Surgical Intervention: Critiquing the Representation of Breast Cancer Surgery in US Women’s Magazines

Julia M. Mason

Introduction

Contemporary narratives of breast health must be understood within the context of the history of published writing about breast cancer. Written mentions of breast cancer appear as early as Egyptian papyrus. However, 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 the prevailing medical discourses of breast health by writing and publishing their own experiences. These 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 readers, and they became an established and prominent genre.

For over three decades feminists, including Audre Lorde and Eve Kosofsky Sedgwick, have deconstructed medical and popular discourses of breast cancer to illustrate how they are both influenced by and serve to influence perceptions of women’s bodies. Feminist theorizing and women’s health activism have successfully challenged an earlier climate of silence and shame, resulting in the current landscape of near ubiquitous breast cancer awareness. However, mediated breast cancer content continues to support narrow beauty ideals while largely failing to place breast health within the social and cultural contexts of the oppression of women, medical paternalism, and economic disparity. Recent feminist attention has focused on “pinkwashing,” a term that highlights the commercialization of breast cancer awareness and calls attention to the numerous companies who are profiting from the disease.

Today women have access to a variety of discourses about breast health, some of which are empowering; however, a significant portion continue to reinforce traditional femininity and narrow ideas about gender. In the United States
one of the most pervasive breast cancer discourses is generated by popular magazines, particularly during October, which has been designated Breast Cancer Awareness Month. Despite challenges to traditional magazine publishing and encroachment by electronic sources, women-focused print magazines remain a prominent source of messages and images regarding breast health (MPA).

This article builds on previous feminist analysis of breast cancer, cosmetic surgery and popular magazines in order to conduct an in-depth analysis of images, messages and content about breast surgery in articles, editorials and special features about breast cancer that appeared in selected U.S. women’s magazines’ October issues from 2005 through 2012. The sample includes magazines aimed at older women (Good Housekeeping, Ladies Home Journal, Redbook), younger women (Glamour, Self), women of color (Ebony, Essence and Latina), lesbians (Curve), and general women’s audience (O: Oprah Magazine, Real Simple). In total eighty-eight magazines were included. Articles were located through a careful page-by-page review of print editions of the magazines. The author reviewed any article, editorial or special feature that included the phrase breast cancer. The images that accompanied each article were also analyzed. Advertisements and “shop for the cure” features (lists and images of products whose purchase supports breast cancer research and foundations) were excluded.

As a result, sixty-eight articles and features were identified for further analysis. The magazine breast cancer content was almost exclusively about women, with one article about a man and no narratives of transsexual men or women. Breast cancer in men is rare; in the United States approximately one percent of all breast cancer survivors are men (National Cancer Institute). Analyzing race and ethnicity was complicated because of lack of self-identification in most articles. In some of the magazines aimed at women of color (Latina, Ebony, Essence) ethnicity was clearly indicated. Magazines aimed at a general women’s audience, including those aimed at younger and older women, typically did not indicate race or ethnicity. Clear indicators about sexuality were typically absent. Curve (aimed at lesbians) included lesbians. The only identifiable lesbian in the general magazines was one profile of Melissa Etheridge. There were no identified lesbians or bisexual women in the magazines aimed at women of color.

Magazines and Women’s Health

Feminists have extensively analyzed women’s magazines, which have served as an important element of popular culture for decades. In particular, the focus has been on critiquing the role of popular magazines in creating and maintaining gender norms. Magazines encourage women to view themselves primarily as consumers who are required to spend enormous amounts of time and money focusing on their looks. The health impacts include lowered self-esteem, exposure to potentially dangerous products and a skewed sense of what constitutes healthy.

Previous research has addressed the content, accuracy and impact of women’s health coverage in magazines. In a 2009 study Hinnant found that mass-circulated magazines position women as “both subjects who have agency over health decisions and objects within a patriarchal system” (Hinnant 318). This conflicted status is prominent in the breast cancer discourses. One study found that high visibility of breast cancer in magazines may lead women to both “overestimate and underestimate their personal risk” (Walsh-Childers, Edwards and Grobmyer 210). Another study found that positive magazine breast cancer imagery may actually lead to a decrease in women seeking mammograms (McWhirter, Hoffman-Goetz and Clarke 390).

