

**POWER AND THE NEWSPRINT MEDIA'S FRAMING OF
THE DOWNTOWN EASTSIDE**

by

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RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF URBAN STUDIES

In the

Faculty of Arts and Social Sciences

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SIMON FRASER UNIVERSITY

Spring 2010

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ABSTRACT

The newsprint media's portrayal of the Downtown Eastside (DTES) is often taken as just an objective reflection of the DTES without taking into account the media's constitutive capacity and the power relations embedded in such representations. Thus, the media has broad social implications, affecting such phenomena as DTES related public policy and social movements and ultimately, the DTES itself. These social constructivist sentiments provide the theoretical basis for my content analysis of 247 articles of *The Vancouver Sun* and *The Province* from 1997 to 2008. I argue that the media's dominant framing of the DTES reproduces and is, in part, a reflection of the existing asymmetric power relations of society. Consequently, this hegemonic framing doubly stigmatizes the DTES: firstly, privileging outsiders' monochromatic portrayals of the DTES as a problematic space defined through the medicalization, criminalization, and socialization lens and secondly, framing its residents as passive social actors of constructive change.

Keywords: Downtown Eastside, News Framing, Power, Social Construction, News Media, Power Relations, Stigmatization, Medicalization, Criminalization, Socialization, Content Analysis.

For my parents and their immeasurable sacrifices, support, and commitment to their children. Your legacy is a much-welcomed burden.

ACKNOWLEDGEMENTS

This research project would not be, if not for those who are.

My supervisor, Professor Nicholas Blomley, your dedication to my success, your devotion to excellence, and your exceptional qualities of patience, encouragement, inspiration, and vast knowledge have made this journey enjoyable and rewarding. Thank you so much for your unwavering commitment and gentle tutelage.

Professor Noel Dyck, Professor Karen Ferguson, Professor Matt Hern, Professor Eugene McCann, Professor Geoff Mann, and Professor Christopher Pavsek, your inspiration, your innovative teaching style, and your challenges to do better, think deeper, look wider, explore more have spurred an unquenchable curiosity in me. Professor Peter Hall and Professor Anthony Perl, your sage guidance has grounded my wide-eyed, the-sky's-the-limit academic inquiries into more manageable and methodologically sound endeavours.

Thank you to the Urban Studies Program for creating such an academically nurturing and socially fulfilling environment and Terri Evans for easing me through the academic bureaucracy with efficiency and fun. I will miss our short but entertaining chats in the hallways.

Thank you to the S.A.S.A. (Students Against Studying Alone) members, especially Genevieve Bucher, John Calimente, Alix Freiler, and Mary Ellen Glover who have entertained, supported and encouraged me over coffee and countless hours in the library. Thank you for engaging and amusing me in profound discussions such as the existential nature of muffins.

To those friends who I have neglected while I was deep in my studies, thank you for your patience and understanding that, as seemingly inconceivable as it may be, sometimes books are more of a priority than beer, chess, music, or sailing.

Lastly, thank you to the friends, residents and dedicated workers of the Downtown Eastside. Your lives, your wisdom, your acceptance, your courage, your challenges, and your successes have taught me much. I will be forever indebted.

Thank you.

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CHAPTER 1: INTRODUCTION

“The power to define a place can often mean the power to decide its destiny” (Blomley, 2002 p. 574).

The Downtown Eastside (DTES) in popular discourse¹ is a problematic space. As such, the DTES is *asserted* or *constructed* to have objectionable condition(s) or behaviour(s) that invite intervention(s) for their change, amelioration or alleviation. It has become a metonym for disrepute, poverty, degeneration, pathology, disease, danger, moral and physical decay and a social burden. The statistics associated with the DTES are unrelenting: for example, the poorest postal code in Canada and highest HIV conversion rate in North America (Gurstein & Small, 2002). In many ways, this discourse has become hegemonic in popular imagination. Due to its hegemonic nature, this perceived reality has taken the veneer of an objective hard reality, a taken-for-granted, unquestioned phenomenon, reified, naturalized, stabilized and congealing into a doxa and commonsense – appearing to be just how things are. This hegemonic dominance drowns out the subaltern discourses that exist in embryonic form, thus, universalizing a particular point of view that the DTES is a problematic space. Thus, the DTES as a problematic space becomes what is real to us.

Studies of images and representations of space have increased; concomitantly, so has the importance placed on the symbolic world and its constitutive and constituting influence of the material world. As Knox and Pinch assert, “the method in which we represent reality is just as important as the underlying reality itself” (2006, p. 3). In a world increasingly resembling a world of hyper-reality, of simulacra where images blur with reality, where cities are preoccupied by re-branding and where imagineering, once a purview of Disney, has become, for example, an element of neighbourhood development and the acquisition of world city status (Paul, 2004), the view of language as a medium to describe, and thus simply reflect reality is being or has been destabilized. From this theoretical perspective, language and the symbolic realm are now also seen as constituting reality. As such, the symbolic world has broad social implications, affecting such phenomena as DTES related public policy and social movements and ultimately, the DTES

¹ The project rests on a tenet of postmodern thoughts that space has multiple realities contingent, among many other factors, upon the positionality of the observer. Thus, at times, the DTES is referred to here with qualifiers like ‘the DTES in popular discourse’ or ‘the DTES as conventionally conceived’ to denote that the DTES in question is just one of the realities of the DTES.

itself. Since the local print media is an important purveyor of symbolic devices where meanings are produced and consumed, thus, in part, constituting the DTES in popular discourse, it is important to interrogate how the local print media portrays the DTES. Relatedly, I am interested in the relative power of differently placed social actors (referred to here as Claims Makers) to frame that portrayal. As Ericson et al. (as cited in Critcher, 2003 p. 140) posit, “news formulation takes on the character of reality, and the preferred solution takes on the character of inevitability.” This popular rendering of the DTES affects all the stakeholders and thus, the DTES. As such, the print media becomes a symbolic landscape in which the rendering of the DTES is not only propagated, but also can be a space for contestation. If so, what are the frames advanced in the print media and how well are each social actors doing in advancing their frames of the DTES? By knowing this, the social actors can best determine from their own interest how best to proceed in advancing their particular frame in the media. In addition, by interrogating the power relations² in the journalistic construction of the DTES, I hope to problematize the taken-for-granted popular conception of the DTES. Thus, my research questions are *how has The Vancouver Sun and The Province framed the Downtown Eastside from 1997-2008?* and *what power relations are reflected in such framing?*

SOCIAL CONSTRUCTIVISM

In this project, I adopt a social constructivist theoretical framework. Social constructivism rests on the “idea that the social context of inquiry, rather than the world which is investigated, determines - constructs - knowledge. Knowledge, therefore, is always relative to its social setting (there are no absolutes), and the outcome of an active process of fabrication rather than the discovery of a reality pre-existent and fully formed” (Johnston, Gregory, Pratt, & Watts, 2000). This project is part of the continuum of change in sociology since the 1970s. Instead of theories that focused on analyzing and describing social problems, many contemporary theories seek to understand how and why social problems are defined as such (Gusfield, 1996). In addition, this project is supported by “theories that have emphasized the subjective or

² By power relations, I mean a concept that defines power in a relational sense rather than conceiving power in a separate sense as in certain social actors possessing power (eg. X is a powerful person) without linking the relationship among the asymmetric power each social actors possess. Thus, this term recognizes that power “is a property of social relations [and] not the attribute of the actor” (Emerson, 1962 p. 32). Power refers to both the power ‘to’ as in having the resources to influence and power ‘over’ as in having the power to dominant.

intersubjective construction of places through imagination or discourse” (Light & J. M. Smith, 1998 p. 2). Unlike positivism, this project appreciates the constitutive role humans play in reifying reality especially in the “defining activities of human beings” (Barak & Bohm, 1989, p. 275). One of the tenets of this school of thought is that “language and other forms of cultural representation are to some degree constitutive of the reality they represent” (Johnston et al., 2000). Representation plays a part in constituting reality as much as it affects it. As such, space can be discursively constructed. Geographic representations are not only a reflection of embedded power relations (Said, 1979), but can, in part, construct space in a mutually constitutive fashion. For example, Scott (as cited in Proudfoot, 2006), shows that the German government’s reconceptualization of the forest as a space of utilities, an act of geographic imagination, produced a new form of space – the forest farm of order, uniformity, monoculture, and high yield trees - unlike the ‘natural forest’ before it.

Social constructivism is an appealing philosophy of thought for those promoting alternative realities of the DTES. As Gergen (2001, p. 1) posits:

A constructionist intelligibility opens what can be a precious space for reflection, reconsideration and possible reconstruction. Herein lies an enormous emancipatory potential, granting us a capacity to step outside the taken-for-granted and to break loose from the sometimes strangulating grip of the commonplace.

Thus, the social constructivist sensibility provides space for social actors to be critical of the status quo, and to imaginatively reconstruct and to reconstitute the DTES and its residents.

DTES: A Power Embedded Social Construction

This project is supported from the social constructivist perspective that rests on the argument that the symbolic world affects the material world. As such, I suggest that the DTES as a social space is a social construction with a “plurality of possible realities” (Gusfield, 1981 p. 3). The DTES, like other places, is “heterogeneous – an assemblage of elements thrown together by diverse and sometimes contrary forces” (Light & J. M. Smith, 1998 p. 1). From this philosophical sensibility, the DTES is interpreted as a “negotiated reality, a social construction by a purposeful set of actors” (Ley as cited in “symbolic interactionism,” 2000 para. 3). Due to the emphasis I put on the symbolic nature of the DTES, it may give the impression that I am suggesting that the DTES is a sole product of representation. I am not. Similar to Soja’s term (as cited in Woolford, 2001 para. 24), the DTES is a “spatiality - or "socially produced space" - ...

neither completely material nor imagined.” I assert that the DTES is a product of the mutual constitutive interaction between the symbolic and material world.

Materially, the DTES is located in the northern part of Vancouver, a city known internationally for its natural beauty and high standards of living. The area contains the city’s largest concentration of low-income residents and single room occupancy housing forms. Physically, it exhibits signs of social degradation in the emaciated bodies of street entrenched drug users, the open drug market, the homeless population, the missing women case, the substandard hygiene and a disorderly and economically depressed streetscape.

The DTES, as popularly conceived, has the unenviable reputation of an inner city neighbourhood innately plagued by social problems. Part of the narrative is that the DTES had a golden past of social vibrancy and economic vitality. This narrative is emblematic of the nostalgia associated with the pioneer decades of Vancouver and the time when the average family can safely walk and shop in the DTES. Nowadays, the picture is much darker and dangerous. Conventionally conceived, the DTES has become the blighted and tainted neighbourhood – the consummate ‘skid row’ - plagued by social ills, economic decay, and dangerous predators. In the last 10 years, pivotal events have come to define the DTES in the popular imagination including the rising panic over the open street drug market; the epidemics of disease associated with this phenomenon; the emergence of harm reduction as a philosophy and practice in response to this phenomenon; the missing women case that garnered international attention; and the homelessness problem. However, this project asserts that the idea that the DTES as a problematic space did not “spring up, full blown and announced, into the consciousness of bystanders” (Gusfield, 1981 p. 3), but “requires a system of categorizing and defining events” (Gusfield, 1996 p. 247). In other words, in line with Gusfield’s (1981) social constructivist explanation of social problems, the popular perception of the DTES as a problematic space is not self-evident, of the nature of things, but as geographer Soja (as cited in Woolford, 2001) contends, a constructed product of the social, cultural, and physical world. That is to say, as Spector and Kitsuse (as cited in Critcher, 2003 p. 22) argue with reference to social problems, the notion of DTES as “a kind of condition must be abandoned in favour of a conception of them [social problems] as a kind of activity,” one of the activities being claims making in which a selection of facts and perspectives are drawn upon and promoted by what I will refer to as Claims Makers to describe the DTES. Conceiving of the DTES as a condition veils the perspective that the DTES is, in part, a product of social agency, taking on the air of a naturalized phenomenon where its condition is beyond human agency to

constitute and alter. Conceiving the DTES as a kind of activity is useful in that it allows the interrogation of social agency, and thus power relations involved in the construction of the DTES rather than seeing the DTES as it is; where the news stories and frames often take the appearance of transparent descriptions into reality rather than as interpretations.

I propose, like other scholars, that the realities that are promoted in the media are, in part, an outcome of power-laden social processes, and thus, a reflection of the asymmetric power structure of society. This is so because as Gusfield (1981, p. 8) posits, the “[p]ublic arena is not a field on which all can play on equal terms; some have greater access than others and greater power and ability to shape the definition of public issues.... The status of a phenomenon as a problem is itself a matter of conflict as interested parties struggle to define....” The print media is one of the sites where the symbolic war is waged. Similarly, Levy advances the claim that news stories are “a site on which various social groups, institutions, and ideologies struggle over the definition and construction of social reality” (as cited in Carragee & Roefs, 2004, p. 219). In other words, the print media is an arena in which Claims Makers, in their many incarnations, employ the power of language and images to frame the parameters of truth and reality.

In the case of the DTES, some Claims Makers may frame the DTES in a negative frame to advocate for more entitlements for the area. Some may do so to score political points or to justify their funding requests and proposed interventions. Still others may do so to depress the economic value of the area to widen the rent gap as a way of increasing their profit margins. And still yet others may do so to distance themselves from the stigmatized area. In most cases, as Blomley (2002 p. 574) aptly states, “The power to define a place can often mean the power to decide its destiny” and I may add, the destiny of its stakeholders. That is to say, the ability to frame and thus define the urban space – the DTES - through the representational medium of the print media, is one of many channels through which the DTES is constituted.

Nevertheless, in the claims making process, different claims of truth are signified, and given privileged airing in the media. Scholarship would suggest that those who have the power, authority and legitimacy in society gain the most exposure of their conceptual claims of the DTES in the media. As Dreier (2005 para. 16) suggests:

Business-backed organizations (such as the chamber of commerce, foundations, or policy groups) have the resources (staff, reports, blue-ribbon task forces, social connections) to get their concerns into the media's line of vision, while low-income groups often have to resort to protest. As a result, local newspapers devote greater

resources to official news (news initiated by government officials and agencies) and central business district concerns than to the concerns of low-income neighbourhoods or to broad regional issues that require reporters to cover concerns that cross municipal boundaries.

Of all social actors or groups making claims and assertions, only the more powerful ones are looked upon with authority and often gain the public ear; they appear to set the pace and much of the framework of the debate; they appear to be the ones who are interested in defining, affecting and solving public problems (Gusfield, 1981). Thus, based on the literature, I speculate that the media's portrayal of the DTES is less a reflection of an objective reality, but more of a reflection of the embedded power, authority and legitimacy of the Claims Makers and their selective facts and perspectives – their frames.

This project was inspired by Sommers's PhD thesis, *The Place of the Poor: Poverty, Space and the Politics of Representation in Downtown Vancouver, 1950-1997* (2001). In his thesis, he asks the question "How has the DTES been constructed as a problem and thus an object of knowledge and power?" (p. 37). He asks this question to problematize the contemporary discourses of 'moral panic' and 'nostalgia' that claim to reflect the DTES's 'recent historical reality,' characterizing these discourses as "tactical responses to a situation of intensifying socio-political conflict over the control of space" (p. 285). In his thesis, he performs a Foucauldian analysis of knowledge-power, teasing out the imaginative and representational processes and power relations involved in the DTES's stigmatization (50s-60s), rehabilitation (60s-80s), and re-stigmatization (80s-90s) and its people over the past 55 years. Similar to one of Sommers' (2001) arguments that "texts are media of power" (p. 39), Massey argues that the conceptualization of social spaces such as the DTES is "constituted out of social relations, social interactions and for that reason, always and everywhere an expression and a medium of power" (as cited in Westwood & Williams, 1997 p. 6). My project is an extension of Sommers's work. Firstly, I offer an analysis of the representation of the DTES from 1997 (Sommers' end point) to 2008. Secondly, while he analyzed a variety of sources - historical and governmental documents, media and interview sources - I will engage in a more focused analysis of media representation, in particular, articles from *The Vancouver Sun* and *The Province*. In this project, I hope to be able to analyze the power dynamic that is reflected in the media. Who and what institutions are being quoted or sourced the most and how prominently do they appear in the newspaper? Who has taken prominence in establishing the conception of the DTES? And what persuasive tools do the Claims Makers employ in their framing of the DTES?

MEDIA REPRESENTATION, POWER AND MATERIAL CONSEQUENCES

Contrary to popular notions, much of the recent studies on the media have problematized the claim of the news as “an ‘objective’, ‘impartial’ translation of reality (Allan, 1999 p. 4). These scholars argue that the “news account, far from simply ‘reflecting’ the reality of an event, is effectively providing a codified definition of what should count as the reality of the event” (p.4). In other words, there is “no representation without interpretation” (Dorfman, 2004 p. 309). Despite this shortcoming – media’s imperfect rendition of the DTES - the news media plays an integral part in constituting places. There are several ways in which news media contributes to the constitution of a place and varying opinions of the news media’s impact on the social constitution of place. Some scholars position the media as the important mechanism in constituting space like Cohen (as cited in Critcher, 2003) while others such as Shoemaker “often treat news media as mere channels through which passes information...[with] little recognition that news media may themselves transform information and affect the deviance of people or groups” (as cited in Critcher, 2003 p. 131).

The reasons for the varying opinions on the media’s role in constituting ‘reality’ is the difficulty of separating the media’s influence over other agencies involved in the construction; and the danger of generalizing the media as a monolithic entity that has similarities in practice and effect (Critcher, 2003). However, in this media saturated world of second-hand experiences, I agree with Surette’s (as cited in Gordon, 1996 p. 3) argument that:

Each individual constructs a social reality based upon interaction with an objective reality (the physical world) and information received from a culture’s symbolic reality (language, art, the media) to create a subjective reality that directs his or her social behaviour...The mass media has evolved...to become the dominant player in the symbolic reality realm and, by default, in the subjective reality construction process.

In addition, according to Ericson et al., it is generally acknowledged that “news organizations are active in constituting what are social problems and what should be done about them” (as cited in Critcher, 2003, p. 131). Moreover, “reporters are key constructors of reality. Their eyes and pens mediate notions of city and neighborhood circumstances and conditions” (Wilson & Mueller, 2004 p. 283).

In the case of the DTES, I argue that the local print media, in part, plays an important role

in constituting the DTES due to Vancouver's print media's performative quality and the prominence of its coverage of the DTES. The claims of 'truth' about the DTES in the local print media are amplified and this 'truth' enters the cultural echo chamber where the representation of the 'realities' of the DTES are perpetuated, referenced and self-reinforced throughout the culture, becoming naturalized and taking on the appearance of reality - the unquestioned taken-for-granted world. The DTES, as commonly conceived, becomes an established mental map in which "cognitive misers"³ (Entman, 2004 p. 12) such as some journalists have been characterized, continually use to frame their reporting of the DTES. In this repetitive cultural circulation of the 'truth', where the DTES has been naturalized through, in part, the media's representations, the local print media takes on a performative quality. The repetition and prominent circulation of the local print media's framing of the DTES, like Judith Butler claims about gender, "congeal over time to produce the appearance of substance, of a natural sort of being" (Butler, 1990). Thus, the local print media, as a discursive medium and as part of the language game, "has performative power to bring into being the very realities it claims to describe" (Fairclough, 2003 p. 204).

Media, Public Opinion and Political Leaders

In less abstract and more practical terms, the news media's role in regulating the understanding of the DTES, its residents and constitutive processes plays an important role in guiding the social, political, cultural, and religious practices and social relations in the DTES. The news media, in part, "shapes and legitimizes the attitudes and dispositions, policies and practices of its collective audience" (Gregory, 1995 para. 5). That is, the news media, in part, shapes public opinions and well as that of social actors such as government officials, and politicians who according to Dearing and Roger (as cited in Critcher, 2003 p.137) "take the amount of media attention given to an issue as an indirect expression of public interest in the issue." Some, such as Golding and Middleton (as cited in Critcher, 2003 p. 138) suggest that "in longer terms, media coverage not only moulds public opinion, to all intents and purposes, it is public opinion, or at least that visible version of it to which politicians and administration respond." These quotes suggest that the media can and does influence policy decisions if the decision makers take into consideration the public perception on the issues. However, as Entman

³ Cognitive misers are people "who work in accordance with established mental maps and habits" (Entman, 2004 p. 12)

(2004, p. 123) concludes “public opinion, officials’ behaviour and news frames are so thoroughly interdependent that definitive conclusions about citizenry’s power and representation remain elusive.” While the relationship between them remains ambiguous, this project subscribes to Entman’s (2004, p. 123) media cascade model that theorizes that:

The public’s actual opinions arise from framed information, from selected highlights of events, issues and problems rather than from direct contact with the realities.... Elites for their part cannot know the full reality of public thinking and feeling, but must rely on selective interpretations that draw heavily on news frames. Policymakers relentlessly contend to influence the very news frames that influence them.

