

THESIS

SEARCHING FOR A CURE?: A FEMINIST RHETORICAL QUEERING OF MAINSTREAM  
BREAST CANCER DISCOURSE ONLINE

Submitted by

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## ABSTRACT

### SEARCHING FOR A CURE?: A FEMINIST RHETORICAL QUEERING OF MAINSTREAM BREAST CANCER DISCOURSE ONLINE

This project is a feminist rhetorical analysis of two main sites of breast cancer communication: Komen and the National Breast Cancer Foundation. In order to better understand messages about breast cancer online and how those messages seek to constitute particular audiences, this project rhetorically queers each organization's homepage to consider representations of race, class and gender. The intersectional approach critiques the presentation of normalized experiences of breast cancer that rely on traditional femininity and cast breast cancer as a middle to upper class white woman's disease and points to the potential consequences of such a presentation for those who fall along the margins. Ultimately, the project calls for a remaking of breast cancer discourse to be more inclusive, particularly given the vulnerability of bodies already affected by breast cancer, and demonstrates how seemingly palatable sites that are highly trafficked actually further marginalize already silenced experiences of breast cancer.

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## DEDICATION

*For my Grandma Sue Chapman, my mama's "Momma," and Bobby's "Girlfriend."*

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## CHAPTER 1: INTRODUCTION

It is no question that breast cancer is an important site of study for rhetorical scholars. We do not need to know that the American Cancer Society says over 40,000 US women will die in 2015 of breast cancer to feel the weight of the disease as a heavy medical, as well as cultural, burden. Breast cancer makes headlines throughout the year, to the extent that ‘keeping up with’ the news of breast cancer becomes a burden in itself for the oft-contradicting statements regarding risk, prevention, and treatment. Take, for example, the changes in mammogram regulations in October of 2015. A controversial call to delay mammogram screenings got sweeping news coverage, particularly as the news came during Breast Cancer Awareness month when breast cancer was already a hot topic. Since then, independent bloggers, radio hosts, and television personalities have spoken out against the regulations, gathering an overprocessed inductive argument that essentially stated, “With these new regulations my/their breast cancer wouldn’t have been caught in time.” That, of course, did not change the recently adjusted regulations.

However, just over a month after this news made it to the public, the major news stations had another breast cancer story. NBC, FOX, CBS, and other outlets told the public, “False Positive Mammogram Report May Point to Higher Risk.”<sup>1</sup> The exasperation with conflicting information, even before this news, can be inferred from *Time* magazine’s cover in October which bluntly asked, “What if I decide to just do nothing?”<sup>2</sup> Clearly, individuals are growing frustrated with disseminated information and are attempting to make sense of what is happening to them or what is constantly reiterated *could* happen to them with little obvious direction. As people are turning to the Internet to conduct their own research, rhetorical scholars should be eager to assess the kinds of information that are readily available to them. When important,

potentially life-threatening/saving decisions are based on the information they find, it matters how that information is presented.

One could get after this task in many ways, but what will be most helpful in this project is an understanding of ideologies at work. Specifically, Louis Althusser following a Marxist lineage declares that ideologies and subjects are always-already present, and so for this project, I ask *Who*, what kind of subject, is intended to be interpellated by the messages I analyze? This matters because depending on who is interpellated determines the degree to which they may participate in and identify with a constitutive rhetoric, an idea Maurice Charland puts forth for rhetorical theory. Furthermore, if the messages do not “hail” everyone subject to breast cancer, if there is no moment in which an audience “turns around” and recognizes their existence in relation to a calling, then what does that mean for her life as one that is livable? The latter question comes from important work by Judith Butler to understand the necessity of “remaking the world,” a task that must be set forth for those who do not adhere to dominant normalcies and are thus rendered invisible, insignificant, and whose lives are imagined as less worthy than those who neatly ‘fit’ what is normal. It is understanding Butler’s call to “remake the world” that steers this project, but not first without making sense of two fragments of dominant discourse that deserve closer scrutiny and attention in order to imagine how to remake current breast cancer discourse.

In this introductory chapter I set up theoretical frameworks and explore important literature that helps to make sense of the snippets of texts that I look to for answering the questions I pose. First, I will review literature regarding breast cancer identity set in motion by communication scholars. Then, I offer the significance of the Internet as a site of study for this project since individuals’ health decisions are increasingly informed by the research they conduct

or the support groups with which they engage online. Next, I delve deeper into the questions I just put forth by providing an understanding of foundational works by Althusser, Charland and Butler and how they relate to my project. I then demonstrate how make use of queer criticism in this work as a critical component of the methodology and build on that methodology to show how this analysis will unfold in the coming chapters. Finally, I preview the chapters to come that include analytical components and discussion of this project that ultimately seeks to understand what information the breast cancer information presented on two websites, Komen and the National Breast Cancer Foundation, and how that information hails certain individuals, misses others, and ultimately what that means for possible, livable lives depending on the outcome.

## **Literature Review**

Breast cancer is pervasive, both in the number of incidences that occur and the places we see it proliferating in our everyday lives. Supermarkets, banner advertisements online, license plates, and almost anything in the month of October remind us that breast cancer exists. The cultural saturation and simultaneous desensitization to breast cancer has beckoned communication scholars to ask important questions about the implications of messages produced about the disease. Scholars have questioned the accuracy of disseminated information about risk and the disease in general, assessed media coverage, considered effects of different kinds of media, delved into communication practices of online support groups, and have tried to make sense of breast cancer activism both within and outside of the dominant ‘pink’ ideology.<sup>3</sup> These various conversations are collectively important, as they are key pieces in a constellation of moments where we have, to some degree or another, wanted to look to breast cancer discourse because the patient/survivor is us, may be us, or has been someone who is/was a part of us. Here,

I highlight a couple of key points in literature that bring to light and attempt to make sense of the messages that audiences are exposed to about breast cancer.

*Pretty Passive: Breast Cancer's Ideal Patient/Survivor/Supporter*

As I demonstrate, from multiple angles communication scholars have made complex the dominant breast cancer discourse. Perhaps most salient, and indeed most relevant to the questions this project seeks to press forward, is the scholarship aimed at articulating the identity of our universally depicted breast cancer patient/survivor/supporter. Always already gendered, she is immersed in the 'pink' culture that saturates breast cancer narratives. What scholars have found, in short, is that the depictions of breast cancer experiences overwhelmingly highlight those of very white, very pink, and inevitably optimistic, happy women.

The concept of "pink" has become shorthanded in scholarship to refer to dominant breast cancer discourse. To be sure, communication scholars have examined the color "pink" alone to understand the meanings that this visual locator of breast cancer offers. Despite widespread public embrace of pink as a positive form of breast cancer awareness, Charlene Elliott complicates the positivity associated with the color "pink" in its particular context of breast cancer messages. Specifically, she offers the color itself as a "rosy red herring," or "red drained of power," that inhibits deep questioning of the disease and hinders militant, associated with "red," action for answers about actual breast cancer prevention.<sup>4</sup> This upsets the associations with pink as a color that she says is widely coded as "playful, life-affirming," a color that "you can't say anything negative about."<sup>5</sup> Pink, then, is a harmless way of bringing into the public something as harsh as breast cancer realities because it limits, in ways that red could enable, a way of "demanding accountability" for the disease's origins.<sup>6</sup> Thus, if "pink is used ideationally

to feminize texts and their referents, and interpersonally to attract women's attention," according to Veronika Koller who also writes about color's communication, it makes sense that its application towards a feminized disease, though also one that *threatens* femininity and disfigurement, would adopt "pink."<sup>7</sup> It is confined to traditional, acceptable forms of femininity at the same time that its evocations of "fun" and "confidence" are situated in post-feminist thought.<sup>8</sup> To have this cheery, feminine color stand in for a collapse in our understanding of women, bodies, and breast cancer has important repercussions for the lived experiences of those whose bodies become subject to the disease, a notion that communication scholars have come to agree upon, no matter the angle or choice of case study.

With the color "pink" and its connotations of playfulness, liveliness, and happiness setting the backdrop for a moment and a now recurring month of awareness coded "pink," there is little contestation of what the color does and how it acts rhetorically. What scholars have turned to investigate, then, is how pink functions in specific moments and places in breast cancer campaigns and discourse at large and what it means for those affected by such messages. Beginning with the moment in which the radical mastectomy got traction in national media coverage, Tasha Dubriwny considers how news of First Lady Betty Ford's surgery and post-op days constituted her within an ideology of traditional womanhood and femininity.<sup>9</sup> News coverage focused on her determination to survive and how she needed to "keep [her] family happy" throughout the process since they were "sad" about the whole ordeal.<sup>10</sup> Her unquestioning compliance with "doctor's orders" reaffirmed her "feminine, submissive" role.<sup>11</sup> Samantha King's work joins together her investigation of cause-related philanthropy, pointing to the ways companies end up profiting with sketchy information about the amount of money donated, and what she refers throughout as a "tyranny of cheerfulness" engrossing breast cancer

discourse altogether.<sup>12</sup> There is a striking reinforcement of traditional femininity that intersections with complacency towards breast cancer incidences and content – and even cheer – that is reverberated in mainstream breast cancer discourse.

In analyses of what breast cancer “looks” like, the consensus is astounding among scholars. The “face” of the pink ribbon is limited to being “youthful, ultrafeminine, slim, light-skinned if not white, radiant with health, joyful, and proud,” an image that harkens back to Elliott’s descriptors of the color pink itself.<sup>13</sup> Ozum Ucok, in examining representations of women with breast cancer in the American Cancer Society’s *Look Good...Feel Good* pamphlet, concurs: “The breast cancer survivor is reduced to a white, heterosexual, middle-class, young, and thin image with a balanced bust line.”<sup>14</sup> These observations are not limited to scholars’ analyses. In interviews with Black women in an attempt to understand their experiences with breast cancer, Elisia Cohen highlights commentary from one woman who said that she “didn’t see African American women survivors as part of the Komen “Race for the Cure” coverage.”<sup>15</sup> This, of course, means a literal form of *not seeing* Black women because either they are not there, or coverage overlooks them when providing snippets of the event to the rest of the public. Even in more recent scholarship that looks to newer breast cancer campaigns beyond Komen and pink ribbon campaigns, the trends for what constitutes the identities of dominant breast cancer discourse still look and function similarly. Christopher Duerringer examines what he says is “not your grandmother’s breast cancer campaign,” the sexed up PG-13 version of breast cancer awareness. “Save the Ta-Tas,” “Save Second Base, and “Feel Your Boobies,” are campaigns all clearly sexualized that help us overlook the part of breast cancer that involves mortality. The “look” of these campaigns is easily palatable; it is subtle enough not to upset systemic elements of breast cancer’s causes and has a face already recognized as acceptably beautiful, traditionally



feminine, mostly white, and always happy. The underlying characteristics, though more sexualized, are still present.

These studies suggest just how influential breast cancer has been in our culture and what it means for those whose bodies have been subject to the disease. They also call attention to the ways feminists have attempted to understand this phenomenon of breast cancer and perhaps what it means for someone's sense of agency. At the very least, these studies collectively highlight the problematical aspects of breast cancer rhetoric that provides a narrow window of opportunity for "seeing," and reading and hearing about, more than just those groups of individuals who conform to breast cancer's ideal patient/survivor/supporter.

*"Am I at risk?": Asking/Accessing the Internet for Breast Cancer Information*

Beyond critical analyses of the relationship between identity and representation in breast cancer discourse, communication scholars have also been interested in how these discourses are mediated through the Internet with the rise of individual information seeking. This literature builds a platform to explain the significance of analyzing Internet content in the first place, but particularly as it relates to information seeking about breast cancer.

Researchers have known for over a decade that patients come to appointments with all kinds of information on health related topics. In 2004, a team of those interested in where patients get this information, including that of breast cancer, indicated that the Internet has become a source of information for lay persons and patients as a jumping-off point for medical treatment options that may be available.<sup>16</sup> The next year, researchers looked at over 33,000 randomly selected online discussion board posts that took place over the course of a week, ultimately determining from this analysis that online breast cancer groups elicited psychosocial

benefits for women seeking information and support.<sup>17</sup> In line with this kind of research, a 2011 study found that for the women they observed over a lengthier, four month period, those who felt comfortable participating in written disclosure and did so experienced positive psychosocial benefits.<sup>18</sup> Finally, in 2011, another group found that on top of providing emotional support and a sense of self-efficacy, women with breast cancer continue to tap into online discussion boards as a means of preparing for medical appointments, gathering a compilation of data from those discussion boards to bring into consultations with their doctors.<sup>19</sup> Threaded throughout this line of inquiry is a question of how the Internet, online discussion boards in this case, serves as a source many patients are utilizing to gather a bulk of information about breast cancer outside of the oncologist's office.

Balka, Holmes, and Stephen in 2013 point to this trend when they indicate that women who do have access to the Internet, and are seeking information about breast cancer, are doing so in order to help them make decisions about their medical options.<sup>20</sup> If we know now that patients are seeking information online and discussing that with people they either do or do not know, the Internet, then, becomes a place to consider how breast cancer discourse is constructed and the audience it seeks to interpellate and constitute through the work on websites and available news sources online.

### **Theoretical Framework**

In this brief review of literature, I have pointed to the ways scholars have analyzed and critiqued particular messages related to breast cancer. To situate this project in that larger context, the grounding of this work lies in an understanding of how subjects are hailed and constituted. With this foregrounding, this project then asks what constitutive rhetoric means for

those who are constituted, but perhaps most importantly, those who cannot or do not answer to hailing messages about breast cancer and thereby are not called into being. Judith Butler's work in *Undoing Gender* invites discussion on this concept about whose lives are rendered livable as a result of who is acknowledged and deemed worthy of recognition.

*Althusser: Ideology and Interpellation*

A precursor to an oft-utilized approach to understanding identity in rhetorical criticism is the foundational work by Althusser that examines the significance of what he calls "hailing." As a Marxist philosopher, Louis Althusser begins his work on interpellation and ideology with Marx's notion of ideology. In Althusser's own words:

Ideology, then, is for Marx an imaginary assemblage (bricolage), a pure dream, empty and vain, constituted by the 'day's residues' from the only full and positive reality, that of the concrete history of concrete material individuals materially producing their existence.<sup>21</sup>

Of course, in suggesting that ideology is fictitious, imaginary, Althusser acknowledges that ideology is constructed but also must be reiterated, reproduced to be efficient. In other words, ideology is produced and thereby malleable in a theoretical sense, but because it is a collection of frequently reiterated ideas spanning over lengths of time, it has an illusion of being transcendental and free of human creation. Later, Butler calls specific attention to the consequences of what is dubbed "normal" despite the ways in which "normal" is a crafted social construct. Because we know it is reproduced in that we know ideology *is* 'real,' in the sense that it affects, Althusser brings us to an understanding of how we come to be situated subjects within ideological structures of meaning. The most commonly used example from Althusser's theory on ideology begins with the "hailing" of an individual on a street by a police officer: "Hey, you there!" Althusser adds:

Assuming that the theoretical scene I have imagined takes place in the street, the hailed individual will turn round. By this mere one-hundred-and-eighty-degree physical conversion, he becomes a subject. Why? Because he has recognized that the hail was ‘really’ addressed to him, and that ‘it was really him who was hailed’ (and not someone else).<sup>22</sup>

This turning around calls a subject into being, offers a “place” in which a subject is identified, identifiable, is somehow unique, individual. However, and Althusser makes this explicit, this example event helps us imagine an interpellated subject, but there is no linear process by which interpellation of subjects somehow evokes ideology. Rather, in the same way that “ideology is eternal,” so, too, are “individuals always-already subjects” and thereby have already been interpellated.<sup>23</sup> This theoretical contribution is important groundwork laid for helping us think critically about *identity* and serves as a foundation for this particular project because it reminds us that the “normal” we craft – in this case, breast cancer discourse – is only “normal” insofar as it has the ability to hail those who would otherwise answer to, perhaps, “those concerned about breast cancer.” If the ideologies surrounding breast cancer are founded on exclusionary principles, then not everyone who might be interested or benefit from such an address will be hailed. And if they are left behind, then it matters that we ask how those hailing messages are being produced and thus how to remake the ways it attempts to hail those affected by breast cancer.

### *Charland’s Constitutive Rhetoric*

Continuing in the line of Althusser’s work, Maurice Charland extends the question of interpellation and constitution of subjects in order to move us towards “an understanding within rhetorical theory of ideological discourse” more specifically that pushes back against our understandings of rhetoric as only persuasion.<sup>24</sup> Here, we might understand the ways in which rhetoric seeks to constitute particular groups of individuals simply by way of who can identify

with or recognizes their place in a particular kind of conversation. He thus productively brings Althusser's work on ideology into Communication Studies in a pragmatic way that both theorizes and shows how others might employ this new kind of analysis. To do this, he introduces "a theory of constitutive rhetoric that would account for this process."<sup>25</sup>

For Charland, what makes constitutive rhetoric distinct and new is that it necessarily calls its subjects to act in a way that appears the subjects can do so "freely." Though they are "always already" interpellated and called into being before, as Althusser notes, they were even born, and are situated in an "always already" ideology, it must seem as though there is room to act. There are in illusion of free will. Of course, this is true, but as Charland contends, it may well be more interesting to understand what kinds people are constituted by, and thus which ones are left out of, particular conversations than to consider how already constituted individuals respond to a message already contained in particular ideologies. As such, constitutive rhetoric shapes the approach in this project to understanding the tropes mainstream breast cancer discourse relies on, and also allows for an investigation of how such tactics for recruitment and involvement then exclude particularly vulnerable populations who are marginalized as a result. In short, breast cancer discourse relies on common tropes rooted in socially constructed ideologies to constitute a wide audience that might answer to "concern about breast cancer," but because ideologies reinforce norms about certain kinds of bodies, this rhetoric does not work. I underscore why in this project.

### *Butler's 'Livable Life'*

Judith Butler's 2004 work, *Undoing Gender*, expands on her earlier work of gendered identity, *Gender Trouble*. When considering gender in the more recent text, she is deeply

concerned about what constitutes as a “livable” life. Specifically, she posits, “When we ask what makes a life livable, we are asking about certain normative conditions that must be fulfilled for life to become life.”<sup>26</sup> We might also read this sentence and conclude that when normative conditions are not fulfilled, then there is no life. To be sure, Butler offers clarification:

I would put it this way: to be called unreal and to have that call, as it were, institutionalized as a form of differential treatment, is to become the other against whom (or against which) the human is made.<sup>27</sup>

If certain kinds of breast cancer discourse are “institutionalized” in the sense that they have become normal and prescriptive, then who that conversation leaves out is relegated to “the other.” Butler’s conceptualization of “becom[ing] the other” by way of not being “real” in the sense that one is not “livable” is profound and immensely important. In becoming other, Butler reminds us that individuals are not readily othered in some naturalistic sense. That takes ideologies that *do* the othering, which subsequently marginalize particular bodies. Yet, she reminds us that debilitating, harmful ideologies can be undone since they were made up in the first place. In thinking about such possibilities, Butler boldly proclaims, “I think we should not underestimate what the thought of the possible does for those for whom the very survival is most urgent.”<sup>28</sup> In the context of breast cancer, a currently incurable condition many bodies are met with, the very ideological frameworks that shape how we talk about breast cancer should be read with significance for its ability to reshape possibilities of survival for those “othered” bodies. When breast cancer communication messages merely reverberate harmful ways of thinking about particular kinds of bodies and lives, it deserves closer scrutiny from scholars of communication, a task that unfolds in this particular project.

## **Methodology**

To answer the questions of who is hailed, constituted, and what lives are considered “livable” or real, I look to information on breast cancer available for a mass public with the Internet as a source of information. Michael McGee allows me to make use of multiple texts, bits and pieces of information, to establish and understanding of breast cancer discourse. Chuck Morris’s queer methodological approach helps me read against the grain to determine which bodies are implicitly or explicitly deemed ‘normal’ and ‘good’ in these fragments to offer a different, ‘queer’ reading of breast cancer messages. With the help of queer criticism as my methodology, I have been able to better understand, following who is hailed and thus constitute, who is left out and does not quite fit, and subsequently is marginalized from mainstream breast cancer discourse.

