

OVEREXPOSED AND UNDER-EXAMINED: CULTURAL RHETORICS OF BREASTS
AND THE (IM)POSSIBILITIES OF FEMINISM

by

NICOLE EMILY HURT

(Under the Direction of Celeste M. Condit)

ABSTRACT

This dissertation project takes a tour of three different breasted scenarios in order to answer the question, when breasts come to matter—both physically and rhetorically—how do they? Based on the assumption that breasts are just as rhetorical as they are biological, my goal in this project is to add to the collective understanding of how certain breasts gain meaning in and through public discourse. In addition, I contribute to the conversation about the possibilities for feminist visions of bodies already existing within mainstream discourse. In order to better understand how breasts come to matter, or are *made* significant, I examine various breast-based texts, including breast cancer awareness campaigns, mammography rhetorics, and public breastfeeding debates, and ask how these texts encourage certain ideas about women, bodies, and breasts while constraining others. In each case study, I highlight both the troubling aspects of the discourses as well as the productive opportunities the discourse offers feminist politics. In the conclusion, I argue that the three case studies are united by three troubling themes—breasts as biological objects, the erasure of women, and personalizing rhetorics—that pose an obstacle for a feminist politics from the breast. In order to address these rhetorical problems, I suggest that a feminist rhetoric of the breast might denaturalize breasts, politicize the breasted body, and

encourage embodiment and situated knowledge of breasted bodies. In addition to describing these criteria, I also begin to imagine how the texts I analyzed could adopt these principles. I end on a tentative, yet, hopeful note for the future of both feminism and breasts.

INDEX WORDS: rhetoric, women's bodies, feminism, breasts

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NICOLE EMILY HURT

BA, Gustavus Adolphus College, 2004

MA, Colorado State University, 2006

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NICOLE EMILY HURT

Major Professor: Celeste M. Condit

Committee: Kelly Happe
Tricia Lootens
Edward Panetta
Roger Stahl

Electronic Version Approved:

Maureen Grasso
Dean of the Graduate School
The University of Georgia
May 2011

DEDICATION

This project is dedicated to Isabella Sophia and Michaella Lee. You give me hope for the future and inspire me, as a feminist, to work hard to make sure you have the opportunity to live the fullest, richest, freest lives possible.

This project is also dedicated to my grandmother, Gladys Elaine Jones, without whom so much of what has been possible for me to think, see, and feel, would never have been.

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CHAPTER 1:

BREAST DISCOURSE AND THE (IM)POSSIBILITIES FOR FEMINISM

Introduction

In her assessment of contemporary U.S. media representations of women, girls, and feminism, Susan Douglas diagnoses U.S. Americans with an acute case of “mammary mania.” Douglas’s argument rests on what she sees as the mass media’s normalization of breast augmentation and its explicit, unabashed fixation on women’s breasts. Today, in what Douglas calls the era of “enlightened sexism,” “we are supposed to relax about the equation between a woman’s breasts and her worth—why, we’re even supposed to celebrate it and regard it with an ironic stance.”¹ After all, as Douglas poses sarcastically, “isn’t it kind of funny to obsess about women’s breasts because really women now have it all, can do it all, can be anything they want so this whole breast obsession is just really a lighthearted, silly, stupid joke, right?”² In many ways, Douglas is spot on with her critique of our culture’s obsession with white, young, perky breasts and the accompanying burden it places on the vast majority of women who do not possess the ideal of breasts. However, what Douglas misses in her assessment is the fact other discourses, besides popular culture texts, also perpetuate “mammary mania.” Breasts in U.S. culture are made meaningful in and through a variety of rhetorics, from biomedicine to maternity to technology, and these cultural texts also influence how we know, respond to, and value breasted bodies.

¹ Susan J Douglas, *Enlightened Sexism: The Seductive Message That Feminism's Work Is Done*, 1st ed. (New York: Times Books, 2010), 216.

² *Ibid.*

Zillah Eisenstein, in her treatise on breasts, bodily identity, and power, exclaims that “Breasts are enormously significant because they are *made* so and because of their physicality and sensuality, . . .”³ The *making* of breasts significant is the focus of this dissertation project. In particular, I am interested in the dynamics at work when breasts are the focus of public conversation. Put another way, I am interested in how discourse—which includes written and non-discursive “texts,” as well as cultural practices, behaviors, and attitudes—produces the breasts, the body, and women; and in the ideologies that ground these productions. For, breasts are just as rhetorical as they are physical and discourses that draw attention to them do ideological work. Specifically, this dissertation project examines the ways in which breast cancer awareness, mammography, and breastfeeding discourse—which are always multiple and, at times, conflicting—contribute to how we can think about bodies, breasts, and feminism.

At its most basic, this project asks the following three questions: when breasts come to matter, how do they? When breasts gain public attention through breast cancer awareness, mammography debates, and public breastfeeding controversies, what ideas about women, breasts, and bodies do they reinforce or challenge? And, is there any feminist potential within these discourses? In this introductory chapter, I make sense of these questions by putting this project into context and also elaborating on the theoretical commitments that have helped me conceptualize the project. This chapter proceeds in four stages. First, I defend my decision to analyze rhetorics of breasts, focusing on why they matter and what this analysis can contribute to existing literature on breasted bodies. Second, I explore how feminists have analyzed bodies and describe several key terms that guide this study. Third, I outline how key ideas from rhetorical criticism provide the basis for this study by giving particular attention to material rhetoric,

³ Zillah R Eisenstein, *Manmade Breast Cancers* (Ithaca, N.Y: Cornell University Press, 2001), 70. Italics mine.

critical rhetoric, and feminist rhetorical criticism. Finally, I preview each chapter, drawing attention to the major ideas raised by each case study.

Why Breasts?

One might wonder if there could be a more celebrated, criticized, or coveted component of the human body than the female breast. Breasts do not merely matter to us, instead, they appear to be what matters most about the human body. Entire industries (such as Victoria's Secret) have been erected to show women how to best adorn them, support them, and when necessary, expose them. Even larger industries have exploited the sexual signification of the breasted body and have profited off images of the breast. Breasts also matter because of their ability to foster life through breastfeeding, and ironically, to threaten life through cancer. Within the last 25 years, breast-matter has come to matter publicly because of its potential to develop malignancies and, subsequently, cause the demise of the breasted body. Clearly, we are inundated with discourses, usually in the shape of words, images, and advertisements that place the female breast into our collective focus.

To say that breasts and breast concerns are ubiquitous in both the public sphere and popular culture, however, does not provide the adequate grounds for a project such as a dissertation. Instead, more must be at stake, and as I hope to illuminate, much is at stake for the breasted body. In this section, I argue that the time is ripe for an extended analysis of the ideologies which construct the breasted body for a three major reasons. First, breasts function as markers of the female sex. Second, breasts matter to women. They play a large role in both how women view themselves and how others respond to women. Third, while some feminists have investigated what breasts mean to women, a lacuna still remains between what we know about the production of the breasted body and what we ought to know. As such, this projects aims to

fill this gap and provide a more comprehensive analysis of the construction of breasts through contemporary cultural rhetorics.

Breasts are *the* body part that that marks women as different from men in our culture. Even though both men and women have breasts, and some men's breasts contain more flesh than some women's breasts, it is still the breast on the female body that both counts as a *true* breast and marks that body as a female body. In other words, one is not a female unless she has breasts; breasts are not breasts unless they are on a female. Because they are what distinguish women from men in this culture, breast discourses do gendering work. Elizabeth Grosz, in her book *Volatile Bodies*, argues that "women's bodies are marked as different from men's (and inferior to them) particularly at those bodily regions where women's differences are most visibly manifest."⁴

This is disconcerting when we think about how breasts, which are an integral aspect of what we take to be the female body, have been devalued throughout time. Grosz traces how women's bodies have been constructed as abject or "othered objects" throughout various epistemological eras. Grosz explains that female bodies are viewed as inferior to men's bodies because of their perceived inability to maintain a solid point of stasis; in other words, for their "leaky" tendencies. For Grosz, the breast's leakiness or "indeterminacy is again not a fact of nature but a function of the modes of representation that privilege the solid and the determinate over the fluid."⁵ Simply put, while the female body and the breast have been objectified and denigrated for their "inherent" fluidity or inability to keep tight and rigid boundaries, there is nothing natural or determinate about this representation.

⁴ Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington: Indiana University Press, 1994), 273.

⁵ *Ibid.*, 205.

Perhaps because breasts are a visual marker of and attract attention to the female body, breasts matter to women. As Iris Marion Young makes explicit in her phenomenological analysis of the breasted experience, “For many women, if not all, breasts are an important component of body self-image; a woman may love them or dislike them, but she is rarely neutral.”⁶ Meema Spadola similarly writes that because of their tendency to connote sexuality, motherhood, and health, “our breasts will shape how we look at the world, and how the world looks back at us.”⁷ From personal experience, I can attest to the fact that I often think “with my breasts.” By that, I mean that every day, I am conscious of the fact that I am living in a breasted body. For example, when choosing my clothing before I teach, I am always conscious of how tops and blouses cling to my chest. I often choose my clothing in an effort to avoid drawing attention to this area of my body. Throughout the process of this research process, I learned that I am not alone. Several friends and colleagues told similar tales, which makes me believe that the development of a breast consciousness is part of the gendering process for girls and women.

How a woman can think about and experience her breasts—or her breast consciousness—is shaped by cultural discourses. Surely biological breast matter matters in terms of sensation and function. But, what concerns me in this project is how discourse, which includes cultural artifacts, practices, and written language encourage women to think of their breasted bodies in particular ways and at the expense of other ways. Because breasts both are and *are made* to be a significant source of identity for many women, the discourses that create this meaning are largely out of individual women’s control. As historian Marilyn Yalom explains, the making of the breast as significant is by no means a recent phenomenon. Instead, “as a defined part of the female body, the breast has been coded with both ‘good’ and ‘bad’ connotations since the

⁶ Iris Marion Young, “Breasted Experience,” in *Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory* (Bloomington: Indiana University Press, 1990), 189.

⁷ Meema Spadola, *Breasts: Our Most Public Private Parts* (Berkeley, Calif: Wildcat Canyon Press, 1998), xix.

beginning of recorded time.”⁸ Although the breast has always had a connotation, at least according to Yalom, this does not mean that all connotations or constructions of breasted bodies are equal. As a critic, I see my job as exposing those connotations that have been naturalized and evaluating how they encourage women to live their lives.

Objectification is the dominant framework through which breasts have been conceptualized, at least according to some scholars. Young argues that women come to know their breasted bodies largely through a “phallogentric culture [that] tends not to think of a woman’s breasts as hers. Woman is a natural territory; her breasts belong to others—her husband, her lover, her baby.”⁹ Breasts gain value as objects in and through cultural discourses, which reflect larger, cultural ideologies. According to Young, patriarchal culture has created the situation in which a woman “often feels herself judged and evaluated according to the size and contours of her breasts, and indeed she often is.”¹⁰

Women also judge their own breasts, often coming to the conclusion that their breasts are not good enough. In a survey that asked women to identify one part of their bodies that they most wanted to change, the number one answer was their breasts.¹¹ The rapid rise of breast augmentation surgeries over the past decade also communicates the fact that women are unsatisfied with their breasts. According to the American Society of Plastic Surgeons, in 2009, the top cosmetic surgery was breast augmentation, with over 289,000 women undergoing the procedure in the United States.¹² Even though the number of surgeries was down from 2008, the

⁸ Marilyn Yalom, *A History of the Breast*, 1st ed. (New York: Alfred A. Knopf, 1997), 4.

⁹ Young, “Breasted Experience,” 192.

¹⁰ *Ibid.*, 189.

¹¹ Douglas, *Enlightened Sexism*, 217-218.

¹² American Society of Plastic Surgeons, “National Clearinghouse of Plastic Surgery Statistics: 2010 Report of the 2009 Statistics” (ASPS, 2010), 6.

2009 number was a 36% increase from 2000.¹³ In the process of breast augmentation surgery, women's breasts literally become objects.

Because of the burdens that breasts can become for women, some feminists hope for a discourse of breasts that is absent of sexual, maternal, and illness connotations. "I'd love for breasts to stop being seen *only* as sexual, or for nursing a child, or feared because of the threat of cancer," writes Spadola.¹⁴ She continues: "How freeing it would be if we could see breasts in all of their complexity."¹⁵ When I first began this project, this quotation made me laugh. I imagined Spadola as a hippie in a long, formless dress, passing a peace pipe around her living room and waxing philosophical about breasts with like-minded folks. But now, after I have had time to reflect on her words, I see myself in that imaginary scenario. For, what she wants is what I want, which are more choices for how women can live their bodies. As such, my project attempts to illuminate the ways that women can think of their breasts outside the frame of objectification.

In the process of reflecting on current breast discourse, I also hope that this project fills the gap in feminist scholarship that Young highlighted nearly twenty years ago. In an endnote to her essay on the "breasted experience," she wrote, "Considering the vast explosion of women's-studies literature in the past two decades, there is an amazing absence of writing about women's experience of breasts, and some of what little there is does not arise from feminist sensibility."¹⁶ However, to be fair, in the 21 years since Young's influential analysis of the breasted experience, feminists have made attempts to cover this gap in feminist theory and epistemology. For example, within the past 10 years, feminists have written extensively about the plastic surgery

¹³ Ibid.

¹⁴ Spadola, *Breasts*, xx.

¹⁵ Ibid.

¹⁶ Young, "Breasted Experience," 205.

culture and the demands it places upon the plastic body and breast.¹⁷ In addition, women's stories about their experiences in breasted bodies have been published in a variety of anthologies about breasts, breast-feeding, and breast cancer.¹⁸

While these collections of women's experiences are an important gathering of collective knowledge, they do not draw conclusions about breasts across different contexts. Because they only focus on particular aspects of breasts, such as breastfeeding, they end up missing how other breast discourses, such as mammography, also influence how we experience and know breasted bodies. My study attempts to provide some insight into how breast discourses, from breast cancer awareness to mammography to breastfeeding, coalesce to produce knowledge about breasts, women, and bodies. Based on my analyses, I then assess how breasts could function as a starting place for feminism. In other words, I imagine what a feminist rhetoric from the breast might be. For, as Eisenstein argues, breasts are an ideal starting place for feminism: "The breast as body part and as a racialized masculinist construction means that it entertains a tense *and* ambivalent relationship to feminism itself. It therefore is a risky but passionate place to build this consciousness for resistance."¹⁹ I take this risk throughout each case study with the hope that my analyses help us better understand the possibilities of breast discourse, as well as its limitations. Next, I further articulate my feminist commitments by exploring relevant feminist literature on the body.

¹⁷For just a small sample, see; Debra L. Gimlin, *Body Work: Beauty and Self-Image in American Culture* (Berkeley: University of California Press, 2002); Sheila Jeffreys, *Beauty and Misogyny: Harmful Cultural Practices in the West* (New York: Routledge, 2005); Carole Spitzack, "The Confession Mirror: Plastic Images for Surgery," *Canadian Journal of Political and Social Theory* 13 (1988): 38-50.

¹⁸See, for example, Daphna Ayalah and Isaac J. Weinstock, *Breasts: Women Speak About Their Breasts and Their Lives* (New York: Summit Books, 1979); Maureen Connolly and Dana Sullivan, *Unbuttoned: Women Open Up About the Pleasures, Pains, and Politics of Breastfeeding* (Boston: Harvard Common Press, 2009); Meema Spadola, *Breasts: Our Most Public Private Parts* (Berkeley: Wildcat Canyon Press, 1998), page.

¹⁹Eisenstein, *Manmade Breast Cancers*, 135.

Feminist Body Work

Before the “body boom” in feminist theory and criticism that occurred in the 80s and 90s, the biological body was largely avoided in such circles. The avoidance is perhaps not surprising given that for centuries, women’s bodies have been posited as the source of women’s inferiority to men. According to feminist biologist Lynda Birke, the image of women’s bodies as imperfect versions of men’s bodies can be traced back to the Greeks and some version of this image has resurfaced with each major epistemological shift.²⁰ In the eighteenth century, however, women’s bodies became seen as not only deficient when compared to men’s, but also radically different from men’s. The advent of scientific inquiry into the “nature” of bodies in the nineteenth century reified the perceived irreparable gulf between men’s and women’s bodies. The theme of difference stuck and continues even today. For, as Birke explains, “In the twentieth century, that concern [that women are inherently different from men] has become molecular, tracing the patterns of difference to the genes that a person inherits.”²¹

It is precisely because of body rhetorics’ potential to limit women’s agency and activities that feminists turned to the body as a source of liberation and freedom. In what follows I situate this project in a long line of feminist thinking about bodies and criticism of body discourse. I begin by exploring how feminist theorists have taken up body studies. In order to do that, I examine the philosophical traditions and key terms to which this study is indebted. After that, I detail the feminist voices and ideas have had the most influence on my thinking.

Feminists Theorize the Body

During the 80s and 90s, feminist theorists and philosophers made that jump into what had once been enemy territory when they began to investigate the body. From what I can gather, this

²⁰ Lynda I. A Birke, *Feminism and the Biological Body* (Edinburgh: Edinburgh University Press, 1999).

²¹ *Ibid.*, 37.

shift toward thinking through bodies—and/or the knowledge produced about and through them—was guided by a few major philosophical forces, namely Marxism and Poststructuralism. Of course, multiple, conflicting, and complicated forces coalesced to create the situation in which women and feminists were able to critically engage the body, and I do these factors an injustice by trying to separate them into distinct sects. However, for the ease of laying the groundwork upon which my study will build, I temporarily stabilize these forces into separate categories.

Standpoint feminism, which first grew out of Marxist materialism in the 1970s, utilized the Marxian exhortation that consciousness does not create culture, but culture creates consciousness, to radically rethink epistemology.²² Led by the “the Marxian argument that socially mediated interaction with nature in the process of production shapes both human beings and theories of knowledge,” Nancy Hartstock theorizes a feminism based on historical materialism.²³ And, accordingly, Hartstock argues that “feminist theorists must demand that feminist theorizing be grounded in women’s material activity and must as well be a part of the political struggle necessary to develop areas of social life modeled on this activity.”²⁴ The effect of her call has been a dramatic re-thinking of what counts as knowledge. Far from coming from a “god’s eye view,” Alison Jaggar explains that “the concept of women’s standpoint presupposes that all knowledge reflects the interests and values of specific groups.”²⁵ Knowledge, in other words, became situated, situation-specific, even *body*-specific. And, as such, all knowledge

²² Karl Marx, *The German Ideology, Parts I & III* (New York: International Publishers, 1960).

²³ Nancy Hartstock, “The Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism,” in *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*, ed. Sandra Harding (New York: Routledge, 2004), 35.

²⁴ *Ibid.*, 49.

²⁵ Alison Jaggar, “Feminist Politics and Epistemology: The Standpoint of Women,” in *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*, ed. Sandra Harding (New York: Routledge, 2004), 61.

because of its situatedness, must be partial; always from just one perspective.²⁶ This rethinking of knowledge and material culture, I argue, was one of the factors that led to the explosion of body studies in the 80s and 90s. It shook the very foundation of knowledge and asked that we rethink what it means to know one's body.

The rise of postmodern/poststructural theory also influenced the feminist critical approach to the body.²⁷ Important for feminists, postmodern theory also took issue with modernist epistemology and turned a skeptical eye toward knowledge, power, and "common sense." While definitions of postmodernism are varied, Jean-François Lyotard's definition proves helpful when explaining how postmodernism influenced body studies: "I define *postmodern* as incredulity toward metanarratives."²⁸ Here, metanarratives are those narratives and stories that guide how we make sense of our daily lives. Judith Butler provides a similar sentiment regarding postmodernism and its purpose: "if I understand part of the project of postmodernism, it is to call into question the ways in which such 'examples' and 'paradigms' serve to subordinate and erase that which they seek to explain."²⁹ Accordingly, postmodernists seek to problematize sedimentary knowledge and homogenous categories, such as binaries. One of the paradigms that postmodernism calls into question is the mind/body binary. It was this very move that threw open the door for feminists to investigate the body.

Coming from a postmodern/poststructuralist background, feminist philosophers turned to the body as a way to displace the Cartesian mind/body dualism that so often creates trouble for

²⁶ Donna J. Haraway, "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective," *Feminist Studies* 14, no. 3 (1991): 575-599.

²⁷ I do understand that there is often a distinction to be made between poststructural theory and postmodernity, however, the line drawn between the two looks fuzzy in feminist theory of the body and I am not interested, at present moment, to take up this concern.

²⁸ Jean-François Lyotard, *The Postmodern Condition: A Report on Knowledge*, v. 10 (Minneapolis: University of Minnesota Press, 1984), xxiv.

²⁹ Judith Butler, "Contingent Foundations: Feminism and the Question of 'Postmodernism'," in *Feminists Theorize the Political*, ed. Judith Butler and Joan Scott (New York: Routledge, 1992), 5.

women.³⁰ While Descartes is often credited with separating the body from the mind, Susan Bordo explains that all the major western philosophies emphasized the mind's superiority over the matter of the body. In her review of various western philosophies of the body, Bordo explains that "what remains the constant element throughout historical variation is the *construction* of the body as something apart from the true self (whether conceived as soul, mind, spirit, will, creativity, freedom . . .) and as undermining the best efforts of that self."³¹ The split, as Bordo notes, was not equal-opportunity, meaning both the mind and the body were given the same value. Instead, within the mind/body dualism, "That which is not-body is the highest, the best, the noblest, the closest to God; that which is body is the albatross, the heavy drag on self-realization."³² In other words, the mind/body split is a mind/body hierarchy with the first term in the pair, the mind, holding precedence over the second, the body.

The mind/body hierarchy is especially disconcerting for women for, as Elizabeth Grosz explains, the body is often correlated with women and the mind is linked to men. When the mind/body split partners with patriarchy, women become, by "nature," somehow closer to the body or more embodied than their male counterparts who are able to transcend the body in order to operate in the realm of pure reason. Grosz argues that "Patriarchal oppression . . . justifies itself, at least in part, by connecting women much more closely than men to the body and, through this identification, restricting women's social and economic roles to (pseudo) biological terms."³³ The connection of women to the body seems "natural" because of reproductive processes that everyone can literally see, such as pregnancy, childbirth, and breastfeeding. These

³⁰ René Descartes, *Discourse on Method. Meditations on the First Philosophy. Principles of Philosophy* (London: Dent, 1912).

³¹ Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: University of California Press, 1993), 5.

³² *Ibid.*

³³ Grosz, *Volatile Bodies*, 14.

processes, in turn, give the impression that “women are somehow *more* biological, *more* corporeal, and *more* natural than men.”³⁴ When women get tied to the body side of the binary, men are able to claim the mind for themselves. Grosz contends that “The coding of femininity with corporeality in effect leaves men free to inhabit what they (falsely) believe is a purely conceptual order”³⁵ Or, as Simone de Beauvoir puts it, “He thinks of his body as a direct and normal connection with the world, which he believes he apprehends objectively, whereas he regards the body of woman as a hindrance, a prison, weighed down by everything peculiar about it.”³⁶

This dualism’s legacy has not only denied women access to the public sphere, but it has also constructed women as being at the mercy of their irrational “natures” or bodies. Margrit Shildrick, a feminist philosopher interested in the ethics of the body, explains that “In being somehow more fully embodied than men, women have been characterised simply as less able to rise above uncontrollable natural processes and passions and therefore disqualified from mature personhood.”³⁷ And, these philosophical images have had an impact on how all women think about their bodies. According to rhetorical scholar Sharon Crowley, “Negatively charged cultural constructions of women’s bodies as both dangerous and fragile have forced women to become highly conscious of their bodies As objects of the male gaze, women know what it means to occupy the position of ‘the other,’ even if they do not read the philosophical texts in which they are imagined as such.”³⁸ In order to challenge the logic of the mind/body dualism and its legacy, feminist would need some critical tools, which I detail next.

