"You Want to Do Everything in Your Power": Representations of Breast Cancer Risks in Canadian Popular Women's Magazines

by

Kazuko Sato
B.A., University of Victoria, 2005

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

MASTER OF ARTS

in the Department of Anthropology

Supervisory Committee

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Abstract

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This thesis explores the way that breast cancer risks are represented in popular Canadian women's magazines. In particular, using discourse analysis on 34 articles from *Chatelaine*, *Canadian Living*, and *Flare*, this study examines how public discourse of breast cancer risks in women's magazines engages specific ideas about women, consumption, and individual responsibility for health. Using a variety of discursive representation techniques, women's magazines define breast cancer risk as a problem originating in the individual woman's body and behaviour. Women's magazines also emphasize the individual woman's responsibility to lower the risk of the disease, and identify willpower to choose the "right" products and practices as key instruments to fulfill this responsibility. While highlighting women's capability to make autonomous decisions to manage the risk, breast cancer risk discourse in women's magazines also encourages readers to maintain morality as females without breaking away from society's expectations about femininity. In this way, breast cancer risk discourse in women's magazines is not merely a less technical, reader-friendly reproduction of scientific reports, but a product that explains health risk information through the lens of longstanding cultural values about women and contemporary sociopolitical ideology that emphasizes individual responsibility for health.

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Acknowledgments

I would like to take this opportunity to acknowledge all those whose support was fundamental to the completion of this thesis.

I would like to express my gratitude to my supervisor, Dr. Lisa Mitchell, for sharing her wisdom and knowledge with me, and encouraging me and at times kindly pressuring me to go through this thesis process, which I absolutely needed. I thank Dr. Margo Matwychuk for providing me with her generous support, and raising interesting questions, which always stimulated my brain and made me think more. I also thank Dr. Helga Hallgrimsdottir for agreeing to be my external examiner, and spending time for reading and commenting on this thesis for the examination.

I am grateful to my friends and my family for their tremendous support: in particular, Leanne for sharing not only her insightful anthropological perspectives but also non-anthropological fun with me; Marjorie for introducing me to anthropology, and encouraging me throughout the thesis process both as a mentor and as a friend; and Daymon and David for kindly spending their precious leisure time for proofreading my work. To my family: I thank my mother for always supporting my decisions and with her positive attitudes helping me press on; and I am truly grateful to Reg for having faith in me, listening to my thoughts and giving me helpful advice, and providing me with laughter when I needed.

Lastly, I would like to thank the Social Science and Humanities Research Council, the Department of Anthropology and the Department of Graduate Studies at the University of Victoria for generously supporting this project.

Chapter One: Introduction

1.1 Research Topic

Contemporary Canadian society demonstrates characteristics of what a sociologist Ulrich Beck calls a "risk society": the proliferation of information about health risks and insecurities, numerous yet often contradictory information about risk assessment, and individualized decisions and responsibilities to manage these risks (Beck 1992; Lupton 1999:59). Not surprisingly, Canadian mass media play a vital role in disseminating information of health risks to the population. Television, magazines, and the Internet constantly advise individuals about how to manage, say, risks of cancers and sexually transmitted diseases among others. Breast cancer is one of the most public and "visible" of these health issues in Canada, based on such phenomena as the Pink Ribbon consumer campaign, the designation of October as breast cancer awareness month, and the proliferation of media stories on risks, prevention, diagnosis, and treatment.

This "popularity" of breast cancer is intriguing, because there are other health conditions, such as heart disease and lung cancer, seriously affecting Canadian women, yet not gaining as much attention as breast cancer. For instance, according to the Heart and Stroke Foundation (2012a), despite general perceptions of heart disease and stroke as a men's disease, they in fact affect women more, and seven times more women die of them than breast cancer in Canada. Among all cancers, including breast cancer, lung cancer has the highest mortality rate for Canadian women (Canadian Cancer Society 2012a). However, no equivalent fundraising campaign or event exists to support heart disease and lung cancer patients on the same level as breast cancer's Pink Ribbon consumer campaigns and CIBC Run for the Cure.

Another interesting issue around breast cancer is a series of paradoxes surrounding descriptions of risks. For example, some Canadian cancer agencies state that the majority of breast cancer patients have no known risk factors other than being female and getting older (Canadian Breast Cancer Foundation 2012a; Canadian Cancer Society 2012b; Saskatchewan Cancer Agency 2012). This statement suggests that the cause of breast cancer is not well understood. However, they list many things as risk factors, including age, sex, reproduction patterns, personal breast disease history, body weight, level of physical activities, and so on, and urge women to pay attention to them in order to reduce risk of developing breast cancer. Moreover, it is generally understood that the breast cancer incidence increases as women age, and that the majority of breast cancer patients are over fifty (Canadian Cancer Society/ National Cancer Institute of Canada 2007:48). Yet even a cursory look at articles about breast cancer in women's magazines reveals that many of the accompanying photographs are of younger women or breasts of young women who are not in the age group most often affected by the disease.

These examples suggest that what we see and hear about health in the media is neither logically consistent nor an unbiased portrayal of reality. In this thesis, I investigate messages that the media intend to communicate to the public about women's health by examining media representations of breast cancer risks. Hall (1997:3) states that representations are the means that people use to give things a meaning within a culture; that is, "the words we use about them, the stories we tell about them, the images of them we produce, the emotions we associate with them, the ways we classify and conceptualize them, [and] the values we place on them" (Hall 1997:3). Following Hall's conceptualization, I explore the way that media representations of breast cancer risks produce particular understandings about health risks and women in Canada.

The current chapter first reviews anthropological and sociological literature to examine

what is already researched and known about the role of the media, health advice to women, and cancer in the media. I then define my research questions, and discuss the theoretical framework that I employ in examining these questions. The chapter also includes the discussion of breast cancer in terms of Canadian context, and an overview of the rest of my thesis.

1.2 Literature Review

1.2.1 Roles and influences of Popular Women's Magazines

There are numerous studies about the role and influence of women's magazines on women's perceptions, understandings and behaviour about a variety of topics. Some argue that women's magazines have enormous adverse effects on women's perceptions about themselves (Currie 1999; Milkie 1999; Turner *et al.* 1997). For instance, in their analysis of influences of women's magazines on U.S. female college students, Turner *et al.* (1997:603) conclude that these representations of women's bodies have considerable impacts on young women, producing dissatisfaction with their own body sizes.

Other researchers have brought attention to different understandings of the role of women's magazines. Studying characteristics of women's magazines, and how they are read, Hermes (1995:20) observes that women's magazines require little concentration and are easily set aside, and suggests that they are read not for their content, but for their adaptability to women's everyday routines. Women's magazines become meaningful when they provide practical knowledge, such as hints for interior décor, or coverage that stimulates emotional connection with others or self, such as stories of children dying or of broken relationships (Hermes 1995:36). In other words, women's magazines create an imagined community where women have opportunities to acquire practical tips, learn how others cope with problems, and identify themselves in those stories. Therefore, women's magazines act as a "stock of visions

rather than as an absolute authority" (Hermes 1995:44).

1.2.2 Medical knowledge and Health Advice in Women's Magazines

Women's magazines can be considered an important source of health knowledge (Andsager *et al.* 2000:59; Fosket *et al.* 2000:304; Roy 2008:464). It is partly because for many women, health information from magazines is easier to obtain and understand than it is from health professionals or medical journals (Fosket *et al.* 2000:304). Moreover, health problems discussed in magazines are not mere reports of scientific findings: rather, magazines create distinctive health knowledge by integrating expert opinions and cautions into the context of everyday experiences (Bunton 1997:233; Roy 2008:464). For instance, they are often accompanied by physicians' comments or study results, and are connected to daily experiences such as exercise, diet, and cigarette smoking (Roy 2008:469). Roy notes that in a variety of presentations, such as direct instructions, cautionary tales, and inspirational stories, magazine articles are "ostensibly written to instruct women about important health issues and fulfill women's magazines self-designated role as handbooks on women's lives" (2008:472-473).

Moreover, this "magazine medicine" (Bunton 1997:232), or health information represented in magazines, seems to reflect and reinforce socio-political ideologies. Bunton argues that magazine medicine is "an increasingly important feature of the advanced liberal health regime and displays some features of that rationale of governance" (Bunton 1997:242). For instance, in comparing and contrasting health information represented in *Good Housekeeping* magazines from the 1950s to the 1990s, Bunton notes that from the 1980s on, the subject of magazine medicine has shifted from the reader as passive recipient of health to the "independent consumer and the 'narcissistic' reader" (1997:239). In the 1990s, individuals are represented as "enterprising selves" (Bunton 1997:240), capable of caring for themselves by

consuming health-enhancing products or information. Here, rather than instructing women to seek medical help, magazine medicine emphasizes women's responsibility to take preventive measures involving self-care, such as the adoption of "appropriate" lifestyle and the consumption of health products (Bunton 1997:233-234; Gattuso *et al.* 2005:1646).

Some researchers point out that magazine medicine reflects and reproduces cultural assumptions about women, such as the irrationality of women and moral responsibility of the mother. For instance, Gattuso *et al.* (2005) examines representations of depression in Australian women's magazines, and demonstrates that women's magazines emphasize personal responsibility in managing depression. In these representations women are often portrayed as weak and irrational, which resonates with historical discourses of hysterical females whose minds and bodies were thought to be prone to emotional upheavals and hormonal changes (Gattuso *et al.* 2005:1645). Roy's (2008:473) study of health advice in women's magazines also points to assumptions about gender where women are routinely positioned as wives and mothers who are responsible for the health of their families. Therefore, knowing their children's health risks, including those of foetuses, is also represented as the moral obligation of women. In their analysis of representations of older women's pregnancy in Canadian women's magazines, Beaulieu and Lippman (1995) argue that these articles suggest that women need to be told about the facts related to the pregnancy of "older" women. This need creates a further need to learn the state of the foetus of "older" women, and that the pregnant woman can satisfy these needs by "choosing" to go through the prenatal diagnosis. Beaulieu and Lippman (1995:69) found that in magazine articles, amniocentesis was strongly recommended to older pregnant women no matter what, even for the women planning to have babies regardless of test results, and that women who would "choose" to follow the advice were presented as responsible.

1.2.3 Cancer (Including Breast Cancer) in the Media

Over three decades ago, Sontag (1978) pointed out that cancer was often described with the language of warfare, and criticized the use of metaphors to describe illness because doing so distorts the experience of illness, and moralizes it by attaching certain values to the disease. Seale's (2001) study on representations of various cancers in news reports in North America and the United Kingdom partly supports Sontag's argument, showing that while war metaphors such as "fight" and "battle" are still prevalent, they are almost always accompanied with such sporting connotations as mountain climbing to describe cancer experiences and by stories of sports celebrities "fighting" cancer. Seale (2001) contends that battles and sports share such themes as survival, bodily trauma, and heroic struggle, and agrees with Sontag that metaphoric description of illness obscures the understanding of cancer.

Studies of representations of testicular cancer in print media also note the frequent use of battle and sporting metaphors in describing the diseases and cancer experiences (Clarke 2004, Clarke and Robinson 1999). The studies point to the fact that since battles and sports are "manly topics" (Clarke 2004:547), these metaphors play a role in expressing and reinforcing a stereotypical masculinity. For example, Clarke and Robinson (1999:273) state that one way to appeal to masculinity is to emphasize men's athletic capability, and describe a men's magazine article narrating a college basketball player's experience with testicular cancer accompanying a picture of him lifting weights (Clarke and Robinson 1999:273). The idea of man as "bread winner" is implied in the frequent use of monetary metaphors (Clarke and Robinson 1999:274) and discussion of financial loss caused by testicular cancer (Clarke 2004:547). Men with testicular cancer are portrayed as responsible for having sport-related injuries, not having enough exercise, and not practising self-examination. Their mothers are portrayed as responsible for their "bad" decisions such as using hormones and drugs in pregnancy (Clarke and Robinson

1999:270-271).

As representations of male-specific cancers emphasize stereotypical masculinity and individual responsibility, representations of breast cancer also emphasize stereotypical femininity and individual responsibility in managing the disease. In examining coverage of breast cancer in a U.S. women's magazine, *Ladies' Home Journal*, from 1913 to 1996, Fosket *et al.* (2000) suggest that representations of breast cancer in the magazine demonstrate a consistent theme – women's individual responsibilities to prevent, detect, and "conquer" breast cancer. Clarke's (1999a) study on breast cancer articles in popular magazines and newspapers in Canada and the U.S. from 1974 to 1995 also points to the idea expressed by the media that women themselves are responsible for breast cancer. Clarke (1999a) argues that during this time, popular print media blame victims by attributing breast cancer to factors inherent in women's own minds and bodies which are "irrational" and "pathological" in nature. The listed risk factors highlight "women's bodily functions as female" (Clarke 1999a:119), such as being 50 or older, early menarche, late menopause, no childbirth, and childbirth after 30. Women with the disease are often portrayed as emotionally unstable; however, women are assumed to experience a positive spiritual transition by confronting breast cancer (Clarke 1999a:120-121). Thus, cancer is presented as an opportunity for women to improve themselves.

The media's uneven attention to various risk factors also indicates that individuals are responsible for breast cancer. Brown *et al.* (2001) conducted research on media coverage of environmental risk factors of breast cancer in the U.S. by examining news publications, scientific periodicals, and popular women's magazines. According to Brown *et al.* (2001:751-753, 759-761), environmental causation was infrequently mentioned in the articles, and it was almost always portrayed as uncertain. Also, women themselves were singled out as being responsible

for avoiding environmental risks through adoption of proper lifestyles (Brown *et al.* 2001:766). Not surprisingly, Brown *et al.* (2001:768-769) found that responsibility of corporations and government was rarely discussed in the articles.

1.3 Critique and Research Questions

The sociological and anthropological literature above seems to suggest that as the self-designated guide for women, women's magazines create particular health discourses that are the synthesis of expert knowledge and lay experiences, promote women's own responsibility to manage their health, and reinforce cultural assumptions about gender. Cancer experience, including that of breast cancer, is described with war metaphors and framed in narratives that emphasize stereotypical gender assumptions. In media representations of breast cancer, risk reduction is often portrayed or perceived as an individual rather than a collective responsibility. Although these analyses are informative and useful, I have identified two issues that are missing from the existing literature.

First, the existing literature on breast cancer does not seem to pay enough attention to the complexity of breast cancer discourse. These studies tend to focus on one aspect at one time, such as gender ideology, and their exploration about how different factors blend together and create particular narratives stays minimal. For example, though Clarke's (1999) study on representations of breast cancer offers important insights about how breast cancer discourse is constructed based on the hegemonic gender ideology, it does not explore the social meaning of "risk," and how risk ideology is linked to the assumptions about women in the media discourse of breast cancer.

Another area that is missing from the existing literature is how the practice of

consumption, mainly the consumption of products, is connected to the idea of risk management in the media discourse of breast cancer. In Canada, the link between consumption and breast cancer is particularly relevant; many Canadian corporations, such as Fabric Land, KitchenAid, Running Room and many more, are associated with Pink Ribbon consumer campaigns, in which a variety of goods are sold in the name of the breast cancer cause (Bird 2004:9-19). Researchers like King (2006) and Jain (2007) explore the success of the Pink Ribbon consumer campaigns in North America, and critique how corporations make profits from the disease through cause marketing. However, I have not found any studies exploring how consumption practices are associated with particular risks and risk reduction strategies.

Building upon these findings, I examine how public discourse of breast cancer risks and risk reduction in popular Canadian women's magazines engages specific ideas about women, consumption, and individual responsibility for health. I explore how these three aspects individually and collectively create the discourse of moral responsibility of women in managing breast cancer risks, with particular attention to the way in which risk discourses are tied to social roles and assumptions about women and ideas about consumption. In doing so, I argue that the breast cancer risk discourse in women's magazines is produced through the combination of the longstanding cultural values about women and the idea of individual responsibility for health through consumption. I also argue that the breast cancer risk discourse is not only produced that way, it also produces a subject who accepts that she is at risk, and embraces various responsibilities about managing her own and other people's risks by making "right" choices, the choices informed by sociocultural assumptions and expectations about women.

In the following section, I outline how I address these propositions in terms of theoretical frameworks with relevant concepts.

1.4 Theoretical Framework

1.4.1 Sociocultural Theories of Risk

Defining such a commonly used word as "risk" is not an easy task. For example, different academic disciplines conceptualize risk in different ways: mathematics defines risk as a calculable event; science and medicine view risk as a measurable and controllable objective reality; economics sees risk as a resource for decision-making in securing wealth (Althaus 2005:571-573). This inconsistency suggests that risk is, as Lupton (1999:24) contends, a concept constructed and negotiated variously in different cultural and social contexts. In examining breast cancer risk as a culturally negotiated concept, two sociocultural perspectives of risk, the cultural/symbolic perspective advanced by Mary Douglas and the "governmentality" perspective employed by theorists who draw upon Michael Foucault's lectures on governmentality, become particularly useful.

Both of these perspectives take a social constructionist approach, which assumes that risk is not an objective reality outside of society but is constructed through social values and experiences (Lupton 1999:29). Douglas and advocates of the cultural/symbolic perspective claim that risk acts as a symbol that designates who is considered to be "other" and "self" in order to maintain order within a culture (Lupton 1999:38). However, Douglas maintains a realist stance in stating that risks and hazards are very real (1992:29), and that large corporations are to be blamed for putting people at risk (1992:15). Therefore, those who advocate the cultural/symbolic perspective are considered weak constructivists (Lupton 1999:28). By contrast, Foucauldian theorists adopt the strong constructivist approach in which hazards are also considered the product of social constructs, and therefore, risk judgments are not "simply cultural interpretations of objective dangers and hazards" (Lupton 1999:29). Though Douglas's assertion that corporations should be blamed for causing risks may be accurate, breast cancer risks represented

in the media show some interesting features. My research indicates that the media pay uneven attention to different risks: women's magazines focus largely on individualized risk factors such as family history or being overweight, whereas they are almost silent on environmental causation. Even when environmental toxins are discussed in the media, the focus is on the individual's action to avoid them rather than on government or corporate responsibility to limit them. These findings suggest that breast cancer risks represented in the media are not merely interpretations of objective reality, but rather are constructed through cultural and social values and knowledge.

1.4.2 The Cultural/Symbolic Perspective and the "Governmentality" Perspective

Douglas and advocates of the cultural/symbolic perspective claim that risk is a way for modern industrial societies to deal with danger by maintaining boundaries (Lupton 1999:36). This perspective is developed from Douglas's earlier work, *Purity and Danger* (1995). In that work, using Old Testament dietary rules as an example, Douglas (1995:42-58) argued that identifying and managing what is considered pollution in a particular society helps to keep order both within society and in relation to others by maintaining the boundary between "us" and "them." More recently, Douglas (1992) argues that risk discourse provides explanations for misfortune in industrialized modern society and is used as a strategy to manage insecurity by blaming "others" (Douglas 1992). Risk is "unequivocally used to mean danger from future damage, caused by the opponents" (Douglas 1992:30), and therefore, "being at risk" is comparable with "being sinned against," that is, being harmed by others (Douglas 1992:28). Lupton (1993:428), however, notes that Douglas's conceptualization of risk as synonymous with "being sinned against" is applicable only when it is believed that risk is externally imposed on the individual, like air pollution over which the individual has little control. In case of health

risks believed to be derived internally from an individual's character traits such as "lack of willpower, moral weakness, venality, or laziness" (Lupton 1993:429), the person at risk likely becomes the sinner.

Douglas's theory of risk is relevant for my analysis on media coverage of breast cancer risks in at least two ways. First, Douglas points out that risk has cultural and symbolic meanings that serve a purpose in society and is related to politics. Some risks are emphasized, while others are downplayed or ignored, because certain risks are selected based on cultural or hegemonic values (Lupton 1999:39). This idea helps to explain how and why individualized breast cancer risks are paid much more attention than environmental risks. Second, Douglas argues that the concept of risk has a moral dimension. What is considered moral and immoral in a society determines what is considered risk, who causes it, and who suffers from it. The recognition of being moral or immoral is done through the process of "other making." Just as Douglas (1995) contends that ancient dietary rules might have acted as a system for "moral" Jews to distinguish themselves from "immoral others," including non-observant Jews and outsiders, breast cancer risk may become a boundary-making strategy between responsible (moral) citizens and irresponsible (immoral) ones, according to social and cultural values.

The role of media in disseminating moral values attached to the idea of risk is addressed by the governmentality perspective advanced by scholars who have applied Foucault's writings on governmentality to the study of health risks. For this reason, I draw on this perspective as the main framework for my research. By governmentality, Foucault (1991:100) refers to the way subjects are governed through techniques and practices which involve both direct and indirect control; direct control includes state intervention, such as incarceration of criminals and quarantine of the diseased; indirect control includes the use of statistics and behavioural

regulation through socialization within the family. Unlike monarchical sovereignty where power is exercised by the monarch over his or her subjects, power in government exists in a web-like network where the populace is expected to monitor each other and themselves in order to achieve their own welfare (Foucault 1991). From the governmentality perspective, risk may be understood as a regulatory device of government through which individuals and populations are managed (Lupton 1999:87). In my analysis, I employ the following four concepts associated with the concept of governmentality as the basis for analysing magazine representations of breast cancer risks: discourse, biopower, responsibilization, and technologies of the self.

1.4.3. Concepts of Governmentality

1.4.3.1 Discourse

According to Rose, discourse refers to "groups of statements which structure the way a thing is thought, and the way we act on the basis of that thinking. In other words, discourse is a particular knowledge about the world which shapes how the world is understood and how things are done in it" (Rose 2007:142). Discourses not only shape our knowledge, but actively construct and normalize subjects who pursue desirable states of being through appropriate behaviour (Nettleton 1997:209). For instance, Nettleton describes characteristics of current health discourse in contemporary societies like Canada as including the active individual, the importance of expertise, and the entrenched belief that "our quality of life can be 'better'" (1997:209). Nettleton explains that the key to becoming "the active citizen (1997:215) lies in the discourse of health risk which instils within the "[a]utonomous and independent self" (1997:214) capable to exercise free will and hence make the right choice to control one's risky behaviour. Expert knowledge, though defined and disseminated by the popular media, plays a significant role in the

production of the active citizen because expertise, with its implication of scientific objectivity and truth, can give salience for the subject to engage in self-regulation (Nettleton 1997:216).

The focus of contemporary health risk discourse is not the eradication of dangerous individuals, but rather, prevention of undesirable events through monitoring risk factors and intervening in individuals' behaviours (Petersen 1997:193). Petersen suggests that this discourse is based on neoliberal political rationality that urges individuals to be responsible by practising "self-governance through processes of endless self-examination, self-care, and self-improvement" (1997:194).