### *Textual Fragments*

In order to make sense of the ways in which breast cancer discourse is produced by and reproduces itself in texts, Michael McGee’s textual fragmentation as the foregrounding critical methodology for this project allows me to look to multiple texts and varying kinds of texts in my analysis. To begin “explaining its influence and exposing its meaning,” no single source of information about something as sprawling as breast cancer is able to produce a conclusive analysis of how this ideology functions, which is why McGee is useful here.<sup>29</sup> Though we know that to tackle something as broadly stated as “breast cancer” runs the risk McGee points to when he notes that textual fragmentation for critical methodology might “tak[e] something out to context,” by making use of a variety of communicative outlets available to and produced with the common public, or lay persons, in mind, we can make smart claims about what a national culture

is persuaded to believe about breast cancer and how they are told to make sense of it.<sup>30</sup> Simply put, a compilation of fragments or that “rhetorical mosaic” gives us a richer picture of breast cancer ideology at work.

### *Queering Pink*

With a picture of breast cancer discourse, queer methodology becomes an important means to understand how to make sense of this information. An oft-cited important contributor to our understanding of queer readings in Communication Studies is Chuck Morris whose work will help guide a way of reading these texts. For example, when considering President Obama’s speeches about and to queer communities, general publics have considered some of Obama’s address welcoming, inclusive, and open-armed. And while so, Morris rethinks these messages to consider what they leave out. Invisible traditions, to use Morris’s term, should be looked for by critics. In many ways, the question begins, “Yes, but...” In his own works, Morris poses the question:

What if, for example, instead of Obama merely, if powerfully, going “off script” in Atlanta, unsettling his audience as he did when he “gaffed” with the phrase, “Be the best husband to your wife, or your boyfriend, or your partner” [rather than, in the original, “boyfriend to your partner,” a much more hetero-accommodating phrasing], Obama more “radically” deepened his authority as an LGBTQ advocate-president by orchestrating “mixed” rhetorical traditions of pragmatism, faith, homophobia and the closet, and social justice.<sup>31</sup>

This probing seeks deeper meanings, reads against the grain, and the critic comes to these questions through a lens which seeks to deconstruct dominant forms and histories of meaning-making that subsequently marginalize or only partially account for that marginalization.

Queer criticism has gained swift popularity in Communication Studies and critics come to this form of criticism in many different ways. For me, this analysis is less about sexuality



explicitly and more about how a ‘queer’ reading of the fragmented texts I seek to analyze can productively question these dominant forms of meaning making, or “invisible traditions,” regarding breast cancer. Specifically, “rhetorical queering” is useful here since the purpose is designed to highlight occasions of inequality, othering, or invisibilities that exist in dominant readings of texts. Furthermore, as Karma Chavez demonstrates, “queer” as “deviant” is a concept that can be applied beyond queer sexualities. Her essay about an Arizona ballot initiative regarding marriage and also immigrants, the immigrants were considered *most* queer, and thereby most deviant.<sup>32</sup> That label was not fixated on the immigrants’ sexualities, but rather their relationship to a different group which was constructed as normal and acceptable in some way. These conceptualizations by important scholars in queer studies help situate my methodology in a way that gives us room here to dig deeper into these texts and ask what is “queered” in them and what are those implications for what Butler calls a “livable” life?

### **Rhetorical Texts of Study**

As the review of literature demonstrates, women are accessing the Internet to find information about breast cancer broadly, and this Internet information seeking is informing them about their own medical decisions in terms of treatment, and also contributing to their understandings of risk about the disease, the texts of study in this project focus on those that can be accessed online.

An Internet search engine, like Google, Yahoo!, or Bing, serves as the starting point for this research. Indeed, unless one knows a specific website address, we tend to rely on search engines to get us to the places that we want to go. This project is no different in this sense. Imagining that we are lay persons with limited access to medical journals or even a working

knowledge of how to understand particular jargon, we go to the Internet for information. However, it is unlikely that we would search “breast cancer,” since we are well aware that the disease exists among US culture. What we might search, however, is something like “breast cancer facts,” or “breast cancer risks.” Perhaps we want to where to go for support so we search “breast cancer support.”

In this study, I have chosen “breast cancer facts” as my search term. I do this specifically because breast cancer “facts” have the potential to include information about risk in a way that “breast cancer risk” might not necessarily provide an overview of facts. Furthermore, scholars, as I have noted above, are already critically engaged with online discussion support groups, so I wish to enter the conversation from a place that looks as otherwise objective “breast cancer facts” to consider how they are presented visually, textually and how queer readings of these factual webpages might deepen our understanding of the ideological frameworks in which we find these messages.

For brevity’s sake, after entering “breast cancer facts” into Google, Yahoo! and Bing, I considered only the top three results. Though there are “Ad” banners atop the search results, I was only concerned with the information beginning just after the list of advertisements. After running the search for “breast cancer facts” into all three search engines, two organizations’ webpages were in the top three for each search: National Breast Cancer Foundation and the Komen Foundation. Given that regardless of the search engine, lay researchers will see both Komen and the National Breast Cancer Foundation pop up in the top results when seeking information about “breast cancer facts,” this project focuses on the online presence of these two organizations.

It is important to note that, as is the case with most webpages, there are hyperlinks, leading readers to internal and external “follow-up” or clarifying pages should the reader click on them. Also, because most web pages include hyperlinks and one could easily become immersed in seeing where each possible avenue might go, I have decided to only look at the homepages as they exist at first glance. In doing this, I am first asking the question, “Who is being hailed by this page?” Second, I want to consider how these rhetorical texts constitute a subject, or calls the subject to act in some way, based on Charland’s assertion that “constitutive rhetoric . . . positions the readers towards political, social, and economic action in the material world and it is in this positioning that its ideological character becomes significant.”<sup>33</sup> Indeed, he acknowledges that “first, audience members must be successfully interpellated,” but after I first ask “Who is hailed?” I cover the first step he proposes, acknowledging as well that “Who is hailed?” also sets me up to later answer “Who is *not* hailed?”<sup>34</sup> This latter question invites a queer analysis of these webpages. In “queering,” them, I look for “hidden” messages<sup>35</sup>, wrapped up in “invisible traditions” that perhaps only those along the margins who are not called into being – or a rhetorical critic actively searching for these messages – can see. This queer reading seeks to destabilize the apparent “normalcy” of Komen and National Breast Cancer Foundation. Finally, after asking what these pages do, in terms of who they hail, constitute, and who gets left out and are thereby considered “queer,” I spend some time discussing the ways in which Judith Butler’s notion of “livable” lives can be applied, even in this instance of researching “breast cancer facts,” depending on those who read that information. After analyzing the pages and rhetorically queering them, a section of this project will be devoted to discussion of livability, visibility, and “real” lives affected by breast cancer.

## Thesis Overview

In the same way that these webpages require being “queered” to uncover hidden meanings, ideology works because we do not know when ideology is at work. Indeed, the webpages are working within an ideological framework by way of reproducing dominant breast cancer discourse. With that in mind, part of what makes this project important is ensuring that the texts I have chosen to analyze are accessible to a general public and part of the ‘everyday.’ Provided they have Internet access and are able to read the messages conveyed to them, the information about breast cancer both visual and written does powerful work hailing the subjects it constitutes through interpellation without much attention to how each text is working within a larger ideological context that gives preference to normalized understandings of breast cancer, gender, race, and class.

Fragments, then, of a larger breast cancer ideology can provide ways of understanding how particular breast cancer materials work to reiterate the “capital S” Subject, and reproduce ideology itself. For our purposes here, organizing this analysis by way of sources of breast cancer information makes sense. Since there are two websites that I analyze, two chapters are devoted to answering the questions of interpellation, or hailing, and constitutive rhetorical presence through visual and written analyses. Then, each chapter will be geared to “queer” Komen and National Breast Cancer Foundation for a different, resistive reading of their webpages. Both chapters incorporate a race, class and gender analysis for an imperative intersectional approach to understanding the messages. Each chapter also includes two unique themes that emerge in the analysis that call to question tropes like “hope” and “community.” A fourth, concluding chapter invites a discussion of my findings with Judith Butler’s understanding of identity and the possibilities of recreating the ways we talk at and about ‘others.’ It reiterates

the need for the continuation of projects like these that apply feminist lenses to important issues regarding vulnerable bodies like those dealing with or affected by breast cancer.

The larger goal of this project is to focus on information that is easily and readily available to lay persons because I believe it is important to ask the same questions that a general public would ask, even in a fragmented “breast cancer facts” search, and incorporate theoretical frameworks from the academy to make sense of the presented “answers.” The hope in doing so is to better understand breast cancer information in “top hits” online, particularly with an understanding of the growing relevance of online research and understandings of diseases, medical treatments, and risk factors. I also aim to offer a queer reading of these kinds of messages, *these kinds* referring to the very first ones we see when looking for answers, from a place that hopes to resist the otherwise “universal sisterhood” of breast cancer that collapses extremely important differences among women that necessarily exclude men altogether, which can, and do, have severe medical consequences. Indeed, there are side effects for oversimplifying identities and subsequently rendering “queer” bodies invisible, unlivable.

## CHAPTER 2: THE KOMEN FOUNDATION

The Susan G. Komen Foundation is arguably the most influential player in the breast cancer awareness game, infiltrating its trademark pink ribbon across the globe with bases beyond the borders of the United States. Finding Komen's website, *www5.komen.org*, in the top searches on Google, Yahoo!, and Bing, then, is no surprise. One could immerse herself for hours upon hours in the links provided on Komen's site. Multiple "Learn More" links are scattered around the site to lead you to other components that are part of Komen or to outside sources. For the sake of this rhetorical study that is fixated, at least initially, on how rhetorical audiences may be hailed by Komen's site should they click on it after searching for "breast cancer facts," I only look to the home page. Here, we get a synopsis of key components for how one should understand and experience breast cancer, topics she should find important, and images that should resonate with her. In this chapter, I closely analyze Komen's homepage to answer the questions I have posed about who might be hailed by these rhetorical strategies on a seemingly anti-rhetorical website, who then is not constituted, and what it means for those along the margins who are left out of popular discourses on breast cancer as influential as Komen's.

First, however, I contextualize this study by laying groundwork for understanding Komen's origins and how they have shaped mainstream breast cancer discourse. I then examine the ways in which Komen has been revered as an anti-rhetorical source of information despite, as I argue, it is certainly rhetorical in how it seeks to 'recruit' particular audiences. Next, I turn to the Komen homepage itself to look more closely at how it seeks to constitute a particular audience and how it subsequently marginalizes those that do not fit in Komen's depiction of a common breast cancer experience. Using an intersectional feminist lens to view the homepage, I rhetorically queer the messages purported. Specifically, the analysis portion of this chapter

unfolds by unveiling how Komen's self-promotional rhetoric obscures breast cancer information by highlighting the organization's events and fundraisers with little to no real information about breast cancer itself projected. Then, I consider the ways that attitudes of positivity, happiness, and sisterhood color the page. Finally, I employ analyses of race, class, and then gender respectively to demonstrate *how* Komen seeks to hail particular audiences that are happy, white, affluent women and why it matters that we study dominant breast cancer discourses like Komen's if we care about the kinds of information that lay audiences are reading when they seek out information about breast cancer.

To begin, we should emphasize just how significant Komen is in breast cancer discourse. I mentioned earlier that the foundation is arguably the most influential player, but this claim does, indeed, deserve closer attention. For starters, it is worth noting that the pink ribbon, now iconic with breast cancer awareness, actually began with the Komen Foundation. Tucked away on their website, Nancy Brinker, the sister of Susan G. Komen who died of breast cancer at 36 years old, writes about how the conception of the foundation began. Her sister, Susan, who is described *first* as "beautiful" and then later as "the perfect older sister," was annoyed with how sad and drab the hospital walls were where she spent much of her time after being diagnosed with breast cancer and wanted to improve patient experience that she saw as severely lacking.<sup>36</sup> She hoped for something more cheery and upbeat that would lessen the hardship of having breast cancer itself. In Brinker's recollection of one of their conversations, Komen said, "As soon as I get better, let's do something about this. You can find a way to speed up the research. I know you can. And I want to fix up this waiting room and make it pretty for the women who have to be here. This isn't right."<sup>37</sup> At the time of Susan Komen's experience, breast cancer was not talked about publicly and it was not until First Lady Betty Ford's open statement of having breast

cancer that Brinker says Komen felt that she wanted to change the situation for all women. It made sense, then, that to keep her sister's promise of breast cancer being more bearable, Brinker needed to first liven up the breast cancer scene by promoting awareness and early detection, while doing it "pretty." For Brinker, who started the Komen Foundation two years after her sister's death, the goal was, and remains, "to end breast cancer forever." That was her promise to her sister. True to the title of this bit of writing, this was the start of a *movement*.

Part of what propelled this movement was a visual marker of breast cancer awareness: that iconic pink ribbon. Charlene Elliott, who writes about the cultural significance of the color pink, notes that in 1991 the Komen Foundation began distributing pink ribbons. In lieu of a Breast Cancer Awareness month edition of *Self* magazine, the magazine gave visibility to this burgeoning move to show breast cancer support.<sup>38</sup> Since then, the impact of pink ribbon distribution over the past two decades has been so widely publicized and well-received that, as Elliott argues, "it" does not have to be a ribbon or literally say "breast cancer" to speak for breast cancer. "It," whatever *it* is, needs only to be pink. For example, she opens up her writing by listing off numerous global landmarks such as the Empire State Building in New York and Tokyo's Rainbow Bridge that were awash in pink and the message was clear without a ribbon or words: "pink alone, whether tinting ribbons or beamed upon major landmarks, is the universal symbol of breast cancer awareness."<sup>39</sup> Although corporate groups have profited from the pinkification of products and marketing and documentaries like *Pink Ribbons, Inc.* expose that commodification, it still remains the quintessential marker of breast cancer and continues to be a global indicator of breast cancer awareness and support. In a 2013 *New York Times* article, breast cancer survivor Peggy Orenstein even goes so far as to call the oversaturation of pink "overawareness" for how prevalent pink has become. To tie the ribbon back to Komen, "Nearly



40,000 women and 400 men die every year of breast cancer,” Lynn Erdman, vice president of community health at Komen, told [Orenstein in an interview]. “Until that number dissipates, we don’t think there’s enough pink.”<sup>40</sup> The logic goes, then, that despite criticism of “overawareness,” until breast cancer really is over “forever,” pushing pink is a priority for the largest breast cancer organization out there.

With regards to a global presence of pink, a kind of phenomenon an organization cannot necessarily trademark, Komen still has a definitive stake in breast cancer support across the world. Boasting of this influence, Komen’s website promotes its global impact by claiming to have “served millions in over 60 countries worldwide.”<sup>41</sup> More specifically, Komen sees itself as a “bridge” between local health advocates in different countries, with geographically-specific hyperlinks on their website that lead the reader to learn more about “Komen in Africa,” “Komen in the Americas,” “Komen in Asia,” “Komen in the Middle East,” and “Komen in Europe.”<sup>42</sup> The palatability of pink has not just been a force beyond Komen’s own propelling; rather, it has been an intentional move by the organization to deem itself a powerful player in the global game of breast cancer. As if to lightheartedly comment on how crucial Komen is globally, the banner atop the webpage about global outreach reads: “Breast Cancer is a Global Disease. Luckily We’re a Global Organization.”<sup>43</sup> The world is *lucky* to have Komen setting the precedent for what global efforts to “end breast cancer forever” look like.

Despite the vast criticism of the foundation itself, and despite my making complex the messages purported by the organization, there is certainly a lot of capital invested towards attempts to “end breast cancer forever” and support Komen’s mission. According to their 2013 Fiscal Annual Report, the 24 page document outlining the funds disseminated by Komen, \$2.5 billion have been invested for the cause since 1982 when the organization began.<sup>44</sup> In 2013

specifically, \$217 million was invested in “community programs,” while \$49.5 million went towards “research.”<sup>45</sup> Although this is highlighted on the second page of the document, one has to scroll down to page 16 to find a pie chart demonstrating the distribution of funds for the fiscal year 2013 that shows what percentages of capital are distributed to each sector of “the mission.” 38% of funding goes towards “education,” the highest percentage of all of the categories. Next, 20% of funding goes towards “screening,” followed by 18% which goes to “research.” 11% of funds go to “fundraising,” 7% goes towards “treatment,” and 6% goes to “admin.”<sup>46</sup> Although these categories are vague, it is the first time in the document that we get a grasp of how Komen’s many funds are distributed. A lucrative non-profit, Komen is able to push funds in directions of its choice with powerful corporate sponsors such as Ford Motors, American Airlines, Belk Department Stores, Caterpillar, Bank of America, United States Bowling Congress’s “Bowl for the Cure,” the Dallas Cowboys NFL team, Kitchen Aid, General Electric, Jason Aldean, Lokai, Walgreens, Subdirect, Zumba, Simon Property Group, World Wrestling Entertainment (WWE), as well as SELF magazine, Yoplait yogurt, Nature Sweet Tomatoes, Titleist, BiC, GermX, Major League Baseball, PetSmart, Playtex Living, zipcar, and Eggland’s Best eggs.<sup>47</sup> I exhaust this list to demonstrate the variety and spectrum of supporters for this organization. For its impact, power, and cultural significance, it has attracted audiences, consumers, and those who choose to donate without any clear, definitive characteristic that unites them all. Breast cancer, it seems, is so globally recognized, so universally relevant, that Komen has carved a space on the Internet to reach millions.

## **Komen: Is it Rhetorical?**

Many scholars have come to Komen to ask important questions like the ones brought forth in this chapter, and it is worth considering conversations that have already started about the organization. Communication scholars in particular have long been concerned with this organization for a variety of reasons. Yet, its sheer prevalence is enough of a rationale to bring Komen up for discussion in scholarly conversations. As long as Komen remains a vital source of education, awareness, and funding towards breast cancer, we should be concerned with how messages disseminated from the organization are constructed.

Interestingly, upon perusing case studies of information-seeking among what Marie Moeller calls “patients-in-waiting” or patients broadly, researchers cite information from Susan G. Komen’s website as a source of legitimate, unbiased information. In a 2009 *Journal of Health Communication* article investigating “Topics and sources of memorable breast cancer messages and their impact on prevention and detection behavior,” a link to the Komen’s website is provided in an in-text citation as one leading the readers to more information about the fact that “most women have exposure to the disease either directly or indirectly.”<sup>48</sup> Although this is a generally accepted claim and could be cited from a number of cancer sources, it is both interesting, as I state, and concerning, that Komen’s information is taken at face value. I do not intend to suggest that Komen is providing misinformation, but that Komen has become a legitimate, indisputable source, one worthy of citing in a paper’s rationale on information-seeking, postures Komen’s website as an anti-rhetorical one. In another study, one of the researchers on a team responsible for the article, “Understanding breast-cancer patients’ perceptions: Health information-seeking behaviour and passive information receipt” published in the *Journal of Communication in Healthcare* has her work “funded in part by the Cincinnati

Affiliate of Susan G. Komen for the Cure.”<sup>49</sup> Here, we see that funding from the organization is assisting a scholar who is investigating questions similar to mine about information-seeking even though that organization is responsible for information distribution. The same article noted that Susan G. Komen’s website ranked third, just behind the American Cancer Society and the National Cancer Institute, for websites that research participants cited as accessing for information about breast cancer.<sup>50</sup> Not only, then, do some scholars point to Komen as an expert source of information by citing it, while also benefiting from funds raised by the organization, Komen’s expert persona makes its way to the lay public as such when patients or patients-in-waiting are looking for the facts. Furthermore, in an article rhetorically analyzing the ways in which internet users access health information online, different from the previous social science examples, Komen is mentioned only once, as a ready-made, indisputable example of a breast cancer site: “For example, a comprehensive site for breast cancer information is owned by Susan G. Komen for the Cure and is rooted in a particular, if mainstream, version of breast cancer culture.”<sup>51</sup> Even though this article is interested in breast cancer communication broadly, the off-handed reference to Komen, albeit with a subtle acknowledgement that it is “mainstream,” demonstrates how caked on Komen has become in the way that we talk about breast cancer; it is difficult to see past its influence when we have allowed its layers of influence to, as it stands, feel old and outdated. We get that it is mainstream, we get that it is prolific, and we get that it has saturated even the vocabulary that we use to talk about breast cancer. Yet, as these examples show, and as I argue here, the seemingly impenetrable breast cancer conglomerate of Komen has much to offer rhetorical critics.

