyzed women’s magazine coverage of the two highest risk diseases for women, as well as the frames used in the coverage. The research may find patterns on how they are framed.
CHAPTER 3

Methodology

Unit of Analysis

The unit of analysis, the smallest element of a content analysis, was defined as the individual units that the researchers make descriptive and explanatory statements about (Wimmer & Dominick, 1991; Babie, 2001). Some researchers mention that content analysis allows researchers to treat qualitative data in quantitative ways (Leiss, Kline & Jhally, 1990). Hertog and McLeod (2001) point out that quantitative content analysis is one of the important methodologies of framing analysis and frequently adopted by researchers.

Methods

Chapter 3 describes the method used for the study and outlines how the study was conducted. The method for this study was a qualitative framing analysis on womens magazines. This study looked at how the content was framed, noting the catch phrases, keywords, exemplars,
source listings, metaphors, images and photos. This method follows the example of past framing studies, including the Zoch (2001) and the Hertog and McLeod (2001) studies. This study is designed to examine how the top four women’s magazines covered heart disease and breast cancer from 2001 to 2004. The implications of these findings are important, as demonstrated by Clarke and Binns (2006), because they suggest that frames may have an impact on women readers’ perceptions of their health risks and how they act upon those risks.

How Magazines Were Selected

Each magazine was selected for its high national circulation as recorded by the Audit Bureau of Circulation in 2005.

How the Articles Were Chosen

All magazine issues from the selected titles for 2001 - 2004 were examined by perusing the table of contents and by flipping through cover-to-cover. All editorial items, feature articles, briefs, letters and Q&As—that focused on heart disease and breast cancer were selected.
How the Articles Were Coded and Interpreted

In order to determine the frames, a coding sheet was constructed to allow listings of the aspects mentioned before: keywords, phrases, sources, length, prominence, etc. (Appendix A). Each article was first read in its entirety to determine the main topic, secondary topics and any encompassing themes. The story was then read a second time line-by-line in order to determine sentencing, wording, phrasing and sourcing. Through a third scan of the story, the coder recorded the story’s length, location within the magazine and visual images onto the code sheet. After completion, the code sheets were read and analyzed to determine repeated arguments, themes and occurrences.

Frames were not predetermined. Instead, they were found as the content was read. This was to ensure that all possible frames were found and to eliminate unintentional research bias by selecting only a limited range of frames. Colored pens were used to mark each frame and its corresponding themes on the article.

At the end of coding all articles, the researcher was able to go through all the photocopied articles and see how often each color was used. The most used colors also reflected the most used frames. The number of articles in
which each frame appeared, the number of times in each article they were referenced and a frame’s location in each article (was it used at the beginning, middle, end?) all were recorded. In order to prevent items from being highlighted in one color that later proved to reflect two separate frames, the researcher did not highlight immediately upon first reading the articles. Instead, the researcher first used pencil-written notes and then went back and highlighted.
CHAPTER 4

FINDINGS

Chapter 4 outlines the results of this study. It presents the results of the analysis of Family Circle, Good Housekeeping, Woman’s Day, and Ladies’ Home Journal’s coverage of breast cancer and heart disease, as well as revealing the frames and sources used in that coverage.

Findings in Editorial Content

There were a total of 60 articles covering heart disease and breast cancer found in Family Circle, Good Housekeeping, Woman’s Day, and Ladies’ Home Journal during the four-year period from 2001 to 2004. Of those, 27 articles covered only heart disease, 24 covered only breast cancer and 9 covered both heart disease and breast cancer. (Table 1)

<table>
<thead>
<tr>
<th>Magazine</th>
<th>Disease</th>
<th>Number of Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Circle</td>
<td>Breast Cancer</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>4</td>
</tr>
<tr>
<td>Good Housekeeping</td>
<td>Breast Cancer</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>1</td>
</tr>
<tr>
<td>Magazine</td>
<td>Breast Cancer</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Ladies’ Home Journal</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Woman’s Day</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>All Magazines</td>
<td>32</td>
<td>29</td>
</tr>
</tbody>
</table>

In addition to heart disease and breast cancer, both magazines covered a range of other health issues. Other health issues that were covered were diabetes, arthritis, Alzheimer’s disease, osteoporosis, Parkinson’s disease, liver disease and HIV.

The health section from each magazine had the majority of breast cancer and heart disease articles.

The average article length varied from 2 – 3 ¼ pages in length from the four magazines. Family Circle and Ladies’ Home Journal had similar article length. The average article length in Woman’s Day was 2.5 pages. In Family Circle, heart disease received slightly more coverage overall than breast cancer. In Good Housekeeping, fewer pages were allotted heart disease coverage, which had an average length of two pages. The average length of an article covering breast cancer was 2.875 pages. The average length of an article covering heart disease was 3.0 pages.
(Table 2).