The current cultural context largely promotes widespread acceptance and availability of cosmetic surgery and may serve to influence narratives about breast cancer surgery. In addition, because surgery requires physical intervention, it allows for an analysis of breast cancer as an embodied practice. Breasts have a particularly
complicated role in popular culture because they are signifiers of both women’s sexuality and motherhood. Breast cancer threatens both. Magazine content about breast cancer surgery while appearing to empower women through access to information about breast health and presenting a range of responses to breast cancer, largely reinforces pressures for women to conform to feminine beauty ideals and supports the objectification of women’s bodies.

**Feminist Analysis of Surgery**

Much feminist theorizing has focused on bodies in general and female bodies in particular. In addition to analyzing biological components “feminism imagined the human body itself a politically inscribed entity, its physiology and morphology shaped by histories and practices of containment and control” (Bordo 21). Bodies are inscribed with meaning that cannot be removed fully from a cultural context. According to Nikki Sullivan, “the formation and transformation of bodies is always a complex inter-corporeal and inter-cultural process, effected in and through historically and culturally specific regimes of social regulation” (407). These cultural inscriptions function differently for women and men. As explained by Susan Bordo, “for women, associated with the body, and largely confined to a life centered on the body (both the beautification of one’s own body and the reproduction, care, and maintenance of the bodies of others) culture’s grip on the body is a constant, intimate fact of everyday life” (17).

Just as the body has medical and cultural dimensions, so too does surgery. In particular, feminist analysis has focused on elective and cosmetic surgery. Cosmetic surgery has been critiqued as an extreme extension of self-surveillance. Drawing upon the work of Foucault and Mulvey, some feminists have argued that women have so internalized the male gaze that they will opt to have painful and expensive procedures. This line of feminist theorizing about cosmetic surgery typically presents women as powerless in the face of patriarchal beauty norms. As summarized by Luna Dolezal, “women are expected to maintain their form, appearance and comportment within strictly defined social parameters or else face stigmatization and the loss of social capital” (357).

An alternative feminist analysis is that cosmetic surgery is empowering for women because it provides the ability to control the body and make the external match the internal through surgery. From this perspective, “cosmetic surgery is an identity practice that transforms both body and self” (Pitts-Taylor 80). In other words, women are agents who make choices about when and how to modify their bodies for a variety of reasons, some of which may not have anything to do with patriarchal beauty ideals. When interviewed about their surgeries many women state that they decided to have surgery for themselves (in contrast to having it for male viewers). However, it must be acknowledged that women are making their decisions within a larger cultural context that values a specific breast size and shape.

Research has found that the impact of beauty ideals may extend beyond aesthetics into measurable outcomes. For example, women who are rated as attractive have better job opportunities, promotions and evaluations. As Susan Bordo explains, women’s choices are impacted by implications beyond aesthetics: “these women take the risk not because they have been passively taken in by media norms of the beautiful breast (almost always silicone-enhanced) but because they have correctly discerned that these norms shape the perceptions and desires of potential lovers and employers. They are neither dupes nor critics of sexist culture” (20). Women may be choosing to conform to an external ideal for reasons that extend beyond vanity.

At the core of the majority of feminist concerns about surgical modification of bodies is the role of agency. Contemporary US breast health surgery is located within a larger historical context. In the 1960s and ‘70s, women’s health advocates fought for patients to have more power, both in the larger health context and in relation to breast cancer.
particular, the role of the surgeon was questioned, medical paternalism was challenged, and the prevailing surgical procedure of a one-step biopsy was changed. Currently, it is widely recognized that women should be active participants in their breast cancer treatment.

Breast health complicates an analysis of surgery as merely an extension of patriarchal control or alternatively as empowering. Many different kinds of breast surgery exist, including medical treatment, cosmetic reconstruction and prophylactic mastectomy. Some procedures are intended to save lives and others are designed to improve quality of life and self-esteem. Not all breast cancer-related surgeries are classified as cosmetic. However, there are components of all breast health surgery that reflect social and cultural ideals about bodies and breasts. In addition, the surgeons who perform the procedures are often steeped in prevailing ideologies about breasts, beauty and bodies. Even the concept of surgical necessity is an idea that is influenced by many factors not limited to physical health. Bodies have physical and biological components, but those components can be shaped literally and metaphorically by external factors. This article analyzes magazine content about breast cancer surgery to uncover how it reifies a cultural preference for large, perky breasts while serving as a mechanism for reinforcing the objectification of women’s breasts.