Indeed, some scholars have already offered critiques of the organization itself, acknowledging that its anti-rhetorical presence has a wealth of material for rhetorical critics to

investigate. After the Planned Parenthood controversy in 2012 whereby Komen caught a great deal of criticism for announcing that it would defund the group that it previously supported with a handsome \$700,000 annually, Sarah Watt posited the handling of the situation as one in which Komen aligns with a postfeminist agenda.<sup>52</sup> This critique calls attention to the ways in which Komen potentially complies with the notion that breast cancer is an individualized disease that obscures the need for collective resistance and larger, systemic questioning of particular institutions. Marie Moeller employs critical disability studies to critique the ways in which Komen's website *others* those with disabilities.<sup>53</sup> The consequences call into question the way that we talk about breast cancer and whose bodies are seen. Indeed, in an aforementioned study of health information-seeking behaviors, researchers found statistically significant evidence that in viewing Komen's website, *non-Latina* women were more likely to visit the page. While on the one hand, this answers questions about who gets information and from where, it nods to my question of who is actually hailed by the website itself and, in a darker thread, who is turned away from an internationally recognized group that seeks to eradicate breast cancer.<sup>54</sup>

For Christopher Durreinger, who applied a post-Marxist perspective to how we see, or do not see, the consequences of breast cancer, calls Komen your "grandmother's breast cancer campaign," an old-school breast cancer movement of the past.<sup>55</sup> The purpose of the article is to demonstrate how rhetorics of breast cancer have shifted for a thanatophobic public to make breast cancer campaigns like "Save the Ta-Tas" fun and sexy. Yet, when we see studies like Amy Blackstone's in which she situates herself as a participant-observer in the Komen 3-Day, we see similar trends even before the "newer" kinds of breast cancer activism. 3-Day participants describe their involvement as "hanging out" or just "having fun" rather than meaningful, activist work rooted in finding a cure for the one in every eight women who will get breast cancer in her

lifetime.<sup>56</sup> As such, the gravity of this grave reality was obscured from the 3-day - which would not be in place without thousands of women dying - but rather it was a cheery, fun way to “hang out.”

Certainly, there are many new discourses worthy of consideration emerging from different approaches to breast cancer activism. However, I contend that Komen has been and remains a critical marker of what breast cancer culture looks like. Despite its rise to a reputable source of information about breast cancer, there is a *particular* kind of breast cancer patient/survivor/supporter that Komen pushes forth on its website which perpetually marginalizes bodies that cannot and/or do not adhere to the breast cancer experience Komen promotes. Because of Komen’s global influence, it matters that we consider identity on their homepage, the carefully crafted introduction to an extensive website, in a deeper way. It is an easy move to generalize Komen by suggesting it only showcases beautiful, white well-off women. Yet, in the section that follows, I seek to demonstrate more critically *how* Komen crafts that image and, most importantly, who is excluded by those rhetorical moves and raise the question of the material consequences from this kind of image production.

### **ww5.komen.org**

In this section, I will closely examine Komen’s homepage to demonstrate how the audience Komen seeks to hail is a particular one. While at first glance, Komen’s homepage appears to connote messages of positivity about overcoming the disease, a sense of sisterhood centered on a universal, global aim to end breast cancer, it actually works to marginalize potential group members. Ironically, the self-promoting rhetoric on Komen’s homepage appears to persuade the audience to be a part of this particular breast cancer movement; yet, by reading

against the grain and rhetorically queering this homepage, I highlight the ways in which Komen's choice of imagery and the issues it chooses to cater to a specific group of people who are happy, white, affluent women. In the process, what Komen does is craft a very specific picture of what it means to experience breast cancer and be a part of a movement to change it that makes invisible the experiences of those who experience anger towards the disease, people of color with breast cancer, those who are financially underprivileged, and men who develop breast cancer. This makes incomprehensible those experiences other than the "Komen experience" of breast cancer, which renders their lives and experiences what Butler calls "unlivable," or unrecognizable in normalized discourse. Indeed, Komen's rhetoric sets out to normalize breast cancer experiences, and it postures those experiences in specific kinds of bodies.

#### *We Want YOU!: Komen as Recruiter*

Komen's mission statement closes with the line that it seeks to "end breast cancer forever." Yet, the homepage says less about breast cancer itself and functions more about self-promotion of Komen as an organization. Highlighting community events, individuals impacted by Komen, corporate partnerships, and links to Shop for a Cure, the homepage functions more as recruiting material to showcase why Komen is *the* breast cancer organization to support and be a part of rather than a place to find information about breast cancer itself. In this section, I demonstrate how Komen acts as a recruiter to breast cancer culture and subsequently trivializes their own mission statement that seeks to "end breast cancer forever."

At first glance, Komen appears to hail an audience that is eager to find a home in a breast cancer community. In order to bring to the fore an appeal to potential "recruits," it makes sense

that Komen places the harsh realities of breast cancer itself in the background. This is apparent given that the “ABOUT BREAST CANCER” drop-down menu located at the top of the homepage is quite small and is physically difficult to navigate. Hovering the pointer over this option prompts a drop-down menu with seven sub-categories of “About Breast Cancer,” which include “Facts & Statistics,” “Risk Factors,” “Screening & Detection,” “Diagnosis,” “Treatment,” “Quality of Life Topics,” and “Tools & Resources.” Below each of those seven sub-headings, there are a total of 43 sub-categories. With 50 options to click on from the homepage, the tab that is intended to direct traffic to information about breast cancer is difficult to utilize. The numerous links listed in such close proximity to one another make it easy for a user to click on one by mistake. While this might simply be poor planning on the website creators’ part and a user experience problem that needs to be reworked, it nevertheless makes it difficult to access any real information about breast cancer from the homepage. In addition, the 50 available links to breast cancer information located beyond the homepage work as evidence to show how little is about being talked “about breast cancer” on the door to the website itself if so much must be relegated to tiny tabs and even smaller links beyond that. With the realities of breast cancer as a disease tucked away elsewhere, the viewer is first introduced to Komen, then, as a group of which people and companies love to be a part.

As Komen seeks to recruit potential members of its community, it establishes a sense of credibility by immediately showcasing the partnerships it has with large corporations at the top of the page. In at least double the font of categories like “About Breast Cancer” that I discussed above, Komen offers two examples of corporate partnerships with the slogans, “Earn Miles for the Cure,” and “Make Every Purchase Pink.”<sup>57</sup> Links for these two buttons immediately take the audience to information about American Airlines sky miles program that benefits Komen and a



credit card application to directly apply for a Bank of America card that donates to Komen depending on how much you shop. By highlighting these two partnerships early on, Komen makes a case for its significance as a leading breast cancer organization because both American Airlines and Bank of America have established ties to Komen for the benefit of ‘the cause.’ If an audience is seeking for a respectable, influential breast cancer community that they might belong, Komen firmly establishes its credibility as a national, universal organization in which everyone is welcome. Its ties to an airline and credit card not only demonstrate how it is received by sponsors, but also advertises ways that Komen community members can make small changes in their everyday lives to make a difference, without ever having to think about breast cancer as an awful, ugly pervasive disease. The slogans’ vague references to breast cancer – *the cure* and *pink purchases* – ensures that the audience maintains its focus on Komen’s credibility and avenues for easily being a part of such a big breast cancer organization, rather than breast cancer itself.

In the section that follows, the audience is also encouraged to join Komen by the scrolling list of “local events” that are sponsored by the Komen foundation. Although a user could manually click through the various Race for the Cure events happening around the US, the fact that the hyperlinks are constantly cycling through gives the appearance that Komen is everywhere, and everyone is taking part in its events. The immediacy of a marquee-like setting cycling through the events captures the attention of the audience in more ways than a static list of places hosting the walk *and* gives an illusion that Komen’s walks are without end. Not only, then, is Komen liked and respected by credit card and airline companies, but your average breast cancer survivor/patient/supporter around the country is joining together in all kinds of places to take part in the Komen 3-Day walk. That Komen capitalizes on the race’s significance by stating

that it is the “biggest impact you can make,” *you* being whoever is reading the statement, without any evidentiary support draws on the assumption that those accessing this webpage might also be interested in tapping into a community. The vulnerability of seeking out information about breast cancer online is immediately replaced on Komen’s page with a place to have a purpose, a community to be involved, and cut and dry statements about what you can do about breast cancer.

Although an image of three 3-day participants accompanies the list of local events, the people are not named. To make personable those who have testimonies for their experience with Komen (and the extensive list of race participants not included) there is a section below local events devoted to token survivors who are real people – Mandi, Angie and Brittany – who offer lengthy testimonies about their experiences with Komen. The testimonies are less about the women themselves and more about a chance for the audience to identify with a survivor as they are about providing inartistic proofs to support the unstated premise: *Komen is doing the most for breast cancer research, and you should be a part of it.*

Even though this website is cited in academic scholarship and elsewhere for the information it contains about breast cancer, the homepage is merely an advertisement and recruiting mechanism to promote Komen as an organization – *not* as an organization seeking to “end breast cancer forever.” Visitors can find places to ‘belong’ in a community, whether by carrying a particular credit card or flying a particular airline that other breast cancer supporters use, or even participating in the seemingly endless opportunity to take part in a Komen 3-day. “Ending breast cancer forever” becomes trivialized in this sense because there is no real game plan or strategy for what it looks like. Indeed, if there were ever a real “end,” Komen would crumble because there would be no need for 3-Days, to “Earn Miles for the Cure” or to “Make

Every Purchase Pink.” The homepage works to minimize breast cancer to a backdrop unifying a community, while the focus is on Komen as an organization itself. By establishing itself as a credible organization, one that has already gathered many supporters, and providing personal testimonies that tie breast cancer experiences to Komen, the homepage works to recruit users. In the next section, I extend the notion that Komen acts as a recruiter by calling attention to the attitudes users are coerced to take towards breast cancer. In this case, breast cancer is fun.

### *Pretty Pink Thing: Cancer as Play*

Of the twelve faces visible that appear in different sections of Komen’s homepage, only one is not smiling. The cheery images do the work of two tasks: they persuade the audience to be a part of Komen by highlighting how happy others are, but they also serve to discipline viewers who feel sadness, anger, or frustration towards breast cancer. In this section, I examine Komen’s attempt to hail audiences by depicting the Komen community as one that can create a feeling of happiness, an interesting strategy when so often the disease causes intense grief. I then question that rhetorical move for the ways that highlighting happiness renders invisible other feelings towards breast cancer that I contend could be just as effective in seeking to fulfill Komen’s mission statement.

Cancer as playful is a powerful theme on Komen’s homepage because as I have demonstrated in the previous section, the ugly reality of cancer is almost absent entirely from the imagery that focuses on building Komen up as an appealing organization. The only indication that we get of anyone actually dealing with the disease are three women without hair and one whose head is wrapped in a scarf. These visual markers connote meanings of breast cancer, but the faces accompanying the markers are all smiles. Aside from the banner atop the webpage of a

close-mouthed smiling woman touching noses with a young girl,<sup>58</sup> the other four faces not only look happy, they look excited.<sup>59</sup> The three images of those providing personal testimonies depict happy, smiling women with wide, toothy grins, accompanied by loved ones, embraced in hugs. Even the woman who is not smiling does not appear angry. Instead, her eyes are closed as if in prayer or meditation.<sup>60</sup> Furthermore, her long hair is pulled back in a ponytail with no indication that she actually has breast cancer, so the absence of a smile on her face is less meaningful in perpetuating happiness than the faces with smiles of those who are marked as having it.

What does contribute to cancer as playful and fun, however, is the group of three women, all with hair, who are participating in a Komen 3-Day. Braided pigtails, mardi gras-style beads, and bright pink bandanas don the three women in the image. The numbers 20 and 40 that are painted on their arms are marked out to show a pink number 60, indicating that the women we are viewing are those who have met their goals of completing the Komen 3-Day, a 60 mile walk. These women make up a team that has conquered a goal together and had fun doing it. The commentary about women “just hanging out” in earlier studies of these walks resonates with this image as well. The pink tinted photograph connotes the breast cancer cause broadly, but as Elliott mentions earlier, pink itself is simply a playful, feminine, fun kind of color. That the women are sporting it – on their earrings, sunglasses, tank tops, visors and water bottles – makes this picture as much of one about a breast cancer walk as an image about a fun, playful cheery kind of outing.

Accompanying the image is a caption that instructs the reader to “Walk the Komen 3-Day.” Below that is a more detailed caption: “It's 3 days, 60 miles and the farthest you can go to end breast cancer. In fact, it's the biggest impact you can make. But when someone you love has battled breast cancer, nothing less will do. The Komen 3.”<sup>61</sup> On the one hand, this caption

resonates with those seeking empowerment or instruction on how they can make some kind of difference. Seeing the women in the image who appear happy, excited, and are marked with having completed the task, visible by the “60” painting on each of their arms, has the power to showcase how rewarding participation in a walk can be for the participants, too. To position “the biggest impact you can make” as one that looks fun and cool can be appealing to those who might think that they, too, could manage walking 60 miles in 3 days and feel good about making some kind of impact. Since 1 in 8 women will develop breast cancer in her lifetime, the call to act by those who know “someone [they] love [who] has battled breast cancer,” is one that casts a wide net for audience members.

However, in reducing “impacts” to 3-day walks and suggesting that those who participate are all happy, accomplished, and cheerful at the completion of the walks serves to marginalize populations – even if those audience members know someone who has battled breast cancer and they want to make a difference. Not everyone who experiences breast cancer in some way is happy, and not everyone in this category can assume that walking alongside others will evoke that kind of emotion. For many individuals, breast cancer produces feelings of anger, rage, frustration, and sadness. Walking feels petty and smiling hurts. Organizations like *Fuck Cancer*, for example, have similar goals of making an impact and changing the game of cancer. Yet, the title of the organization itself speaks to anger as the predominant emotion. Komen’s page, however, leaves little room for any feelings *other* than happiness. To homogenize emotions towards something as scary as breast cancer runs the risk of alienating those who cannot identify with the cheery, fun images Komen highlights on their home page.

Komen’s self-promoting recruitment-style homepage, coupled with its cheery, playful depictions of breast cancer speak to a particular kind of audience it seeks to hail, which is a

white, financially comfortable woman. In the three sections below, I consider themes of identity that are present on the homepage. Race, class, and gender were most prevalent identifiers highlighted here, yet the closer look at each should not detract from overlaps between categories. In each of the three sections, the same phrases, images, and navigational tools on the homepage are revisited but through new lenses that take seriously the repercussions of a normalizing, homogenizing depiction of breast cancer experience.

### *Race and the Cure*

“Help Support Breast Cancer Research.”<sup>62</sup> Upon first accessing the Komen Foundation’s website, we are met with this phrase. Written in large, white font atop a solid black background, the words harken the reader. To the right of the statement, we see a profile of a bald, white, older woman whose nose touches the nose of a youthful white girl with brown hair and bangs. Only their faces are shown, and no remnants of bodies can be seen. Much like the white font that floats above the black background, the two white heads float as well. Their gaze evades the viewer, as their eyes are fixated on each other’s eyes. The viewer is only beckoned to feel compassion towards the bald woman in the picture and *told* to “Help Support Breast Cancer Research.” Options for doing so appear within the black, rectangular frame: “EARN MILES FOR THE CURE,” “HONOR A LOVED ONE,” and “MAKE EVERY PURCHASE PINK.” These messages on the white tabs are printed in a pink font, and as we notice from the final tab, the funds, donations, and purchases that we are told to make are necessarily “pink.”

As the first frame of what we see on the website, work is already done to constitute a particular audience in markedly visible ways. By choosing to use a dark, black background, we might imagine that “breast cancer” itself is coded as what is dark, literally black, and the white

faces and pink and white fonts, along with their messages, are how we might overcome this darkness. As we recall from Chapter 1, the mainstream US breast cancer movement is, indeed, very pink and very white. Capitalizing on these images in the first frame on their website exacerbate this notion and reify what breast cancer support through funding looks like. At face value, though, bodies that align with this imagery might, in fact, see hope that can come from donors. Looking at a white face, presumably one of a grandmother or mother to the little girl, is relatable. *Could that be me? Is that someone I know?* Furthermore, it creates a sense of urgency to quickly send money to Komen. The older woman in the photograph might soon be a “survivor,” and she might beat breast cancer in that way. Yet, she already has the disease. The touching of her nose to that of her young relative sends a stark reminder that breast cancer is genetic, and we have to do everything we can to stop the disease from making it to the smiling, youthful face with plump cheeks with a full head of hair, and a full life ahead of her. For someone who can identify with the image and literally see herself or someone she knows in it, this tactic at the beginning of the webpage could be read as effective, efficient. Yet, as I call attention to, the white faces are just that - only *white* faces. Furthermore, the use of the white faces above a black background not only negates the body of color to a space of nonexistence but actually situates it in the background. Breast cancer, then, is depicted as a white woman’s disease, and the Komen Foundation becomes a place to donate and fundraise in order to ensure the quality of life for white women and future generations of white women. Such imagery at the forefront creates little room to imagine black and dark bodies experiencing breast cancer, or perhaps using black and dark bodies would minimize the extent to which an audience would feel compelled to feel compassion if, of course, Komen’s target audience is white.

To capitalize on this reading of Figure K1 on the website, smaller headings, also in white font, reinforce the narrow view through which we might see breast cancer. Specifically, “The Breast Cancer Journey” says, quite literally, what the picture illuminates for the viewer. Should the viewer have missed this small writing, though, the menu bar on which it is found is static atop the webpage and is visible no matter where you are in your perusing of the webpage’s material. There is only one breast cancer journey: *the* breast cancer journey. The constant visibility, then, of this stark message reinforces all the images we see and texts that we read, allowing us to attribute everything back to that single journey. And what we find on the website serves to illustrate what that journey looks like, how we are expected to participate in it, and what breast cancer means if it functions as merely a “journey.” The choice to use “the” as an article in the phrase could be read as unifying. Breast cancer, at its core and at its root, could be read as something that unites women. Across race, income, religion, ability, or other factors that both visibly and invisibly distinguish individuals from one another, breast cancer positioned as a journey, and as “the” journey, helps to unify women with a common ground that seems to eradicate such differences. In other words, breast cancer, a disease that literally tears its inhabitants and their families’ worlds apart could ironically serve as the commonality that women need to get past other differences, a sisterhood in which the only color seen is the color pink.

On the other hand, however, this choice to write, “The Breast Cancer Journey,” also blatantly obscures the different experiences one has with breast cancer and places at the forefront the brand of breast cancer that is propelled by this influential organization. This framing serves to make invisible the very real discrepancies in who has access to specific kinds of medical care and support, how one experiences the emotional impact of breast cancer and whether s/he is



angry or scared, seeking happiness or God, and whose bodies are most at risk of the disease based on racial and socioeconomic differences. Furthermore, the fact that breast cancer is coded as a single journey, coupled with there being only three people of color in the thirteen faces present on the homepage give the viewer an idea of who this message, fundraising, and research is for, and also to whom it does not belong.

