

“Lessons to Learn”: Constructions of Femininity in Popular Magazine Breast Health Narratives

By Julia Mason, Grand Valley State University, Allendale, Michigan, USA

Abstract:

Personal narratives associated with breast health are prominent in women’s magazines. Within the personal stories are themes and frames that reinforce traditional femininity, support narrow beauty ideals, and emphasize women’s roles as mothers. This article analyzes personal narratives about breast health published in the October issues of forty women’s magazines from 2005 through 2008. Feminist theorizing about breast cancer grew out of the women’s health movement which recognized that paternalistic thinking and scientific discourse have worked to disassociate women from knowledge about our bodies as a form of control. Breasts have social and cultural significance related to motherhood and sexuality, which additionally complicates the discourses surrounding breast health. Magazine content related to breast health is created and produced within a cultural context that devalues women. Building on a critical analysis of personal narratives about breast health this article argues for a more nuanced understanding that recognizes the potential for empowerment that the inclusion of women’s lived experience provides while being critical of narrow gender constructions supported by mainstream breast health narratives.

1 In October, which is designated Breast Cancer Awareness month, popular U.S. women’s magazines contain numerous articles, advertisements, and special features about breast health. The most prevalent format is the personal narrative. Feminists have long advocated for the inclusion of women’s lived experience, and published personal narratives about breast health have the potential to give voice to a variety of women’s¹ experiences. However, magazine content related to breast health is created and produced within a cultural context that typically devalues women. Within the personal narratives are themes and frames that reinforce traditional femininity, promote narrow beauty ideals, and support a potentially essentialist understanding of women’s roles as mothers. Building on a critical analysis of personal narratives about breast health I argue for a more nuanced understanding that recognizes the potential for empowerment that the inclusion of women’s lived experience provides while being critical of narrow gender constructions supported by mainstream breast health narratives.

2 Feminist theorizing about breast cancer grew out of the second-wave feminist women’s health movement, which recognized that paternalistic thinking and scientific discourse have worked to disassociate women from knowledge about our bodies as a form of

¹ It is important to note that men can and do get breast cancer. However, since the focus of this analysis is on representations of breast health in magazines aimed at women, I will limit my discussion here to women and breast health.

control. Breasts have social and cultural significance related to motherhood and sexuality, which additionally complicates the discourses surrounding breast health. Several feminist works deconstruct the medical and mediated discourses of breast cancer to show how they are both influenced by and serve to influence perceptions of women's bodies (Lorde; Sedgwick; Kasper and Ferguson). In her article on the mainstream rhetoric of breast cancer, Susan Yadlon states "breast cancer discourse not only emerges from ideological assumptions but performs cultural work as well" (645). Feminist media critics have analyzed the importance of the media in creating and maintaining stereotypes of femininity (Kilbourne). Media are important sites for creating "representations of the social world, images, descriptions, explanations and frames for understanding how the world is" (Hall 90). Many of the breast health articles and images intentionally and unintentionally reinforce gender stereotypes.

3 Contemporary narratives of breast health should be understood within the context of the history of published writing about breast cancer. Written references to breast cancer appear as early as Egyptian papyrus (Lerner). Until the 1960s the majority of the published writing about breast cancer came primarily from the medical field. In the 1960s some women, mainly outside of the medical field, responded to marginalization caused by the prevailing medical philosophies of breast health by writing and publishing their own experiences. Many of the published narratives focused on providing other women with information about negotiating breast health concerns. The new narratives of breast cancer questioned surgeons' authority, revealed the uncertainty regarding treatment effectiveness, and questioned male doctors dictating to female patients. Doctors and many patients did not easily accept the philosophy that breast cancer treatment should be decided by personal choice. Surgeons who were not used to having their authority challenged were not happy to be confronted by patients who had read about breast cancer in a magazine or popular press book. However, women's personal narratives related to breast health resonated with the readers of women's magazines, and they became an established and prominent feature.