³⁴ Ibid.

³⁵ Ibid.

³⁶ Simone de Beauvoir, *The Second Sex* (New York: Vintage Books, 1952), xviii.

³⁷ Margrit Shildrick, *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)ethics* (London: Routledge, 1997), 26.

³⁸ Sharon Crowley, “Afterword: The Material of Rhetoric,” in *Rhetorical Bodies*, ed. Jack Selzer and Sharon Crowley (Madison: University of Wisconsin Press, 1999), 358.

A Critical Vocabulary

As I illustrated above, postmodern/poststructural theory encouraged feminists to question the Cartesian mind/body split and its influence on women's bodies; and this rethinking of that binary helped spawn feminist interest in the body. In order to "explore the body anew," however, feminist theorists and critics needed a vocabulary for thinking about bodies, discourse, and power; and this they received, at least in part, from Foucault. Before moving on, however, I must note that Foucault is not universally acknowledged as the progenitor of body studies. In fact, Bordo argues that "neither Foucault nor any other poststructuralist thinker discovered or invented the idea . . . that the 'defining and shaping' of the body is 'the focal point for struggles over the shape of power.'" ³⁹ To the contrary, feminists had been doing that for centuries. Or, as Bordo puts it "*That* was discovered by feminism, and long before it entered into its marriage with poststructuralist thought." ⁴⁰ Referencing various feminists from Mary Wollstonecraft to Charlotte Bunch, Bordo contends that "long before poststructuralist thought declared the body a political site," generations of women "recognized that the most mundane, 'trivial' aspects of women's bodily existence were in fact elements in the social construction of an oppressive feminine norm." ⁴¹ Bordo's insistence that we recognize the role women's rhetorical texts and practices played in shaping body studies has not gone unnoticed, especially in rhetorical studies. ⁴²

From my vantage point, however, the utility that Foucault provides feminists comes in his circulation of a critical vocabulary and conceptual tools with which to address the body. While feminists have utilized many of Foucault's concepts and terms, his conceptions of

³⁹ Bordo, *Unbearable Weight*, 17.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*, 18.

⁴² Crowley, "Afterword: The Material of Rhetoric."

discourse, power, and the body are most important for my purposes. In order to understand how Foucault conceptualizes the body, first we must look at his ideas of discourse and power.

According to Foucault, a discourse is “a series of discontinuous segments whose tactical function is neither uniform nor stable.”⁴³ Adding helpful details to this definition, feminist scholar Joan Scott explains “discourse is not a language or a text but a historically, socially, and institutionally, specific structure of statements, terms, categories, and beliefs.”⁴⁴ As such, when I talk about breasts as a discourse, I am talking about a larger structure than just the language practices used to describe them. For example, breastfeeding performances and how they get shaped by cultural and historical beliefs are part of breast discourse, as well as linguistic texts, such as breastfeeding guides. Foucauldian scholar Paul Bové, argues, however, that asking “what is discourse,” misses the point of poststructuralism’s turn away from meaning. He implores critics to consider the following questions when approaching a discourse: “How does discourse function? Where is it to be found? How does it get produced and regulated? What are its social effects? How does it exist—as, say, a set of isolated events hierarchically related or as a seemingly enduring flow of linguistic and institutional transformations?”⁴⁵ Thinking about the world through the prism of discourse is a productive move because it not only gives critics the opportunity to assess the phenomenon at hand, but also to imagine how it could be changed. As Elizabeth St. Pierre writes, “Poststructural theories of discourse, like poststructural theories of language, allow us to understand how knowledge, truth, and subjects are produced in language and cultural practice as well as how they might be reconfigured.”⁴⁶

⁴³ Michel Foucault, *The History of Sexuality, Vol. 1: An Introduction* (Vintage, 1990), 100.

⁴⁴ Joan W. Scott, “Deconstructing Equality-versus-Difference: Or, the Uses of Poststructuralist Theory for Feminism,” *Feminist Studies* 14, no. 1 (April 1, 1988): 35.

⁴⁵ Paul A. Bove, “Discourse,” in *Critical Terms for Literary Study*, ed. Frank Lentricchia and Thomas McLaughlin (Chicago: University of Chicago Press, 1990), 54.

⁴⁶ Elizabeth Adams St. Pierre, “Poststructural Feminism in Education: An Overview,” *International Journal of Qualitative Studies in Education* 13, no. 5 (September 2000): 486.

We cannot talk about discourse, however, without also talking about power since it is through discourse that power works. According to Foucault, “Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it.”⁴⁷ Accordingly, for Foucault, power is not the top-down, repressive force that many thinkers, even some feminist thinkers, have utilized when advocating for social change. Foucault asks, “If power were never anything but repressive, if it never did anything but say no, do you really think one would be brought to obey it.”⁴⁸ Instead, for Foucault, power “needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression.”⁴⁹ Bové does a nice job summarizing this view of power:

“Power must not be thought of as negative, as repression, domination, or inhibition. On the contrary, it must always be seen as ‘a making possible,’ as an opening up of fields in which certain kinds of action and production are brought about. As power disperses itself, it opens up specific fields of possibility; it constitutes entire domains of action, knowledge, and social being by shaping the institutions and disciplines in which, for the most part, we largely make ourselves.”⁵⁰

In essence, it is through power that we are produced and produce ourselves.

While it may seem discouraging to think of power as everywhere, it can also be viewed as encouraging because this means that resistance, too, is always present. Judith Butler contemplates power in this way:

⁴⁷ Foucault, *The History of Sexuality, Vol. 1*, 101.

⁴⁸ Michel Foucault, *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977* (New York, N.Y.: Pantheon Books, 1980), 119.

⁴⁹ Ibid.

⁵⁰ Bové, “Discourse,” 58.

power pervades the very conceptual apparatus that seeks to negotiate its terms, including the subject position of the critic; and further, that this implication of the terms of criticism in the field of power is *not* the advent of a nihilistic relativism incapable of furnishing norms, but, rather, the very precondition of a politically engaged critique.⁵¹

This view of power, then, changes the way a feminist politics of breasts can be approached. Instead of conceptualizing women's breasts as an effect of patriarchal domination, Foucault's theory of power refocuses our attention on the ways in which power produces the very resistance it seeks to quell. In other words, as Shildrick reminds, for Foucault, "the notion of resistance is not that of a complementary but external force, but of multiple points of contestation generated by the very productivity of power itself."⁵²

Foucault argues that bodies ought to be understood as discursive constructions, not pre-given or natural in some objective way. Instead, as Shildrick suggests, his genealogies of bodies illustrate that bodies "are specific, variable, and non-necessary historical and discursive constructions"⁵³ Given this way of conceptualizing the body, the discourse that constructs bodies does not merely *represent* bodies in particular ways at particular times. Instead, as Grosz explains, "these factors actively produce the body as a body of a determinate type."⁵⁴ Representation and the body are not separate entities. There is not an unsignified body beneath the discourse. It is, for many feminists, one in the same. I will take up this idea in the next section.

While useful for feminists, Foucault's episteme has not been blindly adopted as a neutral tool. On the contrary, feminists have been rather critical of Foucault's omission of women from

⁵¹ Butler, "Contingent Foundations: Feminism and the Question of "Postmodernism"," 6-7.

⁵² Shildrick, *Leaky Bodies and Boundaries*, 58.

⁵³ *Ibid.*, 57.

⁵⁴ Grosz, *Volatile Bodies*, x.

his projects. Although Foucault's work illuminates the ways in which culture disciplines the body, which has been a valuable move for my project and many others, Sandra Bartky indicts Foucault for his failure to recognize the difference between men's bodies and women's bodies. She explains that "Foucault treats the body as though it were one, as if the bodily experiences of men and women did not differ and as if men and women bore the same relationship to the characteristic institutions of modern life."⁵⁵ Conversely, Bartky argues that women's bodies are more disciplined and restricted than men's bodies. Historically, women have had far fewer choices when it comes to how they move, comport, and present their bodies. And, therefore, Foucault's blatant failure to conceptualize this difference is at times hard for feminists to reconcile with the more productive aspects of his thinking. Although some remain skeptical about Foucault's usefulness, for many feminists, his concepts are too valuable to throw out with the bathwater. Shildrick acknowledges that while many "would agree that Foucault's analysis is flawed by his gender omissions, his deconstructive approach to the episteme of the body and to power is a stepping-stone of great significance to feminism in the contestation of the devaluation of women."⁵⁶ Feminists have, therefore, recovered aspects of Foucault that are congruent with their goal of rethinking systems of power and imagining new worlds.

Armed, then, with a strong lineage of women concerned with the politics of bodies and discourse, the legacy of acknowledging the situated nature of all knowledge and truth claims from standpoint theorists, and key concepts from poststructuralism, feminists have attended to the body in record numbers. April Horner and Angela Keane, in the introduction to their edited volume on feminism and the body, explain that "in feminist literary and cultural criticism, 'the

⁵⁵ Sandra L. Bartky, "Foucault, Femininity, and the Modernization of Patriarchal Power," in *The Politics of Women's Bodies: Sexuality, Appearance, & Behavior*, ed. Rose Weitz (New York: Oxford University Press, 1998), 27.

⁵⁶ Shildrick, *Leaky Bodies and Boundaries*, 47.

body’ crops up with such regularity that the overprivileged ‘mind’ seems to have had its day.”⁵⁷

It is into this historical and theoretical lineage that I insert my project.

Influential Feminist Thinkers and Thoughts

Although feminist scholars of bodies seem eager to put other feminists and their works into categories, I have trouble doing so.⁵⁸ My difficulty with this task might stem from the slippery nature of feminist studies of the body and their ability to elude precise categorization. Instead, I prefer to discuss different strands of feminist thinking by attributing those words to actual bodies. In order to stick as closely as possible to the goal of my project, I do not review all of the ways in which feminists have historically conceptualized the body and its role in politics. Instead, I discuss only those strands of feminist inquiry that have had the largest impact on my thinking about feminism, the body, and social change. In what follows I describe how Judith Butler’s, Elizabeth Grosz’s, and Susan Bordo’s work and words have shaped my thinking about breasted bodies and feminist politics.

Butler and Grosz go to great lengths to distinguish themselves from what they term “social constructionist” feminists. According to their analyses and others, social constructionist feminists appear to have had the corner of the market when it comes to critically engaging with the body for their work is most accessible and widespread. For the most part, these theorists and critics believe that while there is a biological body with more-or-less fixed characteristics, what really matters about bodies are the meanings that we assign to them.⁵⁹ Social constructionists, therefore, take the middle ground position on the popular query: “is there a *real* body or is it all

⁵⁷ April Horner and Angela Keane, “Introduction,” in *Body Matters: Feminism, Textuality, Corporeality*, ed. April Horner and Angela Keane (Manchester: Manchester University Press, 2000), 1.

⁵⁸ Grosz, for example, in her book *Volatile Bodies*, spends several pages categorizing feminist inquiry into the body. She puts each feminist and their work into one of three different categories: egalitarian feminism, social constructionism, or sexual difference.

⁵⁹ Simone de Beauvoir’s work would fall into this category. See, de Beauvoir, *The Second Sex*.

just *representation*.” Social constructionists would likely argue that since we cannot change the material of the body, we must focus on altering how we come to know the body through discourse. In other words, the task for social construction feminists is to alter the representations of bodies so bodies can come to mean different things. In particular, the social construction of gender has been a major area of interest for these feminists. These feminists often argue that “sex” is biological while “gender” is a social construction. Social constructionist feminists would likely agree that biologically sexed bodies and processes are immutable; so, therefore, the goal of a social constructionist project would be to alter the ways we think about or know gender.

While the social constructionist approach to the study of women’s bodies has produced useful analyses and knowledge, Grosz and Butler argue that the position is rife with flaws. Since social constructionists remain committed to “a biologically determined, fixed, and ahistorical notion of the body” Grosz argues that their supposedly anti-essentialist position is untenable.⁶⁰ In addition, social constructionists have been charged with losing sight of the biological body. Butler maintains that within social constructionism, the body once again becomes devalued or downgraded:

Indeed, as much as the radical distinction between sex and gender has been crucial to the de Beauvoirian version of feminism, it has come under criticism in more recent years for degrading the natural as that which is ‘before’ intelligibility, in need of the mark, if not the mark, of the social to signify, to be known, to acquire value. This misses the point that nature has a history, and not merely a social one, but, also, that sex is positioned ambiguously in relation to that concept and its history.⁶¹

⁶⁰ Grosz, *Volatile Bodies*, 16.

⁶¹ Judith Butler, *Bodies That Matter: On the Discursive Limits of "Sex"* (New York: Routledge, 1993), 4-5.

Coming from a feminist biological perspective, Birke argues that the social constructionist hyper-focus on how gender gets produced by culture “too easily loses the lived experiences of being embodied. . . . The body, rather, becomes a passive recipient of cultural practices, denied even the agency of experience.”⁶² Grosz also sees the avoidance of materiality as a flaw in this viewpoint: “few concepts seem so readily embraced while at the same time undergoing a process of sanitization or neutralization—that is, a strange de-corporealization—by those feminists and cultural theorists who insist on the *discursivization* (if I may so name it) of bodies as a mode of protecting themselves from their materiality.”⁶³ Accordingly, the exclusive focus on the discursive body at the expense of the material body often produces numerous analyses of the representation of the body but, as Butler contends, “bodies in their material variety still wait to be thought.”⁶⁴

In the self-proclaimed effort to avoid the crimes they accuse social constructionist feminists of committing, Butler and Grosz, along with other feminists who may or may not adopt the label of “sex difference” or “corporeal” feminism, take “the *lived body*, the body insofar as it is represented and used in specific ways in particular cultures” as the starting point of theory and practice.⁶⁵ Both Butler and Grosz remain skeptical of the “is there a *real* body or is it all just *representation*” question and of the sex/gender binary that social constructionists often reify in their work. According to Butler in *Bodies that Matter*, the constructionist position necessarily perpetuates essentialism because it relies on some sort of pure, untouched matter (sex) to be marked by culture (gender). For example, if “sex” is outside of culture, then “sex” must have some sort of essential element that makes it what it is. Accordingly, Grosz explains that sexual

⁶² Birke, *Feminism and the Biological Body*, 34.

⁶³ Elizabeth Grosz, “Bodies and Knowledges: Feminism and the Crisis of Reason,” in *Space, Time, and Perversion: Essays on the Politics of Bodies* (New York: Routledge, 1995), 31.

⁶⁴ *Ibid.* (To be fair, neither Butler nor Grosz have had much luck dealing with the materiality of bodies either)

⁶⁵ Grosz, *Volatile Bodies*, 18.

difference feminists tend “to be more suspicious of the sex/gender distinction and to be less interested in the question of the cultural construction of subjectivity than in the materials out of which such a construct is forged.”⁶⁶

Instead of casting it off as unalterable matter, the body, for Butler and Grosz, is the main focus of inquiry. Grosz explains that “The body is regarded as the political, social, and cultural object par excellence, not a product of a raw, passive nature that is civilized, overlaid, polished by culture. The body is a cultural interweaving and production of nature.”⁶⁷ Further separating themselves from other feminists, sexual difference feminists contend that there are differences, fundamental even, between the sexes. However, these biological sex differences are arbitrary. This contention does not, however, replicate the essentialist argument that there is a specific “female essence” to be celebrated and around which women should rally. To the contrary, for sexual difference feminists, “there is a whole-hearted acknowledgement, even valorization of differences between members of the same sex rather than an uncritical acceptance of universalist essences or categories.”⁶⁸ Shildrick, whose work is heavily influenced by Butler and Grosz, further elaborates on this position: “what is being (re)claimed is not a homogeneous category of women, but rather a multiplicity of fluid positions linked only by the in-common experience of a specific body form.”⁶⁹ Accordingly, for Shildrick and other sexual difference feminists, “discursive deconstruction should not entail dis-embodiment.”⁷⁰

How, then, do these feminist thinkers maintain that bodies have certain fundamental material characteristics and also that bodies are products of discourse without falling into the same essentialist/constructionist cat-and-mouse game they seek to avoid? The response relies on

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ Shildrick, *Leaky Bodies and Boundaries*, 9.

⁷⁰ Ibid.

a rethinking of bodies and materiality. According to Butler, “To claim that discourse is formative is not to claim that it originates, causes, or exhaustively composes that which it concedes; rather, it is to claim that there is no reference to a pure body which is not at the same time a further formation of that body.”⁷¹ Materiality, as such, still has its place within these theories; but, materialism must be re-conceptualized, for, as Butler explains, “what constitutes the fixity of the body, its contours, its movements, will be fully material, but materiality will be rethought as the effect of power, as power’s most productive effect.”⁷² Butler, then, in order to eschew the over-used and problematic term “construction,” suggests “a return to the notion of matter, not as site or surface, but as *a process of materialization that stabilizes over time to produce the effect of boundary, fixity, and surface we call matter.*”⁷³ Bodies, hence, become processes that get fixed through discourse in particular ways and at particular times. Accordingly, what the body is today is quite different than what it was a century ago or what it can be in the future.

My study of breasted bodies is heavily influenced by the above perspectives and ideas. For example, I analyze how breasted bodies get produced by discourses that constrain and enable its intelligibility. I do not claim that breasts are an essential component of the female body. Instead, I argue that current discourse produces them as essential to what it means to be female. Further, I do not claim that since some breasted bodies are produced in particular ways, all women’s bodies are produced in similar ways. I recognize that my analysis will only look at certain types of texts, namely ones in which the white, middle-class breasted body comes into focus, which makes my project necessarily partial. However, the fact that no generalized claim can be made should not preclude such analysis. For, as Grosz writes:

⁷¹ Butler, *Bodies That Matter*, 10.

⁷² *Ibid.*, 2.

⁷³ *Ibid.*, 9.

“While it is clear that one cannot provide universal or general claims about the ways in which either men as a group or women as a group live and experience their sexualities and corporealities or about the ways in which their bodies are culturally codified and constituted, this does not mean that these issues are illegitimate and undiscussable; nor does it absolve us of the responsibility to discuss at least those forms with which we are concerned.”⁷⁴

The forms with which I am concerned in this analysis are ones which have received public attention and scrutiny.

I am also persuaded by Butler’s and Grosz’s suggestion that biology is never “pure” or “innocent” and that it always calls into being the biological body that it presupposes. And, as such, I am concerned with how particular bodies become *marked as* breasted, not just with the representations of breasts. Hence, my position is very similar to Shildrick’s, who maintains that “the body is always a discursive construction, marked by environmental process and by power, but given to us only in our texts. In short, we could always know it, and its biology, in a different way, as indeed a genealogy of the body would show.”⁷⁵

However, as much as I agree with the principles and ideas put forth by Butler and Grosz, the goal of sexual difference feminism raises questions. Shildrick is very optimistic about the potential for change based on these ways of thinking about bodies: “Where sexual difference is only the difference of the binary there is no escape from the inherent limitations of the operative categories, but the tracing of sexual difference ‘beyond’ the binary speaks to a multiplicity of differences in which all women might find a place.”⁷⁶ However, what does a politics of sexual difference look like? Surely, it wants to explore the variety of all bodies without losing the fact

⁷⁴ Grosz, *Volatile Bodies*, 197.

⁷⁵ Shildrick, *Leaky Bodies and Boundaries*, 15.

⁷⁶ *Ibid.*, 216.

that bodies becomes sexed through discourse, but what, pragmatically does this do for feminists? How much would women have to give up and would this giving up be productive? Christine Di Stefano asks similar questions of difference feminism, such as, “Are some differences more basic than others?”⁷⁷ Further, sexual difference feminists, at least in my reading of their projects, have yet to suggest what a sexual difference critique is supposed to do. In many ways, I would be lost in this project if I only imagined it through the lens of sexual difference.

The goal of my project is not to deconstruct the breasted body and show that it is the same as the male body, but to highlight how particular breasts—white, middle-class, heterosexual—matter in current discourse and to imagine how they could matter differently. I want to draw attention to the ways in which some women are encouraged to become breast-conscious through breast discourse. As such, Susan Bordo’s work has been influential in this project’s development.⁷⁸ Bordo’s approach to feminist work is shaped by a variety of influences including both Marx and Foucault, and as such, she explains that when she uses the term “material,” she means “what Marx and, later, Foucault had in mind in focusing on the ‘direct grip’ (as opposed to representational influence) that culture has on our bodies, through the practices and bodily habits of everyday life.”⁷⁹ She readily acknowledges the fact that biology plays a role in our lives, behaviors, actions. However, she admits that “even in those areas where biology may play a more formidable role, its effect is never ‘pure,’ never untouched by history. We are creatures swaddled in culture from the moment we are designated one sex or the other, one race or the other.”⁸⁰ Bordo’s goal for her projects, she argues is “simply becoming *more*

⁷⁷ Christine Di Stefano, "Feminism, Science, and the Anti-Enlightenment Critiques," in *Feminism/Postmodernism*, ed. Linda J. Nicholson (New York: Routledge, 1990), 78.

⁷⁸ Bordo, *Unbearable Weight*.

⁷⁹ *Ibid.*, 16.

⁸⁰ *Ibid.*, 36.

conscious” which, she explains “is a tremendous achievement.”⁸¹ I am persuaded by her argument that criticism should encourage consciousness about particular issues; and as such, I reflect on how breast discourses both encourage conscious reflection and discourage it throughout each of my case studies. Next, I explain how rhetorical theory and criticism guide the critical approach I take to breast discourse.

Why Rhetoric?

This project’s guiding assumption is that breasts are rhetorical constructs. As I have been trying to argue, how bodies get breasted, what breasts mean, how they can be experienced, and how women think of their breasts are all products of cultural discourse. Because of this, a rhetorical approach to the study of the breasted body is warranted. In what follows, I explore three developments in rhetorical theory that guide my rhetorical investigation of breasts. First, I trace rhetoric’s turn to materiality and bodies. Second, I explain why critical rhetoric functions as a guiding method for this study. Third, I place this study within the tradition of feminist rhetorical criticism. As will become evident throughout this section, many of the body ideas that circulate within feminist philosophy have been taken up by rhetorical studies.

Rhetoric and Materiality

Rhetorical studies, motivated by feminist and postmodern/poststructural theory, made the “material” turn within the last few decades. The turn to the human body is, for Sharon Crowley, “a fine irony” because “at the very moment when poststructuralist philosophers have legitimated the study of rhetoric, rhetoricians are being urged to look at the human body and the material conditions and practices associated with it.”⁸² Rhetoric’s attention to the material can be read as a reaction to the “rhetoricizing” of academe. Just prior to rhetoric’s turn to materiality rhetorical

⁸¹ Ibid., 30.