1.4.3.2 Biopower

Biopower is a technique of governmentality to manage the population through monitoring and surveying individual bodies (Gastaldo 115). This involves the regulation of individual bodies through "localized, routinized bodily practices in families, communities, and institutions" (Lock and Kaufert 1998:6); however, we should note here that biopower is not about regulation by exclusion of the abnormal, but rather is concerned with the designation of the norm through the evaluation of individual lifestyles (Nealon 2008:51). Biopower has two aspects: 1) "anatomo-politics" that focuses on the regulation of individual bodies, and 2) "techniques of the survey," or bio-politics, focusing on the management of the population (Lock and Kaufert 1998:6-7). Examples of anatomo-politics in health would include screening technologies such as amniocentesis and mammograms, and health education to encourage certain behaviours such as hand-washings and to discourage other behaviours such as smoking, both of which involve the management of individual bodies. Bio-politics is evident in the public dissemination of risk statistics showing a correlation between, say, smoking and the incidence of lung cancer. In breast cancer risk discourse, monthly breast self-examination and yearly

mammograms are examples of anatomo-politics, while risk statistics, including incidence and mortality rates, may be viewed as examples of biopolitics. Risk factors of breast cancer discussed in magazines, such as diet and reproduction, can be considered strategies of biopower, through which "at-risk" populations are constructed and regulated.

1.4.3.3 Responsibilization

The concept of responsibilization is defined by Hunt as the social process that "discursively imposes specific responsibilities on individuals relating to their own conduct or that of another for whom they are presented as being responsible" (Hunt 2003:187). Hunt (2003:172) argues that the process that makes people responsible for their choices in dealing with risk necessitates that individuals take on moral enterprise of the self. The concept of responsibilization can be considered a part of health risk discourse since the concept states how individuals should act to manage their own risks and produces and normalizes such "responsible" subjects. This tendency to emphasize individual responsibility is an important aspect of neoliberal health care in which the population's health is to be managed through individual self-monitoring (Petersen 1997:194). The concept of individual responsibility for one's own health is sometimes termed "healthism," a "system of beliefs which define health-promoting activities as a moral obligation" (Roy 2008:465). In the healthist discourse, individuals do not merely enjoy or miss health, but actively "choose" health; therefore health is not just physical condition, but the visible sign of one's adaptability and will power (Roy 2008:465).

1.4.3.4 Technologies of the Self

Gauntlett defines technologies of the self as "the ways in which people put forward, and police, their 'selves' in society; and the ways in which available discourses may enable or discourage various practices of the self" (2002:125). Technologies of the self refer to a set of techniques that allow individuals to work on themselves through self-regulation. For instance, Cronin (2000a) argues that discourses of advertising highlight the free choice and willpower of individuals to transform themselves through the practice of consumption. Consumerism works as a technology of the self, promising that the individual will become the desired being portrayed in ads through purchasing particular products. For example, the *Just Do It* campaign of Nike is closely related to do-it-yourself culture, whose ideal is "being yourself through doing yourself" (Cronin 2000a:279). Cronin (2000a:279) argues that while consumerism assures women self-transformation, and seems to validate their choices, women must confront a never-ending imperative "to be [them]selves" through "doing [them]selves" with activities such as make-up, exercise, and diet. Here, choice becomes obligation: "we have *no choice but to choose*" (Cronin 2000a:279, emphasis in original) to express ourselves, which Cronin describes as "compulsory individuality" (2000a:279).

1.4.4 Critique

In concluding my discussion of sociocultural theories of risk, I note that even though Foucault's theories of governmentality and power are enormously influential, they are not without criticism. First of all, scholars like Turner (1994) point out that Foucault's view of power – existing in the networks of everyday conduct – overlooks and makes it difficult to locate hegemonic power exercised by dominant groups. For instance, Turner criticizes Foucault for "depoliticizing" power relations by assuming the body as "the site of all social control"

(1994:42) and power as "a sort of social *mana* that emanates 'from below,' that is, from all aspects of social relations rather than those 'from above,' i.e., from political leaders or dominant classes" (1994:42). For Turner's adherents, power is something possessed and exercised by one group against others, producing hierarchy and inequality among different groups. They argue that Foucault's concept of power does not pay sufficient attention to issues of hegemony.

Second, Foucault's theory of power is critiqued, contrary to Turner above, for reproducing the idea of hegemonic power by depriving the possibility of subject resistance. By claiming that power already and always exists everywhere, Foucault appears to suggest that the subject cannot escape from power; if so, subject resistance becomes futile, and thus social change is untenable. This unfeasibility of subject resistance further suggests that his concept is merely a reproduction of traditional top-down, unidirectional concepts of power (Kerr 1999:178).

A remaining problem with many applications of Foucault's work to a study of risk discourses is that despite their claim that discourse is bound to space and time, they fail to attend to the ways in which those discourses are socially and culturally situated. McNay (1991:128) observes that Foucault has a tendency to assume that the subject is the docile body rather than a person. By reducing a person to the body, the person's experience, which is a complex process constructed not only through bodily perceptions but also through social interactions, is rejected, and hegemonic disciplinary power over the body is maintained (McNay 1991:134). This understanding of the individual as the body, McNay (1991:135) states, not only oversimplifies the process of power relations, but also suppresses the diversity of women's experiences in modern society. Surely, women's experiences vary depending on such factors as socioeconomic status, age, education levels, ableness, and ethnicity. For example, the Japanese social system is

still considered patriarchal, which is reflected in an employment situation where males tend to get promoted more frequently than females even when they have similar jobs and abilities. However, women in their fifties and twenties experience the patriarchal system in employment differently. A woman in her fifties may hold the idea that women should do all domestic chores and have difficulty finding work which fits her schedule, whereas a woman in her twenties may have no issues about finding a job but experiences disappointment when she sees her male colleague, not her, gets promoted without apparent reason.

Although these critiques are insightful, my present study focuses solely on how magazines communicate breast cancer risks to the public, and not on how women accept and interpret them. Consequently, an extended evaluation of Foucault's theorization of power is beyond the limit of my research. Nevertheless, the studies discussed above seem to indicate that women's magazines, regardless of their effectiveness and modes of power, do produce particular discourses that reflect and reproduce socio-political concerns and cultural values. Therefore, despite the critiques on Foucault's theories, the use of his ideas as the central framework for my study is still productive.

1.5 Ethnographic Context

1.5.1 Canadian Women and Breast Cancer

1.5.1.1 Breast Cancer Trends in Canada

According to Canadian Cancer Society/ National Cancer Institute of Canada (2007:70), the largest cancer organization in Canada, breast cancer is the most common cancer found among Canadian women except non-melanoma skin cancer, and the second leading cause of cancer death following lung cancer. In 2012, approximately 22,300 women would be diagnosed with breast cancer in Canada, and 5,100 are estimated to die from the disease (Canadian Cancer

Society 2012c). The majority of women diagnosed with breast cancer are aged between 50 and 69; incidence rates in women over 69 are 29 per cent, and 20 per cent for women under 50 (Canadian Cancer Society/ National Cancer Institute of Canada 2007:48). Incidence rates have been fairly stable in the past ten years while incidence trends vary by age at diagnosis: the incidence is decreasing for women aged 20-30, being stable for women aged 40-49, increasing for women aged 50-69, and also increasing for women 70 and older (Canadian Cancer Society/ National Cancer Institute of Canada 2007:71-72). Researchers agree that this rise of incidences among some age groups is partly due to the increased use of screening mammography for the past years, and improved quality of screening technologies (Bryant 2004:2; Canadian Cancer Society/ National Cancer Institute of Canada: 71-72). Mortality rates have been declining since the mid-1980s (Canadian Cancer Society/ National Cancer Institute of Canada 2007: 28), which is generally attributed to the improved treatments and the increase of mammographic screening as well (Mai *et al.* 2008:S230).

Incidence rates are consistent across Canadian provinces (Canadian Cancer Society/ National Cancer Institute of Canada 2007:17). According to Bryant (2004:2), how incidence and mortality rates vary among different ethnic groups in Canada is little known since Canadian cancer registries do not collect such information. However, some studies suggest that incidence rates among First Nations and Inuit women are lower than that of other Canadian women (BC Cancer Agency 2012; Bryant 2004; Canadian Cancer Society/ National Cancer Institute of Canada 2007:71). This difference is partly associated with the difference in risk factors and screening patterns (Canadian Cancer Society/ National Cancer Institute of Canada 2007:71). There is some evidence that lower socioeconomic status is associated with increased cancer mortality rates in general (Gorey *et al.* 2000; Canadian Cancer Society/ National Cancer Institute

of Canada 2007:17) and the lower breast cancer incidence (Canadian Cancer Society/ National Cancer Institute of Canada 2007:17). This paradoxical phenomenon could be related to the differential use of screening mammography. As noted above, the rise of the breast cancer incidence is partly attributed to the increased use of screening mammography, and the improvement in the quality of screening, resulting in the detection of small cancers (Canadian Cancer Society/ National Cancer Institute of Canada: 71-72). However, some Canadian studies show that the participation rate of screening mammography is positively associated with women's income (Borugian *et al.* 2011; Sun *et al.* 2010), which may be resulting in the delay of diagnosis, and therefore the increased mortality rate for low income populations.

1.5.1.2 Early Detection as Prevention

The Public Health Agency of Canada states that "[t]here is no single cause of breast cancer but some factors… increase the risk of developing the disease" (2012). However, as I stated above, it is generally understood that most breast cancer patients have no known risk factors. Therefore, Canada emphasizes early detection by screening as a strategy to prevent breast cancer death (Public Health Agency of Canada 2011:3-4). The implementation of organized screening programs is undertaken provincially rather than nationally, and as of 2008 all Canadian provinces and territories except Nunavut have organized breast screening programs, in which screening mammograms are generally offered to women aged 50 to 69 without cost (Mai *et al.* 2008:S230). The exact eligibility varies from one province to another; for example, in Prince Edward Island, Northwest Territories, and Yukon Territories, women over 40 are eligible and can self-refer for the screening mammogram; in British Columbia, women aged 40 to 79 are eligible while the eligible age in Ontario is 50 or over, and in both provinces, women outside of this age group are required a doctor's referral (Public Health Agency of Canada 2011:5).

The Canadian Cancer Society (2012d) identifies screening mammography, clinical breast examination (CBE), and breast self-examination (BSE) as detection methods, and provides detailed information for mammography and CBE. Although BSE is still recommended as a method to know the normal state of one's breasts, it is said to be unnecessary (Canadian Cancer Society 2012d). This exemption of BSE aligns with the recommendation of the Canadian Task Force on Preventive Health Care, a national body that provides recommendations on preventive health, against the inclusion of BSE education as a routine screening technique because "there is fair evidence of no benefit, and good evidence of harm" (Canadian Task Force of Preventive Health Care 2011).

1.5.2 Canadian Women and Health Information in Magazines

Although there is little Canadian data, a number of studies from other countries suggest that magazines are the major source of health information for many women. According to Moyer *et al.* (2001), some studies in the U.S. suggest that significant percentages of women have reported that they knew of health issues such as osteoporosis and hormone replacement therapy through women's magazines; Henwood *et al.* (2003) show that British women look for health information through the media, including magazines and the Internet, when they feel that they have some health problem; Meissner *et al.* (1992) have found that print media are the second most important source of cancer prevention for women in the U.S.; Warner and Procaccino (2004) demonstrate that the majority of women in their study in the U.S. recognize print media such as books and magazines as important sources of health information; and findings of Tu and Hargraves (2003) reveal that contrary to the popular belief that the Internet would be the most popular source of health information next to physicians, people in the U.S. seek health

information from print media more than the Internet. These examples suggest that women's magazines may play an important role in disseminating health information to public.

1.6 Overview of Thesis

In this chapter, by reviewing relevant anthropological and sociological literature I identified some gaps about media representations of breast cancer. This chapter also described the theoretical framework that I draw on to examine how media discourses of breast cancer risk are not merely neutral information about health risks, but particular knowledge that also reproduces sociocultural views on morality and governance intended to shape individual conduct.

In Chapter Two, I describe methods that I used for my study. My research employed critical discourse analysis, which is an approach to investigate the connection between language and social power. In this chapter I also explain my 'subject position,' that is, a reflexive observation of how my location in Canadian society influences my vantage point and inevitably poses advantages and limitations on how I conduct my research.

Chapter Three summarizes my research findings about representations of breast cancer risks in women's magazines. My focus is on how assumptions and ideas surrounding breast cancer risks, such as the nature and the source of breast cancer risks, are conveyed in a series of ambiguous and conflicting representations.

Chapter Four details my findings on how women's magazines represent women and consumption in relation to breast cancer risks. This chapter highlights the way that cultural assumptions about women and ideas about consumption are the important constituent for the discourse of breast cancer risk.

In Chapter Five I provide a detailed analysis on my research findings. I employ sociocultural theories of risk, and explore how breast cancer risk discourse is constructed in women's magazines by paying particular attention to the idea about risk, assumptions about women, and consumption practices.

Chapter Six summarizes my conclusions, as well as implications of my research.

Chapter Two: Methods

To explore how health-risk information in the media conveys cultural ideas about risk, gender, and identity, I conducted a thematic analysis of textual and visual representations of breast cancer risks in popular Canadian women's magazines. As defined in the previous chapter, discourse refers to groups of statements that shape knowledge and actions based on that knowledge, which also produces particular subjects (Rose 2007:142). Drawing upon this concept of discourse, I aim to examine how magazine discourses of breast cancer risks both reflect and construct knowledge around gender and identity, and that knowledge concurrently produces particular subjects, such as "women at risk." My method of extracting and analysing themes is aided by the concept of critical discourse analysis, which is an approach to studying the relationship between language and power.

In this chapter, I first discuss what makes the magazine representation a productive site to examine cultural values and beliefs. I then describe my methods of sampling, data collection and critical discourse analysis. Next, I discuss the thematic analysis, particularly how frames and themes of the narrative differ but also relate to each other, and what inquiries that I made through analysing various themes presented in my samples. Lastly, I talk about my own subject positions, which inevitably influence how I conduct my research.

2.1 Magazine Texts as Ethnographic Objects

Fairclough argues that the strength of systematic analysis of media text is that it "makes it easier to connect the analysis of language with fundamental concerns of social analysis" (1995:17) such as questions about knowledge, ideology, identity, and power. Media

representations bring up not only concerns of bias and manipulation, but also issues of "what sorts of social identities, what versions of 'self' they project and what cultural values (be it consumerism, individualism or a cult of personality) these entail" (Fairclough 1995:17). A good example of this is the study of childhood cancer discourse by Dixon-Woods *et al.* (2003), which showcases how the media reinforce certain cultural values by selectively representing particular versions of childhood cancer experience. Dixon-Woods *et al.* (2003) show that media coverage of childhood cancer often represents children with cancer as being cheerful and brave, enduring painful cancer treatment without complaining, while portraying parents of children with cancer as always positive and dedicating. However, the authors' interviews with those parents who have children with cancer reveal different stories: children with cancer can be unwilling to comply with treatment regimens, and quite naturally, complaining about pain that they experience; many of these parents experience various difficulties such as frustration towards their sick children, and not having enough time to care for other children (Dixon-Woods *et al.* 2003). In making choices about what to and not to tell, these representations reinforce certain cultural values such as innocent children and devoted parents, while playing down "negative" aspects such as painful treatments and physical and emotional struggles experienced by parents (Dixon-Woods *et al.* 2003). This example shows that the close attention to media representations allows us to examine cultural values and assumptions that we are not typically aware of, and to observe how these values and assumptions are reinforced and circulated through the choice of words, use of particular sentence structure, and the inclusion and exclusion of certain aspects.

Also, as I suggested in the previous chapter, health information in the media is not the transparent account of scientific information. Analysing health information in women's magazines is productive because media coverage about health and illness defines particular

illness by presenting "images of 'typical' victims and villains, suggesting causes of illness and disease" (Lupton 1994:74). In so doing, the media plays an ideological purpose as "[t]hey serve, through subtle mechanisms, to support the view and to create the belief that society is organized the way it should be" (Clarke 1999b:60). Because of this, "[p]opular health in magazines would seem to be an ideal location from which to observe the positioning of the contemporary subject of health discourses and the acquisition of the techniques for fabricating the healthy self" (Bunton 1997:239). For instance, Gattuso *et al.* (2005) reveal that Australian women's magazines portray depression as the illness mainly caused by hormonal imbalance and the woman's own perception of inadequacy, despite various studies identifying social circumstances such as poverty as significant causal factors. In doing so, these magazines categorize depression as an individual's problem, and therefore suggest that women are responsible for managing the disease on their own.

These observations on analysing media texts give me the rationale and confidence to study media coverage of breast cancer risks. As representations of childhood cancer expose cultural assumptions about children and parents, examination of what and how breast cancer risks are talked about in women's magazine may reveal cultural understanding about women and identity. Also, as media coverage of women's depression define depression as the individual's problem and thus make the management of depression women's own responsibility, representations of breast cancer risks in women's magazines may provide insights on how we talk about and understand illness are closely connected to larger socio-political ideas and beliefs on how society should be organized and how its citizens should behave.

2.2 Sample

Magazines Canada (2011) identifies 16 English and six French magazines in Canada as "women's interest." The following is the list of those English magazines. The seven magazines which I have included in boldface type are, in my view, considered to be general women's magazines that cover a wide range of topics including fashion, beauty issues, diet, and health.

- Birthing
- **Canadian Living**
- Canadian Woman Studies/ Les Cahiers de la femme
- **Chatelaine**
- Creating Families/ Creons des familles
- **ELLE Canada**
- **Fashion**
- **Flare**
- Journal of Motherhood Initiative for Research and Community Involvement
- **LOU LOU**
- **More**
- Resources for Feminist Research/ Documentation sur la recherché feministe
- Room
- Vines
- Weddingbells
- Women & Environments International Magazine

In particular, *Chatelaine*, *Canadian Living*, and *Flare* regularly have multiple articles on health, including breast cancer. My primary samples are 14 articles, published during 1993 and 2008, taken from these three magazines, which, coincidentally, were the three top-selling Canadian women's magazines in 2008 (Ursi 2009:3). I recognize that there are some differences among these three magazines. For instance, both *Chatelaine* and *Canadian Living* are lifestyle magazines, having articles about food, fashion, beauty, health, and so forth. However, *Chatelaine* also covers issues related to women's interest outside home such as career choices, while *Canadian Living* seems to focus more on home issues such as cooking. *Flare*'s focus is more towards fashion rather than general lifestyle; however, the magazine also has a number of

articles related to health issues including breast cancer. The target audience of these magazines differ but also overlap: *Chatelaine*'s target is women from 25 to 65-plus years with about half employed and one third unemployed; *Canadian Living* attracts women of age 25 to 54 with children under 18, more than half of whom were employed; and *Flare* targets women from 18 to 49 years, more than 70 per cent of whom are employed (Hoffman-Goetz and MacDonald 1999:56). I considered that these differences would have little implications for overall analysis, and thus included in my data set. Although I was aware that Canadian women probably read both American and Canadian magazines, I limited my magazine choice to Canadian magazines in order to examine the kind of messages about breast cancer risks communicated by magazines specifically targeting Canadian women.

For searching articles from *Canadian Living* and *Chatelaine*, I used an online database called Canadian Reference Centre, and for *Flare* articles, another database called ProQuest, through the University of Victoria's online library catalogue. I searched for articles with the keywords "breast cancer" and "risk" to identify articles whose content is focused on breast cancer risks and risk reduction strategies. I found 110 articles through this search; however, as I skimmed those, I also found that those articles included the ones discussing mainly something else, such as breast cancer survivorship and general health of women, rather than breast cancer risks or risk reduction strategies. I excluded those articles in attempt to focus on the topic of breast cancer prevention. I did not set any limits for the time period in search of articles; however, the databases had year limits for their collections, and as a consequence, I was able to search *Canadian Living* articles from 1995, *Chatelaine* from 1993, and *Flare* articles from 1993 as well. Through these processes, I obtained 34 articles focusing on breast cancer prevention: eight from *Canadian Living*, 14 from *Chatelaine*, and 12 from *Flare*. I skimmed all 34 articles,

and found that the majority (20 articles) were short, news report type of articles. I did not completely exclude them from my analysis, but I used the remaining 14 articles as my primary samples, three articles from *Canadian Living*, three from *Chatelaine*, and eight from *Flare*, which were more detailed, comprehensive narratives of breast cancer risks. These 14 articles contained 20 photos altogether, which were also included in my analysis.

2.3 Approach to Analyse Discourse: Critical Discourse Analysis

Critical discourse analysis is an "analytical framework ... for studying language in its relation to power and ideology" (Fairclough 1995:1). Critical discourse analysis is not a particular method, but refers to a variety of perspectives to analyse discourse as part of social practice (Fairclough 2005:1), which all share a focus on the relationship between language and social structure, such as "inequality, power, ideology, authority, and manipulation" (Blommaert and Bulcaen 2000:450). My use of critical discourse analysis is influenced by Norman Fairclough, a prominent scholar known for his enormous contribution to the development of the critical discourse analysis. Fairclough states that his approach is based on the assumption that "language is an irreducible part of social life, dialectically interconnected with other elements of social life" (2003:2), and is relevant to any types of social analysis; therefore, discourse analysis becomes one productive means for social research (Fairclough 2003:2).

According to Blommaert and Bulcaen (2000), three aspects of discourse analysis become crucial in undertaking critical discourse analysis. The first aspect is the analysis of discourse as text, that is, systematic analysis of linguistic features such as choice in vocabulary, grammar, and the structure of text (Blommaert and Bulcaen 2000:448). One example of such analysis is the use of passive voice, which has an effect of obscuring the existence and accountability of the agent.

The second and third aspects are influenced by the Foucauldian understanding of discourse: the analysis of discourse as discursive practice, which is "produced, circulated, distributed, [and] consumed in society" (Blommaert and Bulcaen 2000:448); and the analysis of discourse as social practice, in which social relations, ideology, and power are constituted and articulated in spoken words and written texts (Blommaert and Bulcaen 2000:449). Discourse is not only representations of an event, but also the process of social knowledge; and therefore, discourse analysis examines representations critically more than descriptively (Roy 2008:466). It examines "both what [is] said about certain topics... and how it [is] said" (Beaulieu and Lippman 1995:61).

In my study I particularly pay attention to the concept of 'intertextuality,' which refers to the "presence of actual elements of other texts within a text" (Fairclough 2003:39). The concept of intertextuality addresses an important notion that texts can produce a new discourse through transforming the previous texts (Fairclough 1992:102), and thus providing useful insights in the process of knowledge production. Intertextuality includes the direct use of quotations and the incorporation of part of a report originally written somewhere else. An example of the former would be an utterance such as "Mary said, 'I like the other one better'," and an example of the latter can be a statement such as "The student said that he didn't go home last night." Interestingly, Fairclough (2003:40) points out that assumptions share an important characteristic with intertextuality; that is, both assumptions and intertextuality are the statements against prior claims made elsewhere. The difference between them is that intertextual texts include prior claims explicitly whereas assumptions do not (Fairclough 2003:40). Intertextuality, as well as assumptions, are an interpretation practices because by incorporating or implying the existence of prior texts, they become the authors' claims "that what is reported was actually said, that what

is assumed has indeed been said or written elsewhere, and that one's interlocutors have indeed heard it or read it elsewhere" (Fairclough 2003:40).

2.4 Visual Analysis

My study includes visual analysis because, as Rose (2007:2-3) expresses, visual information is central in the construction of life in contemporary Western societies. Rose (2007:12) suggests that a critical approach to the analysis of visual representations necessarily involves three actions. The first of such is to "take images seriously" (Rose 2007:12); the researcher needs to look at visual representations carefully, because visual representations themselves have their own voice independently from their contexts. Second, it is important to think about social contexts in which visual materials are produced, and effects and meanings of the images in such contexts (Rose 2007:12). Lastly, Rose emphasizes that a researcher should be aware of her own way of looking at materials since "ways of seeing are historically, geographically, culturally and socially specific" (2007:12).