This model highlights the importance that the media plays in public policy generation and implementation. This model also adds another important insight to media studies. In the process of media construction and consumption, Entman (2004) convincingly argues that while the parties involved have different motives, competences, and understanding, information as framed through the media becomes less and less comprehensive and thorough and becomes more narrow and selective as information ‘cascades’ from the elites such as political leaders via the media to the general population. The frames become cruder to the point of stereotyping, simplification and overt generalization. As a result, in the case of the popular images of inner cities, the outsiders see the area as a “monolithic entity” (Wacquant, 2007, p. 172) of pathology, delinquency, and depravity instead of the nuances and complexities that are experienced by the locals. In the light of the crude framing of information that gets filtered down to the public and the general public’s passive spectator status and relative inattention to the nuance of the issues, the public, being one component of leverage in a democracy, while powerful in one sense, can be easily manipulated by the informational elites. However, just as important to keep in mind, is that “even if we could explain all the variance in public opinion by reference to elites and media, we could not conclude the public is irrelevant to policy or that representation is empty” (Entman, 2004 p. 145).

The Fluid Power of Media

This project does not subscribe to the notion that the media is an omnipotent entity that has unchallenged authority in calibrating and manipulating the general public for the benefit of the elites, treating the public as unquestioning and easily misled. I recognize the multiplicity of factors involved in influencing public perceptions. Yet, while the public may not be so easily herded in support of a particular frame, they remain vulnerable to media and elite manipulation. “Most scholars agree that ordinary citizens possess underdeveloped ideologies, uncertain

motivations to deliberate carefully on policy issues, and tenuous command of important facts” (Entman, 2004 p. 163). In the same vein, Gramsci theorizes that individuals succumb to the dominant discourse, not out of false-consciousness, but because it is “convenient to or expedient in a social universe defined by the ruling classes” (as cited Woolford, 2001 p. 36). If the media is one of the carriers of that dominant discourse, then that situation supports the idea that the public, while not an inevitable and foregone conclusion, is quite vulnerable to media and elite manipulation. At the same time, there are many instances where the dominant framing promoted by the media did not dictate the public mood or the actions of political authorities. Media’s influence in public policy can be tempered by political courage, self-interest, and unforeseen rational and emotional rationales and current events. As an example of the limits of media power, Jenkins (as cited in Critcher, 2003 p. 27) asserts that “it is dubious if the media could create and sustain a campaign to demonize a group or individual if there was not already a constituency prepared to accept such a view.” Similar to Entman’s (2004 p. 120) sentiment, this project in “no way implies that media came to determine public opinion or public policy by themselves.”

I am not asserting that the print news media has a privileged position in shaping people’s perceptions of the DTES. In fact, many would argue that its influence is waning. However, following Foucault’s theory on power, as in power ‘to’ instead of power ‘over’ – power being fluid, dispersed, and diffused rather than emanating from a discernible, sovereign source – the print media is one of the many factors contributing to political decision-making and the implementation of policies in the DTES. In other words, among other variables, the print news media is an influential factor.

Media Frames and Their Material Effects

“Elites gauge public opinion not only by looking at polls but also by using news frames to draw inferences of likely public responses” (Entman, 2004 p. 21)

The definition of frame is wide and diverse. One of the more useful definitions of frame is the ones that focus on its agency to organize perceived reality. In this project, I adopt Entman’s most frequently quoted definition: “To frame or framing refers to the process of selecting and highlighting some aspects of a perceived reality, and enhancing the salience of an interpretation and evaluation of that reality” (Entman, 2004 p. 22) “as a way to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation” (Entman, 1993 p. 52). As such, frames define problems, diagnose the causes, cast moral judgments and

suggest remedies. This project will focus on the framing of the DTES through the frame elements of *definition*, *causality* and *treatment* (defined in more detail in Chapter 2: Methodology). The frame of moral judgment was not considered due to space constraints.

Framing research has examined the utilities of frames by different social actors, their involvement in the social construction of meaning, their role in advancing particular ways of seeing - thus reality - and their material consequences (Carragee & Roefs, 2004). Examples of the frame's material effects have been demonstrated. For example, "Kinder and Sanders found that whites' support for government policies such as tax breaks for business and increased spending for schools is significantly greater when framed in class terms (as benefiting the poor) than in racial terms (as benefiting blacks)" (Entman, 2004 p. 27). Also, framing AIDS with reference to the danger of its spreading while omitting the infringement of civil liberties associated with disease control can lead to draconian public policies that limit freedom and the protection of privacy (Entman, 2004). Conversely, in a study conducted Sniderman, Brody and Tetlock (as cited in Entman, 1993), they found that when people with AIDS were framed to accentuate civil liberties considerations, the majority of people supported rights of person with AIDS. In addition, Hayes et al. (2007 p. 1850) suggest that the Canadian newspapers' dominant framing of health stories as health care issues instead of socio-economic issues has the material effects of dampening "critical health literacy on broad determinants of health". In general, most studies suggest "that on most matters of social or political interest, people are not generally so well-informed and cognitively active, and that framing therefore heavily influences their responses to communications" (Entman, 1993 p. 56). Thus, framing affects the responses of the audience that, in turn, can trickle up the chain of public support into public policies, producing various material effects.

Urban Space, Media Construction and Stigmatization

Framing is important in shaping the perception and experience of urban space. Most news media's representations of inner city urban space and their problems tend to accentuate the negative and as Macek (2006 p. 145) argues, "focus overwhelmingly on violence or underclass deviance." The media's propensity to construct inner city urban space as problematic has many material consequences felt by the community and outsiders. As many scholars have maintained, space is "crucial to processes of identity formation, stereotype construction, othering, objectification and binary construction" (Knox & Pinch, 2006, p. 51). Spaces in the form of places "reflect, heighten, and prolong moods.... Places permit or prevent desired and undesired

social interaction” (Light & J. M. Smith, 1998). As such, territorial stigmatization, as an act of naming, and naming by framing, is one of those effects by which the DTES, as an urban space, is experienced. When the stigmatization becomes the hegemonic discourse, it can contribute to the stereotyping of the place.

Once the stigmatization and its possible ensuing stereotyping of the DTES become entrenched into people’s imaginations, this particular negative frame becomes hard to dislodge. As well, like other places, those symbolic processes affect the residents’ “personal dignity that colours interpersonal relations and negatively affects opportunities in social circles, school and labour market” (Wacquant, 2007, p. 30). To the residents, “territorial stigmatization affects interactions with employers, police, courts, street level bureaucracies, relationships...” (Wacquant, 2007, p. 174). In turn, the stigmatization of the space develops and reinforces the identity of the residents. Conversely, this stigmatization also discourages outsiders from entering the area. The culminating effect is the accelerated decline and abandonment of the area by certain segments of society (Wacquant, 2007). While Wacquant’s observation may be broadly correct, I suggest that the moral evaluation of stigmatization may be more contested. Contrary to general assumptions, some social actors benefit from this stigmatization. For example, the stigmatized and the professional champions such as non-profits may use this stigmatization to garner entitlements such as an increase of social welfare for the DTES, or it may enhance the solidarity of those who are externally stigmatized. In addition, a stigmatized space may be conferred with exceptionalism. While this state of exception can lead to state-derived abuse and oppression, it can also sanction behaviours and policies that are not tolerated elsewhere such as (if not in intent, but in effect) the facilitation of public drug use.

In sum, most academics in the social constructivist field would agree with Wacquant’s (2007, p. 142) argument that

Representations that circulate in the journalistic field contribute to fashioning reality to the extent – which is never negligible – that they influence the ways in which the latter is perceived, managed and experienced, both by those in charge of the bureaucratic oversight of ‘social problems’ and by those who are the target of their interventions.

In other words, the media, in part, can influence the “analytical frameworks through which the situation [in this case, urban space] can be parsed and judged, support mobilized, decisions made and policies formulated” (Douglas, 2003, p. 49). Therefore, it is important for members of an urban society to acknowledge and reflect upon the significant power of the media in framing

urban space. More immediately, it behooves all the stakeholders to understand how the media represents the DTES in order to efficiently and effectively advance their particular agenda.

GAPS IN FRAME STUDIES AND POWER RELATIONS

In general, the academic literature on the DTES adopts one of two perspectives. First, we can identify an extensive literature on the DTES that adopts a positivist perspective, much of it through a medical lens (Kerr, Wood, Small, Palepu, & Tyndall, 2003; Rekart et al., 2003; Schechter et al., 1999; Shannon, Bright, Duddy, & Tyndall, 2005; H. A. Smith, 2003; Wood et al., 2001). However, these studies “typically lack a reflexivity toward their subject matter” (Barak & Bohm, 1989 p. 1), and often fail to take into account that reality is, in part, a product of the “defining activities of human beings” (Barak & Bohm, 1989 p. 1). More importantly, they fail to appreciate the power relations involved in the construction of the DTES. By contrast, my project, like some other social science studies, rejects positivism in favour of a social constructivist perspective in which the DTES is not a given, but a product of social agency and the symbolic and physical world. In this, I contribute to a second literature on the DTES (eg. Butler, M.L., 2004; Culhane, 2003; England, 2004; Gordon, 1996; Haggis, n.d.; Jiwani & M. L. Young, 2006; Pitman, 2002; Pratt, 2005; Stone, 2009; Woolford, 2001). These studies illuminate the representation of the DTES as for example a “space of criminality” (England, 2004), or a “zone of degeneracy” (Jiwani & M. L. Young, 2006), However, these studies often focus upon specific subjects and their subjectivities such as prostitution and prostitutes, crime and criminals, race and minorities, and health and the sick. My intention is to explore the representation of the DTES more generally. Further, I intend to more carefully interrogate framings of the DTES, recognizing that there are multiple frames simultaneously at play, yet that some are more dominant than others. Thus, I position this project with reference to the second literature, but unlike it, I pay closer attention to the media framing details. This project will not only identify themes, but in addition, I will include the scale of those themes – thus the frames – in terms of the prominence and magnitude in which they appear in the media and connect them to their associated Claims Makers. In addition, this project allows for the evaluation of the dominance of each frame, which in turn, illuminates the power dynamic of those social actors. Dominant frames are often associated with dominant social actors.

The significance of this project is that it provides, in practical terms, opportunities for those social actors involved to intervene and influence the symbolic landscapes to further their

particular agenda in the eventualities of the DTES. Thus, these social actors can use this information to inform their media strategies as they attempt to shape the ‘realities’ of the DTES to their images and advantages.

Furthermore, from an academic perspective, this project attempts to partially fill the gap in framing analysis that have so far paid little attention to power. In acknowledging Entman’s assertion that frames in news reveal “the imprint of power” (Entman, 1993, p. 55), Carragee and Roefs (2004) contend that recent framing research projects “have neglected the relationship between media frames and the broader issues of political and social power.” They urge that future investigations should focus on “how the distribution of power shapes the construction and interpretation of these frames” (p. 215). Furthermore, they observe that most framing research either ignores the Claim Makers who sponsor specific frames or limit their exploration of Claims Makers to those of the elite while ignoring subaltern social groups, thereby missing the opportunity to expose the relational power dynamic embedded in the media’s coverage of a particular frame. This project is an attempt to partially fill these research gaps. I will attempt to illustrate the power relations reflected in the print media’s portrayal of the DTES by excavating the dominant frames and tracing those specific frames to their respective Claims Makers. Unlike other research, a range of Claims Makers, from the elite to marginalized Claims Makers will be studied. That is, by examining what is said, how it is said and by whom, I hope to shed light upon the general asymmetric power relations in society. This endeavour adopts Carragee’s and Roefs’ (2004) assertion that the Claims Makers’ resources are central to the ability of a specific frame in entering and dominating news discourse.

CHAPTER 2: METHODOLOGY

“Every way of seeing is also a way of not seeing.” (Kenneth Burke as cited in Gusfield, 1996 p. 272)

Gusfield (1981) interrogates the power relations, the structure and the processes in which social problems develop. According to him, the public character of social problems, such as popular conceptions of the DTES, is a result of the contestation among power relations of social actors and their specific conception of the definition, causality and treatment of the social problem. Adopting Gusfield’s work to that of Entman’s (2004) framing analysis method which defines frames by their frame elements of definition, causality, treatment and moral evaluation, I would like to explore the ways in which the DTES been framed in the local print news media and the associated power relations. The definition frame element denotes how the Claims Makers define the essential character of the DTES. The causality frame element illustrates what the Claims Makers attribute as the cause(s) of the problems of the DTES. The treatment frame element points to the solution(s) or remedy(ies) of the DTES’s problems. More details are provided in table 2 below. The combination of the frame elements contributes to the overall framing of the DTES. For example, one framing of the DTES can be: the DTES is a place of criminality plagued by the dangerous class; the cause is governmental neglect and misguided policies; the remedy is governmental intervention specifically in the law and order sector.

THE METHODOLOGICAL FRAMEWORK

The project is a descriptive one, utilizing both qualitative and quantitative analysis. The conceptual framework guiding this project is supported by a combination of empiricism and post-modernism. This study rejects positivism as an epistemological bedrock but embraces empirical investigation as one of its methodological tools. I am employing these quantitative and qualitative methods so they can complement each other in ameliorating their respective shortcomings and providing some form of triangulation.

The project is empirical in that observational phenomena will be codified into quantitative values such as frequencies in which the newspaper articles have portrayed the DTES with a particular frame. An empirical approach will be more ‘objective,’ not in the absolute sense as an all-knowing-biased-free perspective, but in the sense that it has a degree of reasonableness and plausibility. This empirical approach focuses on the manifest content – the surface meaning -

of the research. However, this approach has its limitations. Content analysis is based on inference and associations, and thus it becomes an interpretive exercise, rendering this approach an approximation of the text rather than a direct window into the text. The results are descriptive data in the form of numerical measurement of the themes in text. Also, an empirical approach to content analysis does not perform well in analyzing the latent content – the underlying meanings - and in contextualizing the quantitative values within a larger context. Contextualizing and getting into the underlying meanings require a post-modern approach of textual interpretation. Post-modernism recognizes and accepts the multiplicity and thus, subjectivity in the interpretations of text and the social production of knowledge. Thus, text “can have a wide range of meanings and interpretations, and may also "hail" or interpellate their viewers differently” (Butler, M.L., 2004 para. 28). As such, text can have multiple and contested readings contingent on the context and the positionality of the reader.

This postmodern or poststructural concept of positionality is a “useful and necessary means to “decenter” the universal subject...[D]ecentering taught us that the author was in the world rather than somehow above it” (N. Smith, 1996 p. 43). Thus, as a researcher, I am limited by my situated knowledge where my knowledge is partial and socially constructed. Instead of having a God-like view, in line with postmodern thoughts, I recognize the limitation of the researcher as less than objective in the positivist sense (Johnston et al., 2000). Contrary to positivism, the facts do not speak for themselves. ‘Facts’ are themselves socially constructed. To a certain extent, my interpretation of the text and thus, the knowledge and meaning generated from that interpretation, will be different from another due to my situated knowledge, life experience, worldview, culture, values, education and so on. That is to say, my reading of the media text is a meaning making activity that is “contextual, contingent, and social constructed” (Young as cited in Gordon, 1996 p. 4).

These interpretations of the text are not intended to be either exhaustive or the only possible reading. However, this is not a purely subjective exercise either. Given that my interpretation is triangulated with the results of my empirical inquiry, this process may mitigate extreme personal bias and gain a more reasonable validity than otherwise; thus, the aim of this research is to have my interpretations and results make sense and be plausible.

What follows is a description of the methodologies employed in my content analysis.

Collecting

The population or ‘universe’ in question is the newspaper articles from *The Vancouver Sun* and *The Province* from 1997-2008. I collected these articles from the Canadian Newsstand Database Online. The key word searched was ‘Downtown Eastside’ in the ‘citation and abstract’ section of the database to insure that the DTES was a substantial topic of the articles. The result from the search was 2577 articles which I sampled using an interval sampling method. Every 10 articles that had over 300 words were sampled. Letters to the editor were excluded as I felt these types of articles were two steps removed from reflecting the representation of the DTES by the two print media. Articles under 300 words were excluded so as to capture articles that have substantial treatment of the DTES. As a result of the sampling, 247 articles were analyzed. Analyzing between 200-300 appears to be the standard in most research of this scope (Bailey & B. Hackett, 1997).

Analyzing

The analysis occurred at two levels: manifest content and latent content. A Claims Makers Framing analysis was conducted. A Claims Makers Framing analysis tries to excavate the way in which the stories Claims Makers tell about the DTES reflects a specific viewpoint or mindset. In this case, the dominant frame of each Claims Makers is illuminated. Framing scholarship has mainly focused on illustrating the frame of their studies while neglecting the power relations embedded in the framing process. By conducting a Claims Makers Framing analysis this study seeks to address such shortcoming in that this analysis tries to trace the Claims Makers to a particular frame; thus illuminating the sponsors of the particular frames.

In many ways, either the name “spokesperson” or “sponsor” or “social actor” could have been used in lieu of Claims Makers. By adopting Claims Makers as the designator I emphasize one of the constructivist tenets that absolute truth is tenuous and that most of the social actors in the media are making claims about the realities of the DTES. Unlike Woolford (2001), who views associating particular frames with particular Claims Makers as ‘chastising’, the Claims Makers framing analysis is done so that the Claims Makers involved in the DTES can assess the quality of their coverage in the media.

The specific Claims Makers were chosen mainly out of their frequency of appearance in the sampled articles, their common usage in other framing studies and most importantly, the

ability to illuminate the power relations embedded in the framing process – from those at the higher echelons of power to those in the lower strata. The following Table 1 illustrates the Claims Makers involved in this study, their abbreviation, and definition. In the following sections, Aggregate or AGG indicates the aggregation of all the Claims Makers’ claims. In essence, the results of this analysis represent the portrayal of the DTES by the print media.

Table 1: Claims Makers and their Abbreviations and Definitions.

Claims Makers	Abbreviation	Definition
Business	BUS	Commerce entities or personalities that are defined by their motivation for profit generation.
Community Activist	COM ACT	Organizations with a more aggressive, blatant, and unapologetic approach to social change such as the Downtown Eastside Residents’ Association (DERA), Pivot Legal Society, Vancouver Area Network of Drug Users (VANDU), and Anti-Poverty Committee (APC).
Non Stigmatized Community Member	NSTIG COM M	DTES residents who are not marked by society’s negative connotations such as drug users, junkies, prostitutes, hookers, addicts, homeless, poor, welfare recipients etc.
Stigmatized Community Member	STIG COM M	DTES residents who are marked by society’s negative connotations such as drug users, junkies, prostitutes, hookers, addicts, homeless, poor, welfare recipients, etc.
Government Staff	GOVT	Government, health care, school, hospital staff, authors of government reports, BC information and privacy commissioners, federal prosecutors, judges, and crown corporation staff, etc.
Individual	IND	Non-descriptive or specified individual.
Journalist	JOUR	Source not associated with anyone but the newspaper journalist.
Non Profit Staff	NON PRO	Includes homeowners associations, the DTES service providers that are non-governmental staff like RainCity Housing Society and professional associations, think tanks, and unions.
Others	OTHERS	Critics, NPA board members, citywide residents, and TV personalities such as John Walsh from America’s Most Wanted.
Police	POLICE	Individuals associated with the police force.

Claims Makers	Abbreviation	Definition
Politician Left	POL L	Includes federal (Liberal and NDP), provincial (NDP) and civic (COPE and VISION).
Politician Right	POL R	Includes federal (Conservatives), provincial (Liberals), municipal (NPA).
Other Professionals	O PROF	Artists, filmmakers, academics, social workers, medical professionals, federal prosecutors, chefs, and lawyers.
Religious	RELIG	Individuals that include priests and other figures related to religious institutions.

I constructed categories for the codes in terms of the definition, causality and treatment frame elements, developed a coding protocol, conducted a pilot study, and coded the content (Bailey & Hackett, 1997). The categories for the Claims Makers and the codes were developed based on previous research and on their appearance in the sampled print media⁴. Each code was coded in associated with one or several Claims Makers as a way to trace the frame and the Claims Makers who sponsor the frame.

HyperResearch, a qualitative analysis program was used for the analysis. Contrary to common practice, I did not conduct an independent check for inter-coder reliability due to the fact that this would require that I simplify my analysis and coding system to a point where my project would lack the nuance and depth that I wanted to achieve.

