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تحليل الخطاب النقدي لملصقات التوعية بالسرطان في حملات الصحة العامة

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المستخلص

تُعد حملات التوعية بالسرطان موضوعاً واسع الدراسة، غير أن التحليل الخطابي متعدد الوسائط – الذي يشمل اللون، والجسد، والطباعة (التايبوغرافيا)، واللغة – عبر أنواع السرطان المختلفة لا يزال غير مستكشف بشكل كافٍ (ماشين وماير، ٢٠٢٢). تعالج هذه الدراسة تلك الفجوة من خلال تحليل خطابي نقدي متعدد الوسائط مكون من مرحلتين لخمس ملصقات خاصة بسرطان الرئة. أولاً، يتم تطبيق إطار فيركلوف (١٩٩٥) على السمات اللغوية؛ وثانياً، تُطبق قواعد النحو البصري لكريس وفان ليوفن (٢٠٢١) على النمط البصري. تطرح الدراسة أسئلة حول كيفية بناء الملصقات لمفاهيم المخاطر، والفاعلية (الوكالة)، والمسؤولية الشخصية؛ وكيفية تناول التنوع؛ وكيف تتم إعادة إنتاج الأيديولوجيات عبر الوسائط المتعددة. تم اختيار خمس ملصقات بشكل هادف لتمثيل الأنماط المؤسسية، والإعلامية، والفحوصات، والأعراضية. تكشف النتائج عن أنماط متسقة من السلطة الطبية الحيوية، وفردنة المسؤولية، والترميز البصري القائم على النوع الاجتماعي، إلى جانب الإقصاء المنهجي للمحددات الهيكلية والاجتماعية. وتفضح الدراسة العمل الأيديولوجي الكامن وراء التصميم الإعلامي، وتوصي بخطابيات بصرية شاملة تأخذ بعين الاعتبار العرق، والطبقة الاجتماعية، والنوع الاجتماعي، والأسباب الهيكلية في حملات مكافحة السرطان المستقبلية.

الكلمات المفتاحية: التحليل الخطابي النقدي؛ التوعية بالسرطان؛ النحو البصري؛ الأيديولوجيا؛ التواصل الصحي.

A Critical Discourse Analysis of Cancer Awareness Posters in Public Health Campaigns

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Abstract

Cancer awareness campaigns are widely studied, yet multimodal discourse — color, body, typography, and language — across cancer types remains underexplored (Machin & Mayr, 2022). This study addresses that gap through a two-stage multimodal CDA of five lung cancer posters. Fairclough's (1995) framework is applied first to linguistic features; Kress and van Leeuwen's (2021) visual grammar is applied second to the visual mode. The study asks how posters construct risk, agency, and personal responsibility; how diversity is addressed; and how ideologies are (re)produced multimodally. Five posters were purposively sampled to represent institutional, informational, screening, and symptomatic variants. Findings reveal consistent patterns of biomedical authority, individualized responsibility, and gendered visual coding, alongside the systematic erasure of structural determinants. The study exposes the ideological work of informational design and recommends inclusive visual rhetorics that engage race, class, gender, and structural causation in future cancer campaigns.

Keywords: critical discourse analysis; cancer awareness; visual grammar; ideology; health communication.

1. Introduction

1.1 Background and Global Significance

With around 20 million new cases and a global death toll of 9.7 million in 2022, cancer is a major cause of death globally (Sung et al., 2021). Health services and activist groups are currently campaigning to prevent sexually transmitted diseases. Many of these public awareness campaigns feature posters displayed at public health clinics, schools, and online. These materials aim to facilitate early detection and promote healthy lifestyles. Design in warning labels not only educates but influences how the public perceives risk, illness, and the necessity for precautionary measures.

The information conveyed in health messages carries social meaning and reflects the values of society, thus health messages are not neutral. This is stated by Petersen and Lupton in 2022. The health posters convey certain assumptions on who is susceptible to disease, who is liable for preventing its

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occurrence and what actions are deemed as the most appropriate health measures. People are urged to 'get to know their body' and 'listen to the signs', but this approach fails to address issues like lack of insurance, unequal treatment, and not having access to healthcare facilities. Language functions in health promotion by using discursive strategies to convey the meanings of power relations which underpin them (van Dijk, 2008; Fairclough, 1995). In a close analysis of both the text of a story and the images it contains, critical discourse analysis uncovers how certain dominant ideologies are portrayed as natural and normal in public communication.

