

6 Innocent Victims

Media representations of children involve an intensification of scare-villain themes, juxtaposed with images of the innocence and vulnerability of children, fuelled by a perception of their extreme social value. In part, the increase of interest in children's lives in advanced Western countries reflects demographic transitions, involving lower rates of infant mortality and lower birth rates generally. In these circumstances, each child is generally expected to survive into adulthood and each parent has fewer children amongst whom to spread emotional and financial investments. (The declining social value of older people in such societies is the concomitant trend, and reflected in media coverage as we saw in the last chapter). Additionally, with declining faith in an afterlife, children's future lives can become vehicles for parental hopes for some form of immortality or memorial, generally understood to be both a genetic continuation and a psychological one in the form of continuing characterological influence. An increased surveillance of children's lives results from this, with associated anxieties about threats to children's health and safety. In this chapter I shall describe how this is reflected in media coverage of threats to children, focusing eventually on illness, but placing this in the context of media coverage of childhood in general.

I shall also draw, as in Chapter 8, more fully on my own data analysis of news stories of people with cancer than has been the case so far in this book. This work with regard to adults with cancer has been reported elsewhere (Seale, 2001a,b, 2002), but an associated analysis of newspaper stories of children with cancer has until now been unpublished. The study involved analysis of 358 newspaper articles published in the English language press worldwide during the first week of October 1999, where the experience of a person with cancer was reported. The sample included the stories of 42 children with cancer in 36 newspapers, this being 11 per cent of the total of 382 people with cancer in the sample. This is a higher proportion than is justified by epidemiological statistics that show childhood cancer to being a relatively rare phenomenon. This reflects the social value of children and the news value of stories involving threats to them.

MEDIA CONSTRUCTIONS OF CHILDHOOD

We can begin our analysis of the role that media play in constructing childhood by considering commodification, before turning to depictions of childhood innocence.

Children as commodities

An increase of interest in childhood as a stage of life has led to a considerable amount of packaging, staging, surveillance and commodification, development in the early years of life being closely scrutinised for signs of deviation. This is a process in which media of various sorts play an important part, promoting knowledge of the 'stages' of childhood, advising on appropriate parenting and advertising the products necessary to become a healthy modern child or competent parent. Lieberman (1972) charted shifting fashions in toilet training advice between 1927 and 1974 in a popular American magazine, *Parents*. These years were crucial for the emergence of the subjectivity of the child in popular discourse: from having been the passive objects of behaviourist regimes, children came to be seen as active agents in striving for developmental goals. Thus, in the 1920s and 1930s, advice in the magazine was in favour of an early start to a training regime emphasising strict regularity, everything to be done on time in order to build up regular habits of feeding, bladder and bowel movements according to a system imagined to be scientific and efficient. By the mid-1930s, the start of a looser regime could be detected in some articles, with an increasingly co-operative relationship between mother and infant being recommended, so that post-war years saw a greater concern with individual 'maturation' towards goals. Crucial to such a self-directed disciplinary regime is a notion of childhood as a (gender segregated) progression through stages.

The architecture of ideas for the 'staging' of childhood is to be found in the many texts of developmental psychology that emerged as the century progressed. As Burman (1994) observes, 'change, growth and development has been fixed into taxonomies of ages and stages' (1994: 30). Concomitant with these are a host of graded products such as toys, games, food and clothing, organised to help structure experience. Luke (1994) has analysed how, as well as maturational stages, the toy industry marks gender differences, so that toys become an 'explicit pedagogy of gendered identity' (1994: 293). Thus, the toy retailer *Toys 'R Us* provides

for boys' and girls' sections, colour coding items according to assumed appropriateness for each gender, as well as other ways of marking sex difference:

So, for instance, the recent best-selling toy 'Supersoaker' – a watergun shaped like a handgun – engenders different kinds of social and bodily behaviours than its equivalents for girls. 'Flirt Squirts' waterguns for girls are shaped like compacts, lipsticks, and nailpolish bottles, all in fashion colours. (1994: 293)

Turning to Australian, American and British parenting magazines, Luke also found that 'The construction of infancy and early childhood in the baby gadgets and world of instructional toys has produced ever-finer distinctions within childhood by the increased segmentation of mothering activities, developmental stages, and mother and baby needs that the infant commodity discourse claims to cater for' (1994: 295). In the almost exclusively white, heterosexual environment of parenting magazines, parenting is assumed to be carried out exclusively by mothers, producing intensively pampered and cosseted children. In this respect, Luke notes, parenting magazines convey more conservative messages than some other media, such as television dramas and movies, where 'new' visions of families (men as parents, post-feminist families) have emerged.

Children and teenagers themselves, as well as parents, are targetted by manufacturers selling the concept of 'stage of life'. Viser (1997), like Lieberman, notes the shift that occurred in images of childhood post war, showing through a study of US magazine advertisements between 1940 and 1950 how newly discovered 'teenagers' were targetted as a potentially prosperous market. The age of children in advertisements rose during this period, and the level of happy excitement depicted in visual images of children increased. More space was given to images of products rather than text and children were pictured facing and thus 'hailing' the reader, so that post-war youths were trained to 'see *themselves* – not just adults – as subjects of the ad image's discourse' (1997: 98). This increased targetting has now led to a very widespread commercialisation of adolescence as a time of life, separate from childhood and adulthood and designated as needing a range of specialist products.

The commercial exploitation of childhood has, then, been associated with a set of ideas about what is normal at different stages of life, generating a widespread attachment amongst parents to these ideas in relation to their own children. Parental duty, these days, inevitably involves surveillance of children for signs of normality, and corrective action for any deviation. This culture of child surveillance has many institutional manifestations in schools, health centres and centres for psychological therapy

(Rose, 1989). It can be charted, too, in various scares about inappropriate behaviour, two of which I shall describe. These have received considerable media coverage: the social problem of hyperactive children and the phenomenon of the child beauty pageant.