Once the articles were sampled, I perused the sampled articles to get a ‘feel’ for the articles before analyzing them. Afterwards, guided by my literature review and my own experience, I developed a coding system. The coding system was refined several times throughout the project. I coded the articles twice as a self-check for reliability.

Initially, I did not construct any hypothesis; to do so now would limit the possibilities of discovery. As a result, this is more of an inductive investigation where the patterns that emerged from the media analysis were used to construct generalized conclusions. The post-modernist

⁴ See Appendix A for definitions of all the codes in the study.

theoretical framework was employed because it freed me from the positivist constraint of the objective researcher and gave my project validity in the interpretation of the article text from my subjective positionality.

Interpreting

After the articles were coded, as part of the manifest analysis, each of those codes was aggregated into themes by using Xmind, a mind mapping program. These themes have two levels: the main themes and their associated subordinate themes⁵. Each subordinate theme was analyzed in association with the Claims Makers. Then, as part of the latent analysis, each Claims Makers' quotes and quoted sources were read twice in order to tease out the latent meanings. Table 2 illustrates the main themes, their definitions and associated subordinate themes.

Table 2: Main Themes and their Definitions and Subordinate Themes.

Main Themes	Definitions and Subordinate Themes
Definition Theme Element	
Community	The DTES is portrayed as a community that is characterized by strong social solidarity and communal belonging. It is a safe place, full of people connected to each other with a strong sense of common identity, and is portrayed as a place of refuge, empowerment, vitality, with a population that is not marked by stigmatized terms such as drug users, homeless, and prostitutes, but instead more humanized terms like people, residents and citizenry are used.
Negative	The DTES is framed as a dysfunctional place due to the social ills and malaise that pervade in the area. The DTES in this term is pathologized, demonized and dehumanized. The space is plagued by abominable and rampant crime, disease, and poverty that threaten the securities of Vancouverites and is a burden to the rest of the city, a space of dependency. Subordinate Themes: Medicalization, Criminalization, Socialization, Securitization, Extreme Semantics, and Space of Hopelessness.
Causality Frame Element	
Taking Responsibility for Causality	To claim that one is partly or wholly responsible for causing the problems in the DTES.

⁵ See Appendix B for Figures 1 to 5 showing the organization of the themes (as to how the main and subordinate themes were grouped together from the codes) and all the theme definitions.

Main Themes	Definitions and Subordinate Themes
Fixing Responsibility for Causality	To claim that others are partly or wholly responsible for causing the problems in the DTES.
Site of Causality	This level of analysis is an attempt to illuminate the geographical aspect of causality. In doing so, I distinguish two diametrically opposite sites: "Community" refers to the DTES and "external" denotes anywhere outside of the DTES. Subordinate Themes: Community and External.
Level of Causality	This level of analysis is an attempt to illuminate the level of blame in terms of individual versus structural. Subordinate Themes: Structural, and Individual.
Type of Causality	This level of analysis is an attempt to illuminate the nature or form of the causality's attributes. Subordinate Themes: Securitization, Self-Inflicted, Personal Deficiencies, Personal Tragedy, Public Policies, Organizational, and Societal.
Treatment Frame Element	
Taking Responsibility for Treatment	To claim that one is partly or wholly responsible for solving the problems in the DTES.
Fixing Responsibility for Treatment	To claim that others are partly or wholly responsible for solving the problems in the DTES.
Site of Treatment	This level of analysis is an attempt to illuminate the geographical aspect of treatment. In doing so, I distinguished two diametrically opposite sites: "Community" refers to the DTES and "external" denotes anywhere outside the DTES. Subordinate Themes: External and Community.
Level of Treatment	This level of analysis is an attempt to illuminate the level of the proposed solution(s) to the DTES in terms of individual versus structural. Subordinate Themes: Individual and Structural.
Type of Treatment	This level of analysis is an attempt to illuminate the nature or form of the treatment's attributes. Subordinate Themes: Health, Social Services, Legal, Other Professionals, Economic Based, and Governmental.

CHAPTER 3: RESULTS AND DISCUSSION

CLAIMS MAKERS' DOMINANT FRAME AND THE REFLECTION OF POWER RELATIONS

Based on the analysis, certain frames emerged as dominant. A dominant frame is a frame that is frequently invoked. That is, a dominant frame consists of the themes that appear the most in the articles in relation to other competing themes. Tables 4-9 illustrate a summary of the dominant themes for the definition, causality and treatment frame element of each Claims Makers. These dominant themes as an aggregated whole constitutes the dominant frames supported by each Claims Makers.

Using the dominant frame concept as a research tool is useful as it allows me to highlight the power of the dominant frame in dampening dissenting views in that contradictory claims become deemphasized and subaltern frames becomes less likely to have enough exposure in the media for the general public to develop independent thinking from the dominant frame. According to Entman (2004, p. 49), a “dominant frame made opposing information more difficult for the typical, inexperienced audience member to discern and employ in developing an independent interpretation.” He warns that this does not mean that everyone interprets the news:

... identically and in the ways promoted by the dominant frame, but it does suggest that, when a single frame thoroughly dominates politically impressive majorities will come to congruent understandings. In such cases, for all practical purposes, the public is relegated largely to the role of passive spectators (2004, p. 49).

Also, by connecting the dominant frames with their sponsoring Claims Makers, it may lead to insights into the Claims Makers' economic, symbolic and cultural resources and capital, knowledge of journalistic practices, the frames' cultural resonance, and as a discourse, the empowerment or restriction of certain Claims Makers – essentially, the power dynamics embedded in frames.

Table 3 is used as an example to demonstrate how the dominant and subordinate themes were determined (as specified in Table 2). Using the results from the aggregation of all the Claims Makers in the definition frame element, we see that negative main theme is supported in 232 articles that make up 94.3% of the sampled articles in this frame element. In comparison to the other main theme, community, which is supported by only 63 articles, the negative main theme is clearly dominant. In addition, the table reveals the predominance of particular subordinate themes of medicalization, criminalization and socialization through which the DTES is portrayed. These are discussed in more detail in the ‘Prominent Definitional Frames’ section. While all important, they reveal the centrality of a health, crime, and social lens in framings of the DTES.

Table 3: Raw Data for the Aggregation of all the Claims Makers' Claims in the Definition Frame Element.

DEFINITION F.E. ⁷	AGGREGATION OF CLAIMS MAKERS	
	No. Of Articles	% of Articles
community	63	25.6%
negative	232	94.3%
criminalization ⁸	117	47.6%
medicalization	138	56.1%
socialization	106	43.1%

⁷ F.E. = frame element.

The following tables 4-9⁹ demonstrate the dominant main and subordinate theme(s) of the definition, causality and treatment frame element of each Claims Makers. In combination, they make up the dominant frames of each Claims Makers¹⁰. ‘X’ denotes the dominant main and subordinate theme(s) of each Claims Makers. Table 4 illustrates the dominant main and subordinate theme(s) of each Claims Makers in their definition frame element. In other words, this table indicates the dominant main and subordinate theme(s) that their sponsoring Claims Makers are associated with in defining the DTES.

⁸ See Appendix B ‘Theme Definitions’ for the definitions of all the following themes.

⁹ See Appendix C for the raw data in which the summary tables are derived from.

¹⁰ See Appendix D for the summary of all the Claims Makers’ dominant frames.

¹² See Appendix B ‘Theme Definitions’ for the definitions of all the following themes.

Table 4: Summary Table of the Claims Makers' Dominant Theme(s) in the Definition Frame Element. Part 1/2.

DEFINITION	AGG	BUS	COM ACT	NSTIG COM M	STIG COM M	GOVT	IND	JOUR	NON PRO
Type of Community¹²									
negative	X	X	X	X	X	X	X	X	X
community					X				
Negative Framing									
medicalization	X		X	X	X	X	X	X	
criminalization	X				X		X	X	
socialization					X	X			X
securitization		X					X		
extreme semantics									
space of hopelessness									
negative landscape									

Table 5: Summary Table of the Claims Makers’ Dominant Theme(s) in the Definition Frame Element. Part 2/2.

DEFINITION	OTHERS	POLICE	POL L	POL R	O PROF	RELIG	% OF CM ¹³	TOTAL CM ¹⁴
Type of Community								
negative	X	X	X	X	X	X	100%	14
community							7%	1
Negative Framing								
medicalization				X	X		57%	8
criminalization	X	X				X	43%	6
Socialization			X	X	X	X	50%	7
securitization						X	21%	3
extreme semantics							0%	0
space of hopelessness						X	7%	1
negative landscape							0%	0

As demonstrated in Tables 4 and 5 and represented by the results from the aggregation of all the Claims Makers denoted in the ‘AGG’ column, the print media dominantly define the DTES from a negative perspective and do so through the medicalization and criminalization subordinate themes (which I discuss in more detail in the ‘Prominent Definitional Frames’ section). Also, 100% of all the Claims Makers are represented by the print media to dominantly sponsor the definition of the DTES from a negative point of view while 8 Claims Makers are represented to dominantly define the DTES from a medicalization lens, 7 Claims Makers dominantly define the DTES through the socialization lens, and 6 Claims Makers

¹³ Percentage of Claims Makers (CM) who support the themes.

¹⁴ Number of Claims Makers (CM) who support the theme.

dominantly define the DTES through the criminalization lens. Thus, these results indicate that the print media defines the DTES from an overwhelmingly negative perspective.

Tables 6 and 7 illustrate the Claims Makers' dominant causality main and subordinate theme(s). In other words, these tables show the dominant causality themes. In other words, to what do Claims Makers attribute the cause(s) of the DTES's problems?

Table 6: Summary Table of the Claims Makers' Dominant Theme(s) in the Causality Frame Element. Part 1/2.

CAUSALITY	AGG	BUS	COM ACT	NSTIG COM M	STIG COM M	GOVT	IND	JOUR	NON PRO
Responsibility of Causality¹⁵									
taking responsibility	N/A								
fixing responsibility	N/A	X	X	X	X	X	X	X	X
Site of Causality									
external	X	X	X	X	X	X	X	X	X
community									
Level of Causality									
structural	X	X	X	X	X	X	X	X	X
individual									
Type of Causality									
public policies	X	X	X		X	X	X	X	X
societal				X	X				
self inflicted									
crime									
organizational									
individual deficiencies									

¹⁵ See Appendix B 'Theme Definitions' for the definitions of all the following themes.

Table 7: Summary Table of the Claims Makers’ Dominant Theme(s) in the Causality Frame Element. Part 2/2.

CAUSALITY	OTHERS	POLICE	POL L	POL R	O PROF	RELIG	% OF CM	TOTAL CM
Responsibility of Causality¹⁶								
taking responsibility	N/A						0%	0
fixing responsibility	N/A	X	X	X	X	X	100%	13
Site of Causality								
external	X	X	X	X	X		93%	13
community				X		X	14%	2
Level of Causality								
structural	X	X	X	X	X		93%	13
individual						X	7%	1
Type of Causality								
public policies	X	X	X	X	X		86%	12
societal							14%	2
self inflicted						X	7%	1
crime						X	7%	1
organizational							0%	0
individual deficiencies							0%	0

As demonstrated in Tables 6 and 7 and represented by the results from the aggregation of all the Claims Makers denoted in the ‘AGG’ column, the print media dominantly attribute the cause of the problems associated with the DTES as derived from outside the DTES, from a

¹⁶ See Appendix B ‘Theme Definitions’ for the definitions of all the following themes.

structural level, and specifically due to misguided or misplaced public policies. This result may appear to be a contradiction of Sommers's (2001) account in which the poor of the DTES were represented as both the outcome and cause of the problems of the DTES. However, it is not. Sommers's and my result are not mutually exclusive. My project focuses on the dominant discourse of the news media. Within this dominant discourse lies the subordinate narrative of the individualization of blame as Sommers has observed in the representation of the DTES. In my results, blaming the structural processes for the DTES's problem is supported by 81.7% of the articles while blaming the individual is supported by 45.8% of the articles¹⁷. Also, the blaming of structural processes for the problems of the DTES may be a reflection of a sentiment of governmental paternalism¹⁸ that espouses the view that the government is both the saviour and cause of social problems. Overwhelmingly, as represented by the print media, 100% of the Claims Makers fix the causes of the problems of the DTES on other Claims Makers. In other words, as presented by the media, no Claims Makers dominantly frame themselves to be taking responsibility for the problems of the DTES by identifying their contribution to the DTES's problems. Additionally, 13 or 93% of the Claims Makers are represented to support the causality of the problems of the DTES as coming from outside the DTES. The same number of Claims Makers point to the causes of the DTES's problems as derived from a structural level and 12 or 86% of the Claims Makers are represented to support the causes of the DTES problems as wrong public policies. These results show that, as represented by the print media, the majority of Claims Makers support the dominant framing of causality in the media.

Tables 8 and 9 illustrate the media's representation of Claims Makers' prescriptions for and implications in solutions for the problems of the DTES. The tables distinguish different main themes: responsibility of treatment, site of treatment, level of treatment and type of treatment.

¹⁷ See Table 20 for the raw data.

¹⁸ Governmental paternalism will be discussed in more detail in the 'Enhancing Credibility' section.

Table 8: Summary Table of the Claims Makers' Dominant Theme(s) in the Treatment Frame Element. Part 1/2.

TREATMENT	AGG	BUS	COM ACT	NSTIG COM M	STIG COM M	GOVT	IND	JOUR	NON PRO
Responsibility of Treatment¹⁹									
taking responsibility	N/A			X		X	X		
fixing responsibility	N/A	X	X		X		X	X	X
Site of Treatment									
external	X	X	X		X	X	X	X	X
community				X					
Level of Treatment									
structural	X	X	X	X	X	X	X	X	X
individual							X		
Type of Treatment									
govt	X	X	X	X	X	X	X	X	X
govt-social services	X		X	X				X	X
govt-health	X		X		X	X		X	
govt-law and order		X						X	
professional - total									
individual-indiv									
professional-structural									
economic based				X					

¹⁹ See Appendix B 'Theme Definitions' for the definitions of all the following themes.

Table 9: Summary Table of the Claims Makers' Dominant Theme(s) in the Treatment Frame Element. Part 2/2.

TREATMENT	OTHERS	POLICE	POL L	POL R	O PROF	RELIG	% OF CM	TOTAL CM
Responsibility of Treatment²⁰								
taking responsibility	N/A	X	X	X			46%	6
fixing responsibility	N/A				X		54%	7
Site of Treatment								
external	X	X	X	X	X		86%	12
community							7%	1
Level of Treatment								
structural	X	X	X	X	X		93%	13
individual							7%	1
Type of Treatment								
govt	X	X	X	X	X		93%	13
govt-social services			X	X			43%	6
govt-health					X		36%	5
govt-law and order	X	X					29%	4
professional - total							0%	0
individual-indiv							0%	0
professional-structural							0%	0
economic based							7%	1

²⁰ See Appendix B 'Theme Definitions' for the definitions of all the following themes.

As demonstrated in Tables 8 and 9 and represented by the results from the aggregation of Claims Makers as denoted in the ‘AGG’ column, the print media dominantly frame the solution to the DTES’s problems as derived from outside the DTES, from a structural level, and from the government specifically, i.e. government related social services and health sectors. There appears to be an even split in the representation of the Claims Makers who take responsibilities for the solutions of the DTES (46%) to those who fix responsibilities (54%) for the solutions to the DTES on other Claims Makers. In addition, overwhelmingly, 12 or 86% of the Claims Makers are represented to support the treatment of the DTES as coming from outside of the DTES. Similarly, 13 or 93% of the Claims Makers are represented as viewing the solution to the problems of the DTES from a structural level and 13 or 93% of the Claims Makers are represented to support the solutions of the DTES problems to come from the government. Thus, as represented by the print media, these results show a strong congruence between the majority of the Claims Makers’ framing of the DTES and the dominant frame of the DTES by the print media.

As a whole, from the analysis of the Summary Tables 4-9, the print media can be argued to dominantly frame the DTES from a negative perspective as a medical and crime problem; the cause is misguided public policies and governmental negligence of their political obligations; and the remedy is governmental interventions specifically in the social service and health sector.²¹

The following section will highlight findings of this project with the focus on comparing the prominent definitional frames favoured by the print media and those of Community Members, both ‘stigmatized’ and ‘non-stigmatized’ .

PROMINENT DEFINITIONAL FRAMES

It is obvious from Table 10 that, as signified by the results from the aggregation of the Claims Makers, the print media portrays the DTES as a problematic space. 94.3% of the media’s portrayal of the DTES is from a negative point of view while only 25.6% of the portrayals cast a positive light on the DTES as a community. On the contrary, the Community Member Claims Makers appear to be represented by the print media with a more balanced characterization of the

²¹ For a summary of all other Claims Makers’ dominant frames, see Appendix D.

DTES where 62.5% of the articles in this Claims Makers' definition frame element portrayed the DTES in a negative light versus 50.0% of the articles that characterized the DTES in a positive light. This balanced portrayal of the DTES by the Community Members is muted in the overall media portrayal of the DTES, perhaps reflecting the limited power of the community members in gaining media exposure of their particular framing of the DTES.

Table 10: Aggregation of Claims Makers vs. Community Member Claims Makers' Definitional Frames of the DTES.

DEFINITION	AGG		NSTIG COM M		STIG COM M	
	# of Articles	% of Articles	# of Articles	% of Articles	# of Articles	% of Articles
community	63	25.6%	4	50.0%	5	50.0%
negative	232	94.3%	5	62.5%	6	60.0%
criminalization	117	47.6%	1	12.5%	2	20.0%
medicalization	138	56.1%	4	50.0%	2	20.0%
socialization	106	43.1%	1	12.5%	3	30.0%

Hence, the media dominantly portrays the DTES in a negative perspective. In this negative portrayal of the DTES, three definitional frames appear prominent: medicalization, criminalization and socialization. These prominent definitional frames are not mutually exclusive as one article can contain more than one framing of the DTES. For example, in the following quote from one of the sampled articles, the definition of the DTES can be coded simultaneously as socialization in the description of the DTES as a place of homelessness and 'the poor'; medicalization in the characterization of the DTES as a place of the 'addicted and mentally ill'; and criminalization in the portrayal of the DTES as a place where addicts 'steal and steal again'.

City hall must shoulder much of that blame, they say, for allowing a neighbourhood to become a dumping ground for the homeless, the poor, the addicted and the mentally ill. At the same time, they complain, police turned a blind eye to the emergence of the regional drug and prostitution market.... ("Through community eyes Series," 1998 para. 3) To support their constant craving, cocaine addicts steal and steal again ("Through community eyes Series," 1998 para. 40).

Knowing the definition of the problem, one can infer the causality and the treatment of the problem. Thus, the following section will concentration on highlighting the three prominent frames in the newsprint in terms of the definition of the problem. This section will underscore the

definition of those prominent definitional frames, their possible consequences and the agencies that these frames afford to particular social actors, thus, highlighting the power dynamics embedded in the frames. Similarly, as Yapa (1997 p. 719) maintains, “every social theory of causation empowers a particular set of agents specific to that social theory and disempowers others.”

Medicalization

Overall, the media, as reflected by the Aggregate Claims Makers, predominately frames the DTES as a medical problem (56.1%)²². The Community Activist, Community Member, Government Staff, Individual, Journalist, Right Politician, and Other Professionals Claims Makers – about 57%²³ of the Claims Makers - are predominately represented in the media as mainly framing the DTES through a medical lens. This medicalization of the DTES encompasses the DTES being defined in medical terms, using medical language to describe the DTES and adopting a medical framework to understand it, or using medical interventions to treat it (Conrad, 1992). For example, in the medicalization of the DTES, the sponsoring Claims Makers depict the DTES as a place “with people dying on the streets” (Mulgrew, 1999 para. 9) and “characterized as a health-care crisis” (Hogben, 2002 para. 5). The following quote from a newspaper captures the medical framing of the DTES well:

At issue is a Vancouver/Richmond health board initiative to start improving health services for drug users in the Downtown Eastside. It's an initiative that is meant to fit in with an over-all drug strategy the city is developing for the area, which proposes to improve treatment, enforcement and harm-reduction services in order to start controlling the anarchic drug market and to reduce the deaths and diseases that are a by-product (Bula, 2001 para. 3).

Another example of the medical framing of the DTES is the positioning of medical concerns as the central justification for advocating change. The argument for housing needs is a prime example of the changing justification in advocating for more housing as illustrated by this quote: ““But if you're homeless and living in an alley, where else are you going to shoot up?” (Bellett, 2006 para. 13). The argument for housing is not so much based on the principles of social equality or satisfying basic needs, but framed in the harm reduction discourse: people need

²² See Table 9.