⁸² Crowley, “Afterword: The Material of Rhetoric,” 357.

scholar Jack Selzer explains that as poststructural theory grew in popularity, many disciplines began making the rhetorical turn. With the rhetoricizing of much of academe, “things in themselves, consequently, are sometimes being reduced to a function of language: genes, genders, jeans, and genetics have all been reconceived recently through the prism of language. Words have been mattering more than matter.”⁸³ Rhetoricians, thus, in an effort to address “the brute fact of materiality” turned to the body, to matter, to space; thereby making the material turn.⁸⁴

Rhetorical interest in materialism is indebted to the work of Michael Calvin McGee, who may be one of the first rhetoricians to make the materialist turn. McGee argued that rhetorical theory had gotten trapped within an idealist paradigm. As such, according to McGee, our rhetorical theories looked more like “textbooks” than actual descriptions of the world. In order to correct this oversight, he advocated a materialist theory of rhetoric. Instead of beginning with the rules of good rhetoric, “A material theory of rhetoric, in contrast, begins with real speeches which are demonstrably useful to an end or are failures. Such an approach to theory would not aim at making rules of composition, but rather at the description, explanation, perhaps even prediction of the formation of consciousness itself.”⁸⁵ Hence, a materialist theory of rhetoric demands that we view language and discourse as providing the resources with which we can constitute our identities and live our lives. McGee contends that “Discourse, even language itself, will have to be characterized as material rather than merely representational of mental and empirical phenomena. Such difficult and controversial concepts as ‘consciousness’ and

⁸³ Jack Selzer, “Habeas Corpus,” in *Rhetorical Bodies*, ed. Jack Selzer and Crowley (Madison: University of Wisconsin Press, 1999), 4.

⁸⁴ *Ibid.*, 3.

⁸⁵ Michael Calvin McGee, “A Materialist’s Conception of Rhetoric,” in *Explorations in Rhetoric: Studies in Honor of Douglas Ehinger*, ed. Ray E. McKerrow (Glenview, IL: Scott, Foresman and Company, 1982), 25.

‘ideology,’ ‘myth’ and ‘phenomenon’ will have to be explored.”⁸⁶ He later, in another piece, reiterates this sentiment: “I don’t believe that there is such a thing as an idea independent of language and discourse. I don’t believe that language and discourse are mediations. I believe that language and discourse are things themselves.”⁸⁷ Bové puts this same idea into other words: “‘discourse’ makes possible disciplines and institutions which, in turn, sustain and distribute those discourses.”⁸⁸

The goal, then, for materialist rhetorical critics is to understand the relationships and interactions between things in the world. We ought to pay attention to the functions of discourse, not the desired product or the effects. When we shift our conception of rhetoric from one of art to one of process, our job becomes one of description, not of appraisal. Many rhetorical scholars have since elaborated on, advanced, and even challenged McGee’s concept of material rhetoric.⁸⁹ Of particular importance to my dissertation, however, are materialist projects that have theorize and describe the materiality of the human body and practices, to which I turn next.

Material rhetoric and bodies appear to be made for each other. According to Barbara Dickson, material rhetoric “furthers our understanding of the ways in which dominant discourses write our bodies, how those inscriptions are mobilized in material practices, and how the practices may be transformed through them.”⁹⁰ Dickson’s analysis of the pregnant body is especially illustrative for my purposes. In her analysis, she explains that material rhetoric is

⁸⁶ Ibid.

⁸⁷ Michael Calvin McGee, “Materialism,” in *Rhetoric in Postmodern America: Conversations with Michael McGee*, ed. Carol Corbin (New York: Guilford Press, 1998), 139.

⁸⁸ Bové, “Discourse,” 57.

⁸⁹ Barbara Biesecker, “Rethinking the Rhetorical Situation from within the Thematic of *Différance*,” *Philosophy and Rhetoric* 22 (1989): 111-130; Celeste M. Condit, “Race and Genetics from a Modal Materialist Perspective,” *Quarterly Journal of Speech* 94, no. 4 (2008): 383-406; Ronald Walter Greene, “Another Materialist Rhetoric,” *Critical Studies in Mass Communication* 15 (1998): 21; Davi Johnson, “Mapping the Meme: A Geographical Approach to Materialist Rhetorical Criticism,” *Communication and Critical/Cultural Studies* 4 (2007): 27-50.

⁹⁰ Barbara Dickson, “Reading Maternity Materially,” in *Rhetorical Bodies*, ed. Jack Selzer and Sharon Crowley (Madison: University of Wisconsin Press, 1999), 312.

“closely aligned with the corporal body and seeks to know how texts are taken up by and inscribed on human bodies that inhabit a web of cultural relationships.”⁹¹ Therefore, “Of primary interest to material rhetoric are material objects that represent the human body, because of the way these representations are then taken up by and inscribed on corporal bodies. This way of reading operates on the assumption that these significations are open to multiple interpretations, and so it examines how those significations are contained and constrained by language practices.”⁹² A material rhetoric project, as such, much like Grosz’s and Butler’s projects, seeks to understand how multiple discourses, or discursive threads, function to either constrain or enable what the material body can become. Again, Foucault’s ideas of discourse and power are key to this conception of bodies. For the purposes of my project, I approach my texts with John Jordan’s definition of the body as “a rhetorically contested substance, with a variety of social agents engaged in efforts to shape its public meaning and, by extension, its corporeal form” in mind.⁹³ In addition, and as I will explain later, I approach my project as a feminist rhetorician who is part of a feminist rhetorical tradition that has always tried to imagine better worlds for both women and men.⁹⁴ First, however, I briefly discuss method.

Critical Rhetoric

As is likely clear by now, my study draws its methodological commitments from the theory and practice of rhetorical criticism. Rhetorical criticism is particularly well suited for an analysis of how the body gains meaning, because as Mary M. Lay, Laura J. Gurak, Clare Gravon, and Cynthia Myntti note, rhetorical critiques “demonstrate the capacity of language to create meaning and direct social action. In doing so, they enable us to question that meaning and

⁹¹ Ibid., 298.

⁹² Ibid.

⁹³ John W. Jordan, “The Rhetorical Limits of the ‘Plastic Body,’” *Quarterly Journal of Speech* 90, no. 3 (2004): 328.

⁹⁴ Crowley, “Afterword: The Material of Rhetoric,” 359.

recapture voices and systems of knowledge that have been silenced within public discourse about women's bodies”⁹⁵

More specifically, my method is informed by critical rhetoric, a theoretical perspective and critical stance advocated by Raymie McKerrow.⁹⁶ Critical rhetoric's goal is to bring to light relations of power and to expose ways to change those relations. McKerrow maintains that “the initial task of critical rhetoric is one of re-creation—constructing an argument that identifies the integration of power and knowledge and delineates the role of power/knowledge in structuring social practices.”⁹⁷ Accordingly rhetorical criticism influenced by critical rhetoric does not focus on the epistemic value of a discourse, but rather attends to the *doxastic*, or the social knowledge produced by a given discursive formation. Put another way, “Rather than focusing on questions of ‘truth’ or ‘falsity,’ a view of rhetoric as doxastic allows the focus to shift to how the symbols come to possess power—what they ‘do’ in society as contrasted to what they ‘are.’”⁹⁸ And, as such, critical rhetoricians compile their texts from fragments rather than discover their texts, which holds the potential to yield greater insight into how a discourse functions. McKerrow explains that “by means of ‘pulling together’ of disparate scraps of discourse which, when constructed as an argument, serve to illuminate otherwise hidden or taken for granted social practices.”⁹⁹

The primary reason this project is guided by the framework of critical rhetoric is due to critical rhetoric's focus on how critics can contribute to social change. Within critical rhetoric, the critic does not only seek to understand how power and knowledge function in and through a

⁹⁵ Mary M. Lay, Laura J. Gurak, Clare Gravon, & Cynthia Myntti, “Introduction: The Rhetoric of Reproductive Technologies,” in *Body Talk: Rhetoric, Technology, Reproduction*, ed. Mary M. Lay, Laura J. Gurak, Clare Gravon, & Cynthia Myntti (Madison: University of Wisconsin Press, 2000), 10-11.

⁹⁶ Raymie E. McKerrow, “Critical Rhetoric: Theory and Praxis,” *Communication Monographs* 56, no. 2 (June 1989): 91.

⁹⁷ *Ibid.*, 127.

⁹⁸ *Ibid.*, 139.

⁹⁹ *Ibid.*, 101.

discourse; but the critic also hopes to create discourse that could ameliorate some of the issues perpetuated by the current discourse. McKerrow writes that “The aim is to understand the integration of power/knowledge in society—what possibilities for change the integration invites or inhibits and what intervention strategies might be considered to effect social change.”¹⁰⁰ He further details the creative capacity of this type of criticism: “Whether the critique establishes a social judgment about ‘what to do’ as a result of the analysis, it must nonetheless serve to identify the possibilities of future action available to the participants.”¹⁰¹ I see my project as both academic and activist and therefore my role is not only to illuminate how breast discourse works, but also to imagine how it work differently. Taking a cue from the principles of Women’s Studies departments and courses, I believe that feminist projects should not only contribute to academic conversations, but that they should also offer something to the community at large. As such, in each chapter, I not only describe the discourse, but I also draw attention to the ones I deem most productive for women. In the conclusion of this project I begin to draw up the contours of a feminist rhetoric of the breast and create messages that I think would successfully fulfill the requirements.

Critical rhetoric, then, can loosely be thought of as my method because I draw fragments of various texts together to try to understand how discourse constrains our thinking about breasts in particular ways while also imagining others. This method section leaves many gaps and questions for two reasons. First, I approach each case study in slightly different ways, and so I more fully elaborate on my methodology within each chapter. Second, and more importantly, I have difficulty with the term “method” in the first place. Bonnie J. Dow is particularly persuasive on this point: “I would like to suggest here that method has been our metonym for

¹⁰⁰ Ibid., 91.

¹⁰¹ Ibid., 92.

authority, and that, in this sense, our debt to science is disabling.”¹⁰² In order to avoid this “scientizing” of rhetorical criticism, Dow proposes “that we discard the vocabulary of discovery and science . . . , and embrace the vocabulary of creation and art, that we think of ourselves not as investigators of rhetoric but as creators of it.”¹⁰³ And, as such, a method cannot be a hard and fast set of standards adopted before the critical act. But, rather, it is through the criticism that the method gains clout. Indeed, as Dow argues “Like painters, when we shed light on an object, we make it *into* something: in short, we make it our own.”¹⁰⁴ Rethinking criticism as artistic, rather than scientific, “seeks to move us, to interest us, to create works that make us think about our world in new ways,” and has always been a goal of feminist rhetorical criticism.¹⁰⁵

Feminist Rhetorical Criticism

Feminist rhetorical criticism is indebted to the work of Karlyn Kohrs Campbell, whose 1973 essay on women’s liberation rhetoric provided invaluable ideas and terms that later rhetorical scholars would use.¹⁰⁶ In that essay, Campbell makes the case for the creation of a women’s liberation rhetorical genre. She explains that “Unlike most other groups, the social status of women is defined primarily by birth, and their social position is at odds with fundamental democratic values.”¹⁰⁷ Because of that, women’s liberation rhetoric is composed of unique substantive and stylistic features.¹⁰⁸ Campbell’s essay not only described an important rhetorical phenomenon—feminist rhetoric—but it also carved out a space for this type of scholarship.

¹⁰² Bonnie J. Dow, “Response Criticism and Authority in the Artistic Mode,” *Western Journal of Communication* 65, no. 3 (Summer 2001): 338-339.

¹⁰³ *Ibid.*, 339.

¹⁰⁴ *Ibid.*, 345.

¹⁰⁵ *Ibid.*, 347.

¹⁰⁶ Karlyn Kohrs Campbell, “The Rhetoric of Women’s Liberation: An Oxymoron,” *Quarterly Journal of Speech* 59, no. 1 (February 1973): 74.

¹⁰⁷ *Ibid.*, 75.

¹⁰⁸ *Ibid.*

Feminist rhetorical criticism has since burgeoned and branched out in several different directions. Some feminist rhetoricians work to recover women's voices and texts. Campbell has been especially influential in this pursuit, publishing two volumes of women's texts.¹⁰⁹ Others have tried to understand how women have gained voices in the public sphere through rhetorical strategies. Susan Zaeske's analyses of how nineteenth century women came to think of themselves as citizens through the act of petitioning have been especially influential in my thinking about how we develop subjectivities through discourse and practices.¹¹⁰ Other feminist scholars have attended to how public argument and argumentative resources are gendered.¹¹¹ Sonja Foss and Cindy Griffin have developed a theory of feminist rhetoric, called invitational rhetoric, as a way to challenge what they perceive as the traditional argumentation theory's patriarchal bias.¹¹² Clearly, feminist rhetoricians have gone in many directions.

Since one of the goals of this project is to raise consciousnesses about breasts, I am interested in Campbell's discussion of consciousness raising as one of the "distinctive stylistic features of women's liberation."¹¹³ Consciousness raising rhetorics work by exposing the political nature of personal experiences. As Campbell writes, "The goal is to make the personal political: to create awareness (through shared experiences) that what were thought to be personal deficiencies and individual problems are common and shared, a result of their position as women."¹¹⁴ Consciousness raising has been especially useful for rhetorical scholars who

¹⁰⁹ Karlyn Kohrs Campbell, *Man Cannot Speak for Her: Volume I; A Critical Study of Early Feminist Rhetoric* (Praeger Paperback, 1989); Karlyn Kohrs Campbell, *Man Cannot Speak for Her: Volume II; Key Texts of the Early Feminists*, annotated edition. (Praeger Paperback, 1989).

¹¹⁰ Susan Zaeske, *Signatures of Citizenship: Petitioning, Antislavery, and Women's Political Identity* (Chapel Hill: The University of North Carolina Press, 2003).

¹¹¹ Bonnie J. Dow and Mari Boor Tonn, "'Feminine style' and Political Judgment in the Rhetoric of Ann Richards.," *Quarterly Journal of Speech* 79, no. 3 (1993): 286.

¹¹² Sonja K. Foss and Cindy L. Griffin, "Beyond Persuasion: A Proposal for an Invitational Rhetoric," *Communication Monographs* 62, no. 1 (March 1995): 2.

¹¹³ Campbell, "The Rhetoric of Women's Liberation," 78.

¹¹⁴ *Ibid.*, 79.

examine feminist and health rhetoric. In particular, some rhetorical scholars, such as Tasha Dubrinwy in her analysis of the Redstockings, an abortion rights group, and Sara Hayden, in her analysis of *Our Bodies, Ourselves*, have looked at how consciousness raising functions to encourage women to find voice and to develop an interest in their health and/or body politics.¹¹⁵ However, my study differs from both Dubrinwy's and Hayden's because I do not start by assuming that my texts are neither transformative nor explicitly feminist. Both scholars look at feminist rhetoric and ask how it creates identification with a particular idea. Instead, I explore how discourses circulated in the public function to enhance consciousness about breasts or to constrain it.

Also relevant to my study, within the last several years, feminist rhetorical critics have attended to the "is feminism dead" question and have attempted to rescue any feminist potential from pop culture texts that might have initially be labeled "postfeminist" and therefore tossed aside. Rhetorical scholars, such as Valerie Renegar and Stacy Sowards, have theorized the ways in which self-proclaimed third-wave feminists texts *are* feminist. The characteristics we use to define what counts as feminist texts, they and others argue, must change and adapt to the contemporary landscape, one that is littered with different exigencies than existed during the mid-century women's movement. Today's feminism, they argue, is marked by themes such as irony, strategic humor, and personal story sharing. Sowards and Renegar and other critics have been able to find feminist potential in a variety of different popular texts including, but not limited to, popular television shows, blogs, women's studies classrooms, and popular books. What makes the third wave feminist movement unique, they argue, is that it is a movement without an objective, which "in many ways, this is precisely their objective. The writers present

¹¹⁵ Tasha N. Dubriwny, "Consciousness-Raising as Collective Rhetoric: The Articulation of Experience in the Redstockings' Abortion Speak-Out of 1969.," *Quarterly Journal of Speech* 91, no. 4 (November 2005): 395-422.

their ideas and let the audience decide what to do with them, rather than overtly building a platform for social movement.”¹¹⁶

While this type of work is valuable and interesting, I must distinguish my project from these. I do not look at self-proclaimed feminist sources to see how they use rhetoric to accomplish their goals. Instead, my focus is on how mainstreamed discourses that are conspicuously absent of the feminist label do feminist work. The goal of my type of feminist rhetorical criticism, is, in Sharon Crowley’s words, “not only in the attempt to understand how ideas are deployed but also in order to intervene in the power relations that produce and sustain them.”¹¹⁷

Chapter Previews

My goal in this project is to add to the collective understanding of how certain breasts and women’s bodies gain meaning in and through public discourse. In addition, I contribute to an existing conversation about the possibilities for feminist visions of bodies already existing within mainstreamed discourse. To be clear, this project has been influenced by my own subject position as a white, middle-class, heterosexual feminist, which necessarily shapes what I see as important and influential discourse in the production of breasted bodies. Since my project, like all other projects, suffers from a partial and situated perspective, I must be clear about what this project does not do. First, this project does not investigate or expose the ways in which economic interests constrain discourses about breasts while supporting others. That type of analysis would be fascinating, but the scope of this project does not allow me to develop that type of analysis. In the conclusion, I do, however, speculate about how capitalist interests are served by some of the themes I identify throughout each case study. Second, this analysis does not examine texts that

¹¹⁶ Stacey K. Sowards and Valerie R. Renegar, “The Rhetorical Functions of Consciousness-Raising in Third Wave Feminism,” *Communication Studies* 55, no. 4 (Winter2004): 548.

¹¹⁷ Crowley, “Afterword: The Material of Rhetoric,” 359.

are directed to audiences that not presumed to be white, middle-class (and almost always assumed heterosexual) U.S. Americans. Throughout each case study and in the conclusion I try to emphasize the raced, classed, and heteronormative nature of the discourses, but that is not the major focus of my project. Future projects that explore discourses aimed at women that fall outside the bounds of white, middle-class, heterosexual U.S. Americans would be an interesting point of comparison for this study. What my project does do, therefore, is to assess how mainstream discourses about breasts, which almost always implies that breasts are white, middle-class, and heterosexual, perpetuate certain ideas about women, bodies, and breasts. I analyze these discourses in an effort to contribute to thinking about how women, and I recognize that the term “women” in most of this project implies white, middle-class, heterosexual women, can resist constraining discourses and live their breasted bodies in richer, fuller, and more freeing ways.

In order to assess contemporary breast discourse, this project takes the reader on a tour of three different scenarios in which “breasts”—both the term and the idea—are conspicuous. I look at how breasts, bodies, and women are constructed and represented in breast cancer awareness discourse, debates about mammography standards, and in controversies over public breastfeeding. Each of these case studies relies upon different types of texts, which I describe in each chapter.

In Chapter Two, I examine breast cancer awareness discourse. Breast cancer awareness discourse is an important stop on the breast discourse tour because of its increasing presence in the public sphere. Since the 1980s, breast cancer awareness campaigns have popped up across the U.S. and around the world. In this chapter, I explain that because the pink ribbon culture has influenced our national breast cancer consciousness, these discourses deserve attention. In

particular, I focus on Susan G. Komen's Race for the Cure and Rethink Breast Cancer's *Booby Wall* and ask how these campaigns represent breasts, bodies, and women. My text for this case study consists not only of written records from the Race and the *Booby Wall*, but also of my experiences participating in both activities. My analysis points to some of the troubling ideological work that breast cancer awareness discourse is apt to do, such as depoliticizing health and objectifying women's breasts. However, I conclude this chapter by analyzing the overlooked feminist potential that can be unearthed from both campaigns. Both the Race and the *Booby Wall* hold the potential to encourage its participants and users to consciously reflect on bodies and the meaning of breasts in our culture.

The next stop on my tour of contemporary breast discourse is at mammography station, which is not too far down the tracks from breast cancer awareness. In Chapter Three I examine public debates about mammography, around which the specter of breast cancer always lingers. In order to begin to understand how mammography discourse produces breasts, I examine the rhetoric called forth in response to the United States Preventive Services Task Force's (USPSTF) 2009 report on the status of mammography guidelines and research. I argue that the USPSTF's rhetoric was tentative in nature and therefore provided an opportunity for women to begin to see their bodies as not-always breasted. However, this is not the way that the report was framed by the media. Instead, the media re-breasted the body by perpetuating the idea that all breasts are risky, biological objects. The media also represented women in stereotypical ways—as emotional, reactive, and irrational. In the end, I argue that the media texts that framed women and the USPSTF's report function to flatten, much like the mammography machine, the complexity of women's bodies and breasts.

Chapter Four represents a significant departure from the first two case studies. In this chapter, I examine the arguments made for and against public breastfeeding. Specifically, I assess the discourse that attempted to make sense of social network giant Facebook's decision to delete images of breastfeeding women. While the deletion of these images is offensive to many women and men, I argue that Facebook's deletion of these images is actually a productive moment because it encourages the public to think about breastfeeding norms, practices and regulatory rhetorics. The images Facebook banned provide a unique look into how breastfeeding bodies are encouraged to behave and present themselves. Through an analysis of the banned images, I argue that Facebook perpetuates troubling ideas about breastfeeding, such as breastfeeding ought to be discrete and private, that women ought to be self-conscious about their bodies, and that women should not receive any pleasure from the act. Facebook's actions, however, did not fly under the radar. Instead, a group of women whose images had been removed gathered together, formed Mothers International Lactation Committee (MILC), and created a Facebook page to protest the company's removal of these photographs. I argue that MILC provides pro-breastfeeding women with a safe space to receive support and to share stories. However, I also suggest that the group's feminist potential is undercut by MILC's written discourse that naturalizes the breast and ignores women. In the conclusion I offer suggestions for how the group can provide a more progressive protest message, one which would allow women more options for how to use (or not use) their breastfeeding bodies.

In the conclusion, Chapter Five, I reflect on the themes that unite the three case studies as well as imagine a breast discourse that would provide women with more cultural scripts to shape how they live their breasted bodies. I argue that the three case studies are united by three troubling themes—breasts as biological objects, the erasure of women, and personalizing

rhetorics—that pose obstacles for a feminist rhetoric from the breast. In order to address these rhetorical problems, I suggest that a feminist rhetoric of the breast might denaturalize breasts, politicize the breasted body, and encourage embodiment and situated knowledges of breasted bodies. In addition to describing these criteria, I also begin to imagine how the discourses I analyzed could adopt these principles. I end on a tentative, yet, hopeful note for the future of both feminism and breasts.

CHAPTER 2

BREAST CANCER DISCOURSE PRODUCES BREASTS, BODIES, AND WOMEN

Introduction

While most breasts are not suitable for topics for casual conversation, the ones which are accompanied by the words “cancer” and “awareness” are another story. These breasts appear to dominate more and more of our public discourse and lives. For example, while listening to my local radio station recently, I became even more steadfast in my belief that we live in a culture approaching oversaturation with breast cancer awareness discourse. On this particular evening, the disc jockey interrupted the steady stream of music to encourage all listeners to head to one of our several local drinking holes and order a “pink drink.” Proceeds from these “pink drinks,” I was told, would go directly to our local BreastFest Athens charity. I was taken aback, at first, from this announcement. “Is it already October?,” I thought to myself on a cold day in February. We have come to expect the pinking of our communities during National Breast Cancer Awareness Month (NBCAM), which is also the month formerly known as October. During NBCAM, everything, from cocktails to cars to community events are bathed in the soft glow of pink. However, as the “pink drink” and countless other local and national campaigns make clear, pink has seeped beyond the bounds of October 1st and 31st. It seems reasonable to suggest that breast cancer awareness culture has become US American culture. In other words, every day is now a pink one.