These ideologies include the cult of healthy living and the culture of people who fight to survive. This method brings to light which cancer patients' experiences are prioritized and which ones are ignored; for instance, it highlights the 'brave survivor' and those who are terminally ill or are economically disadvantaged. Cancer campaigns, specifically breast cancer, have been subject to scrutiny (Clarke & Lippman, 2024), with little information available about the language used in the promotion of other types of cancer. The way in which posters published after 2020 address diversity, equity and inclusion issues is also unclear. There is little research that utilises multimodal Critical Discourse Analysis to explore how colour, body representations, type and language interact on public health posters (Machin & Mayr, 2022).

1.2 The Question of Study

This study is guided by three research questions:

1. How do contemporary cancer awareness posters across different cancer types construct messages of risk, agency, and personal responsibility through the interaction of color, body representations, typography, and language?
2. How is diversity addressed in their visual and discursive choices?
3. What ideologies underpin the design and messaging of these campaigns, and how are these ideologies (re)produced through multimodal meaning-making?

2. Theoretical Framework

2.1. Overview of Critical Discourse Analysis (CDA)

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Language functions as a social practice, shaped by the interrelated social and cultural phenomena of power, ideology, and institutional control, according to critical discourse analysis. Critical discourse analysis holds that social structures are both reflected in and reproduced through language. In his work Fairclough (1995) describes three dimensions in which a text can be viewed. Firstly, it can be looked at in terms of linguistics, which is the language that the text is written in. Secondly, it is the practice in which the text is used, created, and interpreted. Lastly, it is part of a larger social and political context in which the text was produced. Researchers can use the critical discourse analysis to examine how health communication processes shape societal norms around health and wellbeing. They can also identify which groups in society have their health messages amplified, and whose health messages are normalised. Furthermore, they can determine how individuals are socially pressured into adopting certain health behaviours.

2.2. Application of CDA to Health Posters

These public health posters serve a purpose beyond simply providing information; they are symbolic tools that carry messages about how society views disease, the dangers we face, and who belongs within a community. Critical discourse analysis shows that public health information often treats health as a moral obligation of the individual, which is shown in slogans such as "Get screened!" Health messages that individuals should take responsibility for their own wellbeing include a refrain of "you have the power to be healthy." However, such messages ignore and thereby give little credence to structural barriers such as racism and poverty which prevent many from obtaining a state of wellbeing. Often depicted on cancer awareness posters are patients who are compliant, coping well, and are optimistic. These images create an 'ideal' model of how a person should be if they have cancer, but the reality is people often experience suffering, uncertainty or do not comply with the treatment. When analyzed using critical discourse analysis, the media representation of health problems is seen as a reflection of health promotion principles. These principles are that illness is something which can be prevented, that surveillance should take

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place to help prevent illness and that individuals are capable of maintaining their own health.

2.3. Integration of Multimodal Discourse Analysis (Kress & van Leeuwen)

They are more than just public health information products; rather, posters influence how the public thinks regarding disease, health risks, and citizenship. Critics using Critical Discourse Analysis have argued that health education materials often treat health as an individual moral obligation, evident in imperative statements such as 'get screened'. Rather than urging people to 'take control of their health', a message often used to blame individuals for health inequalities, consider emphasizing the role of societal factors. These might include issues like racism and poverty, as suggested by Sulik.

The images often used in cancer awareness campaigns show a woman with cancer who is very compliant with her treatment. This creates a certain ideal of what a person dealing with cancer should be like. Those who do not fit this ideal are not shown. In the context of critical discourse analysis (CDA), these representations can be seen as strategic choices that reflect ideologies of health promotion. These ideologies include prevention, health surveillance and personal health agency.

2.3.1. Visual Grammar and Semiotics

The study of signs, or semiotics, helps us understand how the visual style of a piece of work is imbued with symbolic meaning. The viewer is drawn to a person in a photograph if the image is shot in a way that the person looks directly at the viewer. A shot taken from low down conveys to the viewer that the person in the photograph is powerful. Cancer fundraising events often rely on a certain ambiance, the softly lit atmosphere combined with the smiling faces of participants, to convey a message that disease is something to be coped with and is not a threat. This atmosphere supports narratives of hope and the patients' resilience while hiding their death and the disease's failure.