²³ See Tables 4.

more housing, not only because of the basic necessity of shelter to be protected from the elements, but for the harm reduction requirement of being able to “shoot up” (Bellett, 2006 para. 13) in a hygienic space and more importantly, a private space where drug users would not offend the sensibility of the general public or face the harassment of law enforcement. Housing itself becomes a medical issue. This framing is emblematic of the pervasiveness of the medical model that these Claim Makers have superimposed on the DTES.

In effect, as portrayed by the media, these Claims Makers view the DTES, as Foucault puts it, through a “medical gaze” (as cited in Conrad, 1992 p. 216). In this framing, the DTES is portrayed as a place troubled by medical problems and their manifestations – ill people, and medical policies and services. This frame associates the DTES with drug addicts, drug related crimes, drug treatment and services, and drug pillars policy; mental illness issues; and diseases and other health related issues. Thus, this frame assists in the construction of the identity of the DTES residents and societal obligations towards them. As Talcott Parsons and Renee Fox (as cited in Gusfield, 1996 p. 175) posit, ill people “become an object of welfare, a person to be helped rather than punished.”

One possible consequence of “medicalizing of phenomena, as a way of seeing, draws attention away from institutional or structural aspects” (Gusfield, 1996 p. 22) and “individualizes what might be otherwise seen as collective social problems” (Conrad, 1992 p. 223-4). This portrayal may lead others to perceive the DTES as a source and vector of drug addiction, mental illness, and diseases. While disempowering and constructing the DTES residents as the ‘dangerous class’, this framing simultaneously empowers and legitimizes the authority of the medical profession to define, offer and enact treatment; essentially, the DTES becomes “under medical dominion, influence and supervision” (Zola as cited in Conrad, 1992 p. 210). In this way, framing the DTES through a medical gaze contributes to the general professional dominance and monopolization of the DTES, constituting a kind of “medical imperialism” (Conrad, 1992 p. 214). Thus, this medical frame can potentially have a decontextualizing effect on the general public, leading to the individualization of blame, thus furthering the stigmatization of the DTES and its residents.

Criminalization

Overall, the media, as reflected by the Aggregate Claims Makers, frame the DTES as a criminal problem in 47.6%²⁴ of the articles in the definition frame element. The Stigmatized Community Member, Journalist, Individual, Others, Police, and Religious Claims Makers – about 43%²⁵ of the Claims Makers - are predominately represented in the media as mainly framing the DTES through a criminalization lens.

Criminalization is defined as the framing of a phenomenon as a criminal problem; in other words, the DTES is scripted and narrated as a place of rampant crime and its residents as criminals, where the criminal-legal-justice apparatus plays a prominent role in solving the DTES's problems, giving the legal professionals legitimacy and authority in defining, proposing and constructing the DTES as an object of law enforcement. In this framing, the DTES is characterized, for example, as a 'drug emporium' (Austin & S. Young, 2003), a place where crime and its associated danger reign so heavily that the residents are "trapped in their homes and deprived of safety and liberty because of the drug traffickers who were in control of their neighbourhood" (O'Brian, 2003 para. 7). The DTES is portrayed as so dangerous and rife with crime in the DTES that even the police, society's brave and strong, where machismo, adventure, and heroism are desirable traits (Herbert as cited in Proudfoot, 2006), find it unsafe and disconcerting:

Some of the hotels the police have identified for attention were considered too dangerous for undercover operations. "We could not guarantee the safety of our members. One is a place where we have seized guns...", said Rolls (Bellett, 2005 para. 8).

In addition, an example of where the print media's representation may be interpreted as positioning the police as active agents in providing solutions to the DTES is the following quote:

Since the beginning of the crackdown April 7, Vancouver police have arrested about 145 of the 162 people they had warrants for from an earlier undercover operation, and they have 86 new cases that were not related to the earlier warrants. Officers have seized about \$30,000 worth of stolen property and laid 102 property crime- related charges, LePard said (O'Brian, 2003 para. 25).

²⁴ See Table 9.

²⁵ See Table 4.

Without them, “drug traffickers and property crime offenders [continue] to run unchecked...” (O'Brian, 2003 para. 6). The police are portrayed as speaking with confidence that they have “made a difference” (Bula, 2003 para. 3), and “restore[d] order to a community in crisis” (Bohn, 2004 para. 8). The absolute conviction of their effectiveness helps in the construction of the police as not only possible agents of solutions, but also one that is effective and appreciated by the community and Vancouver in general. This framing tends to engage in a kind of ‘police fetishism’ – an “ideological illusion that would make it the ‘solution’ to the ‘crime problem’” (Reiner as cited in Wacquant, 2007 p. 12).

According to radical criminologists, the process of criminalization involves political struggle and associated power relations. In most cases, in terms of definitional aspects, it is the powerful who criminalize the ones whom they perceive to be a threat (Barak & Bohm, 1989). The greater the perceived threat, the more likely the subordinate social group and their actions are criminalized (Gale, 2009). Historically, the success of criminalizing one social group is a factor of the groups’ relative power. The greater the power difference, the more likelihood that the criminalization of that less powerful social group becomes successful (Gale, 2009). This power dynamic appears to be operating in the DTES. I propose that the DTES and its residents are seen as a threat to the more powerful. In this frame, the threatening social group is conceived collectively as the ‘dangerous class’ and “held liable for societal ills: sin, urban disorder, crime, disease, poverty...” (Barak & Bohm, 1989 p. 278).

Another element of criminalization includes the blaming of the individual rather than of structural circumstances (Barak & Bohm, 1989). Instead of victims of structural processes, the criminalization frame works on the premise that they are victims of their own creation.

This kind of framing often leads to repressive, individual, and punitive interventions. Such harsh interventions include the Safe Street Act that makes it difficult for the homeless to participate in the informal economy and to access basic necessities such as sleep overnight in parks. These measures often lead to further marginalization, entrenching these members deeper into state dependency.

Socialization

Socialization is defined as the framing of the DTES as a social problem. In this frame, the DTES is portrayed as a place plagued by resource redistribution problems and their

manifestations. In this characterization, the DTES is associated with poverty, homelessness, welfare, unemployment, and racial tension and social services. In this representation, the neighbourhood is characterized as “Vancouver's poverty-stricken Downtown Eastside” (Fournier, 2007 para. 11) and “Canada's poorest postal-code area” (Boddy, 2002 para. 2), where “volunteers have cooked more than 13,000 meals for the homeless and needy” (MacKie, 2000 para. 2). For example, in this framing, as alluded by this quote - “Davies said that homelessness is rampant in the area -- especially given the lack of funding for social housing” (Ward, 1998 para. 17) - homelessness is the manifestation of inadequate resource redistribution and social housing is its remedy.

Overall, the media, as reflected by the Aggregate Claims Makers, frame the DTES as a social problem in 43.1%²⁶ of the articles in the definition frame element. The Stigmatized Community Member, Government Staff, Non-Profit, Left Politician, Right Politician, Other Professionals, Religious Claims Makers – about 50%²⁷ of the Claims Makers - are predominately represented in the media as framing the DTES through a socialization lens.

This framing most likely leads to the legitimization of the social work industry in improving the structural circumstances that have precipitated in the DTES's and its residents' impoverished and dysfunctional situation. For example, this framing, as the following quote suggests, enhances the authorities of non-profit social agencies in alleviating or solving the social problems of the DTES.

Eleven Downtown Eastside hotels will be turned over to non-profit social agencies to run as of Dec. 1, in a move the province and the agencies say will mean more and better rooms for the homeless and hardest to house (Bula, 2007 para. 1).

Also, as the above quote alludes to, the treatment leans toward correcting structural processes relying on communal responsibilities rather than repressive criminalization of the place and the individual. This frame emphasizes the use of governmental resources derived from collective taxation to help those in need.

²⁶ See Table 9.

²⁷ See Tables 4.

In sum, by overwhelmingly portraying the DTES as a problematic space that needs interventions from the medical, social, or criminal-justice professionals, the print media further enhances these particular professionals' power in relations to the residents of the DTES who are, on the contrary, portrayed as passive victims in need, resulting in advancing the disempowerment and stigmatization of the DTES residents.

FRAME MAGNITUDE, RESONANCE, AND POWER

Not all Claims Makers have equal power and authority to define the realities of the DTES and influence the public (Gusfield, 1981). This power to influence is shaped by, among other variables, the fluid interplay between the readers' ideological leanings and lived experiences, and the Claims Makers' legitimacy and authority that society affords them – their cultural authority – and the repetition and cultural resonance of their dominant frame.

As such, framing works in the realm of politics and influence through *cultural resonance* and *magnitude* (Entman, 2004), both of which I will analyze. Culturally resonant frames spread due to their familiarity, simplicity and high relevance and confirmation to the public's values and existing paradigm, thus, producing and perpetuating "common sense" (Entman 2004). Magnitude describes the prominence and repetition of the framing words and images. Therefore, the frames that have the most cultural resonance and magnitude will most likely have the greater potential to influence public policy. This resulting dynamic is due to the nature of dominant frames that magnify certain aspects of reality at the expense of a counter frame of the same reality; naturalizing reality into common sense, generating unquestioned acceptance of the dominant frames and their consequences for the majority of "average, inattentive...marginally informed audience" (Entman, 1993 p. 57).

Thus, not only is it important to understand the kind of frame that is aired to the general public by the media in order to promote frames that are most advantageous to the stakeholders, but it also behooves the stakeholders to understand their dominant frame's cultural resonance and magnitude. The following section will attempt to illuminate the magnitude and resonance of each Claims Makers as a way of inferring their dominant frame's magnitude and resonance. Some of the possible consequences of the print media's construction of the Claims Makers' magnitude and resonance will be discussed in the conclusion section.

Magnitude: Power of Visibility and Invisibility

Magnitude describes the prominence and repetition of the frames. While I would like to pursue this avenue of investigation, due to the limitations of this project, I will constrain my study to the prominence and repetition of the Claims Makers within the newspaper itself as a way to infer the magnitude of their dominant frames.

Table 11 below illustrates the Claims Makers' prominence and repetition. To determine the prominence of the Claims Makers, I divided the newspaper in three sections.

Table 11: Claims Makers and Magnitude.

Claims Makers	Repetition	High Prominent Pages (Front Pages)	Moderately Prominent Pages (Pages 2-5)	Low Prominent Pages (Pages>5)
Journalist	167	54	54	59
Police	52	26	13	13
Government Staff	45	17	13	15
Non-profit	45	20	13	12
Individual	30	13	5	12
Right Politician	29	15	8	6
Other Professionals	28	11	7	10
Left Politician	25	12	6	7
Community Activist	23	11	5	7
Others	17	7	6	4
Non Stigmatized Community Member	16	6	2	8
Stigmatized Community Member	15	7	5	3
Business	14	7	5	2
Religious	2	1	1	0

Table 11 shows, in terms of the repetition in which the Claims Makers appear in the sampled articles, that the Journalist, Police, Government Staff and Non-Profit Claims Makers have a privileged position, appearing in the most articles. The Journalist Claims Makers appears in 167 articles, followed by the Police at 52, the Government Staff and Non-profit at 45 and finally the Individual at 30. The next groups of Claims Makers appearing in a moderate number

of articles are the Right Politician (29), Other Professionals (28), Left Politician (25) and Community Activist (23) Claims Makers. The Claims Makers who appear in the least amount of articles in the sample are: Others (17) Non Stigmatized Community Member (16), Stigmatized Community Member (15), Business (14), and Religious (2).

The above trend in the repetition of the Claims Makers appearance in the sampled articles also applies generally to the prominent placement of the Claims Makers in the articles. The top 5 Claims Makers who appear in the front pages of the newspaper the most are the Journalist in 54 articles, the Police (26), Non-profit (20), Government Staff (17), and Right Politician (15). The bottom 5 Claims Makers who appear in the front page of the newspaper the least are Others (7), Stigmatized Community Member (7), Business (7), Non-Stigmatized Community Member (6) and Religious (1). Generally speaking, this trend is also apparent for the moderately prominent pages - from page 2-5 - and for pages 6 or higher.

Prominence can also be analyzed *within* each article. Prominence within each article can be inferred by whether the Claims Makers are in the defining or responding position of an article. Generally, the first Claims Makers to appear in the articles, either as a source or through direct quotation, are the 'Defining Claims Makers' who normally set the term of and support the dominant framing of the article. When Claims Makers are placed by the print media in a secondary, responding position in an article, I coded them as the 'Responding Claims Makers'. The Responding Claims Makers normally provide the counter-framing of the article. Thus, in terms of prominence, the Defining Claims Makers and by inference their particular frames are afforded the privileged position as opposed to the responding Claims Makers. Thus, Table 12 shows the prominence of the Claims Makers *within* each article in terms of the Claims Makers' defining and responding position.

Table 12: Defining and Responding Claims Makers

Claims Makers	Defining		Responding	
	% of Total Articles	No. of Articles	% of Total Articles	No. of Articles
Police	17.0%	42	7.7%	19
Government Staff	9.7%	24	11.3%	28
Other Professionals	7.7%	19	5.3%	13
Individual	7.7%	19	6.9%	17
Right Politician	7.3%	18	7.7%	19
Left Politician	6.9%	17	5.3%	13
Non profit	6.5%	16	15.0%	37
Community Activist	4.5%	11	7.3%	18
Stigmatized Community Member	2.4%	6	4.9%	12
Non Stigmatized Community Member	2.4%	6	4.5%	11
Business	2.4%	6	2.8%	7
Others	1.2%	3	6.1%	15
Religious	0.4%	1	0.4%	1

As shown in Table 12, the Police, Government Staff, Other Professionals, and Individual Claims Maker are dominantly represented as the defining Claims Makers, while the Stigmatized and Non Stigmatized Community Member, Business, Others and Religious Claims Makers appear the least as the defining Claims Makers. As the responding Claims Makers, the Non-profit, Government Staff, Right Politician and Police Claims Makers play a prominent role while the Stigmatized and Non Stigmatized Community Member, Business, and Religious Claims Makers are presented to be the least as responding Claims Makers.

Table 13 is a summary table of the Claims Makers' prominence rankings in terms of the repetition, prominence in the page location and prominence within the articles.

Table 13: Rankings of Claims Makers in terms of Prominence.

Repetition	High Prominent Pages (Front Pages)	Moderately Prominent Pages (Pages 2-5)	Low Prominent Pages (Pages higher than 5)	Defining Claims Maker	Responding Claims Maker
Journalist	Journalist	Journalist	Journalist	Police	Non profit
Police	Police	Police	Government Staff	Government Staff	Government Staff
Government Staff	Non-profits	Government Staff	Police	Other Professionals	Police
Non-profits	Government Staff	Non-profits	Non-profits	Individual	Right Politician
Individual	Right Politician	Right Politician	Individual	Right Politician	Community Activist
Right Politician	Individual	Other Professional	Other Professional	Left Politician	Individual
Other Professionals	Left Politician	Left Politician	Non Stigmatized Community Member	Non profit	Others
Left Politician	Other Professional	Others	Left Politician	Community Activist	Other Professionals
Community Activists	Community Activists	Individual	Community Activists	Stigmatized Community Member	Left Politician
Others	Others	Community Activists	Right Politician	Non Stigmatized Community Member	Stigmatized Community Member
Non Stigmatized Community Member	Stigmatized Community Member	Stigmatized Community Member	Others	Business	Non Stigmatized Community Member
Stigmatized Community Member	Business	Business	Stigmatized Community Member	Others	Business
Business	Non Stigmatized Community Member	Non Stigmatized Community Member	Business	Religious	Religious
Religious	Religious	Religious	Religious		

Overall, as demonstrated by Table 13, in terms of prominence defined by their repetition, prominence in the page location and prominence within the articles, the most prominent Claims Makers are the Journalist, Police, Government Staff and Non-profit Claims Maker. However, it is interesting to note while that at first glance the Non Profit Claims Makers appear to have a prominent position in the print media, upon closer examination, while numerous – in 45 articles -, and highly prominent in regards to the page location, they are mostly presented in the subordinate position of the Responding Claims Makers – in 37 articles or 82% of the articles - versus 16 articles in which they are presented as the Defining Claims Makers. At the same time, the Non-profit Claims Makers are more prominent in the print media than the ‘insiders’ – Community Activist, and both Stigmatized and Non-stigmatized Community Member Claims Makers. The Business and Religious Claims Makers are also portrayed as the least prominent Claims Makers, while the Left and Right Politician, Individuals, Others and Other Professionals Claims Makers are moderately placed Claims Makers.

As a result, I argue, the prominence of the Claims Makers is a reflection of the existing power structure of society where the most prominent Claims Makers also have the most social, economic and cultural power in relation to the Community Member Claims Makers who have the least power. The Business Claims Makers, being presented as part of the least prominent group, may appear to be an anomaly in this trend. However, considering that these Claims Makers consist mostly of small business owners, it becomes less anomalous. Small business owners have relatively little power compared to their big businesses counterpart like the development industry. Interesting enough, big businesses, especially that of the real estate industry, whose influence in the DTES is unquestionably large paradoxically appear only minimally in the media. This phenomenon, as opposed to the power to be visible, may be a reflection of the power to be invisible. The real estate industry may have very little interest in publicizing their involvement in the DTES. This may be because, in light of the recent progressive distaste toward gentrification, the real estate industry, a symbol of hard capitalism, does not wish to have its involvement in impoverished inner city neighbourhoods publicized.

Resonance and Power: Hierarchy of Credibility and Persuasive Strategies

According to Entman (2004), frames that closely resemble easily recognizable, memorable, understandable and emotionally charged values and norms are more culturally

resonant. As the dominant theme(s) in the definition frame element Tables 4 and 5 show, all of the Claims Makers' dominant frames confirm the negative views of the DTES. Cultural resonance, perhaps implicit in Entman's definition, should also include the authority society affords particular Claims Makers and the effectiveness of the persuasion strategies they utilize. In other words, the more convincing one's frame is – in part, a function of the Claims Makers' credibility and persuasion strategies - the more resonant are their respective frames.

To try to analyze each Claims Makers' dominant frame and try to determine which Claims Makers' dominant frames are more culturally resonant over another's frame is beyond the scope of this project; thus, this research will concentrate its analysis on the type of persuasive strategies each Claims Makers appear to utilize in the media as a way of highlighting the tools each Claims Makers use that may enhance their cultural resonance.

Hierarchy of Credibility

Not all Claims Makers have equal power to influence the public. Their place in the hierarchy of credibility is one of the many factors that may contribute to their power to influence. Those who have the power to influence are said to have cultural authority - the ability to influence interpretations, and have their interpretations or versions of reality gain the status of 'truth' (Gusfield, 1996). In this hierarchy of credibility, the highest group is ascribed to have the most cultural authority. For example, as Gusfield (1996 p. 171) suggests, government staff "are [the] only persons in modern societies who can legitimately claim to represent the total society", thus, situating them on the higher end of the hierarchy of credibility. In the present context, this group is assumed by the general public to have the most unbiased and complete picture of the DTES versus those members at the lower end of the hierarchy who are assumed to have partial and distorted views.

As I shall demonstrate below, those at the higher end of the hierarchy are generally professionals whose claims are often based on empirical science and those at the lower end are the 'person-on-the-street' social actors whose claims are often represented to rely on emotive persuasion strategies. This trend is much reflected in the prominence the Claims Makers receive in the print media. In other words, the highest group in regards to hierarchy of credibility also

enjoys the status of receiving the most prominent treatment in the media and vice versa. They are the well-established and well-defined professionals: Journalist, Police, Government Staff and more recently, the emergent Non-profit professionals. The moderately prominent group of the Politicians, Other Professionals and the Individual Claims Makers follow this group. Lastly, the 'Insiders' – Community Activist, and both Stigmatized and Non-stigmatized Community Members are in the lowest end of the hierarchy as well as receiving the least prominent position in the media. As such, the highest group in the hierarchy of credibility can be argued, in most cases, to garner the most cultural resonance due, in part, to their position in this hierarchy and vice versa.

Enhancing Credibility

Several already prominent Claims Makers have their credibility enhanced by media portrayals of them as active agents of positive change. As Sommers (2001 p. 40) argues “texts [are] thus instrumental in constituting authorities.” For instance, as mentioned earlier, the framing of the DTES as a medical problem empowers some medical agents. In addition, the print media’s overall portrayal of some Claims Makers as being the ‘doers, asked to do and the done it’ enhances their credibility in the general public. The Politician Claims Makers are emblematic of this portrayal. The media represents them in the actions of announcing remedies (Krangle, 2003), committing financial resources (Krangle, 2003), and showcasing their involvement in the successes in the DTES (Bula, 2002) as Larry Campbell, a past Mayor of Vancouver, did:

Campbell said people can now go to the Carnegie Centre at Main and Hastings without running the gauntlet of drug dealers.

He said the city's safe-injection site, the first in North America, has been an international success. "There's 650 injections that are not taking place in alleys, in doorways," he said (Bermingham, 2005a para. 2).