Along with the pink, however, invariably comes critique. Over the past several years, NBCAM and its pinking has been the target of an increasing stream of criticism.¹ Even the mainstream media has begun to join the chorus of folks who “think before they pink.”² For example, in a November 2010 issue of the *New York Times Magazine*, Peggy Orenstein chastises the pink ribbon culture for “sexing up” breast cancer. Of particular concern for Orenstein is the “sassy retail” trend within breast cancer awareness circles that plays upon the term “breast” and its sexualized image to attract attention to the cause.³ “Save the Ta-Tas” “Save Second Base,” and “I Love Boobies” are all popular campaigns, or at least websites, designed to raise awareness about breast cancer.⁴ These campaigns, Orenstein argues, fetishize breasts “at the expense of the bodies, hearts, and minds attached to them.”⁵ These “sexy” campaigns have made breast cancer “playful,” which, according Orenstein, “suppresses discussion of real cancer, rendering its sufferers—the ones whom all this is supposed to be for—invisible.”⁶ Consumers who buy into this trend, Orenstein argues, are able to “feel good without actually doing anything meaningful,” which “discourages understanding, undermining the search for better detection, safer treatments, causes and cures.”⁷ In sum, Orenstein argues that by directing attention to the “ta-tas,” these

¹ For just a very small sampling, see, Barbara Ehrenreich, “Welcome to Cancerland: A Mammogram Leads to a Cult of Pink Kitsch,” *Harper's Magazine*, November 2001; Samantha King, *Pink Ribbons, Inc.: Breast Cancer and the Politics of Philanthropy* (Minneapolis: University of Minnesota Press, 2006); Gayle A Sulik, *Pink Ribbon Blues: How Breast Cancer Culture Undermines Women's Health* (New York: Oxford University Press, 2011); Liz Szabo, “Pink Ribbons Raise Awareness and Expectations,” *USA Today*, November 23, 2009, Final edition, sec. Life.

² San Francisco-based Breast Cancer Action launched the “Think Before You Pink” campaign in 2002 to encourage consumers to critically examine their pink purchases and to ask pink organizations questions about how their funds are allotted. See examples of current and previous campaigns at “Think Before You Pink,” *Breast Cancer Action*, n.d., <http://thinkbeforeyoupink.org/>.

³ Peggy Orenstein, “Think About Pink,” *New York Times Magazine*, November 14, 2010, MM13.

⁴ “Homepage,” *Save the ta-tas*, n.d., <http://www.savethetatas.com/>; “Homepage,” *Save 2nd Base*, n.d., <http://www.save2ndbase.com/>; “I Love Boobies Campaign,” *The Keep A Breast Foundation*, n.d., <http://www.keep-a-breast.org/programs/i-love-boobies/>.

⁵ Orenstein, “Think About Pink.”

⁶ Ibid.

⁷ Ibid.

campaigns reinforce current practices and ideologies that are harmful for women—especially those with breast cancer.

Orenstein and others who launch similar critiques raise valuable questions about the ideological work breast cancer awareness discourse performs. In short, they beg the question: do these campaigns do more harm than good for women? In this chapter I contribute to the existing conversation about the ideological consequences of breast cancer awareness campaigns and their feminist potential. For the purposes of my project, I wonder: How are we encouraged to act and present our bodies in and through breast cancer awareness discourse? What do breast cancer discourses tell women about their breasts and bodies? Do these campaigns come from feminist perspectives or reinforce feminist principles? Finally, what can, if anything, feminists learn from contemporary breast cancer awareness campaigns?

In order to do shed light upon the above questions, I proceed in four stages. First, I lay the groundwork for my analyses by reviewing the history of breast cancer activism in the United States. Second, I provide background information about my texts for this case study, Susan G. Komen for the Cure's Race for the Cure and Rethink Breast Cancer's *Booby Wall*. I also explain how I approached these texts. Third, I argue that both the Race and the *Booby Wall* depoliticize health and erase some women's bodies. In addition, both campaigns' focus on "breast health" functions to objectify women's breasts. Fourth, in the final section of the essay, I exhume some of the lost feminist potential that exists within both texts. Specifically, I argue that the Race moves its participants, creating a feeling that could be harnessed for political change. Additionally, I suggest that the *Booby Wall* offers its participants an opportunity to critically reflect upon our conditioned responses to images of breasts.

Breast Cancer: Past, Present and Pink

A major contention of this chapter is that breast cancer awareness discourse, due to its abundance in the public sphere, has infiltrated our collective psyches and, therefore, provides all women, not just those who have breast cancer, with normative expectations about breasted bodies. In order to illustrate that such a thing as a mainstream breast cancer awareness discourse exists and to explore its influence in shaping what we see as the beautiful breast and body, I chart breast cancer's path from, as Ehrenreich puts it, "wallflower to the most popular girl at the corporate charity prom."⁸ While the path from stigma to the pink ribbon is a complex and messy one—one which makes a coherent narrative impossible—it is possible to chart some of the major developments that helped create the environment where the pink ribbon—both its ideological and material products—could thrive.

Given the pink ribbon's omnipresence today, it may be hard to believe that just forty years ago, breast cancer was a disease shrouded in mystery, shame, and fear. The connotation of the term "breast" helped keep the disease in the closet. Maureen Hogan Casamayou, in *The Politics of Breast Cancer*, explains that breast cancer's stigmatization can be traced, at least in part, to the fact that "it focused on a part of the body that is a powerful symbol of female identity, tied in with the nurturing nature of women and also with female sexuality."⁹ Or, as Ehrenreich glibly puts it, "Something about the conjunction of 'breast,' signifying sexuality and nurturance, and that other word, suggesting the claws of a devouring crustacean, spooked almost everyone."¹⁰ Due to the stigmas associated with the disease, breast cancer patients often suffered from their treatments in silence and were likely to remain secretive about their illness even with

⁸ Ehrenreich, "Welcome to Cancerland: A Mammogram Leads to a Cult of Pink Kitsch," 45.

⁹ Maureen Hogan Casamayou, *The Politics of Breast Cancer* (Washington, D.C: Georgetown University Press, 2001), 45.

¹⁰ Ehrenreich, "Welcome to Cancerland: A Mammogram Leads to a Cult of Pink Kitsch," 45.

close friends and family. Women also did not share their experiences with other women. Ellen Leopold, author of *A Darker Ribbon*, writes that prior to the 1970s “the language that would have enabled her to discuss her condition with a fellow sufferer, to exchange, for instance, information about symptoms and the side effects of treatment, was not available to her.”¹¹

The world that newly diagnosed women entered prior to 1970 is not the world they enter today. Women with breast cancer are no longer cast aside to suffer in silence. Today, breast cancer is one of the most visible diseases on our cultural map in terms of awareness and prevention campaigns. In what follows, I explain how the Women’s Health Movement (WHM), famous women who went public with their breast cancer experiences, and major changes in the nature of breast cancer detection and treatment each contributed to the development of a national breast cancer consciousness.

A natural offspring of the Women’s Liberation Movement of the 1960s, the WHM was driven by liberal feminist principles. The guiding principle of the Women’s Liberation Movement was the principle of choice—choice in all aspects of women’s life. This principle, when applied to healthcare and medicine, translated into a woman’s right to control what happened to her own body. Ulrike Boehmer, author of *The Person and the Political*, writes “At the core of the women’s health movement was the belief that women must have ultimate control over their bodies.”¹² Similarly, Leopold explains that feminists “were bound together by a growing sense that the control of one’s destiny was indissolubly linked to the control of one’s body.”¹³ Because of its attention to who had control over women’s bodies, the WHM also sought to expose the paternalism that pervaded the medical establishment. Barron Lerner, in his

¹¹ Ellen Leopold, *A Darker Ribbon: Breast Cancer, Women, and Their Doctors in the Twentieth Century* (Boston, Mass: Beacon Press, 1999), 204.

¹² Ulrike Boehmer, *The Personal and the Political: Women's Activism in Response to the Breast Cancer and AIDS Epidemics* (Albany: State University of New York Press, 2000), 11.

¹³ Leopold, *A Darker Ribbon*, 189.

historical account of breast cancer controversies, explains, “This dissatisfaction with how a patriarchal society viewed women’s bodies was tied directly to how male physicians evaluated and treated the medical conditions of those bodies.”¹⁴

Guided by the above principles, the WHM sought to enact a variety of changes within the medical institution, ones which would influence how women diagnosed with breast cancer approached both the medical institution and their own bodies. First, the WHM focused on patient advocacy, which encouraged women to take an active role in their treatment. Activists argued that if women were going to make informed decisions about what happened to their bodies, then they would need medical information to be both accessible and abundant. Roberta Altman, in *Waking Up/Fighting Back*, explains, “Feminists began urging women to understand the physiology and to take control of medical decisions previously reserved for physicians.”¹⁵ Second, feminists encouraged the creation of support groups so women could share their experiences and both give and receive support from others in similar situations. These support groups also gave women the chance to develop a sense of control about their bodies and health. Third, the WHM questioned the accuracy and effectiveness of breast cancer treatments and surgeries—including the Halstead mastectomy. In fact, it is because of feminists that physicians were eventually barred from proceeding directly from lumpectomy to mastectomy without consulting the patient. The WHM was thus an indispensable force providing women with a community and a voice in their own healthcare.

To further destigmatize the disease, in the 1970s and 1980s, a variety of well-known bodies came forward with their stories about breast cancer, including Betty Ford, Nancy Reagan, and actors Betty Rollins and Jill Ireland. These women’s stories helped to de-stigmatize the

¹⁴ Barron H Lerner, *The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America* (New York: Oxford University Press, 2001), 150.

¹⁵ Roberta Altman, *Waking up, Fighting Back: The Politics of Breast Cancer* (Boston: Little, Brown, 1996), 291.

disease as well as provide opportunities for other women to talk about their experiences. Casamayou explains that “When female public figures announced their diagnosis and, in some cases, described their own personal journey with the disease, some of the hurdles to open discussion of the disease began to break down and some of its social stigma disappeared.”¹⁶ The ways in which these influential women’s experiences were framed by the media has had a lasting impact. Tasha Dubriwny, in her news framing analysis of Betty Ford’s radical mastectomy, argues that the coverage of Ford’s mastectomy was dominated by emotion-filled, positive stories that helped to create a specific picture of the ideal breast cancer patient.¹⁷ As I argue later in my analysis, the national breast cancer consciousness is still dominated by messages that encourage women to adopt an upbeat, positive, and jubilant persona.

Major changes in the medical management of the disease and women’s bodies also laid the groundwork for the rise of national breast cancer awareness campaigns and the creation of a national breast cancer consciousness. Klawiter suggests that changes in the medical management of breast cancer “produced new subjects, solidarities, and sensibilities and, in so doing, laid the groundwork for the development of [breast cancer] social movements.”¹⁸ Due to the development of adjuvant therapies for breast cancer (radiation, “strong” chemotherapies, and “weak” chemotherapies) women’s treatment regimes have become drawn out, which means that women today must take on the identity of “breast cancer patient” for a longer period of time.¹⁹ As such, the development of the national breast cancer consciousness is due in part to the fact

¹⁶ Casamayou, *The Politics of Breast Cancer*, 45.

¹⁷ Tasha N. Dubriwny, “Constructing Breast Cancer in the News: Betty Ford and the Evolution of the Breast Cancer Patient,” *Journal of Communication Inquiry* 33, no. 2 (April 2009): 122.

¹⁸ Maren Klawiter, “From Private Stigma to Global Assembly: Transforming the Terrain of Breast Cancer,” in *Global Ethnography: Forces, Connections, and Imaginations in a Postmodern World*, ed. Michael Burawoy (Berkeley: University of California Press, 2000), 300.

¹⁹ Marisa Marchetto’s graphic novel (comic book) of her experience with breast cancer is an illustrative example of this argument. Marchetto was diagnosed with non-invasive, stage 1 breast cancer and she still had to endure months of treatment. See, Marisa Acocella Marchetto, *Cancer Vixen: A True Story* (New York: Knopf, 2006).

that women have been forced to identify as “breast cancer patients” for longer periods of time. The rise of mammography, which initiated the practice of screening asymptomatic women and introduced the concept of “early detection” into the public vocabulary, also helped bring breast cancer into our daily vocabulary. As I will further discuss in Chapter Three, with this change, breast cancer ceased to be something that *only* women diagnosed with breast cancer had to deal with. Because mammography promises to detect breast cancer early, when it was thought to be most treatable, all women have been encouraged to monitor their bodies for the signs of (inevitable) disease. Early detection rhetorics have not only influenced the ways in which we see breasts, but have also had a large impact on how individual women think about their own bodies, as my analysis in Chapter Three illuminates.

Because of the cultural landscape cultivated by prior activists, advocates, and medical changes, since the mid-1980s, breast cancer awareness campaigns have sprung up around the country and throughout the world. Due to the path that had been groomed for them, Casamayou explains that “the leaders of the early breast cancer advocacy movement did not have to expend scarce resources to counter forms of social disapprobation when they were trying to define the problem or mobilize members.”²⁰ Accordingly, despite the fact that feminist health activists were an influential force in bringing to light the problem with the cultural construction of women’s bodies in the 1970s, Leopold argues that “The rise of a national breast cancer consciousness . . . occurred, for the most part, outside the progressive feminist tradition.”²¹

The pink ribbon is the most powerful symbol of the contemporary national breast cancer consciousness. Pink ribbon discourse is dominated by non-profit giants Komen for the Cure, the American Cancer Society, the National Breast Cancer Coalition, and the Breast Cancer Research

²⁰ Casamayou, *The Politics of Breast Cancer*, 60.

²¹ Leopold, *A Darker Ribbon*, 249.

Fund. According to King, since these groups do not have strong ties to potentially contentious feminist principles, as the WHM did, and they do not endorse controversial claims, pink ribbon organizations receive “widespread public, institutional, and financial support.”²² According to an independent group, Charity Navigator, the 20 largest breast cancer awareness organizations in the United States raise over a billion dollars annually.²³ Further, even though the pink ribbon and its practices have been the source of some public and feminist scrutiny, as I discussed in the introduction to this chapter, breast cancer awareness organizations appear to be on the rise. King explains that “Almost all the breast cancer nonprofits that have proliferated in the past two decades continue to thrive, and new organizations are formed all the time.”²⁴

As is likely evident at this point in the chapter, even though breast cancer awareness campaigns and organizations appear to constitute a social movement, I avoid using that label to describe this cultural phenomenon. I do this because, based on the forthcoming analysis and my own understanding of existing research, I do not believe that most breast cancer awareness groups are part of a social movement. Beginning with Leland Griffin’s essay in 1952, rhetorical scholars have grappled with social movement rhetorics for over half a century.²⁵ Even though rhetorical scholars have tinkered with and contested aspects of Griffin’s original formulation, it seems that Griffin’s argument that social movement rhetorics must be either pro-something or anti-something remains one of the defining features of social movement rhetoric. Or as Darrel Enck-Wanzer puts it, “to talk about a social movement is to talk about the ways in which a discourse represents a shift away from or challenge to a dominant social imaginary as evident in

²² King, *Pink Ribbons, Inc.*, 111.

²³ “Charity Navigator - Charities Working to Prevent and Cure Breast Cancer,” n.d., <http://www.charitynavigator.org/index.cfm?bay=content.view&cpid=497>.

²⁴ King, *Pink Ribbons, Inc.*, xix.

²⁵ Leland Griffin, “The Rhetoric of Historical Movements,” *Quarterly Journal of Speech* 38 (1952): 184-188.

narratives, ideographs, and other rhetorics.”²⁶ For something to be a “social movement,” it must well, move. I do not mean “move” in the emotional sense, but in the pushing forward or against something sense. And, since breast cancer awareness organizations, for the most part, have been consumed with the message of early detection, I do not think that they are pushing US Americans to accept something new or to resist something old.

As I explain in the next chapter, early detection rhetorics have been circulating in the public since at least the 1940s. As such, my interpretation of this phenomenon—of breast cancer awareness—is at odds with rhetorical scholar Phaedra Pezzullo’s argument that pink ribbon groups and NBCAM constitute a feminist counterpublic.²⁷ Surely these groups and activities are public, but there is nothing “counter,” or explicitly feminist, about them. At the end of this chapter, I attempt to glean some feminist potential from breast cancer awareness discourse, but I stop short of labeling them feminist. In sum, while breast cancer awareness campaigns may be successful today due to prior social movements, they are not social movements in and of themselves.

This is not to say that breast cancer awareness discourses do not have influence, however. To the contrary, I argue that these discourses have significant influence over how we think about women’s bodies and breasts. Breast cancer discourses, especially those ones that receive traction in the public sphere, create ideas of what women’s bodies should look like for all women, not just breast cancer patients. These discourses, as Lisa Cartwright argues are “a crucial site for the re-evaluation of what counts as a beautiful body, and what meaning age, race and cultural identity have in a culture where disease and health technologies are reconstructing what a healthy

²⁶ Darrel Enck-Wanzer, “Trashing the System: Social Movement, Intersectional Rhetoric, and Collective Agency in the Young Lords Organization's Garbage Offensive,” *Quarterly Journal of Speech* 92, no. 2 (May 2006): 177.

²⁷ Phaedra C. Pezzullo, “Resisting 'National Breast Cancer Awareness Month': The Rhetoric of Counterpublics and their Cultural Performances,” *Quarterly Journal of Speech* 89, no. 4 (November 2003): 345-365.

body is, and what particular body parts mean.”²⁸ Because of this discourse’s power, we must ask questions of how these ostensibly benign organizations encourage us to think about breasts, bodies, and women. As I explained in Chapter One, my project is based in the assumption that our cultural artifacts and texts produce the body in specific ways at specific times. This project is, however, not only interested in how bodies are produced through culture, but also in the repercussions of those productions from a feminist standpoint. For, as Janet Price and Margrit Shildrick explain, “It is then the forms of materialisation of the body, rather than the material itself, which is the concern of a feminism that must ask always what purpose and whose interests do particular constructions serve.”²⁹ Next, I explicate how I chose and approached the texts for this case study.

Analyzing Breast Cancer Awareness Rhetoric: Background and Method

When I first began conceptualizing this case study, I grew dizzy just thinking about the artifact options. New breast cancer awareness campaigns pop-up all the time and the old ones do not appear to be losing any of their public appeal. For this case study, I decided study the discourse produced by an established group, Susan G. Komen for the Cure (hereafter “Komen”), and a new group, Rethink Breast Cancer. In this section I provide background information on the groups and defend my decision to include these texts in my analysis. First, I explain how because of its popularity and presence, Komen’s Race for the Cure is an important event for understanding how breast cancer awareness discourse encourages certain ideas about women, women’s bodies, and breasts. Second, I argue that since ReThink’s *Booby Wall* is an example of a growing trend in breast cancer awareness, one which draws explicit attention to images of

²⁸ Lisa Cartwright, “Community and the Public Body in Breast Cancer Media Activism,” *Cultural Studies* 12, no. 2 (April 1, 1998): 123.

²⁹ Janet Price and Margrit Shildrick, “Introduction,” in *Feminist Theory and the Body: A Reader*, ed. Janet Price and Margrit Shildrick (Edinburgh: Edinburgh University Press, 1999), 6-7.

women's breasts, it deserves critical attention as well. Finally, I conclude this section by explaining how I approached my artifacts.

Due to its overwhelming influence and reach, Komen's discourse is an obvious place to start when embarking on a project that seeks to understand how the breasted body is produced and represented by breast cancer awareness discourses. Formerly known as the Susan G. Komen Breast Cancer Foundation, the organization was founded by Texan Nancy Brinker in 1982. Brinker created the organization to fulfill a promise to "do everything in her power to end breast cancer forever" that she had made to her dying sister Susan, the organization's namesake.³⁰ Although the organization began small, it quickly grew to become a household name throughout both the United States and many parts of the world. The organization describes itself as "the world's largest grassroots network of survivors and activists, investing nearly \$1 billion in the cause and turning breast cancer into a priority health issue for women, researchers, health professionals and politicians."³¹

Of all its efforts, Komen is best known for its Race for the Cure events that take place around the world and raise millions of dollars for breast cancer initiatives. In fact, it is because of these Races that Komen became a household name. Beginning in 1983 with 800 attendees, the Race for the Cure has grown into what Komen calls "a global series" of Races. The organization hosts more than 120 Races around the world and 1.5 million people participate. These numbers allow Komen to boast that their event is the largest of its kind in the entire world. Because of the numbers of participants the Race attracts and Komen's overall presence in thousands of communities throughout the United States, Klawiter argues that "In many parts of the country,

³⁰ "About Us," *Susan G. Komen for the Cure*, n.d., <http://ww5.komen.org/AboutUs/AboutUs.html>.

³¹ Susan G. Komen for the Cure, Press Release, January 22, 2007, "Susan G. Komen for the Cure: We're On a Mission to End Breast Cancer Forever," <http://cms.komen.org/komen/NewsEvents/KomenNews/Archives/Launch_25> (accessed 5 May 2007).

the Komen Foundation *is* the breast cancer movement.”³² Due to its extensive reach and popularity, King explains that “It would be hard to deny, for instance, the impact of the Komen Foundation, and particularly the Race for the Cure, in reconfiguring popular attitudes toward women with breast cancer in the United States.”³³ In addition to shaping public attitudes about breast cancer, the Race for the Cure also plays an influential role in shaping ideas about women, women’s breasts, and bodies more generally. For these reasons, Komen was an obvious choice for this case study.

Komen’s Race was also appealing to me because of my familiarity with the event. In 1997 my mother became director of the University of Minnesota’s Breast Center, which meant that she had to “work” the Race each year. “Working” at a Race, for my family, entailed handing out “freebies” with my mother’s institution’s name plastered over them. Since the Twin Cities Race is always held on Mother’s Day, my sister and I accompanied my mother to each Race. We started running the course in 1999 and continue to run in these events today even though my mother no longer has to work the Races.

For the purposes of this project, I attended the 17th annual Race for the Cure Twin Cities held at the Mall of America in Bloomington, Minnesota, on May 8, 2009. One of the nation’s largest Races, official registration data shows that just under 45,000 people registered and participated in the Race. But, according to co-executive director David Egan, the local police estimate that roughly 60,000 people were in attendance.³⁴ While these numbers rank among the highest in the nation, this the 2009 numbers were actually down from the record set just a few

³² Maren Klawiter, *The Biopolitics of Breast Cancer: Changing Cultures of Disease and Activism* (Minneapolis: University of Minnesota Press, 2008), 284.

³³ King, *Pink Ribbons, Inc.*, xx.

³⁴ David Egan, “Phone Interview,” September 23, 2009.

years ago when the Race hosted well over its 50,000 registered participants.³⁵ As a Race veteran, I have witnessed very few changes in Race structure over my twelve years of participation. This is due to the fact that the Race for the Cure event series is designed to be similar in structure across all locations around the globe. According to Egan, the national headquarters provides each affiliate with a template to follow. For example, each Race must provide a pre-race and a post-race rally, a wellness area, and a survivor rally. Because many of the major sponsors are the same at each Race held around the nation, and that all of the signage comes from Komen headquarters, I believe that my experience at the Race is similar to other people's experiences across the nation. As such, I draw conclusions about how the Race in general encourages behaviors and ideas based on my particular experiences.

A less obvious choice for this case study was the *Booby Wall*. Sponsored by Canadian-based Rethink Breast Cancer, which is the same organization that brought us the very contentious "Save the boobs" viral video, the *Booby Wall* website debuted in January 2008 as an alternative way to raise awareness about breast cancer.³⁶ According to Rethink, the Booby Wall is "A place for women to celebrate, commemorate, participate . . . and show their breasts some TLC."³⁷ The basic premise of the *Booby Wall* is to encourage women to "touch" their breasts via breast self-exam, photograph their newly examined breasts, and then post them to the *Booby Wall* for others to view. According to the "welcome" page, the photograph acts as a "symbol of

³⁵ When probed about the decrease, Egan explained that the affiliate hadn't found a suitably theory to explain the decline. Part of it could be the recession, he explained, but on the other hand, the Race "only charges people 25 dollars," so the chapter did not understand how that would keep people home. He continued to explain that all charitable events, especially walks, are down in numbers this year. So, it seems to be a national trend, not a problem specific to the Twin Cities.