Overrepresentation of Mastectomy

The articles under review present an overall picture of breast cancer surgery discourse. While lumpectomy (removal of the lump or part of the breast) is widely regarded as being as effective as mastectomy (total surgical removal) for women with small tumors, the magazine discourses represented mastectomy far more often than lumpectomy (National Cancer Institute). Of the seventy-four specified surgical treatments mentioned there were twenty-three lumpectomies compared to fifty-one mastectomies (including partial and prophylactic). Twenty-three women had undergone breast reconstruction, with an additional two cases of planned reconstruction (people who had not had the surgery at the time the article was written but who stated that they either hoped for reconstruction or have scheduled the surgery for a later date).

Collectively, these narratives present breast cancer as an opportunity for a new and improved breast. Rather than a partial and imperfect, albeit sexually responsive breast, that would result from a lumpectomy, the narratives favor women who have opted for mastectomy and reconstruction which allows for the breasts to be augmented, lifted, and more “perfect” than before. The choice to privilege breast size over impact of surgery is presented as rational by the women themselves and the expert voices (doctors, psychologists, researchers) included to support articles. Tamika Cook’s narrative illustrates this privileging of mastectomy: “I was told I could have a lumpectomy with radiation but I opted for a mastectomy and breast reconstruction: I just had a really strong urge to cut out the cancer completely. My new breast is the same shape as my other one, but it has no feeling” (Sklar 168). By placing an emphasis on clothed breast appearance at the expense of breast sensation or extent of surgery, these articles objectify women’s breasts; women are expected to focus on their breasts as distant from themselves, a continuation of the myriad popular messages that depict women’s breasts as sexual objects.

This emphasis on breasts as public rather than private is evident in Malia Mills’ concerns about changing in the locker room at her gym after her surgery: “I worried that my wonky chest could make people feel awkward. Sometimes I still do—today my right side, the new model, is perky, while my left side, the original vintage model, has gravity working against it” (Dreisbach 178). In this quote, Mills illustrates how women are expected to consider the opinions of others and conform to a cultural preference for a perky breast. In addition, her description of her left breast as a vintage model reads as though she
could be describing an out-of-date appliance or antique car, providing a clear illustration of the ways women have been taught to objectify their own breasts. The majority of the breast cancer magazine content similarly reinforces the belief that women should surgically conform to mainstream breast preferences both for themselves and others.

The content of individual articles acknowledges the prevailing medical opinion about lumpectomy while continuing to privilege mastectomy. The profile of Donna Lindsay, who responded to her diagnosis of Stage one cancer with an oophorectomy (removal of ovaries) and double mastectomy, states, “although she didn’t need it, she had a double mastectomy” (Green 144). With the statement “While not generally recommended, it can be the right choice for some patients” (144), this article reframes mastectomy as an empowering choice. This is also evident in a 2008 Good Housekeeping article which in addition to stating “in many cases, breast-conserving surgery, including lymph node testing and follow-up radiation, has the same lifesaving benefits as mastectomy” (Smith 48) also says “lumpectomy sometimes changes the breast more than a woman expects” (52). In the first statement, Smith equates lumpectomy and mastectomy while the second statement implicitly privileges mastectomy, which radically changes the breast but, as interpreted by Smith, the changes are for the better. Each woman has her own expectations, concerns, and desires when it comes to post-surgical outcomes. However, magazine treatment of breast cancer surgery primarily idealizes the reconstructed breast.

Narratives of Reconstruction

In her 1980 Cancer Journals, feminist Audre Lorde criticized the emphasis on hiding breast cancer experience through the use of an external prosthesis. For Lorde, this physical erasure of breast cancer was part of a larger culture of silence that served to oppress women and endanger women’s health. In the past thirty years, surgical techniques have advanced to the degree that an external prosthesis has largely been replaced with surgical reconstruction of the breast; nevertheless, Lorde’s underlying concern remains worthy of attention. In other words, is the lack of visible presence of women who had a mastectomy contributing to a failure to truly prevent breast cancer? While a direct relationship is hard to establish, the magazine content overwhelmingly supports women in choosing reconstruction.

Overall, the magazine messages support women in seeking, perhaps demanding, reconstruction. The article “Breast Cancer Minority Report” says, “Black women don’t push for second opinions or reconstruction options when initially diagnosed” (Taylor 172). The article implores readers not to “assume breast reconstruction is a luxury beyond your budget” (172). But this article does not elaborate on how to pay for reconstruction. It also makes assumptions about health insurance, such as this quote by an obstetrician, who states: “By restoring her physically, you also help to restore her psychologically, so it’s covered” (Taylor 173). However, the article does not address readers who are uninsured or underinsured or who have insurance with very high deductibles (an increasing reality in the United States despite extensive health-care reform).