As table 14 shows Government-related Claims Makers²⁹ are predominantly (83.3%) cited, proposed, urged, endorsed and stated as part of the treatments of the DTES. This portrayal contributes to the construction of the Government-related Claims Makers as the subject of the ‘asked to do’ (Ward, 1998). As a result of these characterizations, they appear to be active

²⁹ In addition to the Politician Claims Makers, this category, Government-related Claims Makers, also includes the Government Staff and Police Claims Makers.

agents in solving the problems of the DTES. They are the doers, the asked to do and the successful in dealing with the problems of the DTES.

These print media do not exclusively enhance the Government-related Claims Makers' credibility. As noted earlier, the Politician Claims Makers as part of the larger category of Government-related Claims Makers are portrayed in the media as part of the *cause* of the DTES's problems. As shown in Table 14³⁰, these Claims Makers, as signified by public policies, take the prominent position as being the cause of the DTES's problems. The government is blamed for incompetence, neglect, and callousness to the plight of the DTES. They are, in Gusfield's (1981) terms, deemed to be culprits for the problems of the DTES not so much as for their 'casual responsibilities' – to why DTES is the way it is – but, blamed for neglecting their 'political responsibilities' – the responsibilities fixed on government as a taken-for-granted obligation in solving the problems of the DTES. This kind of portrayal may limit their credibility.

This representation of the government is a reflection of today's pervasive discourse of what I call governmental paternalism – an unquestioned expectation for governmental inventions into society's ills and consequently blaming them for not living up to their expected role as a saviour. The government is often quoted and attributed to be the sole entity that is in the best position to solve the problem. As such, this framing reinforces the bureaucratic oversight of the residents' lives. This representation of the government may be explained by the changing nature of the government's increasing role in society. Gusfield (1981, p. 15) argues that the government,

at times, can be processing machine, taking in inputs in the form of demands and processing them into policies, serving as a broker of inconsistent and equally powerful demands....Today, the state appears to be active agent, the owner of the problems to solve...[G]overnment officials and agencies operate to define public issues, develop and organize demands upon themselves, and control and move public attitudes and expectation.

It is little wonder then, that the government takes such a prominent position in the media as both the culprit and saviour of the DTES.

³⁰ See Appendix C Tables 20 and 23 for the raw data for the results of the aggregation of Claims Makers in which Table 13 is derived from.

Table 14: Government related Claims Makers' Causality and Treatment.

Government related Claims Makers	Absolute Numbers of Articles in the Total Numbers of Articles	Percentage of Articles in the Frame Element	Percentage of Articles in the Total Numbers of Articles
Causality	78	65.0%	31.6%
Treatment	120	83.3%	48.6%

However, when the number and percentages of articles in which these Claims Makers are portrayed as the cause of versus the solution to the DTES are compared, it becomes evident that Government Claim Makers are predominantly represented as the saviour rather than the cause of the problems of the DTES, as illustrated by Table 14. In regards to absolute numbers of articles, these Claims Makers are treated by the media as a saviour in 1.5 times more articles than they are portrayed as the cause of the problems. Thus, on balance, the Government-related Claims Makers enjoy the privileged position as active agents in providing and associated with the solutions to the DTES.

Limiting Credibility

While some social groups such as the prominent Claims Makers benefit from having their credibility enhanced in the media, the least prominent groups (Community Members and Activists) suffer from a double disadvantage: they belong to the least prominent group in the print media' reporting as well as being portrayed by the media in ways that limit their credibility. The media limits the Stigmatized and Non-stigmatized Community Member and the Community Activist Claims Makers' credibility in several ways.

Table 15: Site of Treatment for Claims Makers in the Community versus Claims Makers External to the DTES.

Site of Treatment	Absolute Numbers of Articles in the Total Numbers of Articles	Percentage of Articles in the Frame Element	Percentage of Articles in the Total Numbers of Articles
community	49	34.0%	19.8%
external	138	95.8%	55.9%

Firstly, as a site of treatment captured in the Aggregated Claims Makers analysis³¹ and illustrated by Table 15, these Claims Makers are only seen as part of the solution to the problems of the DTES in 34% of the articles in the treatment frame element. This can be compared with those Claims Makers outside the DTES who are associated with the solutions to the DTES in 95.8% of the articles.

The following Table 16 shows the Claims Makers' prominence in the solution discourse of the DTES. This table illustrates the Claims Makers' prominences in terms of the absolute number of articles and the percentage of articles of the Claims Makers' total appearance according to which they are portrayed as citing, contributing, proposing, and stating the solution of the DTES's problems. For example, the Business Claims Makers appear in 11 articles in which they contribute to the solution discourse while 71.4% of their total appearance in the media have them being portrayed as participating in the solution discourse.

³¹ See Appendix C Table 23 for the raw data for the Aggregate Claims Makers in which Table 14 is derived from.

Table 16: Claims Makers' Prominence in the Treatment Frame Element.

Claims Makers	Absolute Number of Articles in the Treatment Frame Element	Claims Makers	Percentage of Articles in the Treatment Frame Element
Journalist	65	Business	71.4%
Non Profit	28	Right Politician	69.7%
Government Staff	28	Left Politician	69.2%
Police	28	Non Profit	54.9%
Right Politician	23	Community Activist	53.8%
Left Politician	18	Government Staff	53.8%
Community Activist	14	Police	48.3%
Individual	13	Professionals	46.2%
Professionals	12	Others	42.1%
Business	10	Non Stigmatized Community Member	40.0%
Others	8	Individual	39.4%
Non Stigmatized Community Member	6	Journalist	34.0%
Stigmatized Community Member	3	Stigmatized Community Member	17.6%
Religious	0	Religious	0.0%

In addition, when it comes to those Claims Makers portrayed by the media as citing, urging, stating, proposing or contributing to the remedies for the DTES, two of the three DTES based Claims Makers are located in the lower end of the spectrum. As shown in Table 16, the Stigmatized Community Member Claims Makers are most limited that they only appear in 3 articles proposing remedies and only 17.6% of their total appearance in the newsprint has them portrayed as proposing or stating a remedy or remedies for the DTES. This trend is followed closely by the Non-stigmatized Community Member Claims Makers (6 articles and 40.0% respectively). Only the Community Activist Claims Makers fare well within the upper echelon, albeit the lower part of the stratum, of Claims Makers who are portrayed as actively engaged in the solution discourse of the DTES.

Yet these Claims Makers are not exclusively portrayed in a limiting fashion. At times, the media portray them and the DTES as being part of the solution for the DTES. However, unlike the Government related Claims Makers who are predominately portrayed as a saviour rather than the cause of the DTES’s problems, these Claims Makers do not have the same dynamic to offset their negative portrayal. Instead these Claims Makers, as shown in Table 17, and the DTES are actually portrayed more often as the *cause* of the DTES’s problems than as part of the solution. In these ways, the media generally portray the community members as passive actors, requiring the benevolence of the state or “outsiders”, or as potential obstacles to improvement.

Table 17: DTES and DTES Community related Claims Makers as a Site of Causality and as a Site of Treatment.

DTES and DTES Community related Claims Makers	Absolute Numbers of Articles in Total	Percentage of Articles in the Frame Element	Percentage of Articles in Total
Site of Causality ³²	55	45.8%	22.3%
Site of Treatment ³³	49	34.0%	19.8%

³² For the raw data, see Appendix C Table 20.

³³ For the raw data, see Appendix C Table 23.

Persuasive Strategies

A crucial activity of any Claims Makers is persuasion (Cricher, 2003). Each one of the Claims Makers in the study deploys certain persuasive strategies. These tools are, in part, rhetorical devices to enhance their credibility of their particular frame to the readers; the more effective the persuasive tool, the more culturally resonant their frames become. As well, the persuasive strategies associated with the Claims Makers are also a reflection of the relational power dynamic of these Claims Makers because, as will be shown, each particular persuasive strategy reflects particular power or resources.

Factual Claims Makers

The power of impartiality and objectivity that are often associated with empiricist discourse usually translates into highly credible renderings of the DTES as neutral, comprehensive, authoritative, disinterested and detached accounts, mirroring aspects of reality. In most cases, in the age of reason and professionalism, this fact construction has the potential to garner more cultural resonance. The claim to be factual is usually associated with “claiming empirical validity or facticity by quoting experts or citing empirical data, linking certain points of view to authority by quoting official sources” (Pan & Kosicki, 1993, p.60). As well, factual Claims Makers have the power and resources to generate, interpret, and propagate empirical ‘facts’ to support their claims. Certain Claims Makers in the present study can be characterized as ‘factual’.

In addition to often being perceived as providing “the public with a neutral record of events” (Allan, 1999), the Journalist Claims Makers frequently rely on factual persuasive strategies. The following quote from a journalist demonstrates their usage of these devices to describe the DTES:

The neighbourhood has about 12,000 drug addicts, with deaths by overdose at record levels. It has the highest incidence of HIV infection in the developed world. The cost, in dollars alone -- more than \$330 a year from every B.C. taxpayer.... One doctor's estimate, if all those infected sought treatment - \$100 million a year in drugs alone. (“Put more police in Downtown Eastside,” 1998, para. 8).

The Police, Government Staff, Non-profits, Politicians, and Other Professionals Claims Makers are part of this group of Factual Claims Makers who utilize empirical data based on research, studies, reports, and polls. Examples include the Police who utilized a third-party pollster to

justify their action in Operation Torpedo, a police strategy with the intent to disrupt street level dealing (Austin & S. Young, 2003); the Government Staff who cited their own self-generated reports in advocating for more harm reduction policies (Jimenez, 1997); the Non-profit that used a report that raises the alarm on rising homeless numbers to push for more social housing (Mcmartin, 2006); the Politician who showcased his government's success by highlighting the number of injections moved from the street to the safe injection site (Bermingham, 2005a); and the Academic (part of the 'Other Professions Claims Makers'), who made a case about the over-representation of the aboriginal population of at risk youth (Hogben, 2002a). Each one of these Claims Makers are associated with one or several of these factual persuasion devices that render their particular dominant frame more culturally resonant in today's age of reason and professionalism that values impartiality and objectivity (Allan, 1999).

Emotive Claims Makers

Other persuasive rhetorical devices are those that provoke emotional reactions. These emotive rhetorical devices serve to create the sense of 'one of us' or foster affinity and identification, by appealing to our shared sense of compassion or the principles of egalitarianism. However, in the age of reason and professionalism, the more effective mode of persuasion is facticity or the appearance of facticity. Claims derived from empirical studies are afforded more authority than other forms of constructed knowledge. In addition, emotive persuasive strategies have the disadvantage of being perceived by the general public as anecdotal, partial, incomplete and distorted.

Often, these emotive persuasive tools are associated with the less powerful groups of society as they lack the time or resources to generate, gather, interpret, promote, or propagate factual sources; or are unable to interact with the media in the formalized rituals of media conferences and their appendages of media strategies and media spokespersons.

In many cases, as represented by the print media, these emotive rhetorical devices are predominantly associated with the "person-on-the-street" – the Individual, Stigmatized and Non-stigmatized Community Member Claims Makers, the Business and the Activist Claims Makers. For example, the Business Claims Makers (predominantly small businesses, as noted above) construct a sense of 'one of us' when they evoke shared identity with the readers; such as when they are portrayed to be remarking about their everyday activities of "walking to work" or "drinking...coffee" (Fong & O'Brian, 2003) and being disrupted by 'them' – the drug addicts.

More evidence of this construction of 'one of us' is in the media's representation of the Individual Claims Makers. The designators the media use to signify these Claims Makers such as the grandmother, a sister, a concerned citizen from a "lovely" (Roberts, 2004, para. 7) residential community, or an resident embattled by "hookers" (Mulgrew, 1999) and "junkies" (Colebourn, 2002) create identities that most people can identify with, producing, from the general readers' perspective, a sense of identification. In addition, the production of the sense of 'one of us' also comes in the form of common aspirations. In the following quote, this community member invokes mutual aspirations that most readers may identify with:

"We'd like to bring this area back to what it was 35 years ago, where you could shop and get your shoes fixed and buy a book," says Ruth Meta, an organizer with Common Concerns (Bula, 2000, para. 5).

Lastly, the Community Activist, Stigmatized and Non-stigmatized Community Member Claims Makers' construction of the DTES as a humanitarian crisis tugs at our sense of compassion and appeals to principles of egalitarianism. For example, Kim Kerr, a local community activist has been quoted to say "'We've got people dying in the Downtown Eastside.... More people should stand up'" (Bula & Hall, 2007, para. 24). Characterizations of the DTES "as a health-care crisis" (Hogben, 2002, para. 5), or a Stigmatized Community Member's appeal to society's largesse and compassion to give a "restorable" (Cook, 2000) addict a chance, also work in the realm of the readers' emotional pressure points.

As a whole, I argue, the print media's dominant representation of these Claims Makers utilizing these emotive persuasive tools is a reflection of these Claims Makers' lack of resources and power to produce, interpret and propagate factual rhetorical devices to support their particular claims. Yet such claims are arguably less persuasive when framed in this manner.

CHAPTER 4: CONCLUSION - CONSTRUCTIONS AND CONSEQUENCES

My research questions are: *how has The Vancouver Sun and The Province constructed the Downtown Eastside from 1997-2008 and what power relations are reflected in such construction?* The newsprint media frames the DTES in a particular fashion. While each Claims Makers have their specific frames³⁴, as a whole, the print media's construction of the DTES conveys a dominant frame and reflects particular power relations. First, the print media mostly constructs the DTES from a negative frame, specifically reliant upon a medical, criminal and social gaze. Secondly, the newsprint media reproduces the power relations that already exist in society, favouring outsiders' frames over insiders' frames. Consequently, the newspapers further stigmatize the DTES in their construction of the DTES as a problematic space and its residents as passive victims. The following section will elaborate on the above points.

PRIVILEGING OUTSIDERS' FRAMES

In terms of prominence and cultural resonance, the well-established and more prominent Outsiders – Journalist, Non-profit, Government Staff, Police, and Politicians – are placed in a favourable position in the media's portrayal of the DTES. In this way, as with other reputedly tainted spaces, the DTES is “depicted from above and from afar” (Wacquant, 2007 p. 1). Their collective frame is largely a negative portrayal of the DTES as a place of needs, pathology, sickness, and criminality, peopled by the ‘dangerous’ and ‘needy’ class, whose inhabitants have minimal agency or are passive victims. The DTES is predominantly portrayed as a problematic space through the medical, criminal and social lens. As a result of their favoured position in the print media, Outsiders' particular frames benefit from an enhanced airing, with the potentiality of more staying power in the public imagination and thus, more power to influence. Conversely, the Insiders – Community Activist and Community Member Claims Makers – are placed in the least favourable position in terms of prominence and cultural resonance. As a result, their collective frame, which importantly, is more positive in terms of representing the DTES as a community and its residents as active agents of constructive change rather than a place of pathologies and passive victims, has less staying power in the general public's imagination and thus, less power to

³⁴ See Appendix D for each Claims Makers' dominant frame.

influence. Thus, media portrayals of the DTES seem to echo Wacquant's (2007, p. 1) argument that most 'undesirable places' are "typically depicted from above and from afar in sombre and monochrome tones." Also, Wacquant (2007, p. 48) argues that:

The reality of the ghetto as a physical, social and symbolic place in American society is, whether one likes it or not, being shaped – indeed imposed – from the outside, as its residents are increasingly stripped of the means to produce their own collective and individual identities.

Likewise, the production of the frames representing the DTES is generally beyond the control of its residents. As we can see by the prominence and the magnitude in which the residences are sourced and quoted, they are overwhelmingly under-represented in the media.³⁵ Conversely, the specialists in symbolic production – outside journalists, politicians, non-profits, academics and government experts – (Wacquant, 2007) play a prominent role in defining the popular realities of the DTES.

Consequentially, due to the overwhelming privileged promotion of the Outsiders' point of view, the media ends up delivering a monochromatic description of the DTES: a problematic space devoid of significant indigenous agency for positive change. The subaltern discourse – the DTES as a legitimate community with effective local agency - is practically discounted or silenced by a louder airing of the Outsiders' discourse, potentially preventing the disruption of the hegemonic frame. Huey's (2007 p. 2315) observation that while some insiders characterise the DTES as a community, this sense of community is "seldom recognised as a legitimate form of community by outsiders" is validated by a more detailed analysis of the media's representation of the DTES.

REPRODUCING EXISTING POWER RELATIONS

Some groups and individuals have more power to gain media attention and authority while others are rarely or never make their appearance in the media (Gusfield, 1981). The print media in favouring the Outsiders' frames over the Insiders' uphold the existing distribution of power in society. As already observed in other research (Carragee & Roefs, 2004), the existing powerful social groups with more political and cultural clout continue their dominance as they and their frames are given more prominence and thus, achieve higher cultural resonance. This

³⁵ See Table 10.

observation reflects Marx's assertion that the "ideas of ruling class are in every epoch the ruling ideas" (as cited in Allan, 1999 p. 48). In addition, their frames gain enhanced credibility by the media's portrayal of them as associated with factual persuasive tools. At the same time, the Insiders – society's least powerful social group in terms of political and cultural clout – and their frames are marginalized. Their lack of prominence as sources and spokesperson, their lower status and their forced reliance on emotive persuasive tools marginalize the Insider's frames. The portrayal of the DTES in the media resulting from this power dynamic is one avenue in which the conception of the DTES becomes common sense and given as 'what everyone knows,' dominating popular imaginations. Thus, potentially, the versions of the DTES's realities presented by the media is not so much a mirror of reality, but a version of reality that the powerful social actors would like the public to see and adopt. Importantly, rather than the realities of the DTES being innate and universal, power relations contribute to the popular rendition of the DTES.

ACCENTUATING STIGMATIZATION

Consequentially, as a result of the print media constructing the DTES as a problematic space, and reproducing the power relations in society, these particular print media further stigmatize the DTES. This stigmatization comes in two distinctive forms. Firstly, the DTES is framed as a place of needs and pathology and secondly, the DTES's residents are framed as possessing minimal or no agency for positive change. The media's construction of the DTES does not fall far from the popular conception of inner cities in North America as described by Anderson: "outsiders typically 'view the ghetto as a mysterious and unfathomable place that breeds drugs, crime, prostitution...'" (Anderson as cited in Wacquant, 2007, p. 175).

Simultaneously, the DTES residents are reduced to being passive agents of their own lives and community, rather than part of the solutions to the DTES. Thus, they are deemed unfit to care for themselves, and brought to its logical conclusion, in need of paternalistic and outside inventions. Interventions may come in the form of doing "to" and "for" the residents instead of "with" the residents. Similarly, as noted by other scholars (Fairclough, 2003, p. 222), "if the poor are consistently passivated (represented as subject to the action of others), [the] implication is that they are incapable of agency." However, the media does not consistently portray the DTES residents as purely passive actors. The media's portrayal of the residents oscillates between active and passive agents, but in different contexts. The print media maintains the view that some

of the residents of the DTES are active actors of their own misfortune while passive in emancipating themselves from these misfortunes. This portrayal of the residents as subjects to their misfortunes, but objects to their emancipation may inspire contempt from the general public for their overly dependent state, corroding compassion.

Portrayed this way, the DTES as a place and its residents are doubly stigmatized. In effect, this portrayal of the DTES has the potential to dehumanize and culturally de-familiarize the DTES, thus severing the shared meaning and commonality and further widening the already large chasm between the residents of the DTES and the rest of the city. As sociologist Erving Goffman theorizes, those who are perceived to be different from us and nonconforming to social norms, are "reduced in our minds from a whole and usual person to a tainted, discounted one" (Woolford, 2001, para. 22). Consequentially, this double stigmatization may fuel compassion fatigue and sever potential solidarity especially when the ability to empathize and sympathize with the Other is so far removed symbolically. Another possible consequence is that "[o]nce a place is publicly labelled as a 'lawless zone' or an 'outlaw estate', outside the common norm, it is easy for the authorities to justify special measures, deviating from both law and custom, which can have for effect – if not for intention – to destabilize and further marginalize their occupants" (Wacquant, 2007).

In addition, this portrayal marginalizes the narrative of the DTES as a place of community, characterized by solidarity, resourcefulness, ingenuity, resilience, determination, strength, defiance and resistance. Buried under the overwhelming negative portrayal of the DTES lies a nuanced and complex counter-narrative. This emphasizes the DTES as a shared resource (Wacquant, 2007) and strong tight knit community based, in part, on commonly shared hardship and estrangement. In this way, the DTES becomes a refuge from the hard judgmental glares and fear of those outside of the DTES. Thus, the DTES as a community, in some aspects, takes its strength from the outsiders' rejection and their physical, moral, social, and cultural encroachment. Thus, one positive aspect of this shared socio-economic exclusion and material deprivations is that it provides the "repertoire of shared images and signs through which to conceive a collective destiny and to project possible alternative futures" (Jones as cited in Wacquant, 2007, p. 245). As such, while the print media's construction of the DTES stigmatizes the place and its residents, contrary to weakening the community, this construction may paradoxically strengthen the DTES.