³⁶ In September 2009, Rethink posted a video that went viral on the internet. It attracted a lot of attention from the media and feminists. See, for example, Judy Berman, "To Hell with the Woman, Save the Boobs," *salon.com*, September 24, 2009, <http://www.salon.com/mwt/broadsheet/feature/2009/09/24/boobs/index.html>; Kate Dailey, "Sexy Breast-Cancer Ads: Provocative or Patronizing?," *The Human Condition*, October 2, 2009, <http://blog.newsweek.com/blogs/thehumancondition/archive/2009/10/02/sexy-breast-cancer-ads-provocative-or-patronizing-.aspx>; Kate Harding, "Cancer PSAs Go T&A (Mostly T.)," *Jezebel*, September 23, 2009, <http://jezebel.com/5365976/cancer-psas-go-ta-mostly-t>.

³⁷ "Booby Wall: Women need to show their breasts more TLC," n.d., <http://www.boobywall.ca/>.

your commitment” to early detection.³⁸ As such, the assumption guiding the *Wall* is that once women see photographs of other women’s breasts or of their own breasts, they will gain the confidence to touch their own breasts frequently, resulting in early detection of breast cancer.

The *Booby Wall* website is comprised of four web pages. The first page is the “welcome” page.³⁹ On this page, Rethink answer the questions “why” and “what you can do now.” The “welcome” page encourages the user to click on one of the three links at the top, right-hand corner of the page. The user can either go to the “TLC” page, which outlines how women should check their breasts. The user can also choose to upload an image on the “upload” page. Or, the user can click on the “booby wall” page where she can click on one of several galleries. While each gallery is slightly different, all booby wall galleries feature brightly colored walls with hardwood floors. Images of women’s breasts are virtually hung upon the walls, reminiscent of an art gallery. Although plenty of pink dominates *Booby Wall*’s design, the pink ribbon, *the* hallmark of the majority of breast cancer awareness campaigns, is conspicuously absent.

I chose the *Booby Wall* campaign as my second artifact for four major reasons. First, as I mentioned above, the *Booby Wall* does not align itself with the pink ribbon. The absence of the pink ribbon makes the *Booby Wall* unique as very few breast cancer campaigns do this. So, I chose the *Booby Wall* to see if the absence of the pink ribbon means something. In other words, is the message of this campaign different from others that feature the ribbon?

Second, the website has been mired in public controversy since the day it debuted.⁴⁰

Abby O’Reilly, blogger for *The F Word*, exclaims: “This is an excellent idea, and the fact

³⁸ Ibid.

³⁹ When I refer to the website as a whole, I italicize *Booby Wall*. When I am just referring to the galleries, Booby Wall will be in normal font.

⁴⁰ “Are Your Breasts Online? They Should Be,” *CNW Group*, January 10, 2008, <http://www.newswire.ca/en/releases/archive/January2008/10/c7744.html>; Meagan Fitzpatrick, ““Booby Wall” Raises Awareness,” *Canada.com*, January 11, 2008, <http://www.canada.com/topics/bodyandhealth/story.html>; “Show Respect at the Booby Wall,” *Osocio: Social Advertising and Non-profit Campaigns from Around the Globe*,

women are about to remain anonymous when they participate means that shyness will not be a huge barrier to stopping women checking themselves regularly.”⁴¹ She continues, “We all have rude bits, so why not natter about them from time to time? Eh?”⁴² However, Tracy Clark-Flory, writing for *Salon.com* demurs; “They’re trying to sex up breast cancer awareness, but there’s just nothing sexy about cancer.”⁴³ Although she supports most subversive efforts to undermine the dominant, patriarchal culture around women’s health, Clark-Flory argues that “if the online availability of amateur photos of women’s breasts were the cure to breast cancer, the disease would have been wiped out some time ago.”⁴⁴ Clearly, the Booby Wall’s presence has provoked some discussion about how breast cancer awareness ought to be approached or not approached.

Third, the *Booby Wall* is an example of a recent trend in breast cancer awareness campaigns which call direct attention to the female breast. These campaigns have been the source of feminist critique and so, I chose the *Booby Wall* in part to analyze whether or not these discourses have any feminist potential. And fourth, the text is ripe for analysis because it is an example of internet-based activism, something which feminist rhetoricians have only begun to analyze.⁴⁵ Despite the relative neglect, this type of activism is important. According to Cartwright, “Some of the more significant media activity shaping US health culture is taking place through advocacy, activist and community health groups using visual media as a prime form of public intervention.”⁴⁶ As such, the *Booby Wall* provides a look at how a relatively

January 12, 2008, http://osocio.org/message/show_respect_at_the_booby_wall; “Women Get Bare For Awareness - Booby Wall,” *Trend Hunter Magazine*, January 11, 2008, <http://www.trendhunter.com/trends/rethink-breast-cancer>.

⁴¹ Abby O’Reilly, “The Booby Wall,” *The F Word*, January 13, 2008, http://www.thefword.org.uk/blog/2008/01/the_booby_wall.

⁴² *Ibid.*

⁴³ Tracy Clark-Flory, “Boobs to Cure Cancer?,” *Salon.com*, January 11, 2008, http://www.salon.com/mwt/broadsheet/2008/01/11/booby_wall.

⁴⁴ *Ibid.*

⁴⁵ Bonnie J. Dow and Celeste M. Condit, “The State of the Art in Feminist Scholarship in Communication,” *Journal of Communication* 55, no. 3 (2005): 448-478.

⁴⁶ Lisa Cartwright, “Community and the Public Body in Breast Cancer Media Activism,” 120.

fringe activity, posting a photograph of breasts on a website, can influence both collective and individual understanding of breasts, women, and bodies.

In order to speak to how breast cancer awareness discourses encourage certain ideas about breast, bodies, and women while precluding others, I provide an analysis of both the Race for the Cure and the *Booby Wall*. Of each text, I ask: how are participants encouraged/required to act in order to participate? What ideas does the campaign send about breasts and bodies? And, what opportunities do the campaigns provide for feminism? I compile my “texts” for this analysis, in part, from the images and written discourse from each campaign. For example, I look at how the brochures handed out at the Race and information pages on the *Booby Wall* construct and perpetuate certain gender and body ideologies. Similarly, I examine the visuals, such as photographs posted on the *Booby Wall* and images at the Race, to see how they reinforce certain ideas about women’s breasts and bodies.

I also think of “text” as experiences that are not easily accessed through recorded discourse. Within the past decade, rhetorical critics have begun to emphasize, as Greg Dickinson puts it, “the profound consequentiality of rhetoric or rhetorical spaces. These spaces provide the material/rhetorical resources of which, in which and through which, we create our bodies and ourselves.”⁴⁷ As such, I also provide an analysis of the non-discursive elements through participant observation. Phaedra Pezzullo explains that participant observation-based rhetorical criticism is a valuable endeavor since the majority of cultural performances are not captured through published recording. As such, according to Pezzullo, participant observation provides “the opportunity to witness and record discourses that are left out of traditional written

⁴⁷ Greg Dickinson, “Joe’s Rhetoric: Finding Authenticity at Starbucks,” *RSQ: Rhetoric Society Quarterly* 32, no. 4 (Fall2002): 6.

records.”⁴⁸ Another reason I use participant observation is because, Dwight Conquergood writes, participant observation “privileges the body as a site of knowing.”⁴⁹ Klawiter also argues for the value of participant observation-based research when trying to understand the ideological production of bodies suggesting that by

Re-embedding culture within context, frames within feelings, and discourses within practices allows the body—as the site of cultural contestation, a flexible signifier of identities and meanings, a vehicle for the expression of emotion, and an anchor of political logics—to emerge more clearly into the field of analytic vision.⁵⁰

Subsequently, her work encourages critics interested in the cultural production of bodies to pay heed to how “social movement culture is not only enacted, enunciated, and emoted, but also, and importantly, embodied.”⁵¹ As such, my experiences, feelings, and thoughts from the Race and from my interaction with the *Booby Wall* also serve as “evidence” for my claims.

Depoliticizing Health, Erasing Women and Objectifying Breasts

As I mentioned previously, mainstream breast cancer awareness discourse has been the source of an increasing amount of scrutiny and criticism. Interestingly, however, most of the critiques, both academic and popular, rehearse the arguments Barbara Ehrenreich made in her November 2001 essay in *Harper’s Magazine*, “Welcome to Cancerland.”⁵² In her scathing critique of what she calls “the pink ribbon culture,” Ehrenreich indicts breast cancer awareness campaigns with reifying hyper-feminine gender norms, turning women into “dupes” of both the

⁴⁸ Pezzullo, “Resisting “national breast cancer awareness month,”” 350.

⁴⁹ Dwight Conquergood, “Rethinking Ethnography: Towards a Critical Cultural Politics,” *Communication Monographs* 58, no. 2 (June 1991): 180.

⁵⁰ Maren Klawiter, “Racing for the Cure, Walking Women, and Toxic Touring: Mapping Cultures of Action within the Bay Area Terrain of Breast Cancer,” *Social Problems* 46, no. 1 (February 1999): 109.

⁵¹ *Ibid.*

⁵² Ehrenreich, “Welcome to Cancerland: A Mammogram Leads to a Cult of Pink Kitsch.”

cancer industry and the patriarchal medical institution, silencing women whose experiences with breast cancer are not joyful and positive, and promoting the idea that to be a breast cancer activist, one needs to purchase pink stuff. In this analysis of breast cancer awareness campaigns, I find many of the troubling themes Ehrenreich identified. In what follows, I chart the more troubling themes that emerged from my analysis. First, I describe how both *Komen* and the *Booby Wall* encourage participants to adopt fun and feminine personas, which depoliticizes health and erases suffering women. Second, I argue that by encouraging women to have faith in the medical community and to monitor their breasts, both campaigns also turn women's breasts into biomedical objects.

Fun and Feminine Consumers

Perhaps the loudest message that both *Race* and *Booby Wall* participants hear is that breast cancer awareness ought to be fun! My experience at the 2009 Minneapolis Race for the Cure supports Klawiter's observation that at these types of events, "the atmosphere of carnival prevails."⁵³ The wellness zone, which is where all participants are supposed to congregate, is clearly designed as a place to have fun. Even though I arrived at 7 a.m. in the morning, music was blasting from huge loud speakers and groups of women and men were doing aerobics. Volunteers, decked in coats and parkas that are more suited for January than May, were eager to provide free goodies. Everyone sported a smile. There was an electric energy in the wellness zone as participants scurried from booth to booth gathering up the freebies. The landscape was dominated by huge balloons—one in the shape of a giant pink ribbon—and corporate signs. In 2009, a new sponsor, Fuze, a beverage company, handed out bright pink capes with the words "I AM A FUZE HERO FOR HOPE" emblazoned on the back. The capes became the talk of the event. I was stopped multiple times by people who wanted to know where I got mine. Everyone

⁵³ Klawiter, "Racing for the Cure, Walking Women, and Toxic Touring," 110.

wanted to be a super hero. The Fuze cape and the buzz it generated encouraged Race participants to enter the world of fantasy, at least for one day.

The Race not only encourages its participants to have fun and be goofy, but it discourages those who question its purpose. The following example illuminates the tone of the Race. Shortly after the Race, a participant sent an email criticizing Moon, a local disc jockey, who “was wearing a pink thong over his pants as well as a pink nightgown and robe.”⁵⁴ The skeptic asked in the email “How is this a celebration of survivors and those who passed away? It was awful.” Instead of taking the skeptic’s concern seriously, Char Plitman, Komen’s co-executive director, defended Moon as “a wonderful man” and proclaimed that “I don’t think there should be anyone complaining about that.” Clearly then, not only is outrageous attire and behavior preferred at the Race, but the way Komen shut down the concerned participant’s complaint, it seems as if this type of attire and behavior is almost required.

Echoing Komen, the *Booby Wall*’s tone is definitely lighthearted and fun. This is perhaps most evident in the use of the term “booby” to refer to woman’s breasts. An online etymology source explains that “booby” likely comes from “child-speak” and we see that usage today.⁵⁵ According to *Merriam-Webster Dictionary*, “boob,” in addition to referring to “breast,” is most commonly understood as “a stupid awkward person” or a “simpleton.”⁵⁶ “Booby,” hence, is far from a serious way of talking about the female breast. In fact, it is a childish way of talking about the breast, which adds to the lighthearted nature of the discourse. From the first time one hears of the *Booby Wall*, then, it is clear that is for those who do not take life so seriously.

The *Booby Wall*’s design is not only fun, but also flirty. As the *Booby Wall* welcome page loads, swatches of bright pink flood the screen. Then, a sequence of three young women’s

⁵⁴ Cheryl Johnson, “C.J.: The Dish,” *Minneapolis Star Tribune*, May 12, 2009, sec. News.

⁵⁵ “Boobs,” *Online Etymology Dictionary*, n.d., <http://www.etymonline.com/index.php?term=boobs>.

⁵⁶ “Boob,” *Merriam-Webster Dictionary Online*, n.d., <http://www.merriam-webster.com/dictionary/boob>.

silhouettes appears. As the shot freezes on each of the bodies, which are conspicuously missing their shirts, a series of text appears at the top of the image: “this is not spring break,” which cuts to another image of a young, shirtless woman, “this is not maxium,” and finally with the last woman, the text reads “this is beautiful” and “this is something to live for.” The page is flooded by bright pink. The letters that accompany the opening sequence are a bit torn and tattered. They look like graffiti or stenciled graffiti. In other words, there is nothing stuffy or serious about this site. From the beginning, it loudly (through its colors and font) announces itself as fun and flirty.

In order to get in on the fun, however, one must perform a particular type of femininity. The *Booby Wall*, through its already existing images, encourages women to present their bodies as sexy and feminine. While many of the images hanging in the Booby galleries are of nude, unadorned breasts, the majority of the images show the breasts with accessories. At least a fourth of the images I analyzed feature a pink boa. I believe that this boa was provided by the *Booby Wall* powers that be when the *Booby Wall* went on tours through Canada and the US to solicit images. The boa makes me think of Las Vegas and strip shows, not of breast cancer. In other images, the breasts are surrounded by pearls, long necklaces, black boas, and chains. In the majority of the images, women are wearing their bras. The bras are not plain, nude or white bras that I would wear on a daily basis. Instead, the bras resemble those from a Victoria’s Secret catalogue. These bras are lacy, black, or bright colored. They also function to push up the breasts to create voluptuous cleavage. It is hard to look at these images and not think about the sexual connotation of women’s breasts. As such, I argue that in order to participate in the *Booby Wall*’s style of activism, one is urged to perform sexy femininity. The *Booby Wall*, therefore, contributes to the idea that women’s breasts gain significance through a woman’s ability to perform sexy femininity.

The Race also encourages a particular performance of femininity; however, the Race's femininity is of the girly variety. With the abundance of pink, pink ribbons, products decorated with pink ribbons, and people decorated with pink ribbons, it is impossible not to notice that the dominant pink ribbon culture loves pink. Participants are encouraged to have fun with pink. Many participants distinguish themselves with pieces of pink flair. One whole family is wearing hot pink wigs while another group sports matching pink Energizer Bunny ears. Women and men are decked out in hot pink boas, tiaras, and carrying pink ribbons on sticks. Members of one large group hoist hot pink umbrellas in a manner reminiscent of iconic scenes from Mardi Gras parades. Nearly all participants are sporting one of Ford's free bandanas, which they provide at each Race. The design for this year's bandana was simply, according to many participants that I spoke with, "beautiful." The white bandana was littered with pink and green floral patterns, which had pink ribbons throughout and the words "love," "courage," "survivor," "hope," "cure," and "strong" hidden within the design. In comparison to the designs of years past, this year's design was very frilly and feminine.

While there is nothing inherently wrong with encouraging fun and femininity, the problem is that it is the only way to behave at the Race or on the *Booby Wall*. If you show up in a blue T-shirt at the Race, or choose not to wear your bandana with the hot pink flowers, you stand out. Obviously, from the images the *Booby Wall* features, it implicitly suggests that those whose breasts do not conform to the standards of sexy femininity need not apply either. Also, both campaign's use of pink encourages the participants to adopt happy, jovial attitudes.⁵⁷ Charlene

⁵⁷ Many argue that the dominant narratives that undergird breast cancer culture do this as well. For example, see, Saba Bahar, "'If I'm One of the Victims, Who Survives?': Marilyn Hacker's Breast Cancer Texts," *Signs* 28, no. 4 (Summer 2003): 1025-1052; Judy Z. Segal, "Breast Cancer Narratives as Public Rhetoric: Genre Itself and the Maintenance of Ignorance," *Linguistics & the Human Sciences* 3, no. 1 (April 2007): 3-23.

Elliot explains that dominant breast cancer groups' use of pink communicates that they are not an "oppositional" movement, which also leaves them politically ineffective.⁵⁸

Further, the fun and fantasy rhetorics are so distracting that as King expresses "it is possible to deduce from these events that breast cancer is a fully curable disease from which people no longer die."⁵⁹ The result, hence, the campaigns' encouragement of fun and femininity is a turning away from the material breasted body and the politics of breast cancer. It erases suffering bodies and bodies of dis-ease. These bodies are not visible, nor would be welcomed, in these discourses.

It is worth noting here that *every* body, however, cannot participate in either the Race's or the *Booby Wall's* feminine fun. In order to participate in the Race, you must have both a T-shirt and a running number. In other words, you must have registered. Registration costs \$25 for those who pre-registered and \$35 for those, like myself, who wait until the last minute. This precludes people who do not have this money from participating. As such, the majority of people present at the Race tend to be those with at least middle-class incomes. Everybody is not encouraged to showcase images of their breasts on the *Booby Wall* either. The site encourages only young bodies to participate through its already existing images of young bodies. Even the "welcome" page suggests that young bodies only need participate. The campaign states that "Breast cancer is the leading cause of death in young women ages 15-40 and nearly one quarter of all breast cancers occur in women under 50 years of age."⁶⁰ But, not all young bodies are encouraged to participate, either. Less than 10 percent of the images I analyzed featured bodies that were obviously non-white. This supports Zillah Eisenstein's argument that "The white breast operates

⁵⁸ Charlene Elliott, "Pink!: Community, Contestation, and the Colour of Breast Cancer," *Canadian Journal of Communication* 32, no. 3 (July 2007): 525.

⁵⁹ King, *Pink Ribbons, Inc.*, 36.

⁶⁰ "Booby Wall: Women need to show their breasts more TLC," n.d., <http://www.boobywall.ca/>.

as a symbol of western-style femininity, which must be kept privileged, and therefore safe, in a larger world where most breasts are not white.”⁶¹ In other words, the *Booby Wall* perpetuates the idea that white, young, breasts are the ones worth saving.

Because only certain bodies are able to/encouraged to participate in these campaigns, only certain issues need to be addressed. It is assumed that everyone at the Race and those participating on the *Booby Wall* have access to the medical profession. “Go see your doctor if you are worried about a lump,” is one of the major messages of both discourses. This assumes that everyone has a doctor or access to the medical community, which lends support to Eisenstein’s argument that “Breast cancer activism also sometimes suffers a selfishness when it presumes whiteness and western/middle-class access to treatment.”⁶² This “selfishness” is very much apparent at the Race and on the *Booby Wall*.

I argue, therefore, by urging participants to have fun and be feminine the campaigns do more than simply allow women and men to be silly for a day. Instead, all the pink and the light-heartedness distracts from the politics of health and healthcare access. Further, it also erases those who cannot have fun, such as suffering bodies and poor bodies, from the discourse.

Objects to be Monitored and Missing Women

In addition to encouraging participants to be fun and feminine, both the *Booby Wall* and the Race perpetuate troubling ideas about women’s breasts and bodies. The main message of both campaigns is of “breast health,” which asks women to monitor their breasts and to put their faith in the medical institution for saving their breasts. Breasts, on both the *Booby Wall* and at the Race, are biomedical objects to be monitored. The focus on breasts appears to be at the expense of women as images of women’s entire bodies are literally erased in both campaigns. In what

⁶¹ Eisenstein, *Manmade Breast Cancers*, 143.

⁶² *Ibid.*, 147.

follows, I support each of the above arguments with examples from breast cancer awareness discourse.

At the Race, despite the abundance of pink ribbons, the phrase “breast cancer” is conspicuously absent. In January 2007, Komen changed its name from the Susan G. Komen Breast Cancer Foundation to Susan G. Komen for the Cure in order to adopt “a much more contemporary look.”⁶³ Brinker explains that “As the leader of the global breast cancer movement, Susan G. Komen for the Cure is drawing a line in the sand. We are literally on a mission to end breast cancer forever and it's high time we took ownership of the strides we've made and declare our uncompromising commitment.”⁶⁴ The *New York Times* details the new campaign and provides a quotation from Craig Cooper, chief creative officer at the firm that managed the change, who explains that “The foundation's leaders ‘really want to break the mold and do something exciting,’ . . . to ‘establish Komen as the voice in the fight against breast cancer.’”⁶⁵ However, in process of doing this, of calling attention to their power in the breast cancer “battle,” Komen dropped “breast cancer” from its title. Accordingly, in its promotional materials, which include the Race T-shirts, the phrase “breast cancer” appears with much less frequency and sometimes not at all. The focus, instead, is ostensibly on “the cure.”

How does one get “the cure”? From even a cursory glance around the wellness zone at the Race, it is clear that “the cure” is dependent upon breast health. In fact, messages encouraging “breast health” are as ubiquitous at the Race as Yoplait lids. Local healthcare organization booths provide most of this literature. Even though I was not looking for this information, per se, I received it. In order to get the “freebie,” you must take the literature. The

⁶³ Stuart Elliot, “Campaign Spotlight: This Campaign Thinks Pink,” *New York Times*, January 29, 2007, sec. Business/Financial Desk.

⁶⁴ Susan G. Komen, “Susan G. Komen.”

⁶⁵ Elliot, “Campaign Spotlight: This Campaign Thinks Pink.”

healthcare group Allina handed out brochures which had the contact information for each of their clinics on one side and a message on the other. On the message side, against a backdrop of pinkish-purple stripes and below a pink ribbon, it reads “Breast Care Services.” Below this, Allina writes “Breast care is an important aspect of enhancing and maintaining a woman’s overall health.” It goes on to state: “We provide the expertise, technology, information and support women need to make informed choices about breast care in comfortable, private and respectful settings.” From this brochure, and the countless others that give nearly identical messages under their logos, it is clear that women are not the experts of their own breasts. The medical institution can provide “expertise, technology, information, and support” that women need. This encourages women to think of their breasts as biological objects that need constant “care.”