As the method for the analysis of visual materials, I draw upon the five strategies for the interpretation of discourse proposed by Rose (2007). The first of such strategies is to look at visual materials with "fresh eyes" (Rose 2007:157) and look at them again and again carefully, in order to reach insights beyond pre-existing patterns. The second strategy is to identify major themes by paying attention and making lists of key words and recurring images to examine how specific meanings are assigned to particular images (Rose 2007:157). Thirdly, the interpretation of discourse must address the material's "effects of truth," or "how a particular discourse works to persuade" (Rose 2007:161) because typically, representations have some kind of truth claims with their emphasis on scientific certainty, or "natural" ways of doing (Rose 2007:161). The

fourth strategy is to pay attention to complexity and contradictions within a particular discourse (Rose 2007:164). For example, while a media story talks about the adverse effects of alcohol on the health of pregnant women and their foetuses, the textual representation may accompany a glossy visually appealing photo of a cocktail drink. Lastly, Rose (2007: 165) suggests that the examination of what is not seen or said is as important as the analysis of what is seen and said because absence and invisibility, as well as presence and explicitness, can have significant effects on shaping knowledge about particular topics.

2.5 Frames and Themes: Thematic Analysis

Lupton (1992:145) identifies two dimensions in analysing discourse: textual dimensions, which include word choice, grammar, style of utterance, metaphor, and themes of the coverage, and contextual dimensions, such as social, political, cultural contexts in which the particular discourse is presented. The former examines the structure of the discourse, whereas the latter connects discourse and social practice, paying attention to the reproduction of ideology (Lupton 1992:145).

Clarke and Everest (2006) analyse the contextual dimension using the idea of 'frames' in their analysis of media representations of breast cancer. According to Altheide, frames are "the focus, a parameter or boundary, for discussing a particular event" (1996:31), which determine what will be talked about, and how it will be, and will not be talked about. Therefore, identification of frames is an important aspect of discourse analysis. A frame is a "definition of a report" (Altheide 1996:30) that determines what discourse is to follow in a broadest sense. For example, issues of illegal drug use can be discussed in a "public health" or a "criminal justice" frame: depending on which frame is used, there will be a difference in what will be discussed

(Altheide 1996:30). Clarke and Everest (2006) identify three frames in breast cancer coverage in North American media: medical, political-economy, and lifestyle. In medical frames, diseases are understood to have biological causes such as malfunctioning genes and organs; political-economy frames consider the cause of diseases as social inequality and environmental pollution, originating outside of individuals, whereas lifestyle frames take the position that diseases are caused by individual choices to practise unhealthy behaviours (Clarke and Everest 2006:2592). By controlling what to and not to discuss, frames can shape and construct the discourse of a particular phenomenon; thus, frames, closely associated with discourses, endorse dominant ideologies that "reinforce power structures" (Clarke and van Amerom 2007:426). Following Clarke and Everest (2006), I first examine how narratives were framed to determine how, in the largest sense, media articles defined breast cancer risk. Identifying frames sets a start of my thematic analysis on how breast cancer risks are presented in women's magazines. This is because frames of stories on breast cancer risk indicate the direction of where the stories are going in the largest sense, that is, whether breast cancer is a biological malfunction, a social issue, or an individual problem, and suggest subsequent development of the story and related themes.

Themes are "abstract (and often fuzzy) constructs that link not only expressions found in texts but also expressions found in images, sounds, and objects" (Ryan and Bernard 2003:87). Ryan and Bernard (2003) identify eight entries for researchers to look for in extracting themes: 1) repetitions of certain ideas, 2) terms that are used in unfamiliar ways such as "shoot up" used among drug addicts, 3) metaphors and analogies, 4) marked shift in content such as new paragraphs, 5) similarities and differences among statements, 6) linguistic connectors like "if" and "because" that indicate causal relations, 7) missing information that often indicate

assumptions that "everyone knows" (2003:93), and 8) the material related to social-scientific concepts like "social control" and "cultural conflicts." Ryan and Bernard (2003) also describe three practical techniques relevant to qualitative identification of themes: 1) identifying quotes and expressions and sorting them, 2) developing word lists and identifying keywords, and 3) examining apparent themes to find meta-themes. To discover themes, it is crucial to examine the language of magazine articles because, as McLoughlin (2000:66) notes, ideological messages, such as morality, pervade text representations; the use of different pronouns such as 'we' and 'you' indicates the author's positioning in relation to the audience; the use of modalities such as 'can' and 'ought' creates mood, and speaks of underlying assumptions; the use of reporting verbs connotes authority (McLoughlin 2000:65-72).

2.6 Inquiries in the Thematic Analysis

At its broadest level, my research investigates how breast cancer risks and risk reduction strategies are represented in Canadian women's magazines. Within this broad objective, I aimed to identify themes through three main and overlapping avenues of inquiry: 1) representations of breast cancer risks and risk reduction strategies; 2) representations of women; and 3) representations of consumption. A key analytical strategy here included making a table of my findings such as excerpts and metaphors, and then making connections between these findings to identify themes.

In identifying themes related to the idea of risk, my investigation centres on magazines' suggestions about what women should know about breast cancer risks. My aim here is to understand how certain types of knowledge are privileged as important while others are dismissed as insignificant, and through the establishment of the knowledge, how "at-risk"

populations are produced. In doing so, I investigate how breast cancer risks are represented textually, visually, and numerically. Kitzinger (1999:59) explains that one way to examine how risk reporting operates is to see if risk is reported to make people alarmed or reassured. Following Kitzinger (1999), I pay attention to how magazine articles used the word "risk," whether it is with statistics, for example, and what effects are created by such usage. I also focus on how risk factors and risk reduction strategies are differently emphasized. I first identify breast cancer risk factors discussed in the articles such as 'age,' 'diet,' and 'genetic,' and examine how these breast cancer risks are differently described. For example, some risk factors may be represented as the consequence of a behavioural choice, or caused by environmental degradation. I repeat the similar task of identification and exploration for risk reduction strategies.

Although magazine representations of risk factors identify who is "at risk" by designating important risk factors and risk reduction strategies of which women should be aware, I also believe it is valuable to examine more broadly how women are represented. This is important since breast cancer predominantly affects women, and also because health information in the media usually contains descriptions of women beyond their health status, which is also a vital part of the media health discourse. For example, a story about a woman going through cancer treatment may describe the woman as a respected school teacher and mother of two children, who is full of energy and has stunning brunette hair. The story may also have descriptions of how supportive her husband is. Although all this information, such as social roles and physical and mental characteristics of the woman, and the information about her partner, appears to have little to do with the disease itself, it demonstrates the magazines' ideas about womanhood, which may be connected to how and why breast cancer risks should be managed.

Finally, my analysis investigates representations of consumption in the magazine articles about breast cancer risks. In analysing fundraising events for breast cancer in the U.S., King (2003:309) notes that self-betterment through consumption has become the norm since 1980s. Also, that the Pink Ribbon consumer campaign has been widely accepted in Canada confirms that consumption practice is an important component of current breast cancer discourse. Here, I investigate what roles consumption plays in breast cancer risk discourses in women's magazines. I am particularly interested in how consumption is encouraged or discouraged in different situations. For example, Ehrenreich (2001:49) claims that breast cancer discourse in the U.S. represents breast cancer as a "make-over opportunity" where women with the disease are encouraged to make themselves look "prettier" and "sexier" by using wigs and cosmetic products. Here the practice of consumption (purchasing wigs and cosmetic products) is encouraged for "self-betterment." I also examine how certain ideas and values linking Canadian women and consumption are conveyed in magazine representations of breast cancer risks.

2.7 Reflexivity and Subject Positions

As Fairclough (2003:14) points out, discourse analysis is fundamentally selective because analysts always have particular motivations and agendas in choosing certain questions to ask. For instance, there is no doubt that being a mature student of Anthropology has affected my ways of thinking and choice of questions. The knowledge produced in this way is inevitably partial, and cannot be claimed as 'truth' (Fairclough 2003:14). Similarly, Rose (2007:168) suggests that it is critical that discourse analysts acknowledge that they have made certain choices in what to include in and dismiss from their analysis. Discourse analysts investigate meanings embedded in taken-for-granted statements, challenge assumptions and open up different ways to

understanding the same event, which is itself a discursive practice of knowledge production; therefore, claiming that their analyses are entirely objective or factual does not align with the principle of discourse analysis (Rose 2007:168). Following Rose's suggestion, I attempt to be aware that I have made certain choices in conducting my research. For example, I selected a particular research topic and certain questions to ask out of countless other possibilities. I included certain articles from certain magazines in my analysis, and excluded others. My analysis emphasizes certain aspects such as assumptions about gender while paying minimal attention to others like the accuracy of breast cancer risk information.

These choices are heavily influenced by what Hall (1997:56) calls subject positions. Hall (1997:56) argues that discourse produces two different types of subjects. On the one hand, it produces subject figures that epitomise the particular discourse, such as 'innocent victims' and 'at-risk women'; on the other hand, discourse also produces "a place for the subject" (Hall 1997:56), or the subject position, meaning the location of the spectator in terms of such aspects as gender, ethnicity, and social classes, through which the discourse makes most sense for the spectator (Hall 1997:56). The latter is especially pertinent for a researcher because through these positions the discourse is understood by the researcher. Thus, the researcher "must first 'subject' himself/herself to the ... discourse" (1997:60) and identify his or her position in constructing meanings. My intention here is to be candid about my personal perspectives, based on which I analyse and write about the breast cancer risk discourse.

I recognize that my ethnicity, as well as gender, may influence how I see the world and, more specifically, how I interpret magazine representations of breast cancer risks. For example, I immigrated to Canada from Japan where cultural values can be quite different. This may allow me to see contrast between important Canadian social values and those of my Japanese heritage.

Being a minority woman inevitably makes me more sensitive about some issues, such as whether ethnicity is an issue and how women are categorized or defined in the discourse. Nevertheless, I am aware that this perceptivity has a possible negative side that makes me attribute everything to the issue of ethnicity and gender. If that happens, it limits my analysis.

In addition, my physical and mental well-being, especially in terms of breast cancer, cannot be omitted from the positioning of myself as a researcher. Breast cancer has not affected me in the immediate sense since I have not experienced the disease myself, and have no relatives or close friends affected by the disease. The Canadian "magazine medicine" tells me that I am at "low risk" of breast cancer, but advises me that I must be aware of my breasts. In contrast, I have no recollection of being reminded about the disease in the same way while I was in Japan. Thus, my reaction and approach towards breast cancer coverage is not an emotional one, but more of one of curiosity about what are the factors that drive the greater attention paid to breast cancer than other serious illnesses. This may have influenced my understanding about some issues regarding the disease, such as how intimate a problem breast cancer really is for women in Canada.

Another important aspect is that English is my second language. The source of my knowledge of English is both the day-to-day use of the language since arriving Canada, and the systematic learning that I received through my English studies in Japan and English as Second Language (ESL) education in Canada. This can give me both benefits and drawbacks. For instance, I have noticed that when someone says, "Do you want to close the window?" it can mean a plain question to ask whether the other person wants the window closed. This is what I have learned at school in Japan. However, it can be an indirect request to the other person to close the window, which I learned after moving to Canada. My question here is what makes a

person request something as if that is the other person's want rather than asking straightforwardly, which may not be a concern for a native English speaker. There are also disadvantages of being an ESL person, such as that I may not recognise metaphorical meanings attached to a word, which are obvious for native speakers.

To sum up, in this thesis I am presenting my interpretation of the breast cancer risk discourse in particular ways, consciously choosing vocabulary, and organizing my arguments in particular ways. How I do so cannot be separated from who I am. Thus, as Roy (2008:468) states that her study about healthism represented in the media is also a discourse, which is organized according to certain rules and patterns, I recognize that my thesis is also a discourse itself, following rules and patterns through which I understand the world.

2.8 Chapter Summary

This chapter discussed the methods that I employed for my study. The examination of media texts is productive in making the link between the analysis of language and social concerns such as power and identity. Health information in magazines exemplifies this link: it defines a disease by suggesting causes and showing the image of typical victims, and in doing so reinforces particular social values. My study drew upon the approach of critical discourse analysis, and examined how breast cancer risk discourse in Canadian popular women's magazines endorses certain social values. The chapter also discussed the researcher's reflexivity and positioning, and included my own positions that may or may not influence my study.

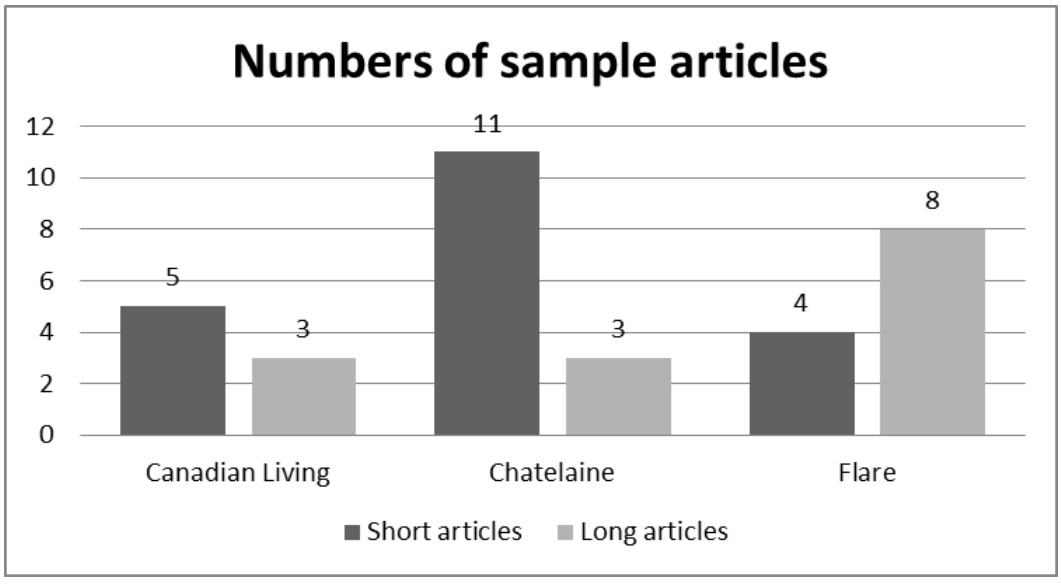
Chapter Three: Representations of Risk

This chapter describes my findings on how breast cancer risks are represented in women's magazines. First, using the concept of frame, I present an overview of how in the largest sense the articles define breast cancer risks. I then talk about the way that breast cancer risks are represented as both uncertain and certain, present various risk factors and risk reduction strategies identified by the articles, and describe how magazines convey the idea that breast cancer risks are the consequence of personal choice.

3.1 Frames

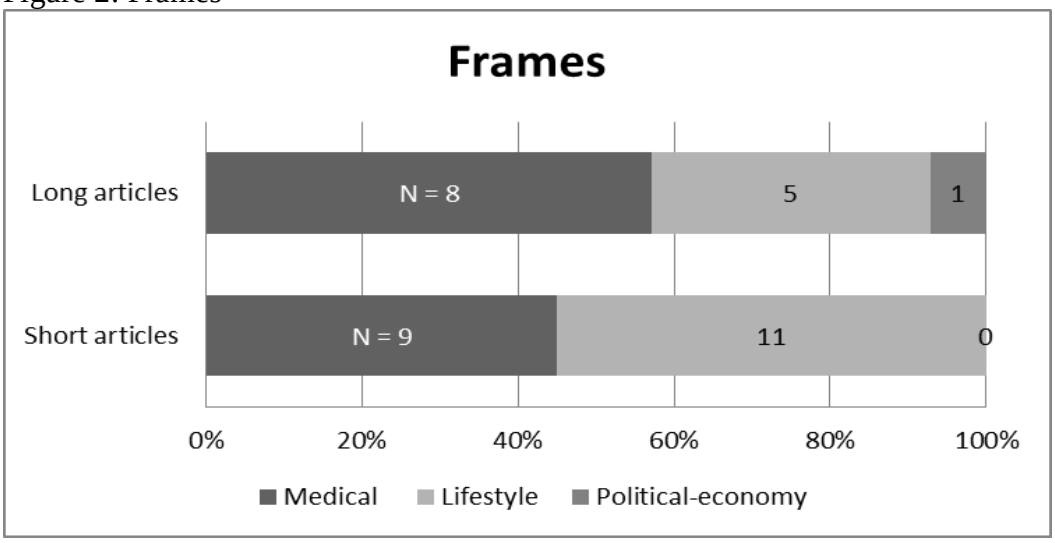
As I discussed in the previous chapter, my samples include 20 short news report type of articles, and 14 more detailed comprehensive articles about breast cancer risks (Figure 1). I first examined in the largest sense how the media define breast cancer risks, categorizing my samples into three frames used by Clarke and Everest (2006): medical, lifestyle, and political-economy.

Figure 1: Number of sample articles



Categorizing short articles into three frames was a fairly easy task since most of the time, each article focused on one specific aspect, such as the link between physical activities and breast cancer risks. Determining the frame for the longer article was not as simple because most articles contained various aspects about breast cancer risks. Nevertheless, the articles always had central themes, which were discussed more extensively than other aspects; therefore, I categorized them based on the perspective that the article most emphasized (Figure 2).

Figure 2: Frames



In the medical frame, breast cancer risks are explained in relation to physiological concepts such as hormones and genetics. Nine among the twenty short articles and eight out of the 14 long articles described breast cancer risks within the medical frame. The following is a typical example of the description of the breast cancer risk within medical frame:

> Tall and thin women who are under 45 face an increased risk of breast cancer, according to a study from the National Cancer Institute in the U.S… team leader Dr. Christine Swanson says one theory is that greater exposure to growth hormones in adolescence may contribute to the increased risk (Callaghan 1996:153).

Also in the medical frame, medical interventions such as surgery and medication are identified as strategies to lower breast cancer risks. For instance, a *Canadian Living* article stated that "[w]omen at high risk for cancer who opt for prophylactic [preventive] mastectomies reduce their risk of breast cancer by more than 90 per cent" (Toutant 2004:46).

In contrast, within the lifestyle frame, breast cancer risks were described as the consequence of individual lifestyle choices such as diet and physical activities. Eleven short articles and five long articles defined breast cancer risks as the consequence of lifestyle choices. Here is a typical representation of breast cancer risk within the lifestyle frame:

> [A]n analysis of more than 50 studies by the Collaborative Group on Hormonal Factors in Breast Cancer found that every alcoholic drink increases breast cancer risk by about seven per cent. Researchers from the Nurses' Health Study reported that postmenopausal women who drank an average of 1.5 drinks a day were 30 per cent more likely than nondrinkers to develop breast cancer. And the SOGC warns that consuming more than two alcoholic drinks a day increases breast cancer risk by 60 per cent. (Harrison 2004:88)

Within the lifestyle frame, lifestyle choices are also described as the means to reduce breast cancer risks.

> Fruits and vegetables (organic or not) are associated with reduced risk of breast cancer. It is not yet known which substances are responsible, but it's likely a complex interaction between many. So be sure to eat your 5-10 serving a day! (Chatelaine 2001:69 2001:69)

The political-economy frame defines breast cancer risks originating from outside of the individual, caused by factors such as environmental toxins and occupational hazards. Only one *Flare* article focused its discussion on the connection between environmental contaminants and breast cancer, stating that "the increased incidence of breast cancer over the past several decades is, at least in part, due to increased exposure to estrogen-like chemicals in the environment and our food" (Bruinsma 1998).

To sum up, the magazine articles described breast cancer risks largely within the medical and lifestyle frames. This means that the magazines take the standpoint that breast cancer risks originated in individual women's physiology, such as genes and hormones, or are the consequence of one's lifestyle choices like diet. Identifying frames is an important step in discourse analysis since a frame is a "definition of a report" (Altheide 1996:30) that determines what the particular discourse is about in the broadest sense. However, it is only part of discourse analysis. As mentioned in Chapter Two, discourse analysis involves two dimensions: the contextual dimension to examine the social, cultural, and political context in which the particular discourse is situated; and the textual dimension to analyse how the discourse is structured in terms of rhetoric (Lupton 1992:145). Identifying frames of breast cancer risk coverage is part of contextual analysis because, as shown in this section, it provides me with the understanding of the focus of the discourse. To engage in more comprehensive discourse analysis, textual analysis is necessary in examining what and how things are said in these breast cancer risk articles. Therefore, in the rest of this chapter and the next chapter, I present my findings in terms of the textual dimension.

3.2 Representations of Risk

In this section, I present my findings on how breast cancer risk is represented in the magazine articles that I studied. These findings are arranged in the five themes, which are recurrent in the articles I studied: uncertainty of risk, certainty of risk, risk factors, risk reduction strategies, preventive mastectomy as the best risk reduction strategy, and breast cancer risk as the consequence of personal choices.