APPENDICES

Appendix A: CODE DEFINITION

DEFINITION FRAME ELEMENT

1 definition - arts related: Where the DTES is connect with art related events such as community art events, art openings, 'the heart of the city' events, art charities for DTES, and DTES artists.

1 definition - community home related: Where the DTES is portrayed as a community, safe, full of people connected to each other with a proud sense of common identity and the DTES as a place of refuge, empowerment, vitality and that the DTES's population are not marked with stigmatized terms of drug users, prostitutes, but instead terms like residents. This includes children who often epitomize innocence and community.

1 definition - constructive protest: the DTES associated as a place where protest occurs to the benefit and betterment of society and the DTES residents.

1 definition - crime related: The DTES related to a place where crime occurs and criminals reside. Crime such as drug dealing, mugging, violence and generally a place where 'laws' are broken.

1 definition – dangerous and harmful to the community outside of the DTES: The DTES as a place that has negative impacts on the communities outside of the DTES such as Vancouver or surround communities. Negative impacts such as physical, economic, social, cultural (including image and quality of life) aspects of the communities outside of the DTES.

1 definition - dangerous and harmful to the community within the DTES: The DTES as a place that has negative impacts on itself and its residents. Negative impacts such as physical, economic, social, cultural (including image and quality of life) aspects of the communities outside of the DTES.

1 definition - degree related such as crisis epidemic ridden infested: Passages that describe DTES in extreme terms. For example, instead of simply stating DTES has homelessness, homelessness in the DTES is presented in a crisis state and requires urgent intervention. The hell metaphor, and drug-infested are appropriate examples of extremely negative adjectives used to describe DTES.

1 definition - disruptive protest: DTES associated as a place where protest occurs to the detriment of society and DTES residents. This label has been mostly connected with community activist groups such as the Anti-Poverty Committee (APC) is recent times.

1 definition - drug related: DTES associated with drug addicts, drug related crimes, drug treatment and services, and the four pillars policy.

1 definition - economic related: DTES associated with economic matters including the economic effects of the DTES and the cost associated to solving the issues.

1 definition - education for anti drugs: DTES as a place to educate youth on anti-drugs messages.

1 definition - exceptionalism: DTES described as a phenomenon that is quite rare and unique.

1 definition - experience positive: DTES as a place of positive experience. This is a very general term when no other positive connoted code fits.

1 definition - extreme semantics: Coded when terms such as "most" or "chronically" troubled, hell, dismal, "biggest" black eye, "most" everyone, mean streets, horror stories, urban zoo, mayhem-packed, nutty, emergency, notorious, Dickens novel, embarrassment for everyone, cancer, nightmare, misery, hell, asylum appear in the articles.

1 definition - first nations related: DTES related to First Nations issues.

1 definition - getting worst complex: DTES's situation is getting worst or complex. The code has a similar sentiment to the intractable aspect of DTES's problems.

1 definition - health related: DTES associated with diseases and other health related issues of the residents such as life expectancy, HIV, AIDS but exclude drug related addiction issues.

1 definition - housing homeless related: DTES associated with housing issues such as homeless and social housing.

1 definition - humanizing un-demonizing people place: DTES and its residents are humanized and not stigmatized. The place and people are portrayed as just one of us: normal, safe, deserving compassion and understanding. Usually done w/ portraying the individual as a 'normal person' such as a father, not as a stigmatized actor.

1 definition - institutions moving out: DTES portrayed as the cause of institutions (businesses, services, people) moving out of the neighbourhood.

1 definition - intractable: The problems of the DTES are too complex and/or entrenched to offer any hope for the situation to change for the better.

1 definition - landscape negative: DTES as a place that is physically negative such as dirty streets, dilapidated storefronts, and run down buildings.

1 definition - landscape positive: DTES as a place that is physically positive such as an admiration for its heritage values and cleanliness.

1 definition - marker: A concerted effort to label subjects with the DTES category to make or associate a particular point or trait of the subject. For example "Mark is a DTES resident, but he's no drug dealer."

1 definition - mental illness related: DTES related to mental illness issues that includes the services and residents who are labelled as mentally ill.

1 definition - missing women: DTES associated with the missing women case.

1 definition - negative adjective: Negative connotations that mark the DTES with adjectives such as like misery, hell, notorious, decay, troubled, degenerative, back alleys of anywhere in the city, need to escape from and its citizens portrayed in derogatory terms, need to be cleaned or revitalized or place where one ends up before or during their demise or down fall.

1 definition - neutral: DTES is mentioned in the passing without value connotations.

1 definition - place of brutality exploitation: DTES as a place of brutality and exploitation such as landlord exploitation of the vulnerable or drug dealers preying on the residents. This is closely linked to the code "violence, danger to the community within."

1 definition - poverty welfare unemployment related: DTES associated with a place of poverty and welfare recipients.

1 definition - prostitution related: DTES related to prostitution including the sex industry of strip clubs and pornography.

1 definition - protest: DTES associated with protest or activism and without value connotations.

1 definition - racialized: DTES associated with minorities such as Latino drug dealers.

1 definition - seniors related: DTES associated with senior related issues.

1 definition - service or service providers: DTES associated with social services such as detox, Street Outreach, United We Can, health care, employment training, DEYAS, DERA, VANDU. This code may illuminate the 'service ghetto' sentiment.

1 definition - surprisingly good: DTES as a place that has surprisingly good things coming from it such as the highest rank elementary is in the DTES.

CAUSALITY FRAME ELEMENT

2 causality - abuse or sexual abuse: The cause of the DTES's and/or its residents' conditions is due to abuse or sexual abuse.

2 causality - concentration: The cause of the DTES's and/or its residents' conditions is due to the concentration of services, poverty and homogenous traits such as residents of similar socio-economic position.

2 causality - crime: The cause of the DTES's and/or its residents' conditions is due to the crime perpetrated in the area.

2 causality - drug related: The cause of the DTES's and/or its residents' conditions is due to drug related issues such as easily available drugs, their addictive nature and their abuse, and drug related services.

2 causality - drugs as a choice therapy: The cause of the DTES's and/or its residents' conditions is due to drugs used as a personal choice and a form of therapy such as drugs used to forget abuse and trauma. While related to, this code is much more specific than the code 'causality - drug related.'

2 causality - DTES streets or street culture: The cause of the DTES's and/or its residents' conditions is due to the nature of the DTES streets or street culture. The street culture can include brutal insecurity and violence of the street, the exploitative nature of the street and the vulnerability of living on the street. This also includes stigmatized individuals such as drug users, drug dealers, prostitutes, and mental health consumers.

2 causality - dysfunctional families: The cause of the DTES's and/or its residents' conditions is due to symptoms of dysfunctional families.

2 causality - economics lack development: The cause of the DTES's and/or its residents' conditions is due to the depressed economic conditions of DTES such as fleeing businesses, and lack of investments, and jobs. This code does not include the individual's ability to obtain jobs because this will lead away from the structural process that this code is trying to convey.

2 causality - gentrification: The cause of the DTES's and/or its residents' conditions is due to gentrification - the moving in of a higher socio-economic class at the expense or displacement of the local residents who are normally at the lower end of the socio-economic class.

2 causality - government: The cause of the DTES's and/or its residents' conditions is due to the government (all 3 levels) and their policies. Usually due to their action or inaction.

2 causality - harm reduction services: The cause of the DTES's and/or its residents' conditions is due to harm reduction services (needle exchanges, supervised injection site) or proposed services.

2 causality - idleness: The cause of the DTES's and/or its residents' conditions is due to the idleness of the individual.

2 causality - in fighting: The cause of the DTES's and/or its residents' conditions is due to in fighting. Usually among/between service providers or government agencies or community groups as a result of the lack of consensus or power struggles.

2 causality - individual: The cause of the DTES's and/or its residents' conditions is due to individual decision making and irresponsibility without addressing the systemic processes that have lead to those conditions.

2 causality - inefficient use of resources: The cause of the DTES's and/or its residents' conditions is due to the inefficient use of resources.

2 causality - inexperience: The cause of the DTES's and/or its residents' conditions is due to the inexperience of the government staff (including police), or service providers or community agencies or individuals.

2 causality - intractable: The cause of the DTES's and its residents' conditions is due to the complexity of the situation and offers little or no hope for the situation to change. This code is very similar to "1 definition - intractable" where the latter defines the DTES and the former attribute the intractability as the cause of DTES's and its residents' conditions.

2 causality - lack of compassion society's: The cause of the DTES's and/or its residents' conditions is due to lack of societal compassion.

2 causality - lack of coordination: The cause of the DTES's and/or its residents' conditions is due to lack of coordination by between or among government agencies or community agencies or service providers.

2 causality - lack of employable skills: The cause of the DTES's and/or its residents' conditions is due to the lack of individual's marketable employment skills or education.

2 causality - lack of pride: The cause of the DTES's and/or its residents' conditions is due to the lack of pride in the DTES and/or the individual.

2 causality - lack of resources: The cause of the DTES's and/or its residents' conditions is due to the lack of funding or services such as health care, treatment, social housing or personnel.

2 causality - laziness: The cause of the DTES's and/or its residents' conditions is due to the laziness of individuals.

2 causality - mental illness: The cause of the DTES's and/or its residents' conditions is due to mental illness issues.

2 causality - minorities or immigrants: The cause of the DTES's and/or its residents' conditions is due to minorities or immigrants such as Latino drug dealers.

2 causality - neglect: The cause of the DTES's and/or its residents' conditions is due to neglect from government, service providers, and individuals. This many include the lack of or inadequate resources or attention applied to the situation.

2 causality - NIMBYISM: The cause of the DTES's and/or its residents' conditions is due to NIMBYISM.

2 causality - non-profit agencies and organizations: The cause of the DTES's and/or its residents' conditions is due to non-profit agencies or organizations. Mostly attributed to the concentration of these entities and their will to power of these entities e.g. poverty pimps.

2 causality - non stigmatized members of society like business and johns: The cause of the DTES's and/or its residents' conditions is due to the johns who obtain services from the sex industry or legit business that buys stolen goods.

2 causality - Olympics: The cause of the DTES's and/or its residents' conditions is due to Vancouver's 2010 Winter Olympics.

2 causality - police: The cause of the DTES's and/or its residents' conditions is due to police actions, policies and other enforcement issues.

2 causality - politics nature of: The cause of the DTES's and/or its residents' conditions is due to nature of politics. For example, "DTES is the way it is because it is how politic works." This is coded when article passage does not specify the aspect of politics that is to be blamed.

2 causality - pornography: The cause of the DTES's and/or its residents' conditions is due to pornography.

2 causality - poverty: The cause of the DTES's and/or its residents' conditions is due to poverty or lack of personal financial resources.

2 causality - protesters do gooders: The cause of the DTES's and/or its residents' conditions is due to protesters and their actions.

2 causality - representation: The cause of the DTES's and/or its residents' conditions is due their representations such as the stigmatization/stereotyping of DTES or its residents.

2 causality - security guards: The cause of the DTES's and/or its residents' conditions is due to security guards.

2 causality - slum lords: The cause of the DTES's and/or its residents' conditions is due to slum lords - landlords who exploit the residents and their situations for their own advantages.

2 causality - society: The cause of the DTES's and/or its residents' conditions is due to society. A very general code when no other causality specifics are given.

2 causality - too many responsibilities: The cause of the DTES's and/or its residents' conditions is due to the overwhelming responsibilities such as conducting oneself within acceptable behaviour in order maintain housing.

2 causality - trauma: The cause of the DTES's and/or its residents' conditions is due to trauma - a disturbing event that has negatively impacted the subject.

2 causality - violence: The cause of the DTES's and/or its residents' conditions is due to violence in the form of physical and psychological violence.

TREATMENT FRAME ELEMENT

3 treatment - 4 pillars strategy: The 4 pillars strategy (prevention, enforcement, treatment and harm reduction) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - action now: The sentiment for the need to do something now or soon stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s). There is a sense of urgency for action and impatience with talks, consultations or more research.

3 treatment - action now external: Call for action from those outside of the community.

3 treatment - action now internal: Call for action within the community and activated by the community.

3 treatment - anti harm reduction policies: Anti-harm reduction policies enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s). Anti-harm reduction policies are policies stated in opposition to harm reduction policies. Usually harm reduction is viewed as causality to the conditions of the DTES.

3 treatment - art: Community art events, art openings, 'the heart of the city' events, art charities for DTES, DTES artists enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - business: The business sector or personalities enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - community: Local personalities or locally generated initiatives enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - decentralized social services: Decentralized social services (housing, treatment, social welfare) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s). The philosophy is that these social services attract and thus concentrate 'problems' in the DTES.

3 treatment - decriminalization: Decriminalization of drugs enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - deport them: Deporting 'criminal' immigrants enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - diversity: Diversity of people, environment, strategies and services such as a continuum of drug related services from prevention to treatment enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - do not protect social housing in DTES: Not protecting social housing in the DTES enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - drug free: A drug free society or heavily reduced drug use in society enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - economic development: Tweaking of the economic condition(s) of the DTES or its residents (such as higher welfare) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - education building awareness: Increased awareness and education about drugs enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - gentrification: Gentrification (the moving in of a higher socio-economic class at the expense or displacement of the local residents usually of lower socio-economic class) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - government: Government (all 3 levels) and their policies enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - harm reduction services: Harm reduction services (ex: needle exchanges, supervised injection site) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - health care: Health care such as treatment, medical clinics, mental illness clinics or outreach enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - housing: Increasing housing enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - housing outside: Decentralizing housing away from DTES enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - increase funding resources: Increasing funding of services enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - individual: A non-descriptive individual person enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - judicial: The law system (excluding police and enforcement) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - landscape improvement: Making physical improvements (remodeling streets or improving housing physical conditions) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - more individual skills: Building more employable, marketable skills such as trades, customer services and confidence enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - need or have local intervention: A general code which does not specify the type of intervention (drugs, housing) except that the invention comes from the DTES enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s). For example, "local resident helps old lady from a fall."

3 treatment - need or have outside intervention: A general code which does not specify the type of intervention (drugs, housing) except that the invention comes from outside the DTES enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s). For example, "expert chef cooks for Union Gospel Mission."

3 treatment - non profit agencies organizations: Housing non profits (ATIRA, Portland Society, Central City), and other non profit organizations (DERA, DEYAS, VANDU, PIVOT, Carnegie Action Network) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - patience: Patience enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - police: Police actions, policies and other enforcement issues enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - professional: Artists, academics, social workers, medical professionals, media enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - religion: Religion and other religious institutions (Union Gospel Mission, First United, Faith based services and treatment) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - research: Research enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - security guards: Security guards enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

3 treatment - social services: Social services such as welfare, detox, street outreach, United We Can, health care, employment training, DEYAS, DERA, VANDU enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

CLAIMS MAKERS³⁶

³⁶ See Table 1 for the Claims Makers' definitions.

Appendix B: METHODOLOGY RELATED INFORMATION

Figure 1: Frame Organization via the Aggregation of Codes into Themes. Part 1/2.

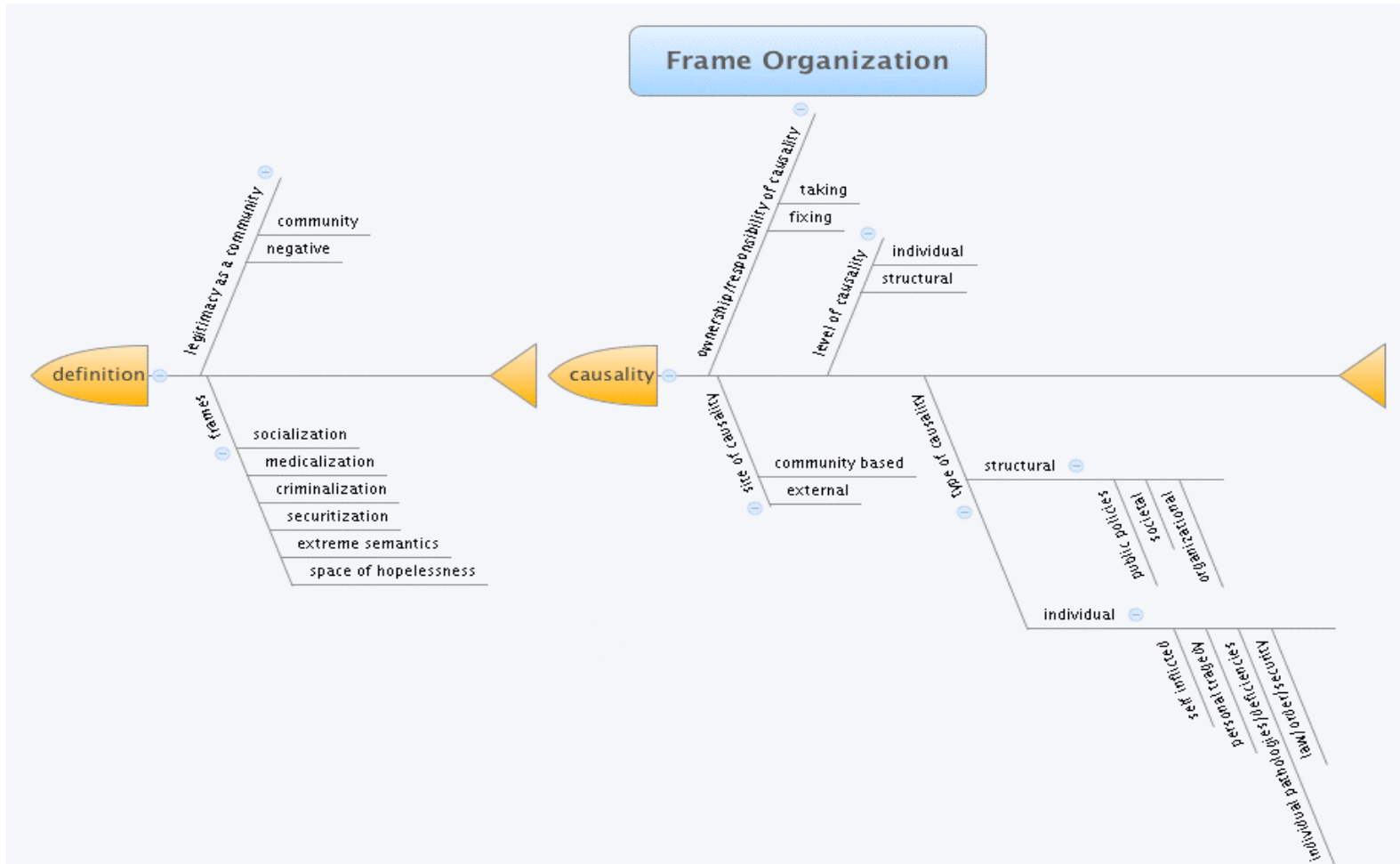
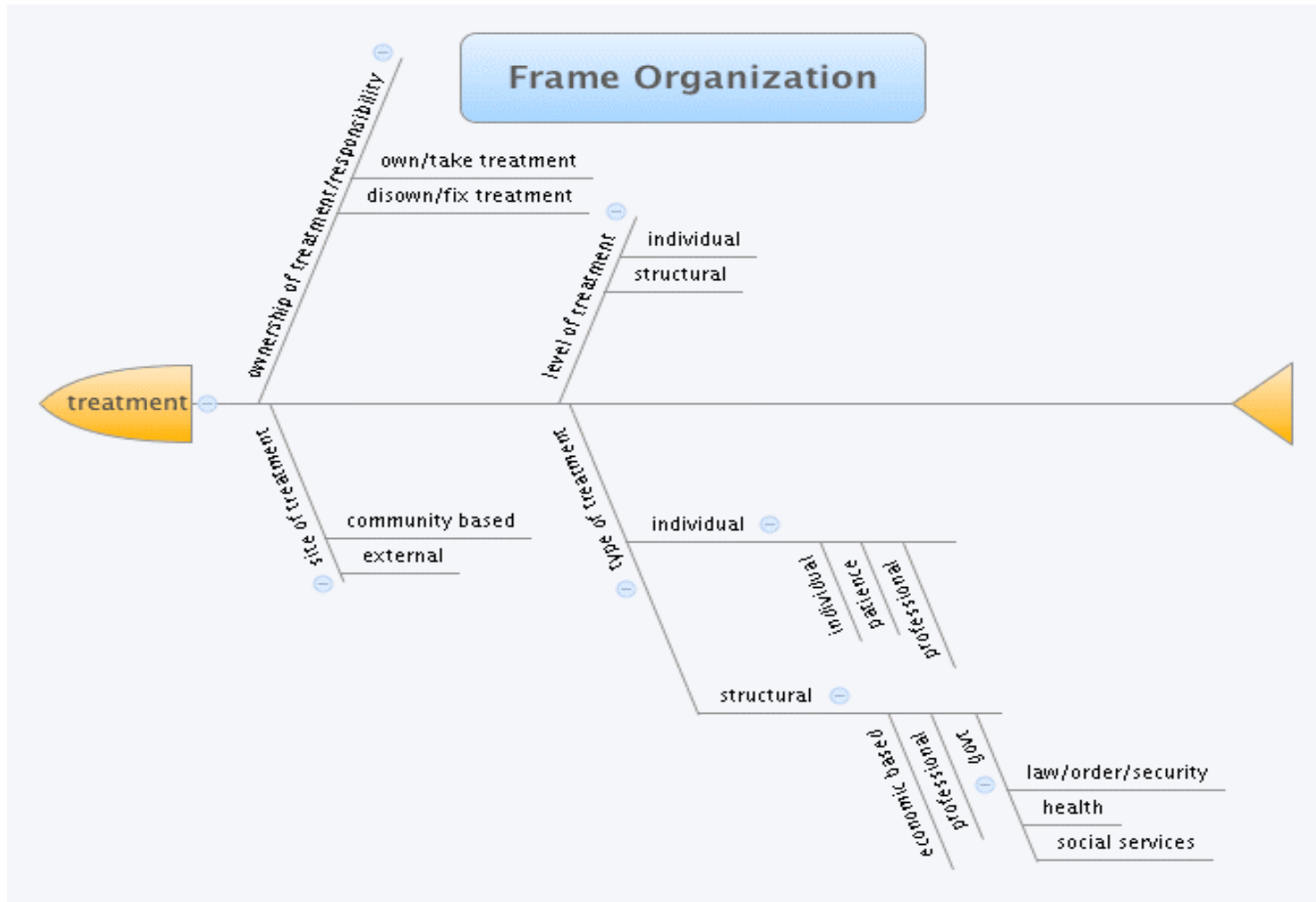


Figure 2: Frame Organization via the Aggregation of Codes into Themes. Part 2/2.