Komen’s new campaign, “I AM THE CURE,” further drives home the message that women’s breasts need monitoring and that “the cure” is early detection. The campaign’s tagline, “I AM THE CURE,” was plastered throughout the running course and the wellness zone. When running along the course, the signs piqued my interest. However, they also caused some confusion: What does this new message mean? How am I the cure? Because I am running? Because I gave money to “the cause”? In the wellness zone, I found the answers to these questions. Komen volunteers distributed the “I AM THE CURE” key chains and accompanying information brochures. The brochure explains that “I AM THE CURE is our rallying cry. It urges us to take an active role in our own breast health.” Further developing this point, the next lines in the brochure exclaim in bold print: “They’re words to live by. See your doctor, learn your risk. I AM THE CURE.” The brochure also explains that the key chain, which is a collection of round metal discs, each one bearing one of the words of the campaign, represents

the size of breast tumors. The smallest one, which holds the letter “I,” is about the size of the tip of a pinky finger and “represents the average size lump detected by yearly mammograms when past films can be compared.” The largest disc, which is the size of a half dollar, “shows the average size lump found by accident.” Clearly, the discs are meant to encourage women, all women because age is not mentioned in brochure at all, to undergo annual mammography screening. The “average” size of the lump found by women who did not monitor their breasts is large. It is hard to believe that such a large lump could grow in your breast and you would not notice it.

Along with the key chain and the brochure is a hot pink sturdy card that reads “Your answers hold the key! While at the Race, did you learn about breast cancer and proactive steps you can take in your own breast health?” The card then encouraged me to head to iamthecure.org to take a quiz. When I received this pink card, I was encouraged. I thought that once I got to the webpage, I would answer a quiz about myself—my age, my family history, my environment—that would give me an idea of my individual risk for breast cancer. I was wrong. Instead, the quiz reinforces the idea that the medical community are the experts of women’s breasts and bodies, encourages women to monitor their breasts, and supports the idea that women who get breast cancer and die from the disease have themselves to blame.

The first question asked me to choose “true” or “false” to the following statement: “Your health care provider can help you learn of your personal risk of breast cancer.” The answer, according to the campaign, is true, of course. I went back to my quiz and resubmitted my answer to see if it would explain why it was wrong. When the results page came back up, no explanation accompanied my wrong answer. This quiz question, therefore, explicitly tells women that they must go to their health care providers for this information. It insinuates that women cannot figure

these things out for themselves by reading the medical literature. Instead, they *need* the medical institution in order to stay healthy.

The second and third questions also test the student's dedication to the medical institution. Question two asks "What are simple steps you can take to increase your chance of detecting cancer early, when it is most treatable?" The answer options are 1.) "x-rays, blood tests and blood pressure measurements," 2.) "regular mammograms and breast exams," and 3.) "a balanced diet, regular exercise, and not smoking." The correct answer is two and again, when I purposely answered it incorrectly, I did not receive an explanation. So, this question, along with the first, encourages women to monitor their breasts for signs of abnormality and to have faith in the fact that if breast cancer is detected early enough, it will be cured. The third question asks "Which of the following should prompt you to contact your health care provider right away?" The choices are: 1.) "learning that a close friend has just been diagnosed, 2.) "if you have been physically inactive for a long period of time, and 3.) "noticeable changes in how your breasts look or feel." It goes without saying that option three is the correct choice. This message is a little bit different than previous messages in that it is not suggesting that women perform monthly exams. Instead, it is suggesting that women "notice" changes in their breasts. But still, the message is clear: take care of your boobs so they don't take care of you!

The quiz not only reinforces the idea that women's breasts need monitoring, but it also supports the pervasive idea that if women develop breast cancer and die from it, then they are to blame. The final question, question four, which is another true/false question, asks: "Making healthy lifestyle choices like maintaining a healthy weight, exercising and limiting alcohol may reduce your breast cancer risk." Now, in some sense, this idea is good. It encourages us to see that breasts are not just objects that women carry around. Further, it helps us see that what the

body is exposed to will affect how breast tissue develops. But, it also supports the very harmful idea that women who get breast cancer are responsible for the disease. Didn't they eat right? Did they drink too much? Did they exercise? Surely, if a woman does develop breast cancer, she must not have been doing something right.

All in all, therefore, there is nothing all that new about Komen's new campaign. The discourse which encourages individual women to accept responsibility for their own bodies and to have faith in the medical community, sounds quite familiar. In fact, the "I AM THE CURE" campaign functions as the majority of breast cancer campaigns do by interpellating women into active, attentive, and potentially obsessive guards of their own bodies. Women, the campaign suggests, ought to be consumed with breast health and if they are not, they may end up with a tumor the size of the largest disc—a half dollar—in their breasts. And while it does not explicitly state this, the campaign perpetuates the erroneous idea that the larger the tumor, the more difficult it will be to treat and the greater likelihood that you will die from breast cancer. As such, the largest disc functions as a scare-tactic or a threat to force women into monitoring their breasts, going to the doctor regularly, and "living right."

Even the *Booby Wall*, which presents itself as providing a "new" message about breast cancer, still reinforces the message that women ought to monitor their breasts, albeit in less formal ways than Komen. The *Booby Wall* is slightly different from Komen in that it explicitly assumes that women do not know how to care for their breasts. At the top of the webpage, the words "Women need to show their breasts more TLC" are written in bold and large font. Underneath, in smaller print, the organization goes on to explain that "Research has shown that women are confused about how and when to check their breasts." The organization then explains that it wants to "wants to help save lives by dispelling the confusion about how to be breast

aware with a simple, effective new way of thinking about examining your breasts.” If women need help with how to be aware of their breasts, then clearly they are unaware currently. In just a few short sentences, Rethink reinforces the ideas that women’s breasts need attention and that women themselves are not the experts on their own bodies.

So, how to go about checking breasts? Rethink presents the acronym TLC as a way to “help” save women’s lives. TLC stands for Touch, Look, Check (begging the question that if women were confused before, what now?). Despite the confusion that is built into the acronym, Rethink writes that “TLC is an important message for all women and simply asks that women show their breasts some TLC.” According to Rethink, “There is no need to follow a fancy routine for examining your breasts, just be familiar with how they look and feel so that you notice changes.” According to Rethink, “You can do this by looking and feeling in any way that makes you feel comfortable – in the bath or shower, when dressing, standing or lying down.” The campaign, however, does provide a list of “unusual” things that women should keep in mind when touching their breasts. Things to look for when touching and checking the breasts are size, shape, skin texture, nipple appearance or discharge, rash on nipple, lumps, lumpy areas, and pain. Even though Rethink does not reinforce the scientific monitoring of breasted bodies, it still lends support to the idea that these bodies need monitoring.

In addition to limiting the types and depth of conversation we can have about breast cancer, the predominance of the “breast health” message over others is troubling because it focuses the burden on the individual, not the social, for both developing and curing the disease. Various studies have reported that public discourse ranging from broadcast news to specialized breast self-exam pamphlets are riddled with the theme of individualism.⁶⁶ This individualism,

⁶⁶ Julie L. Andsager and Angela Powers, “Framing Women's Health With a Sense-Making Approach: Magazine Coverage of Breast Cancer and Implants,” *Health Communication* 13, no. 2 (April 2001): 163-185; Charles K. Atkin

Sharon Batt explains, encourages breast cancer patients to “believ[e] that if we die of the disease, it is because we failed to do breast self-exams the ‘right’ way; or we didn’t have mammograms often or soon enough; or our uncooperative bodies ‘failed to respond to treatment.’”⁶⁷ This individualizing narrative not only influences the stories breast cancer patients can tell, but it also becomes part of the larger discussion about breast cancer. For example, Leopold claims that prevention campaigns, which place all emphasis for prevention on individual women, perpetuate the notion that it is a “woman’s individual ability to prevent the disease *in herself* alone.”⁶⁸ Similarly, as Klawiter notes, “In the discourse of the Race, survival is a matter of individual choice and responsibility.”⁶⁹ This type of discourse is, as Ozum Ucok argues, “ultimately an agency-robbing, disempowering rhetoric.”⁷⁰

These campaigns also reinforce the model of the biological, dangerous breast. Because little—if anything—is mentioned about the environmental causes of breast cancer, it appears that women’s breasts are biologically predisposed to cancer. In other words, it is the mere fact that they are *female* breasts that causes the cancer. The argument that breasts need monitoring easily perpetuates the notion of breasts as dangerous. Women should always be on guard because they can never know when breast cancer will sneak up. And, since these discourses do not provide age-based recommendations for who should keep more tabs on their breasts, it perpetuates the

et al., “A Comprehensive Analysis of Breast Cancer News Coverage in Leading Media Outlets Focusing on Environmental Risks and Prevention,” *Journal of Health Communication* 13, no. 1 (January 2008): 3-19; Sooyoung Cho, “Network News Coverage of Breast Cancer, 1974 TO 2003,” *Journalism & Mass Communication Quarterly* 83, no. 1 (Spring2006): 116-130; Kimberly Nicole Kline and Marifran Mattson, “Breast Self-Examination Pamphlets: A Content Analysis Grounded in Fear Appeal Research.,” *Health Communication* 12, no. 1 (January 2000): 1; Kimberly N. Kline, “Reading and Reforming Breast Self-Examination Discourse: Claiming Missed Opportunities for Empowerment,” *Journal of Health Communication* 4, no. 2 (April 1999): 119-141; Susan Yadlon, “Skinny women and good mothers: The rhetoric of risk, control, and culpability in the production of knowledge about breast cancer,” *Feminist Studies* 23, no. 3 (Fall 1997): 645.

⁶⁷ Sharon Batt, *Patient No More: The Politics of Breast Cancer* (Charlottetown, P.E.I: Gynergy, 1994), 237.

⁶⁸ Leopold, *A Darker Ribbon*, 258.

⁶⁹ Klawiter, “Racing for the Cure, Walking Women, and Toxic Touring,” 113.

⁷⁰ Ozum Ucok, “The Fashioned Survivor: Institutionalized Representations of Women with Breast Cancer,” *Communication & Medicine* 4, no. 1 (January 2007): 120.

idea that all female breasts are dangerous. So, through this discourse, the complexity and variety of female bodies is erased. Instead, all breasts need to be monitored because all breasts might develop cancer.

The excessive attention on breast health diverts attention from actual women. While “breast health” rhetorics are ubiquitous at the Race, images of women or representations of women are absent. This absence is especially obvious when comparing Komen’s old T-shirt design to its new T-shirt. The 1999 T-shirt (see figure 1) featured two images of women. The front of the tee featured a brightly-colored image of Francie Larrieu Smith, a five-time Olympic team member. On the back, an abstract drawing of a woman running took up the majority of the space. Under this drawing, the phrase “Every day, every step, is about putting an end to breast cancer,” provided some explanation for the image.

Turning now to the 2009 T-shirt (see figure 2), the image of Larrieu Smith has been replaced with ribbons that appear to have heads attached to them. The ribbons are blue, pink and pale green. According to Komen, these ribbons are supposed to be “active” to symbolize the active Race participant, but the design is not obvious and could be interpreted in other ways. What is clear, however, is that the woman’s body, in the case of the T-shirt design, has literally been replaced by the pink ribbon. Not only are the breasts covered up by the ribboned shirt, but the woman is missing.

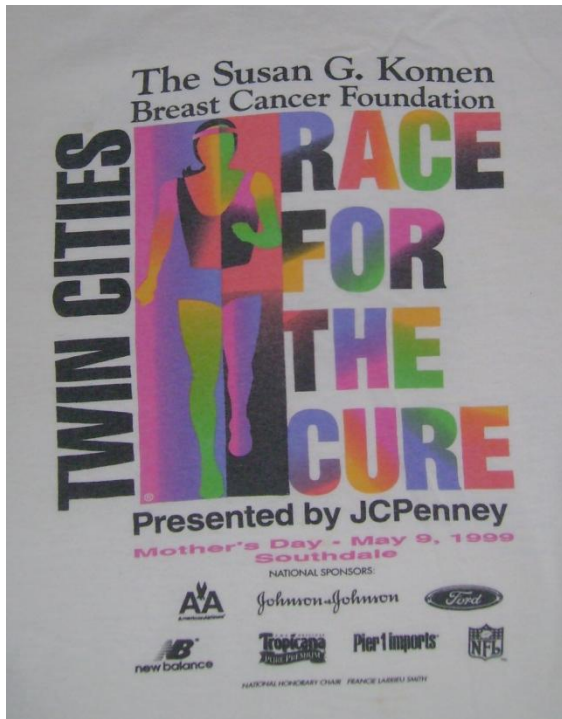


Fig. 1.1. Komen's 1999 T-shirt design. Front. Photo by author.



Fig. 1.2. Komen's 2009 T-shirt design. Photo by author.

The Booby Wall also rhetorically detaches the breast from the breasted body. The website instructs users to only include images of breasts. The instruction site says “The picture you take should only include your breasts (from below your neck to above your waist).”⁷¹ All of the images on the Booby Wall reinforce this trend. Women’s bodies from only their necks to their mid-sections are shown. The message, then, is simple: If you want to save your breasts, you must focus on your breasts and only your breasts. The breasts are the issue, not the entire body, nor the woman.

Accordingly, I argue here that breast cancer awareness discourse actually objectifies women’s breasts—albeit in a different way than popular culture texts. Breast cancer awareness discourse, perhaps as a way to empower women, urges women to see their breasts as dangerous objects that need constant monitoring. I suggest that this might have originally been viewed as

⁷¹ “Booby Wall: Women need to show their breasts more TLC: Upload,” n.d., <http://www.boobywall.ca/htmlupload.html>.

empowering to women because it made them feel like they had some control over their breasts. But, today, I argue that this rhetoric has so saturated public discourse that it no longer empowers, but functions to discipline women and women's bodies. We need a rhetoric that will resist the urge to turn women's breasts into objects and, in that process, to re-attach breasts to women's bodies. In other words, we need an embodied breast cancer awareness discourse. How to get one? In the concluding section to this chapter I argue that both campaigns provide some hints as to how this could happen.

Conclusion: Encouraging Embodiment and Conscious Reflection

My analysis to this point fully supports Barbara Ehrenreich's observation that "aside from the dilute sisterhood of the cyber (and actual) support groups, there is nothing very feminist—in an ideological or activist sense—about mainstream breast-cancer culture today."⁷² While many of the themes that I have outlined appear at odds with a feminist agenda, each campaign includes feminist potential, which I detail next. I argue that despite the troublesome ideological work each performs, each campaign encourages a coming into the body or a breast-consciousness that can be powerful if harnessed. First, I explore how through the act of running, the Race encourages conscious embodiment. This holds the potential to encourage participants to think about their bodies and feel empowered. Second, I argue that the *Booby Wall* holds the potential to produce perspective by incongruity, which may lead participants to become more conscious of the meaning of breasts in our culture.

Thus far, my analysis of the Race discourse has provided support for the arguments others have made about the Race. For example, King and Klawiter both argue that the Race perpetuates hyper-femininity, encourages its participants to have faith in science and medicine,

⁷² Ehrenreich, "Welcome to Cancerland: A Mammogram Leads to a Cult of Pink Kitsch," 47.

and represents breasts and bodies through a biomedical model.⁷³ However, what King and Klawiter both miss in their analyses is how the act of running influences a participant's experience. To the best of my knowledge, when performing their participant observations of the Race, neither King nor Klawiter actually ran in the Race. It is in the process of running, in the process of moving as the body must to run, that the productive potential lies. I argue that the Race provides a sense of community, encourages embodiment, and moves its participants.

When I run the Race, regardless of my athletic shape at the time, I am always overcome by a sense of community. On that cold, May morning in 2009, my sister and I made our way to the starting line. We were grumpy to be awake so early and the near-freezing temperatures did not help. The starting line was jammed with thousands of other runners eager to get going. Joining the 5,000 to 8,000 other participants on the running course, I felt claustrophobic at first. We could hardly run because the runners were densely packed into the small confines of the course. The course, which makes a square around the mall on local side streets, always seems to overflow with runners. The cement street curbs are not strong enough to contain the sea of white shirts running through the course. But, after the first mile, the crowd always thins as many people drop back and begin to walk, leaving more space for those who continue to run.

Before this shift, however, about 1/8th of a mile into the Race, we run under the freeway, which creates a small tunnel. While running through the tunnel, participants cheer and chant and, because of the acoustics of the bridge, their voices echo creating a cacophony of positive sounds. When I get to the other side of the tunnel, all I can see is a sea of white shirts running up the hill. This point in the Race always gives me goose bumps. People are energetic and these sounds provide me with a sense of belonging. In that moment, the decision to wake up at the crack of

⁷³ King, *Pink Ribbons, Inc.*; Klawiter, *The Biopolitics of Breast Cancer*; Klawiter, "Racing for the Cure, Walking Women, and Toxic Touring."

dawn and take a jog with thousands of people I don't know seems like a good decision. I feel good about myself. It gives me a sense of participating in something meaningful and in something that is larger than myself.

As we continue to run, however, that jubilant feeling fades as my body slowly becomes the center of my attention. After the first mile, when the excitement has worn thin, the beating of the heart and heaviness of the breath begin to take over. Running 3.1 miles is not always an easy feat. Initially the body rejects the mind's commitment to the Race and tries to persuade it to quit. It grows difficult to engage in conversation and I begin to feel the pain that the body can inflict. At this moment, I am forced to confront my body. I become consciously embodied.

The run also gives me a chance to consciously reflect on breast cancer and the reality of the disease. I attempt to pass the time by observing the other runners. Entire families dressed in matching outfits run by. Survivors decked out in hot pink run by. People whose memory cards that say "I miss you, Mom" or something of that nature always bring out tears for me. The Twin Cities Race is always held on Mother's Day, so the emotions are high to begin with. But, seeing these participants, some young, some older, who have lost their mothers, sisters, daughters always puts the pain of running into a different kind of focus. This fleeting pain, of running in a body that is healthy enough to run, seems small compared to what women with breast cancer endure.

In the act of running, I engage with my body in profound ways. This aspect of the Race, therefore, encourages a turning to the body; an exploration of pain; a reminder that our bodies, despite our best intentions, do not always do what we want them to do. This is a powerful experience, I believe, because it encourages reflection on the fragility of life and on the ways the body must work as one.

As my sister and I make our final turn, I feel a sense of relief and motivation. Since we've run this course many times, I know what to expect. I know that soon I will be surrounded by thousands of people cheering for me to keep going. "Just a little bit further," they shout. I give my final push, even though my legs feel wobbly, and finish the Race. The sun is shining and I feel good. I feel like I can do anything. I am inspired and motivated. The problem is, however, that by the end of the Race, when I feel inspired and motivated, I am not sure how to channel that energy. What exactly is the problem? Do I need to help people who have lost their loved ones by celebrating their lives? Do I need to celebrate my own life? What am I to do?

The Race provides few outlets for that energy. Check your breasts, it says, so that this does not happen to you. But, that seems insignificant at the moment. Yet, that is all there is. Even though that reason is not clear, it has been inspiring for me and an emotional experience. It has *moved* me. And, I am not alone, for as breast cancer historian Baron Lerner explains that "It is hard not to be moved by these types of gatherings."⁷⁴ If this emotion is directed toward political organizing, it could be very powerful. I explore this potential more specifically in the conclusion, Chapter Five. Next, I turn to how the Booby Wall encourages conscious reflection.

Booby Wall and the Politics of Breasts

Despite feminist claims that *the Booby Wall* has nothing to offer feminism, breast cancer politics, or women, I argue that the *Booby Wall* does offer something. It both offers possibilities for women to create their own images of their breasts and for consciousness-raising. Because of these possibilities, it deserves more credit than it has received.

⁷⁴ Barron H Lerner, "Pink Ribbon Fatigue," *Well - A New York Times Blog*, October 11, 2010, <http://well.blogs.nytimes.com/2010/10/11/pink-ribbon-fatigue/>.

To begin, the idea that images of women's breasts are and have always been politically insignificant is misguided.⁷⁵ In fact, images of women's breasts have been used for political ends. In her genealogy of breasts, Yalom recounts that "in the 1970s and '80s, women sometimes removed not only their bras but their blouses as well. . . . [And] female breast-baring became a way of thumbing one's nose at society."⁷⁶ Because of the putatively productive attention that these displays garnered, Yalom concludes that "topless demonstrations became a means of calling attention to a wide range of women's issues, including pornography, sexism, health care, and safe sex."⁷⁷

Susan Bordo also calls attention to the breast's radical potential to make political claims focusing specifically on the legendary "bra-burners" of the second wave. Although accurate records of the feminist protest of the 1968 Miss America pageant confirm that no bras actually went up in flames that day, Bordo deems the protest and the publicity it garnered a commanding success because "the uneasy public with whom the image stuck surely got it right in recognizing the deep political meaning of women's refusal to 'discipline' our breasts, culturally required to be so exclusively 'for' the other—whether as instrument and symbol of nurturing love, or as erotic flesh."⁷⁸ Clearly, then, when the cultural milieu is just right, breasts provide women with a powerful argumentative resource for drawing attention to political concerns. Today, however, baring breasts is quickly labeled "raunch feminism," and cast away as politically impotent.⁷⁹

But, the Booby Wall is not completely without its political potential. At the very least, the *Booby Wall* offers a space for women to post images of their breasts and to view other women's breasts that is free from the specter of pornography. As I will discuss in more detail in

⁷⁵ Clark-Flory, "Boobs to Cure Cancer?."

⁷⁶ Yalom, *A History of the Breast*, 243.

⁷⁷ *Ibid.*, 244.

⁷⁸ Bordo, *Unbearable Weight*, 20.

⁷⁹ Ariel Levy, *Female Chauvinist Pigs: Women and the Rise of Raunch Culture* (New York: Free Press, 2005).

Chapter Four, women have little access to images of real women's breasts. And, since we do not know what breasts can look like, many women have unrealistic expectations for their breasts to look like the few images they have been exposed to. So, at the very least, the *Booby Wall* provides women with the opportunity to see a wide variety of breasts. Each fully exposed breast on the *Booby Wall* is different from the next, thereby, implicitly making the argument that all breasts are different and therefore women need not think about their breasts as abnormal or strange. Further, by framing the images, literally as works of art, the *Booby Wall* implies that breasts are body parts to be celebrated, not burdens to be hidden underneath bras and clothes.

The *Booby Wall*'s major value, I contend, lies in its ability to provoke perspective by incongruity and raise breast consciousnesses. Consciousness-raising rhetoric has been a focus of much feminist scholarship in rhetorical studies.⁸⁰ In particular, rhetorical scholars have grappled with how rhetoric creates situations for consciousness raising to occur.⁸¹ Perspective by incongruity has been one such strategy that has been thought to lead to a raised consciousness. In its simplest form, perspective by incongruity—as an organizing logic—illuminates inconsistencies in current ways of thinking and shocks people into new ways of knowing.⁸²

⁸⁰ Tasha N. Dubriwny, "Consciousness-Raising as Collective Rhetoric: The Articulation of Experience in the Redstockings' Abortion Speak-Out of 1960," *Quarterly Journal of Speech* 91, no. 4 (2005): 398.

⁸¹ See, for example, Bonnie Dow, "Aids, Perspective by Incongruity, and Gay Identity in Larry Kramer's '1.112 and Counting,'" *Communication Studies* 45 (1994); Sonja Foss, "Feminism Confronts Catholicism: A Study of the Use of Perspective by Incongruity," *Women's Studies in Communication* 3 (1979): 7-15; Debra Hawhee, "Burke and Nietzsche," *Quarterly Journal of Speech* 85 (1999): 129-145; David G. Levasseur, "Edifying Arguments and Perspective by Incongruity: The Perplexing Argumentation Method of Kenneth Burke," *Argumentation and Advocacy* 29, no. 4 (1993) 195-103; Karen Whedbee, "Perspective by Incongruity in Norman Thomas's 'Some Wrong Roads to Peace,'" *Western Journal of Communication* 65, no. 1 (2001): 48.

⁸² Kenneth Burke, *Permanence and Change: An Anatomy of Purpose*, 3rd ed. (Berkeley: University of California Press, 1984).