One must scroll to the fourth figure of the site to see a snippet of about “ENDING BREAST CANCER DISPARITIES TO ACHIEVE HEALTH EQUITY FOR ALL.”<sup>63</sup> This headline refers to the reality that black women disproportionately develop breast cancer at younger rates compared to other groups of women; yet the framing of this message is telling, still, about the way people of color are discussed here. While the first image of the two white women, both young and old, serves as a spoken-for message designed to incite empathy and encourage people to donate, the inclusion of racial health disparities much farther down the page includes a different kind of image. Certainly, it makes sense to include an image of a black woman when addressing health disparities among black women. Yet, the image that is chosen and accompanying text can be read as divisive in their appeal, or lack thereof, to the viewer. The young, black woman in the image is facing directly to the viewer’s left, eyes closed, and very long, relaxed hair pulled into a ponytail. *Who is this woman?* The bald and covered heads in other images that connote breast cancer patients very clearly let us know what we are seeing. Yet, the woman with a head full of hair does not have the outward signs of breast cancer. She has, merely, the visibility of being a woman of color. Accompanying this image is the phrase, “This [health disparity] is unacceptable and Susan G. Komen is working to change these outcomes,” leaving this mystery woman in liminal space of being. She is not outwardly the woman with breast cancer, matching the other images on the webpage. She is not clearly a

member of “Susan G. Komen” and “working to change these outcomes.” She is not obviously a mother, a partner, a sister, a patient, or a daughter. And aside from an image of Jason Aldean at the bottom of the page performing on a stage, in front of which we can imply there are many fans, she is the only person pictured alone. While there is a black couple pictured between two white couples, each of whom is afflicted with breast cancer, they serve as a token example of breast cancer patients. Indeed, Moeller identifies this move as one done strategically to “appear” inclusive: “we expediently include non-normal bodies in our discussions out of fear that a *failure to comply will compromise productivity and growth.*”<sup>64</sup> Yet, this lone woman in the only section of the webpage designed to give a voice to the very real problem of racial health disparities in breast cancer cases matters for how we might understand an audience member to react.

To those who can identify with the first messages and images presented, this image serves its purpose of diversifying the page, no matter how insignificantly so. It demonstrates an effort by this global organization to show that they care about racial issues within breast cancer research and find it “unacceptable.” Yet, there is visibly no bridge that allows for crossing. The woman’s closed eyes and diverted attention to somewhere beyond the audience who is viewing her quite vividly shows us what it looks like for black women who have breast cancer in a world that sees it as a white woman’s disease. And to the message that Susan G. Komen is “working to change” the reality, there is no expression of hope on the woman’s face who we imagine would benefit from this effort.

### *Money Matters: Komen and Class*

In addition to the whitened space of the website and the alienation of the woman of color who is alone, there is also an emphasis on how one can donate their own money with little

demonstration of how someone with little money to give can directly benefit from the funds that are raised. Already, we were met from the onset with the command to “Help Support Breast Cancer Research.” The limited scope through which we can imagine “help” positions us to see “help” as only something people with enough money can do. Furthermore, if you have the extra cash to foot the breast cancer fundraising bill, then donating to Komen is framed as the single most impactful thing you can do to support their mission to end breast cancer forever.

In Figure K5, Komen provides a synopsis of how their funds are distributed and the impact of those funds without ever actually providing a numerical value to how much money each section of fundraising would come out to. Prefacing the charts providing this information is the statement, “With your help, we’re having a real impact against breast cancer.”<sup>65</sup> This “real impact” is apparently defined as “saving lives and making progress in the mission to end breast cancer forever,” and it is directly correlated to “*your* donations.” The reader is positioned as someone who has either already donated to Komen or is expected to donate to Komen if s/he wants to be a part of “saving lives.” To put this into perspective, Komen offers four images to help us better understand what the “real impact” is and how, exactly, we can “sav[e] lives.” In the first image, a ring colored purple and pink highlight “Where The Money Goes,” with 81% of the ring shaded in purple and noted as the “Mission,” and 19% shaded pink to refer to “Fundraising and Admin.”<sup>66</sup> Below that, we get a slightly more in-depth understanding of “mission” by the four icons labeled “Research,” “Treatment,” “Screening,” and “Education.” In large blue font, “99%” is written with the text “5 Year Relative Survival Rate” below the figure in smaller font, and “for early stage breast cancer” written in even smaller font below that. Whatever they mean by “5 Year Relative Survival Rate” and even though it is only for those with early stage breast cancer, 99% of anything feels appealing when coupling the phrases

“breast cancer” and “survival rate” together. These figures, then, do provide some kind of numbers to show where the audience’s money goes and how it can help save lives. Finally, in the fourth image, three rows of small, stick-figure people all shaded pink are said to represent “More Than 3 Million Survivors and Counting” and then, below that and in smaller font, “supported through research and community programs.”<sup>67</sup> That Komen very briefly lets the audience know that there are over three million breast cancer survivors and a 99% five year relative survival rate as a direct cause of the money that they could donate to Komen’s mission is a compelling and convincing means of further encouraging donors to take part in this particular campaign.

Yet, earlier in the website, below a picture of three white woman clad in pink, sunglasses, pink-accented visors, and smiles, the audience is told that walking the Komen 3-day is, “in fact . . . the biggest impact you can make.” “It’s 3 days, 60 miles, and the farthest you can go to end breast cancer.” What is not immediately present on that particular page and must be found by clicking on “Learn More Here,” is that for a single walker to register, the cost is \$70. Even if you were to register as “Crew” and be exempt from further fundraising duties, you are required to have medical insurance and *four* days of your time to devote to being at the walk site and still pay the \$70 fee. On top of that, walkers, in addition to also being required to have medical insurance, must “agree to raise a minimum of \$2,300 for the Susan G. Komen 3-Day® by the first day of the event in order to walk.”<sup>68</sup> Should someone fail to meet the \$2,300 minimum requirement, which is the case even for each individual member of a “team,” the \$70 fee paid at the time of the online registration is still nonrefundable. Perhaps, then, audience members who felt compelled to help in some way but did not imagine they had money available to donate and, instead, wanted to support through participation in an event, would still find themselves at a dead end. Even if they could front \$70 and find a way to raise \$2,300, the push to raise even more

money is notated at the bottom of the registration page to remind the person registering that the average amount raised per participant is actually \$3,000, \$700 more than the minimum requirement.<sup>69</sup> The “Local Events Inspiring Change” thread scrolling alongside the image of the three women only lists each of the *areas* to participate in “Race for the Cure,” not any other alternatives to how someone might contribute and “help” in a different kind of way. Granted, there is one other alternative, which is found at the bottom of the webpage. A link to “the NEW ShopKomen.com!” claims that you can “Shop hundreds of new products today!”<sup>70</sup> Yet, to be sure, the means to “Shop now and help end breast cancer forever,” written on the banner atop the actual Shop Komen webpage, continues to conflate “help” with money.

When someone who has the means to donate is provided three unique options to do so - simply donating directly through the website, participating in a 3-Day Race for the Cure walk, or purchasing pink gear - the graphs regarding how Komen “sav[es] lives” and “impacts breast cancer” as a result of “your” donations means that audience members can see themselves as directly helping with Komen’s cause. They can imagine themselves as players in the larger mission that is to “end breast cancer forever.” The choice to highlight how important donors are to the mission is effective at attempting to secure donations. The decision to highlight three general options of doing so give the audience that is willing to donate a feeling of having a choice in how they choose to do so. Yet, what this construction of “helping” does is necessarily render invisible those who cannot afford to buy pink things or take off work to participate in a walk on top of raising money for it. Interestingly, even though we know that 19% of total funds from Komen are devoted to “Fundraising & Admin” based on the available chart, it is difficult to tell how much from “fundraising” helps to enable underprivileged individuals to participate in

what must be an incredible sense of community in the 3-days or if alleviating the burden of registration fees is even a mission for that portion of money.

To refocus on the website itself, however, the narrow view of what “help” looks like does, indeed, serve to alienate audience members who do not fall into the category of those who can feasibly donate to the cause. Furthermore, the emphasis of the entire homepage is to point to the different directions one can donate obscures the possibility that perhaps some individuals accessing the website want to know how they can directly benefit from those funds on the chance that they have breast cancer. The bodies of the “3 million and counting” survivors highlights the work that Komen and its donors have done to “save” them, but the way in which the website is presented offers little terrain to tread for those who may need, quite literally, to be saved.

#### *Men Get Breast Cancer, Too: How Komen Feminizes the Disease*

Aside from bodies that may not be white or may be confined to a lower socioeconomic class, men’s bodies are also nearly absent from the conversation about breast cancer. This section highlights the ways in which the men present on the website are constructed and how the particular construction could serve to obscure the reality that men do get breast cancer. In 2015, a study was published in popular media that found between 2004 and 2011, men opting for double mastectomies has increased from 3% to 5.6%, a significant increase.<sup>71</sup> This is also an indicator that men are following the suit of a growing number of women who are opting for the surgery, despite the risks associated with it and the lack of evidence that suggests double mastectomies can increase the chances of positive outcomes when breast cancer is found in only one breast.<sup>72</sup> This information is important because it points to the idea that what women are doing in regards to breast cancer and the fear associated with an early stage diagnosis has been interpreted as a

feasible route for men to take as well. Already, we know of the racial health disparities among Black women and other women that suggest the disease is not the same for every *body*, we seem to pay little attention, as well, to the effects of breast cancer on men and if treatments should be handled differently. Without moving into speculation, I highlight this trend in double mastectomies in order to call attention to the fact that we cannot exclude men from the conversation of breast cancer, even though it is admittedly a disease that primarily affects women.

Though Komen does address men with breast cancer in a page somewhere within its massive database of information through the website, I had to search “men with breast cancer” to find the link. This is significant for men visiting the page because the images they see all but make invisible the fact that men get breast cancer and are taking drastic measures once they are getting diagnosed. Even though the chart from figure 5 that shows the stick figures counting survivors includes a few stick figures shaped like “men,” the small size of each figure and the fact that all of them are colored pink makes the representation of men less obvious. At first glance, and with the color cue of pink, they all appear to symbolize women. Beyond the stick figures, there appear to be only three men pictured on the website, and in every instance, they serve solely as support for women with breast cancer.

In Figure K3, which showcases three survivors, each with someone accompanying them in their photographs, two of the three survivors are pictured with what appear to be men. In the first image, one man wearing a tuxedo and a pink tie has his left arm around a woman, who leans in to his support. Significant is that the woman he is supporting is wearing a head cover, which is the signifier of cancer treatment and subsequent balding. It is clear, then, that the person in the image who is the survivor is most certainly not the man. Rather, his purpose is in embracing her.

Likewise, the second image shows what appears to be a “selfie” taken by two individuals, one of whom is a woman who is bald and seated, while the other appears to be a man leaning in to take a photograph with her, still taller than her in the image. Much like the first image, the cancer patient is a woman, and the man accompanying her is present as a support figure. These two images highlight the degree to which men with breast cancer are erased from “the breast cancer journey” as individuals who have, or could have, the disease. Rather, their role in the mission “to end breast cancer forever,” - indeed, it appears they have a role - is a supportive one designed to help the women in their lives who develop the disease. At the very least, and what is more important, is the implicit message on the homepage that men do not get breast cancer. Even Jason Aldean, who is the third man pictured on the website, is only pictured in order to highlight a benefits concert. To be sure, a benefits concert is designed to support a cause financially. In this role, Jason Aldean is seen as performing in the image for the purposes of supporting Komen’s cause. Furthermore, upon clicking on image itself, the audience is redirected to more information about the benefits concert in which the gender is provided for us: “Beginning Feb. 8, 2016, Jason Aldean will honor one breast cancer survivor and her guest at select concerts along his 2016 We Were Here Tour.”<sup>73</sup> Never mind, temporarily, the fact that he only honors a “survivor,” and not someone who currently has the disease, the fact that the survivor is coded “her” lets us know, to be sure, that Jason Aldean’s role here is helping and supporting women with breast cancer.

Although these are the only representations of men on the webpage, I find it worthy to also consider the name that was chosen to be a “sample name” on a stack of checks designed to highlight a particular bank that offers pink ribbon checks: “Chris Martin.” “Chris” is typically a masculine name, gendered male, with a quick Google image search of “Chris” soliciting results



of only masculine images on the first page of results. This sends the message that men's roles in the Komen foundation are to offer support, whether physically in the case of embracing a woman with breast cancer, or financially, as someone who either purchases a particular kind of checks to show support or writes out a check to donate to the Komen foundation. While the reality remains that less than 1% of men ever develop breast cancer, and we imagine that Komen is attempting to reach out to its broadest audience, the coding of men in this way is certainly problematic and worth complicating.

Of course, in addition to making the experiences men have with breast cancer invisible, or obscuring the reality altogether that men can develop the disease, too, excluding men from the position as patients or survivors sends the message that breast cancer is only a women's disease. Necessarily, this would be the case, but in calling it a "women's disease," it also permits - as we know from the pink ribbon's rise to globally signify breast cancer - for depictions of breast cancer to be hyperfeminized as well. In a *National Public Radio* story in February of 2016, we see these two factors - invisibility of male breast cancer and hyperfeminine breast cancer messages - come to fruition in a cancer biologist's experience with breast cancer.<sup>74</sup> As a cancer biologist at MD Anderson Cancer Center, one of the most distinguished cancer centers in the world, he was also a man, also a human susceptible to framed, packaged messages about breast cancer culture:

[B]ecause breast cancer is so much more common among women, men with the disease can experience something of a "gender misfit." Bogler [the cancer biologist] wrote about his experience in a personal blog he called *Entering a World of Pink*. Breast cancer clinics are often decorated in lots of pink, and support systems are designed with women in mind. Giordano recalls one male patient who, after a biopsy, was given a pink floral ice pack that came with instructions to "place it inside your bra."<sup>75</sup>

I do not intend to suggest that Bogler's story means that perhaps breast cancer centers should now feature "man cave" lounges with only sports broadcasts allowed on the televisions and "manly" sayings framed and hung around lobby areas. Rather, Bogler's story highlights the degree to which breast cancer has been incredibly hyperfeminized with the extensiveness of pink. Certainly Bogler's blog is not the first to criticize this component of breast cancer culture. Barbara Ehrenreich's "Welcome to Cancerland" article in *Harpers Journal* over 15 years ago talked about the absurdity of the way pink saturated everything.<sup>76</sup> Yet, the publicity of Bogler's experience with breast cancer as a man, a subject he contends few men want to address because they feel outcasted, coupled with his experience of gender "misfit" upon being diagnosed reifies what so many women have been saying for over a decade.

Recall from the beginning of this chapter, however, that it was the beginning of the Komen Foundation that sparked the beginning of feminizing breast cancer and making it "pretty." The continuation of this mission perhaps serves as a hindrance in the context of gender, particularly as more and more men are being diagnosed with breast cancer and subsequently opting for, or being recommended, mastectomies and double mastectomies for treatment. When men access Komen's page and see themselves only as supporters, people who can love women with breast cancer and give money to people like Komen, it reinscribes the invisibility of the fact that men do get breast cancer. When a cancer biologist puts off getting a lump tested for over four months, we can imagine the stereotype that breast cancer is only a women's disease is remarkably pervasive.

## Conclusion

In the previous five sections of analysis, I examined Komen's website to identify components related to race, class, and gender, as well as attitudes towards the disease and the notion that the homepage serves as a recruitment tool for their campaign. I asked who breast cancer affects according to Komen, who gets to help with the movement and how, and whose bodies are shown through images and imagery. Interwoven with these observations was a rhetorical queering of these seemingly unifying, positive messages which actually have harmful undertones that marginalize individuals seeking information about breast cancer who do not fit Komen's ideal audience. As I have demonstrated previously, works of other scholars have indeed highlighted the ways in which breast cancer is oftentimes depicted as a feminine, white, usually youthful display of cheeriness. Certainly, in this study, the findings remain the same. Yet, what is important from analyzing Komen specifically is that it remains a pivotal stakeholder in the way breast cancer culture and experiences are framed and how individual bodies are thus told to make sense of a life altering disease.

Specifically, Judith Butler, in her work on gender performativity, says that "normative schemes of intelligibility establish what will and will not be human, what will be a livable life, what will be a grievable death."<sup>77</sup> What is rendered "normal," then, whether in the context of gender or, in this case, a body with breast cancer, necessarily signifies what is *not* normal. As such, when we "read" Komen and "queer" Komen to the extent that we are pulling back layers of tape to find what is at the core of "breast cancer," we are necessarily asking ourselves the larger question, which is *Whose lives matter?* We understand, as well, that Komen is an interest of study because of its power to shape real ideologies about how we experience the disease. Certainly, if we credit Komen with breaking the silence and stigma of breast cancer, then Komen

must also be credited with shaping how and what breast cancer means in the world. Identifying who is marginalized or completely erased from their homepage is indicative of this overarching question that I put forth to ask and helps shape our understanding of breast cancer culture. Put in the context of Judith Butler, who takes seriously an undoing of the way we think of bodies and being in bodies as a way of potential liberation, we better understand the gravity of the raced, classed, and gendered bodies that Komen holds onto in order to craft what is “normal” when we talk about breast cancer. Bodies about which we do not talk are potentially lives whose deaths we cannot and do not grieve.

## CHAPTER 3: THE NATIONAL BREAST CANCER FOUNDATION

In the previous chapter, I highlighted the ways in which Komen purports a particular kind of image of the breast cancer patient/survivor/supporter and the narrow lens through which individuals are disciplined to experience breast cancer. To be sure that Komen is not merely an anomaly, this chapter serves to examine another breast cancer organization that, like Komen, shows up in the top three search results of Google, Yahoo!, and Bing for “breast cancer facts.” The inclusion of the National Breast Cancer Foundation in this project gives more breadth to my research on breast cancer information online to consider trends that are present beyond just Komen.. The first portion of this chapter will contextualize the National Breast Cancer Foundation among the pink legacy set forth by Komen and provide ways of understanding how it is similar to and different from Komen. Though there is almost no communication scholarship on this particular organization, I do spend time demonstrating how and what makes the National Breast Cancer Foundation is significant despite it being understudied. The majority of this chapter, however, will spend time rhetorically queering the website itself.

Mirroring my analysis of Komen, this chapter will only analyze the homepage to determine who is hailed, who is marginalized as a result, and what that means for those seeking breast cancer information. Yet, I do use information on the website itself about the organization to explicate its mission, origin story, and additional contextual material not immediately available on the homepage. In the same way that there were two themes – self-promotion of Komen as a ‘recruiter’ and cancer as playful – in the last chapter, two distinctive themes were unveiled in this analysis of the National Breast Cancer Foundation. As such, before I delve into intersectional analyses of the messages on their homepage regarding race, class, and gender, I demonstrate the ways in which the National Breast Cancer Foundation’s mission reproduces

normalized, mainstream understandings of cancer “prevention,” which I work through in the first section of my analysis. Next, I examine the significance of the word *hope* and its various appearances on the homepage to make sense of how its repetitive application works to discipline the audience to a nuanced lens through which they might make sense of breast cancer. Finally, I order categories examining race, class, and gender to mirror Chapter 2, though understanding that these components of identity are always at play with one another and that power dynamics are always at work within and between different measures of identity.

### **Founding the National Breast Cancer Foundation**

While the Komen Foundation was founded by the sister of Susan G. Komen who died of breast cancer, the National Breast Cancer Foundation actually began with breast cancer survivor Janelle Hail. This distinction shapes this organization’s missions, goals, and means of communication in particular ways distinct from the original breast cancer organization. Yet, there are remarkable similarities between Komen and Hail. Both women developed breast cancer young, in their early thirties, and in the same year, 1980.<sup>78</sup> The same angst and frustration that both women experienced with developing the disease during a time when the topic of breast cancer was publicly silenced – particularly in comparison to the frequency with which we encounter it in the 2000s – drove the founding of both organizations with overarching intentions of making some kind of improvement in the lives of women as they relate to breast cancer. However, Komen took the lead, founding the organization in 1982, and it was not until nine years afterward that Hail embarked on the journey to develop the National Breast Cancer Foundation.