Theme Definitions

Definition Frame Element

Community: Where DTES is portrayed as a community that is characterized by strong social solidarity and communal belonging. DTES is a safe place, full of people connected to each other with a strong sense of common identity. Also DTES is portrayed as a place of refuge, empowerment, vitality and where its' population is not marked by stigmatized terms like drug users, homeless, and prostitutes, but instead more humanized terms like people, residents and citizenry. It is a place also populated by children and senior, a contrast to the popular perspective of the DTES as an overwhelming single male population. It's a place where art and constructive protests flourish and the physical environment pleasant. This term of community is more defined geographically rather than being defined by a 'community of interest'.

Negative: Where DTES is framed as a dysfunctional place due to the social ills and malaise that pervade in the area. DTES in this term is pathologized, demonized and dehumanized. The space is plagued by rampant crimes, disease, and poverty that threaten the securities of Vancouverites and a burden to the rest of the city, a space of dependency. In its most extreme characterization, lawlessness, barbarism, unruliness, and savagery pervade the space. DTES is characterized as the central cause of all that is wrong with Vancouver. It is a space void of familiar "human" qualities. Instead, it is filled not with homeless people, but the homeless; not people addicted to drugs, but drug addicts, junkies; not sex trade workers, but prostitutes or hookers; not mental health consumer, but the insane, mentally ill; not people forced into crime, but criminals. DTES is portrayed as a stereotypical urban nightmare, a cautionary tale, an urban cancer, and an urban space exceptional in that it has failed the social structure of Western society instead of the society failing it. The urban form is derelict, chaotic, dilapidated, and littered and soiled by physically and morally compromised social deviants. Devoid of familiarity, it becomes an alien spectre of death, danger and moral crisis. In essence, a space to be avoided, shunned and fear; the opposite traits of a healthy community.

Medicalization: Framing DTES as a medical problem. DTES is defined in medical terms, using medical language to describe DTES and adopting a medical framework to understand it, or using medical intervention to treat it (Conrad, 1992). In effect, DTES is looked upon with, as Foucault puts it, a "medical gaze" (As cited in Conrad, 1992, p. 216). In this framing, DTES is portrayed as place troubled by medical problems and their manifestations -people, symptoms, policies and services. This definition associates DTES with drug addicts, drug related crimes, drug treatment and services, and drug pillars policy; mental illness issues; and diseases and other health related issues of the residents such as life expectancy, HIV, and AIDS.

Socialization: Framing of the DTES as a social problem. In this frame, DTES is portrayed as a place plagued by resource redistributions problems and their manifestations. In this characterization, DTES is associated with poverty and social services that are there to alleviate those problems. For example, in this framing, homeless would be the manifestation of inadequate resource redistribution and social housing as it remedy.

Criminalization: Framing the DTES as a criminal problem; that is to say, that the space of DTES and its residents are scripted and narrated as a place where crime occurs and its residents as criminals, and where the criminal-legal-justice apparatus plays a prominent role in solutions to DTES's problems. The DTES is framed by legal terms, giving the legal professional legitimacy and authority in defining, proposing and constructing the DTES as an object of law enforcement. In this frame, DTES is portrayed as a place of widespread crime such as murder, drug dealing, violence, prostitution, exploitation, street crimes, and disruptive protests that occur to the detriment of the larger society.

Securitization: Framing DTES as a problem of security. In this frame, DTES is portrayed as a source of culpitrability that unsettles and pose a threat to the physical, economic, social, and cultural security of Vancouverites. The space is a dangerous space occupied by the illegitimate 'dangerous class'. DTES is

cast as tainting Vancouver's international image, and as a source and vector of disease and crime. It's a general sense of the DTES as the consummated bogeyman of Vancouver; it's tentacles menacing and far-reaching.

Extreme Semantics: Framing DTES with extreme semantics. For example, instead of simply stating DTES has a homelessness problem, homelessness in the DTES is presented in a state of crisis and requires urgent interventions. The hell metaphor, "most" or "chronically" troubled, dismal, "biggest" black eye, "most" everyone, mean streets, horror stories, urban zoo, mayhem-packed, nutty, emergency, notorious, Dickens novel, embarrassment for everyone, cancer, nightmare, misery, and asylum are some examples of extremely negative adjectives and rhetorical devices used to describe DTES.

Space of Hopelessness: Framing the DTES as a space of homelessness. This portrayal cast the DTES as a place that is getting worst or too complex; as a result DTES's problems are too intractable for any glimmer of hope for improvements.

Causality Frame Element

TYPE OF CAUSALITY: This level of analysis is an attempt to illuminate the nature or form of the causality's attributes.

Securitization: The claim that the causes of the DTES's and/or its residents' conditions are due crime, violence and disorder occurring in the DTES.

Self Inflicted: The claim that the causes of the DTES's and/or its residents' conditions are due to flawed individuals that includes the decision to engaged in drug consumption and other generalized victim blaming tropes.

Personal Deficiencies: The claim that the causes of the DTES's and/or its residents' conditions are due to individual's lack of skills, motivation, resources, moral fortitude, destructive lifestyle choices and mental illness.

Personal Tragedy: The claim that the causes of the DTES's and/or its residents' conditions are due to the individuals' history of trauma, abuse or dysfunctional family.

Public Policies: The claim that the causes of the DTES's and/or its residents' conditions are due to governmental policies in the form of wrong policies, and policies that the actors perceive to be governmental neglect and/or inaction.

Organizational: The causes of the DTES's and/or its residents' conditions are due to organizational factors such as lack of or misuse of resources, infighting, inexperience, and the nature of non profit organizations.

Societal: The claim that the causes of the DTES's and/or its residents' conditions are due to the nebulous, generalized quality of society at large. Included in this subordinate theme are representations, poverty, concentration of poverty and poverty alleviated services, gentrification, nature of politics, complexity of the issue, NIMBYISM, pornography, lack of societal compassion, and Olympics 2010.

LEVEL OF CAUSALITY: This level of analysis is an attempt to illuminate the level of blame in terms of individual versus structural.

Structural: The claim that DTES's and/or its residents' conditions are the product of the social processes beyond the fault of the individual. Structural causality includes changes and reforms in social and institutional arrangements and massive economic disruptions and other market forces resulting in social injustice and economic inequality. For example, introduction of new technologies, declining livable wages,

reentrenchment of social welfare, rising mortgage interest rates, deinstitutionalization of the chronically mentally ill, draconian law enforcement and etc. The result of this framing likely produces proposed treatment for “new forms of welfare and community development” (Barak & Bohm, 1989, p. 284) rather than repressive measures.

Individual: The claim that DTES’s and/or its residents’ conditions are the product of individual flaws such as lifestyle choices, mental illness, lack of marketable skills, family dysfunctionality, and their product such as crimes. The blaming of the victim trope reflects this theme well. The result of this framing is likely criminalization of the DTES residents rather than reforming and expanding the welfare state. Most likely, they become “subjects of the repressive-penal apparatus of social control” (Barak & Bohm, 1989, p. 284).

SITE OF CAUSALITY: This level of analysis is an attempt to illuminate the geographical aspect of causality. In doing so, I have distinguish two diametrically opposite sites: Community as in the DTES and external as in anywhere outside of the DTES.

Community Based Causality: The claim that the loci of causality of DTES’s problems is cited to be emanating from and/or within the DTES. This scripting of the DTES occurs when DTES’s problems are blamed on the DTES individual and/or on the DTES for its concentration of poverty and the poverty alleviation services, and the intractability and complexity of the problems.

Externally Based Causality: The claim that the loci of causality of DTES’s problems is cited to be emanating from outside of the DTES. This scripting of the DTES occurs when DTES’s problems are blamed on individual located outside of the DTES and/or institutional and structural aspects.

TAKING RESPONSIBILITY FOR CAUSALITY: To claim that one is partly or wholly responsible for causing the problems in the DTES.

FIXING REPSPONSIBLITY FOR CAUSALITY: To claim that others are partly or wholly responsible for causing the problems in the DTES.

Treatment Frame Element

TYPE OF TREATMENT: This level of analysis is an attempt to illuminate the nature or form of the treatment’s attributes.

Health: Health care such as medical treatment, medical clinics, mental illness clinics or outreach or harm reduction services enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

Social Services: Social services such as welfare, detox, street outreach, united we can, health care, employment training, housing, education and awareness building, DEYAS, DERA, VANDU enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

Legal: Police actions, policies and other enforcement judicial issues enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

Other Professionals: Artists, religious figures, academics and non-profit professionals enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

Economic Based: Tweaking of the economic condition(s) of the DTES or its residents (such as higher welfare amount, gentrification), and the business sector or personality (such as increasing commerce activity or Bob Rennie) enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

Governmental: Social services, health, and other governmental services and responsibilities enacted or stated or proposed or advocated as a solution to the DTES's and/or its residents' condition(s).

LEVEL OF TREATMENT: This level of analysis is an attempt to illuminate the level of the proposed solution to the DTES in terms of individual versus structural.

Structural: The claim that DTES's and/or its residents' conditions can be solved through social processes as opposed to individual agencies. For example, changes and reforms in social arrangement and institutions such as public policies, organizational elements and society at large. Basically, it's a call for more public responsibility in solving the problems of the DTES.

Individual: The claim that DTES's and/or its residents' conditions can be solved through individual means or agency.

SITE OF TREATMENT: This level of analysis is an attempt to illuminate the geographical aspect of treatment. In doing so, I have distinguished two diametrically opposite sites: Community as in the DTES and external as in anywhere outside of the DTES.

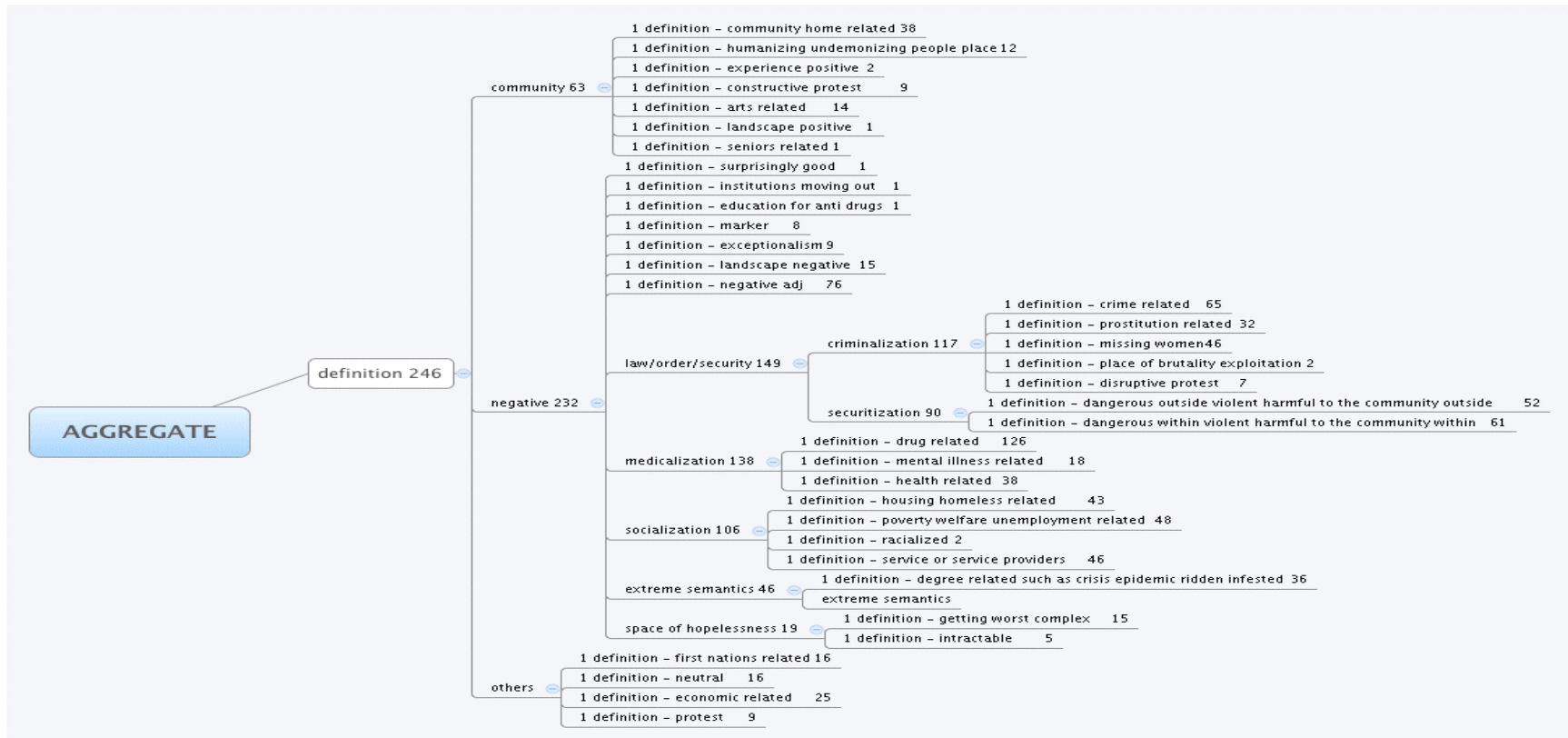
Community Based Treatment: The claim that the loci of solutions of DTES's problems is cited to be emanating from and/or within the DTES. This scripting of the DTES occurs when DTES's treatments are attributed to DTES individual and/or their attempts and agencies in working towards DTES solutions.

Externally Based Treatment: The claim that the loci of solutions of DTES's problems is cited to be emanating from outside of the DTES. This scripting of the DTES occurs when DTES's solutions are attributed to individual located outside of the DTES and/or institutional and structural aspects.

TAKING RESPONSIBILITY FOR TREATMENT: To claim that one is partly or wholly responsible for solving the problems in the DTES.

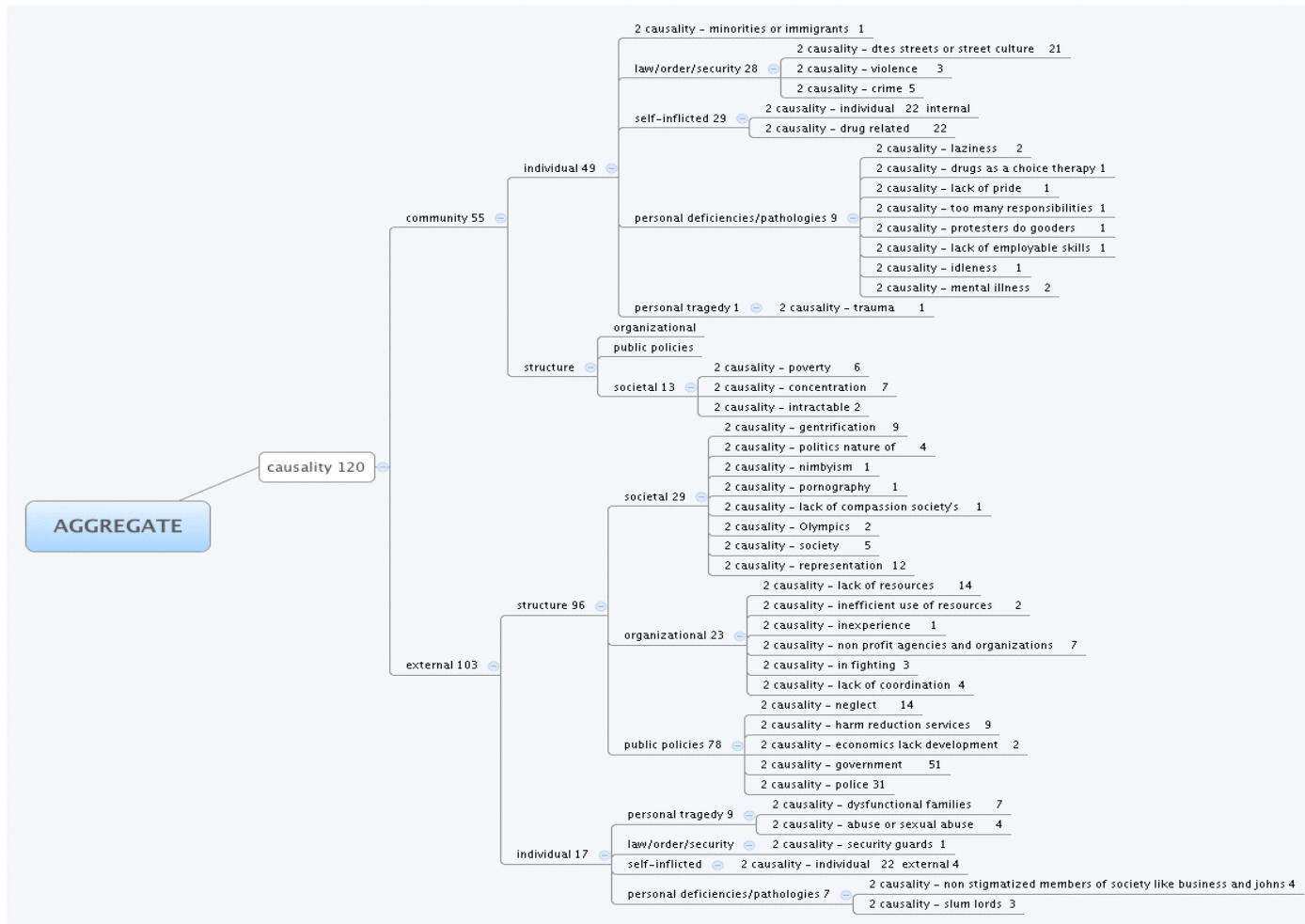
FIXING REPSPONSIBLITY FOR TREATMENT: To claim that others are partly or wholly responsible for solving the problems in the DTES.

Figure 3: An Example³⁷ of the Way the Codes, Subordinate Themes, and Main Themes were Grouped Together in the Definition Frame Element for the Aggregation of Claims Makers. The Numbers Denote the Number of Articles that Subscribe to the Items.



³⁷ This kind of grouping was done for all the Claims Makers, but only one example of each frame element is shown for space considerations.

Figure 4: An Example of the Way the Codes, Subordinate Themes, and Main Themes were Grouped Together in the Causality Frame Element for the Aggregation of Claims Makers. The Numbers Denote the Number of Articles that Subscribe to the Items.