Magazine discourses about breast reconstruction highlight varying ideas about the purpose of breasts and breast reconstruction, including the role of clothed and naked breasts, as well as the sexual components of breasts. Women who consider breast reconstruction have to weigh internal and external desirability, cost, and sexual satisfaction in addition to mental and physical health. Reconstruction choices are both highly individual and influenced by the social and cultural context that privileges a certain type of breast. For Rhonda Moore-Jackson, outward appearance and the clothed breast were important: “I had a double mastectomy and reconstruction, but without nipples, which were more expensive and seemed just for show” (126). Reconstructed nipples are often tattoos that do not respond sexually and are therefore positioned in the magazine content as extraneous, as demonstrated in this quote by
Tamika Cook: “I never got around to getting a new nipple—I never felt the need. It doesn’t bother me. I am just proud that I have beaten my cancer” (Sklar 168). Both Moore-Jackson and Cook are confident in their decisions, agree that reconstruction is necessary, and regard nipples as decorative and extravagant. These narratives and many other similar statements reify the objectification of women’s breasts because they erase the potential sexual satisfaction women may achieve from their nipples and focus instead on the value of the clothed breast.

In addition to women’s narratives supporting reconstruction, several expert opinions are included. Advocates for reconstruction include surgeons like Dr. Alderman, who believe that reconstruction allows women to transcend breast cancer. Specifically, Alderman finds that “women who do choose it report significant, lasting psychological benefits, in a way that transcends physical beauty” (Bernhard 125). The potential psychological benefits are emphasized in this statement: “the patient wakes up with a breast, or in the process of getting a breast, so it cushions some of the psychological trauma” (Bernhard 126). In a statement that frames reconstruction as empowering, a plastic surgeon who is involved in a reconstruction awareness campaign states: “Some patients feel it’s somehow shameful to consider reconstruction when you should be thinking only about surviving and getting home to your kids” (Bernhard 125). In this way, reconstruction is positioned as acceptably selfish. Magazine narratives reinforce the position that reconstruction is the best choice for women, while seldom analyzing or even acknowledging all of the complex factors accompanying individual women’s decisions.

Narratives of women who do not opt for reconstruction are largely absent. Melissa Pantel-Ku, who was profiled in Self in 2006, is one of the exceptions: “I did consider reconstruction for a time, but the more I thought about it, the more I realized that my body had been through enough” (“The Story Behind” 170). Another article titled “What Women Need to Know about Surgical Options” contains a small box at the bottom of a page that says women “might find mastectomy without reconstruction empowering” (Bernhard 126). But this small sidebar is not expanded upon, and there is no exploration of what might be empowering about not having reconstruction, in contrast to a variety of narratives that explicitly position reconstruction as empowering. These exceptions make it appear as if the magazines support women in making a variety of surgical choices, but in both number and quality of narrative, reconstruction is clearly privileged. In addition, there were no narratives from women who regretted having reconstruction. The magazine content reinforces the position that most women will reasonably and rationally choose reconstruction.

Surgery as Prevention? Discourses Surrounding Prophylactic Mastectomy

In addition to discourses about treatment and reconstruction, mainstream breast health messages also present information about prophylactic mastectomy or removal of a healthy breast. In 2013 Angelina Jolie announced that she had recently undergone prophylactic mastectomy and reconstruction, bringing a great deal of media attention to the procedure. There are two main types of prophylactic mastectomy: removal of a second breast in someone who has cancer in the other breast (contra-lateral prophylactic mastectomy) and removal of both healthy breasts of someone who has genetic risk factors but does not have breast cancer.

The magazine narratives include the experiences of a growing number of women who have tested positive for BRCA (the genetic mutation linked to breast and ovarian cancer) and are claiming the identity of previvor to indicate their predisposition to cancer. Previvors are faced with difficult choices about how to manage their increased risk for cancer. Many previvors choose prophylactic mastectomy. The magazine content analyzed here contains numerous examples of
women, primarily young women, struggling with the complex decision of removal of non-cancerous breasts, which is framed as being a difficult but ultimately affirming choice. Jody Kreizer states, “I was just waiting to hear the words you have cancer… I can honestly say that making this extremely difficult decision was the best thing that’s ever happened to me” (Port 186). Apryl Zemla has a similar rationale for her choice: “I know that if I kept my natural breasts, I would never stop worrying about the cancer coming back” (Shepelavy 321). Rene Syler explains that people were critical of her decision to undergo prophylactic mastectomy: “I took a lot of heat for the surgery. People were critical and wondering ‘Why would you take off healthy breasts.’ They were not healthy. The decision was a quality of life decision” (Christian 70). Collectively these narratives emphasize the perspective that surgical intervention is justified to eliminate potential emotional distress.