As noted in the previous chapter, Komen’s origin story explicitly centers on the aesthetics of experiencing breast cancer as a patient. Recall the drab wall colors in the patient waiting areas

that Susan Komen said were “not right.” This push to feminize and aesthetically alter the breast cancer patient’s experience birthed the pink ribbon movement that has, as I state previously, shaped our understanding of the color pink and its globally recognized relationship to breast cancer. This origin story of a breast cancer movement pioneered a pink frontier that has had lasting impacts on the ways in which newer, less prominent breast cancer organizations could participate in the larger, mainstream breast cancer movement and conversation. It almost goes without saying that Janelle Hail’s decision to develop her own breast cancer foundation would borrow heavily from the codifying concepts of Komen – notably the pink color that is present throughout the website – to situate it in a larger conversation that has already become understood as common knowledge about breast cancer. In other words, it makes sense that Hail would make use of the color pink and develop a place to shop for pink products in order to participate given the success of Komen’s strategies of utilizing these tools. Interestingly, however, Hail explicitly states that her initial concerns as a breast cancer patient were not, unlike Komen, the lack of pink decor hospital visits despite her adoption of the visible pink trends set forth by Komen.<sup>79</sup> Rather, she notes that her major concern was the lack of information available to her before making important decisions regarding her health.<sup>80</sup> As such, it is important to understand the difference between adhering to pink standards of Komen’s legacy and the intentionality behind Hail’s decision to start a new foundation grounded in providing breast cancer information beyond hospital walls.

### **“Life-saving Information” and Breast Cancer Online**

Unlike patients and patients-in-waiting in 2016, Janelle Hail reminds her audience that when she was diagnosed with breast cancer back in 1980, “there was no internet.”<sup>81</sup> There was “little information” available to women outside of patient-doctor relationships and even those,

she remarked, were not useful if women were not regularly visiting their doctors for routine checkups.<sup>82</sup> For Hail, an early diagnosis which subsequently led to a mastectomy is what she believes led to her own survival. She makes clear, though, that had she not been conducting breast self-exams that she learned in a junior high health class, she would not have known to be concerned about a lump she found.<sup>83</sup> Information about early detection, then, is something that Hail feared was lacking since women might not seek medical assistance with breast cancer-related symptoms until their chances of survival were too low and to be unlikely. Although the Komen Foundation, too, has become a source of breast cancer information as I explain in the previous chapter, the differences between each organization's *initial* drive to establish a breast cancer foundation are both distinctive and interesting. Hail makes clear that the primary purpose of crafting the National Breast Cancer Foundation stemmed from a realization that women really did not have the tools and information they needed to make informed decisions about their bodies and their health. Her goal was to offer that information.

As I discuss in Chapter 1, the internet is increasingly becoming a space in which the general public can access information about their health in ways that they could not thirty years ago, and the National Breast Cancer Foundation has capitalized on the opportunity the internet holds for providing that information and fulfilling Hail's vision of getting vital information out to women who need it. Although not as prominently spotlighted as Komen, the National Breast Cancer Foundation has carved a place in cyberspace with the intention of ensuring that women do have accurate information about their breast health. According to the organization itself, the National Breast Cancer Foundation "has become one of the world's most recognized and respected breast cancer charities, reaching millions of women with *life-saving information* and assistance."<sup>84</sup> As spelled out here, the prioritization of information in and of itself is reiterated



throughout the website, highlighting the notion that information alone can be sufficient enough to promote the quality of life for women affected by breast cancer and, indeed, be “life-saving.” A 2007 study seeking to understand older individuals’ understanding of health information like this actually selected this particular website as one of several for their study because it was gathered from “a list of top-ranking websites across 10 popular search engines,” further demonstrating both insider and outsider perceptions of the palatability and popularity of the website.<sup>85</sup> In other words, researchers and the organization alike understand the extent to which the messages crafted on the website are popular in that they are able to, and do, reach millions of people around the globe.

Understanding the extent to which this organization influences messages and meanings of breast cancer is important because this project underscores the necessity of interrogating breast cancer information messages that are highly trafficked and thus influential. Though the National Breast Cancer Foundation had a different origin story from Komen and was conceived almost a decade out from the pink ribbon beginnings, the foundation has certainly earned a spot as one of the major national organizations in the US that should be looked at more closely on its own terms rather than a pink shadow of Komen’s. Their drive to produce and provide “life-saving information” should catch the ear of communication scholars who seek to understand how such messages are crafted and, in this case, what they may mean for particular kinds of audiences. For an organization that attributes saving lives to information written on materials like their website, the National Breast Cancer Foundation deserves closer analysis that I offer in the coming sections of this chapter.

## **Pink Persuasion: Crafting Breast Cancer Communication**

The concept of providing scientific, medical information to lay persons across the world is an undeniably worthy endeavor, and the National Breast Cancer Foundation has certainly etched its mark in the global conversation about breast cancer and education. When we read that for “11 years, Janelle [Hail, founder] entered into training in writing and speaking to equip herself with knowledge and the ability to deliver a message of hope to women,” however, we must understand the core of this organization as a rhetorical text postured for rhetorical analysis.<sup>86</sup> I asked in the previous chapter *if* Komen was rhetorical for the fact that its language and branding cleverly marks it as anti-rhetorical, indisputable fact, and authoritative informant despite my analysis demonstrating that it is, indeed, rhetorical. Yet, Hail’s organization is not shy about showcasing the rhetorical skill involved in developing a national, globally-recognized organization: years of “training in writing and speaking.” For the National Breast Cancer Foundation, then, there is no question about whether it can be read as rhetorical. The particular messages originating from Hail’s vision of a breast cancer organization are tangled in a careful crafting of texts to elicit a unique way of communicating breast cancer.

Part of what makes this website appealing, though, is the attempt – presumably from years of training about how to approach wide audiences – to appear inclusive as it addresses a unifying kind of dilemma like breast cancer. Nodding perhaps to other breast cancer organizations, the National Breast Cancer Foundation attempts to set itself apart, establishing a trustworthy kind of ethos to gather support: *We are not like the others*. Specifically, the informational page about the founder states that the “NBCF did not start as many non-profits do, with fame and fortune. It was created out of a God-given love for humanity and a calling on her [Hail’s] life to help the needy.”<sup>87</sup> This overly simplistic intentionality stresses that *this*

organization, unlike *other* organizations, is only out to help others because the founder was called to do so by a higher power. There is a message of innocence within this claim that suggests that this organization fell into place because its intentions were pure and began out of love. Yet, that conflicts with the training Janelle Hail underwent to learn how to become a rhetorician at the pink podium and her “entrepreneurial skills” that were needed to run the foundation as a successful business.<sup>88</sup> Of course, I do not intend to suggest that having entrepreneurial skills to develop a charity organization and also a “God-given love for humanity” are mutually exclusive or that the former stains the intentions of the latter. I do suggest that understanding Hail’s approach to this organization whereby pure love for others and “the needy” requires rhetorical skills to be successful at fulfilling its mission is illuminating and helps guide the sections of analysis that follow. On the one hand, Hail is given a “pass” for using her personal experiences to guide the mission and presentation of the foundation because she merely wants to share with others opportunities for breast cancer screening because *she* believes that saved *her* life. On the other, however, the explicit statement that she has received training in speaking and writing lets the rhetorical critic know there is also awareness she, and thus her organization, must have in how they present themselves online.

### **[www.nationalbreastcancer.org](http://www.nationalbreastcancer.org)**

The National Breast Cancer Foundation is a significant figure shaping breast cancer communication, and the following five sections look closely at particular ways in which breast cancer is communicated on their website, [www.nationalbreastcancer.org](http://www.nationalbreastcancer.org), and their website’s homepage in particular. The first section of rhetorical analysis examines Janelle Hail’s positionality and personal experience with breast cancer to consider the ways in which a rhetoric of “prevention” fixated on “early detection” transcends the individual and becomes prescriptive

for how *everyone* should define prevention. The second portion of analysis examines the term *hope* that is used throughout the National Breast Cancer Foundation's materials and calls attention to the urgency put forth to move patients and those affected by breast cancer to positivity, disciplining any feelings towards breast cancer other than hope. I then consider the ways race is depicted on the homepage and spend time more closely in this chapter examining the relationship between race and class, which is the next section of analysis. Finally, I reiterate the concerns I highlight in Chapter 2 about the extent to which men with breast cancer are made invisible by virtue of depictions of breast cancer experiences on the website. There are certainly similar trends that emerge in this chapter that we have encountered in the chapter on Komen's homepage, and this sense of repetition should speak to the problems with mainstream breast cancer discourse that this project, as a whole, seeks to examine given the clout that both organizations have in shaping how we understand breast cancer.

#### *It Worked for Me: Mammograms as Prevention*

As I highlighted earlier, Hail was drawn to develop this foundation was because of her experiences with breast cancer, which relied solely on patient-doctor interactions, and which she felt were insufficient for making informed health decisions. Coming from that world where we "didn't have internet," Hail saw the new medium for emitting information as one worthy of developing in a way that catered specifically to women with, or at risk of developing, breast cancer. By virtue of offering a new outlet to gather vital information about breast cancer treatment options, Hail all but directly situates the intent of this foundation as one primarily focused on providing information regarding breast cancer in an accessible way – the Internet – that does not rely on doctor's visits to obtain it. Yet, the vague, actual mission statement – much less bold than Komen's "end breast cancer forever" – is worth looking at more closely. Their

website states that the “NBCF’s mission is to help women now by providing help and inspiring hope to those affected by breast cancer through early detection, education and support services.”<sup>89</sup> Consider the earlier emphasis placed on “life-saving information” that underscores the birth of this foundation and then the ways in which this claim is watered down in the mission statement to a vague notion of “education” and “support services.” What exactly does it mean to “*help women now*,” a trademarked slogan associated with the National Breast Cancer Foundation? Aside from nondescript “education and support services,” the only *specific* way that women are helped according to the mission statement is by “early detection.” Despite Hail’s assertion that before the internet there was little to no health information outside of patient-doctor meetings and a lack of information about how to deal with breast cancer, she prescribes *the* remedy – not merely as an *example* of her own story – and *the* way that women are to be helped. Hail’s own personal experience with early detection through breast self-exams and subsequent mastectomy bleeds into a generalized statement for how all women should understand “prevention.” This is an interesting position given that the purpose of providing a greater breadth of information was to allow individuals to better understand their own experiences and make informed decisions about their health that is best for them – not necessarily what was best for Hail.

To be sure that Hail’s privileging of dealing with breast cancer is, indeed, relegated to the individual body and absolves systemic factors relating to breast cancer development, the homepage demonstrates this in more than one way. With the oft-used statistic that “1 in 8 women will be diagnosed with breast cancer in their lifetime” highlighted on the homepage, the audience is reminded of the seemingly inevitability of the disease.<sup>90</sup> The solution, according to the National Breast Cancer Foundation, is rooted in those “1 in 8” individualized bodies, rather than

greater, systemic ways we might conduct research to find the sources of breast cancer and make real, impactful changes.<sup>91</sup> In other ways, there is no real call for efforts to actually “prevent” breast cancer itself or even to find a cure; rather, the focus is on how inevitable the disease seems in order to move the audience to the next “step” for dealing with the disease: for Hail, it is early detection. Presented as a quote from a breast cancer survivor pictured atop the homepage and below the slogan *Early Detection Saves Lives*, “I would tell a friend that *early detection is the best hope* for long-term survival. Be proactive about your health, create an Early Detection Plan today.”<sup>92</sup> Though the survivor quoted is not Hail, the incorporation of another form of peer testimony like this one serves to reinforce Hail’s claim. The next image that scrolls across the homepage banner is a link to “Create an Early Detection Plan.” Available as an iPhone app and with a login option through social media platform Facebook, the audience is told that “The *best way* to fight breast cancer is to have a plan that detects the disease in its early stages.”<sup>93</sup> The audience can actually see the “70k likes” icon at the top of the webpage while viewing the scrolling images like these two which builds a bandwagon argument that Hail, and thus the National Breast Cancer Foundation, knows what is best when it comes to breast cancer – and at least 70,000 others support that. And as it appears on their homepage, what is *best* is tied up in finding breast cancer from the moment it starts.

While finding breast cancer through early detection methods is an important way to “be proactive,” it reproduces harmful ways of making sense of breast health and all but obscures any understanding of what causes breast cancer and overlooks a critique of environmental and social issues related to breast cancer – all of which are significant if we ever wish to truly cure breast cancer. To be more specific, one of the major problems with exercising a rhetoric of “prevention” rooted in mammography is that quite literally detecting breast cancer in its early

stages does not actually “prevent” breast cancer. It merely lets someone know that they have the disease. For Hail, her positive mammogram led to a mastectomy which she attributes to saving her life. The choice to use the blanket term “prevent” in this context, then, is tricky because while the American Cancer Society attributes mammograms to preventing *deaths*, they do not play a role in preventing breast cancer.<sup>94</sup> Just last year in 2015, the ACS changed the mammogram recommendation guidelines:

It found increasing evidence that although mammography can prevent deaths from breast cancer, it is less helpful in women under 45, and carries risks like false positives and, potentially, the diagnosis and treatment of small, unaggressive cancers that might never have bothered the patient if left alone. For younger women, the harms appeared to outweigh the benefits.<sup>95</sup>

This statement was controversial for many reasons, but many were taken aback because of the extent to which “early detection” – as it is reiterated over and over on this website – has become the way in which we understand breast cancer. If we are told that early detection is the “best way” and mobile applications have been designed to create an “Early Detection Plan,” we are left empty handed and helpless when a group like the American Cancer Society calls attention to false positives, overly aggressive treatments, and other problems related to mammograms. Organizations like Hail’s which reify these kinds of tropes should be looked at more closely given that their primary functionality is rooted in raising funding to make mammograms more affordable for those in need. While this is certainly a charitable move and can “help women now” in some respect, it does bring into question an organization as influential as this one that does nothing with their funds to actually work on breast cancer “prevention.”

Hail’s ability to capitalize on general topics like “helping women” and providing medical screening to “those in need” is admirable on the surface. Yet, the choice to only highlight Hail’s experiences – and experiences of those like her – regarding early detection without even

mentioning what causes breast cancer, its relationship to environmental issues, or how their funding might work to research ways to cure breast cancer or find real means of prevention is misleading and underwhelming. The acceptance of breast cancer as a fact of life is a less than radical approach for an organization claiming to be providing “life-saving information” to a global audience. This complacency towards breast cancer sets us up for the following section which examines more closely the notion of *hope* that is prominent in this text.

### *Highlighting a Rhetoric of Hope*

In the previous section, I called attention to the ways in which Hail’s view of breast cancer is pushed onto the website’s audience regarding early detection and prevention. Yet, perhaps even more disheartening is the next fold in this argument which points to the ways in which hope – as a word and as an ideal – assumes the position of disciplinarian. Should an audience come in contact with this website, feelings other than hopefulness are silenced and the audience is made to be hopeful, “give hope” or read stories of “hope” from others. This highlighting of hope can certainly be read as a positive move on the National Breast Cancer Foundation’s part, but it perpetuates the complacent inevitability of breast cancer and the gendered disciplinary move to encourage those affected by breast cancer to remain cheery, positive and content.

“Beyond the Shock” is a highlighted component of the National Breast Cancer Foundation that, at first glance, seems to be a positive outlet for making sense of the “shock” of breast cancer.<sup>96</sup> Yet, as I demonstrate here, it actually works to herd readers to a particular state of mind in which the only moment patients might be able to encounter feelings of “shock” at all is when they read that word in the title of the information sector. Immediately, then, there is a push for patients to submerge themselves in a rhetoric of hope. This “resource for breast cancer



education” allows users to “Ask the community for answers” – though to what questions is left unstated – and “hear stories of courage.”<sup>97</sup> Even this description of Beyond the Shock’s content and purpose seems to acknowledge that many people may feel powerless, confused or frustrated, but there is little room to exercise those feelings. Rather, users are expected to passively “hear stories” or “ask the community” questions assuming that answers cannot be found by trusting one’s own emotions and sense of self during a time when they are affected by breast cancer. Furthermore, the intention of this education program is designed to move the audience away from shock. Suggesting that individuals should move “beyond” the shock implies that “hope” and “courage” are the places we should be when we encounter breast cancer. In this way, a rhetoric of hope becomes a forced state of being that we have to be coached into without room to ask the pointed question: *Why?* Certainly there is productivity in frustration with the extent to which breast cancer occurs, but why should we be pushed to a state of hopefulness and asking questions of how to get there rather than asking questions about what causes breast cancer and how can we prevent or cure it?

In addition to the educational app Beyond the Shock, the images and captions throughout the homepage reify the notion that those who have survived did so because they had hope. The breast cancer survivor that I mention earlier tells us that early detection is the “best hope.”<sup>98</sup> The link provided to purchase merchandise is intended to “Share Hope with Friends,” suggesting that shirts and hats that conflate “hope” and “breast cancer awareness” contribute to Help Women Now. The three young women who look to be teenagers or in their early twenties are not coded or captioned as survivors, which suggests that even if you do not have breast cancer but want to help this particular cause, your task is to “share hope.” Hope, then, is the key to meaningful ways of making a difference in the lives of those affected by breast cancer. And even if you do not

want to buy merchandise, the National Breast Cancer Foundation frames donations as “giv[ing] hope.”<sup>99</sup> Accompanying this text are two smiling faces of older white women, Pat and Mary, who are presumably breast cancer survivors, with the slogan “I have HOPE. This indicates that donations of *giving* hope produce happy, successful patients like Pat and Mary who then *have* hope. The website even attempts to show how more ‘masculine’ women, like those “Harley-Davidson Rider[s],” thrive on hope. On another banner, the audience is invited to “hear stories of hope and freedom from survivors in the Harley Davidson community.”<sup>100</sup> Finally, on the portion of the website dedicated to “Helping Women Now,” the audience is told that the National Breast Cancer Foundation “provide[s] help and inspires hope to those affected by breast cancer,” which indicates that “help” necessitates “hope:” they are one in the same for this particular organization.

Apparently, then, hope knows no boundaries and serves as the platform on which this organization seeks to perpetuate this ideal state of being despite being affected by a disease about which we know very little and one to which this organization does not even donate funding for research to learn more about it. “Hope,” rather than “finding a cure,” “preventing breast cancer,” or “learning about what causes breast cancer,” is the end-all be-all for the National Breast Cancer Foundation, a concerning prescriptive kind of message that is reminiscent of the lulling effects of a drug like Valium. Women and men who develop the disease are not encouraged to use their shock and anger to fuel meaningful change in the current status that 1 in 8 women will develop the disease in her lifetime. They are not encouraged to donate money towards breast cancer research to lessen the impact that it has on so many individuals, friends, and families. Instead, the National Breast Cancer Foundation highlights a rhetoric of hope that is less than hopeful for

changing the current status of breast cancer given the traction their particular rhetoric has in shaping breast cancer communication.

*“Help (White) Women Now”*

The homepage is unmistakably awash with only people who appear to be white in a way so blatant that it is difficult to read the images any differently than an overt whitewashing of breast cancer. This, of course, is not new to ongoing discussions of breast cancer discourse.<sup>101</sup> Mainstream breast cancer discourse has consistently been framed as a white woman’s disease with little attention paid to the racial disparities regarding breast cancer incidences and mortality rates. Yet, the unmistakable message sent to audience members on the National Breast Cancer Foundation’s website is both that breast cancer only affects white women and if it affects any women of color, donors need not be interested in coming to their aid.

As harsh as this critique may seem – and I do not doubt the description of my critique here – it is difficult to look past the fact that the nine faces shown on the homepage are all white.<sup>102</sup> Of course, the critique I make here extends past calling attention to unrepresented demographics on a particular website designed for those “affected by breast cancer.” Furthermore, the slogan that this foundation rests on is “Helping Women Now,” but the decisions to only display white women as donors, survivors, and those given a voice to “share stories” or blogs suggests that its aim is really “Helping (White) Women Now.” Despite the overtness of this critique, which is not as far-fetched and abrasive as it may come across, I offer different ways of reading the white faces to point to how an audience might interpret this implicit message and how the organization perpetuates whiteness as normalized and women of color as abnormal, silent, absent, and unaffected.