2.3.2. Interplay of Text, Image, Color, and Layout

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The persuasive effect of a presentation depends significantly on a balance between its written and visual elements. The use of colour in certain campaigns conveys particular social messages: whilst the colour pink in awareness campaigns for breast cancer signifies solidarity and femininity, it could also potentially obscure male or those who do not identify as binary's experiences. Typography, page layout, and similar means are used to attract attention and show the importance of information as well as to direct the eye and establish a hierarchy of information. Despite the dominant political and ideological discourses, it purports to express, this combined text nevertheless offers a reasonable illusion of sincerity. This study explores cancer awareness posters as a potentially productive arena for negotiating health, identity and power with and through discourse and image.

3. Methodology

3.1. Data Selection Criteria

Using a deliberate choice sampling method, 5 posers of lung cancer selected that were representative of the messages the public are being given about lung cancer. This dataset reflects trends in public discourse over the period from 2020 to 2025, capturing the contemporary media conversation on mental health which took place in the post Affordable Care Act era. This study focused on lung cancer patients, a group often stigmatized because their disease is commonly associated with smoking, enabling researchers to explore how healthcare providers balance blame, prevention, and patient dignity.

3.2. Analytical Approach

This study adopts a two-stage multimodal critical discourse analysis (MCDA) to examine how contemporary lung cancer awareness posters construct meaning through linguistic and visual modes. Stage 1 applies Fairclough's (1995) three-dimensional model — text, discursive practice, and social practice — as the overarching critical framework. Each poster is examined for lexical choice, transitivity, modality, genre, and intertextuality, with attention to how structural causation is reproduced or marginalized (Machin & Mayr, 2022). Stage 2 applies Kress and van Leeuwen's (2021) visual grammar as a specialized tool for the visual mode, organized around

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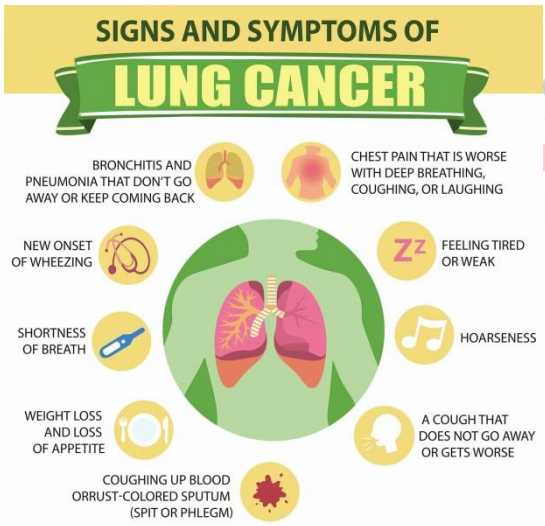
three metafunctions: representational, interactive, and compositional meaning. The two stages are sequenced so that Fairclough's critical framing defines what is at stake ideologically, while Kress and van Leeuwen's grammar specifies how visual choices produce that ideological effect. Five posters were purposively selected to represent institutional, informational, screening-oriented, and symptomatic variants of lung cancer discourse across Anglophone health communication contexts.

4. The Analysis

4.1first Picture from Hematology & oncology care cancer care center



Source: Lung Cancer - Hematology & Oncology | Cancer Care Center | Edison | Woodbridge | Union

4.1.1 Linguistic Analysis

The phrase "SIGNS AND SYMPTOMS OF LUNG CANCER" is an example of nominalization, a way of splitting up dynamic biological processes into static classifiable attributes (Fairclough, 1995, p. 187). The lexical choices, from "Bronchitis" to "Pneumonia" to "Sputum" and "Phlegm", confer authority while remaining understandable. The list revealingly exemplifies the reification of experience (Fairclough, 1995). Embodied illness becomes a series of listed discrete problems, the body an

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object for surveillance. Parallelism (DON'T GO AWAY OR KEEP COMING BACK) naturalizes chronicity. Passive, nominal constructions like "COUGHING UP BLOOD" delete the experiencing subject. Implicitly, they dehumanize by eliminating subjectivity. The use of capitals for the symptom list has a leveling effect, since all symptoms are presented as equally serious. The reader is invited to "check" their body against the list. This is what Machin and Mayr (2022) refer to as an individualization of health knowledge, its transfer from clinician to patient (without considering access to treatment): structural determinants (smoking history, occupational exposure and environmental risk) are absent. It is the act of symptom-spotting that represents the patient's agency over his/her health.