<table>
<thead>
<tr>
<th>Magazine</th>
<th>Disease</th>
<th>Number of Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Circle</strong></td>
<td>Breast Cancer</td>
<td>3.25</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>3.5</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Good Housekeeping</strong></td>
<td>Breast Cancer</td>
<td>2.25</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>2.25</td>
</tr>
<tr>
<td><strong>Ladies’ Home Journal</strong></td>
<td>Breast Cancer</td>
<td>3.5</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>3.25</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Woman’s Day</strong></td>
<td>Breast Cancer</td>
<td>2.25</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>3.25</td>
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<tr>
<td></td>
<td>Both</td>
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<td></td>
<td>Heart Disease</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>2.875</td>
</tr>
</tbody>
</table>

Overall, the most frequent authors of health articles were staff or freelance writers who were not doctors or medical professionals. The sources used within each magazine differed only by the third most frequently used source. Of sources used, medical doctors were cited the most frequently and PhDs the second most frequently in all four magazines.

In Family Circle, medical doctors sources outnumbered PhD sources. The American Cancer Society was the third most frequently used source. Spokespersons for the American Cancer Society were counted separately if they were medical doctors or PhDs. Articles in Good Housekeeping cited significantly fewer sources than Family Circle. In Good Housekeeping, medical doctors were the
majority source compared to PhDs. The third most frequently cited sources were the National Institutes of Health and the National Cancer Institute.

Woman’s Day used the greatest number of sources of all four women’s magazines, medical doctors were the majority of sources cited. The third most frequently cited source was the National Cancer Institute. Medical doctors were the most frequently used source in Ladies’ Home Journal. Ph.D.s were the second most frequently used source. The American Heart Association was the third most frequently cited source (Tables 3 and 4).

(Table 3).

<table>
<thead>
<tr>
<th>Magazine</th>
<th>Number of Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Circle</td>
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</tr>
<tr>
<td>Good Housekeeping</td>
<td>35</td>
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<tr>
<td>Ladies’ Home Journal</td>
<td>121</td>
</tr>
<tr>
<td>Woman’s Day</td>
<td>160</td>
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<tr>
<td>All Magazines</td>
<td>430</td>
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(Table 4).

<table>
<thead>
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<th>Disease</th>
<th>Type/Source</th>
<th>Number of Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Circle</strong></td>
<td>Breast Cancer</td>
<td>MD</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PhD</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>MD</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PhD</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>MD</td>
<td>23</td>
</tr>
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<td></td>
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<tr>
<td><strong>Good Housekeeping</strong></td>
<td><strong>Breast Cancer</strong></td>
<td>MD</td>
<td>15</td>
</tr>
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<td></td>
<td></td>
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<td>5</td>
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<tr>
<td></td>
<td>Heart Disease</td>
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<tr>
<td></td>
<td></td>
<td>PhD</td>
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</tr>
<tr>
<td></td>
<td>Both</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>PhD</td>
<td>2</td>
</tr>
<tr>
<td><strong>Ladies Home Journal</strong></td>
<td><strong>Breast Cancer</strong></td>
<td>MD</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PhD</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Heart Disease</td>
<td>MD</td>
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<tr>
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<tr>
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<td>MD</td>
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</tr>
<tr>
<td></td>
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<td>PhD</td>
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</table>

This research identified five overriding frames through the analysis of titles, main topics, subheads and sources in women's magazine coverage of heart disease and breast cancer. They are (1) empowerment, (2) breakthrough, (3) dispelling myths, (4) first-person narrative, and (5) personal narrative.

Family Circle frequently had the empowerment frame on the topics of heart disease, breast cancer and both
diseases. The second most frequently used frame was the breakthrough frame. The dispelling myths frame was used the third most frequently. The personal narrative and the first-person narrative frame were not used (Tables 5).

The most commonly used frame in Good Housekeeping, Ladies’ Home Journal, and Women’s Day stories was the empowerment frame.

(Table 5).

Table 5. List of frames by disease used in magazines

<table>
<thead>
<tr>
<th>Magazine</th>
<th>Disease</th>
<th>Frame</th>
<th>Frame Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Circle</td>
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<td>Empowerment</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Breakthrough</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Dispelling Myth</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>First Person Narrative</td>
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</tr>
<tr>
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<td></td>
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<tr>
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<td>Dispelling Myth</td>
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<tr>
<td></td>
<td>First Person Narrative</td>
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<td>Empowerment</td>
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<td></td>
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<tr>
<td></td>
<td>Personal Narrative</td>
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<td></td>
</tr>
</tbody>
</table>

29
Each magazine covered both breast cancer and heart disease, however, the coverage did differ. These differences and similarities can be seen in the sources that each article cited.

In *Family Circle*, the top two most frequently used source types for both heart disease and breast cancer coverage were medical doctors and PhDs. In articles covering heart disease, the third most frequently used
source was the American Heart Association. Articles covering breast cancer cited the American Cancer Society most frequently, after medical doctors and PhDs.