If a woman of color were to access this page to retrieve its “life-saving information” or to find out how to be hopeful during an incredibly difficult diagnosis, she literally is erased from the conversation at hand. The faces do not look like her, and there was not even an attempt by the website creators to include even a token representative to indicate that a woman of color could benefit from accessing this site. She is thus rendered insignificant, incomprehensible, and has no place to either “Help Women Now” or benefit from the assistance that the National Breast Cancer Foundation claims to offer women in getting access to health services. Yet, perhaps this website simply looks like most whitewashed national organizations regarding breast cancer and women of color have grown accustomed to literally not seeing themselves represented. Perhaps this website is just another site in which women of color are relegated to the background. There is the possibility, then, that women of color could still find the information and resources provided to be personally useful. Even still, it remains difficult to infer that the National Breast Cancer Foundation cares about bodies that are not white when they did not care to incorporate those bodies into their homepage.

Aside from the overt lack of representation, another layer of analysis points to the ways in which this organization perpetuates the notion that white individuals are more credible to speak on important issues. The testimony provided in snippets such as by survivor Janet St. James is not only a lack of representation of women of color. Rather, the text accompanying these images of women suggests that they are the kinds of people who are most knowledgeable to speak about issues regarding breast cancer. James holds the space of the first image that audience members see on the website, and she “says” what she would tell a friend about early detection and how that is the “best hope.”<sup>103</sup> White women, then, are the ones deemed credible enough to instruct audience members about how to approach breast cancer concerns. Indeed, that

Janelle Hail is a white woman and founder who blogs about her experiences demonstrates that her life experiences are deemed worthy enough of readership for igniting hope and providing useful information in a way that other kinds of women are not even mentioned.<sup>104</sup> Indeed, the only “alternative” group addressed is the “Harley-Davidson Riders,” and even they are pictured as two white women. Like James, though, their lives and experiences are also privileged and given a platform on which to share their own stories. This approach may be overlooked by an audience member who looks like the women represented on the homepage, but for those who cannot see themselves represented, it says that their experiences are not worth sharing and that their epistememes are invalid and unworthy.

Perhaps even more detrimental is the implication that women of color are not pictured and their stories are not shared because they do not get breast cancer. By not picturing women of color or talking about their stories on the homepage, an implicit message reads that women of color are not as affected by breast cancer as white women. Though it is true, as I mention in Chapter 1, that white women have higher incidence rates than women of color in the US of the disease, black women, for example, still die at higher rates. To make the conscious decision to exclude black women and other women of color could feasibly contribute to these disparities because the messages purported suggest breast cancer is, indeed, a white woman’s disease. The critique that women of color are not represented on a website’s homepage thus raises many more qualms than simply a lack of representation. Rather, this highlights the degree to which a subversive kind of racism, particularly on a website designed to “Help Women Now” regarding a disease that affects so many is – and should be – alarming. In the section that follows, I begin by discussing class but incorporate race in order to thread the complexities of what seems like a

minor representation concern into larger, systemic problems that this organization effectively perpetuates.

### *Who's Doing the Helping?*

For the primary form of charity ensuring that “needy women” have access to free mammograms for early detection screening, the home page sends mixed messages to the audience depending on whether it is seeking help or how to help. Notably, the homepage, that first glimpse of what makes the National Breast Cancer Foundation what it is, directly addresses those who might provide funds for “needy women.” Should the audience include a “needy woman” seeking out tools and resources for securing a mammogram she otherwise, could not afford, she is relegated to other areas of the website – not acknowledged at the onset.

Interestingly for an organization who highlights the charitable donations made to mammograms and early detection programs, the emphasis and attention is placed on those who give money, not those who actually need the help. This conflicting presentation of materials highlights class privilege on the National Breast Cancer Foundation’s homepage and exposes the dilemma of being classified as “needy” while also using the internet to find “life-saving information” that is *about* you but not necessarily *for* you.

To be sure, we can address the most explicit audience addressed by looking at the use of the pronoun *you* on the site as it relates to patient assistance. Tucked away beyond the homepage is a map of the fifty US states with pink dots representing hospitals and clinics that provide these free services as a partnership with the National Breast Cancer Foundation.<sup>105</sup> On that page are links where “you” can find more information about where “you” might take advantage of these services.<sup>106</sup> Here, the text speaks directly to an audience who has maneuvered through the various hyperlinks and tabs to make it to the space on the site that provides information about

patient services. It is designed to let audiences know where they may receive free mammograms, for example, by searching their state to find out which clinics and hospitals are partnered with National Breast Cancer Foundation.

Yet, the homepage, which is the first moment in which an audience might be hailed, is fixated on the audience member who would be providing monetary donations in order to keep patient assistance programs funded. For example, in Figure N4, entitled “How Can *I* Help?” the first of three options is to “Provide a Mammogram.”<sup>107</sup> Below that option is an explanation that “\$100 provides a mammogram for a woman in need.”<sup>108</sup> In this statement alone, the difference between “a woman in need” and the “I” who has the means to donate \$100 for her benefit are distinctly divided along class lines between the charitable and the needy. Because “a woman” becomes other by this statement, an imaginary individual at present with no immediate connection to the audience member reading the text, the one who needs financial assistance and thus is of lower class status has become rhetorically othered. I contend, however, that by not being able to read/see herself on the homepage, without the opportunity to be hailed by a message like, “Looking for Financial Assistance for Screenings?” or “How Can I *Get* Help?” then she is rendered placeless, othered, on a site boasting of “life-saving information” that is not speaking to her. This, of course, is problematic because while the webpage highlights how the organization is “Helping Women Now,” the women who may well be seeking that kind of help are othered or invisible on the homepage. Instead, only those who can serve to increase fundraising for the National Breast Cancer Foundation are spoken to directly, hailed explicitly, in ways that privilege those with higher class status.

I mention elsewhere that black women disproportionately die of breast cancer at higher rates than any other racially categorized group and develop the disease in much more aggressive

forms and at younger ages. Since race and class work together to shape an individuals' lived experiences, we must know that black women who are also poor – and systemically speaking – are more likely to be poor, are also marginalized by the kinds of messages purported on this homepage. The very women dying at higher rates are also the demographic most in need of financial assistance for medical attention but are remarkably invisible. In the previous section, I call attention to the explicitness with which the site whitewashes breast cancer by ensuring every single smiling face is a white one. To be sure that class plays a factor as well, however, take Figure N1E for example. Even though it is more likely that women of color who are systemically less privileged are more likely to benefit from the funds raised by the National Breast Cancer Foundation, the two women that the organization chose to highlight for women that “you” can “help,” are two older, white women: “make a donation today to provide help and hope to women affected by breast cancer, like survivors Pat and Mary.”<sup>109</sup> The “you,” then, who refers to who might be able to financially help others is also hailed in a way that suggests what kind of women are worthy of being on the receiving end of your donations. The decision to incorporate an image of actual survivors is a strategic one because it allows the audience to imagine real women who have benefited from donations. However, survivors “like” Pat and Mary suggests that the potential donor would identify with women who look like Pat and Mary. In other words, the organization implicitly suggests that the audience is middle to upper class white women who have the means to “provide help and hope,” but that they are interested solely in helping other women who are like them, erasing the possibilities of lower class individuals and also women of color from the conversation simultaneously.

This erasure and privileging of the audience member with a fatter wallet is not merely problematic but also, as I point out in the first portion of this section, contrary to the mission to



provide “life-saving information” and helping women who need it. These small moments that I expose demonstrate clearly that the target website based on the homepage content is for those who are looking to give their annual charitable donations. It does not present itself as a website designed to “help women now,” because the women who might find this information helpful are relegated to deeper portions of the site as a whole. The “front door” or “face” of the National Breast Cancer Foundation offers a warm welcome to those seeking to drop off funds, showcasing how that money can help women dealing with breast cancer. Yet, to be an individual with breast cancer who *needs* that financial assistance, finding the pronoun *you* – the one actually meant for you – requires a bit of research and leaves her relegated to the outskirts of the website’s core.

#### *What About Helping (Wo)men?*

Similar to the previous chapter’s analysis of gender, the National Breast Cancer Foundation also perpetuates the notion that men do not get breast cancer. Much like there are no people of color depicted on the homepage, there are no men present at all. Certainly, I have examined the repercussions of excluding men from conversations about breast cancer in the previous chapter, pointing to examples of men’s experiences upon being diagnosed and dumped into a sea of feminized pink. I do not need to reiterate those points here. However, I do take the time in this section to demonstrate how men are framed in this particular site of breast cancer communication in ways that reiterate the feminization of breast cancer in a disease that markedly de-feminizes women.

It is worth pointing out that the only image of a “man” is a stick figure of a nuclear family, with genders coded as mother and father, son and daughter.<sup>110</sup> This segues us into a glimpse of the role of men in breast cancer conversations, and it capitalizes on my earlier claim that one of the most prominent roles men have been depicted as involves that of a supporter and

caregiver. Certainly, the stick figure couple appears to show the man with arm round the woman above text that reads “support.” Yet, we must peruse other parts of the website beyond the homepage to expand on this claim. Men are talked about, but they are only discussed in this context of support. Referring back to Janelle Hail’s story and the founding of this organization, there is actually a section of her story entitled “Dreams Fulfilled” that include her husband in the journey to making this organization a reality: “Janelle and her husband, Neal, recently celebrated their 50th wedding anniversary . Together they are realizing the fulfillment of their dreams. NBCF has become one of the world’s most recognized and respected breast cancer charities, reaching millions of women with life-saving information and assistance.”<sup>111</sup> Though this is the only instance Neal is mentioned, aside from the disclosure of her married status in the first sentence of this particular webpage itself, it highlights the role that a man has in this conversation. Neal, in support of fulfilling his wife’s – and apparently his own – dreams of developing such an astounding organization is credited with assisting in building a platform for “reaching millions of *women*.” There is no mention of the fact that Neal – or even their three sons – could develop breast cancer, a slim chance but a very real one. Rather, the brief emphasis placed on Neal postures him as a supporter for his wife and other women like her who have or will develop breast cancer. While the inclusion of him in the conversation could have segued to a conversation about what it means for men when they develop breast cancer, it stops short.

In addition to the erasure of men’s experiences with breast cancer, the feminization of the disease thereby harms men but also calls into question sexuality and the apparent fact that only straight men, preferably straight married men, are capable of helping with breast cancer-related causes. Certainly, it is damaging to suggest that men do not get breast cancer, but it is also detrimental to men who are gay and perhaps unaffected by breast cancer but care about the

cause. Even the lone stick figure of a man that I point to briefly above is presumed to be married to a woman. Breast cancer, of course, does not know race, class, gender, or sexuality, but the ways in which this organization steers the reins on the conversation about breast cancer effectively erases particular voices, and these are voices that are consistently marginalized in all kinds of arenas in mainstream discourses. As such, it is worth pointing to different angles of why excluding all men from being potential targets of breast cancer and suggesting that only particular kinds of men are capable of supporting breast cancer patients and causes is both problematic, at the very least, and harmful in the way that it normalizes breast cancer only to certain kinds of bodies.

## **Conclusion**

This chapter provided different approaches to understanding race, class, gender and, briefly, sexuality that parallel with points that I highlight in Chapter 2. It has also offered two new ways of understanding popular discourses of prevention and hope that litter mainstream breast cancer discourse, staking out why we should be concerned when yet another organization perpetually makes normal only certain ways of experiencing breast cancer and relegating others invisible, in the shadows, and thus unworthy marginalized epistemologies of breast cancer. The and purpose, of course, for including another analytical chapter that rhetorically queers messages of hope vitality that, at first glance, appear to be important approaches to breast cancer, was to situate the conversation on a continuum. Certainly, not every single “pink” organization began the way that Komen did or has the same mission and values that that most popular organization holds. Yet, Komen is not an anomaly for perpetuating white privilege, class discrimination, and the notion that breast cancer only affects white women.

Homepages, I contend, are rich with information about rhetorical moves that organizations make regarding who they intend to speak to – and subsequently, who they leave out of the conversation. Choosing two highly trafficked and thus significant producers of breast cancer communication’s homepages was a decision that perhaps did not allow for as much depth in analysis as a looking at multiple pages from one specific source. Yet, as I contend in this chapter, the inclusion of two important sites of breast cancer rhetoric with parallel analytical conclusion allows me to suggest that the problems I highlight are not unique to one kind of organization. It also allows me to make a more significant call to action regarding the ways that highlight influential platforms choose to portray breast cancer information, experiences, and culture.

## CHAPTER 4: CONCLUSION

The homepages of the Komen Foundation and the National Breast Cancer Foundation are carefully constructed moments of discourse in which both organizations attempt to hail particular kinds of audiences in distinctive ways. As a 2011 study investigates, “One question in the online world is how important a home page is, particularly if so much traffic is coming from search.”<sup>112</sup> They mark the introduction to their study by stating that, indeed, “the front page of a Website is vital.”<sup>113</sup> As such, we must recognize the vitality of these two homepages and understand that content generators of two popular sites on breast cancer information are ensuring that their homepages are not afterthoughts. Carefully crafted messages, fonts, and images are threaded together to make up the “face” of each organization, underscoring why this project’s purpose was rooted in learning more about what these web pages said and to whom they are actually speaking.

Using constitutive rhetorical theory as groundwork in order to ask who these messages seek to constitute and in what ways, I argued that both homepages further marginalized individuals from lower socioeconomic statuses, particularly those who could benefit from medical assistance, and rendered nearly invisible people of color, while supporting the notion that men’s roles regarding breast cancer are as physical and financial supporters, heteronormative in most cases, but certainly not potential patients. Because the homepage is so carefully crafted and not merely an off-handed comment that could be “twisted” in some way, it matters that we examine these messages and closely analyze how they are postured and how such postures evoke harmful ideologies of what normalized breast cancer looks like, how it means and matters, and how one should experience it.

In my analyses of both homepages, an intersectional feminist lens allows me to rhetorically queer the messages to expose harmful reinforcements of breast cancer norms that essentially cater to middle to upper-class women who are white. Furthermore, the hyperfeminization of breast cancer that other scholars have examined previously is also present here with unique themes from each, like hope and cheerfulness, that promote breast cancer as a fun community to be a part of. Missing is the real fact that breast cancer now is a highly publicized disease for which we still do not have a cure and “prevention” is still relegated to early detection. The prescriptive messages, I contend, are certainly harmful if we take seriously Butler’s (2004) understanding of livability. Invisible, othered bodies and lived experiences are marked unnatural and abnormal and are wrought with subsequent attempts to either mandate that such bodies should reform to normalized ways of being or deserve the otherness with which they are assigned. For those that cannot – people of color, those who are poor, those who fall beyond the bounds of heteronormative relationships – they are necessarily marked as insignificant. This is the most important assertion of this project in its entirety and probes a serious call to action for reshaping the way that we talk about a debilitating disease that affects so many people. I have taken up this analysis not merely as a feminist analysis that rhetorically queers dominant messages, but as one that hones in on the consequences of mainstream breast cancer discourse as it stands on two highly trafficked producers of messages about breast cancer experience.

### **Summary of Chapters**

The first chapter of this work explored an important compilation of scholarship that has long been interested in the “pinkification” or pinkwashing of breast cancer discourse. Scholars have offered numerous ways of interpreting this phenomenon that have looked through lenses of capitalism, racism, ableism, and sexism. As intersectional feminism tells us, we need all of these

investigations of power as components of feminist analyses. To segue into my unique contribution of the online presence of breast cancer discourse, I also used this review of literature to highlight the trends of online research by a lay public to make sense of their bodies, risks, and options for treatment and prevention. Although rhetorical criticism allows us to examine a vast array of texts and interpret meaning from them, I hoped to provide a sense of urgency at textual fragments online of breast cancer communication since we know people are tapping into the Internet to find out about breast cancer and its relationships to their own bodies.. On the one hand, as Janelle Hail remarks, the internet can certainly be liberating in that it offers multiple sources of information so that women are not merely relegated to advice and prescription from their doctors, a luxury not available just a few decades ago. However, as I articulate in Chapter 1, the overload of information which is now so readily available and not necessarily verifiable by experts of breast cancer has become a burden in and of itself for women who are expected to know so much about a disease whose discourse is perpetually contradictory and tied up in harmful ideologies of normalcy.

Though I could not tackle every bit of breast cancer discourse, I chose to center this study on two prominent producers of information online, both of which have been cited in different studies as sources of legitimate information about breast cancer that are frequently accessed. The Komen Foundation and the National Breast Cancer Foundation are both US-based breast cancer organizations. Yet, their influence, as highlighted on their websites, is certainly a global one. As such, I devoted a chapter to each of the organizations to carefully examine how they are choosing to craft messages, who they seek to hail both explicitly and implicitly, and what that means for those who lie along the margins. Both organizations were significantly white, with the latter having no representation of any person of color on the homepage. Messages

of cheerfulness, fun, hope, and happiness clouded both homepages. Financial sponsors, places to shop for pink gear, and vague assertion of “where the money goes” were found on both sites. Men were either absent from the conversation almost entirely or were depicted as immune to breast cancer. Breast cancer, I found, was repeatedly situated as an inevitable disease that only affected women and involvement in ways to either “end breast cancer forever” or “help women now” were tied up in an individual’s ability to identify with middle to upper class white women. On the one hand, I have painted a rather bleak picture of these two organizations and criticized their pitfalls without considering what they do well. This final chapter does offer new ways of reading both organizations and highlights not merely what they do poorly, but also demonstrates the power – and responsibility – they have in reshaping the conversation.

### **Reflections**

Feminist scholars of rhetoric have always sought to understand how capitalist, racist, patriarchal understandings of femininity, women’s emotions, and women’s bodies are negatively perpetuated in all kinds of communication forms in an effort to change the world, even in small bits. This project unmistakably and intentionally continues that lineage. For a project like this one, in which women were at the center of the conversation, I certainly came to this study with a feminist lens looking for what was problematic. Indeed, as I found, only the kind of women who conformed to traditional femininity, were content and cheery and happy with their lot of breast cancer, and were conventionally beautiful and white, were privileged in this particular breast cancer discourse. Yet, finding these shortcomings, to put things gently, in both websites were not a stretch, and the texts I examined were not insignificant fragments of commentary that I needed to really dig for in order to rhetorically incriminate these charitable groups.



As I stated earlier, my findings, as pointed as they are, are meant to show that even the seemingly best-intentioned and influential players in crusading breast cancer are certainly victims of long-held tropes about women and their bodies that are very seriously harming us. Groups like these that spend ample time building a respectable, charitable ethos are not exempt from the duty it requires from those positions of power to ensure that such messages are really, truly for everyone. So long as organizations revert back to the happy, content, though seriously-ill-with-an-incurable-disease woman as their ideal version of breast cancer experiences, there is little room for real progress. As much as breast cancer organizations need to be devoted to finding a cure, helping people get access to medical care, and providing emotional support through groups, they should simultaneously be cognizant about reshaping how women are portrayed and what kinds of women are deemed worthy of our empathy, support, and donations. It is certainly true that Komen pioneered a once-silenced disease to become one of the most popular, iconic charity groups in the world. That accomplishment is remarkable. Yet, it is also indicative of the power that one group has in shaping discourse about breast cancer. If we are crediting pink groups with shedding a light on a disease that impacts people globally and claims the lives of tens of thousands every year, then it is no mistake to call out that organization when it perpetuates harmful depictions of what “normal” looks like and the marginalization that such communicative framing has for so many individuals.