4.2.1 Visual Analysis

In terms of representational meaning, the central lung image is a concept, a classificatory structure (Kress & van Leeuwen, 2021, pp. 79-89), a taxonomic center around which symptoms orbit as visual participants of equal rank. The peripheral icons are classificatory participants, each having a specific color and graphic icon. Combining this with the interactive/generic level, the bright aesthetic - yellow background, cartoon-style icons, soft pink lungs - establishes a low-affect (open and friendly) mode of address (Kress & van Leeuwen, 2021, p. 140). Unlike the blue commonly used in medical iconography on some posters, the yellow is non-threatening. As there is no gazing (Kress & van Leeuwen, 2021, pp. 122-123), the body itself becomes the agent for communication through its checkable parts.

The radial arrangement of the lungs at the Center (Ideal) with the symptoms positioned at either end with equal distance in between represents a balanced distribution of compositional meaning. Accordingly, salience is also levied equally across the icons (Kress & van Leeuwen, 2021, pp. 177-181). In substituting clinical literacy for represented experience, making symptoms visible rather than readable, stripping patient subjectivity using an arsenal of color, Wong's green banner title and pink anatomical core create a color hierarchy that reads cancer as something serious, yet banal. This bright, reductive palette sanitizes its gravity, and naturalizes early detection

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and screening as panaceas, without addressing the structural determinants of late diagnosis.

4.2Second Picture from American Lung Association

Source : American Lung Association in New York releases fourth annual State of Lung Cancer report | WAMC

4.2.1 Linguistic Analysis

The linguistic surface of the poster is minimal, its ideological density high. The title encapsulates a nominalization in Fairclough's (1995, p. 187) sense, which erases agency by conceptualizing a process as a static, quantifiable object. Borrowed from a political context (cf. the "State of the Union" address), the tagging of the report purports to give an official stamp. It is not only a report of the state of affairs but of institutional vigilance. Reference to the institutional author, 'American Lung Association', conveys authority and legitimacy. The bare noun phrase elides the verb reports/publishes, so that the text is treated as a transparent account, without the production process being visible (Fairclough, 1995, p. 94). The temporal construction "2021": suggests that lung cancer is a condition to be surveilled, a technocratization of disease (Fairclough, 1995, p. 187). Linguistically, the text builds powerful discourses of medicalisation, the authority of medical experts, and erases the patient perspective and the structural causes of the disease (Machin & Mayr, 2022). It is clearly speaking about cancer, not to people living with cancer, a top-down expert-to-public discourse.

4.2.2 Visual Analysis

In semiotic terms, the visual supports the verbal through a network of semiotic choices. The bronchial tree image is representationally not a