4 Women-focused print magazines remain a prominent source of messages and images regarding breast health. Numerous studies have documented the importance of popular media outlets as a source of health information (Moyer et al.; Metsch et al; Covello and Peters). Henderson and Kitzinger found that women often used the media to explain or justify their analysis of breast health. In a study of preferences for receiving breast health information among Hispanic women age 35 or older, Oetzel et al. found that some women actually preferred mass media outlets to expert sources. However, the traditional print format magazine is struggling and in the midst of major changes. Despite challenges to traditional

magazine publishing and encroachment by electronic sources a 2005 Kaiser Family Foundation Poll found that 64% of the respondents had used print magazines as a source of health information in the past 12 months. In a study published in 2008, Tian and Robinson found that the Internet is not simply replacing traditional media channels such as magazines as a source of health information, rather that both sources are being used and most often in a complementary fashion.

5 This analysis examines articles and special features about breast health that appeared in U.S. women's magazines October issues in 2005, 2006, 2007 and 2008. The magazines selected includes magazines aimed at older women (*Good Housekeeping*, *Ladies Home Journal*, *Redbook*), younger women (*Glamour*, *Self*), women of color (*Ebony*, *Essence*, *Latina*), lesbians (*Curve*), and general women's audience (*O: The Oprah Magazine*, *Real Simple*). In total forty-four magazines were reviewed to identify articles about breast cancer. The articles were read and coded based on coding categories developed from previous research and a review of the literature. Articles were considered to be personal narratives if the main focus of the article is people's lived experience with breast health. This includes autobiographical pieces as well as articles told to professional writers and articles written by friends or relatives. A total of thirty-two articles were included.

6 There are narratives about: breast cancer survivors; women who died of breast cancer; and relatives and friends (including celebrities) of people with breast cancer. The stories invoke a range of emotions and deal with a variety of issues related to living with (and less often dying from) breast cancer. Some of the personal stories are funny, others are sad, and some take the readers through a rollercoaster of ups and downs related to dealing with a serious illness. Other narratives are celebratory or self-effacing. There are many that are intended to serve as cautionary tales. Individually the narratives encourage women to speak up and be heard, while collectively the narratives serve to reinforce the social construction of gender in ways that are often narrow and confining.

Motherhood

7 Motherhood appears in twenty articles. The articles and images address motherhood, mothers, and mothering in a variety of ways. The representations include images of pregnant breast cancer survivors and survivors who struggle with fertility and adoption. In this context motherhood becomes something that is more difficult because of breast cancer but is eventually achieved. "We conceived my daughter naturally less than a year later. It was truly miraculous" (Mantica 166). The emphasis on the impact of breast cancer on fertility

reinforces the representation of younger women with breast cancer. Post-menopausal women are at higher risk for breast cancer but magazine coverage of breast cancer places an emphasis on younger women.

8 The presence or absence of mothers with breast cancer is another common theme. The focus of these articles is typically how celebrities have learned from their mothers' experiences and have become advocates supporting breast cancer awareness and activism. In *Daisy, Tell My Story in Public*, celebrity Daisy Fuentes talks about her mother's struggle with breast cancer and how it changed her close-knit family for the better. Fuentes uses this opportunity to call for "more research funds and free mammogram screenings, especially in low-income communities" (Greeven 128). In another article, actress Judy Reyes explains that she learned from her mother's experience with breast cancer to "question everything and do your research" (Romero 124). These celebrities who have been impacted directly by breast cancer are using their celebrity status to increase breast cancer awareness.

9 Articles about motherhood and breast health contain stories of women who are struggling to be good mothers while taking care of their own health. In "Two Sisters with Breast Cancer: One Made it. One Didn't," April Zemla describes visiting her sister Norma, who is suffering the effects of chemotherapy: "Her kids were unfed and running wild around the house, but she couldn't do anything about it. It broke my heart" (Shepelavy 319). A decade later when Zemla is struggling with a personal breast cancer diagnosis taking care of her own children proves difficult. According to the article, "she caught herself neglecting them as she struggled with the first wave of insurance forms and doctor appointments" (319), and as she went to bed later that night she chastised herself for not making the most of the day and spending time playing with her children. For Meka Flowers one of the most difficult parts of dealing with breast cancer was the reality that she could not pick up her two-year-old daughter, and there were times when she could not do certain things with her daughter (Green 138). This subset of narratives may serve to reinforce cultural pressures that are placed on women in relation to parenting.

10 Occasionally there are narratives that work to relieve some of the societal emphasis on being a "perfect mother." Rene Syler, who underwent a prophylactic mastectomy because both of her parents are breast cancer survivors, wrote a book that is designed to "take the pressure of mothers who find themselves stressed out and stretched thin in their efforts to be supermoms" (SekouWrites 158). Her book strives to give women permission to accept good enough rather than some idealized notion of perfection when it comes to mothering. She emphasizes that children need time, love, support, and attention.