Diller (1996) has estimated (from surveys of physicians and drug company figures) that 2.6 million Americans, mostly children aged 5–12, were taking Ritalin to control hyperactivity (known as Attention Deficit-Hyperactivity Disorder – ADHD). Production of the drug rose by 500 per cent between 1990 and 1995. In Britain there were similar rapid rises in the 1990s (Lloyd & Norris 1999) and in both countries media coverage has fuelled the increase. Searight and McLaren (1998) note that reasons for this lie in changes in diagnostic standards that mean that conditions previously categorised under different headings are now interpreted as ADHD. Additionally, ‘social, cultural and economic factors may also contribute to increased diagnosis. ADHD has become a common topic in the lay media. Popular discussions of ADHD may serve as a metaphoric expression of social anxieties, particularly with respect to children’ (1998: 467). In short, ADHD is a classic example of the medicalisation of a social problem, and the social problem is that of children who deviate from behavioural norms.

The media has played an important part in promoting the disease label and its drug treatment. Diller (1996) notes the prominence of ADHD stories in US media, stressing the benefits of Ritalin, contributing to a popular view of behavioural disorders having a genetic-biological origin, and therefore a chemical rather than a social or even psychological solution. Diller also notes that this has occurred at a time of increased pressure to succeed in the economic climate of the ‘lean and mean’ 1990s, seen as a way in which parents can improve children’s performance in an increasingly competitive society. Lloyd and Norris (1999) examine UK press articles over a period of five years, noting two major themes. On the one hand, much coverage features parents expressing concerns about difficult children, complaining of delays in getting the ‘right’ diagnosis from professionals inadequately aware of the condition. When eventually forthcoming, the disease label absolves both the children from the moral charge of being ‘bad’ and the parents from the charge of inadequacy. The other major theme of press coverage features ‘experts’, usually psychiatrists in favour of identifying the condition and speaking of its successful treatment by drugs, presented as forming an alliance with worried parents who have finally been rescued from the ministrations of professionals less committed to the diagnosis (or ‘incompetent’ as many press reports have it). The views of teachers or social workers, who might present a more social or behavioural view, are rarely featured. The authors of both

studies observe that the profit motives of drug companies are served by the current situation.

The Ritalin story clearly reflects an intensification of child surveillance by an alliance of parents and professionals concerned to adjust behaviour towards acceptable childhood norms. Chemical methods for achieving this are attractive in reassuring parental anxieties about their own role in generating children's behaviour disorders, as well as providing a cheap solution for professionals who might otherwise be engaged in the difficult and uncertain business of modifying psycho-social environments. Thus children are returned to appropriate childhood behaviour by the magic of drug therapy.

The phenomenon of the child beauty pageant, on the other hand, has been portrayed in the media as a system for organising deviance from norms of childhood innocence, presided over by an apparently pathological group of parents wanting to turn their children into sexualised commodities. Alongside condemnation, this also allows for opportunities to titillate media audiences with clips from the pageants. Media critics denigrate the pageant counter-culture as sex stereotyped and abusive, marking the anxiety they arouse about the failure to preserve childhood innocence. Thus the JonBenet Ramsay case stimulated considerable media interest in the culture of pageants. The unsolved murder of this six-year-old beauty queen in 1996 led to saturation coverage, involving considerable focus on her family life: 'the Ramseys imposed their own strange fantasies on their daughter and in doing so denied her an identity suitable for a six-year-old. Instead, they positioned her within a child beauty pageant culture that stripped her of her innocence by blurring the boundaries between child and adult' (Giroux, 1998: 37). Pageant participants, it might be argued, are doing no more than taking the commodification of childhood to its logical conclusion, constructing children as miniature adults in a peculiarly extreme version of the general orientation towards seeing children as harbingers of their future selves. Indeed, there is an element of class conflict over the appropriate response to beauty pageants. Walkerdine (1997), for example, prevents a revisionist account in which success in such events is seen as a way out of working-class restrictions.

But pageant culture in fact suppresses important elements of the 'normal' construction of childhood, such as its sexual innocence, and its supposed freedom from the demands of adult competitive standards, and this is the source of the widespread public condemnation that pageants (as well as other expressions of pushy parenthood) have attracted. In this respect the beauty queen phenomenon differs from the Ritalin child, since ADHD is felt to stem from a fundamental disorder in the child, rather

than a pathological parental culture. The response to both problems, though, demonstrates a commitment to keeping children in line with dominant cultural norms that are embedded in texts of child development and the age-graded entertainment industry products described earlier.

Innocence

The struggle to portray childhood as a time of innocence, involving freedom from adult worries and responsibilities, blamelessness and absence of sexual expression, is an important media theme. This, of course, influences the depiction of sickness in children, as we shall see, but is also evident in much other coverage. Burman (1994, 1996) for example has analysed images of children in charity appeals to solve problems of poverty, warfare and famine in third-world countries. Until recently, these frequently involved images of starving children, usually photographed from above and, classically, alone. This, Burman feels (as, eventually, did the charities who now construct different images), draws on existing Northern stereotypes of children as passive recipients of adult initiatives to infantilise the populations of Southern countries, positioned as unable to help themselves because they are unable to help their children. Northern donors can thus indulge in comforting rescue fantasies, sometimes actually played out in dramatic air-lift stories in which individual children (sometimes without their parents) are magically transported to Northern countries' hospital facilities for life-saving therapy, Northern donors acting '*in loco parentis*'. Linked to this is the notion of the (usually 'Southern') child whose childhood has been 'stolen', seen in reports of child soldiers or child 'slave' workers. Thus, the children in these stories are containers for (Northern) adult notions of what is, or ought to be, a child: a creature free of all responsibility and deserving of protection and assistance in reaching appropriate developmental goals.

Where actual children appear to deviate from norms of innocence, or reject an orderly progression through developmental stages, they can be subjected to extremes of stigmatisation. Both Burman (1999) and Kitzinger (1988) note that any sign of sexual awareness, interest or initiative by girls in media coverage of their sexual abuse is either censored or seen as a reason for a loss of sympathy for the child or teenager. Where children kill, as in the Bulger case where two older boys murdered a younger child, an active demonisation of the killers is implemented, so that these children are decisively expelled from childhood. As James and Jenks (1996) have noted, the killers in this case were portrayed in press

coverage as fundamentally and essentially evil, the media playing a significant part in representing and orchestrating pressure from the local community for extreme punitive measures towards them. In another less well-known case, where teenagers stabbed to death their headteacher (Lumley, 1998), a surge of stories emphasising youth crime resulted, drawing similarly on ideas about evil residing within the perpetrators, rather than analysis of social conditions that gave rise to such crimes. Thus the actions of children that threaten dominant norms are the occasion for thoroughgoing media condemnation. If, as the case of JonBenet Ramsay shows, the deviant child cannot themselves be blamed, then local sources of corruption (such as beauty pageant culture) are identified so that childhood innocence can be defended.