Perspective by incongruity occurs when a new orientation is opened up through the violation of established “‘proprieties’ of the world in its previous linkages.”⁸³ Perspective by incongruity, thus, works to “‘metaphorically enlighten us and startle us.’”⁸⁴

In particular, Anne Demo’s term “feminist atom-cracking” relates to my project by providing a way to describe subversive feminist texts. According to Demo, certain rhetorical “‘tactics function through a process of feminist ‘atom cracking,’ or the strategic juxtaposition of incongruent ideals, values, practices, and symbols that not only call into question gender ideologies but also remoralize them.”⁸⁵ In other words, Demo argues that a feminist rhetorical strategy that aims toward perspective by incongruity “‘subjects the language and ideology of patriarchy to a “‘cracking’” process’ that wrenches apart the language and mythologies of institutionalized sexism so as to enable a ‘fresh point of view, the heuristic or perspective value of a planned incongruity.’”⁸⁶

Despite the fact that Demo is describing a rhetoric that is explicitly aimed at disrupting sexist ideologies, I still believe that feminist perspective by incongruity can take place on the *Booby Wall*. I say this, because it did for me. Throughout the process of writing this essay and researching the Booby Wall, I have been mindful where I open up the website. I never opened it up on campus unless I was specifically talking about my work. I feared, usually unconsciously, that the website would imply things about me that are not true. Such as the idea that I like to look at images of women’s breast. This knee-jerk reaction, however, has forced me to contemplate on an even deeper level my feminist politics and commitments. Why did I react this way? Are women’s breast private? Is it wrong to look at them? Why? Is it ethical to show this website to

⁸³ Ibid., 119.

⁸⁴ Ibid., 120.

⁸⁵ Anne Teresa Demo, “The Guerrilla Girls’ Comic Politics of Subversion,” *Women’s Studies in Communication* 23, no. 2 (Spring2000): 139.

⁸⁶ Ibid., 152.

my students knowing that many of them are conditioned to respond in sexualized ways to the breasts? These are important questions for me as both a scholar and teacher and they only came to my attention after interacting with the *Booby Wall*. It illustrates, to some extent, how difficult it is to view images of breasts outside of the male gaze, even from a dedicated feminist's perspective. I will return to this idea in Chapter Four.

In this chapter, I have added my voice and ideas to two existing conversations. First, my analysis supports arguments made by many feminist scholars and activists about breast cancer awareness discourse. According to my analysis of the Race and the Booby Wall, both campaigns do some troubling ideological work. They both underscore the idea that participants must be happy, fun, and feminine. They also objectify women's breast through their unrelenting focus on breast health and early detection. Second, I have also added my voice to conversations about the political potential of breast cancer awareness discourses. Both the Race and the Booby Wall hold the potential to encourage us to consciously reflect on our bodies and breasts, an opportunity that most pink ribbon critiques overlook. In the next chapter, I continue my tour of breast discourse by focusing on a close relative of breast cancer awareness discourse: the rhetorics of mammography.

CHAPTER 3

FRAMING MAMMOGRAPHY: THE RHETORICAL FLATTENING OF BREASTS AND WOMEN

Introduction

Some writers take context and audience into account while crafting their arguments; the members of the U.S. Preventive Services Task Force (USPSTF) cannot be counted among that group. On November 17, 2009, the *Annals of Internal Medicine* published the USPSTF's review of current mammography research and guidelines.¹ The report, which updates the USPSTF's 2002 study, recommends that women go without routine mammography screening during their forties, that women ages 50-74 switch from annual to biennial screening, and that women forgo monthly breast self-exams (BSE). The report, which could have easily flown under the radar due to the tentative nature of the Task Force's claims, did anything but. Instead, it provoked a "maelstrom" of responses from politicians, women, cancer advocacy groups, physicians, and everyone in-between.² The Task Force was reportedly dumbfounded by the public reaction. According to an interview with the *New York Times*, Dr. Dianna Petitti, vice chairperson of the USPSTF, admits to being "taken aback by the reaction."³ She had not, and based on the way they constructed their message, it is safe to say that the other members of the Task Force had not

¹ U.S. Preventive Services Task Force, "Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement," *Annals of Internal Medicine* 151, no. 10 (November 17, 2009): 716-727.

² Gina Kolata, "Mammogram Debate Took Group by Surprise," *The New York Times*, November 20, 2009, Late edition, sec. A, 16.

³ Kolata, "Mammogram Debate Took Group by Surprise."

either, realized “the extent of the context.”⁴ Petitti’s and the other Task Force members’ ignorance on the cultural context of the breasted body would, as I will discuss later, have significant consequences on how the research would be interpreted and employed by women.

Based on annual October “pinking” of everything from human bodies to buildings, it is hard to fathom how Petitti and the other members had not been aware of the “extent of the context.” Given the weight that breasts carry—both physical and ideological—in both women’s and men’s lives, the very public, very vocal response to the guidelines should have come as no surprise. Breasts not only matter to people in general, but given the pink ribbon’s popularity and the “1 in 8 women will develop breast cancer” message that has been drilled into women’s heads, breast cancer is on women’s minds. According to a *USA Today* poll in 2009, most women believe that their risk of developing breast cancer is much greater than the statistics suggest. In fact, despite the fact that the National Cancer Institute says that a 40 year-old woman’s risk of developing cancer is 1.4%, “40% of women surveyed estimated that a 40-year-old’s chance of developing breast cancer over the next decade was 20% to 50%.”⁵ Since mammography has been billed as *the* way to protect against women against breast cancer, when the Task Force called that idea into question, women had something to say, or at least that is the story the media told.

This chapter explores the media discourse that attempted to frame both the USPSTF’s published statements and the public reactions to it. Three questions guide this chapter: first, how does the Task construct women’s bodies and breasts? Second, how were breasts and women represented by the mainstream media? And, third, did women’s reactions to the Task Force provide the impetus for the creation of a feminist politics from the breast? If so, what did this political response look like? I argue that while the USPSTF’s recommendations had the ability to

⁴ Ibid.

⁵ Liz Szabo, “With Cancer Screenings, 'More is Not Always Better',” *USA Today*, November 30, 2009, Final edition, sec. Life.

generate a discourse in which women were encouraged to think of the breasted body as not-always-already breasted, the mass media's coverage of the report frames breasts as dangerous and in need of constant "maintenance." In addition, I argue that the media frames women as emotional and unreasonable. Further, while some responses illustrate interesting directions for feminism, the majority of responses, including explicitly feminist responses, equate "women's rights" with "women's right to mammography," thereby rhetorically flattening a more complex, diverse understanding of feminist politics. In the end, I conclude that the media discourse that emerged in response to the Task Force's report rhetorically "flattens" breasts and women their rights just as the mammography machine literally flattens flesh.

This chapter proceeds in four stages. First, I briefly delve into the history of mammography in the United States, focusing on forces that have had the greatest influence on the development of public breast cancer screening rhetorics. Second, I analyze the USPSTF's rhetoric and argue that despite the consequences that stem from its universalizing, traditional Western science framework, the research opens up a space for women to gain interpretive control over their breasted bodies. Third, I trace the ways in which the media framed women and their bodies. Fourth, I examine the potential for a feminist politics based on both the mainstream discourse and self-proclaimed feminist rhetoric that emerged in response to the USPSTF. Finally, in the conclusion I argue that, similar to how a mammography machine compresses breast tissue, the media's discourse in the wake of the USPSTF's statements flattens women, breasts, and women's rights.

A History of Controversial Surveillance

Public health campaigns and technological innovations have both played a significant role in the medicalization of healthy women's breasts. Motivated by the increasing rates of breast

cancer, the steady rate of mortality, and women's fears of surgery, public health activists sent out the "do not delay" message to women in the early 20th century. This message, rooted in the idea that cancer caught early is more treatable than cancer detected later, encouraged women to monitor their breasts and seek immediate medical advice as soon as they had any "suspicions" about their breasts. The effects of this rhetorical campaign cannot be overstated. Robert Aronowitz traces the development of this rhetorical tactic in his book *Unnatural History* and explains that the "delay" message has influenced not only clinical practice, such as mammography, but also the ways in which women understand both their bodies and role in their own healthcare. In addition, the message has shaped how women live their everyday lives. In what follows, I review the histories of both BSE and mammography in order to situate the 2009 public debate over the USPSTF's report.

While other methods for detecting breast cancer tumors before they ostensibly became more difficult to treat had been batted around in both activist and medical circles, it was not until the 1930s that the American Cancer Society hatched a plan—one that would stick—to get women involved in the "fight" against breast cancer. Through movies, media articles, teaching materials, and public speaking campaigns, the American Cancer Society launched a campaign to encourage women to examine their own breasts for signs of breast cancer. By urging women to systematically monitor their breasts for abnormalities, cancer activists took the pressure off of clinicians for cancer detection. In doing so, however, it placed the burden of detection on women's shoulders. Barron Lerner explains that BSE campaigns, which relied on a rhetoric of "personal responsibility," seemed reasonable due to the post 1920s ideology of "new public health," in which an informed public was expected to adopt healthier behaviors, a growing sense

of “American individualism,” and strict gender roles that put women in charge of health decisions for both men and children.⁶

Not initially turned-off by its potential adverse effects on how women thought about their bodies and their roles in disease prevention, feminists adopted BSE in order to empower women to take control over their bodies. In the earliest addition of *Our Bodies, Ourselves*, published in 1971, the authors exhort “all” women to “examine their breasts regularly.”⁷ The Collective’s use of “all” suggests that every breast—from the youngest to the oldest—ought to be monitored. The authors caution, however, to only perform the exam once a month as “Thinking you have to do more can make you obsessed with the disease.”⁸ Focusing on the fleshiest part of the breast, the book instructs women to

look for differences in shape (not size) in both breasts: for a flattening or bulging in one, but not the other; for puckering of the skin; for a discharge from a nipple when it is gently squeezed; and for a reddening or scaly crust on the nipple. You should also be suspicious when one nipple is particularly hard or inelastic, or when the two nipples point in asymmetric directions.⁹

As is evident from this portion of *Our Bodies, Ourselves*, even feminists who actively sought to wrest female bodies away from the biomedical establishment contributed to the idea that breasts need constant monitoring for any sign of “abnormality.”

In addition to its ideological drawbacks, BSE did not prove to be entirely effective. For example, when women found lumps in their breasts, they did not always run into their physicians’ offices. Instead, due to the common assumption that finding a breast lump would

⁶ Lerner, *The Breast Cancer Wars*, 59.

⁷ The Boston Women's Health Book Collective, *Our Bodies, OurSelves: A Book By and For Women*, 1st ed. (New York: Simon and Schuster, 1971), 263.

⁸ Ibid.

⁹ Ibid.

result in a radical mastectomy, many women ignored the growing lumps.¹⁰ Even when women were able to overcome anxiety and examine their breasts, it became increasingly unclear whether or not the examinations were helpful. By the 1970s, physicians and cancer advocacy groups were beginning to publically question BSE's effectiveness.¹¹ Because of SBE's drawbacks and breast cancer's steady mortality rate, demand grew for a more effective way to detect cancer growth in breast tissue.

This demand, combined with what Aronowitz refers to as “a half-century of tinkering with radiological techniques,” laid the groundwork for the mammography industry today.¹² Mammography, as it first developed, could have been used as a diagnostic tool only. This would mean that when women found lumps, or when a doctor thought a woman's breast was “suspicious,” the woman would then, and only then, receive a mammogram. However, perhaps due to the fact that the mortality rate of breast cancer was not budging, or because scientists mistakenly believed that younger tumors were always more treatable than older tumors, mammography was imagined as a screening tool—one that would be used on all women. In order to test this hypothesis--that screening healthy women would reduce breast cancer mortality rates—researchers conducted a number of trials. In 1971, the earliest large, randomized study (HIP), which encouraged participation through the New York Health Insurance Plan of Greater New York, found an astonishing 40% mortality reduction for women 50 and older who were screened for breast cancer using mammography compared to those who were not.¹³ Even though the study results did not show a statistically significant reduction in mortality for women under

¹⁰ Marcy Jane Knopf-Newman, *Beyond Slash, Burn, and Poison: Transforming Breast Cancer Stories into Action* (New Brunswick, N.J.: Rutgers University Press, 2004).

¹¹ Robert A Aronowitz, *Unnatural History: Breast Cancer and American Society* (Cambridge: Cambridge University Press, 2007), 223.

¹² *Ibid.*

¹³ *Ibid.*, 234.

50, the researchers believed that their study was “the death sentence for biological predeterminism.”¹⁴ In other words, if detected early enough, before the woman herself or a clinician had felt the lump, breast cancer could be cured.

Encouraged by the results of the HIP study, the American Cancer Society (ACS) and the National Cancer Institute (NCI) set their sights on establishing a national screening program for women in the United States. At this time, however, most women were skeptical about mammography and still believed that a breast cancer diagnosis was akin to a death sentence. In order to motivate a swift shift in public opinion, the ACS and NCI sponsored a demonstration project, which became known as the Breast Cancer Detection and Demonstration Project (BCDDP). Distinct from research trials that aimed to produce generalizable knowledge, demonstration projects, Aronowitz explains, were designed to “change hearts, minds, and routines.”¹⁵ ACS and NCI hypothesized that if women were able to witness how a technological innovation could detect breast cancer before it was palpable by human hands, then they would believe in the innovation and accordingly alter their habits (i.e. get mammograms regularly). Not surprisingly, the demonstration project did detect early breast cancer in healthy women. Surprisingly, however, it detected cancer at higher rates than any study had ever detected.¹⁶ This fact, however, was not what made it into the public. Instead, as early as 1975, the American public had received the “good” news, indeed “mammography saves lives!”¹⁷

Mammography’s squeaky-clean image, however, would soon become irreversibly blemished. In 1976, John C. Bailar III, NCI cancer statistician and epidemiologist, published an article in the *Annals of Internal Medicine* that called into question whether mammography’s risks

¹⁴ Ibid.

¹⁵ Ibid., 238.

¹⁶ Ibid., 239.

¹⁷ Barron H Lerner, *The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America* (New York: Oxford University Press, 2001), 209.

outweighed its benefits.¹⁸ The “weak” evidence to support the popular idea that mammography alone could decrease a woman’s risk of dying from breast cancer, combined with the lack of research on the potentially harmful effects of radiation, led Bailar to conclude that “Promotion of mammography as a general public health measure is premature.”¹⁹ Like the public’s response to the USPSTF’s 2009 guidelines, the public’s response to Bailar’s critique was “tenacious.”²⁰ However, unlike the response to the USPSTF, in 1976, the public overwhelmingly expressed support for Bailar.²¹ According to Lerner, “Feminists and other critics of the medical profession praised the efforts of both Bailar and the journalists who had publicized his cause.”²² As other issues with the BCDDP and the NIH emerged, women grew more skeptical of mammography and, by mid-1976, mammography demand declined and women began “staying away from mammography ‘in droves.’”²³

Women did not keep their distance for long, however. In fact, looking back on the BCDDP, Aronowitz argues that the project ought to be seen as a success for it changed women’s ideas about the course of breast cancer and how to “prevent” it. Despite the study’s well-publicized shortcomings, Lerner suggests that “The message of the project—that woman’s health depended on frequent medical surveillance of her breasts—was exactly what these women wanted to hear.”²⁴ And, that message has endured over the past three decades despite the questions looming over mammography’s ability to “save” all women’s lives.

Breast cancer advocacy groups, most notably the pink ribbon-wavers of the Susan G. Komen Foundation, have helped engrain the idea that “mammography saves lives” into the

¹⁸ John C. Bailar III, “Mammography: A Contrary View,” *Annals of Internal Medicine* 84, no. 1 (January 1976): 77.

¹⁹ *Ibid.*, 77.

²⁰ Lerner, *The Breast Cancer Wars*, 212.

²¹ *Ibid.*

²² Lerner, *The Breast Cancer Wars*, 214.

²³ *Ibid.*, 215.

²⁴ *Ibid.*, 209.

American psyche. That message is so strong that when mammography's efficacy in detecting tumors in younger women is called into question by the scientific community, the public jumps to mammography's defense. For example, in 1997, a NIH conference determined that there was insufficient evidence to recommend that women in the 40-49 age bracket undergo annual mammography screening. Learner writes that "When the panel announced its findings on January 23, 1997, a torrent of protest ensued."²⁵ And, based on the protest, the NIH reversed its decision. This goes to show that the public has strong faith in mammography, a faith which cannot be changed by scientific data alone.

Not all women, however, have bought what the mammography industry has been selling. Marianne H. Whatley and Nancy Worcester accuse the mammography industry with having co-opted the rhetoric of women's rights to sell its service. The authors argue that medical services, such as mammography, have been marketed as being pro-women, but in doing this have done harm to women. For example, they have induced undue fear and also deluded women into thinking that "early detection" is "prevention." But, aside from Whatley and Worcester's commentary, feminist writers who are skeptical of the "pink ribbon culture" in general, and explicitly feminist breast cancer advocacy organizations, "feminism"—both the term and the ideology—is largely absent from public mammography discourse. This goes to show that mammography, like breast cancer advocacy, is a tricky issue for feminists. What is a feminist position on mammography? Could a feminist be both pro-woman and anti-mammography? Should feminists support or challenge breast-based medical intervention? These questions are nearly impossible to answer definitively and, as such, it is difficult to label any one position on mammography as "feminist." However, it is possible to identify spaces of feminist possibility, or instances when mainstream or expert discourses can be interpreted as offering women more self-

²⁵ Ibid., 244.

determination in the social construction of their bodies. Next I turn to the USPSTF's rhetoric, which I argue holds the potential to create this space.

USPSTF's Rhetoric: Benefits Outweigh Harms

Many feminists would scoff at the idea that traditional, Western science might provide resources for a feminist politics of health and the body.²⁶ However, I argue that the USPSTF's rhetoric, which is undoubtedly entrenched in a positivistic perspective, actually provides possibilities for women to gain some discursive control over the social construction of their breasted bodies. Before I can make this argument, I first provide background information on the Task Force and discuss how the Task Force came to its conclusions about mammography screening. Next, I explain how the majority of the USPSTF's rhetoric, other than the first page of one document, is tentative in both tone and nature. Finally, I show how the USPSTF's message can be read as un-breasting the younger body.

The United States Preventive Services Task Force is an eclectic group—at least within the medical field—of science-minded folks. Comprised of nine men and seven women, the majority of the members (13) hold Medical Degrees, six of whom also hold Master's degrees in Public Health. Of the three without MDs, all have Doctorates of Philosophy and two also have nursing degrees. Notably, the three without MDs are women. The members hail from all around the country: from San Francisco, California to Hanover, New Hampshire; from Augusta, Georgia to Minneapolis, Minnesota. Their task, according to the official website is to provide “scientific evidence reviews of a broad range of clinical preventive health care services (such as screening, counseling, and preventive medications)” which they use to develop “recommendations for

²⁶ Sara Hayden, “Re-claiming Bodies of Knowledge: An Exploration of the Relationship between Feminist Theorizing and Feminine Style in the Rhetoric of the Boston Women's Health Book Collective,” *Western Journal of Communication* 61, no. 2 (Spring 1997): 127-163.

primary care clinicians and health systems.”²⁷ The Task Force explains that they try to remain “unbiased” and independent of political influence. Even though it is funded by the United States government, the Task Force describes itself as “an independent panel of non-Federal experts in prevention and evidence-based medicine.”²⁸

In 2009, the USPSTF took up the task of updating the previous USPSTF mammography recommendations from 2002. In the 2002 report, which was also published in the *Annals of Internal Medicine*, the group “recommends screening mammography, with or without clinical breast examination (CBE), every 1 to 2 years for women aged 40 and older.”²⁹ In addition, the group concludes that “the evidence is insufficient to recommend for or against” both routine CBE and BSE.³⁰ The 2009 report reverses these recommendations, most notably the mammography guidelines for women ages 40-49 and the BSE indifference. In the most recent publication, the USPSTF “recommends against routine screening” for women in the 40-49 age bracket and also “recommends against” BSE for all women.³¹ The 2009 report also finds “insufficient” evidence to draw definitive statements regarding clinical breast exam for all women and mammography for women over the age of 75. The group’s recommendations ostensibly stem from a “systematic review” of the benefits (reduction of mortality) versus the harms (radiation exposure, pain, anxiety, false-negative/positive, and over-diagnosis) associated with screening.

The media and the public found it too tempting not to take the Task Force to, well, task for some of the report’s troubling aspects. The Task Force implicitly assumes that its readers

²⁷ “U.S. Preventive Services Task Force,” n.d., <http://www.uspreventiveservicestaskforce.org/>.

²⁸ Ibid.

²⁹ “Screening for Breast Cancer: Recommendations and Rationale,” *Annals of Internal Medicine* 137, no. 5 (2002): 344.

³⁰ Ibid.

³¹ U.S. Preventive Services Task Force, “Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement,” 716.

possess mind-reading abilities, or so it seems as it is nearly impossible to discern how the Task Force came to its conclusions. In its “recommendation statement,” which is one of three articles USPSTF published in the *Annals of Internal Medicine* regarding their research, they write that they “commissioned 2 studies,” which include a “targeted systemic evidence review” and a “decision analysis” based on population modeling.³² However, the Task Force’s claim that women in their forties need not undergo regular mammography screening appears to come from one number, which I call the “magic number.” Based on a meta-analysis of existing data, combined with information from the Breast Cancer Surveillance Consortium in the United States, the Task Force claims that in order for one 40-something woman’s life to be saved by screening mammography, 1904 women have to be screened over a ten-year time period. This “magic number” of 1904 leads the Task Force to claim with “moderate certainty that the net benefits were small” for women in their 40s.³³ For women in their fifties, the “magic number” is 1334 and for women in their 60s, that number is 377. For these women, the Task Force expresses “moderate certainty” that the benefits of routine screening mammography for these women are “at least moderate.”³⁴ But, at least from the three published articles, it is difficult to understand why 1904 is different enough from 1334 for the Task Force to recommend “against routine screening mammography in women aged 40 to 49 years old.”³⁵ As such, the Task Force’s message was rightly criticized by the media and the public for being unnecessarily “confusing.”

Feminists might also be skeptical of the Task Force’s assumptions and methodology. For one, at least from first glance, the Task Force seems to believe that generalizable knowledge regarding women’s bodies and mammography is possible. From its purpose statement, which is

³² Ibid.

³³ Ibid., 721.

³⁴ Ibid.

³⁵ Ibid., 716.

“To determine the effectiveness of mammography screening in decreasing mortality among average-risk women,” it is clear that the Task Force believes that generalizable knowledge is possible and that one might discover “covering laws,” or “uncovering laws” in this case, for women’s breasts. Further, in one of their publications, the “recommendation statement,” which received the most attention from the media, the members of the Task Force hide underneath the “U.S. Preventive Services Task Force” moniker. Instead of providing each of their individual names as the authors, it appears to the average reader that this information is coming from an unbiased “gods eye view.”³⁶

A cursory glance at the Task Force’s methodology might also inspire feminist eyebrow rising. The populations from which they drew their data were often not U.S. populations. For example, to determine screening mammography’s benefits and drawbacks for women in their forties, the Task Force completed a meta-analysis of eight randomized, controlled trials, seven of which had been included in the 2002 USPTF’s analysis. The meta-analysis includes data that was collected as early as 1963 and as recently as 2002, with the majority of data coming from the 80s and 90s. Of the eight studies, only one came from the United States and that was the HIP study from the 60s. The others came from Sweden, Canada, and Great Britain. Similarly, their BSE conclusion comes from an analysis of a trial in Shanghai combined with one from Russia, which the authors readily admit studied a “community without routine mammography screening.”³⁷ Even their analysis of the harms associated with mammography relies upon populations outside of the United States.³⁸ By including research that used non-U.S. populations

³⁶ Haraway, “Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective,” 581.