11 According to the women in the narratives, breast cancer can serve to refocus the importance of being a mother. Hilene Flanzbaum states that “having breast cancer focuses me on my children like a laser” (228). Other moms talk about how their children help them to deal with breast cancer: “My girls make mustaches with the hair at my feet. It doesn’t seem so awful” (Corrigan 218). In these and other narratives the difficult realities of living with breast cancer are tempered by the joys of being a mother.

12 Motherhood and mothers are also talked about in the context of genetic risk. In the article “My Mother, My Cancer Fears,” Sara Austin comes clean about the reality that instead of making her more proactive about breast health, her mother’s experience paralyzes her into avoidance. She calls for more attention from the medical community to women’s fears. Other women try to keep their mother’s breast cancer in perspective: “I get my tests, try to love my body and free myself from stress. Just because my mother got breast cancer doesn’t mean I will” (Bried 142).

13 Another theme related to motherhood is about helping children to cope with cancer. In the essay “My Third Lung,” mother Laura Walsh Plunkett explains allowing her daughter to play Dr. and examine her as part of the daughter learning to cope with her mother’s breast cancer (130). Maimh Karmo refused to keep her baldness from her three-year-old daughter. Her daughter was originally shocked but grew to love her mother’s baldhead, and she learned to view her mother’s returning hair as a sign of wellness (Green 140).

14 This emphasis on motherhood is potentially essentializing. Feminists have long acknowledged the challenges of recognizing women’s biological differences while trying to advance gender justice. While motherhood could possibly serve as a point of collective action, it more often is taken up as a nexus of familial connection. Women may feel pressure from society to be mothers or even “supermoms” in ways that men typically do not. Traditional notions of femininity dictate that even women who are dealing with life threatening illness place the needs of family before taking care of themselves, as expressed by Angela Agbasi: “the best way to take care of me was to take care of my kids” (Welch 218). While the articles often acknowledge the dangers of this behavior they do little to present solutions.

Sex and Sexuality

15 The personal narratives present a complicated picture of sex and sexuality in relation to breast health. Breasts are sexualized in mainstream media. Many women relate to their breasts sexually. Many of the narratives detail women’s struggles with body confidence post-

treatment. “I felt embarrassed to show him my breast, which after my partial mastectomy looked caved in” (LaRue 194). The women in the narratives are challenged to be comfortable with their bodies in a culture that often overemphasizes breasts.

16 The article “The Story Behind the Scar” is about how women adapt to their post-treatment bodies and includes women who made a variety of choices. For several women breast reconstruction was a vital part of the healing process. In speaking of her reconstruction, Beth Silverman states: “[...] the surgery gave me back a piece of my womanhood that cancer took away” (Mantica 169). Kathy Burgau “finally felt whole again” once she had completed her breast reconstruction (Mantica 166). However, for Melissa Pantel-Ku a double mastectomy without reconstruction was the right choice: “who would have imagined that I would feel more like a woman when I was stripped of my breasts” (Mantica 170). These narratives echo the complicated relationships most U.S. women have with breasts. By presenting a range of women who were satisfied with a variety of options this article works to potentially empower other women as they make choices about their breast-cancer treatment. The accompanying nude images present a range of post-treatment breasts and largely serve the purpose of exposing breast cancer.

17 “Daring to Date Again” is a brutally honest exploration of the challenges of dating and sex as a person living with breast cancer. Stephaine LaRue who was diagnosed with stage IV metastatic breast cancer at age 33 and given a year to live talks about how her sex drive went through the roof during her treatment. For LaRue “the sex was lifesaving; it helped take my mind off everything that was happening” (193). She is able to have satisfactory sexual relationships despite her illness. LaRue advocates for other breast cancer survivors particularly when it comes to talking honestly about sex: “[...] it is extremely important for oncologists to be open about sex with breast cancer survivors” (194). She believes that sex can be healing and sees orgasms as part of her therapy. Narratives such as LaRue’s are an important part of being honest about women’s lived experience with breast cancer.