3.2.1 Uncertainty of Risk

As I mentioned in Chapter One, cancer organizations in Canada are in agreement that the majority of breast cancer patients have no known risk factors, and therefore, the cause of the disease is largely unknown. This information was mentioned in the majority of the long articles that I examined, and as the following quote shows, usually presented together with statistics of breast cancer incidence and mortalities:

> Despite all the research devoted to the disease, however, breast cancer kills 5,400 Canadian women a year and remains the leading cause of death among women aged 35 - 55. There are 17,000 cases diagnosed each year and in 70 percent of these oncologists cannot pinpoint any known risk factor as the cause. (Flare 1995)

Quite frequently, the acknowledgement of the uncertainty of risk was immediately followed by the statement that suggested that there were in fact things women can do to reduce their breast cancer risks despite the uncertainty:

> Most breast cancer occurs in women who carry no risk factors other than being a woman. Still, you can boost your health smarts with this guide to the latest in prevention, detection and treatment. (Aziz 1997:55)

> "Seventy-five percent of women who are diagnosed with breast cancer have no known-by western standards-risk factors," says Dr. Christine Horner, author of Waking the Warrior Goddess… "So what that tells us is those risk factors are things that aren't that important. There are things that are far more important, your diet, your activities, supplements you take and so forth." Her book discusses how we can protect against breast cancer and maintain general breast health by staying in the pink. (Davis 2005)

3.2.2 Certainty of Risk

Risk information in the magazines was often accompanied with statistics and the source of such information as "researchers," "more than 50 studies," or names of health organizations, though no article provided any references. The use of statistics can convey the idea that these risk factors and risk reduction strategies are scientifically proven, and thus certain. This contradicts the uncertainty of breast cancer risks discussed above. Moreover, though statistics

describe collective probabilities for certain phenomena, risk statistics in the articles were always presented as if they were about individual probabilities. Besides, no article talked about how statistics should be understood. The following is an example of how statistical information is represented in the magazines. As the following example shows, the articles often communicated with their readers about the percentage increase or decrease of breast cancer risks when certain risk reduction strategies were engaged. However, the articles always omitted the information about the initial percentage of breast cancer risks – whether it was 20 per cent or 0.4 per cent – which would vary greatly depending on a person's risk factors like age. Without such information, a phrase like "increases breast cancer risk by 60 per cent" becomes not only irrelevant, but also incredibly alarmist and misleading:

> According to an analysis of more than 50 studies carried out by Christine Friedenreich, an epidemiologist at the Alberta Cancer Board in Calgary, 45 to 60 minutes of moderate activity at least five days a week reduces breast cancer risk by a dramatic 30 to 40 per cent… According to the Society of Obstetricians and Gynaecologists of Canada (SOGC), lack of exercise increases breast cancer risk by 60 per cent. (Harrison 2004:86, 88)

As well as "researchers" and "studies," reference to the medical profession, especially to physicians or a specific physician, occurred very often in the breast cancer risk information. This seems to further emphasize the idea that breast cancer risks are scientifically proven and therefore certain:

> Dr. Paul Goss, head of the breast cancer program at Princess Margaret Hospital, says that receiving HRT for 10 or more years after menopause increases the risk of breast cancer by as much as 15 percent. If you're getting HRT and you have a family history of breast cancer, you double that risk. (Aziz 1997:59)

The certainty of risk was sometimes expressed in the statement that conveyed the sense of fear, reinforcing the idea that breast cancer risk is real, and therefore, women should be concerned:

> If my mother had breast cancer, will I have it, too? It's normal to worry. With one first-degree relative (such as your mom or an aunt) identified, the risk of developing breast cancer doubles and it continues to increase with every additional diagnosed relative, says Dr. Verma. (Davis 2005)

3.2.3 Representations of Risk Factors

Risk factors of breast cancer frequently represented in the articles were mostly related to the body and behaviour of the woman. For example, a *Flare* article stated, "[l]ifestyle factors that may increase your risk of breast cancer include being overweight, not exercising, heavy alcohol consumption and improper nutrition" (McLachlan and McLaren 2002). The following is the list of risk factors frequently represented in the articles that I analysed:

- Being a woman
- Weight gain
- Not being physically active
- High-fat diet
- Alcohol consumption
- Smoking
- Reproductive history, including early menarche, late menopause, childbirth after the age of 30, or no childbirth at all
- Hormone Replacement Therapy (HRT)
- Family history of breast cancer
- BRCA gene mutation

Less frequently mentioned risk factors, which are also about the woman's body, are also represented in the articles:

- Being tall and thin (Callaghan 1996)
- Having dense breasts (Callaghan 1996)
- Short menstrual cycles (less than 26 days), miscarriage, ectopic pregnancy and abortion. (Michaels 1994)

- Having excess body hair, oily skin, and an apple-shaped body caused by increased levels of androgen (Pirisi *et al.* 1998)
- Toxic chemicals in environment (Bruinsma 1998)
- Emotional imbalance or "toxic emotions" (McLachlan and McLaren 2002)
- Toxins created and circulating in one's body (McLachlan and McLaren 2002)

As noted earlier, only one *Flare* article among the articles I studied paid attention to environmental risk factors; the article discussed the view that exposure to toxic chemicals in drinking water, pesticide, and cleaning products may be increasing women's risk of breast cancer (Bruinsma 1998). Some other articles occasionally discussed environmental risks; however, these risks were represented as something uncertain or not proven:

> Health Canada says it's "prudent" to minimize exposure to pesticides and other potentially harmful chemicals as a precaution against breast cancer. It's only prudent – and not a government recommendation – because the evidence linking exposure to pesticides and breast cancer is still new and not as conclusive as that associated with other lifestyle habits. (Harrison 2004:92)

> Texas A&M University toxicologist Stephen Safe, an outspoken critic of the theory, suggests the discrepancy is proof that exposure to trace levels of xenoestrogens in our diet and in the environment are not harmful… "Genetics, diet and a woman's lifetime exposure to [her body's] estrogens are the major known risk factors for breast cancer; no causal association between environmental chemicals and the disease has been demonstrated," he wrote in an editorial published in The Wall Street Journal last summer. (Bruinsma 1998)

It is agreed by cancer organizations that a mutation of BRCA1 or BRCA2 genes increases the likelihood of hereditary breast cancer (Canadian Cancer Society 2012b; BC Cancer Agency 2012). However, in the magazines the BRCA gene mutation was often incorrectly presented to guarantee the development of the disease. For example, a *Canadian Living* article described it as "a genetic mutation that practically guarantees breast cancer in your future" (Bendall 2008:108),

and warned the reader that breast cancer would be unavoidable if a woman was a carrier of the BRCA mutation:

> Tanya had a difficult decision to make: Have both breasts removed to drastically reduce her chances of *eventually* developing cancer (the operation is called bilateral prophylactic mastectomy)… (Bendall 2008:106, emphasis added)

> And while learning you're a BRCA carrier means an opportunity to reduce your risk of getting the disease – a chance to cheat *fate*, if you will – on the other hand, it's knowledge that carries its own burdens. (Bendall 2008:108, emphasis added)

The articles from the three magazines varied in terms of the risk factors they highlighted. For example, a *Flare* article introduced a physician's comment on alcohol consumption that it may be a risk factor only for post-menopausal breast cancer (Engel 1997), whereas no other articles mentioned the same information. The same article also discussed how obesity was a risk factor for mostly post-menopausal women (Engel 1997). While many articles that I studied identified obesity as a risk factor, the information about the post-menopausal obesity was only shared by one *Chatelaine* article (Michaels 1994).

In addition, there are a small number of male breast cancer patients, and some of their risk factors, such as age and family history of breast cancer, are the same as those of women (Canadian Cancer Society 2012e); however, there was no article mentioning that men can get breast cancer.

3.2.4 Representations of Risk Reduction Strategies

The following are the risk reduction strategies typically represented in the magazines:

- Physical activities;
- Maintaining healthy weight;
- Low-fat diet;
- Fibre-rich diet;

- Eat certain types of food including pomegranates, berries, Brussels sprouts, broccoli, soy, flax oil, fish oil, and folate; take supplements to take these nutrients effectively;
- Avoid certain types of food such as saturated fat;
- Reduce alcohol intake;
- Avoid smoking;
- Avoid sugar
- Breastfeeding;
- Being careful about HRT;
- Breast self-examination (BSE);
- Mammograms;
- Take Tamoxifen if your risk is high (*Canadian Living* and *Flare* articles);
- Preventive mastectomy if your risk is high;
- Preventive oophorectomy (removal of ovaries) if your risk is high

Other less frequently cited risk reduction strategies include the following:

- Taking aspirins daily;
- Having children early (Harrison 2004);
- Breathing exercise (McLachlan and McLaren 2002);
- Detoxify organs
- Increase good bacteria in one's intestine (McLachlan and McLaren 2002)
- Drinking milk (MacDonald 2002)
- Avoid eating/ using products that contain toxic chemicals (Bruinsma 1998)

Although the tone in the articles was often confident and certain about lifestyle risk reduction strategies, the magazines also demonstrated ambiguities about risk reduction strategies in juxtaposing contradictory statements, disregarding "scientific" evidence, and shifting attention from breast cancer to overall health:

> *[W]hile lifestyle prevention strategies are debatable, they certainly can help*. In fact, the Canadian Cancer Society recommends a healthy lifestyle for reducing your risk. (Davis 2005, emphasis added)

> I would advocate a healthy lifestyle – that's exercise and a good diet. *Whether or not there's scientific evidence* that a low-fat diet is going to make a difference in breast cancer, it's going to help people in general, whether it's breast cancer, colon cancer or something else. (Engel 1997, emphasis added)

> While *there's no hard evidence that getting more exercise keeps breast cancer totally at bay*, studies suggest that this and other lifestyle habits, such as cutting out alcohol, may make some difference to the average woman's risk. *If nothing else, these healthy habits have overall benefits*, says Wong. "One could argue these little changes may not have a very large impact on the actual risk of developing cancer. But it helps people to cope, if they feel that they are doing what they can. If any of them happens to be diagnosed, being in a healthier place is always beneficial." (Bendall 2008:112, emphasis added)

Similar to what I described in the previous section, the magazines were also selective about how much detail they discussed about certain risk reduction strategies. For example, while breastfeeding was described as reducing risks of breast cancer in several articles, only one article mentioned that it may reduce the risk only until menopause (Michaels 1994).

3.2.5 Preventive Mastectomy as the Best Risk Reduction Strategy

All three magazines appeared to share the idea that preventive mastectomy was something that women at "high risk" for hereditary breast cancer should consider. This idea was expressed in a straightforward statement that the mastectomy would be the best risk reduction strategy, or in a phrase conveying the idea that other strategies would not be good enough. Here is such an example from a *Canadian Living* article:

> According to some experts, having healthy breasts removed may be the most appropriate preventive approach for women carrying the genetic mutation. Relying on still inexact screening and surveillance to catch a tumour in its early stages may be just too nerve-wrecking for some women. (Bendall 2008:110)

The magazines also employed various techniques to promote the procedure without using direct statements. First, not surprisingly the magazines were being selective about what to and

not to say. For instance, in the articles I studied, the following aspects were readily discussed as the positive side of the procedure: preventive mastectomy reduces the risk of breast cancer at least by 90 percent (Bendall 2008: 110; Brewster 2008:96; Flanagan 1998; Toutant 2004:46); it is covered by provincial medical insurance (Bendall 2008:110; Brewster 2008:96); it does not interfere with sex (Brewster 2008:100) or having children (Bendall 2008:110); reconstruction surgery can be done within the same surgery (Bendall 2008:110; Brewster 2008:100). However, the articles were silent about possible risks and disadvantage such as scars and emotional distress that women might experience, or the fact that even high-risk women may never develop breast cancer. Moreover, a *Chatelaine* and a *Canadian Living* article stated that only a quarter of women decide to go for the surgery upon learning their BRCA positive status (Bendall 2008, 112; Brewster 2008:96). However, many articles about preventive mastectomy talked about how women who have had the surgery were satisfied (Bendall 2008:110; Brewster 2008:100; Flanagan 1998; Toutant 2004:46), while mentioning nothing about women who nonetheless had breast cancer after having the surgery, or those who have decided against the procedure.

Second, preventive mastectomy was represented as desirable because it would empower women who are "so fearful that they can't really move forward" and "[t]aking the breasts off is a way they can take control of the situation" (Brewster 2008:96). The surgery was also said to improve the quality of women's lives by giving them peace of mind and hope for the future, or even saving their lives, despite the fact that the women had never been diagnosed with breast cancer:

> Most important, she says her fear of breast cancer is gone, even though she's still at risk for the disease. "It doesn't even cross my mind," says Brenda. "I still check for lumps and I go for a Pap smear. I just want to get on with things. My life is so much better. I feel I can do anything now." (Flanagan 1998)

> She was overjoyed when she found out that prophylactic mastectomy could help spare her from an illness that, in various forms, had killed her mother (breast cancer), grandmother (breast and pancreatic cancer), two aunts (breast and ovarian cancer) and father (kidney cancer)… Now, after the mastectomy, Kenyon marvels at the simple fact that she has started planning for the years to come. "I'd never really felt I had a future." (Brewster 2008:98-99)

Kelly Metcalfe, a professor at the University of Toronto who specializes in research on the prevention of cancer, appeared in several articles talking about various positive aspects of the procedure such as women's emotional well-being and the partner's support. As an enthusiastic advocate of the procedure, Metcalfe was quoted in a *Chatelaine* article, presenting her strong belief that most women at risk would want a prophylactic mastectomy instead of other approaches, and that it would be more appropriate for a woman to have a mastectomy than do nothing, even when she did not know her risk status:

> "And nobody wants to take tamoxifen because of the possible side effects" – endometrial cancer, vascular problems, hot flashes and cataracts. The women who don't develop cancer still suffer, thinking "What if?" and "When?" as they dutifully go in for mammograms and MRIs. "Every year, many are terrified that they're going to get that callback," says Metcalfe. "Some women are not willing to wait for that."…
>
> Still, a recent study of women who had chosen prophylactic mastectomy revealed that a woman's understanding of her own risk isn't always accurate. "The difference between their perceived cancer risk and their actual risk was astounding," admits Metcalfe. "They grossly overestimate it." Yet Metcalfe still supports prophylactic mastectomy wholeheartedly; her refrain is that it's a woman's right to choose what's best for her. (Brewster 2008:99-100)

Another strategy to promote the surgery is to question women's decisions not to have mastectomy. For instance, a *Canadian Living* article entitled "Living with the Odds" featured a woman named Tanya Stella, who was described as a carrier of the BRCA mutation but who had yet to have a preventive mastectomy. The article made a prediction that Tanya would someday

need the procedure, and repeatedly commented on other women's decisions against the procedure:

> For now, Tanya is sticking with the screening approach, but she *expects* that one day she will choose to have both breasts removed. She'll only make that decision, though, when she's emotionally and psychologically ready. (Bendall 2008:106, emphasis added)

> For those who reject the mastectomy option, for *whatever reason*, the drug tamoxifen can cut the cancer risk by half… (although it has been proven effective only for BRCA-2 positive women). (Bendall 2008:112, emphasis added)

> "MRI is a very good option for someone who doesn't want to have surgery," says Metcalfe. "Chances are, though, that these women *will be called back at some point*, because something will be found" on the scan. (Bendall 2008:112, emphasis added)

3.2.6 Breast Cancer Risks as Personal Choice and Decision

Although all the articles that explained breast cancer risks in the lifestyle frame suggest that women's lifestyle choices affect their breast cancer risk, one *Canadian Living* article entitled "Say No to Breast Cancer" expressed the idea most explicitly in various ways. The title of the article itself already indicated the magazine's position that women can say "no" to breast cancer. The article featured a woman named Brigitte McKinnon, claiming that she had been free of cancer due to her lifestyle changes. In the article, her lifestyle was described as the outcome of her "decisions" as if everything she had done was the product of her conscious choice to "prevent" breast cancer:

> One of her first *decisions* was to breast-feed each of her five sons. Then she *started saying no* to all fat and fried foods, ate organic fare wherever possible to minimize pesticide exposure, and became mostly vegetarian (she eats fish occasionally). She bikes and swims with her boys and her husband, Robert, with whom she runs a busy medical publishing firm, and practises yoga alone at home. Monthly breast self-exams are also part of her routine, as are daily time-outs for herself, even if it's just to take a 10-minute walk through her garden to admire her precious bonsai plants. (Harrison 2004:86, emphasis added)

Brigitte was quoted saying that she had not developed breast cancer thanks to her lifestyle changes, and suggested that willpower was the most important thing in preventing breast cancer:

> Too many women change their lifestyle after they have breast cancer, but to me, breast cancer awareness was a gift because it forced me to learn to change my life around before I got a diagnosis. It takes discipline but it has made me very aware of the power of choice: you can make negative choices and you can make positive choices, and by making positive choices for yourself, you see the results. (Harrison 2004:86)

In addition, the article asserted that healthy choice, or choice to prevent breast cancer, was not only important but sensible and easy as well:

> But since smoking causes at least 30 per cent of all cancer deaths, and almost all deaths from lung cancer, it's a no-brainer to cut out smoking to reduce overall cancer risk. In doing so, you just might be cutting your chances of developing breast cancer. (Harrison 2004:92)

The magazine articles also emphasized the importance of making the effort to engage in risk reduction strategies by introducing the accounts of women announcing that they had done everything they could to prevent the disease. For instance, Brigitte from "Say No" explains that she had done everything to prevent the disease, and urged the reader, "you want to do everything in your power to keep your circulating estrogen levels low" (Harrison 2004:88). Women in other articles were also represented as being satisfied and confident for what they had done, and that they would continue good practice:

> In Witkin's case, she has no doubt that her decision to remove her breasts was the right one. "Now I can sleep easy at night knowing I've done everything physically possible to minimize the risk of the cancer returning," she says. …Ultimately, Witkins says, for women at risk right now, getting tested is everything. "You could save your life if you knew." (Brewster 2008:100)

> By limiting my exposure to chemicals in the environment, I feel I'm doing one more thing to fight this disease. (Bruinsma 1998)

3.3 Chapter Summary

This chapter looked at how breast cancer risks were represented in the three Canadian women's magazines, namely, *Canadian Living*, *Chatelaine*, and *Flare*. In these magazines, breast cancer risks were generally discussed within medical or lifestyle frames, which indicate that the magazines maintain the view that breast cancer risks originate in women's bodies, in their lifestyle, or in both, and that medical intervention and lifestyle changes are the key to reducing the risk of the disease. The magazines exhibited contradicting views about the certainty of breast cancer risks; while they all acknowledged that breast cancer risks were not well understood, they also conveyed that these risks were real and certain by selectively presenting information around the breast cancer risks, and by referring to scientific studies to support their claims. Also, by identifying numerous risk factors, the magazines suggested that virtually all women were at risk. In terms of risk reduction strategies, preventive mastectomy was represented as the most effective, thus desirable, risk reduction strategy for "high risk" women. By introducing women's accounts about how they do everything to prevent the disease, the magazines also emphasized that it is important for women to make the effort to practise risk reduction strategies.

Chapter Four: Representations of Women and Consumption

In this chapter I explore how the articles sampled represent women and consumption practices in relation to breast cancer risks. To do so, I pay attention to how social roles and assumptions about women and ideas around consumption, which do not appear to be directly related to breast cancer, are in fact a key part of breast cancer risk representations. As shown in the following, representations of breast cancer risks in the three magazines interweave characteristics of women such as marital status with information about breast cancer risks. Also, the magazines emphasize their view that breast cancer is caused by individual women's bodily processes such as reproduction and weight gain, and therefore such individualized risk reduction strategies as breast self-examinations (BSEs) and consumption practices can reduce risks of the disease.

4.1 Representations of Women

This section talks about how women are represented in relation to breast cancer risks in the articles I analysed. My objective is to show how representations of breast cancer risks in women's magazines are not just about providing the reader information about breast cancer risks but also indicating social values about women. In the following, I present my findings in the following five themes, which are recurrent in the articles I studied: 1) characteristics of women represented in magazines, 2) representations of women's breasts, 3) women's bodies as the risk factor, 4) women's own responsibility, and 5) capability of women.

4.1.1 Characteristics of Women Represented in Magazines

In the magazine articles that did not feature any individual women, age of the women being targeted for a particular risk factor is not frequently discussed. In fact, most stories did not mention whether particular information was relevant to all women or women in specific age groups. Occasionally, however, the magazines made an age distinction in the form of pre- and post-menopausal breast cancer risks:

> Researchers from the Nurses' Health Study reported that postmenopausal women who drank an average of 1.5 drinks a day were 30 per cent more likely than nondrinkers to develop breast cancer. (Harrison 2004:88)

The magazine articles also rarely discussed women's social positions such as ethnicity and socioeconomic status as the risk factor of the disease. Disparities in the breast cancer incidence among different ethnic groups are well studied in the United States; some studies have stated that there is a higher breast cancer incidence among African-American and non-Hispanic White women (Bernstein *et al.* 2002; DeSantis *et al.* 2011; Ooi *et al.* 2011; Palmieri *et al.* 2008). As discussed in Chapter One, whether breast cancer incidence rates differ among different ethnic groups is not well known in Canada since Canadian cancer registries do not collect such information; however, some studies suggest a lower breast cancer incidence among Inuit populations (Bryant 2004:2). Except for an occasional statement about Jewish women being at particular risk of the BRCA gene mutation (Bendall 2008:106; Aziz 1997; Brewster 2008:94), the magazine articles that I studied generally did not talk about breast cancer in relation to ethnicity.

Researchers like Ward *et al.* (2008: 78-79) point out that socioeconomic factors influence breast cancer risks. For example, low-income individuals may have limited access to healthy foods and safe environment for physical activities like walking and running; tobacco use is more

prominent among poor individuals than wealthy populations (Ward *et al.* 2008:78-79). In the magazine articles I studied, there was no discussion of socioeconomic factors in relation to breast cancer risks. However, as I mention below, socioeconomic status is sometimes implied in the descriptions of women.

When individual women were represented in the magazine articles, personal information about these women like marital status was often included, although that was usually only remotely related to the disease. Table 1 shows what types of information the articles included when they introduced individual women in their stories.

Table 1: Characteristics of Women Featured in the Articles

Name	Age	Ethnicity	Occupation	Marital Status	Children	Source
Brigitte McKinnon	45	Caucasian	Entrepreneur	Has husband	5 sons	*Canadian Living*
Tanya Stella	34	Caucasian		Has husband	1 daughter	*Canadian Living*
Sheri Ozirny	38			Has husband	2 daughters	*Canadian Living*
Wendy	53		Director of diagnostic imaging at Baycrest Hospital	Is married		*Canadian Living*
Linda Menyes	35		Freelance art director of a small publishing house			*Chatelaine*
Sheilagh O'Leary	46		Volunteer and college student	Is wife	2 daughters	*Chatelaine*
Natalie Witkin	40	Caucasian (Ashkenazi Jew)		Has husband	2 daughters	*Chatelaine*
Enza Dininio	35		Accountant		2 daughters	*Chatelaine*
Vanessa Kenyon	31					*Chatelaine*
Dorin Greenwood	28			Has husband	Pregnant	*Flare*
Nancy Lepatourel	30		Journalist	Has husband		*Flare*
Brenda	34			Has husband	2 children	*Flare*
Nicole Bruinsma	37		Physician		Daughters	*Flare*
Corinne Boyer	>40	Dutch	Wife of a politician	Has husband		*Flare*

Among a total of 14 women featured in the articles that I studied, 13 of them were represented with their exact age, and of those, the majority (12 women) were younger than 50 years old. Only one woman was represented without her age; however, the article mentioned that the woman married in the 1970s (Flare 1995), which suggested that the woman was over 40 years of age. The majority of women were not associated with particular ethnic groups, except one woman represented with her ethnicity (Ashkenazi Jew). Some women were represented with their occupations; based on the representations, their socioeconomic status was fairly high.

Marital status was a recurring way of describing the women; among the 14 women who appeared in the articles, ten were described as "married," and marital status of the remaining four women was not discussed. The magazines rarely described the women's husbands, except the articles about genetic risks and preventive mastectomy provided information about them. In these articles, husbands were portrayed as caring. For example in one article a woman stated that her husband cried with her in learning that she was a BRCA mutation carrier (Bendall 2008:108). Husbands were also described as supportive of the women's decisions to remove their healthy breasts in order to reduce their breast cancer risks:

> Tanya stresses that despite her husband's fear, "he's really supportive and would do anything." That's consistent with the findings of researcher Kelly Metcalfe, who did a study on spouses of carriers of the genetic mutations. "They really wanted their wife or partner to do whatever she could do to prevent breast cancer." If that meant a mastectomy, they were on board; and if it meant removal of her ovaries, leading to the symptoms of premature menopause, they were along for the ride. (Bendall 2008:108)

One *Flare* article portrayed a husband in a slightly different manner; he was described as questioning his wife's decision to have the surgery, wondering whether she was rushing into it without thinking carefully. This representation of the husband as rational contrasted with the representation of the wife as emotional and impulsive:

> Since the birth of her two children, Brenda was haunted by fears she would develop breast cancer. "I was obsessed. I was always checking my breasts and constantly running to my doctor to get her to examine them …When I was told I was a carrier, my heart just sank," recalls Brenda. "Right then and there, I decided I wanted to have the surgery [bilateral mastectomy] and reconstruction… The counsellor told me to go home and think about it. I talked it over with my husband and, at first, he wondered – because not enough research had been done – if I was jumping into it." (Flanagan 1998)

Not only the spousal but also the mother-child relationship was represented in the magazine articles. For example, in the article just described, breast cancer risks were described as bringing Brenda and her mother closer:

> Brenda and her mother, Grace, who also had the surgery followed by reconstruction, spent many hours discussing their options. "We were always close, but I think this brought us closer," says Grace. "We're still mother and daughter, but now we're also friends." (Flanagan 1998)

Moreover, as indicated in Table 1, women were often portrayed as mothers. The magazines often had women's statements about mothers' responsibility for their children, which I will come back to discuss later in the following section.