In Good Housekeeping, the most frequently used source type for both heart disease and breast cancer coverage was medical doctors. Breast cancer articles cited medical doctors, while heart disease coverage cited medical doctors less frequently.

The second most frequently used source type in articles covering breast cancer was PhDs. The second most frequently used source in articles covering heart disease was the National Institute of Health.

In Woman’s Day, the most frequently used source types for breast cancer and heart disease articles were medical doctors and PhDs. In articles covering breast cancer, the third most frequently cited source was the National Cancer Institute. In articles covering heart disease, the third most frequently cited source was the American Heart Association.

The two most frequently used source types in Ladies’ Home Journal for breast cancer and heart disease were medical doctors and PhDs. In heart disease coverage, medical doctors were the most frequently used source. The
second most frequently cited source was the American Heart Association.
CHAPTER 5

DISCUSSION AND CONCLUSIONS

This research supported conclusions derived from the review of previous literature. Reviewing this research, three points can be concluded about women’s magazines coverage of heart disease and breast cancer. First, breast cancer and heart disease receive similar coverage, despite the fact that a woman is far more likely to die of heart disease than breast cancer. Covello and Peters (2002) found that media coverage exaggerated women’s breast cancer risk, and this remains true. The fact that the number of breast cancer articles is essentially the same as heart disease articles suggests that it is similar significance of a health risk to women as heart disease.

Second, the empowerment frame was the most frequently used frame in coverage of both heart disease and breast cancer. The empowerment frame encouraged women to take control of their health, the article providing tips on prevention and disease information. This is an important finding for media professionals who might be searching for
the most effective frame in order to relay to readers
important health information.

Third, there is a deficiency in the coverage heart
disease receives. Clark and Binns (2006) found an overall
lack of information on women and heart disease. In this
research the same was true. There is a disparity between
the health impact of heart disease and breast cancer and
the coverage each receives.

Limitations of the Study

The research was limited to only breast cancer and
heart disease in only four magazines. As well, there was
only a few years that were covered in this study. To
provide a broader scope of findings, the years prior and to
the present would provide a clearer view of the breast
cancer and heart disease coverage.

Recommendations for Further Research

Future research could examine the correlation between
the months dedicated to disease awareness and coverage of a
disease. October is traditionally known as breast cancer
awareness month, so it would be interesting to see if more
breast cancer articles appear in October’s issue of a
women’s magazine than the rest of the issues. Also, the
research should not be limited to only four magazines. A larger number of women’s magazines covering heart disease and breast cancer would discover new frames.
APPENDIX

COPY OF CODE SHEET AND DIRECTIONS USED FOR STUDY

1. Magazine name:

2. Date ____/____
   Month/Year

3. Page number(s)

4. Section (if applicable)

5. Mentioned on the cover?

5a. Is it the largest headline on the cover?
   Y N

6. Approximate length of article (1/4, ½, ¾, full page)

7. Story type (circle one)
   Feature
   Brief
   Letter from reader
   Q&A
   Other

8. Headline

9. Sub-head (if any)

10. Lead (main points)

11. Main topic

12. Secondary topic

13. Sources (MD, PhD, ect.)
14. Framing analysis coding on photocopied article

**Coding guidelines.** The following is a list of guidelines used when coding each magazine article. This is to ensure all articles were coded using the same rules.

**Identifier:** Magazine ID number – number to represent one magazine – number to represent article in magazine.

Example: 1-01-01

**Directions**

2. Date of publication.
3. Page number(s): pages where article is found.
4. Section (if applicable): department name.
5. Mentioned on the cover: Is the article listed on the cover.
   a. Is it the largest headline on the cover: Is it noticeably the dominate headline with the largest text/font.
6. Approximate length of article (in pages): Count the pages of the article including pages with graphics. For pages with a portion of ads and a portion of text, estimate the portion of text (one-third, one-half).
7. Story type: circle the type of story. Feature articles are non-department stories that are one page or longer. Briefs are less than one page and are often in a magazine department.

8. Headline: Write the main headline.

9. Subhead: Write any sub-headline if applicable.

10. Lead: write the main points of the first few graphs (or the opening of the story).

11. Main topic: This is the primary focus of the article. Whichever topic has the most paragraphs devoted to it, is probably the main topic.

12. Secondary topics: List any other topics that the article covers, but that aren’t the main topic.

13. Sources: list any people that are quoted or paraphrased in the story. List the person with his or her title only once (even if they are used throughout the story).

14. Framing analysis coding on photocopied article: Read the article in its entirety and then go back and reread the article. During this second reading, code for the frame. The framing techniques should include the following:

a. Mark words and phrases that are repeated or that have common themes. “Heart Disease and Breast Cancer” could be
seen as words with a common theme. Make sure to cover all text, including the headline, subhead and any graphics.

b. How are the sources used? Are they presented in a credible manner? Are any sources left out?

c. What is the overall tone of the story?
Bibliography