18 In “Our Marriage Fell Apart When I got Breast Cancer,” Marie talks about the impact that her breast cancer treatment had on her sex life. “The treatments took a huge toll on my appearance, but worse they also caused our sex life to fizzle” (Hanson 198). Marie’s sex drive plummeted. Her husband mourned the loss of her breasts and told her he was no longer attracted to her and didn’t want to stay in a sexless marriage. Angry, Marie tells him to explain to everyone why he was leaving and then leave. But rather than breakup they decide to work with a therapist. The article includes analysis from the therapist who helped the couple work on their marriage by reconnecting as a couple and focusing on who they are

today. This article acknowledges some of the challenges that breast cancer treatment poses to feeling confident and sexual. The treatment can have physical effects (scars, nausea, vaginal dryness, swelling, and body changes including loss of breasts and hair), which can impact sexuality. In addition, the emotional effects (fear, depression, and anxiety) can also impact sexual relationships. The inclusion of narratives about the intimate details of post-treatment sex can be helpful to women who are making treatment decisions as well as to women who may be suffering like Marie.

19 Personal narratives about breast health in mainstream magazines are overwhelmingly heterosexual. Only one article, a feature about Melissa Etheridge, mentions a lesbian relationship. The four issues of *Curve* magazine (a magazine aimed at lesbians) examined for this analysis did not contain any personal narratives. Lesbians have been medically underserved and are often marginalized in mainstream medical settings because of institutional homophobia. In addition, lesbians are less likely to have routine visits for birth control and prenatal care, where much of the standard screening is done. The lack of personal breast health narratives by or about lesbians is detrimental.

Beauty Ideals

20 In her 1980 publication *The Cancer Journals*, Audre Lorde argued that by erasing the visible effects of breast cancer we isolate women who might rally together to fight collectively. In the last three decades breast cancer has become more visible. With an organized movement, women and men have successfully fought to change the ways that breast cancer is understood and treated. Breast cancer activists have been successful in bringing a great deal of public attention to breast health. However, the images and narratives about breast health that appear in popular magazines often intentionally and unintentionally reinforce traditional beauty norms. The text and accompanying pictures place an emphasis on women's looks. Granted, many of the articles come from women's magazines with a decided focus on beauty; unfortunately the result is that women are encouraged to privilege looking good over being healthy.

21 Social pressures complicate beauty discussions within the breast health narratives. Women are expected to conform to a narrow ideal even while dealing with a potentially deadly illness. The effects of breast cancer treatments can include loss of breasts and hair each of which can have social and cultural significance related to femininity. Through out the narratives women talk about how these changes impacted their lives and how they dealt with the new physical and emotional realities. In the article "We Beat Breast Cancer," Meka

Flowers states: “When people see that you don’t look a hot mess, that shows you are not letting it get the best of you” (Green 138). For Flowers conforming to societal beauty norms is part of controlling her cancer. Robin Roberts, a *Good Morning America* anchor, shared her breast cancer experience with the television audience. But even though she was very open about her experience, her position as television personality required her to present culturally prescribed femininity. Her treatment made it difficult, because of many changes to her body. In speaking about the challenges her cancer posed for the show’s makeup artists, Roberts states: “It was like putting Humpty Dumpty back together again every morning” (134).

22 Loss of hair is talked about in many of the articles. The moment when Lynda Gorov shaves her head (in response to hair loss from chemotherapy) is a key part of her narrative. The reality of living with a baldhead is complicated by the response of others. When Gorov wraps her baldhead in a scarf, “they seem to see sickness. They see their greatest fear dining at the next table” (127). However, when she does not cover her head the response is very different: “I like to think it says ultra-hip avant-garde performance artist who could kick your butt” (127). In this way, Gorov is able to subvert the pity she hates. She enjoys projecting an image of strength. For Regina Stuve hair loss was the most emotionally difficult part of coping with cancer; “it was even harder than not breastfeeding” (Gurwitt 180). She does cope by wearing specially made baseball caps (with hair extensions attached) and joking that she has the same hairstyle as her infant son. Many of the narratives about hair loss also serve to disrupt traditional beauty norms, such as when Roberts relates the story of modeling in a televised fashion show without her wig. “I held my bald head high and strutted my stuff” (134). The accompanying picture of Roberts shows her bald on the catwalk. The image of a woman who is bald and beautiful has become a symbol of strength and survivorship.