The overall tone ultimately reinforces women’s decisions to undergo surgical removal of non-cancerous breasts and presents the women as taking control of their health. The magazine content typically lacks any analysis or even acknowledgement that surgical choices are constrained by a variety of external factors including race, sexual orientation and socioeconomic class. In addition, as an advocacy group, previvors have yet to adequately engage with the complex political and legal implications of genetic testing including questions about the allocation of resources and future treatment. By presenting prophylactic mastectomy as empowering, the magazine narratives reinforce an approach that focuses on individual surgical intervention at the expense of a larger, collective prevention effort.

**Body Perfection Rhetoric**

Many of the breast health messages are located at the intersection of body perfection rhetoric and medical treatment discourses. The mainstream cultural context emphasizes breasts, particularly large breasts, as an important component of being a woman. Messages about breast health can serve to reinforce an emphasis on breast size. An article from 2009 includes this statement: “Thanks to reconstructive surgery, Patterson has a new set of breasts that she describes as ‘bigger and better than the original’” (Christian 94). Statements like this re-inscribe cultural narratives about women’s breasts, including an emphasis on large breasts being attractive. An article about Donna Lindsay also articulates how some women respond to breast cancer as a body modification opportunity with this statement: “the 5-foot, 7 inch 119-pound mom joyously looked into reconstructive surgery and considered D cups” (Green 144). By including her height and weight the article reinforces an emphasis on physical attributes. Lindsay is quoted as saying, “If I’m going to go through all this trouble I am going to have some chu-chu mongas” (Green 144). The article explains that she ultimately opted for C cups but does not elaborate on what “all this trouble” really means. Rather, breast cancer is presented as an unfortunate occurrence that presents opportunities to conform to beauty norms. Another example comes from twenty-eight year-old Roxanne Collins, who states, “My breasts look better than before. A lot of people just think I had an augmentation” (Taylor 172). Collins’ statement frames breast cancer as an opportunity for additional body improvement, as in a 2010 article from Essence, where Alexine Clement Jackson shares her secrets to staying beautiful by telling the readers to “max out surgery.” Specifically she states, “fat from buttocks can be used in breast
reconstruction. So after surgery a person could end up with a slimmer tummy or thighs” (Christian 40). This message reinforces narrow beauty ideals while minimizing the risks of surgery. Taken together, the statements from Syler and Jackson are part of a larger discourse that deemphasizes the life-threatening aspects of breast cancer while presenting it as a beauty enhancement opportunity. As with other popular culture artifacts, the magazine content about breast cancer reinforces a nearly impossible standard for women’s bodies: slender with large-breasts. Women are encouraged to value their looks and strive to conform to an external beauty ideal while minimizing a focus on the medical impacts of surgery and breast cancer.

As portrayed in magazine breast-health content, it is common for women to display their post-surgical bodies to other women. These exchanges take place between both close friends and women who were previously unknown to each other: “we’d grab hands like grade school friends and run into restrooms, and they’d lift their blouses to play show-and-tell” (Lampley 162). Women show other women their surgically altered bodies as a form of reassurance, comfort, and connection. These exchanges confirm that despite surgery, bodies can still be made to conform to beauty ideals, as illustrated in this exchange from 2009, where after viewing the body of a friend who had a double mastectomy with reconstruction, the viewer exclaims: “I can’t believe they aren’t real” (Bernhard 125). The practice of breast disclosure also perpetuates the treatment of women’s breasts as objects for public display.

Cost of Surgery

Feminist analysis of health care has identified the ways that poverty, sexism, racism, and homosexuality can negatively impact women’s access to quality health care. Breast cancer surgery is no different. Some magazine articles acknowledge these issues but their coverage is limited. Only two articles specifically make the link between access to treatment and poverty. As quoted in Latina, Daisy Fuentes calls for activism in this area: “we need to fight for more research funds and free mammogram screenings, especially in low income communities. That’s a major problem. Women are dying because they cannot afford to get diagnosed” (Greeven 128). The other article states, “So many people have lost their fight against cancer because they lacked access to the kind of quality health care that saved my life” (Ivory 186). But there is no overt analysis of the impact of race and sexuality on access to quality health care, even in the magazines aimed at women of color and lesbians.