I understand why so many other breast cancer groups have picked up the pink label because they have seen the success of Komen. It has become the “norm” to associate breast cancer with the color pink, and participating in that conversation almost necessitates adopting that codifier. Yet, we are not too deep in pink that we cannot envision possibilities and potential of restructuring even the way that we talk about breast cancer. Judith Butler reminds us that

normal is socially constructed precisely in order to reiterate that we have created the discourses around us. If we have created these labels, there is certainly possibility in undoing what we have done up until this point. Pink as certainly served its purpose, but certainly, we can do better than what we have done in helping more than one particular group of people.

Ultimately an urgency to recreate new possibilities for breast cancer communication has been the purpose of this project. I wanted to employ a rhetorical queering that brought out the blemishes to excavate harmful messages that both webpages were guilty of producing. Because these messages, on the surface, appeared to be unifying and certainly not harmful, it was necessary to point out just how insidious normalizing discourse is that only caters to certain kinds of bodies. When I looked for “hidden messages,” it was not to stop at suggesting Komen and National Breast Cancer Foundations are racist, classist, ableist, sexist organizations that we need to boycott. Rather, I spent ample time in each analysis section devoted to just how powerfully skilled both organizations are in crafting messages and influencing people around the globe to suggest they have a responsibility to *change* the way they communication breast cancer. Their platforms are already solidified, and it is unlikely that their influence will fade any time soon. So pointing out how harmful their messages are – particularly their “faces” on the homepage – was always intended as a call to act rather than a simple critique. In other words, the good work that both organizations have been a part of in the last few decades is commendable but does not exempt them from criticism about how to better be inclusive and attentive to voices, bodies, and experiences that do not coincide with what breast cancer “normally” looks like.

Since I have completed this project, there are measures that both Komen and the National Breast Cancer Foundation have taken to be more inclusive in their online presence that are worth

pointing to as I reflect on my previous analysis. One of the first critiques I make of both regarding identity have to do with race and the lack of inclusion of people of color. It is exciting to see that the first image one sees when accessing the National Breast Cancer Foundation's page now is two black women, mother and daughter, who are smiling straight at the camera. Importantly, they are not two women taken out of context to use as an appearance of being inclusive. Rather, the two women, Crystal King and Virginia Jenkins, are named. To have the faces of black women, a black family, pictured as the first thing an audience sees is a remarkable improvement for a website that just months ago had no people of color on the homepage at all. Furthermore, these women are named as breast cancer survivors, providing some representation for black women who die of the disease at disproportionately higher rates than the white women who dominated the page beforehand is significant. It matters to see examples of survival and it serves to demonstrate that black women's bodies' survival is worthy of celebration. Though she is a flight attendant, supporting "Miles for the Cure," a black woman is pictured on Komen's homepage as well in one of the images that circulates the top of the page. At the bottom of the page next to the image of Jason Aldean that still lingers from before is an image of a black woman and white woman embracing one another. Rahel Tamiru, also a black woman, is a new face on the three highlighted survivor stories. Though this might be read as an attempt to tokenize black women, I think it is a significant step in moving away from whitewashing the site.

Though the inclusion of two black women marks the most significance for the National Breast Cancer Foundation's site – and is certainly worth celebrating in this reflection – Komen has made other changes worthy of recognition here as well. I closely examined the ways in which Komen framed helping women with breast cancer in a way that was always tied up in financial means of helping. I pointed earlier to the cost of attending a 3-day, dubbed the "most

important thing you can do,” and not only is that portion of the homepage now removed, but it has been replaced with alternative ways of making a difference in the lives of those affected by breast cancer. Komen, similar to the National Breast Cancer Foundation’s layout, now has four images that scroll across the top. In one, the audience is told to “Encourage a survivor with a hand-written note,” with a conveniently linked “Send Your Letter” button just below that. To highlight the impact of a letter of support, a financially feasible way of helping users feel like they can make a difference, is such a great leap from the expensive 3-Day or the shops for pink gear. If you click on the link, you are directed to a text box to type with instructions: “Send a letter of strength to a breast cancer survivor. The Susan G. Komen team will handwrite and deliver your message of strength to uplift a survivor.” Not only is this an easy process for those who cannot afford other ways of making a difference, but Komen ensures that you are effectively delivering “strength” and actively “uplift[ing] a survivor.”

Komen also made improvements with better highlighting men with breast cancer and incorporating breast cancer, not merely “Komen,” into their homepage. The first image that scrolls across the top in large font reads “Help women and men who fight this disease daily.” Earlier, men were either erased or coded pink in the conversation, but this line in such large font in a prominent place on the site is certainly an improvement. Furthermore, the picture that accompanies the text is not one where the experience of breast cancer is erased or merely coded by a head scarf. Rather, a patient with short hair is pictured in a hospital bed, hospital gown, with visible intravenous tubes attached to her arm. The “thanatophobic” public that seems to gravitate towards more cheery, sexy representations of breast cancer are at least forced to acknowledge that breast cancer involves things like hospital beds and medications, a move I mark as an improvement on Komen’s part.

The above examples are just a few that serve to showcase what both websites have done well since I conducted my analysis of the texts available to me when I began this project. Though there are still worthy concerns, some of which are still present from what I highlighted earlier, it is important for us to also acknowledge the positive things that homepages like these two do well – and should do more of – to continue to make their resources, funding, and information available to everyone in a way that is inclusive and feasible. Furthermore, acknowledging these changes might at first appear to make my bold assertions earlier more cloudy and watery; yet, I contend that they merely reinforce the intention of this project’s outcome, which was to demonstrate that powerful groups like these should change and are every bit *capable* of changing the conversation about breast cancer.

### **Future Research**

When I began this project, I was concerned about audience, and understanding how constituting particular groups was a useful way to think about how to do this study. Furthermore, rhetorically queering the texts that I have available was an important way to think about how I was reframing the seemingly harmful messages I was reading. Future research, however, might consider new theoretical frameworks and methodologies depending on the intentionality of the study. For example, I gave careful race, class, and gender analyses, but it might be more beneficial for a person who identifies as queer in some way to make use of queer criticism than me to give more thoughtful consideration of sexualities and representations of them in these online spaces. From that place in the margins, a critic in this community, in other words, could better “see” what I could not in conversations like these about breast cancer.

Also, I found it debilitating during the writing process at times to do the work of looking for “hidden messages” that were harmful in a platform that quite certainly was not founded on

intentionally marginalizing certain bodies. I struggled personally with a delicate topic like breast cancer that has claimed so many lives while looking at shortcomings of groups hoping to alleviate some financial and emotional burdens for those affected by it. Additionally, my own family history, which includes a funeral, with breast cancer made this project difficult for me in ways I could not necessarily have foreseen when I decided to undertake this particular approach. For others who might anticipate similar difficulties, future research might be spent looking at other kinds of breast cancer groups that are doing revolutionary work in order to situate a study, from the onset, on how these groups are making a difference. I made the choice to analyze dominant discourses of breast cancer communication on the grounds that what I was examining were texts that reached wide audiences. Certainly, though, there is commendable merit in looking at smaller, less mainstream groups because their work is meaningful, and scholarship like this has the potential to highlight pioneering efforts from the margins to reframe breast cancer communication.

### **Final Thoughts**

This project underscored the importance of doing feminist rhetorical criticism on fragments of popular discourse that seek to constitute particular audiences in ways that discipline normalized ways of being. In particular, this project is significant because it holds producers of information about breast cancer accountable for the messages they disseminate on a global scale and encourages us to think more critically about universal notions of sisterhood bound together by a common thread of breast cancer incidence rates. If we know that people are accessing the internet to find out about ways to make sense of things like breast cancer, then it is paramount that rhetorical scholars consistently look at those messages to determine not merely their effectiveness but how they can better empower *everybody* who is looking for health-related help.

As I have shown in this final chapter, the internet, unlike a book or printed text, is constantly evolving, and organizations are consistently rebranding themselves, responding to criticism and making attempts to cast the widest net for online traffic. As such, rhetorical critics have an endless duty to consider the implications of these messages and offer critiques that may make sites more accessible to those to tap into them. Projects like these will always be ongoing, and studying internet health information about breast cancer is an important place to invest research given that the disease affects so many people worldwide. Though this is but a small piece of a constellation of breast cancer narratives, if more attention is paid to the significance of fragments of information that the general public is accessing, we can change the way we talk about bodies. We have the ability and the responsibility to do the work of ensuring that everyone's bodies are visible, valued, and whose survivorship we deem worthy of celebrating.