Many long articles and some short articles were accompanied by photographs of women[1]. Many of the photographs featured younger smiling women, but to some extent older women were represented as well. For example, one *Chatelaine* article entitled "Straight Talk on Breast Cancer" (Michaels 1994), which discussed what women should know about the risk and prevention of the disease, included a photograph of a group of 17 breast cancer survivors whose ages varied between the mid-30s to late-60s. Many of them are raising their arms and holding arms of others; they are all broadly smiling; and all of them are fair-skinned.

[1] I had access to hardcopies of many *Canadian Living* and *Chatelaine* magazine articles while I only had access to online version of *Flare* articles, which had no visual images. Therefore, these photos that I am talking about in this thesis are from *Canadian Living* and *Chatelaine* magazines.

Another *Chatelaine* article titled "Breast Cancer: Knowledge is Power" (Aziz 1997) had nine photographs of individual women, ranging in age from their 20s to 70s. These women all look straight at the reader and are smiling, and the majority of them (seven women) are fair-skinned while the remaining two women have darker skin. Among these nine photos, six of them have women's faces only; the remaining three are of women engaging in physical activities. Since these three photos are placed within the text representations of "30s," "40s," and "50s and Over," I imagine that these women represent women in their 30s, 40s and over 50 years. The woman in her "30s" is running and smiling; the woman in her "40s" is putting on a bicycle helmet and also smiling; and the woman "over 50" is playing on a swing, and broadly smiling.

Consistent with the magazines' approach to highlight familial risk factors in discussions of breast cancer risks, family photographs were shown in two *Canadian Living* articles. One of them, "Say No to Breast Cancer" (Harrison 2004), which I discussed earlier, had two photographs of Brigitte McKinnon and her family, one in front of a house and the other inside the house. Both photographs show Brigitte, her husband and their five sons, all of whom are widely smiling. The other article, "Living with Odds" (Bendall 2008), which I also mentioned earlier, had three photographs of Tanya Stella and her family. Interestingly, each photograph consists of Tanya and one of her family members: one with Tanya and her deceased mother, one with Tanya and her daughter, and one with Tanya and her husband.

4.1.2 Representations of Women's Breasts

Not surprisingly, women's breasts were represented in the magazine articles both textually and visually. When a magazine article's focus was to inform the reader about breast cancer risk in general, women's breasts were described without emotional tones. For example, one *Flare* article, which urged all women to be familiar with their breasts regardless of their risk

status, used a rather frivolous term, "boobs," to designate women's breasts, and described them physiologically without attaching any personal meanings:

> Your breasts' life:
>
> - Girl boobs (aka adolescence): Breasts begin growing at puberty (age 10 or 11). The areola becomes prominent, while fat and fibrous tissue fill out the breast, ducts grow and the areola flattens…
> - Woman boobs (aka postadolescence to premenopause): Breasts become more glandular and bumps and cysts may appear…
> - Mommy boobs (aka pregnancy): Breasts become engorged through the second trimester. They are sensitive, fuller and feel ropy as glands and ducts enlarge, preparing for lactation…
> - Mature boobs (aka menopause): Glandular tissue shrinks and is replaced by fatty tissue in a woman's late 40s, her 50s and beyond… (Davis 2005)

Representations of women's breasts become more serious and personal in the articles discussing the BRCA gene mutation and preventive mastectomy. For example, a woman featured in a *Flare* article about genetic testing described her breasts as "respectable 34B" and "expect them to fill out a dress, to arouse my husband and, one day soon, to feed my child. I also suspect they could give me cancer" (Marett 2003c). Breasts of women at "high risk," especially those who had decided to have their breasts removed, were described with war terminologies such as "enemies" (Brewster 2008:96) and "time bombs" (Brewster 2008:96) that were not worth saving (Brewster 2008:96). Nevertheless, breasts that were no longer *at risk* but were cancerous were not represented in the magazines. There was no textual or visual representation of how breast abnormalities look or feel like, or on what types of breast abnormalities women might find through breast self-examinations (BSEs).

While the magazines enthusiastically promoted the removal of "at-risk" breasts, they seemed to be ambivalent towards the idea of women without breasts. This was hinted by the way that breast reconstruction surgery was favourably represented in the magazines. For instance, the

following positive aspects were talked about: it is covered by provincial health insurance (Bendall 2008:110); it can be done within the same surgery as mastectomy (Bendall 2008:110; Brewster 2008:100); nipples can be reconstructed to look natural (Bendall 2008:110; Flanagan 1998). The women in articles in *Flare* and *Chatelaine* who had had preventive mastectomies were quoted as saying that their reconstructed breasts were as good as real breasts, and their confidence as a woman had not been damaged by not having real breasts:

> "At first, there were these little blobs on my chest, but after a few fill-ups I could see them starting to take shape. I was starting to feel like a woman again," she says... This summer, I even wore a bikini. I don't feel that I have to hide them. They're numb but, when I run, they even jiggle (Flanagan 1998)
>
> "I don't have problems with my confidence," she says. "And my husband never made me feel like less of a woman for not having real breasts" (Brewster 2008:100)

On the contrary, no article talked about risks and disadvantages of reconstruction surgery such as the risk of excessive bleeding and that more than one surgical procedure would be needed to complete reconstruction (Vancouver Coastal Health 2012).

Also, the reason to have breast reconstruction was rarely discussed as though this is the norm, while the reason not to have reconstruction surgery is sometimes quickly mentioned. For example, a *Chatelaine* article introduces a comment by a woman who has decided against reconstruction surgery: "[m]y husband just said, 'Why would you even bother? This is who you are now'" (Brewster 2008:100).

In addition, three articles include photos of women from the shoulders to the waist and without clothing. Whether partially covered or completely shown, the breasts depicted in these images appear to be those of slim young women with a fair skin. No article exhibits breasts with cancer, or breasts after mastectomy.

4.1.3 Woman's Body and Mind as the Risk Factor

Although many different breast cancer risk factors are identified in the magazine articles, most risk factors, such as weight gain, high-fat diet, alcohol consumption, and women's reproduction history, are talked about in connection to the increase in estrogen exposure. Here is how a risk factor is typically connected to estrogen:

> An excess of estrogen in the body may be correlated to breast cancer. There are various factors that determine our estrogen levels, such as the length of our menstrual cycles, if we have children early, whether or not we breastfeed and the number of children we have. If you have numerous short cycles, you are exposed to more estrogen. (McLachlan and McLaren 2002)

However, the magazines rarely explain in what way estrogen causes the disease. For example, one *Canadian Living* article simply states that "[s]ince estrogen is such an important hormone when it comes to breast cancer, it's not surprising that decreased exposure to this hormone typically translates into reduced cancer risks" (Harrison 2004:90). The magazines do not even describe what estrogen is, except a *Flare* article saying that estrogen is "the hormone that makes us female" (Flare 1993). Nevertheless, the magazines frequently describe how women's physiological systems are affected by estrogen, and thus increasing risk of breast cancer:

> The biggest factor is simply estrogen, the hormone that makes us female. Researchers now believe that the more menstrual cycles a woman has in her life, the greater her risk. Beginning menstruation before age 12, electing to bear children later in life rather than earlier (before age 30), or not having children at all are all estrogen-related factors that can double the average risk rate. (Flare 1993)

Moreover, a *Flare* article gives an unusual explanation that there are "good" and "bad" estrogens, both of which are produced in the woman's body: "good" estrogen prevents cancer, and "bad" estrogen gives women the disease:

> Similar to "bad" and "good" cholesterol, it's believed that our bodies produce "bad" and "good" estrogens. Certain xenoestrogens, like OCs [organochlorines], may promote the production of bad estrogens, which in turn may stimulate the uncontrolled growth of breast cells. Other xenoestrogens, like those found in plant foods such as soy products, cauliflower and broccoli, may act like good estrogens because they prevent cancer. (Bruinsma 1998)

Interestingly, environmental toxins are also represented as estrogen related risk factors. The *Flare* article that discusses the link between toxic chemicals and breast cancer explains that some of these chemicals act like estrogen, and thus become a risk factor for breast cancer:

> The hotly debated theory is this: exposure to environmental contaminants, some of which are known to cause cancer in animals, may increase a woman's risk of developing breast cancer. These contaminants are found in our drinking water, much of our pesticide-laden food and in many of our laundry detergents and cleaning products. It's also believed these chemicals, especially those known as organochlorines (OCs), behave like a much-weaker version of our body's estrogen. (Bruinsma 1998)

Aside from estrogen, the BRCA gene mutation is also described as an important risk factor. These mutated genes are represented as defective, as a *Chatelaine* article described in the following way:

> Researchers have discovered two *defective* genes – BRCA1 and BRCA2 – that predispose women to breast cancer; We each carry two copies of each of these genes; in some women, these genes are *flawed* and there's something in them that prevents them from regulating normal cell growth. (Aziz 1997)

Because all humans inherit one gene each from their parents, not only women but also men can be carriers of mutated BRCA genes. This means that women and men have equal chance to pass down mutated genes to their children. However, the articles about genetic risks neither explains the mechanism of genetic inheritance, nor mentions that the father could also pass down the genes, and talk about the subject only in terms of the mother-daughter relationship. The *Canadian Living* article, "Living with the Odds," shows a good example of such representations;

it discusses the subject in terms of the mother-daughter relationship, and conveys a woman's sense of guilt for passing "deadly" mutations to her daughter:

> Pam Bagg showed remarkable strength during her long battle with breast cancer... But the day she learned that her daughter, Tanya Stella, had inherited the same genetic mutation that caused the cancer, Pam broke down and cried. 'She was devastated,' remembers Tanya, 34, from her home in Prince George, B.C. 'She kept saying, "I'm so sorry." (Bendall 2008:104)

The magazines occasionally talk about women's mental/emotional state in relation to breast cancer. A *Flare* article featuring a naturopathic understanding of breast cancer describes physical and emotional imbalance as the cause of breast cancer (McLachlan and McLaren 2002). The authors of the article are naturopathic practitioners, and present their view that "to prevent or treat breast cancer, a woman should practise self-awareness in order to explore areas of her behaviour that may be causing 'toxic' emotions in the body" (McLachlan and McLaren 2002). However, the article does not clarify which emotions are considered "toxic" and what types of behaviour cause such emotions. The article, nevertheless, gives advice to the reader to see a professional to deal with emotional distress, which marks a shift in focus from discussion of breast cancer risk to mental health, or even general health:

> In general, women often put the needs of others before their own or find it difficult to communicate their needs to others. If these negative emotions are not dealt with, they will continue to circulate in the body and can weaken the immune system. If you're having difficulties working through your emotions, see a professional who can help you through your healing journey. (McLachlan and McLaren 2002)

Women's own perception that their emotional state may affect the development of breast cancer is presented in a *Chatelaine* article, which claims that in a past survey of "1,150 Canadian women, 38.4 percent believed stress was a cause of their breast cancer" (Michaels 1994). However, this is immediately contested by a statement, "[b]ut according to

psychologist/biologist Alastair Cunningham of the Ontario Cancer Institute, it's unclear whether or not stress contributes to the development or recurrence of breast cancer" (Michaels 1994).

4.1.4 Women's Responsibilities

The idea that women are responsible to manage their breast cancer risks is expressed in a variety of ways in the magazine articles. For example, the following quote conveys the sense of culpability by using the very word "responsibility":

> "[Breast cancer] is a journey of learning to change. It's not about blaming or feeling guilty. It's about becoming aware of one's actions and emotions and accepting *responsibility* for them," says Hana Weidenfeld, a Toronto-based naturopathic doctor who has been diagnosed with, and has undergone treatment for, breast cancer. (McLachlan and McLaren 2002, emphasis added)

Auxiliary verbs and words that connote the sense of obligation and urgency, such as "should," "need to," and "must," are very often used to express the idea that women must do something to manage their breast cancer risks:

> While most women with breast cancer are older than 50, you *should* always be familiar with the characteristics that are normal for your breasts. Monthly breast self-examination after each period is a *must*… It is *vital* that women be aware of the signs and symptoms of cancer, says Dr. Verma. You *should* be wary of any newly appearing lump that does not regress with your cycle; palpable lumps at any time; retraction or dimpling of the breast or nipple; bloody discharge from the nipple; and rapidly changing signs of inflammation (such as redness and soreness). (Davis 2005, emphasis added)

Some magazine articles convey the sense of responsibility by using different pronouns to distinguish between those who are acting responsible and those who are not in. For instance, the pronouns "we" and "us" are sometimes used in describing good risk reduction strategies or habits that women already practise; "they" is used to highlight something "inappropriate" that women do. In addition, "you" is used when the magazines meant to give women instructions or persuasive advice to do something:

> "Today, women are active; *we* want to stay healthy, *we* eat well, and exercise," says Bette Johnston, executive director of Toronto's Princess Margaret Hospital Foundation, the cancer hospital's fund-raising arm, and former executive director of the Canadian Breast Cancer Foundation. "Breast self-examination is just one more thing that *we* do to keep well. It's a healthy habit and an important part of body awareness that *we* should practise all our lives, beginning in puberty." (Flare 1993, emphasis added)

> Nevertheless, to a lot of women, the statistics on breast cancer sound so horrendous (one in nine, maybe even one in eight Canadian women can expect to develop it, according to the Canadian Breast Cancer Foundation) that *they* do a very human and dangerous thing – *they* ignore it. *They*'re too frightened to consider what's known about risk factors. *They* don't practise breast self-examination, the first line of defense against the disease. (Flare 1993, emphasis added)

> Women who are reluctant to practise BSE need to address this situation, advises Brigitte. "Women almost fear finding a lump, but *you* have to eliminate fear. *You* have to get to know your breasts through BSE without fear, if *you* do this, *you* empower yourself to be responsible for your physical health." (Harrison 2004:92, emphasis added)

The idea that women should be proactive to be responsible is also conveyed through the representations of real or imaginative "regretful" stories. A *Chatelaine* article begins with a story about a woman who has advanced breast cancer even though she had regular screening like mammograms and clinical examinations. The article continued to say that she "has opened her eyes and ears to all aspects of breast cancer research" and follows every cancer-fighting strategy upon the realization and regret that "she had let doctors shoulder the entire responsibility for her treatment" (Aziz 1997).

Another *Chatelaine* article expresses the need to be proactive by contrasting two women who had preventive mastectomy: one woman had decided to have the surgery upon learning other women's "mistakes" to decide against; another woman went for the procedure, thinking about the moral consequence of not being proactive.

> Before making the tough decision, Witkin attended an information session. It was hearing the stories of older survivors who hadn't chosen the mastectomy the first time around and whose breast cancer had returned 15 or so years later that tipped the scales for her. "I didn't want to be one of *those women*" (Brewster 2008:96, emphasis added)

> The way Dininio sees it, there are two "worst-case scenarios": She has the mastectomy needlessly because she never would have developed breast cancer, or she decides against the surgery and does develop breast cancer. "But I don't have a crystal ball," she says, "and if I ever did get cancer, and my children looked at me and said, 'You knew and you did nothing?' I wouldn't be able to live with myself." That, she says, would be worse than any regrets she might have over losing her breasts. (Brewster 2008:96)

In addition, sometimes the magazines explicitly point the finger at what women were not doing right:

> [S]ome women rely on their screening mammographies and do nothing in-between, and then they have fast-growing interval cancers because they thought, 'I had a mammogram, now I don't have to do a thing.' (Bruinsma 1998)

As I discussed above, the majority of women featured in the breast cancer risk articles I studied are described as mothers. Not surprisingly then, managing one's risk of breast cancer is sometimes discussed in relation to the woman's social role as mother. In such context, the women featured in the articles express their sense of responsibility to manage their risks not only for themselves but also for their children:

> "When I was told I was a carrier, my heart just sank," recalls Brenda. "Right then and there, I decided I wanted to have the surgery [bilateral mastectomy] and reconstruction. I know it seems radical, but I kept thinking, "I have two children and I want to be around for them." (Flanagan 1998)

> Losing her 45-year-old mother to breast cancer when she was only 12 was a life-altering event for Brigitte McKinnon of Montreal, herself now 46... So when Brigitte married and began having children of her own at about age 30, she was determined not to leave them on their own at the same tender age. (Harrison 2004:86)

Moreover, the magazines sometimes talk about how important it is for women to learn "healthy" habits such as weight management and BSEs in their early age. However, because these three magazines target not teenage girls, but young to middle age women who can be

mothers of teens, the representation of the importance of young girls practising healthy habit may suggest that the reader is responsible for reducing their daughters' risks as well:

> Breast self-examination is just one more thing that we do to keep well. It's a healthy habit and an important part of body awareness that we should practise all our lives, beginning in puberty. (Flare 1993)

> For young girls in western culture, the age for starting menstruation is occurring younger and younger. This may have something to do with the girls being heavier and less physically active. So for young girls, keeping active, relatively trim and eating well may affect the age of onset of menstruation – which may have some impact on their risk of developing breast cancer. (Engel 1997)

4.1.5 Capability of the Woman, Doctor, and Mammograms

In order for a woman to be responsible for reducing the chance of developing breast cancer, she has to know the disease. This idea is expressed by Brigitte from the *Canadian Living* article "Say no to Breast Cancer": "[y]ou start by understanding what breast cancer is, and then you ask yourself, [w]hat can I do today to prevent it?" (Harrison 2004:86). Similarly, a woman featured in a *Chatelaine* article who has been diagnosed with breast cancer urges the reader to study about the disease: "[i]t's more important than ever to understand the risks and benefits of health-preserving strategies, from genetic screening through to cancer-fighting drugs" rather than waiting for physicians' suggestions on what women should do (Aziz 1997).

Knowing one's risk is also represented as crucial, as a *Flare* article stated that "[k]nowing what puts you at risk also helps you to beat the odds… even if we can't eliminate certain risk factors, just knowing about them can make us more careful about BSE and checkups" (Flare 1993). As this statement suggests, in the magazines the importance of knowing one's risk is often connected to the need to know one's body through BSEs. This is an interesting contrast with the statement by the Canadian Cancer Society (2012d), as mentioned in Chapter One, that BSEs are unnecessary, and the recommendation by the Canadian Task Force on

Preventive Health Care (2011) to exclude BSE education from a routine screening technique. In promoting BSEs, the magazines emphasize women's capability to find cancer herself:

> The most encouraging thing to keep in mind is that women have the power, through BSE and yearly medical exams, to stay several jumps ahead of the disease. Eighty percent of all breast abnormalities are found by women themselves. And the earlier a cancer is found and treated, the better. (Flare 1993)

However, while emphasizing women's capability, the magazines also undermine it by talking about the fact that women do not know how to correctly practise BSEs, or do not practise BSEs because they were afraid to find something. In such representations, the magazines question women's attitudes towards and abilities to practise BSEs:

> I knew about breast self-examination, however, I didn't know how to do it right. It wasn't until I found a large lump that I knew something was not right. I'm not saying put the fear of God into them… if you had told me to do a breast self-examination because I might find cancer, well, there's no way on God's green earth you'd get me to do it because I wouldn't want to find it. Teach children to look at their bodies – that's the way to approach this. We need to make sure women know their bodies, so that they know when there is a change. (Engel 1997)

While the magazines articulate the importance of BSE, the magazines also frequently urge the reader to see the doctor to have physical examination, to consult about any concerns regarding abnormalities of her breast, or to learn how to do BSE correctly:

> AGES 20-39* Recognize monthly breast changes.* Get to know your breasts through regular self-examination.* Book that annual physical with your doctor or health professional.* Be familiar with early-detection guidelines for all ages.* Know the risk factors and your family history.
>
> AGES 40-49* Repeat this mantra: regular breast self-examination, regular breast self-examination...* At least once every two years, a clinical breast exam by a trained health professional is a must.* Have a chat with your doctor about your breast-cancer risk and the risks/benefits of mammography.
>
> AGES 50-69* Keep up that clinical breast examination at least every two years.* Every other year, it's mammogram time.* Don't forget your regular breast self-examination and be sure to report changes to your doctor. (Davis 2005)

> [I]f you're under 50 and have no breast cancer in the family, delay mammography unless instructed by your physician. A better bet is regular checkups. Your doctor should palpate your breasts and help you understand what your normal breast tissue feels like. (Flare 1993)

However, while the reader is urged to consult the doctor, the ability of the physician to find breast abnormalities is sometimes questioned. In such cases, women's own ability to find cancer is again emphasized:

> "Each of us is the best guardian of our health," she says. "Your doctor may not detect something that's a direct threat to your life. So it's up to each of us to listen to our intuition. Don't be passive." (Flare 1995)

> If you're not sure that mammography is the right move for you, discuss your uncertainty with your family doctor, but beware of the suggestion that breast cancer is "rare" among women in their 40s. According to projections by the National Cancer Institute of Canada, 17 percent of new cases will be among women in that age group. Continue your yearly physical and monthly self-exams. (Aziz 1997)

While the magazines universally emphasize the importance of BSEs and clinical exams, they also seem to share ambivalence towards screening mammograms. For example, while giving detailed instructions on the reduction of breast cancer risks, and stressing the importance of early detection through BSEs, the *Canadian Living* article "Say No to Breast Cancer" undermines the value of mammograms:

> Over the long-term, BSE is just as effective as mammography and examination by a physician… They found that the breast cancer mortality rate for women aged 40 to 49 [pre- or peri-menopause] was about the same whether they had undergone annual mammography plus expert physical examination of the breast or had received a single physical breast exam and instruction on BSE. (Harrison 2004:90, 92)

Similarly, a physician in a panel discussion featured in a *Flare* article dismissed the value of mammogram as screening technology compared to the clinical breast examination or BSE:

> I would certainly agree with a healthy lifestyle. I also think I would go with breast clinics where there are nurses well-trained to do clinical breast examinations who can not only do it, but teach women to do self-examination better. I would wipe out the mammography screening program and only use it for diagnostic purposes. (Bruinsma 1998)

Moreover, while the magazines sometimes describe the general benefit of mammograms such as its ability to detect cancer in early stage (Aziz 1997, Bruinsma 1998), the negative sides of screening were discussed more often, such as the reduced detection rates for dense breasts (Aziz 1997), no effect on reducing mortality rates for younger women (Bruinsma 1998), and its 10 percent false positive and 25 per cent false negative rates (Aziz 1997). *Chatelaine* magazine in particular reminds the reader not to rely on mammograms or doctors' opinions through "scary stories" experienced by breast cancer patients.