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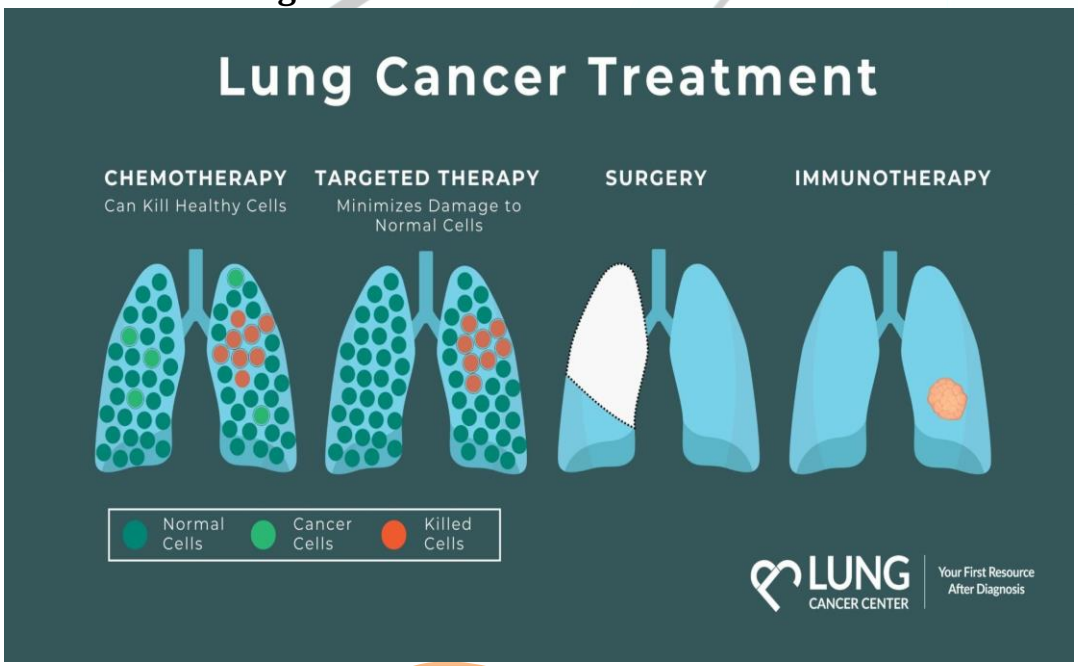
narrative, but conceptual/symbolic (Kress & van Leeuwen, 2021, pp. 79-89). There is no vector nor an actor, and the image represents the respiratory system as a classificatory symbol. The absence of a gaze in this interactive dimension can also be explained by the fact that there are no human figures in the image (Kress & van Leeuwen, 2021, pp. 122, 123). Its (idealized) frontal symmetry together with the medium social distance, produce what Kress and van Leeuwen (2021, p. 140) described as a detached, factual mode of address. The high naturalistic modality resulting from the smooth gradients and anatomical curves produced an authoritative and truthful image.

In compositional terms, the left block of text forms the Given zone, whereas the dominating illustration of the lungs forms the New and Center zones. This is achieved by the relation between size and contrast (Kress & van Leeuwen, 2021, pp. 177-181). The white bronchial tree is visible against the blue field because of chromatic contrast. The white box of text and the blue border represent the separation of institutional power from the symbolic lung. The cool blue palette signals clinical calm, objectivity, and institutional trust, and thus aligns the visual mode with the linguistic ideology of expert surveillance.

4.3Three Picture lung cancer Treatment



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Source: Lung Cancer Treatment - Surgery, Radiation & Chemotherapy

4.3.1 Linguistic Analysis

The phrase "Lung Cancer Treatment" is a complex bare nominal group. Fairclough (1995, p. 187) comments that nominalization via deletion of the verbs reifies dynamic medical practice as a bounded field. The four treatments are reified as simple words: "CHEMOTHERAPY", "TARGETED THERAPY", "SURGERY", "IMMUNOTHERAPY". This is a simplification of the complex information about the effects of these treatments into four discrete parallel equivalent compartments. Each panel has a short evaluative label: "Can Kill Healthy Cells" (note the modal Can, which functions as both disclaimer and warning); "Minimizes Damage to Normal Cells"; and unlabeled Surgery and Immunotherapy. The asymmetry of the labeling, with only two of the four panels containing descriptions, also naturalizes a hierarchy of informativeness, erasing the comparative content.

The cell-color language ("Normal Cells", "Cancer Cells", "Killed Cells") thus shows how the medical profession has pathologized bodily experience: "killed" has violent connotations, while "cancer" can be counted and located. Such taxonomies move illness from population-level structural determinants to cellular disease mechanisms, and away from patients' experiences of illness. The patient is absent as a subject; the discourse speaks of cells, treatments, and mechanisms of action (Machin & Mayr, 2022).

4.3.2 Visual Analysis

Semiotically at representational level, the four lung images form a comparative, classificatory (Kress & van Leeuwen, 2021:79-89) series of parallel visual offers, with the dispersal of killed cells (chemotherapy), the local dead cells (targeted therapy), the discarding lobe (surgery), and finally the remaining mass (immunotherapy) showing an increasing degree of precision, and containment of the remaining cancer. At the interactive level, there is no direct gaze (Kress & van Leeuwen, 2021, pp. 122-123). The lungs are now depersonalized samples, evoking Kress and van Leeuwen's