The tension between innocence and evil can also be perceived in media images of learning-disabled children (once called 'mentally handicapped'). By definition, such children deviate from childhood norms, being deemed unable to reach particular developmental goals. They are therefore a potentially threatening category of person for dominant media discourse. Dowson's (1991) study of UK press coverage of learning disability revealed a tendency to treat all such people, whether chronologically adult or not, as if they were children. Yet as children they are inadequate and can be somewhat threatening: their sexual desires are problematic, leading to stories about inappropriate behaviour or the potential of sterilisation. One newspaper referred to 'mentally deficient children' as 'affectionate and outgoing, with the kind of warm instinctive sexual response of puppies' (1991: 167) and much coverage was about the desire in various localities of residents not to have facilities for learning-disabled people built near them. At the same time as being sources of such unease, learning-disabled people could also be portrayed as innocent to an angelic extent, 'God's creatures', 'poor souls' or 'a race apart' (1991: 167). Thus media coverage treads an uneasy line when faced with an anomalous category.

CHILDREN IN DANGER

In a climate of intensive surveillance of children, in order to monitor and preserve their innocent progression through developmental goals that are felt to end in a normally fulfilled, well adjusted, successful adult life, threats to progression are particularly distressing. Such is the closeness of surveillance that threats, in fact, may be perceived before they occur,

small events being amplified as warning signs. If, in spite of these defences, threats are realised and can be pinned on someone, anger is very extreme and calls for harsh punishments are loud. Nowhere is this more evident than in the media coverage of child sexual abuse.

Abduction

We saw in Chapter 3 that media stories frequently take the form of a scare followed by a resolution, and in Chapter 4 it was shown that fear-provoking coverage was a major feature of media health stories. Altheide and Michalowski's (1999) study of the increasing news coverage of fear over time noted that a major focus for anxiety has been the safety of children since 'the symbolic value of children has risen dramatically in public life' (1999: 500). Best (1987, 1988) has documented the social construction of the 'missing children' problem in the US media in a case study that illustrates the power exerted by the theme of threatened children. In the 1980s, media coverage of this social problem, which emphasised the role of strangers abducting children for sexual abuse purposes, had reached epidemic levels. As Best puts it:

By the mid-1980s, the missing children problem had achieved extraordinary visibility. Americans saw photographs of missing children on milk cartons and grocery bags, billboards and televised public service messages. Toy stores and fast-food restaurants distributed abduction-prevention tips for both parents and children. Parents could have their children fingerprinted or videotaped to make identification easier; some dentists even proposed attaching identification disks to children's teeth. Commercial child identification kits were available, and at least one catalog offered a transmitter which could be attached to a child's clothing. (1987: 102)

Quite systematic distortions were involved in the media construction of the problem. Firstly, definitions of what counted as a missing child were kept fuzzy and as inclusive as possible, so that individuals in their twenties or 'runaways' who returned home after a day or two were included in the figures. Secondly, atrocity tales reporting particularly horrific cases were generally featured to grab readers' attention, so that stranger abduction, for example, became the imagined fate of all missing children when, in fact, this cause was statistically rare. Thirdly, very large figures were generated and talked up for an exaggerated effect, using the capacity to blur distinctions (between one-day runaways and others, for example) in order to present ever-increasing estimates. Numerical claims, where

feasible, also attempted to paint a picture of the problem as 'growing' and 'indiscriminate' in terms of class, race or region, in spite of an actual absence of reliable statistics. We have seen these kinds of numerical distortions before, of course, in the coverage of health scares (Chapter 4).

Best analyses the 'warrants' that, in the social construction of such problems, are used to justify drawing conclusions from the 'grounds' listed above. These contain all of the matters concerning the general value of children that have been reviewed so far in this chapter, as well as some other factors thrown in, as it were, for good measure: the preciousness of children, Best claims, is an important 'warrant' for the construction of missing children as a social problem; others include their blamelessness and their inherent right to be free from harm. Additionally, associated evils such as drugs and child prostitution warrant concern about the problem; police are criticised for not acting fast enough (as were doctors reluctant to prescribe Ritalin), so new legislation, measures and awareness are therefore required. The result is a raised media awareness and the campaigns (milk cartons etc.) that then emanate; advice on prevention and extensive measures for the social control and surveillance of both children and suspected child abductors are advocated. As a final irony, in view of voices making counter-claims about the inadequacy of the statistical base on which the whole edifice depends, there are then calls for more effort to be put into the gathering of accurate statistics, so that the extent of the 'problem' can be properly established.

The focus on 'stranger danger' in such stories clearly diverts attention away from sources of danger closer to home. Kitzinger (1999b; Kitzinger & Skidmore, 1995) notes that sexual abuse by male relatives, who are by far the most common sources of such abuse, is relatively underplayed in media reports. She argues that this is due to the discomfort that this creates in audiences, as well as news editors, whose conceptions of harmonious family life are threatened by such stories. Kitzinger (1999b) argues further that the sexual abuse of children within families is concomitant with current norms of appropriate male sexual behaviour, which involves the exploitation of power in sexual relations. It is much easier, she observes, to externalise the threat, so that hostility can be projected outwards onto supposed deviants, and media coverage is highly supportive of this. Thus the UK media in the late 1990s saw a great deal of coverage of the advisability of, and methods for, the containment and surveillance of 'paedophiles' released from prison. Local media played a part in orchestrating local campaigning groups' efforts to exclude such individuals from their territory, a vigilante and even 'lynch mob' mentality leading to the hounding of certain individuals so that, for one individual, the only place of refuge was eventually a police cell. Another man was

said to have committed suicide partly in response to harrassment from vigilantes (Beu, 2002). The socially constructed nature of this phenomenon is revealed in a quotation from a local government official involved in finding housing for released offenders:

I talked to the other senior managers who were in the same hot seat I was in. The general feeling was: this is difficult, this is *new*. I don't know why that is. I'm quite sure abusers were being released from prison ten years ago and going and living places. But no one was taking any notice. This was something that happened new, different, over the last two years. (1999b: 208)

At the same time, the media commonly fatigue of stories and, as was noted in Chapter 2, 'twitches' may be invented so that the poles are reversed, or at least questioned, in order to stimulate jaded interest. In Chapter 2, this was shown to be the effect of the False Memory Syndrome story in relation to child abuse, whereby abusers became the abused. The 'twitch' on the missing children phenomenon came when the *Denver Post* ran a Pulitzer Prize winning series in which the statistical evidence for the magnitude of the problem was quite effectively challenged, though as we saw this was countered by pressure groups arguing for better statistics-gathering facilities so that the story continued to run. No 'twitch' has thus far appeared, however, for the framing of paedophiles as irreversibly evil, in spite of the availability of psychodynamic or even genetic explanations that might be incorporated in a construction of such individuals as being themselves victims. Attempts by abusers themselves to construct justifications for sexual contact between adults and children have rarely, if ever, been given media space. I would suggest that the power of this taboo rests in the overpowering influence of the childhood innocence theme, which is relatively intolerant of attempts at reversal.

Abuse

Media reporting child abuse is highly sensationalistic, focusing in particular on abuse outside the home, with lurid tales of 'ritual' abuse or, as we have seen, abduction by strangers, attracting considerable attention. Most of us will be familiar with such material, and I have already referred to a number of studies, so rather than review studies (Gough, 1996, gives a good overview) I shall describe a single case study of media behaviour. This was originally reported by Berlin and Malin (1991), two psychiatrists caught up in media reporting of their treatment programme for

sexual offenders, whom they term 'paraphilic patients' who are 'at heightened risk of committing particular sorts of sexual offences . . . [including] public exhibitionism, sex with children, voyeurism, frottage, and rape' (1991: 1572). They argue that treatment failures rather than successes tend to get reported in the media, leading to biased opinion against psychiatric care for such persons, and document their experience of this at the John Hopkins Sexual Disorders Clinic in Baltimore.

In spite of the documented low rate of recidivism in people treated by the clinic (3 per cent of paedophiles re-offend after five years, for example, and the overall rate for 600 patients with a variety of sexual disorders is 10 per cent), a television series about the clinic, stimulated by the admission of a high-profile patient, emphasised failures rather than successes (claiming that 'The [clinic] has had many, many fail' (1991: 1573)) made lurid claims about the nature of these offences and interviewed parents of victims to produce atrocity stories. The clinic staff had been reluctant to give interviews to the journalists, fearing excessive focus on the celebrity case, being portrayed as defensive (as most of the programme had been made by the time the interview request was received) and being reluctant to discuss details of individual cases out of concern for patient confidentiality. In the event, their silence was used against them as evidence of an attempt to hide the clinic's alleged failings ('Dr Berlin (the clinic director) would not talk to us for this series' (1991: 1573)).

Berlin and Malin complain that the television reports used the real names of nine ex-patients, breaching their right to anonymity, and made exaggerated claims that these nine had returned to offending after treatment at the clinic had failed. It turns out that one of these nine had not been treated at the clinic. Another had been offered treatment but refused; two others had refused to comply with treatment after starting it. Another (himself a father of a young boy) had refused requests of boys to ride on his motor scooter (his previous mode of enticement) and had otherwise resisted situations conducive to his re-offending, yet had eventually been convicted because of an incident in which he had 'put mulch down [the] pants' of three boys, one of whom had done this to him. Police investigation of this incident was initiated at the request of a local parent-teacher association where one parent had complained about having a sex offender living in the local community. Another was also a sufferer from manic depression; contrary to the television report, he had not been convicted of a sexual offence but of manically spraying aerosol in a public place, causing no injury to anyone but a great deal of disturbance. Another had 'offended' in so far as he had not followed his treatment programme, a condition of his probation, but had not been convicted of any re-offence against children at the time of the television broadcast.

Berlin and Malin do not claim universal success for their clinic, but complain bitterly about such media distortion of their work. They observe that treatment facilities are rare, and their availability is not well known to the general public because too few professionals advocate them. They note that 'strong emotions are often elicited when individuals suffer at the hands of an individual who has failed in treatment [but] the suffering and humanity of those afflicted with psychiatric disorders, and the suffering of their families, must also somehow be communicated to the public' (1991: 1576). In particular, the authors hope, stories of treatment success might help, although for this to happen the newsworthiness of solely reporting tragedies would need to be resisted.

The apparent hopelessness of finding stigma champions willing to face the media on this issue, or of media producers being willing to give space to such views, stands in marked contrast to the situation faced by other stigmatised groups. In the cases of disability and AIDS, grassroots support and advocacy groups have become extremely high-profile media sources, routinely consulted by journalists when covering stories. No such group has emerged for child sex abusers who remain figures that are safe to hate. This is a direct result of the extreme value that is placed on the preservation of childhood innocence

Bunglers

A further feature of child sex abuse stories is the identification in media reports of a variety of professional bunglers who, through their incompetence or over-zealous approach, end up either failing to protect children at risk or identifying the wrong perpetrators. This stems from the fact that such people – classically, social workers – are in general involved in identifying family members as perpetrators, rather than strangers. While the protection of children may be a universal commitment, media and public opinion generally prefer to identify more external sources of threat, so that there are mixed feelings about publicly-appointed guardians who do not share this view. Additionally, by doing this journalists and other media producers can quite easily position themselves as the authentic representatives of their audience base. Thus, they curry favour with readers and viewers if they can place themselves in opposition to official opinion from time to time, or at least portray officialdom as divided. Media producers thereby artificially generate situations in which they emerge triumphant, causing endless annoyance to professionals caught up in these events. We shall see in Chapter 7 that this methodology is

nowadays increasingly applied in media reporting of health care professions.