> After radiation and chemotherapy, Menyes spent four years thinking things were indeed "okay." Mammograms and bone scans indicated that she was cancer-free. But in the winter of 1996, Menyes learned that the cancer had spread to her bones. (Aziz 1997)

> As the lump got larger, O'Leary had three mammograms within 18 months, but none indicated the lump was abnormal. "The doctors never explained why it seemed to be growing, and at the time, I trusted them," the Toronto woman says. "I had none of the known risk factors and I just never expected to get breast cancer." (Michaels 1994)

4.2 Representations of Consumption

By "consumption," I refer to the purchase of products and services. For instance, since the majority of Canadian residents buy food items rather than growing food themselves, I consider dietary suggestions in magazines as example of consumption. In the following I describe how consumption practices are represented as "good" or "bad" consumer items in connection to estrogen, and how the magazines give women instructions on what to and not to consume.

4.2.1 Good and Bad Consumption of Food Items

A *Canadian Living* article entitled "Good Food, Good Health!" is all about how to reduce breast cancer risks through the consumption of food items. Without presenting any evidence, it states explicitly that a healthy diet can reduce breast cancer risks:

> Mounting research suggests that a healthy diet is one of the best defences against breast cancer. It's still too early to say definitively that a particular food or food group prevents the disease – or increases the chances of recovering if you do develop it – but some studies are beginning to suggest just that: diet can lower your risk. (Berkoff 2006:148)

The article reasons that "while you don't have a lot of control over your environment – and none over your genetic risk factors – you can, like Wendy, control your diet" (Berkoff 2006:148), and subsequently offers a series of recommendations on what and what not to eat. Although most of the articles I analysed are not as explicit as this one about the power of diet on the reduction of breast cancer risks, many give dietary suggestions. The following is the list of suggestions frequently appearing in the magazines.

Items that reduce risks

- Low-fat, high-fibre diet
- Cruciferous vegetables including broccoli, cauliflower, Brussels sprouts, and cabbage
- Fruits
- Omega 3 fatty acid from fish, flaxseeds or supplement
- Folate-rich vegetables or supplement
- Organic food
- Nontoxic products

Items that increase risks (therefore better avoid)

- High-fat diet
- Red meat
- Saturated fat
- Alcohol
- Sugar
- Cigarettes

Other less frequently listed consumer items described as reducing risk include the following:

- Green tea, pomegranates (fruits or juice), a variety of berries and tomatoes (Berkoff 2006)

- Whole grains, beans, nuts, seeds, garlic, onions, sprouts, dandelion greens, and organic yogurt or acidophilus supplement (McLachlan and McLaren 2002)
- Soy products (McLachlan and McLaren 2002; Bruinsma 1998; Engel 1997; Flare 1993)

The following items were represented to be avoided or to be taken with caution:

- Breads, cookies, and candy (McLachlan and McLaren 2002)
- Caffeine (McLachlan and McLaren 2002)
- Soy products (Berkoff 2006; Chatelaine 2001:69)

It should be noted that the articles from the three magazines varied in their opinions about soy products: while some articles presented soy products as risk-reducing, other articles cautioned the reader that soy products should be added to their diet carefully.

Typically, the idea that diet can increase or reduce breast cancer risks is presented with scientific terms and reference to unspecified studies, or as doctor's recommendations:

> Studies show that vegetables from the cruciferous family, such as broccoli, cauliflower, cabbage, brussels sprouts and kale, contain glucosinolates, which release cancer-fighting compounds such as indoles and isothiocyanates… For example, some may directly block tumour development, while others may affect estrogen metabolism (many breast cancers are estrogen positive, meaning they depend on the body's estrogen for their growth) (Berkoff 2006:150)

> For the most part, Dr. Homer recommends watching what you eat. Avoid red meat, alcohol, sugar, refined carbs and saturated, trans, hydrogenated and partially hydrogenated fats. Instead, try a plant-based diet (organically grown fruit, vegetables and whole grains) that includes healthy omega-3 fats and supplements. She also suggests using nontoxic products, exercising and practising stress reduction. (Davis 2005)

As the quote above suggests, these items are represented to be good because they may reduce, weaken, or suppress estrogen in the woman's body. A similar example is the concept of "good" and "bad" estrogens mentioned in a *Flare* article. The article suggests that some chemicals found in particular vegetables, such as "soy products, cauliflower and broccoli, may act like good estrogens because they prevent cancer" (Bruinsma 1998).

On the other hand, some food items are considered bad because they increase estrogen activities. The most frequently listed items to be avoided are a high-fat diet and alcohol beverages. Alcohol consumption is always negatively portrayed. For example, one *Canadian Living* article uses particular wording, which conveys the author's position that women should not be drinking:

> Women who *still* enjoy an alcoholic drink a day, *even knowing that it can increase risk of breast cancer*, may want to top up their folic acid intakes. (MacDonald 2001, emphasis added)

When the magazines offer explanation of why alcohol should not be consumed, they always connect it to estrogen activities. For example, a *Chatelaine* article says, "[r]ecent research indicates even one drink a day may increase risk, perhaps because alcohol raises estrogen levels" (Michaels 1994). Typically, statistics are employed to suggest how many alcohol drinks per day are considered risky, though the representations vary from one article to another.

> [A]n analysis of more than 50 studies by the Collaborative Group on Hormonal Factors in Breast Cancer found that every alcoholic drink increases breast cancer risk by about seven per cent. (Harrison 2004:88)

> A woman who habitually has three drinks a day faces a moderately increased risk for breast cancer. While moderation is the rule, some experts feel that even a few drinks per week may not be safe. (Flare 1993)

In terms of the risky amount of alcohol, Canadian Cancer Society (2011) defines "a drink" as the following:

> How much is a drink?
> A drink is:
> - one 350mL (12 oz) bottle of beer (5% alcohol)
> - one 145mL (5 oz) glass of wine (12% alcohol)
> - one 45mL (1.5 oz) shot of spirits (40% alcohol)

The three magazines that I examined completely omitted such information, without which "one drink" would make little sense.

In addition, the magazines suggest that women in North America should change what they consume through making direct statements such as "North Americans get the worst quality fats" (Marett 2003c), or introducing research indicating that the adoption of Western diet is the biggest contributing factor to the increase of breast cancer among immigrant women coming to North America from different parts of the world:

> A low-fat diet may also give you an important edge… Researchers also know that Japanese women – who typically eat less fat – develop breast cancer far less often than North American women; when Japanese women move to the West and adopt a Western lifestyle and diet, they experience an increase in cancer rates. (Aziz 1997)

4.2.2 Instructions on Consumption

The consumption practice that the magazines discussed in the context of breast cancer risk was mostly consumption of foods, such as risks and benefits of certain food items. The magazine articles selectively represented information on these food items. For instance, whether it is true or not, the claim that small amounts of alcohol may be helpful to reduce heart conditions has become commonplace knowledge (Heart and Stroke Foundation of BC & Yukon 2012b)**,** but was rarely mentioned in breast cancer articles. On the other hand, the information that Omega-3 fatty acid may be beneficial for heart conditions (Heart and Stroke Foundation of BC & Yukon 2012c) or general health is sometimes discussed (Harrison 2004: 90; Davis 2005), although magazines avoid making a definitive statement that it reduces breast cancer risks. Soy products are generally considered healthy and some articles recommend the reader to include them in their diet (McLachlan and McLaren 2002). However, it is also represented as risky because "phytoestrogens in soy products may increase breast cancer risk for certain women" (Chatelaine 2001:69). One article also cautions against soy products not because there is

evidence that soy products increase breast cancer risks, but because there is no strong evidence that soy reduces breast cancer risk, and therefore, women should "speak to their doctor and/or exercise caution before adding soy to their diet" (Berkoff 2006:153). In addition, no article cautioned against soy grown with a vast amount of pesticides or being genetically modified.

Not only what to eat or use, but also how to eat is frequently discussed. For example, the *Canadian Living* article mentioned above about dietary strategies to reduce breast cancer risks gives the following instructions: green tea should be brewed for eight to ten minutes; eating five to ten berries a day is recommended; cruciferous vegetables should be cooked with minimal water for a short time, and chewed well; tomatoes should be cooked with vegetable fat such as olive oil (Berkoff 2006). The *Flare* article that focuses on environmental toxins as the risk factor of breast cancer provides seven instructions on how to minimize the exposure to toxic chemicals:

1. Eat organic fruits and vegetables or remove surface pesticide residue by washing fresh produce in a mild solution of dish detergent or diluted vinegar
2. Eat less animal fats, as in meat, freshwater fish, chicken and dairy products
3. Don't microwave food in plastic containers, Styrofoam or plastic wrap
4. Avoid using plastic cling wrap on food or eating food that has been packaged in plastic and heatsealed containers…
5. Don't use pesticides in your home or on your lawn and garden…
6. Don't use "superstrength" cleaners, soaps or detergents that may contain chemicals known as nonylphenol ethoxylates (NPEs).
7. If your children are having plastic sealants put on their teeth to prevent cavities, make sure the sealant doesn't contain bisphenol A… (Bruinsma 1998)

However, although the magazines confidently make consumer recommendations and instructions, they avoid making definitive statements, such as "eating broccoli is proven to reduce breast cancer risks." Moreover, they also add contradictory statements such as "we don't have strong evidence yet," mention studies that argue otherwise, or add statements that it helps to

reduce risks of other medical conditions so that it must work for breast cancer. In doing so, they often connect the issue to the improvement of general health, claiming that whether it works to reduce breast cancer risks or not, these dietary recommendations are beneficial to overall health. This conveys uncertainty about breast cancer risks, and thus undermines the idea that dietary change would contribute to the reduction of breast cancer risks:

> We can't tell women how much they reduce their risk by eating the recommended daily intake [of fruit and vegetables] but it can't hurt to eat healthy foods, and if it offsets your breast cancer risk even a little, you're just that much further ahead (Harrison 2004:88)

> Although we don't have a definitive answer as to whether a low-fat diet in general reduces breast cancer risk, some studies do suggest that saturated fat may be a factor in raising risks for breast cancer. A recent study suggested that a low-fat diet (33 grams per day or less) may lower risk of breast cancer recurrence. And a low-fat diet has so many other health benefits that, whether or not it cuts cancer risk, it remains a good dietary strategy. (Berkoff 2006:148)

While many recommendations are shared by three magazines, they sharply disagree with whether tamoxifen should be taken by women at risk. Tamoxifen is a drug that interferes with estrogen activities, and has been used to treat breast cancer (National Cancer Institute 2012). It is also administered to women at risk, although it is known to increase risks of serious health conditions such as uterine cancer and blood clots (National Cancer Institute 2012). *Chatelaine* magazine discusses the increase of these risks, and cautions against the use of the drug on women as a preventive measure (Michaels 1994:59). On the contrary, *Canadian Living* and *Flare* articles suggest that women at high-risk take the drug to prevent breast cancer. In doing so, these articles provide no information at all about risks of the drug:

> Women at high risk for breast cancer because of a strong family history of the disease may benefit from the anti-estrogen effects of drugs such as tamoxifen (Nolvadex), even if they have not been diagnosed with breast cancer. In the Breast Cancer Prevention Trial carried out by the National Cancer Institute in the U.S., women treated with tamoxifen developed almost 50 per cent fewer cancers of the breast than women taking an inactive placebo. (Harrison 2004:92)

> Once I hit menopause, I have the option of taking a pill to reduce my risk. "You can take a pill once a day for five years to reduce your chances of getting breast cancer by 50 percent," says Dr. Heisey, who recommends tamoxifen, which has been approved by Health Canada for reducing the risk of breast cancer in anyone over the age of 60 or anyone 35 and older who is at an increased risk. (Marett 2003c)

4.3 Chapter Summary

In this chapter, I described how assumptions and expectations about women and ideas about consumption were a critical part of the representation of breast cancer risks in women's magazines. By incorporating characteristics of women like age, marital status, and occupations into their stories, the three magazines exhibited their assumptions about women such as affluent heterosexual wives and mothers, and articulated their views that all women, but especially younger women more than older women, should pay attention to their messages about breast cancer risks. The idea that women are responsible for lowering their own and others' breast cancer risks was conveyed in a variety of ways including women's own accounts about how they take or feel responsibility to manage risk, and emphasizing the importance of knowing one's risk through BSEs. The magazines represented consumption of certain food items positively, and provided extensive instructions to the reader on what to consume or avoid. Interestingly, however, the magazines were ambiguous about whether or not these foods really help reduce breast cancer risks; rather, they shift their focus to how these food items may improve one's overall health.

Chapter Five: Analysis

In the previous two chapters, I described my findings in terms of risk, women, and consumption. I showed how representations of breast cancer risks in Canadian women's magazines convey a variety of ideas around breast cancer risks in a series of contradictions and ambiguities. For instance, breast cancer risks are presented as both uncertain and certain; and the woman's ability to reduce the risk of the disease is emphasized at times while it is questioned. In this chapter, I examine breast cancer risk discourse by putting my findings into conversation with sociocultural theories of risk introduced in Chapter One. In doing so, I engage Douglas's theorization of risk as a symbolic element distinguishing moral and immoral behaviour within a culture. Drawing on this conceptualization, I explore how breast cancer risk in Canadian women's magazines works as a means to identify "dysfunctional" bodies and "risky" behavior of women as "pollution" that causes the disease. I also draw from Foucauldian approaches to risk, employing in particular the concept of technologies of the self. Using these two approaches to risk, in this chapter I argue that breast cancer risk is a tool of governance targeting the individual woman to manage her breast cancer risk by not only exercising self-control and free will to choose the "right" products, but also by conforming to sociocultural assumptions and expectations about femininity.

This chapter is organized into three sections, each addressing an aspect of the representations of breast cancer risks in Canadian women's magazines: 1) the conceptualization of women's bodies, 2) the regulation of women, and 3) the role of willpower. In the first section, I discuss how magazines represent women's bodies as disorderly and thus in need of regulation. In doing so, I briefly explore the way that the idea of female bodies being dysfunctional has been

influenced by changes in Western Biomedicine's conceptualization of the body, which occurred in the eighteenth to the twentieth century. The second section shows that this naturalized need to regulate women's bodies is expressed in the magazines as the responsibility of the individual woman to monitor her body and behaviour. In the third section, I explore how breast cancer risk discourse, as it is articulated in the magazines, makes responsibility a tool for the individual to attain the status of "active citizen," that is, the autonomous individual who, through using free will, makes the right choices to manage her risk (Nettleton 1997:214). I also analyze the way that individual responsibility is a key driver in breast cancer risk discourse in producing the "moral woman," that is, the woman who manages her risks and contributes to society through consumption practices, without disturbing conventional cultural values about women.

5.1 Conceptualization of Women's Bodies

In this section, I examine how women's magazines express the idea that women's bodies are innately problematic. I first briefly outline how historically women's bodies have been conceived as pathological, and then analyse how contemporary women's magazines reinstate the idea by representing estrogen as a "female" hormone lacking control, and as a consequence, construe that all women are at risk. In doing so, I draw upon Oudshoorn's (1994) work to show how the view of female hormones as unstable seems to be rooted in the longstanding association of femininity with cyclicity. As discussed in Chapter One, Douglas (1992) argues that the concept of risk in the contemporary West resembles the sin/taboo ideology in traditional societies since both ideas attempt to explain misfortunes by designating who is to be blamed. In her theory, a person at risk is "being sinned against" (Douglas 1992:28), meaning harmed by others; however, Lupton (1993:429) states that when health risks are understood to be internally

caused by the person's characteristics, the person at risk will likely be blamed. In the following, I show that breast cancer risk discourse makes women culpable by identifying women's bodies and behaviour as the source of the disease.

5.1.1 Inherently Risky Bodies

In emphasizing the uncertainty of risk factors, and making direct statements such as "[m]ost breast cancer occurs in women who carry no risk factors other than being a woman" (Aziz 1997:55), the magazines suggest that "being a woman" is the most important characteristic that breast cancer patients share, and therefore, it is a significant risk factor. The idea that being a woman is a fundamental problem may be rooted partly in the historical assumption that women's bodies are inherently pathological.

According to Martin (1987:30-31), from the second through the eighteenth century, female bodies were described in medical and popular texts as similar to those of male in both structure and function. In the early eighteenth century, however, this view has been replaced by the assertion emphasizing biological differences between male and female bodies (Martin 1987:31). For example, menstruation, previously regarded as a health-maintaining mechanism, was described by scientists in the eighteenth and nineteenth centuries as a uniquely female pathological process, which would debilitate all women periodically regardless of their health status (Martin 1987:31-35). Ehrenreich and English assert that medicine in the late nineteenth to early twentieth century assumed that "women's *normal* state was to be sick" (Ehrenreich and English 2005:121, emphasis original) since women's bodies and minds were considered dictated by ovaries, which made women inevitably "suffer" from menstruation, childbirth, and menopause throughout their lives.

Magazines express this idea that female bodies are dysfunctional by presenting estrogen as the female-specific hormone, and identifying it as the most important risk factor of breast cancer. Aside from estrogen, the BRCA gene mutation is also presented to be an important risk factor. As discussed in the previous chapter, magazines neither explain the mechanism of genetic inheritance, nor mention that fathers also pass on genes to their offspring, but discuss genetic risks only in terms of the mother-daughter relationship. Steinberg argues that women are construed as "bearers of 'nature's defect'" (Steinberg 1996:267) because their reproductive processes imply that they are the "gene transmitters" (Steinberg 1996:267) of "bad" genes of both male and female sides. This way, women are made increasingly culpable for they may carry BRCA genes themselves, gather their male partners' BRCA genes as well, and transmit them to their children through reproduction. The emphasis on the mother-daughter gene transmission is exemplified in photographs in a *Canadian Living* article, "Living with the Odds" (Bendall 2008). As described in the previous chapter, the article discusses genetic risks of breast cancer, and has three photographs of a woman named Tanya who is a carrier of BRCA gene mutation. Among the three, two photographs, one portraying Tanya and her deceased mother who was a BRCA carrier, and another consisting of Tanya and her daughter who might be a BRCA carrier as well, are suggestive of not only the author's intention to highlight that BRCA genes are transmitted through the female line – from a mother to a daughter – but also her indifference to the possibility of males passing on or inheriting BRCA genes. Although the remaining photograph depicts Tanya and her husband, the text accompanying the photo discusses not the genetic risk of breast cancer, but how husbands of women at genetic risk are supportive of the women's decision to have preventive mastectomy. This shift of the topic from BRCA genes and the heightened risk of the disease to preventive mastectomy suggests that the issue between a woman

and her husband regarding genetic risks of breast cancer is not about BRCA genes but about the woman's decision regarding the removal or retention of her "at-risk" breasts.

5.1.2 Problem of "Female" Hormone

Oudshoorn (1994:144-145) states that the discovery of "sex" hormones such as estrogen and androgen, and the development of sex endocrinology in the early twentieth century changed the view of the body from the anatomical to chemical. In the chemical model of the body, as opposed to the male bodies characterized by stable hormonal regulations, female bodies were considered to be governed by cyclical hormonal regulations (Oudshoorn 1994:146). According to Oudshoorn (1994:147), the association of femininity and "cyclicity" had already existed then, as psychiatrists in the late nineteenth century had commented on their female patients' "periodic madnesses" (Oudshoorn 1994:147). Nevertheless, endocrinologists linked "female" hormones as the source of cyclicity and extended the concept of cyclicity to the understanding of the nature of women's bodies (Oudshoorn 1994:147). Estrogens exist in both males and females, and have impacts not only on the development of sexual characteristics, but also on other bodily functions such as the bone formation (Nelson and Bulun 2001). However, in representations of breast cancer risks in magazines, estrogens are usually defined as "female" hormones that fluctuate corresponding to the "female-specific cycles" such as menstruation, pregnancy and menopause. Further, just as Gattuso *et al.* (2005:1645) point out that women's magazines often portray women as being affected by hormonal upheavals, representations of breast cancer risks in magazines frequently describe how women's physiological systems are affected by estrogen, and thus increase the risk of breast cancer.

Estrogen exposure is without doubt the most important issue in the breast cancer risk discourse in women's magazines. Magazines problematize estrogen not only by making such a

direct statement as estrogen is "the hormone responsible for most breast cancers" (Harrison 2004:88), but also by connecting many things that women do – from drinking alcohol and eating cookies, to using plastic wraps and containers – to increases in estrogen levels. For example, a Chatelaine article has the following information:

> A higher risk was previously associated with obesity after age 50, perhaps because fat cells store estrogen. But U.S. researchers suggested this year that gaining just 10 pounds after age 30 could increase risk 23 percent and, 20 pounds, 52 percent…Recent research indicates even one drink a day may increase risk, perhaps because alcohol raises estrogen levels. (Michaels 1994:57)

Moreover, as either having menstruation or lack of it were considered a serious threat for a woman in the late nineteenth to the early twentieth century (Ehrenreich and English 2005:121), either high or low estrogen exposure is problematized today as causing illness. Whereas the lower estrogen level was considered defective in the past, which gave rise to hormone replacement therapies (Oudshoorn 1994:148), magazines are all in agreement that the higher level of estrogen is associated with breast cancer. This suggests that "female" hormones are considered constantly fluctuating due to what women do, and always problematic.

This understanding that the "female" hormone is not stable but always in flux, may contribute to the idea that women, controlled by such unstable hormones and, thus, are always at risk. Also, with the representation of estrogen as a female hormone, the diversity of women's bodies and lives becomes irrelevant; no matter who she is, where she lives, and what she does, a woman is inherently at risk of breast cancer because she is affected by estrogen. In addition, a statement like the one that women produce "good" and "bad" estrogens (Bruinsma 1998) without further clarification reinforces the assumption that women's bodies are dangerous, and produces the tautological conclusion that all women are at risk *because* they are women.

In addition, whenever magazines express the importance of knowing one's risk, they prioritize individual women's bodily risks such as estrogen levels and genotype, rather than other risks such as chemical food additives or occupational contaminants. This emphasis on the female body is supported by the fact that breast cancer risks were often described within a medical frame in women's magazines (Callaghan 1996; Toutant 2004). In a medical frame, as noted in Chapter Three, breast cancer is conceived as a physiological phenomenon, and therefore, its risks are also attributed to the problem of the individual woman's body, such as increased estrogen exposure and "defective" genes. Though harmful effects of chemicals on the human body is widely discussed in the media, environmental risks are not the popular subject in breast cancer risk discourse in magazines, which is previously reported as well by Brown *et al.* (2001). As I described earlier, environmental risks are only introduced as something that might affect estrogen exposure: chemicals are not the problem per se, but can be problematic because hormonal activities in the woman's body are affected by them. By shifting the focus from what chemicals do to the body to how the body reacts to them, breast cancer risk discourse in women's magazines again emphasizes the woman's body as the source of problem, and supports the internal causation of the disease. Douglas's (1992:28-30) conceptualization of risk explains that risk is a way for industrialized society to identify disorder; by blaming the responsible party causing damages to others, society attempts to manage social insecurity. This way, a person at risk is a victim, or "sinned against" (Douglas 1992:28). Lupton (1993:429), however, points out that when health risks are considered to be caused internally rather than imposed externally, the person at risk becomes sinner. Breast cancer risk discourse identifies women at risk as the sinner by stating that breast cancer risk is not imposed externally, but women's "pathological" bodies are the cause of the disease. As I discuss in the next section, the idea that "women are at risk"

gives rise to the regulation of women's bodies, rather than the regulation of something else that is putting women at risk.