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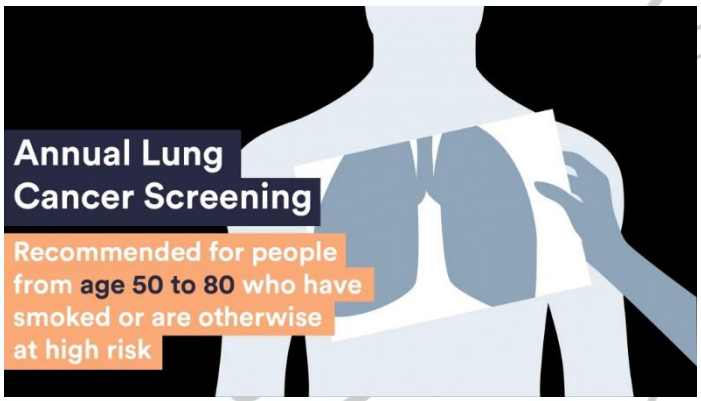
(2021, p. 140) clinical register. A dark teal background and restricted color palette contrast with the warm yellow of the symptoms infographic.

The horizontal organization of treatments from left to right (Given → New) contributes to the compositional meaning (Kress & van Leeuwen, 2021, pp. 177-181). Salience, the degree to which the viewer perceives the object as prominent, is stressed by the contrast of orange and green colors. Flanking the LUNG CANCER CENTER logo and tagline "Your First Resource After Diagnosis" is the legend at the bottom which anchors the visual taxonomy as institutional knowledge.

4.4Fourth Picture from Survivor Net



Source: Lung Cancer: Prevention & Screening - SurvivorNet

4.4.1 Linguistic Analysis

The phrase "Annual Lung Cancer Screening" operates as a nominalized institutional directive (Fairclough, 1995, p. 187). The removal of the verb (get or undergo) removes the agent. Screening is no longer something that one gets or undergoes; it is a procedure to which one must comply. Annual temporalizes it as part of a cycle of biomedical surveillance. The subheading "Recommended for people from age 50 to 80 who have smoked or are otherwise at high risk" is an example of what Fairclough (1995, p. 94) would term passive expert discourse. Recommended is a non-agentive, modal form which obscures the institution and authority behind the recommendation. The subject of people…who have smoked or are otherwise at high risk is cast as a risk population, rather than an agent with context. Finally, otherwise at high risk triggers residual categories for non-smokers;

occupational exposure to carcinogens, genetic susceptibility, and exposure to air pollution, thus casting structural causes as individual risks (Machin & Mayr, 2022). In this way, the linguistic choices reproduce a discourse of biomedical governance; readers are positioned as passive consumers of expert screening protocols (Fairclough, 1995, pp. 73-76).

4.4.2 Visual Analysis

In terms of representational meaning, this image involves a narrative action structure. In Kress & van Leeuwen's terms, the arms are vectors (pp. 79-89) holding the X-ray up. The X-ray in front of the chest enacts a transactional "reveal" relation, as the body is shown to itself, and to the viewer. Mise-en-scne-wise, the figure is looking away from the viewer and has no visible eyes, implying that there is no gaze exchange (Kress & van Leeuwen, 2021, pp. 122, 123). In terms of angle, the image is frontal and medium-close, leaving a factual distance (p. 140).

The figure's anonymity gives the viewer one more generic state, inviting anyone reading the screen to relate. The high naturalistic modality, gradients, and anatomical proportions are associated with scientific realism. Compositional meaning: The navy "Annual Lung Cancer Screening" box is situated in the top left corner, whereas the orange "Recommended" box is situated in the bottom left, which is left-aligned (Kress & van Leeuwen, 2021, pp. 177-181). The figure is centered, but salience is achieved through tonal contrast with the black background, while the orange accent box creates the highest chromatic contrast, drawing the user's attention to the recommendation as the most important informational payload. The color function of the two colors also builds on blue-gray's association with clinical detachment, and orange's association with urgency and calls to action.