British media interest in the social work profession began, as is pointed out by Franklin and Parton (1991), with the Maria Colwell case in 1973, where the social worker involved was vilified for failing to prevent Maria's death, to the extent that she had to be protected from an angry public when entering and leaving the public inquiry into the death, and eventually had to change her name to escape media attention. A series of such cases have created a climate of fear and defensive practice amongst social workers, with resources being disproportionately allocated to child protection work as a result. At the same time, cases in the 1980s, such as the Cleveland crisis in the UK in which social workers and others were criticised for unnecessarily removing children from their homes, represent the opposite pole of media opinion. Franklin and Parton observe that the 'public drama of child abuse enacted on the media stage require[s], it seems, that social workers must be cast in the role of wimps or bullies, fools or villains' (1991: 14).

Franklin and Parton show that the 'fool' stereotype is supported by British press portrayals of social workers as rather witless individuals, lacking in intelligence or common sense, who have a theoretical view of the world and, as one newspaper put it, do not 'know what life is about' (*Daily Express*, quoted in Franklin & Parton, 1991: 16). Additionally, they may be characterised as too liberal or casual, with 'laid back attitudes' (*Mirror*, quoted in Franklin & Parton, 1991: 17). However, this incompetence in the case of a child death extends to wickedness by default. Thus the *Sun* newspaper pictured a social worker in such a case next to a headline 'They Killed the Child I Adored'; and the *Mirror* reported that 'a bungling social worker was blamed yesterday for the death of four-year-old Kimberley Carlile' (1991: 17). Social workers are depicted as unrepentant for these lethal omissions: 'no-one even said sorry' (*Mirror*, quoted in Franklin & Parton, 1991: 18). Lack of readiness to remove children at risk from abusive families is the clear implication for newspapers in such cases.

However, it is precisely such removal that exposes social workers to an alternative set of charges when the circumstances are right. The Cleveland case (also discussed briefly in Chapter 2) exemplifies this, providing the template for a number of subsequent cases. Here, the stereotype applied is that of the social worker as insensitive bully. This case, in which numerous children were removed from their families following diagnoses of suspected sexual abuse by two doctors employing a controversial method of physical examination, also gave ample opportunity for the media to exploit professional difference. Indeed, the case can be best understood as

a duel between opposing forces, social workers and the doctors on the one hand, versus the local member of parliament (Stuart Bell) and a police surgeon on the other. This is an example of the general media strategy of placing opposites in juxtaposition (see Chapter 2). The opposing forces in fact formed 'teams', recruiting other professionals as players to their side, following a convenient division of genders. The only player to cross the gender divide was a second diagnosing doctor (Wyatt), who was duly dropped by the press as a source of interest in favour of Marietta Higgs, the female lead, whose personality, family situation and attitudes were subjected to closely critical attention by the press. Nava (1988) points out that the Higgs team was characterised as foreign, middle class, urban and feminist. The Bell team, by contrast, was depicted as local, with 'salt of the earth' and fatherly qualities, representing aggrieved parents falsely accused and unnaturally separated from their children. The eventual outcome of this unequal media contest was, predictably, critical of the decision to remove, largely failing to report the findings of an independent panel that many of the initial diagnoses had been correct (Donaldson & O'Brien, 1995). A single television follow-up programme some years later, in which the 'twitch' story was that many of the allegations of abuse had reasonable grounds, had an unusually muted reception from other media (Kitzinger, 2000).

Franklin and Parton (1991), like Berlin and Malin (1991) in relation to the John Hopkins clinic story, feel critical of the misrepresentation involved in such coverage. Distortions in budgetary allocations result from it, they say, and a negative impact on morale is experienced by professionals. Kitzinger (1999a) reports audience research demonstrating further negative consequences: a parent who delayed seeking protection for her child out of fear that social workers would separate them, a young girl who 'suffered sexual abuse in silence because "I used to think I'd get sent away if I told"' (Kitzinger, 1999a: 10). Kitzinger also found that media emphasis on 'stranger danger' added to parental fears about allowing their child outdoors, and contributed to the perception that sex abusers were easily recognisable as unkempt loners, rather than the male relatives and friends that they often are. Franklin and Parton (1991) advocate a variety of strategies for influencing media coverage towards more enlightened views. Yet the appeal of child abuse stories, and of the concomitant vilification of professionals involved, seems irresistible, its naked appeal being succinctly explained by a journalist:

Child abuse makes good copy. Here is the trial that involves hundreds of column inches devoted to the details of the child's grisly end. This allows for both public conscience and appetite for horror to be satisfied at the same

time. Then there is the ritual purification: the inquiry into what went wrong and the public execution of the guilty parties – the social workers. (Hills, quoted in Franklin & Parton, 1991: 47).

SICK CHILDREN

Media images of sick children draw on many of the themes I have reviewed. The innocence of child victims is contrasted with the evil of disease, and children and their parents emerge as heroically struggling against this evil. Family and community life under these circumstances is portrayed in idealised terms. Although a significant body of professionals (largely doctors) is designated as participating in the rescue of such children, there are plentiful opportunities to stigmatise bunglers – largely the bureaucrats and politicians who run health services and set the limits for funding rescue efforts. These fairy-tale media presentations involve significant areas of repression and silence, in the depiction of family life, of the suffering involved in illness, and the realities of clinical practice.

Rolland (1997) has argued that inspirational stories of sick and disabled children heroically overcoming obstacles too often represent adult fantasies that may be experienced as oppressive by disabled children and families who find themselves unable to cope in this way. Romanticised images of the family life of children with cancer, with parents positioned as endlessly self-sacrificing, children as invariably optimistic and brave, can involve serious distortions (Moller, 1996). In practice, family discipline can break down in the face of the immense pressure to treat one child as possessing special rights to parental attention; sibling rivalry may become intense under these conditions, especially if the painful procedure of bone marrow donation becomes the sibling's obligation. The provision of 'special treats' by well-meaning adults hits reality rather harshly in a story told to me by a nurse working with terminally ill children. A child in her care, offered a trip to Disneyland, wondered whether this meant death was around the corner for her. In her experience, she said, all the other children she knew who had made this trip had then died.