5.2 Regulation of the Body

In the previous section, I discussed that breast cancer risk discourse reiterates longstanding notions of the dysfunctional nature of women's bodies, and puts women as a whole into the "at risk" category. In this section, I analyse how women's magazines perpetuate "at risk" status, which further creates the need to be watchful of risky bodies and behaviour, and construes the need to monitor their bodies as women's responsibility. I highlight that this idea of responsibility has a close connection to the notion of active citizenship, social ideals about moral conducts, and sociocultural assumptions about women.

5.2.1 Regulation of Women's Bodies

While the pervasive statement that "the majority of breast cancer patients have no known risk factors" emphasizes the uncertainty of breast cancer risks, it conveys the view that all women are equally at risk. Also, without explanation of how to understand statistics, the "scary" statistics like the ones that one in nine Canadian women will develop breast cancer, and that "consuming more than two alcoholic drinks a day increases breast cancer risk by 60 per cent" (Harrison 2004: 88) communicate the idea that regardless of age, all women have a random but equally large chance of developing the disease. Because the cause of breast cancer is uncertain, anything can be considered risk, which partly explains a wide range of risk factors identified by the magazines and some contradictions among them, such as "being overweight" and "tall and thin."

Armstrong (1995:400) argues that surveillance medicine, a concept which emerged in the latter part of the twentieth century in the West, targets the body of the whole population rather than only that of those who are already showing symptoms of particular diseases. In other words, instead of focusing on particular symptoms to identify illness, surveillance medicine aims to manage risk factors as the indicator that predicts future illness (Armstrong 1995:400). This obscures the boundary between normal and diseased, and produces in-between "at risk" populations who need to be regulated. As the risk factors for breast cancer identified by the magazines are extensive, the majority of women fall into the category of "at risk." This way, representations of breast cancer risk operate as "bio-politics of the population" (Gastaldo 1997:115), one of the two forms of biopower that works to regulate the female body at the population level.

Although they have no symptoms to indicate the presence of the disease, women "at risk" of breast cancer are urged to do something to prevent the future occurrence of the disease. Since risk is associated with the idea that "'something can be done' to prevent misfortune" (Lupton 2000:215), the identification of risk with a particular illness justifies the need of some type of regulation. As discussed in Chapter One, contemporary health risk discourses focuses on prevention through the practice of self-regulation and self-care (Petersen 1997:193). Breast cancer risk discourse in magazines as well construes that risk management as the task of individuals rather than as a social or political responsibility. Magazines do so by emphasizing risk factors related to the woman's body and behaviour and what individual women can do with them. Meanwhile, magazines almost completely ignore social factors such as poverty and environmental factors like toxic chemicals that individual women may not be able to avoid. This way, breast cancer risks represented in women's magazines are also the "anatomo-politics of the

human body" (Gastaldo 1997:115), the other form of biopower which focus on the regulation of individual bodies.

This regulation of individual bodies is also obvious in the representation of genetic risks. Ruzek argues that "[i]n a biomedical model, things are called risk factors when we expect to do something about them" (1993:7). Even though the BRCA gene mutation is not something individual women can control, it is nonetheless called a risk factor, and thus risk management actions such as genetic tests and preventive mastectomy are called for. Moreover, in the magazine articles, having BRCA mutations is equated with a guarantee of breast cancer, and further, it is assumed that the knowledge of being a BRCA carrier debilitates women emotionally. This blurs the boundary between "at risk" and diseased, and justifies recommending preventive mastectomy as the most and only effective measure and also empowering practice to not only control the genetic risks but also give women peace of mind.

The ambiguous boundary between at-risk and diseased and the importance of self-regulation to manage breast cancer risks are also found in women's own accounts in the articles I analysed. For instance, the women featured in magazines often talk about how they manage their breast cancer risk as if they have survived the actual disease. Take for example the woman named Dorin Greenwood discussed previously and introduced in a *Flare* article, "To Test or Not to Test," who talks about how she feels prepared to face the result of genetic test, and does everything to keep herself free of cancer with almost heroic determination:

> I dispel my fears of what the test might uncover with the assurance of how vigilant I am and always have been about my health. Daily exercise, a healthy diet, regular breast self-examinations, not to mention a positive outlook on life, are all part of my routine. I intend to continue that way over the next 12 months. Whatever the test reveals, I know I've done everything in my power to keep cancer at bay. (Marett 2003c)

In such representations, individual women's bodies become the site of self-control. Women's efforts to monitor and regulate their own bodies and behaviour, such as adopting "healthy" lifestyle, practising BSEs, taking genetic tests, and having preventive mastectomy if necessary, are the most important keys in managing their breast cancer risks.

5.2.2 Women's Responsibility

Ilcan *et al.* (2007:80) state that contemporary western societies including Canada have gone through a change in the notion of the citizen from the one whose social welfare and security is provided by the state to the one who is "active in maximizing their own personal interests and well-being, solving personal problems, and taking care of her/himself" (Ilcan *et al.* 2007:80). With this shift, individuals in the contemporary West are increasingly made responsible, or responsibilized, to maintain all aspects of their own lives (Ilcan *et al.* 2007:80). Breast cancer risk discourse in women's magazines employs the technique of responsibilization, the social process that "discursively imposes specific responsibilities on individuals relating to their own conduct or that of another for whom they are presented as being responsible" (Hunt 2003:187) by conveying the idea that "women are responsible" in various ways.

Most obviously, women are expected to prevent or find breast cancer themselves by being reflexive about their own risks and taking actions accordingly. The following quote from a *Canadian Living* article conveys the idea that a woman should be the agent who initiates actions to prevent the disease rather than waiting for instructions:

> She learned that there was a fair amount *she* could do… "You start by understanding what breast cancer is, and then you ask yourself, *What can I do today to prevent it?*" she says. (Harrison 2004:86, emphasis added)

The following quote from a *Flare* article even more directly communicates women's responsibility by saying that it is up to an individual to find the disease:

> "*Each of us is the best guardian of our health*," she says. "Your doctor may not detect something that's a direct threat to your life. So *it's up to each of us* to listen to our intuition. Don't be passive." (Flare 1995, emphasis added)

Because risk implies that something can be done to avoid the adversity (Lupton 2000:215), risk discourse is fundamentally entwined with morality, as Hunt states that "[b]ehaviour that fails to incorporate risk-avoidance practices comes to be viewed as irresponsible; not only is such conduct unwise, it is increasingly viewed as 'wrong'" (Hunt 2003:181). Not surprisingly, breast cancer risk discourse in women's magazines moralizes individual conduct in various ways. Real or imaginary "regretful" stories work as a reminder about something "wrong" or that "should not be happening," while taking certain actions, such as learning one's risk status and practising BSEs, are unmistakably encouraged, thus serving as an example of "right" practices. Also, having preventive mastectomy is presented without discussion of disadvantages, and women who have had the surgery speak out on how they are content, having done everything they could do. This again works as an example of "right" practices. On the other hand, the magazines present choosing not to have the surgery as irrational and "wrong" through disadvantages and regretful stories associated with the decision against the surgery.

Hunt (2003:167) argues that the boundary between "objective hazard and normative judgement" becomes ambiguous when risk discourses are presented with moral language. As Hunt (2003:167) exemplifies, alcohol is sometimes presented as morally wrong; yet, breast cancer risk discourse conveys it as wrong because it increases the risk of breast cancer. Being overweight or physically inactive are perceived as bad in normative assumptions – overweight individuals are sometimes negatively portrayed and ridiculed – but responsibilization makes the condition of being overweight wrong because it increases one's breast cancer risk. Thus,

responsibilization in breast cancer risk discourse becomes a device for social control which imposes certain moral assumptions under the disguise of "you are responsible for your health." In other words, certain behaviour associated with the breast cancer risk may be picked out as what Douglas (1992) termed "matter out of place" or pollution. In contemporary Canada where individual freedom and cultural diversity are officially valued, the connection between moral judgment and breast cancer risks may enable society to justify imposing certain beliefs by blaming other behaviour as "wrong." For example, women who smoke cigarettes can be the target of moral judgement based on the official Canadian standpoint, which emphasizes a smoke-free environment. This perspective, however, may not be equally shared by women immigrated from different countries, or even within Canada, by women with different familial or class backgrounds or different generations. Nevertheless, responsibilization allows breast cancer risk discourse to define the hegemonic values as responsible and thus good because they are considered to be the required practice to reduce one's breast cancer risks.

It should be noted that responsibilization does not limit itself to making women responsible for their own risks, but it extends women's responsibility to other people. For example, women are expected to manage their breast cancer risks not only for themselves but also for the well-being of their children. This idea is expressed through representations of women who declare that they practise risk reduction strategies, such as adopting healthy lifestyle and having preventive mastectomy, because they wanted to be with their children when they grow up.

Moreover, in breast cancer risk discourses in magazines, women's responsibility is not confined to manage their own risks, but their children's risks as well. Rous and Hunt (2004) show in their study that the conduct of parents and teachers are regulated since they are

responsibilized for the safety of school children who are allergic to peanuts. In a similar manner, women are responsibilized in breast cancer risk discourses in magazines not only for their own bodies and behaviour, but also their children's health. Magazines express this sense of responsibility by instructing women what they can do to control their children's risks, such as carefully managing their daughters' weight and ensuring a healthy lifestyle, and refraining from using plastic wraps for their children's lunch. This emphasis on the individual body and behaviour again detracts from environmental factors, and reinforces the association between breast cancer and individual risk factors such as "inherently risky" bodies, genetics, and individual conduct. The instruction to women on how to control their children's breast cancer risks is also linked to the conventional social value that women are the primary caregiver of their children.

5.3 Role of Willpower

As discussed, women's magazines make women responsible for managing their own and others' breast cancer risks, rationalizing responsibilization by linking normative judgement and cultural assumptions about women. In this section, I analyze how responsibility in reducing one's risk is connected with the notion of individual choice. When these concepts of responsibility and choice are combined, individuals are not "forced" to take responsibility; instead, they are compelled to "choose" to take responsibility by using their will to choose the right thing.

Magazines express that will, or willpower, plays a significant part in successfully managing one's breast cancer risk. However, the willpower that magazines are concerned with is not the power that allows people to choose anything they want, but the ability to choose *certain*

things that may reduce the risk of the disease. Because of this, will, or "power of choice in regard to action" (Oxford English Dictionary 2012), in breast cancer risk discourse is not a neutral concept but a concept with moral significance. This concept of will combined with morality can be used to blame some populations for falling ill or failing to choose to act responsibly. Moreover, when the language of choice is introduced and linked to the idea of responsibility, the meaning of "free will" undergoes a significant transformation: free will is no longer about "unconstrained will" or "unforced choice" (Oxford English Dictionary 2012), but becomes synonymous to the command to choose certain things or ways that a culture defines as responsible.

In the following, I discuss how breast cancer discourse identifies consumer choices, especially with regards to food items, as one of the central key factors in urging women to make the right decisions. In doing so, I pay close attention to how this ideal of right choice has a reciprocal relationship with what it means to be a woman: choosing right makes one a moral woman; and what makes one a moral woman shapes what can be a good choice.

5.3.1 Mind over Body

Good *et al.* (1990:61) state that American oncologists inculcate the discourse of hope, the idea that having enough hope will make one try to change the course of his or her illness. This emphasis on the personal will or effort to make change in bodily functions embodies the popular American notion of "personhood, individual autonomy, and the power of thought (good and bad) to shape life course and bodily functioning" (Good *et al.* 1990:61). Ruhl asserts that this "fetishiz[ation of] will" (2002:642) is strongly connected to the contemporary neoliberal ideology that rests on the "universal human capacity to reason… operat[ing] outside of time, space, and bodily circumstances" (Ruhl 2002:644). The rational individual exercises reason

unaffected by his individual situations; thus, his mind has control over physical matters (Ruhl 2002:644).

As demonstrated in the previous chapter, magazines emphasize willpower in reducing one's risk of breast cancer by featuring individual women who openly express how their determination has prevented the disease. For example, in a *Chatelaine* article, a woman named Vanessa Kenyon was featured recounting how deciding to have preventive mastectomy despite her doctor's reluctance saved her life (Brewster 2008:98-99). Brigitte, as featured in the *Canadian Living* article "Say No to Breast Cancer," epitomizes this importance of willpower in reducing breast cancer risk. Brigitte is portrayed as a woman who has successfully prevented breast cancer through her willpower to make "positive" choices to change her lifestyle. She is quoted in the article as saying "you can make negative choices and you can make positive choices, and by making positive choices for yourself, you see the results" (Harrison 2004:86).

These representations of women's "decisions" point to an assumption about the relationship between illness and mind, that is, illness is the consequence of a series of choices that people make; therefore, one's mind can choose (or not to choose) to develop breast cancer. Humphreys and Rappaport (1993:896) explain that the "Just Say No" anti-drug campaign in the U.S. advanced by Nancy Reagan, wife of then President Ronald Reagan, was based on the assumption that the underlying problem of substance use is the moral and physical weakness of substance users who lack the will to say no to drug use. The title of the article "Say No to Breast Cancer" suggests the same reasoning: one can and should say no to the disease because the fundamental problem is the moral and physical flaws of the individual who cannot say no to breast cancer. Although the magazines acknowledge the uncertain nature of breast cancer risks, they implicitly state that breast cancer is the problem of a weak mind that cannot make the right

choice by pointing out that some women are reluctant to practise BSEs because they are afraid to find a lump, and that they have to get over their fear (Harrison 2004:91). As the "Just Say No" campaign is a moral statement aimed at the regulation of drug users rather than at illegal drugs themselves (Buchanan and Young 2000:411), breast cancer risk discourse, exemplified by "Say No to Breast Cancer," works as a technique to regulate women's bodies and behaviour rather than tackling the disease itself.

Whether or not the actions of these women prevented breast cancer, the women are represented as role models who, through a strong sense of willpower, are doing the right thing in monitoring and regulating their bodies and behaviour. These women are construed as the active citizen that Nettleton (1997:214) describes, that is, the "[a]utonomous and independent self" (1997:214) who exercises free will to make the right choice to manage one's risk. A paradox here is that the willpower in the breast cancer risk discourse is not the free will to choose anything one wants, but the free will to choose to follow certain instructions framed in the language of choice. The media discourse of breast cancer risk has already prescribed the right choices – self-regulation in terms of a low fat diet, being physically active, having a mastectomy, and so on; therefore, the individual who can "choose" these practices is presented as the active citizen who has not only the ability but also the moral commitment and will to make the right choice, which, as I discuss in the following, may or may not make changes in the course of the disease.

5.3.2 Privileged Choices

Cronin (2000b) argues that in the discourse of advertising, consumption practices function as the technology of the self for individuals to transform themselves into desirable selves. Emphasized is free choice and willpower to choose consumer products that will aid them

in this transformative process. Similarly, consumption associated with a "healthy lifestyle" in breast cancer risk discourse in women's magazines works as the technology of the self, offering women the opportunity to become the desired active citizen through choosing the "right" products, especially food items.

As discussed earlier, magazines encourage women to adopt a healthy lifestyle to take control of the risk of developing cancer by subscribing to the following practices: having low-fat and high-fibre diet, eating organic vegetables and fruits, taking dietary supplements such as fish oil and folate, being physically active, and refraining from smoking, alcoholic beverages and sweets. These recommendations sound fairly conventional; however, they are not always realistic or relevant to some populations.

For example, because most Canadians shop for vegetables and fruits rather than grow these items themselves, consuming organic vegetables involves purchasing fairly expensive organic products, which is likely an unrealistic choice for low-income households. Taking dietary supplements may be a commonplace practice for affluent, health-oriented populations, but not everyone can afford these products nor do they necessarily share the same value regarding their usage. In terms of physical activities, to bicycle, to swim, or to attend a gym, one has to purchase equipment or pay fees to enter the exercise facility. Although some physical activities do not involve any costs, some people may lack the physical fitness to run, or have no safe place to walk or jog. Moreover, there are people who have to work for long hours who may not have time or energy to do any exercises in their spare time.

There are sociocultural barriers as well. In studying African American and Hispanic women's beliefs towards exercise, D'Alonzo and Fischetti (2008:178) found that many women in their study viewed exercise as something arduous and thus uncomfortable, and as something

to do to achieve specific goals such as weight loss; therefore, after achieving the goal, one has no need to exercise. Also, some informants presented the belief that certain types of exercise are unfeminine, and thus not desirable (D'Alonzo and Fischetti 2008:179). This example shows that ideas towards physical activities, such as that they are simply good or that there may be no specific reason to exercise, or that one should be physically active just to maintain one's health, are not shared by everybody.

In terms of preventive mastectomy, it does not typically require the payment of any fees since the procedure is covered by provincial healthcare in Canada (Bendall 2008:110). Yet patients still need time not only for the surgery but also for the recovery, and not all women can afford time off from work to do so. This shows that magazines make recommendations based on the assumptions that women generally enjoy financial security, and that women live in an autonomous world where they can make every decision for themselves without being affected by their personal circumstances.

Although these recommendations are by no means coercive, in proposing that these privileged practices and values, ones mostly adopted by affluent populations, are "right" and the norm, magazines marginalize other populations, such as the disadvantaged or populations that do not share certain social values. These representations can further suggest that socioeconomic status does influence breast cancer risks by promoting practices affordable for affluent populations as strategies to reduce the risk of the disease. At the same time, by paying no attention to socioeconomic diversities among women, and emphasizing the willpower to make right choices, breast cancer risk discourse in magazines suggests the idea that having willpower to be responsible for one's risk is more important than having financial security in managing one's risk of contracting the disease.

5.3.3 Self-Control and Choice

Breast cancer risk discourse also embraces the ideal of individual choices and self-control as the key to the reduction of breast cancer risks. To take an example from the *Canadian Living* article, "Say No to Breast Cancer," everything that Brigitte does, from breast feeding her children to walking through her garden, is described as her decision to lower her breast cancer risks. Her choice also includes refraining from "all fat and fried foods" (Harrison 2004:86), which are associated with mixed values such as "unhealthy" and "pleasurable." Here is her quote again: "you can make negative choices and you can make positive choices, and by making positive choices for yourself, you see the results" (Harrison 2004:86). Clearly what is being represented here is the assumption that one's effort to exercise self-control and to make "right" choices *will* bring positive outcomes.

This emphasis on self-control and choice in diet is also found in the following quote by a woman named Wendy who is featured in a *Canadian Living* article, "I was looking for – and actually found – some diet and lifestyle changes that I could make that made me feel like I was taking charge" (Berkoff 2006:148). The author of the article reinforces the sense of empowerment that diet is something one can and should control; she says, "while you don't have a lot of control over your environment – and none over your genetic risk factors – you can, like Wendy, control your diet" (Berkoff 2006:148). Counihan (1999:114) explains that this belief in self-control and choice in food consumption embodies part of the Euro-American cultural ideal that success is achieved through an individuals' hard work involving individual choice and self-control: determining which foods are acceptable, and exercising self-control in consuming, is the key to such "success" as losing weight.

Controlling diet is also in a variety of ways linked to sociocultural assumptions about femininity. For instance, mothers and wives are usually assumed to be responsible for preparing nutritious meals in a household. Maintaining culturally-sanctioned slender bodies, which is typically thought to be a female concern, often requires strict dietary control. Also, another "female" concern, the maintenance of youth, is reiterated by the mass media that advertises various anti-aging dietary solutions (Robock 2012). In emphasizing dietary control as the prime strategy for the successful management of breast cancer risks, magazines reinforce longstanding associations between domestic work, food, and women.

While they emphasize the idea that self-control and personal choice produce desirable outcomes, magazines also convey an almost contradictory message that the most important factor in reducing breast cancer risks is the individual's effort to do particular things to lower one's risk, but not the result possibly achieved by the action. This disregard of the outcome is made evident through magazines' various disclaimers regarding their statements about dietary risk reduction strategies. For instance, all three magazines make similar claims that their dietary recommendations are not proven to work for reducing the chances of developing breast cancer; but even if they do not, magazines claim, having a healthy diet is still good for one's overall health.

Even more intriguing is that magazines feature women who developed breast cancer despite their healthy lifestyle yet still urge readers to make healthy choices. That these women developed the disease suggests that for one reason or another, their self-control and choice in lifestyle did not prevent breast cancer. Magazines, however, never delve into this issue. They do not explain what possibly did not work for these women in preventing the disease. Instead, magazines shift their attention to what these women do to prevent a recurrence of cancer or to

enhance the success of their treatment while also quoting the women expressing how important it is to make healthy choices in preventing the disease. Stein (1985:210-211) in his study on the discourse of alcohol addiction explains that a person will be exempt from blame even if he fails to control himself given that he attempted to do so by using willpower:

> In a culture where rationality and self-control are supremely valued, a person who affirms that he cannot control himself loses face and is ridiculed. However, a person who intends to exert control, but cannot despite his best "will power," is admired and excused for his failing. One is only condemned if one does not try. (Stein 1985:210-211)

This shows that the desired subject is one who embraces the ideal of self-control and choice and performs accordingly. These actions may not produce any positive results, but that is not the focus. As I discuss in the next section, even if the "right choice" does not work out, and one gets breast cancer, breast cancer risk discourse stresses that there are more things to work on to improve one's self.

5.3.4 Imperative Choices

While consumption practices to maintain a healthy lifestyle, which are emphasized in breast cancer risk discourse, work as the technology of the self, Cronin (2000b:21) points out that technologies of the self are not just about expressing one's inner self. In fact, a greater emphasis is placed on the "performative process" (Cronin 2000b:21) in order to manifest the desired self through a series of choices. In the discourse of active citizenship, 'choice' is also a central scheme because active citizens are those who are capable of using free will to make informed choices. 'Choice' in this sense becomes compulsory since choice is not a mere expression of the self, but a "performative process" (Cronin 2000b:149) in which everything one does is regarded as a 'choice.' Cronin elaborates:

> We have no choice but to *choose* to consume: every action (or lack of action) is defined as 'choice' in a compulsory attribution of choice as 'free will'. 'Not choosing' (as distinct

> from ‘choosing not to’) becomes a logical impossibility, a discursive blank space or kind of non-being. (Cronin 2000b:149, emphasis original)

Cronin (2000b:14) contends that women are compelled to make choices partly due to the ambiguity of a woman’s status as an individual. Traditionally, women were considered the property of men, and marriage and reproduction were two circumstances whereby women gained to some extent the status of the individual because their existence was required by men (Cronin 2000b:14). In contemporary Western society where people “have no choice but to consume, as there is no other access to many of the goods and services [that they] require” (Cronin 2000b:149), women are recognized as individuals who contribute to society since consumption practices are generally associated with women (Cronin 2000b:14). However, women's individuality becomes ambiguous when they are viewed as “cultural dupes and passive ciphers for consumerist ideology” (Cronin 2000b:14). Cronin (2000b:14-15) argues that this ambiguity surrounding a woman’s status suggests that a woman’s individuality is always “in progress”; therefore, women are required to perform constantly in order to establish themselves as individuals. In other words, a woman’s status as an individual is not guaranteed by doing a few things to improve themselves intermittently; rather, it is maintained through constant actions throughout her life.