# FIGURES

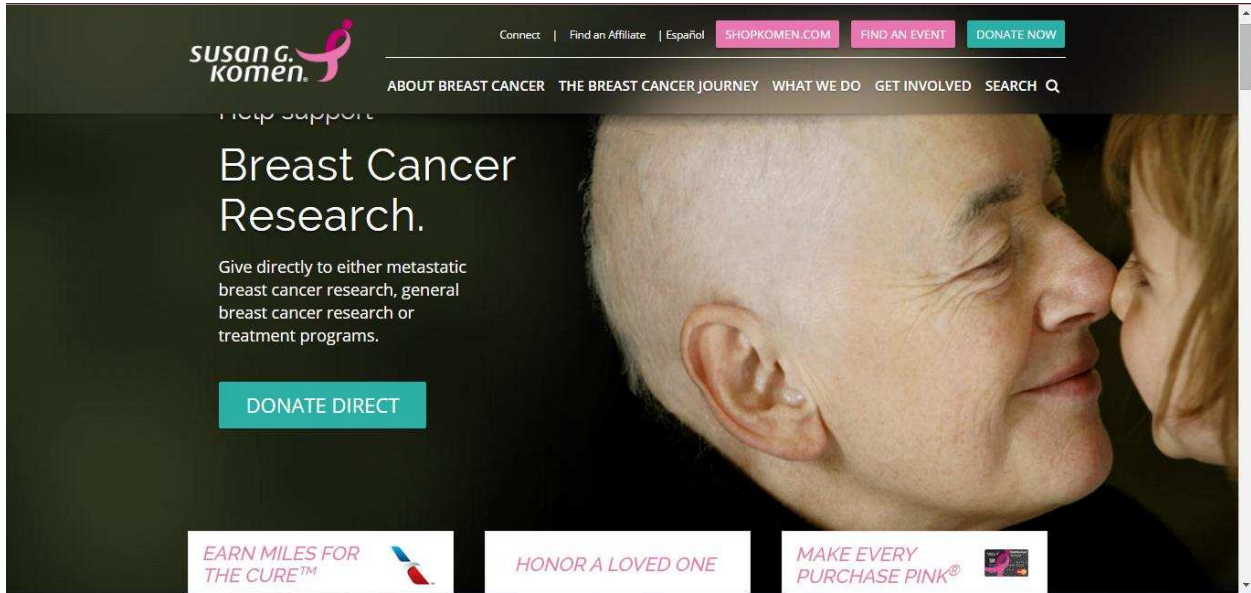


Figure K1

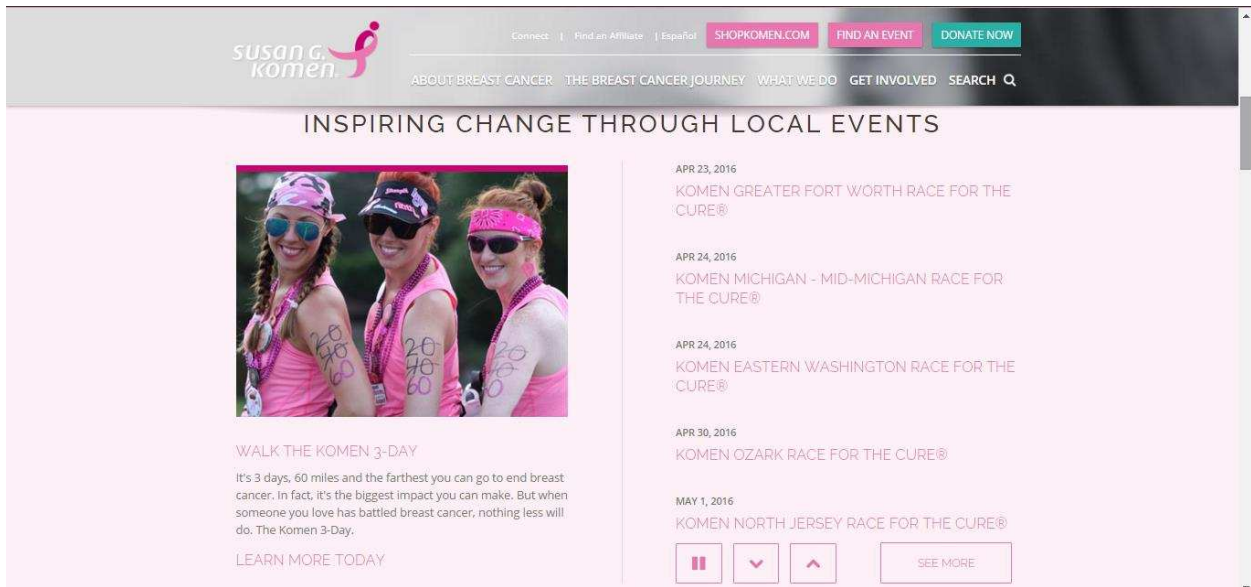


Figure K2



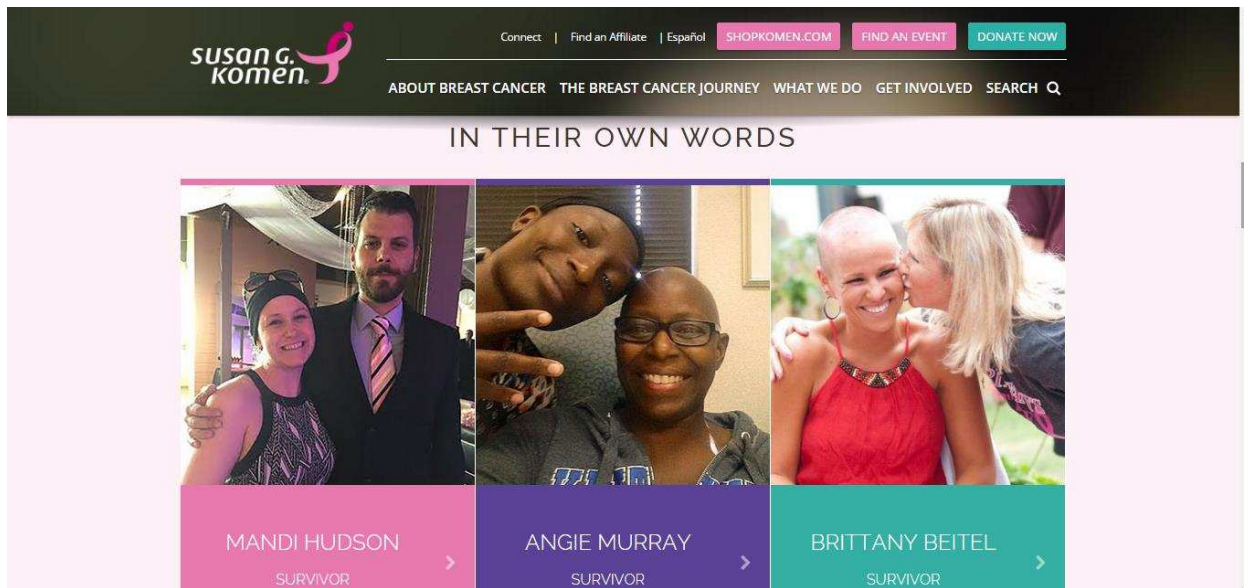


Figure K3

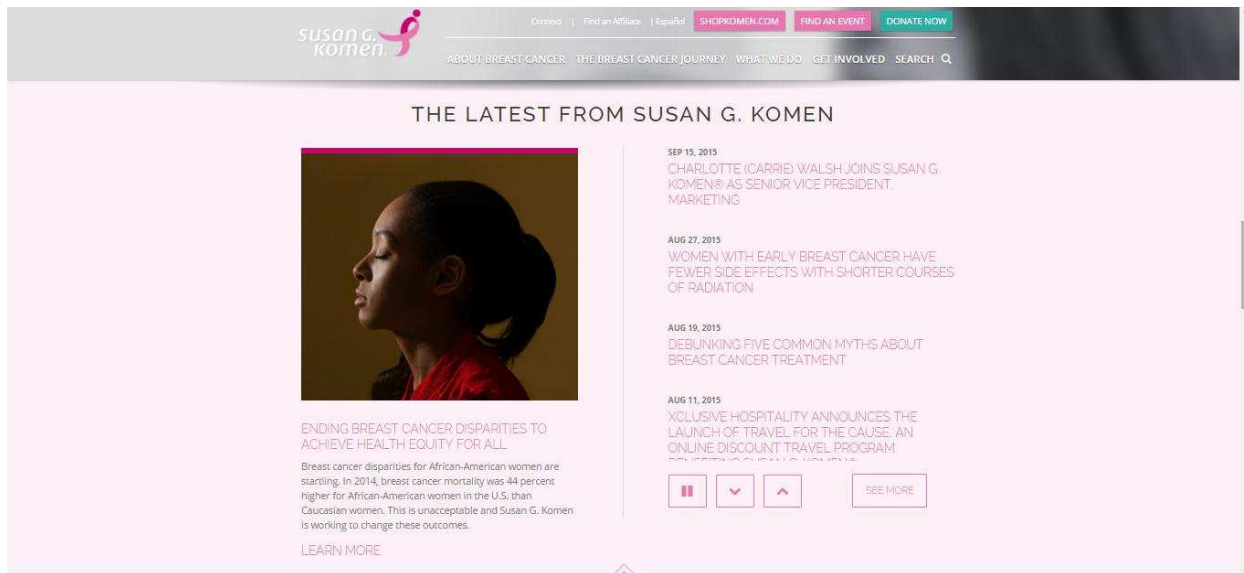


Figure K4

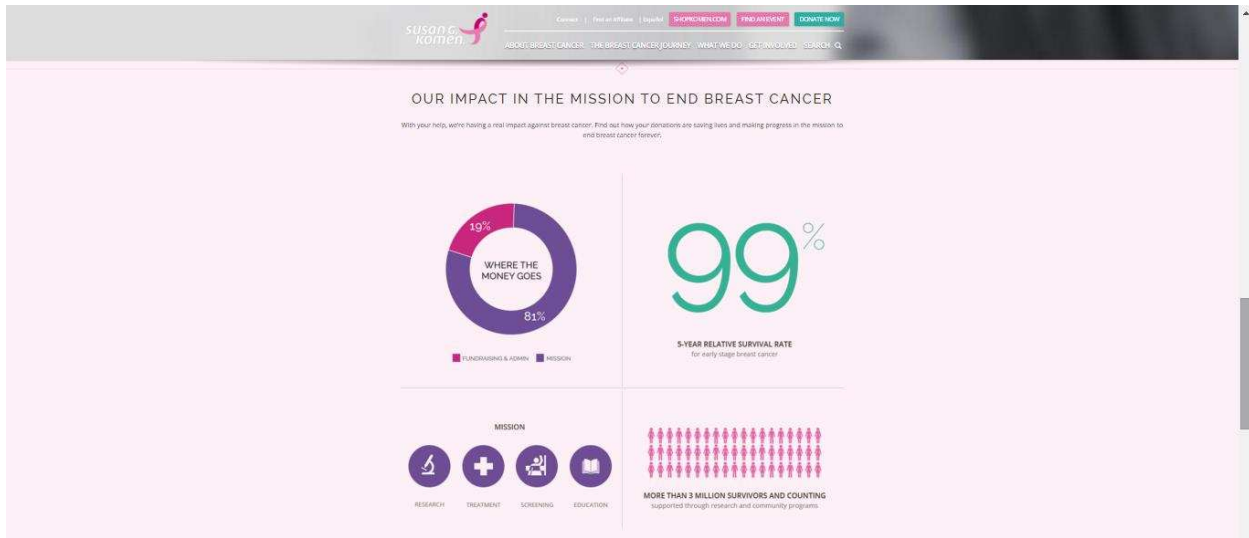


Figure K5

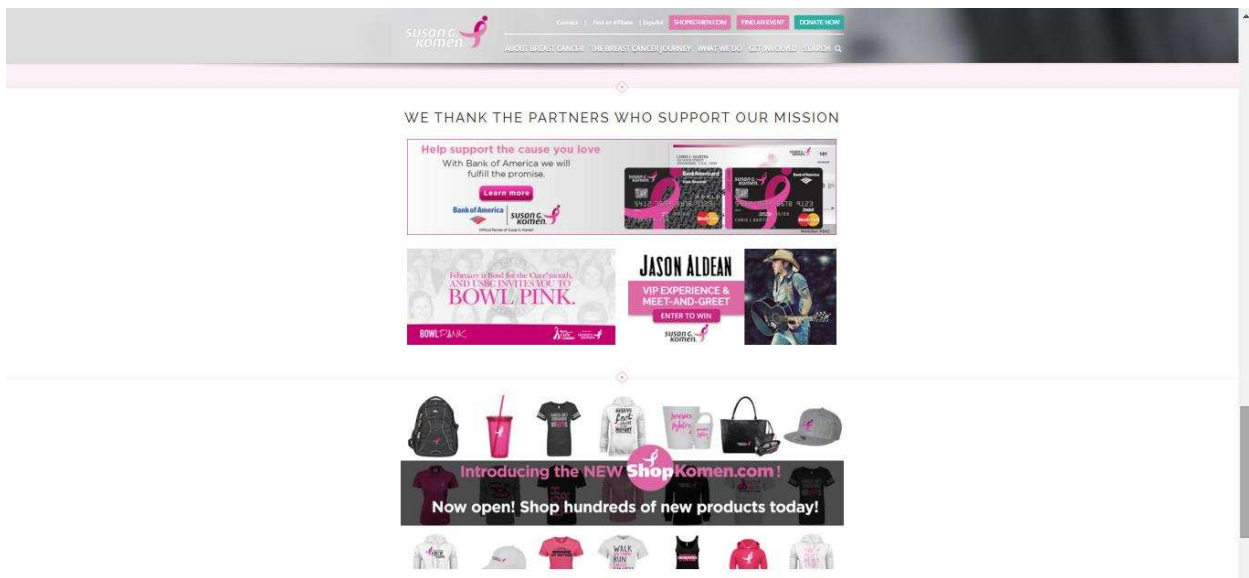


Figure K6



Figure N1A



Figure N1B

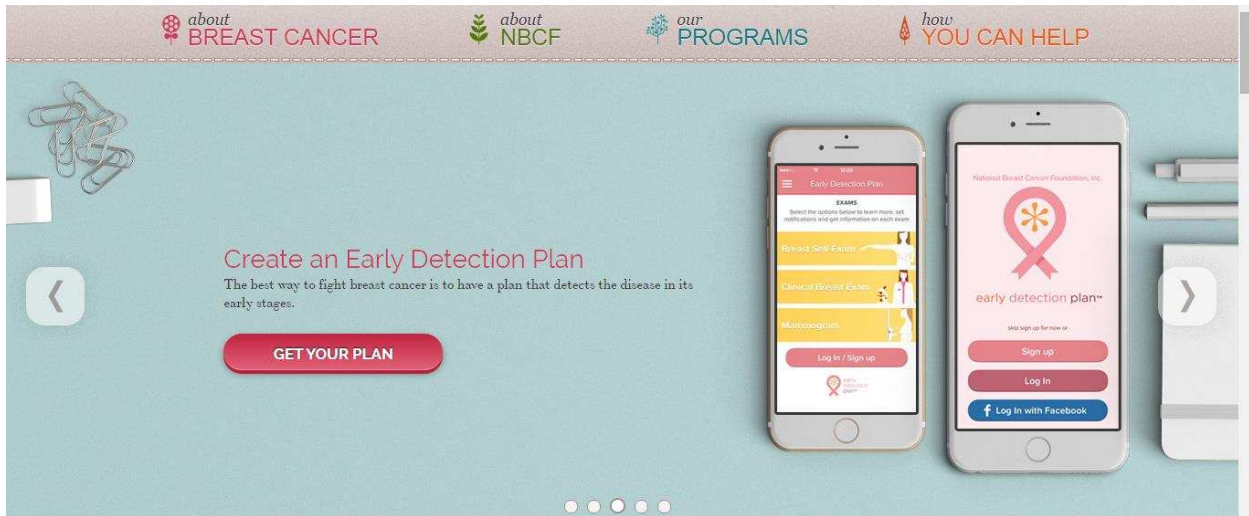


Figure N1C

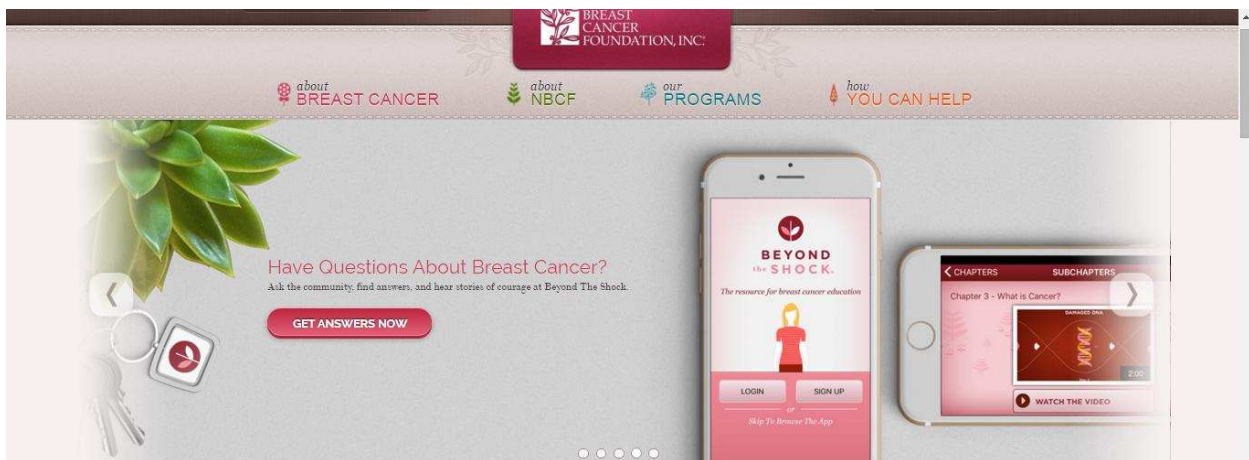


Figure N1D



Figure N1E

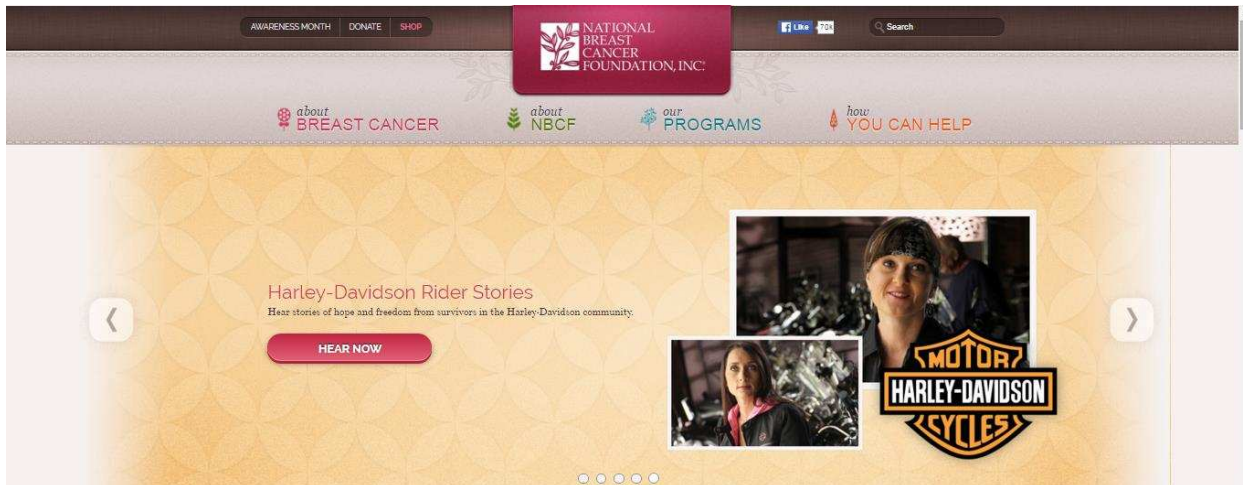


Figure N1EE

*Helping Women Now.*

We provide help and inspire hope to those affected by breast cancer through early detection, education, and support services

mammograms + education + support + early detection

LEARN HOW YOU CAN HELP DONATE

**1 IN 8 WOMEN**  
will be diagnosed with breast cancer in their lifetime

Figure N2


*What is Breast Cancer?*

DAMAGED DNA

LEARN MORE ABOUT BREAST CANCER

Figure N3


### How Can I Help?



**Provide a Mammogram**

\$100 provides a mammogram for a woman in need.


**HELP NOW**



**Start a Fundraiser**

Bring your community together to support NBCF.

**GET STARTED**



**Become a Sponsor**

Partner with a nationally-recognized charity.

**JOIN NBCF**

Figure N4

### Stay Informed

**Subscribe To Our Newsletter**

Your Email

Your Zip Code

I have read, understand, and accept the Terms of Service knowing that it is a binding agreement, and hereby indicate my acceptance of such terms.

**SUBSCRIBE**

**NBCF Store**

Show your support with our NBCF wearables & accessories!

[Shop Now](#)



**Janelle's Blog**

Janelle Hail is the founder/CEO of NBCF

[Visit the Blog >](#)



Figure N5

SPONSORS













PRESS RELEASES [View All >](#)

**20** *PDQ Raises \$18,000 For National Breast Cancer Foundation*

JAN [read more >](#)

---

**16** *Sunbelt® Bakery Donates \$50,000 to National Breast Cancer Foundation, Inc.®*

NOV [read more >](#)

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**29** *RPB Safety Partners with NBCF*

OCT [read more >](#)

Figure N6

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<sup>49</sup> Daniel R. Longo, Bin Ge, M. Elise Radina, Allen Greiner, Casey D. Williams, Gregory S. Longo, Dawne M. Mouzon, Ana Natale-Pereira, and Debbie Salas-Lopez. "Understanding breast-cancer patients' perceptions: Health information-seeking behaviour and passive information receipt." *Journal of Communication in Healthcare* 2, no. 2 (2009): 184-206. (185).

<sup>50</sup> Ibid, 195.

<sup>51</sup> Judy Z Segal. "Internet health and the 21st-century patient: A rhetorical view." *Written Communication* 26, no. 4 (2009): 351-369. (356).

<sup>52</sup> Sarah Stone Watt. "A postfeminist apologia: Susan G. Komen for the Cure's evolving response to the Planned Parenthood controversy." *Journal of Contemporary Rhetoric* 2, no. 3/4 (2012): 65-79.

<sup>53</sup> Marie Moeller. "Pushing boundaries of normalcy: Employing critical disability studies in analyzing medical advocacy websites." *Communication Design Quarterly Review* 2, no. 4 (2015): 52-80.

<sup>54</sup> Daniel R. Longo, Bin Ge, M. Elise Radina, Allen Greiner, Casey D. Williams, Gregory S. Longo, Dawne M. Mouzon, Ana Natale-Pereira, and Debbie Salas-Lopez. "Understanding breast-cancer patients' perceptions: Health information-seeking behaviour and passive information receipt." *Journal of Communication in Healthcare* 2, no. 2 (2009): 184-206. (196).

<sup>55</sup> Christopher M. Duerringer. "Winking and giggling at creeping death: Thanatophobia and the rhetoric of Save the Ta-Tas." *Journal of Communication Inquiry* 37, no. 4 (2013): 344-363.

<sup>56</sup> Amy Blackstone. "Doing Good, Being Good, and the Social Construction of Compassion." *Journal of Contemporary Ethnography* 38, no. 1 (2009): 85-116.

<sup>57</sup> Komen, Figure 1. In the analysis portion of this work, I will refer to each of the snapshots that I have taken from the websites I am analyzing, ww5.komen.org in this case. I do so, rather than providing a URL link for such images, because while the content of "About Me" sections or "History" have remained consistent, images, headlines, and links are frequently changed. Since I began looking at this website, even before this study, I have seen at least five different headings. I chose to capture the images through screenshot in the moment. I also ensured that all of the images that I captured were from the same date in February of 2016 to ensure that the images/text I refer to are from the same website as it appeared at one particular time.

<sup>58</sup> Figure K1.

<sup>59</sup> Figure K3.

<sup>60</sup> Figure K4.

<sup>61</sup> Figure K2.

<sup>62</sup> Figure K1.

<sup>63</sup> It should be duly noted that the Komen Foundation does tokenize a black couple in their "In Their Own Words Section" of the homepage. However, I contend that merely including this piece, although as one that appears to allow a black individual to speak about her own experience, is a quarter-hearted attempt to be inclusive. The conscious decisions made

throughout the homepage to exclude people of color grossly overshadows the minor attempt at allowing a person of color to speak on her/his own terms about her/his experience with breast cancer.

<sup>64</sup>Emphasis mine. Marie Moeller. "Pushing boundaries of normalcy: Employing critical disability studies in analyzing medical advocacy websites." *Communication Design Quarterly Review* 2, no. 4 (2015): 52-80.

<sup>65</sup> Figure K5, "Our Impact in the Mission to End Breast Cancer."

<sup>66</sup> Ibid.

<sup>67</sup> Ibid.

<sup>68</sup> Register.

[https://secure3.convio.net/npt/site/TRR/2016/AtlantaEvent2016/1515137639?pg=ptype&fr\\_id=1952&NONCE\\_TOKEN=E23290233DF3CBE8F9FD03F1FF49EB8F&s\\_teamStatus=false](https://secure3.convio.net/npt/site/TRR/2016/AtlantaEvent2016/1515137639?pg=ptype&fr_id=1952&NONCE_TOKEN=E23290233DF3CBE8F9FD03F1FF49EB8F&s_teamStatus=false)

<sup>69</sup> Ibid.

<sup>70</sup> Figure K6.

<sup>71</sup> Carina Storrs, "Double mastectomies for men with breast cancer on the rise." *CNN*. September 3, 2015. <http://www.cnn.com/2015/09/03/health/mastectomies-for-men-with-breast-cancer-on-the-rise/>

<sup>72</sup> Ibid.

<sup>73</sup> "Jason Aldean." [http://ww5.komen.org/Jason-Aldean/?utm\\_source=homepage&utm\\_medium=Our%20Partners%20Banner&utm\\_campaign=Jason%20Aldean&utm\\_content=VIP%20Experience%20and%20Meet%20&%20Greet%20Content%202016#sthash.ypcza2ZV.dpuf](http://ww5.komen.org/Jason-Aldean/?utm_source=homepage&utm_medium=Our%20Partners%20Banner&utm_campaign=Jason%20Aldean&utm_content=VIP%20Experience%20and%20Meet%20&%20Greet%20Content%202016#sthash.ypcza2ZV.dpuf)

<sup>74</sup> Patti Neighmond. "When men get breast cancer, they enter a world of pink." NPR. February 8, 2016. <http://www.npr.org/sections/health-shots/2016/02/08/465578231/when-men-get-breast-cancer-they-enter-a-world-of-pink>

<sup>75</sup> Ibid.

<sup>76</sup> Barbara Ehrenreich. "Welcome to Cancerland." *Harper's Magazine* 303, no. 1818 (2001): 43-53.

<sup>77</sup> Judith Butler, *Undoing Gender*. Psychology Press, 2004: 146.

<sup>78</sup> "Our Founder." National Breast Cancer Foundation. <http://www.nationalbreastcancer.org/about-nbcf/nbcf-founder-janelle-hail>

<sup>79</sup> Of course, the organization itself it still reaping the net proceeds of items like the "Sisterhoodie," which is essentially a jacket with pink pockets over the chest instead of lower along the waist in the name of "breast cancer awareness."

<sup>80</sup> "The NBCF Story." National Breast Cancer Foundation. <http://www.nationalbreastcancer.org/about-nbcf/nbcf-story>

<sup>81</sup> "Our Founder." National Breast Cancer Foundation.

<sup>82</sup> Ibid.

<sup>83</sup> Ibid.

<sup>84</sup> Ibid.

<sup>85</sup> Daniela B. Friedman and Laurie Hoffman-Goetz L. "An exploratory study of older adults' comprehension of printed cancer information: Is readability a key factor?" *Journal of Health Communication*. July 2007;12(5). 425.

<sup>86</sup> "Our Founder." National Breast Cancer Foundation.

<sup>87</sup> Ibid.

<sup>88</sup> Ibid.

<sup>89</sup> “Mission.” National Breast Cancer Foundation.

<sup>90</sup> Figure N2.

<sup>91</sup> When I refer here to “systemic” ways we can conceptualize breast cancer, I am nodding to research and feminist analyses which highlight how environmental factors of breast cancer causation are oftentimes clouded by more profit-bearing ways of talking about breast cancer, which are fixated on genetic understandings of breast cancer and individualized bodies. See, for example, scholars who have investigated the interplay of environment and breast cancer: Ley, Barbara L. *From pink to green: Disease prevention and the environmental breast cancer movement*. Rutgers University Press, 2009; Happe, Kelly E. "The rhetoric of race in breast cancer research." *Patterns of Prejudice* 40, no. 4-5 (2006): 461-480. Also, see the New York Times article I reference by Peggy Olstein, “Our Feel Good War on Breast Cancer,” which discusses ‘pink fatigue’ and how more individuals are demanding real understandings of causes linked to breast cancer. See also Sandra Harding’s many works on science and gender that explain the consequences of hyperindividualization that occurs in ways that negate inductive reasoning based on examples. Feminist scholars have long been concerned with Western understandings of authoritative science and how integrated approaches to medical concerns and bodily illnesses need to be taken seriously.

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<sup>92</sup> Figure N1A, emphasis mine.

<sup>93</sup> Figure N1C, emphasis mine.



<sup>94</sup> Denise Grady. "New Mammogram Recommendations: A Guide." *The New York Times*. October 20, 2015. <http://www.nytimes.com/2015/10/21/health/american-cancer-society-mammogram-guidelines.html>

<sup>95</sup> Ibid.

<sup>96</sup> Figure N1D.

<sup>97</sup> Ibid.

<sup>98</sup> Figure N1A.

<sup>99</sup> Figure N1E.

<sup>100</sup> Figure 1EE.

<sup>101</sup> See examples from the following: Kline, Kimberly N. "Cultural sensitivity and health promotion: Assessing breast cancer education pamphlets designed for African American women." *Health communication* 21, no. 1 (2007): 85-96; Talosig-Garcia, Maria, and Sharon W. Davis. "Information-seeking behavior of minority breast cancer patients: An exploratory study." *Journal of Health Communication* 10, no. S1 (2005): 53-64.

<sup>102</sup> Figure N1A, Figures N1B, Figure N1E, Figure N1EE.

<sup>103</sup> Figure 1A.

<sup>104</sup> Figure N5.

<sup>105</sup> "Patient Services." National Breast Cancer Foundation.  
<http://www.nationalbreastcancer.org/nbcf-programs/patient-services>

<sup>106</sup> Ibid.

<sup>107</sup> Figure N4. Emphasis mine.

<sup>108</sup> Ibid.

<sup>109</sup> Figure N1E. This is one of the images that scrolls atop the homepage.

<sup>110</sup> Figure N2.

<sup>111</sup> “Our Founder.” National Breast Cancer Foundation.

<http://www.nationalbreastcancer.org/about-nbcf/nbcf-founder-janelle-hail>

<sup>112</sup> Kenneth Olmstead, Amy Mitchell, and Tom Rosenstiel. “The Importance of the Home Page.” *Pew Research Center*. May 9, 2011. <http://www.journalism.org/2011/05/09/importance-home-page/>

<sup>113</sup> Ibid.