My own analysis of news reports of 42 children with cancer (see earlier in this chapter for an account of this study) found plentiful evidence for the idealisation of sick children and their families. Stories follow a fairly well-established pattern, initially setting out the grounds for perceiving the children as childish. Childishness in the stories was signalled by the frequent demonstration of their entitlement to the category-bound

activities (CBAs) of childhood. This is a concept taken from Sacks (Silverman, 1998), who uses it in his broader project of analysing membership categorisation devices in talk. CBAs are the activities taken to be appropriate, in a given society, for particular groupings of person. Children are thus expected to enjoy childlike things, and if they do not there may be a threat to established assumptions about normal behaviour. As we saw earlier, the activities and things of childhood are nowadays subject to quite careful age-gradations, which themselves have a scientific foundation in the disciplines of child development, and a commercial aspect in the provision of age-graded products such as toys. In the news reports the entitlement of children to childlike activities was used to produce the subjects of the reports as children, to show that illness threatened this production, and to engage in rescue dramas in which communal activity (of which the journalistic report is itself a part) repaired this damage.

Childhood was thus 'produced' in a variety of ways. Most commonly in the news articles that I studied, this was done by citing the sporting activities of children with cancer. Sixteen-year-old Michael Penon, for example, 'loved basketball' (*News Tribune*); eight-year-old Steven Newkirk 'liked sports so much that he began reading the newspaper when he was 4, to learn about his favourite Chicago teams, the Cubs and the Bulls . . . "he loved baseball and basketball" [said his father]' (*Chicago Tribune*). Otto Tang, who died aged 17, 'swam in the Class 4A state championships' (*Seattle Times*). Other sports activities of children with cancer included watching car racing and playing golf.

The possession, enjoyment and grateful receptions of toys and other kinds of present was the next most common indicator of childish category-bound activity. At a charity event, three-year-old Hunter Elizabeth Jones was presented with 'a stuffed animal dog . . . she gratefully named him "Atlas"' (*Press Journal*). The cancer clinic where 11-year-old David Stewart was treated contained 'Mickey Mouse toys and bright tropical fish stickers' and he spent much of his time there 'playing charades, exploring an aeronautics museum, and riding a toy bike around the pediatric ward' (*Boston Globe*). Eight-year-old Sarah Dowson 'can ride a bicycle and roller skate with help' in spite of her leg amputation (*Daily Press*). Ashley Suian's 'love of dogs keeps her in good spirits most of the time' (*Edmonton Sun*).

Another common device was to cite educational and other achievements as evidence of future potential, which is of course an entitlement of children in particular. "He completed 2nd grade at Pritchett last year and would've entered 3rd grade this year" [said his mother]' (*Chicago Tribune*); Kelly Freeman, who died aged 17, was a 'school athlete and an

author of childrens' books on "dogs, school and other subjects" (*Cincinnati Inquirer*). In Michael Penon's case, educational achievements combined with his sporting interests: 'Michael Penon loved swimming and scuba diving, basketball and math. He was a junior historian and knew the Bible backward and forward' (*News Tribune*).

Appearance also indicated childishness: 'little Louis Dwyer, 5 . . . [is a] cute, blond-haired, chirpy rascal' (*The Mirror*); 'Zachary Collins's chubby 2-year-old face smiled' (*Providence Journal-Bulletin*); six-year-old Jason Stephenson was described as a 'bubbly youngster' (*Birmingham Evening Mail*). David Stewart's appeal for those who raised money for his experimental treatment lay in his appearance as well as his other category-bound activities:

. . . hundreds of Massachusetts residents weren't about to extinguish hope. Not for an 11-year-old boy in cargo pants and basketball sneakers, who smiled and waved at the door of the plane taking him to his uncertain medical future . . . 'His father says, "Here's a boy out riding his bike and doing magic tricks, and I'm not ready to see this end.'" (*Boston Globe*)

Additionally, childhood was depicted as a time of entitlement to parental love and support, friends and playmates. Michael Rutter's mother took leave of absence from her job to care for her son (*St Petersburg Times*); Ulises Magana's mother was pictured as she 'hugs her son', another picture showed 'hugs from his sister' and yet another posed Ulises with his father (*Ventura County Star*). Five-year-old Autumn Jensen, who was partially paralysed and unable to swallow because of radiation treatment, 'rested her head on her mother's shoulder' (*Milwaukee Journal Sentinel*). Eleven-year-old David Gaetke 'got a hug from his mother' (*San Diego Union-Tribune*). Louis Dwyer's adoption as a charitable cause for 'Superstar Daniel O'Donnell' involved the said superstar being described as 'a new playmate' in a picture caption (*The Mirror*); David Stewart's 'playmates' were said to 'keep in touch' during his hospital treatment in another city (*Patriot Ledger*).

Thus childhood was routinely produced as a time of life in which certain stereotyped activities, entitlements and relationships are considered normal, healthy and desirable. Sickness could then be brought in as the destroyer of such innocently enjoyed entitlements and activities. Thus the mother of 14-year-old Bradley Rutter found that:

It was a rare day this summer when Dora Rutter could keep 14-year-old Bradley inside. Her son's inline skates, dirt bike and fishing pole were his constant companions. But that changed in August when Bradley was diagnosed with Burkitt's lymphoma, a rare form of cancer. Since then, Bradley's

days have passed either in a hospital or at home in bed. 'Before all of this, he lived outside,' Rutter said. 'It's hard on a kid, especially in the summer.' (*St Petersburg Times*)

The effect of cancer in threatening normal childlike or teenage appearance was emphasised: 'chemotherapy has claimed his blond hair' (*St Petersburg Times*); Jason Stephenson's determination to 'live life to the full' is achieved 'despite losing his hair' (*Birmingham Evening Mail*). Natalie Willis, 14, underwent treatment 'which caused her long hair to fall out' (*Houston Chronicle*).