Magazines express this idea of the endless need to perform by reminding the reader that regardless of her circumstance, there is always something a woman can do to lower her breast cancer risk. The most relevant example is of women who have never developed breast cancer and who talk about what they do and how successful their efforts have been in preventing the disease. For example, Brigitte from the *Canadian Living* article “Say No to Breast Cancer” is quoted as saying the following:

> Too many women change their lifestyle after they have breast cancer, but to me, breast cancer awareness was a gift because it forced me to learn to change my life around before I got a diagnosis. (Harrison 2004:86)

Sometimes magazines express the need to perform by reminding the reader that risk management should start at a young age and continue thereafter. For instance, a quote from *Flare* magazine mentioned in the previous chapter states that "[b]reast self-examination is just one more thing that we do to keep well. It's a healthy habit and an important part of body awareness that we should practise all our lives, beginning in puberty" (Flare 1993).

Another interesting approach to convey this need is to introduce women who make more effort even after developing breast cancer. A physician featured in a *Flare* article expresses bemusement as to why she developed breast cancer despite her healthy lifestyle, and her suspicions over environmental toxins as the cause of her disease. The article, however, focuses on giving advice on how to avoid toxic chemicals, and quotes the physician as saying that "[b]y limiting my exposure to chemicals in the environment, I feel I'm doing one *more* thing to fight this disease" (Bruinsma 1998, emphasis added).

These examples show that breast cancer risk discourse creates a subject who accepts the ideal of constant self-surveillance and performance. Performing to manage one's breast cancer risk is a lifetime project of self; there is no definite goal that one may achieve and move on afterwards; constant performance itself is instead the goal. Therefore, when a woman does not have breast cancer, she has to keep performing to "prevent" the disease; however, once she develops the disease, she needs to continue her effort to fight or cure the disease.

5.3.5 Ethical Citizen

Breast cancer risk discourse in magazines highlights the moral significance of self-control, which is demonstrated in the way that magazines juxtapose conflicting ideas on

consumption. Magazines continuously communicate contradictory messages while providing readers choices in how to exercise their free will. For example, the articles that I analysed show that on the one hand, consumption of alcohol is portrayed attractively with a glossy photograph of a glass of alcoholic beverage and that of a woman smiling and holding a cocktail glass. On the other hand, discussion of alcohol consumption in the articles themselves is unanimously denounced as inappropriate as it increases the risk of breast cancer. Crawford (2000:229) explains this contradiction in the following:

> First, participants assert their individual autonomy in the freedom to choose one's pleasures and an equal assertion of freedom to deny pleasure and command one's own destiny in the name of health. The two freedoms are constituent of modern selfhood. Second, however, individuals are not free to do as they please: each choice is infused with moral significance; one must exercise freedom 'responsibly'. (Crawford 2000: 229)

To use free will responsibly, one has to have the "appropriate *focus* for knowing" (King 2006:43, emphasis original), which provides one with the necessary information and the direction towards the proper conduct. King (2006:43) observes that in the Pink Ribbon consumer campaign and running events in the U.S., participants are urged to adopt the ideal of individual self-management as the means to deal with problems rather than dealing with them collectively in an attempt to make social changes happen:

> [In an era where] politics via mass anger and disruption is dismissed as silly, dangerous, and futile, an ethic of self-government has emerged that encourages people to turn their critical selves inward and to question and work upon their psychic health and self-esteem. Individual fulfillment and an ethical life are to be achieved through these styles of self-management, as well as through the work that individuals do in their communities. (King 2006:43)

In other words, the appropriate focus required for the ethical citizen is not to seek the solution to the problem at a larger political level, such as organizing or participating in campaigns to demand social transformation or environmental safety. Instead, one is encouraged to work on her/himself to undertake transformation into a better self.

This emphasis on self-management and depreciation of collective actions is evident in breast cancer risk discourse. As shown earlier, the most important focus in breast cancer risk discourse is the individuality of risk. Magazines provide this focus by presenting breast cancer risks related only to women's bodies and behaviour. Deemphasizing social factors such as poverty, occupational hazards, and environmental contaminants, magazines are implicitly encouraging women to look into and work on themselves to reduce their breast cancer risks while discouraging them from exploring social issues surrounding the disease.

Furthermore, as I mentioned in the previous chapter, a photograph accompanying a *Chatelaine* article shows a group of women who had breast cancer holding hands. This indicates that having some sort of a community and sharing experience is viewed positively. However, the woman featured in the article only talks about how women themselves should take control of their individual risks; neither she nor the author of the article say anything at all about women getting together to take collective measures to manage their risks, for instance, taking actions to demand government to regulate toxic chemicals. These representations, or lack of representations, produce a subject who strives towards managing risks in a "smaller" individualized way, such as practising BSEs and self-monitoring their eating habits, and sharing such information with fellow women, though never questions issues outside of one's body nor demands explanations or change at the sociopolitical level.

5.3.6 Moral Women

Breast cancer risk discourses in women's magazines require the reader to appropriately focus on knowing not only how breast cancer risks are managed but also how and what a woman should be: in other words, breast cancer risk discourse in magazines tacitly imposes and encourages women to conform to sociocultural assumptions about femininity. For instance,

breast cancer risk discourse underscores the assumption that physical attractiveness is important for women. This is partly done by emphasizing the ideal of youth by frequently representing women under 40 in both texts and images, although in reality more women develop the disease as they age. Even when older women are represented, they are portrayed as "young at heart" as an image from *Chatelaine* magazine shows a woman in her 60's riding a swing with a wide, almost child-like smile.

Smiling, as well as the ideal of youth, seems to be associated more with femininity than masculinity, as researchers have noted gender differences regarding the practice of smiling. For example, Bartky (1988:97-98) states that women are trained and expected to smile more than men; Deutsch *et al.* (1987:341-342) have observed that women do smile more than men in various social situations such as greeting a stranger, talking to friends, and being photographed. Indeed, as I mentioned in the previous chapter, women in the photographs in the articles I studied are almost always smiling even though the topic of the article, breast cancer risk, is rather a serious life-and-death matter. The significance of female smiles may be partly explained as a cultural expectation about smiling associated with femininity. For instance, in studying how female figure skaters are evaluated and represented in the media, Feder (1994:70-75) comments that for a female figure skater to win a competition and receive commercial offers as an product endorser afterwards, expressing femininity through not only wearing a hyper-feminine costume accentuating women's breasts and hips, but putting on "feminine" facial expressions including smiles as well, appears to be more crucial than demonstrating their athletic abilities. Visual images used in the breast cancer risk articles seem to focus on displaying femininity through smiles, but not at paying attention to the issues underneath that individual women in these photographs have and which may be very serious and worrying. This manifestation of smiles in

the breast cancer risk discourse also resonates Ehrenreich's (2001:50) observation that in breast cancer discourse women are expected to maintain cheerfulness and positive attitudes, and that showing "negative" emotions such as anger is strongly discouraged.

Also evident is that breast cancer risk discourse sexualizes women's breasts. For example, while magazines enthusiastically promote the removal of "at-risk" breasts, they support the reconstruction of breasts after the surgery as the "right" choice. Removing at-risk breasts is portrayed as a responsible act to manage one's breast cancer risk, but having breasts reconstructed is portrayed as a moral act as well to retain femininity because a woman *needs* breasts to be "confident" as a woman. This sense of confidence is directly connected with the conventional heterosexual relationship between men and women, and the sexualization of breasts in such relationships. The claim that having a preventive mastectomy will not interfere with the intimacy with their "male" partner shows the assumptions that breasts are a sexual object, and that, in combination with the fact that these women's partners are always male, women are heterosexual.

Moreover, although magazines encourage the reader to be an active citizen capable of making autonomous decisions to reduce one's breast cancer risk, they also show ambivalence towards women's complete autonomy. In my observation, *Chatelaine* magazine, to a greater degree than do the other two magazines, encourages the reader to question authority; it is the only magazine to problematize the use of Tamoxifen to lower breast cancer risks. The magazine also frequently encourages the reader to question doctors' assessments, which the other two magazines rarely do, and suggests that women should be able to trust their own judgment. However, *Chatelaine* magazine extensively relies on scientific research to back up its claims, and urges women to visit their physicians to have check-ups and learn how to examine their

breasts. For instance, a *Chatelaine* article at the beginning expresses distrust towards doctors for failing to recognize the presence of cancer, and emphasizes the importance for women to take control in examining their own bodies. However, the article ends with recommendations that women still consult their doctor (Michaels 1994).

Moreover, the articles about preventive mastectomy also show the ambivalence towards women's autonomous decisions about the procedure. For example, the *Canadian Living* article "Living with the Odds" mentioned earlier in this chapter has a small boxed section titled "Partners Support": the section presents how women's partners are supportive about the women's decision for preventive mastectomy, with a photograph composed of a BRCA positive woman and her husband. The author's intention may be to simply encourage women themselves to make their own decisions to have the procedure; however, drawing attention to the fact that partners are and would be supportive towards the women's choice to remove their breasts seems to imply that women still need some approval of their partners in making such drastic decisions to remove the parts that are perceived fundamental in maintaining femininity and sexuality.

In addition, a *Chatelaine* article points the finger at contemporary women's "lifestyle," which includes having fewer children, for increasing the risk of breast cancer.

> Life for Canadian women has changed dramatically over the past 30 years. Girls start their periods sooner (probably because of such factors as better nutrition), women are living longer, and we're giving birth to fewer children. *These lifestyle changes* mean that a woman's lifetime exposure to estrogen has increased considerably. All this may help to explain why the incidence of breast cancer has been rising so dramatically, since the disease has been linked to estrogen. (Aziz 1997:59, emphasis added)

The incongruity here is that better nutrition and living longer seem to be a positive change since they are indicative of an improvement in women's lives. Similarly, having fewer children can be linked to the broader choice of when and how many children to have.

That breast cancer risk discourse embraces conflicting messages, such as encouraging women to be independent and assertive while promoting an image of conventional femininity, echoes Ehrenreich's (2001) critique about the current state of breast cancer discourse. Ehrenreich (2001:52) criticizes contemporary breast cancer discourse for infantilizing women by ignoring environmental causes of breast cancer as well as the detrimental effects of mammograms. Instead, the discourse emphasizes survivorship, and encourages women to stay positive and submit to medical authorities without question:

> [A]lthough we may imagine ourselves to be well past the era of patriarchal medicine, obedience is the message behind the infantilizing theme in breast-cancer culture, as represented by the teddy bears, the crayons, and the prevailing pinkness. You are encouraged to regress to a little-girl state, to suspend critical judgment, and to accept whatever measures the doctors, as parent surrogates, choose to impose. (Ehrenreich 2001:52)

Breast cancer risk discourse also encourages women to be gullible. As demonstrated, magazines produce a particular knowledge about the risk of the disease by only discussing risk factors related to individual women's bodies and behaviour, and ignoring social and environmental risk factors. While practising BSEs and having preventive mastectomies do not prevent the disease, magazines state otherwise. Moreover, while breast cancer risk discourse emphasizes individual autonomy and choices, it encourages women to accept knowledge created by the discourse without question, and act accordingly within the frame of conventional femininity. The fact that women are always portrayed in certain ways in magazines, such as young, cheerful heterosexual wives and mothers, points to the conclusion that breast cancer risk discourse in fact reinforces women's conformity to cultural values such as following instructions, submitting themselves to authority, and playing an active role in the domestic sphere by bearing children and caring for them.

5.4 Chapter Summary

In this chapter, I have explored the way that breast cancer risk discourse in women's magazines produces particular knowledge that is informed by not only scientific findings about breast cancer risks, but also cultural assumptions about femininity and sociopolitical ideology which promotes individual choices. In emphasizing the instability of "female hormones," magazines recapitulate the longstanding notion that women's bodies are inherently pathological, and contribute to and reproduce the need to regulate women's bodies and behaviour. Such regulation is expressed in magazines as a responsibility of women to exercise self-care and self-control through using willpower to choose the "right" practices and products as a means to prevent breast cancer. In doing so, breast cancer risk discourse in women's magazines support women's autonomy, while paradoxically encouraging women to conform to certain cultural values about femininity such as minding their physical attractiveness and following instructions.

Chapter Six: Conclusion

This chapter presents my main conclusions. Through analysing 14 articles from three popular Canadian women's magazines, I demonstrated that breast cancer risk discourse in the media is a complex phenomenon, encompassing sociocultural understanding about risk, assumptions about women, and the contemporary sociopolitical ideology assuming individual responsibility and self-control in many aspects of life, including health. The chapter first summarizes my conclusions, and then discusses implications of this study for an alternative way to communicate breast cancer risk information to women.

6.1 Conclusions

This study shed light on how health risk information in women's magazines is not merely a less technical, reader-friendly reproduction of scientific reports, but a product that explains health risk information through the lens of longstanding cultural values and contemporary sociopolitical ideology that privileges individual choices. In examining women's magazines, I explored the way that public discourse of breast cancer risks presented in women's magazines employs ideas about women, consumption, and individual responsibility for health. A review of the sociological and anthropological literature shows that the role of women's magazines is to be "handbooks on women's lives" (Roy 2008:472-473), providing practical information on such interests as cooking and fashion, and emotional connection with others or self through inspiring stories (Hermes 1995:36). Health information represented in magazines, which Bunton calls "magazine medicine" (1997:232), fulfills the role of a women's handbook by instructing women about important health issues (Roy 2008:472-473). Magazine medicine also produces the self-

caring subject that reflects the neoliberal ideology, highlighting personal responsibility on health (Bunton 1997), and the moral subject who assumes responsibility for family health (Beaulieu and Lippman 1995).

This study shows that the breast cancer risk discourse in women's magazines guides readers to obtain the "important" knowledge about the risk of the disease – all women are equally at risk of breast cancer for example – through using a variety of discursive representation techniques. In constructing narratives surrounding breast cancer risks within the medical frame, many magazine articles define breast cancer risk as the problem originated in the physiology of women. Combined with longstanding cultural assumptions about women's bodies and psychology, such as that women are hormonal beings, that their cycles are giving them emotional and physical disturbances, and that women are "gene transmitters" (Steinberg 1996:267) of defective genes, the breast cancer risk discourse establishes the knowledge that the individual woman's body is the source of problem, and therefore, no woman can escape from her at-risk status.

The knowledge that the woman's body is responsible for breast cancer is also reinforced by the magazines' other tendency to describe breast cancer risks within the lifestyle frame, which identifies individual women's behaviour such as diet and physical activities as the cause of the disease. The discussion of environmental and social risk factors is almost absent from the current breast cancer risk discourse in women's magazines. The individualization of risk and the lack of attention to social responsibility for the breast cancer risk may be influenced by the current neoliberal ideology, the tenet of which is that individuals take responsibility for any aspects of their lives, including breast cancer risks, through the process of self-monitoring and self-care.

This study confirms that women's responsibility to lower the risk of the disease is, as previous studies have noted as well (see Clarke 1999a; Fosket *et al.* 2000), a prominent feature in the breast cancer discourse in women's magazines. However, the findings of this study suggest that the idea of responsibility expressed in the discourse is not only the product of neoliberal ideology highlighting personal responsibility, but is layered with issues and ideas unrelated to the disease itself. One such issue is the practice of consumption. For instance, responsibility is often expressed through things (organic vegetables), procedures (preventive mastectomy), or activities (exercise) to be consumed by women to be "responsible." More importantly, responsibility is represented as a product of free will and personal choice, which is the most important principle of consumerism. As Cronin points out that "do-it-your-self" (Cronin 2000a:279) consumerist ideology urges women to "choose" to do things to transform themselves, women in the breast cancer discourse are encouraged to make the right choice to be responsible. In linking the idea of the right choice to cultural assumptions about woman, such as taking care of family health and following instructions, the breast cancer risk discourse produces the "superwoman" subject that is an ethical citizen who is autonomous and capable of managing her and her family's health risks, while maintaining morality as female without breaking away from society's expectations about women.

6.2 Implications

This study is one interpretation of the breast cancer discourse in women's magazines. I do not assume that my reading is right, or represents the view of other readers. Moreover, I do not intend to comment on the accuracy of information on breast cancer risks presented in women's magazines since the accuracy of breast cancer information is beyond the scope of this

study. I have no doubt that these magazine articles were written by skilled journalists who had genuine intents to inform about breast cancer risks to their readers. However, I also believe that there may be other ways to present breast cancer risks to make the information more relevant for women. In the following, I discuss three possible implications for an alternative way to present breast cancer information.

First, breast cancer should not be represented as "women's disease" since, although the disease predominantly affects women, a small number of breast cancer patients are male (Canadian Cancer Society 2012e). The feminization of breast cancer has been well documented (Ehrenreich 2001; Jain 2007; King 2006), and appears to create serious detriments to men affected by the disease. According to Malebreastcancer.ca (2012), a Canadian non-profit organization that supports male breast cancer patients, male breast cancer patients' survival rates are lower than those of females due to delayed diagnoses. This delayed diagnosis is partly caused by men's lack of awareness that breast cancer can occur in men, and their reluctance to seek medical advice about issues with their breasts (Malebreastcancer.ca 2012). One might argue that women's magazines are produced for women, and that feminizing the disease is an appropriate strategy to raise women's awareness. However, the flip side of the feminization of the disease is to reinforce the public's unawareness about men's breast cancer, and create a barrier for men to seek medical help. In presenting breast cancer as women's disease, women's magazines contribute to the alienation of men who are affected by the disease, and the production of these serious disadvantages.

Similarly, although it is not as apparent as in the Pink Ribbon consumer campaign, the presumption that women are heterosexual is subtly but clearly expressed in breast cancer risk information in women's magazines. This heterosexualization of the disease is problematic since

it alienates women who do not share the values attached to the representation. Jain (2007:521) points out that the heterosexualization of breast cancer alienates lesbians, making them self-conscious about their "difference" and concerned with uncomfortable encounters with health care providers who may be homophobic. This situation sometimes results in the avoidance of lesbian or queer women seeking health care (Jain 2007:521). Regardless of gender and sexual orientations, women (and men) have breasts; as long as one has a breast, there is a possibility for the person to develop breast cancer. As Sontag (1978) warns that attaching certain values to an illness distorts the experience of the illness, describing breast cancer as a heterosexual women's disease can cause damages by misrepresenting the nature of the disease.

Second, information about breast cancer risks in women's magazines should pay greater attention to the diversity of women. The current breast cancer risk discourse in women's magazines does not acknowledge the apparent diversity among Canadian women such as age difference, ethnic background, socioeconomic status, ableness, and sexual orientation, and groups all women in a category of "women." Magazine articles give instructions to women about how to reduce their breast cancer risk, presuming that women make "rational" choices unaffected by their social and personal circumstances.

Taking an example of breast cancer screening rates, according to the Public Health Agency of Canada (2011:12), less than 50 per cent of Canadian women 50 to 69 years of age underwent biennial screening mammograms in 2005 and 2006, despite the fact that women in those ages are eligible for screening mammograms without cost. Researchers have noted significantly lower rates of mammography use among Asian immigrant women in Canada possibly because of a language barrier (Sun *et al.* 2010). Bottorff *et al.* (1998:2080) states that a cultural belief about modesty is highly associated with the reluctance to participate in breast

cancer screening among South Asian women in Canada. As noted in Chapter One, Canadian studies have claimed that income levels are positively correlated with participation rates of screening mammograms (Borugian *et al.* 2011; Sun *et al.* 2010). Obviously, the fact that some women do not, or choose not to participate in breast cancer screening is not proof of women's lack of abilities to make rational choices, but should rather be understood that women's decisions are not the mere outcome of their willpower, but the product of a complex array of personal situations. Therefore, without addressing different social and personal circumstances surrounding women, recommendations can become irrelevant and may not be taken seriously.

Third, if magazines claim that their purpose is to cater to women's needs, breast cancer risk information in magazines should not be limited to individualized risk factors such as diet and exercise, which places the burden of responsibility on women's shoulders. Instead, social and environmental risk factors should be incorporated to provide holistic knowledge about the disease since studies have revealed that breast cancer is caused by the complex interaction of genetic, lifestyle, and environmental risk factors (Russo 2011: vii).

Magazines acknowledge the importance of knowledge, as a *Chatelaine* article I analysed entitled "Breast cancer: Knowledge is power" (Aziz 1998) stresses the importance of having a wide variety of knowledge about breast cancer to protect oneself from the disease. Ironically, however, the article presents only individual risk factors and completely leaves social or environmental risk factors out of discussion. In analysing representations of breast cancer and breast implants in American women's magazines, Andsager and Powers (2001:178) favourably assess that the breast cancer coverage is focusing on women's needs by reminding readers that there are things women can do to reduce their risks even when they cannot avoid genetic or environmental risks. Although I see the point of the provision of such information as helpful, I

suggest that women would appreciate additional information about environmental contaminants that could put women in danger. In addition, I suspect that Andsager and Powers' claim reflects the neoliberal consumer ideology that women *must* do something.

Though I have these recommendations, I also acknowledge that women's magazines are consumer products themselves, created in a particular culture with particular agendas. Also, the primary purpose of popular magazines is to make a monetary profit to the publishing company through periodicals and advertising revenues. Therefore, not only the cultural values and assumptions of the creators of the magazine, but practices and concerns to increase profit no doubt influence the magazine content. For instance, Korinek (2000) describes a dilemma that *Chatelaine* magazine editors in the fifties and sixties experienced about the magazine content. According to Korinek (2000: 43-47), three of four *Chatelaine* editors at that time were women from working-class families, and they tried to target their writing, including on social and feminist issues, towards likeminded women. However, the advertising department targeted the magazine towards "young, urban, and affluent" (Korinek 2000:48) readers, the same demographic which the department executives, who were mostly male, assumed to be the primary audience. These executives were not very enthusiastic about feminist issues, and sometimes complained to the editors that they were making *Chatelaine* a "feminist rag" (Korinek 2000:52). Also, because *Chatelaine* was competing against American women's magazines there was pressure on the magazine to attract all women in Canada (Korinek 2000:65); *Chatelaine* editors had to be careful about presenting feminist issues because readers of the magazine always reminded the editors about what was and what was not appropriate to discuss (Korinek 2000:65).

More recently, according to Gaulin (2004), in 1999 *Chatelaine* brought in a new publisher and an editor to increase the popularity of the magazine. The new leaders reasoned that

"the days when women needed to be told that they were confident and strong are long gone" (Gaulin 2004), and that *Chatelaine* readers need entertainment rather than social issues. As a result, *Chatelaine* magazine made a significant shift towards softer issues such as fashion, food, and health, and away from social issues; within two years of the change, the magazine significantly increased readership and doubled profits (Gaulin 2004). Hermes' (1995:20) contention, mentioned in Chapter One, about how women's magazines are read is pertinent here: women read these magazines not for their content, but because the magazines provide a pastime that fits their busy daily lives. Even if it is true that reading women's magazines is a mere leisure activity for women, and therefore the content of women's magazines has a nominal influence on women's perceptions, this does not make the critical examination of women's magazines futile. As this study demonstrated, short text representations or even one image can eloquently express particular ideas. Moreover, women's magazines produce particular discourse on a particular topic such as health, which simultaneously reflects and reinforces dominant cultural discourse on femininity. This way, women's magazines are a valuable source of anthropological study of language and power.

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