23 The article “I was Diagnosed at 26” is about breast cancer survivor Allison Briggs who documented her experience with a camera and posted the pictures on a website. In one accompanying image Briggs is wearing only a pair of jeans. One arm is suggestively covering her breasts and she is looking out at the camera in a sexual manner. Briggs describes the picture as “while I still had my breasts and some hair” (316). So this pre-treatment picture is an image of the “old” Briggs. But the image of a topless, young, thin, white, and blonde woman in a suggestive pose reinforces the narrow representation and sexualization of women in breast health magazine articles.

24 It is common for women to have difficulty negotiating the balance between mourning the pre-treatment body and celebrating a new life as a survivor. Many, like Allison Briggs, learn to reframe what it means to be beautiful: “I used to associate hair, nails, eyelashes and

breasts with beauty, but when I lost them all I truly felt more beautiful than ever simply because I was alive” (317). Collectively the breast health narratives emphasize women’s looks. While the narratives may recognize and promote new beauty norms, there is still an underlying current that women should focus on looking good and seek external validation of their looks.

“Lessons to Learn”

25 The theme that surviving breast cancer presents an opportunity for learning important life lessons permeates many of the narratives. Melissa Ethridge explains that she was jolted by her breast cancer diagnosis: “I thought I was being good, eating right, exercising. But this was the road I was going to have to go down. Maybe kicking and screaming, but this was my new path. I knew there had to be lessons to learn” (Glock 98). Maimh Karmo states that “it was the best time in my life because it gave me the opportunity to really live” (Green 140). Because of her breast cancer experiences she learned, as she says, that “I’m stronger and more powerful than I ever thought I could be” (Green 140). These sentiments can potentially serve to empower women.

26 Breast cancer also serves as a catalyst for women to change how they are living their lives. Helene Flanzbaum boldly declares: “Having breast cancer changed my life—for the better” (228). Clarification led to action for Flanzbaum who “stopped sleepwalking through my days. I started paying attention” (228). The same sentiment is echoed by Melissa Ethridge “My work, certain friends, anything that was taking life away from me, I cut out. I looked at my cancer as a metaphor. I examined my whole life to find what was cancerous, and I cut it out” (Glock 100). For these women, breast cancer, while grueling and physically difficult, was also life affirming.

27 However, this emphasis on viewing cancer as being part of an important life lesson can be a challenge for women who are not feeling positive about the experience. As Oni Faida Lampley states: “There was a ‘right’ way of having cancer, and I was doing it wrong” (164). In addition, the prevalence of narratives that reinforce positivity may inadvertently serve to blame women who ultimately succumb to breast cancer, as stated by Lynda Gorov, “as if only pessimists drop dead of disease” (128). Expecting a positive outlook in the face of disease may also be gendered. Some of the pressure put on women with breast cancer may reinforce cultural ideologies about “good women” being cheerful and not making a fuss.

Conclusion

28 New femininity as presented in breast health articles requires strength, grace, and beauty (even if the definition of beauty has to be rewritten) while dealing with breast cancer. These narratives are overwhelmingly stories of ultimate triumph (with stories of survivors outweighing stories of women who die from breast cancer). Feminist theorists of popular culture recognize that in addition to dominant ideologies media messages can also be resisted or understood in oppositional ways. So while breast-health narratives from popular magazines largely serve to support and maintain traditional gender norms, they also give voice to breast-cancer survivors. Individually and collectively these breast-health narratives present a picture of women's lived experiences. In addition, the presence of so much information in a popular format has created social and medical change surrounding breast health. But there is still much work to be done.

29 While there currently is a great deal of public attention surrounding breast health, much of that attention has been focused on viewing breast health as an individual issue. Breast cancer has social and medical dimensions. It is important to recognize that breast health is both an individual and a societal issue. Popular narratives allow space for the inclusion of women's lived experience with breast health, but it is crucial that a greater diversity of women be represented. Young and middle-aged white women are prominent. African American women are well-represented (in both general-audience magazines and magazines aimed at women of color). There should be increased representation of Latina, Asian American and American Indian women as well as women from other ethnic groups. In addition, there need to be more narratives from a wider range of sexual orientations; women over 50; poor women (with a critical analysis of the impact of poverty on health care); and trans-women. Specifically more narratives need to challenge traditional ideals of femininity. Increasing the range and diversity of women's experiences represented in popular narratives of breast health would increase the potential for women's empowerment.

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