The tragedy of the death of Steven Newkirk was given emphasis by the stress on how this disrupted his future, whose especial brightness was emphasised by his teachers:

'He was a very bright child. He was one of those kids you could see a bright future for,' said Jane Kier, principal of Pritchett Elementary School in Buffalo Grove, which Steven attended. 'He was charismatic. He was interested in things.' Steven went through kindergarten, first grade and second grade at Pritchett. His illness prevented him from starting the third grade this year. 'Our whole staff, we've all known him. We're all grieving together,' Kier said. 'You hate to lose a kid, any kid, and Steven was a very special one.' (*Chicago Daily Herald*)

Similarly, the promising school careers of two teenagers 'both from the school's gifted and talented classes . . . classmates who compete with each other for the highest grades at Westfield Middle School' were blighted by diagnoses of brain tumours (*Indianapolis News*). Due to his illness, Eric Gilliland had to take courses at home last year rather than attending junior high school: ' "He was so sick at times, but he never really complained" [his mother] said "He got four A's and two B's that year" ' (*Ventura County Star*). David Stewart's ambition to be a pilot was produced poignantly by his father, who waited to see whether his son would respond to last-ditch experimental treatments after conventional therapy had failed (*Boston Globe*).

Contrast between the innocent enjoyment of childish activities and the looming threat of illness is clearly, then, a key device for journalists wishing to increase the human interest value of their stories. This contrast between innocence and evil was particularly marked in the *Toronto Sun* story of Tina Beauvais who, having died from a malignant melanoma aged 13, was laid to rest next to the grave of Dennis Melvyn Howe, a suspected 'sex killer', 'career criminal and child killer' in whose apartment was found a bag of 'a little girl's underwear . . . [perhaps] some kind of macabre trophy.' The reporting of his death from cancer made much of

the fact that this man (who, we learn, smelled, abused alcohol, was covered with nicotine stains and had no friends) had not told anyone of the existence of his pet dog, so that it starved to death in his apartment as he lay dying a 'painful death' in hospital. The Tina Beauvais story focused on her mother's response to the news that her daughter's grave might be disturbed by plans to exhume Howe's body, but its chief appeal lies simply in the (literal) juxtaposition of the two bodies, representing opposite poles of good and evil: 'The suspected career criminal and child killer is surrounded by Christian crosses and headstones carefully tended by surviving loved ones.' In this story, then, we see a conflation of two threats to childhood innocence – cancer and sex abuse – providing a powerful journalistic opportunity.

More usually, cancer alone was used to represent evil, and the fact that much childhood cancer is now curable allowed journalists to engage readers in the kind of tense speculation about the outcome that is a familiar ploy in the reporting of sports events. As will be shown in Chapter 8, there is close connection between sports and cancer reporting, established in other media analyses (Clarke & Robinson, 1999; Seale, 2001a), since both genres can be understood, either metaphorically or literally, to invoke a struggle for survival. The underlying drama in the childhood cancer stories was the issue of which force would win, the evil cancer or the innocent child, the more immediate news interest being the way the contest was fought. The drama of searches to find bone marrow donors before a child died was a particularly exciting way to present this tension: "We've been to hell and back countless times, hoping and praying the right donor would come along before it was too late" said grandmother Teresa Dwyer' (*Belfast Newsletter*). Seven-year-old Coby Howard failed to make it to the finishing line: 'Howard's family mounted a desperate fund-raising effort [to pay for a bone marrow transplant] but could not raise the money in time to save Coby' (*Boston Globe*).

Parental love, community support and friendship were not shown as threatened, but instead as enhanced by the cancer experience. Indeed, much of the newsworthiness of the stories was derived from events that depicted almost superhuman efforts on the part of parents and others to protect and in some cases restore the threatened entitlements of childhood. In US news reports this could be made particularly poignant where parents were under-insured for the massive expenses of treatment, so that much of the immediate news interest sparking the stories were in charity fundraising events for the treatment of particular children.

The contrast between the world of childhood and the world of sickness

could be made especially poignant if the child could be designated as innocently unaware of a danger that only an adult mind could properly perceive:

Even at the most difficult moments, his family says, David [Stewart's] mind lingers on typically boyish thoughts. [His mother] recalls seeing David look glum and introspective after a Friday bone marrow test. When she sat down to console the boy, David revealed his thoughts: he prefers Monopoly to war games. 'He's doing better than I expected' [his father] said. (*Boston Globe*)

Here, the continuation of childish activity helps the journalist imaginatively 'rescue' David from the looming threat of illness by emphasising his immersion in the category-bound activity of game playing. David's interest in a variety of childlike activities was, as has been shown earlier, repeatedly emphasised in the reports of his bike riding and museum visiting in Seattle. Rescue efforts were more usually reported as literal, concrete community activities, which often surrounded the children with (newsworthy) special events and ceremonies whose effects were predictably positive and resulted in the continuation or restoration of category entitlements threatened by illness.

The focus of a benefit for eight-year-old Jason Perch, for example, was on a drag race and car show, enabling the journalist to write about Jason's 'passion for cars' and to quote his father saying ' "Jason is a car buff" ' (*Allentown Morning Call*). Teenager Eric Gilliland's passion for golf was such that it inspired the Orange County chapter of the Make-a-Wish foundation to get him a membership of a local golf club: 'the day got better when Gilliland was presented with bag after bag of golf shirts, balls, hats and tees. He even received a golf bag . . . "This is better than Christmas" said Gilliland' (*Ventura County Star*).