The discourses about breast surgery costs are typically framed more broadly, such as in the article “The Cost of Cancer Care,” which details the challenges faced by Anne Cortes, whose health insurance was inadequate for her breast cancer (Marsa 160). As a result, she skimped on her medical care by seeing her oncologist less than recommended and postponing her reconstructive surgery. This article does present health insurance and lack of insurance as key factors in women’s health but does not include the impact of race and sexual orientation.

Other statements about money note that “some doctors won’t accept insurance for reconstructive surgeries, forcing patients to pay out of pocket” (Bernhard 125). In addition, articles make assumptions about at least a basic level of insurance with statements such as this one: “Cancer treatment is expensive and the last thing you want to do is have a mid-treatment setback due to insufficient coverage” (Cumberbatch 128). According to this article, the solution is to call your insurance company to find out what is included in your plan, which does not help women who do have neither an insurance company nor a plan.

The majority of articles present health as a personal challenge; however, the reality that “uninsured, low-income Latina, Anglo, African American, and Native American women who experience disparities in early screening do not have the same “choices” with regard to prostheses and reconstruction” (Baez-Hernandez 149) is not
part of the magazine discourse. In the magazine content surgical choice is typically narrowly defined as a component of individual agency without recognition of larger structural constraints including poverty, racism and homophobia.

**Images**

In addition to the written content of the articles and special features, the accompanying images, pictures and captions tell a story. The context of breast health surgery is also framed by a cultural discourse of the breast that often depicts naked or barely covered breasts. Thirty-four images showed a nude or partially nude woman, including photographs, drawings and stylized electronic depictions. Analysis of nudity in relation to breast health content is complicated by images of women’s bodies in mass media outlets. Women’s nudity is often in the context of objectification. Among the nude images, a subset places breast health within a medical context. Two are pictures of women having mammograms, four demonstrating breast self-exam technique, and one of a woman undergoing radiation treatment. But it is important to consider the cultural acceptability of nude breasts even in a medical context in the choice to include these images.

The majority of the nude images serves to reinforce women’s subordination. Ten of the images depict women covering their breasts with their hands in a protective gesture. Eight feature women with their gazes averted. These images project vulnerability and fragility. One such image from *Latina* 2005 shows a woman who has her gaze averted, eyes closed, and hands folded protectively across her chest (93). An image from the 2010 *Ladies Home Journal* shows a woman with eyes averted performing a breast self-exam, with her hands strategically placed to cover the nipple. The 2007 *Ladies Home Journal* contains two similar images of topless, thin women (who appear to be white) viewed from the back. Another nude image appears in *Essence* 2010. This one shows an African-American women viewed from the back but in a sexualized pose. The side of her naked breast is visible. She is looking away from the camera. These images position the women as objects of scrutiny rather than empowered to address the screening test shortage or the cost of cancer care (the subjects of the accompanying articles).

Another image of nudity is included with the article “I Was Diagnosed at 26” (Webber 316). The article is about a breast cancer survivor, Allison Briggs, who documented her experience with a camera and posted the pictures on a website. In this 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. The picture is described by Briggs in the accompanying caption as “while I still had my breasts and some hair” (316). So this pre-treatment picture is positioned as an image of the “old” Briggs. In the text, Briggs reframes what it means to be beautiful with the following statement: “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). But the image of a young (Briggs was diagnosed at twenty-six), thin, white, and blonde woman in a topless and suggestive pose reinforces the narrow representation of women in breast-health magazine articles.