4.5 Fifth Picture from VA USA Department of Veterans Affairs

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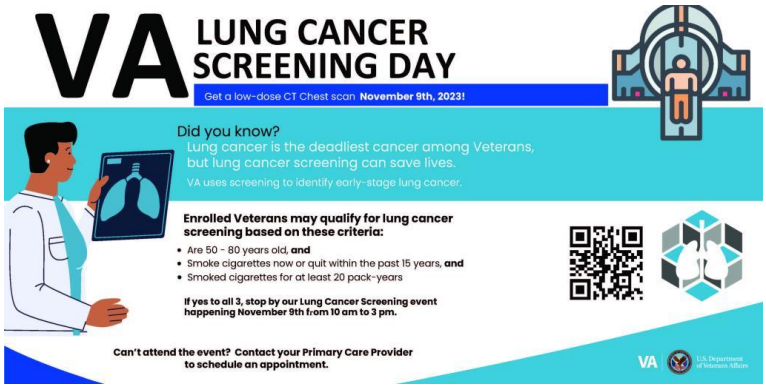

Source: VA Lung Cancer Screening Day | VA Syracuse Health Care | Veterans Affairs

4.5.1 Linguistic Analysis

The headline "VA LUNG CANCER SCREENING DAY" is a nominalized compound noun phrase institutionalizing the screening day (Fairclough, 1995, p. 187). By creating the screening day as an instance of a specific and new audience, "Veterans", it is contrasted with the generalized subjects of other posters. That "Lung cancer is the deadliest cancer among Veterans" uses superlative 'deadliest' for urgency, and "lung cancer screening can save lives" framing uses modality 'can' to construct screening as a necessity. Machin and Mayr (2022) consider this construction typical of health communication.

The criteria for the individual to become eligible for the screening study contain the bureaucratic features of risk (Fairclough 1995): "50-80 years old, and / Smoke cigarettes now or quit within the past 15 years, and / Smoked cigarettes for at least 20 pack-years". The conjunctive "and" establishes the criteria as a checklist and positions the individual as a self-screener. The criteria do not account for occupational exposure (Agent Orange, asbestos, burn pits) which is a meaningful risk factor in the Veteran population, and they do not consider differences in lung cancer outcomes by race or socioeconomic status. The closing call to action to "stop by" and "Contact your Primary Care Provider" positions the Veteran to deliver institutional outcomes.

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4.5.2 Visual Analysis

In terms of representational meaning, the doctor and patient images constitute a narrative (Kress & van Leeuwen, 2021, pp. 79-89) in which the doctor's arm forms a vector towards the X-ray he is holding to create a transactional "show" relation. The CT scanner image (top right) is a conceptual symbol for the screening technology. From a level of interactive meaning, the direct gaze of the doctor is a "demand" image (Kress & van Leeuwen 2021, pp. 122, 123) asking for the attention of viewers. The doctor is one of the few men to be identified as Black male. The frontal, medium social distance creates what Kress & van Leeuwen (2021, p. 140) call a personal, professional mode of address.

The teal banner anchors the top Center (Ideal) zone while the human figure anchors the left Given zone. The screening criteria anchor the middle New zone, while the logos of institutions anchor the right area (Kress & van Leeuwen, 2021, pp. 177-81). The typography is bold and a teal accent color is used to create salience, alongside the large scale of the human figure. The cool color palette is one of institutional trust, and with the figure of the doctor humanizes the institutional authority of medicine treating the individual patient.

5. Discussion and Conclusion

5.1 Discussion

This paper offers a multimodal discourse analysis of contemporary lung cancer awareness posters, focusing on how risk, agency and responsibility are constructed through the relationship between their color schemes, imagery, linguistic content and layout. Utilizing Fairclough's (1995) three-dimensional CDA and Kress and van Leeuwen's (2021) visual grammar as a framework, the analysis addresses eight posters relating to prevention, institutional reporting, screening, symptomatic education and treatment. The findings reveal a common multimodal grammar of biomedical authority, with one exception.

Linguistically, discursive operations include the use of dense nominalization (e.g. "State of Lung Cancer"; "Symptoms of Lung Cancer With Brain Metastasis"), the passive voice (e.g. "Recommended for

people…") and rhetorical questions rephrased as statements (e.g. "What is lung cancer and how can we prevent it.") that target the viewer as passive recipients of expertise, and stress the individualization of responsibility for the technocratization of disease (Fairclough, 1995, p. 187). However, the VA poster's use of direct address ("stop by", "Contact your Primary Care Provider") presupposes an active institutional agent role for the Veteran. Its conjunctive "and" criteria exemplify Fairclough's (1995) bureaucratization of risk, reducing smoking history to a to-do list (yet ignoring exposure to occupational risk factors, which only Veterans experience).