There was a distinct tendency in the reports towards idealisation of the child's character, perhaps made particularly so by the fact that five of these involved children who had died, thus introducing a eulogistic element to the report. Thus qualities of special insight, bravery, cheerfulness and altruism were commonly reported qualities of children with cancer. For example, Michael Penon's qualities were remembered by his parents, whose reminiscences are introduced sympathetically by the journalist:

Throughout his illness, Penon never lost his propensity for caring. When interviewed on national television shows, he repeatedly called upon potential marrow donors to help the many people in need. 'He didn't just say "Help me,"' Angela Tucker said. 'He was looking out for other people. Most kids would say "Help me."' (*News Tribune*)

Children still living with cancer, however, could also attract such eulogising discourse. Nine-year-old Ulises Magana attracted a number of comments from members of the community engaged in supporting him and his family:

‘He just draws you to him,’ she said, choking back tears. ‘Now you’re going to make me cry. He’s just very sweet and special and, what can I say, he’s just a great kid.’ Ulises is ‘one of God’s jewels,’ said Martha Brunner, a school worker who is close with the Magana family. ‘He’s just a wonderful, wonderful person,’ Vlahakis said. ‘I don’t know what it is.’ (*Ventura County Star*)

Obstructive forces

As in all good fairy tales (Langer, 1998; Propp, 1968), heroes must overcome the obstacles put in their path by their opponents. Just as social workers are portrayed in a negative light in child abuse stories, so health care administrators are stigmatised in child cancer stories. In fact, the view that health care ought to be an unlimited resource is promoted in a variety of media representations of health, illness and health care, as we shall see in Chapter 7. Television medical soaps, for example, consistently involve the stigmatisation of health care administrators, who are shown variously obstructing, impeding or attempting to cut back on the health care that doctors (usually heroically) attempt to provide. Drs Kildare and Casey possessed apparently limitless resources for patient care. The harassed medics in later soaps, such as those working in *St Elsewhere*, were perhaps less heroic, but were nevertheless depicted as oppressed by a hospital bureaucracy that obstructed the implied ideal of endlessly available health care (Turow, 1989). The economic context of health care receives little serious attention in such fictional portrayals and probably contributes to a generally low level of public understanding of political debates about health care (Turow, 1996; Gerbner et al., 1981; Signorielli, 1993).

One study of the media reporting of childhood cancer, conducted by Entwistle et al. (1996), focused on coverage of a single case by British newspapers. The case of ‘Child B’ hit the headlines in March 1995, involving parents taking a Health Authority to court for refusing to fund experimental leukemia treatment for their daughter. Coverage, Entwistle reports, underemphasised clinical considerations of the low likelihood of success and the potential for harmful side-effects, instead presenting it as a story about financial considerations denying a child a chance of life.

One other relevant study (Manning & Schneiderman, 1996), this time in a US context, reports an analysis of children's hospital promotional literature. The authors note that ethical committees in US children's hospitals spend half of their time debating cases where parents of terminally ill children object to professional's wishes to cease expensive treatments that offer a hope of cure. They identify a cause of these unrealistic hopes as being an emphasis on medical miracles in the promotional literature of the hospitals themselves.

In the childhood cancer stories that I analysed, the villains were commonly obstructive health care bureaucrats, denying children last-hope treatments for reasons kept deliberately obscure by journalists. Thus the David Stewart story hinged on the decision 'last month when the state Medicaid program refused to pay hospitalization costs associated with the disease and its treatment' (*Patriot Ledger*), prompting a surge of community fundraising activity that resulted in David being flown to Seattle for 'experimental' treatment. His parents 'remain angry at Massachusetts officials who they say cost David precious weeks in his fight for life . . . "They cost us some time" [his father] said of the state officials. He said David's condition had worsened considerably . . .' (*Boston Globe*). In another report we learn that 'The Relland foundation is named for a cancer survivor whose parents had to raise money themselves after Alberta Health rejected their plea for coverage of his treatment in the US' (*Edmonton Sun*). A British report, by contrast, focuses on the bungling efforts of Derby City Council who took two years to fit a specially-adapted shower for 16-year-old Zoe Woods, whose operation for cancer had resulted in a leg "so delicate they say that if I fall and damage it they will not be able to save it". Once fitted, the shower seat fell off the wall: "I couldn't believe it . . . [said her father] If that had been Zoe she would have been in serious trouble" (*Derby Evening Telegraph*). Health and social service bureaucrats, then, were aligned with the cancer itself in conspiring to destroy children's health.

In view of Manning and Schneiderman's (1996) analysis of the promotion of hopes for miracle cures in children's hospital promotional literature, it is of interest to note the reported words of David Stewart's doctor who, while commenting on the slim chances the experimental treatment offers, was quoted saying: "I feel that this is valuable for the family because, obviously, if he has a successful response, that's wonderful . . . If he has not, that really clarifies for the family that they have not left a stone unturned." (*Patriot Ledger*). These reports of children's cancer, then, appear to reinforce the tendency to regard medical care as an unlimited resource by generating a readiness to stigmatise bureaucrats. They also failed to dampen hopes for miracle cures since, unlike bureaucrats, doctors

(who provide these extremely expensive treatments) were nowhere criticised in the news reports, being aligned with the family and community in leading efforts to rescue children.

CONCLUSION

The analysis of childhood cancer news reports shows that these participated in the construction of childhood as a time of life where innocent children are entitled to childish activities. Cancer, in fact, is presented an evil equal to other evils that threaten childhood identified by media sociologists, such as the spectre of child abuse, abduction or the more distant evils that seem to happen to children in poorer countries. The threatened disruption of childhood also provokes the identification of villains and helpers. I have argued in Chapter 2, following Langer (1998), that this rhetorical exploitation of characters standing in opposition to each other is a somewhat standardised feature of news reports designed to evoke sentiment and identification in human dramas. A ready supply of villains who, at least in imagination, are conceived as the allies of cancer itself, are the heartless and bungling bureaucrats who run health care systems without prioritising the unique demands of sick children, who are deserving of limitless resources of care. While bureaucrats are stigmatised, placing them in the same camp as social workers, medical professionals, who of course benefit from this unquestioning valorisation of their expensive efforts, are conceived as allies and helpers in the childhood cancer story. Primarily, though, help at the most heroic level emanates from ‘the community’, conceived as gathering round equally heroic but nevertheless overwhelmed sets of parents, who are portrayed as confronting the limits of an almost endless supply of parental love. Thus parents both represent the best and most intensive aspects of community endeavour, and are at the same time in need of community support against the combined forces of disease and bureaucracy. Hence the opportunity for the journalistic report, which both records and orchestrates community effort.

Although doctors get off lightly in the reporting of childhood cancer, it will become clear in the chapters that follow this that this is not always the case. To a significant extent, contemporary portrayals of health matters in the media have participated in challenging medical authority. In the two chapters that follow I shall show how this has occurred, and how media-sponsored, somewhat narcissistic consumer-heroes have emerged in recent years to take centre stage.