The nude images in the 2006 article “The Story Behind the Scar” can potentially be understood as empowering. They include women with scars from various kinds of surgery, including double mastectomy without reconstruction. In this context the nudity largely serves the purpose of exposing breast cancer, but even in the context of an article explicitly attempting to reframe breast-cancer nudity as empowering only two of the five women are looking directly at the camera. One of the most empowering partially nude images is from *Essence Magazine* in 2010 included with the article “Breast Cancer Minority Report.” The image is of an African-American mother smiling down at her nursing baby. While this woman is not looking directly at the camera, the partial nudity is a function of her providing nourishment for her child.
The article “I Wanted to Heal My Way” contains images of four different post-surgical breasts, including mastectomy without reconstruction. The images are centered only on the naked breasts, but this does not support objectification as it might in another setting. In this context the images of isolated and scarred breasts serve to inform. Because of the variety of postsurgical bodies, this set of images serves to broaden discourse about breast surgery. The complexities of depictions of nude breasts are related to discourses of breast surgery. Women’s anxieties about their breasts are potentially fueled by the mainstream media’s prevalence of depictions of breasts. In fact the discourses often reinforce ideas about breasts as being an essential component of being a woman. For example, Sherri Shepard, one of the co-hosts of The View, a popular daytime talk show, sums up the complications: “Now, I’m someone who loves my boobs. It’s amazing how we validate ourselves with something as inconsequential as breasts. Oh my gosh, what if I don’t have my breasts? Without my womanhood who am I?” (Evans 115). In this magazine article Shepard acknowledges that she views her breasts as part of her womanhood while also calling breasts inconsequential.

Conclusion

Overall, US women’s magazines present information about breast health in general and breast surgery in particular in ways that primarily reinforce narrow messages about women’s bodies. The narratives support the authority of surgeons while simultaneously highlighting the agency of individual women. While there is minimal representation of a variety of surgical choices, there is a clear emphasis on particular choices, notably mastectomy and reconstruction. The magazine-breast-cancer-surgery content typically lacks any analysis or even acknowledgement that surgical choices may be constrained by a variety of external factors, including race, sexual orientation and socioeconomic class.

Discourses of breast-cancer surgery are located within a larger cultural context about breasts. In many ways breasts are dismissed as not really serving any important purpose, compared to body parts such as arms, legs, eyes, lungs, hearts. Placed along such a continuum it is tempting to treat breasts as expendable. However, there is another prevailing discourse that places breasts at the center of women’s sexuality and identity as mothers. Many women are located at this conflicting nexus when making surgical decisions. The narratives about breast surgery that appear in U.S. women’s magazines typically acknowledge the conflict while simultaneously contributing to it. Feminists need to articulate a more nuanced theory that addresses surgery in all of its complexities, while continuing to challenge limiting representations of femininity that overemphasize women’s breasts. Because the current mainstream American culture is flooded with breast-cancer awareness messages, it is vital to continue to interrogate popular magazine breast-health content to move us from a “half-changed world” (Rubin and Tanenbaum) to a fully-changed world, one that emphasizes a collective and preventive approach to breast cancer.

Note

Portions of this research were generously supported through a grant from Grand Valley State University’s Center for Scholarly and Creative Excellence in the form of a Summer Stipend and Grant-in-Aid. The author thanks Richard Iadonisi, Michelle Sanchez, and Kathleen Underwood for their thoughtful comments on earlier drafts.

Works Cited


Port, Dina Roth. “Your Breasts are Not a Ticking Time Bomb.” Glamour October 2010: 182, 184, 186, 188. Print.


Background and Objectives. Surgical site infection (SSI) is the most common postoperative complication associated with breast cancer surgery. The present investigation aimed to determine the SSI rate after breast cancer surgeries and the causative microorganisms.

Patients and Methods. All patients who underwent breast surgery in Kuwait Cancer Control Center as a treatment for breast cancer from January 2009 to December 2010 were prospectively followed for the development of SSI. Indirect detection was used to identify SSIs through medical record to review and discuss with the treating surgeon... We used a simplified breast cancer model to simulate the impact of six basic interventions on the course of breast cancer in three regions of the world (10). Each intervention was compared with no intervention (i.e., no active case finding or breast cancer treatment). All interventions were introduced starting in the year 2000 for a period of 10 years, after which no breast cancer interventions were available, and the maximum follow-up was 100 years, which is in line with the World Health Organization (WHO) guidelines on CEA (10). Following this standardized approach, we assumed that inter... Le cancer du sein chez l'homme est une tumeur rare: il représente moins de 1 % de tous les cancers du sein (1â€’5) et moins de 1 % de tous les cancers chez l'homme (1â€’5). Une des plus grandes études observationnelles sur le cancer du sein chez l'homme, utilisant les données de la base SEER américaine (Surveillance, Epidemiology, and End Results) a analysé près de 1500 cancers du sein chez l'homme en comparaison à plus de 216000 cancers du sein chez la femme.}