Appendix C: CLAIMS MAKERS AND THEIR DOMINANT FRAME – RAW DATA

**Table 18: Raw Data for Claims Makers and their Number and Percentage of Articles that Subscribe to the Themes in the Definition Frame Element.
Part 1/3.**

DEFINITION	AGG		BUS		COM ACT		NSTIG COM M		STIG COM M		GOVT	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
community	63	25.6%	1	9.1%	4	22.2%	4	50.0%	5	50.0%	3	8.3%
negative	232	94.3%	10	90.9%	14	77.8%	5	62.5%	6	60.0%	33	91.7%
criminalization	117	47.6%	5	45.5%	4	22.2%	1	12.5%	2	20.0%	9	25.0%
securitization	90	36.6%	7	63.6%	1	5.6%	1	12.5%	0	0.0%	10	27.8%
medicalization	138	56.1%	4	36.4%	10	55.6%	4	50.0%	2	20.0%	18	50.0%
socialization	106	43.1%	0	0.0%	5	27.8%	1	12.5%	3	30.0%	15	41.7%
extreme semantics	46	18.7%	2	18.2%	1	5.6%	2	25.0%	0	0.0%	4	11.1%
space of hopelessness	19	7.7%	0	0.0%	1	5.6%	0	0.0%	0	0.0%	1	2.8%
negative landscape	15	6.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	5.6%
TOTAL ARTICLES W/IN DEF	246		11		18		8		10		36	
TOTAL ARTICLES	247		14		26		15		17		52	

**Table 19: Raw Data for Claims Makers and their Number and Percentage of Articles that Subscribe to the Themes in the Definition Frame Element.
Part 2/3.**

DEFINITION	IND		JOUR		NON PROF		OTHERS		POLICE		POL L	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
community	4	20.0%	30	16.9%	9	31.0%	0	0.0%	6	13.0%	2	11.8%
negative	16	80.0%	160	89.9%	24	82.8%	7	87.5%	46	100.0%	16	94.1%
criminalization	7	35.0%	66	37.1%	4	13.8%	4	50.0%	31	67.4%	4	23.5%
securitization	7	35.0%	41	23.0%	9	31.0%	3	37.5%	21	45.7%	2	11.8%
medicalization	5	25.0%	82	46.1%	6	20.7%	2	25.0%	25	54.3%	6	35.3%
socialization	3	15.0%	62	34.8%	13	44.8%	3	37.5%	7	15.2%	8	47.1%
extreme semantics	0	0.0%	24	13.5%	3	10.3%	0	0.0%	8	17.4%	2	11.8%
space of hopelessness	1	5.0%	6	3.4%	1	3.4%	0	0.0%	4	8.7%	0	0.0%
negative landscape	2	10.0%	6	3.4%	0	0.0%	0	0.0%	2	4.3%	1	5.9%
TOTAL ARTICLES W/IN DEF	20		178		29		8		46		17	
TOTAL ARTICLES	33		191		51		19		58		26	

**Table 20: Raw Data for Claims Makers and their Number and Percentage of Articles that Subscribe to the Themes in the Definition Frame Element.
Part 3/3.**

DEFINITION	POL R		O PRO		RELIG	
	No.	%	No.	%	No.	%
community	0	0.0%	3	20.0%	0	0.0%
negative	20	95.2%	13	86.7%	2	100.0%
criminalization	3	14.3%	5	33.3%	1	50.0%
securitization	4	19.0%	5	33.3%	1	50.0%
medicalization	7	33.3%	8	53.3%	0	0.0%
socialization	9	42.9%	8	53.3%	1	50.0%
extreme semantics	3	14.3%	3	20.0%	0	0.0%
space of hopelessness	2	9.5%	1	6.7%	1	50.0%
negative landscape	1	4.8%	0	0.0%	0	0.0%
TOTAL ARTICLES W/IN DEF	21		15		2	
TOTAL ARTICLES	33		26		3	

Table 21: Raw Data for Claims Makers and their Number and Percentage of Articles that Subscribe to the Themes in the Causality Frame Element..

Part 1/3.

CAUSALITY	AGG		BUS		COM ACT		NSTIG COM M		STIG COM M	
	No.	%	No.	%	No.	%	No.	%	No.	%
responsibility of causality										
taking responsibility	N/A		0	0.0%	0	0.0%	0	0.0%	2	25.0%
fixing responsibility	N/A		7	100.0%	14	100.0%	6	100.0%	7	87.5%
site of causality										
community	55	45.8%	4	57.1%	0	0.0%	1	16.7%	2	25.0%
external	103	85.8%	5	71.4%	14	100.0%	6	100.0%	7	87.5%
level of causality										
individual	55	45.8%	3	42.9%	1	7.1%	2	33.3%	2	25.0%
structural	98	81.7%	5	71.4%	13	92.9%	6	100.0%	7	87.5%
type of causality										
<i>individual</i>										
law/order/security	29	24.2%	2	28.6%	1	7.1%	1	16.7%	0	0.0%
individual pathologies/deficiencies	16	13.3%	0	0.0%	0	0.0%	2	33.3%	2	25.0%
personal tragedy	9	7.5%	0	0.0%	0	0.0%	1	16.7%	0	0.0%
self inflicted	31	25.8%	1	14.3%	0	0.0%	1	16.7%	1	12.5%

CAUSALITY	AGG		BUS		COM ACT		NSTIG COM M		STIG COM M	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>structural</i>										
public policies	78	65.0%	4	57.1%	12	85.7%	2	33.3%	4	50.0%
societal	37	30.8%	2	28.6%	4	28.6%	4	66.7%	4	50.0%
organizational	23	19.2%	0	0.0%	1	7.1%	0	0.0%	0	0.0%
TOTAL ARTICLE W/IN CAUSALITY	120		7		14		6		8	100.0%
TOTAL ARTICLES	247		14		26		15		17	

**Table 22: Raw Data for Claims Makers and their Number and Percentage of Articles that Subscribe to the Themes in the Causality Frame Element..
Part 2/3.**

CAUSALITY	GOVT		IND		JOUR		NON PROF		OTHERS	
	No.	%	No.	%	No.	%	No.	%	No.	%
responsibility of causality										
taking responsibility	0	0.0%	7	46.7%	0	0.0%	0	0.0%	N/A	
fixing responsibility	12	100.0%	12	80.0%	37	100.0%	22	100.0%	N/A	
site of causality										
community	3	25.0%	7	46.7%	14	37.8%	7	31.8%	3	33.3%
external	11	91.7%	13	86.7%	31	83.8%	18	81.8%	8	88.9%

CAUSALITY	GOVT		IND		JOUR		NON PROF		OTHERS	
	No.	%	No.	%	No.	%	No.	%	No.	%
level of causality										
individual	3	25.0%	7	46.7%	16	43.2%	6	27.3%	1	11.1%
structural	11	91.7%	12	80.0%	26	70.3%	17	77.3%	9	100.0%
type of causality										
<i>individual</i>										
law/order/security	2	16.7%	2	13.3%	7	18.9%	4	18.2%	1	11.1%
individual pathologies/deficiencies	0	0.0%	2	13.3%	4	10.8%	0	0.0%	0	0.0%
personal tragedy	0	0.0%	2	13.3%	5	13.5%	1	4.5%	1	11.1%
self inflicted	1	8.3%	7	46.7%	6	16.2%	5	22.7%	0	0.0%
<i>structural</i>										
public policies	8	66.7%	11	73.3%	20	54.1%	14	63.6%	8	88.9%
societal	3	25.0%	2	13.3%	8	21.6%	5	22.7%	3	33.3%
organizational	3	25.0%	0	0.0%	9	24.3%	2	9.1%	0	0.0%
TOTAL ARTICLE W/IN CAUSALITY	12	100.0%	15	100.0%	37	100.0%	22	100.0%	9	100.0%
TOTAL ARTICLES	52		33		191		51		19	

**Table 23: Raw Data for Claims Makers and their Number and Percentage of Articles that Subscribe to the Themes in the Causality Frame Element.
Part 3/3.**

CAUSALITY	POLICE		POL L		POL R		O PRO		RELIG	
	No.	%	No.	%	No.	%	No.	%	No.	%
responsibility of causality										
taking responsibility	5	26.3%	3	20.0%	2	15.4%	0	0.0%	0	0.0%
fixing responsibility	15	78.9%	15	100.0%	12	92.3%	9	100.0%	1	100.0%
site of causality										
community	7	36.8%	3	20.0%	6	46.2%	5	55.6%	1	100.0%
external	17	89.5%	12	80.0%	7	53.8%	7	77.8%	0	0.0%
level of causality										
individual	8	42.1%	2	13.3%	4	30.8%	5	55.6%	1	100.0%
structural	16	84.2%	13	86.7%	9	69.2%	7	77.8%	0	0.0%
type of causality										
<i>individual</i>										
law/order/security	4	21.1%	1	6.7%	3	23.1%	2	22.2%	1	100.0%
individual pathologies/deficiencies	2	10.5%	0	0.0%	1	7.7%	3	33.3%	0	0.0%
personal tragedy	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
self inflicted	4	21.1%	1	6.7%	1	7.7%	1	11.1%	1	100.0%

CAUSALITY	POLICE		POL L		POL R		O PRO		RELIG	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>structural</i>										
public policies	12	63.2%	8	53.3%	5	38.5%	7	77.8%	0	0.0%
societal	2	10.5%	2	13.3%	3	23.1%	1	11.1%	0	0.0%
organizational	4	21.1%	3	20.0%	3	23.1%	2	22.2%	0	0.0%
TOTAL ARTICLE W/IN CAUSALITY	19	100.0%	15	100.0%	13	100.0%	9	100.0%	1	100.0%
TOTAL ARTICLES	58		26		33		26		3	

Table 24: Raw Data for Claims Makers and their Number and Percentage of Articles that Subscribe to the Themes in the Treatment Frame Element. Part 1/3.

TREATMENT	AGG		BUS		COM ACT		NSTIG COM M		STIG COM M	
	No.	%	No.	%	No.	%	No.	%	No.	%
responsibility of treatment										
taking responsibility	N/A		1	10.0%	5	35.7%	4	66.7%	0	0.0%
fixing responsibility	N/A		10	100.0%	14	100.0%	3	50.0%	3	100.0%
Site of Treatment										
community	49	34.0%	0	0.0%	5	35.7%	4	66.7%	0	0.0%
external	138	95.8%	10	100.0%	14	100.0%	3	50.0%	3	100.0%
level of treatment										
individual	55	38.2%	0	0.0%	2	14.3%	1	16.7%	0	0.0%
structural	127	88.2%	10	100.0%	14	100.0%	5	83.3%	3	100.0%
type of treatment										
<i>individual</i>										
patience	4	2.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
individual-indiv	29	20.1%	0	0.0%	2	14.3%	0	0.0%	0	0.0%
professional-indiv	11	7.6%	0	0.0%	1	7.1%	0	0.0%	0	0.0%
professional-structural	23	16.0%	0	0.0%	1	7.1%	0	0.0%	1	33.3%
professional - total	31	21.5%	0	0.0%	2	14.3%	0	0.0%	1	33.3%
<i>structural</i>										
economic based	21	14.6%	1	10.0%	3	21.4%	2	33.3%	0	0.0%
govt	120	83.3%	9	90.0%	12	85.7%	3	50.0%	3	100.0%
govt-law/order/security	40	27.8%	8	80.0%	0	0.0%	1	16.7%	0	0.0%
govt-health	49	34.0%	0	0.0%	5	35.7%	0	0.0%	2	66.7%
govt-social services	58	40.3%	2	20.0%	5	35.7%	2	33.3%	1	33.3%
TOTAL TREATMENT	144	100.0%	10	100.0%	14	100.0%	6	100.0%	3	100.0%
TOTAL ARTICLES	247		14		26		15		17	

**Table 25: Raw Data for Claims Makers and their Number and Percentage of Articles that Subscribe to the Themes in the Treatment Frame Element.
Part 2/3.**

TREATMENT	GOVT		IND		JOUR		NON PROF		OTHERS	
	No.	%	No.	%	No.	%	No.	%	No.	%
responsibility of treatment										
taking responsibility	28	96.6%	9	52.9%	0	0.0%	14	51.9%	N/A	
fixing responsibility	6	20.7%	10	58.8%	56	86.2%	27	100.0%	N/A	
Site of Treatment										
community	4	13.8%	8	47.1%	11	16.9%	8	29.6%	1	12.5%
external	29	100.0%	14	82.4%	51	78.5%	26	96.3%	8	100.0%
level of treatment										
individual	1	3.4%	9	52.9%	15	23.1%	5	18.5%	0	0.0%
structural	29	100.0%	10	58.8%	45	69.2%	22	81.5%	7	87.5%
type of treatment										
<i>individual</i>										
patience	0	0.0%	0	0.0%	1	1.5%	0	0.0%	0	0.0%
individual-indiv	0	0.0%	7	41.2%	10	15.4%	4	14.8%	0	0.0%
professional-indiv	0	0.0%	1	5.9%	3	4.6%	1	3.7%	0	0.0%
professional-structural	5	17.2%	2	11.8%	9	13.8%	1	3.7%	1	12.5%
professional - total	5	17.2%	2	11.8%	11	16.9%	2	7.4%	1	12.5%
<i>structural</i>										

TREATMENT	GOVT		IND		JOUR		NON PROF		OTHERS	
	No.	%	No.	%	No.	%	No.	%	No.	%
economic based	5	17.2%	0	0.0%	5	7.7%	4	14.8%	0	0.0%
govt	28	96.6%	10	58.8%	40	61.5%	21	77.8%	6	75.0%
govt-law/order/security	7	24.1%	5	29.4%	11	16.9%	2	7.4%	4	50.0%
govt-health	18	62.1%	3	17.6%	15	23.1%	6	22.2%	2	25.0%
govt-social services	14	48.3%	4	23.5%	14	21.5%	15	55.6%	1	12.5%
TOTAL TREATMENT	29	100.0%	17	100.0%	65	100.0%	27	100.0%	8	100.0%
TOTAL ARTICLES	52		33		191		51		19	

Table 26: Raw Data for Claims Makers and their Number and Percentage of Articles that Subscribe to the Themes in the Treatment Frame Element. Part 3/3.

TREATMENT	POLICE		POL L		POL R		O PRO		RELIG	
	No.	%	No.	%	No.	%	No.	%	No.	%
responsibility of treatment										
taking responsibility	20	66.7%	18	100.0%	14	93.3%	11	84.6%	0	
fixing responsibility	14	46.7%	5	27.8%	6	40.0%	13	100.0%	0	
Site of Treatment										
community	3	10.0%	2	11.1%	0	0.0%	2	15.4%	0	
external	29	96.7%	18	100.0%	15	100.0%	12	92.3%	0	

TREATMENT	POLICE		POL L		POL R		O PRO		RELIG	
	No.	%	No.	%	No.	%	No.	%	No.	%
level of treatment										
individual	1	3.3%	4	22.2%	0	0.0%	3	23.1%	0	
structural	29	96.7%	18	100.0%	14	93.3%	12	92.3%	0	
type of treatment										
<i>individual</i>										
patience	1	3.3%	2	11.1%	0	0.0%	0	0.0%	0	
individual-indiv	3	10.0%	2	11.1%	0	0.0%	2	15.4%	0	
professional-indiv	1	3.3%	0	0.0%	0	0.0%	0	0.0%	0	
professional-structural	2	6.7%	1	5.6%	2	13.3%	0	0.0%	0	
professional - total	2	6.7%	1	5.6%	2	13.3%	0	0.0%	0	
<i>structural</i>										
economic based	0	0.0%	3	16.7%	4	26.7%	1	7.7%	0	
govt	28	93.3%	18	100.0%	13	86.7%	11	84.6%	0	
govt-law/order/security	20	66.7%	1	5.6%	6	40.0%	1	7.7%	0	
govt-health	6	20.0%	5	27.8%	6	40.0%	8	61.5%	0	
govt-social services	3	10.0%	9	50.0%	8	53.3%	6	46.2%	0	
TOTAL TREATMENT	30	100.0%	18	100.0%	15	100.0%	13	100.0%	0	
TOTAL ARTICLES	58		26		33		26		3	

Appendix D: SUMMARY OF CLAIMS MAKERS AND THEIR DOMINANT FRAMES

Business Claims Makers: as represented by the print media, the Business Claims Makers' frame the DTES problem in criminal terms, scripting the DTES as a dangerous space, jeopardizing livelihood of their businesses and by direct implication, the vitality of the DTES; the cause is misguided governmental bodies that "enable" or condone illegal activities at the expense of their legitimate businesses; the remedy is more law and order services in the form of increase policing to quell and deter criminal activities.

Community Activist Claims Makers: as presented by the media, these Claims Makers frame the DTES problem as lacking in medical services in the DTES, resulting in unnecessary suffering and deaths; the cause is misguided policies of the government and the police who, through inaction and over-zealous actions, have exacerbated the suffering and delayed treatment; and the remedy is more and urgent governmental related health and social services.

Non-Stigmatized Community Member Claims Makers: as portrayed by the print media, from these Claims Makers' frame, the problem is the health-care crisis has people dying on the street; the cause is society's lack of compassion and understanding that dehumanizes DTES residents; the remedy is governmental intervention in facilitating and creating resources and conditions so the DTES community can be actively involved in producing their own grass-roots solutions.

Stigmatized Community Member Claims Makers: as represented by the media, these Claims Makers frame the problem as the DTES suffers from inadequate societal resource redistribution resulting in poverty and homelessness; the cause is society's general compliance in allowing for uncontested gentrification, abuse from police over-reactions, and further governmental neglect; the remedy is for governmental interventions in creating supportive infrastructures such as health care so they could help themselves.

Governmental Staff Claims Makers: the media portrays the Governmental Staff Claims Makers' characterization of the DTES as a problem of medical crisis in terms of the HIV/AIDS epidemic and rampant drug abuse; the cause is the "other" government parties' misguided, inadequate action or inaction; the remedy is government involvement - as in themselves, or their party - in providing more health related services.

Individual Claims Makers: the problem is DTES is a dangerous space of criminality, threatening and compromising their sense of financial, physical, psychological, and representational security and thus their quality of life; the cause is government's misguided policies and neglect of their political obligations; the remedy is governmental interventions in the form of law and order.

Non-Profit Claims Makers: the media's represents of the Non-Profit Claims Makers to frame the DTES as a social problem where the area is troubled by various forms of social deprivation producing social ills and precarious lives (Butler, 2004) of predatory vulnerability and endangerment; the cause is the misguided, misdirected, inadequate action and inaction of the government bodies; the remedy is more government interventions in the forms of social provisions of affordable housing, welfare support, and other social programs.

Others Claims Makers: the problem is DTES is a place of criminality plagued by the dangerous class engaged in petty street crimes and street drug dealing; the cause is governmental neglect and misguided policies; the remedy is governmental intervention specifically in the law and order sector.

Police Claims Makers: Relative to other Claims Makers, the police have the most coherent framing of all the other Claims Makers: The problem is DTES is a place of hyper criminality infested with extremely dangerous criminals and drug dealers trapping 'legitimate' community members in their homes; the cause

is government's unsupportive policies, and inadequate provision of resources for the police to do their work; the remedy is the more policing resources.

Left Politician Claims Makers: frame the problem as the DTES suffers from social deprivation resulting in rampant homelessness, poverty and ill health; the cause is other parties or levels of government who are failing DTES by neglecting their political obligation or implementing wrong policies; the remedy is governmental interventions in the social service sectors.

Right Politician Claims Makers: the DTES problem is framed as a social problem such as inadequate housing and social services; the cause is the 'other' party(ies) or levels of government that is failing DTES due to their mismanagement of resources and misguided policies; the remedy is governmental interventions in the social service sectors.

Other Professionals Claims Makers: frame the DTES problem as a health and social crisis of drug overdoses, HIV epidemic, and homelessness; the cause is public policies varying from harm reduction, re-entrenchment of the state and mismanagement of resources; the remedy is government intervention in the health sector.

Religious Claims Makers: the problem is framed by these Claims Makers as DTES being a place of intractable problems of pervasive criminality and socially ills that have affected their feeling of security in the DTES; the cause is mainly street petty drug related crimes and their accompanying street disorder. The research samples did not capture these Claims Makers in proposing solutions to the DTES.

Due to the small percentage of these Claims Makers in the media, this is the least accurate representation of all the Claims Makers.

Journalist Claims Makers: the problem is the frightening health crisis manifested in the rampant drug and alcohol addiction and HIV/AIDS epidemic that is 'roaring' through the alleys of the DTES, endangering all that is in its path; the cause is willful and/or non-intentional government neglect and wrongful polices; the remedy is government intervention in the health related sector.

Aggregate Claims Makers: the DTES problem is predominantly represented by the print media as a medical problem; the cause is misguided public policies and governmental negligence of their political obligations; the remedy is governmental interventions specifically in the social service sector.

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