The blue, high naturalistic modality, frontal perspective, and absence of human gaze work to naturalize institutional authority (Kress & van Leeuwen, 2021). Orange as a prominent color for the "Recommended" visual adds urgency; on the verywell poster, it adds gender. The bright yellow symptoms infographic sanitizes the threat posed by disease through pictorial signifiers, and the dark teal treatment poster creates a clinical comparative register. The VA poster is the only one to feature a human figure looking out at the viewer (a Black male physician). His presence counters the depersonalizing nature of the clinical terminology used in the other seven.

These findings also support the idea that posters fail to represent racial, socio-economic, and body diversity. The very well poster depicts only women, thus reproducing a women-as-patients script. However, the exclusively Black physician of the VA poster is the only explicit racial marker. Furthermore, race, class, and occupational exposure become residual risk categories (Machin & Mayr, 2022) that, ultimately, do not disrupt existing health inequities. In sum, the multimodal ensemble naturalizes ideologies of individual blame, biomedical authority, and gendered illness while the VA counter-example shows that cancer communication that is more inclusive, humanized, and attentive to structures is indeed possible.

5.2 Conclusion

In answering the research questions, this study sought to explore how contemporary cancer awareness posters construct risk, agency, and personal

responsibility through multimodal discourse and how they do or do not engage with issues of diversity and ideology. Using Fairclough (1995) and Kress and van Leeuwen's (2021) frameworks, the analysis of the eight lung cancer awareness posters revealed three findings.

First, we find that posters use a tightly integrated multimodal grammar, where color, image, text, and layout interrelate to construct risk and individualize responsibility. High naturalistic modalities, blue-coded clinical color palettes, anonymous figures, and technical jargon render the viewer a passive recipient of biomedical authority. The VA poster mostly features a Black male physician with a direct gaze, suggesting that institutional medicine can offer expertise and humanizing attention.

In response to RQ2, race, socioeconomic status, and body diversity were absent in all the posters. The verywell poster depicts only women, thus reproducing a women-as-patients script; the other six anonymize, anatomize, or universalize the patient. The VA poster's Black physician is unique for its use of racialized imagery. Its depiction of race, class and occupational exposure is based solely on residual categories, such as "otherwise at high risk" (Machin & Mayr, 2022). The representations reinforce the very structures of inequality they are intended to challenge.

Third, to answer RQ3, the design naturalizes ideologies of individual blame, biomedical authority, and gendered illness via its multimodal ensemble; the linguistic and visual choices render them commonsensical and unquestionable. This suggests that informational health design is never ideologically neutral. However, the VA counter-example shows that institutional discourse can humanize and structurally attend to specific patients in meaningful ways when participatory design is more than a name.

Theoretically, the study contributes to multimodal CDA by illustrating how the consonant linguistic and visual modes co-produce ideology and how counter-examples can complexify the dominant patterns. It also shows how Fairclough's (1995) macro framework of social semiotics can be used with the micro-analysis of multimodal discourse by Kress and van Leeuwen (2021). Practically, it calls on public-health communicators to learn from the VA

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model to center race, class, gender and structural causation in cancer campaigns rather than individualized risk profiling.

5.3 Limitation and suggestion for future studies

Generalizability is limited as the sample is limited to English-language campaigns from the United States, the United Kingdom and international cancer organizations. The exclusion of low- and middle-income countries, where attitudes and awareness of cancer is culturally complex, is also a limitation. Finally, the approach is limited to institutional communications and does not account for user-generated content or social media, which is increasingly being used for public health messaging. Its qualitative approach was subjective, and without any audience-reception studies (surveys, interviews, etc), it could not measure whether the intended messages were received as intended. Its focus on lung cancer was also a limiting factor that, while providing depth, made it difficult to compare the stigma of lung cancer to that of other stigmatized diseases, such as liver cancer or cervical cancer. However, the study provides a basis for future public health communication to critique visual and textual elements of institutional lung cancer campaigns and to develop broader narratives. Future research should include a larger dataset of campaigns from the Global South, Indigenous contexts, and campaigns executed by patient advocacy organizations. Such an analysis would address how ideology works differently when medical experts' monologue is replaced with patient voice, and when color, body, type, and language mobilize represented experience.

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