³⁷ Heidi D. Nelson et al., “Screening for Breast Cancer: An Update for the U.S. Preventive Services Task Force,” *Annals of Internal Medicine* 151, no. 10 (November 17, 2009): 732.

³⁸ J. Brett et al., “The Psychological Impact of Mammographic Screening: A Systematic Review,” *Psycho-Oncology* 14, no. 11 (November 2005): 917-938.

to make its claims, the Task Force assumes that the presence of breasts make all female bodies similar in some way. Further, not only are these bodies similar, but malignancies would develop in these breasts in roughly the same ways for all women across the globe and across time. The breasted body, through these assumptions, becomes flat. Erased are its unique characteristics, such as birth date, culture, and environment. This assumption can be problematic since environmental factors have been thought to influence cancer development.

However, despite the more obvious critiques of the USPSTF outlined above, I argue that a more thorough analysis of the USPSTF's rhetoric reveals that its benefits outweigh its harms. Although the introduction to the "Recommendation" statement comes out with straightforward, seemingly inflexible positions on breast screening, the rest of the article, and the two supporting articles, provide a different message. In fact, the majority of the group's rhetoric is tentative in nature and tone. Regarding what scientists know about breast cancer in a biologic way, the authors admit that "Current knowledge about the development of breast cancer is limited."³⁹ They also suggest that because of this, it is difficult to know if the screening trials' data is relevant: "Breast cancer is a continuum of entities, not just 1 disease and that needs to be taken into account when considering screening and treatment options and when balancing harms and benefits. None of the screening trials consider breast cancer in this manner."⁴⁰ As such, they imply that searching for definitive recommendations for screening is a futile task. Not only is the disease confusing, but the Task Force also suggests that many of the trials may not be applicable to the U.S. population. The Task Force reflects upon its hesitancy to include certain trials, especially the biggest trial in its meta-analysis because "its applicability to U.S. women is not clear, in light of important differences between mammography screening practices in the United

³⁹ U.S. Preventive Services Task Force, "Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement," 722.

⁴⁰ Nelson et al., "Screening for Breast Cancer: An Update for the U.S. Preventive Services Task Force," 735.

States and the United Kingdom.”⁴¹ Furthermore, the authors recognize the problems with trying to quantify the harms of screening: “Harms of mammography screening have been identified, but their magnitude and effect are difficult to measure.”⁴² As such, throughout the articles, it is clear that if the researchers are able to come to a conclusion, that conclusion is going to be tentative at best due to the problems inherent in their task.

The Task Force not only admits ignorance, but the authors also, throughout all three publications, caution that all research findings—both their own and the studies they cover—do not necessarily apply to all women. In the recommendation statement, they explain that “Patient adverse experiences, such as pain during procedures and anxiety and other psychological responses, are common but seem to be transient and do not adversely influence future screening practices. This may differ for individual women.”⁴³ Similarly, “for individual women, it is not known which types of cancer will progress, how quickly cancer will advance, and expected lifetimes.”⁴⁴ In addition, they caution that even their own statistical analyses generalize and “do not reflect personal data for individual women.”⁴⁵ This is all to say that, “Mammography screening at any age is a tradeoff of a continuum of benefits and harms. The ages at which this tradeoff becomes acceptable to individuals and society are not clearly resolved by the available evidence.”⁴⁶

Because of their admitted ignorance on how breast cancer, its harms, and screening procedures affect individual women, the Task Force is explicit that the 2009 report alone should not guide clinical or policy decisions. In fact, the sentence that comes directly after this highly

⁴¹ Ibid., 734.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Jeanne S. Mandelblatt et al., “Effects of Mammography Screening Under Different Screening Schedule: Model Estimates of Potential Benefits and Harms,” *Annals of Internal Medicine* 151, no. 10 (n.d.): 745.

⁴⁶ Nelson et al., “Screening for Breast Cancer: An Update for the U.S. Preventive Services Task Force,” 735.

publicized sentence, “The USPSTF recommends against routine screening mammography in women aged 40 to 49 years” is “The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take into account patient context, including the patient’s values regarding specific benefits and harms.”⁴⁷ By suggesting that women need not receive mammography and that such decisions should be in their own hands, the USPSTF gives women the power to determine what is best for their own lives. The USPSTF’s articles can be read as an example of science giving power back to women. Since scientists clearly do not know very much about the disease, nor can any of their studys’ results generalize across all populations, women are given a healthy dose of self-determination and agency. The rhetoric suggests that women, along with their physicians, should decide what is best for them and that any decision is reasonable in this situation. This move, according to Elizabeth Grosz, can be productive for feminists: “If feminists are to resuscitate a concept of the body for their own purposes, it must be extricated from the biological and pseudo-naturalist appropriations from which it has historically suffered.”⁴⁸ The Task Force’s admitted ignorance on breast cancer and breast screening is one step toward stripping biomedical rhetoric off of the breasted body.

In addition to discursively abdicating control over women’s bodies, the USPSTF’s articles can also be read as providing women with the option to not think of themselves as breasted bodies. The Task Force does not give any alternative advice for monitoring breasted bodies, which could be read as suggesting that women under 50 do not have to structure their lives with their breasts in their mind. A reader might think “so what should I do now if I’m not doing my mammograms, self-exams, and clinical exams,” and the answer, at least implicitly

⁴⁷ U.S. Preventive Services Task Force, “Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement,” 716.

⁴⁸ Grosz, *Volatile Bodies*, 20.

from the USPSTF is “do nothing.” This potentially frees women from always thinking with their chests, which might mitigate breast-based anxiety for many women. Based on the prevalence of breast cancer discourse, Marion Yalom argues that “We are anxious about our breasts, just as we are anxious about the future of our world.”⁴⁹ The USPSTF gives us reason to dial back some of the anxiety by dispelling the myth that all women are at grave risk for developing breast cancer. The Task Force dispels the myth that all women, and at all times, have a one in eight chance of developing breast cancer. According to the Task Force, “the probability of a woman developing breast cancer is 1 in 69 in her 40s, 1 in 38 in her 50s, and 1 in 27 in her 60s.”⁵⁰ A younger woman, therefore, does not need to live her life around breast cancer detection. She is, in many ways, freed from thinking about her breasts as a biological burden and given the space to think about her breasts and body in different ways.

While it was certainly not hailed as a “victory for women,” I argue here that the Task Force’s report could have been. The reports could have been interpreted by politicians, citizens and the media as a wake-up call. The recommendations can be read as loosening the grip that the bio-medical community has over women’s bodies. It suggests that younger breasted bodies, unless they want to be, need not be medicalized. They can just “be.” This suggestion could be liberating for some women who are always, due in large part to the pink ribbon and its many progenies, “thinking with their chest.” But, this possibility was missed by almost all—even the self-identified feminists—who responded to the new guidelines.

Women React Emotionally and Personally

Although the USPSTF’s rhetoric can be read as opening up a space for women to reclaim knowledge and control over their bodies, this is certainly not how it was interpreted by the

⁴⁹ Yalom, *A History of the Breast*, 278.

⁵⁰ Nelson et al., “Screening for Breast Cancer: An Update for the U.S. Preventive Services Task Force,” 727.

majority of women, according to the mainstream media. Instead, the guidelines were discussed through the framework of controversy. And, because the USPSTF's rhetoric was framed as "controversial," most public talk was directed toward either supporting or challenging the Task Force's report. In between all the bantering, however, normative images and ideas of breasts and women emerged.⁵¹ In the first half of this section, I argue that when contemplated through the framework of mammography, breasts are constructed as dangerous objects that need routine "maintenance." In the second half, I contend that the media represented women as emotional, uninformed, and irrational.

Dangerous Breasts Need Maintenance

Surprisingly, even though the debate focuses on the value of mammography, little was said explicitly about the cultural value of women's breasts. In fact, aside from this one sentence from a letter to the editor, "Women avoid mammograms, I believe, because we fear losing our breasts -- a terrifying aspect of the disease too long avoided in the breast cancer 'fight,'" women and the media were virtually silent about the cultural meaning of breasts.⁵² The media did not provide insight into the cultural meaning of breasts or how women feel about their breasts. Breasts, it seems, were off limits. However, by turning to the analogies used to persuade women to disregard the USPSTF's recommendation, we can glean insight into how women are encouraged to think about their breasts.

Almost all of the analogies likened mammograms to routine, preventive maintenance. In an opinion piece for *USA Today*, Nancy Brinker, the woman responsible for the pinking of the

⁵¹ A note on text selection: In order to gather texts for this analysis, I performed a LexisNexis search on "mammogram" and "Task Force" and selected all articles that fit those parameters from the *New York Times*, *Washington Post*, *USA Today*, and *Los Angeles Times*. In order to gather texts from the *Wall Street Journal*, *Time Magazine*, and *CNN*, I used the same search terms on their homepages. My initial search yielded over 250 individual articles. Several of those articles, including each from the *Wall Street Journal*, focused on the political ramifications of the Task Force's statements. my text set is large, my major arguments only come from 30 individual texts.

⁵² "The Controversy Over Mammograms," *The New York Times*, November 18, 2009, Late edition, sec. A.

nation through *Races for the Cure*, asks readers to “Think about this for a second. It's never recommended that we skip our kids' back-to-school checkups because the average child probably wouldn't die.”⁵³ Of course, she is hoping the reader will compare routine check-ups for growing children to mammography and then conclude that skipping the mammogram would be foolish, or downright unethical. In other words, you wouldn't put your child's health in jeopardy, why would you put your own? The idea that breasts need constant care to ensure their “health” is supported by another one of her analogies: “Driving into the mechanic's bay for a routine inspection, we aren't told that we're treating our Chevy like an enemy. Yet for some reason, routine maintenance of breast health is periodically scrutinized and blustered against.”⁵⁴ A writer for *USA Today* also uses the maintenance metaphor: “When all else fails, use common sense. Whether you are taking care of your home, your car, or your body, proper maintenance and preventive care are essential and well understood as being necessary.”⁵⁵ Similarly, a writer for the *New York Times* makes this analogy: “mammograms, like dental cleanings, can be extremely uncomfortable, . . .”⁵⁶

Based on the above analogies, breasts are body parts to be monitored and protected. Just as teeth need constant attention and care, so too do breasts. If not closely attended to, breasts might, just as teeth would, begin in to “rot” away. According to these analogies, just as you can be sure your car will stop working if it does not have routine maintenance, you can be sure your breasts “will stop working” or cause trouble if they are not maintained. Within this framework, there is something inherently degenerative about breasts, and mammograms are the way to

⁵³ Nancy Brinker, “With Breast Cancer Screening, Every Woman Counts,” *USA Today*, December 15, 2009, First edition, sec. News, 10A.

⁵⁴ *Ibid.*

⁵⁵ Al DiLascia, “Doctors Must Fight Mammogram Rules,” *USA Today*, November 30, 2009, Final edition, sec. News, 19A.

⁵⁶ Roni Rabin, “New Guidelines on Breast Cancer Draw Opposition,” *The New York Times*, November 17, 2009, Late edition, sec. D, 5.

redress this unfortunate situation. Within these analogies, the experts on breasts are not women. For example, even though we drive our cars, we are not the experts on them; nor are we experts on our teeth. Instead, we take our cars and our teeth to the experts for care. As such, through these analogies, women's breasts are "parts" on women that need constant monitoring and preventive maintenance by the "experts," or the medical establishment.

Thinking about breasts in this way—as inherently degenerative parts—give breasts agency and turns women into passive carriers of breasts. Since it is thought that breasts, not women's bodies, develop breast cancer, it is the breast, not the woman that is seen as in control. Women are, subsequently, not even in control of their own body parts. The widely circulated message and mantra, "Screening saves lives," further supports the idea of women as passive carriers of active objects.⁵⁷ Brinker makes this message clear, "Let me say it as clearly as I can, as a breast cancer survivor whose breast cancer was found with a mammogram at the age of 37. . . Mammography saves lives."⁵⁸ Marc Siegel, guest writer for *USA Today* similarly suggests that mammogram's save lives with the following statement: "The simplistic task-force approach threatens to reduce the art of medicine to the bottom-line cost analysis of keeping a patient alive vs. allowing her to die."⁵⁹ It is the lack of the mammogram, we are led to believe, that "allows" a woman to die. Within this statement, not only does the breast kill the woman, but the woman herself becomes an object that neither keeps herself alive nor succumbs to death on her own.

When discussed in the framework of the 2009 mammography debate, breasts are not only active and women passive, but breasts are also dangerous, foreign objects. Even though the vast majority of images we see of breasts on a daily basis feature them as fleshy, fetishized objects,

⁵⁷ Brinker, "With Breast Cancer Screening, Every Woman Counts," 10A.

⁵⁸ Dana Milbank, "Feeling Farther From the Finish," *The Washington Post*, November 24, 2009, Regional edition, sec. A, 2.

⁵⁹ Marc Siegel, "Task-Force Thinking Doesn't Deliver My Kind of Medicine," *USA Today*, December 16, 2009, Final edition, sec. News, 11A.

the images that accompanied the news stories on the USPSTF's guidelines showed the breast through the lens of mammography. The radiographic images highlight the complex nature of women's breasts. Different shades of white, black, and gray illuminate the complex networks of ducts and tissue. These images clearly communicate that breasts need medical monitoring for they are complex and potentially scary. The x-ray images also work to distance breasts from women's bodies. The image from a CNN article clearly illustrates this idea.⁶⁰ The image is split in two, one half features a woman and the other features the image of (presumably) her breast as seen through the lens of a mammography machine. The woman is pointing across her half of the picture to a dot on the mammography film. The dot, the viewer is like to assume, is the cancer. The breast, here, literally comes off of her body. She is not pointing to her body. In fact, her chest is not even captured in the shot. Instead, she appears to be distancing herself from the breast. This is a visual example of what I argue the texts are doing rhetorically to the breast. The breast, when understood through maintenance metaphors, becomes detached from the body and becomes an uncontrollable, dangerous object. Women, in the process, become the passive carriers of these objects, who are given the burden to control them. This construction of breasts is strikingly similar to how Komen represents breasts in the Race discourse.

To conclude, within the news articles, the breasts are clearly constructed as a threat to women's lives. They are imagined to be degenerative parts that need constant maintenance and care. Just like your car needs its oil changed, your breasts need to be squeezed by a machine. But, unlike your teeth, which generally do not cause death, your breasts could. As such, breasts are dangerous in a way that your teeth are not. Because breasts are construed as dangerous and a constant threat to women's lives, it is not surprising to learn that the media represented women

⁶⁰ Elizabeth Cohen, "I want my mammograms!," *CNN Health*, November 19, 2009, <http://www.cnn.com/2009/HEALTH/11/19/mammogram.guidelines.insurance/index.html#cnNSTCText>.

as having strong reactions to the USPSTF's suggestion that women not need pay such close attention to their breasts.

Women React Emotionally

Whether the mainstream media were describing women who supported the USPSTF or women who opposed it, emotion played a central role in the media's descriptions of all women. For example, according to the *Washington Post*, all women reacted emotionally: "Echoing the media cacophony, survey respondents' strong emotions ranged from 'I am furious!' to 'What a relief!'"⁶¹ An article in the *New York Times* echoes that sentiment, "Some women were relieved; others were angry and worried . . ."⁶² Speaking generally about the reaction to the recommendations, an *L.A. Times* blogger writes that "The reaction to this week's U.S. Preventive Services Task Force recommendation against regular mammograms for women under 50 was swift, emotional and highly public."⁶³ Why all the emotion? A *USA Today* writer helps answer that question with "For many women, however, breast cancer is an emotional issue, not a scientific question."⁶⁴ But why? Answering this question would have forced the media to investigate how breast cancer has become an "emotional issue" and why other diseases, like heart disease, have not. The media did not answer this question, however, and instead focused on the range of negative emotions, such as shock, anger, and confusion that the USPSTF's report supposedly provoked in women.

Women, or at least those whose voices the media privileged by printing their words, express being "shocked" by the Task Force's statements. In a *New York Times* letter to the editor,

⁶¹ "The Breast Cancer Debate, Cont'd," *The Washington Post*, February 23, 2010, sec. Health, 5.

⁶² Roni Rabin, "Doctor-Patient Divide On Mammograms," *The New York Times*, February 16, 2010, Late edition, sec. D, 7.

⁶³ Tami Dennis, "HHS Secretary Kathleen Sebelius wades into the mammogram fray," *Los Angeles Times: Booster Shots Blog*, November 18, 2009, http://latimesblogs.latimes.com/booster_shots/2009/11/sebelius-wades-into-the-mammogram-fray.html.

⁶⁴ Szabo, "With Cancer Screenings, 'More is Not Always Better,'" 8D.

Janine M. Kearns writes that “The new recommendations by the United States Preventive Services Task Force for women to begin getting mammograms at 50 is a complete shock and extremely dangerous.”⁶⁵ In another *New York Times* article, the writer relays an interviewee’s reaction to the news: “Like many women, she reacted with dismay and disbelief that the value of the one screening test she relied on had been questioned.”⁶⁶ Another reader who wrote into the *New York Times* calls the guidelines “alarming:” “It is unthinkable that mammograms should be withheld until the age of 50. It is also unforgivable that a remote task force could propose such a disturbing and alarming suggestion.”⁶⁷ According to the media, women are “shocked” by the USPSTF’s publications, which begs the question, why? Mammography (and breast cancer screening in general) has been wrapped in controversy since the 1970s, yet these guidelines came as a surprise to many women, at least according to the media. If women had known about the controversial nature of breast cancer screening methods and trials, they surely would not have reacted with “shock.” As such, the media implies that in addition to being “emotional,” women are also uninformed.

Accompanying the shock for women, according to the media, was anger. Put most simply, John Allen Paulous, blogger for the *New York Times* describes the public response to the Task Force as “furious.”⁶⁸ According to a writer from *USA Today*, “Women across the USA have been shocked and angered by new advice to get fewer mammograms.”⁶⁹ In a later article by the same author, the *USA Today* explains that the women are upset because they believe their lives have been put in harm’s way: “Women across the USA have reacted angrily to the

⁶⁵ “The Controversy Over Mammograms.”

⁶⁶ Rabin, “New Guidelines on Breast Cancer Draw Opposition,” 5.

⁶⁷ “The Mammography Debate: Readers’ Reactions,” *The New York Times*, November 19, 2009, Late edition, sec. A, 22.

⁶⁸ John Allen Paulous, “Mammogram Math,” *The New York Times*, December 13, 2009, Late edition, sec. MM, 19.

⁶⁹ Szabo, “With Cancer Screenings, ‘More is Not Always Better,’” 8D.

recommendations and expressed concern that delaying the tests could endanger their lives.”⁷⁰

Women are not only upset about their lives, however. They are also angry, according to Kate Pickert, a blogger for *Time Magazine*, because they interpreted the Task Force’s report as suggesting that some women’s lives do not matter: “Women are incensed that some faraway task force has decided a 15% risk reduction – i.e. actual lives saved – is not enough to warrant mass screenings.”⁷¹

According to the media, some women believe that politics and economics, not medicine, and certainly not women’s health, have motivated the Task Force. The *New York Times* published a note from a reader in which she explains: “I cannot help but think that this decision has less to do with protecting a woman's health and more to do with the financial advantages gained through less insurance coverage.”⁷² In a letter to the editor, another woman describes the Task Force’s conclusions as “a cynical attempt to rein in health care costs -- not for women's benefit, but at our expense.”⁷³ Similarly, the *New York Times* interviews Ms. Sami of Los Angeles who expresses her suspicion about the guidelines: “To tell women that self exams are not necessary, that is absurd. I think the F.D.A. and insurance companies can be a bit like mafias, there are motives that we don't see.”⁷⁴ Judy Oppenheimer, whose letter the *New York Times* also published, uses a mixture of humor and sarcasm to suggest that something besides women’s health has motivated the Task Force: “After all the good laughs I've had about so-called granny

⁷⁰ Liz Szabo, “Women Insist on Cancer Screening,” *USA Today*, November 29, 2009, Final edition, sec. News, 1A.

⁷¹ Kate Pickert, “Are Mammograms the New Political Football?,” *Swampland - TIME*, November 18, 2009, <http://swampland.blogs.time.com/2009/11/18/are-mammograms-the-new-political-football/>.

⁷² Jennifer Steinhauer, “New Mammogram Advice Finds a Skeptical Audience,” *The New York Times*, November 18, 2009, Late edition, sec. A.

⁷³ “The Controversy Over Mammograms.”

⁷⁴ Steinhauer, “New Mammogram Advice Finds a Skeptical Audience.”

death panels, it came as a shock to find out that the government really does want to kill me. Or at any rate, doesn't give much of a damn one way or the other.”⁷⁵

Not all women, at least according to the media’s depiction of them, believe that the government is up to something nefarious with the report. According to the media, some women are just confused. *Time* explains that the guidelines have created “a whole lot of confusion among mothers, daughters, sisters and friends.”⁷⁶ Similarly, the *Los Angeles Times* reports that the guidelines and the debate have left “many women confused about how best to protect their health.”⁷⁷ Individual women’s reports of confusion also support the dominant image of women as “confused.” The *New York Times* quotes Leslie Haltiner saying “This sends a real confusing message.”⁷⁸ In a letter to the editor, Randi Sperber suggests that the “conflicting information” leaves women clueless: “how is a woman in her 40s to know what to do when there is so much conflicting information being disseminated?”⁷⁹

This confusion is a problem because apparently when women are confused, they shut down. A writer for *Time* explains that when guidelines change “many patients opt out of the controversy altogether, preferring to forgo testing than wade through the confusing information and options presented to them.”⁸⁰ In other words, women would rather do nothing than do research and make a thoughtful decision for themselves. The *Washington Post* reports that doctors are “worried that the conflicting advice would prompt women to delay or avoid the

⁷⁵ “Behind the New Breast Exam Guidelines,” *The Washington Post*, November 20, 2009, Regional edition, sec. Letters to the Editor, 24.

⁷⁶ Alice Park and Kate Pickert, “The Mammogram Melee: How Much Screening Is Best?,” *TIME*, December 7, 2009, <http://www.time.com/time/magazine/article/0,9171,1942972,00.html>.

⁷⁷ Judith Graham and Thomas H. Maugh II, “Mammogram Guidelines Spark Heated Debate,” *Los Angeles Times*, November 17, 2009, <http://www.latimes.com/news/nationworld/nation/la-na-mammogram17-2009nov17,0,3942708.story>.

⁷⁸ Steinhauer, “New Mammogram Advice Finds a Skeptical Audience.”

⁷⁹ “The Controversy Over Mammograms.”

⁸⁰ Alice Park, “Panel Suggests Delaying Regular Mammograms Until Age 50,” *TIME*, November 17, 2009, <http://www.time.com/time/health/article/0,8599,1939896,00.html>.

exams completely.” This is because, at least according *Washington Post* interview Judith A. Luce who works with breast cancer patients, “People will end up not getting mammograms -- they'll just kiss them off.”⁸¹ Why would women forgo mammograms when they are given the ability to choose? The *New York Times* also quotes an expert, Heath Gilbert, who had breast cancer and founded Breast Cancer Solutions, to make this same claim: “Mammograms aren't fun, and people look for excuses not to do them.”⁸² From the prior quotations, it is unclear if women are capable of making decisions for themselves. Instead they appear to be passive recipients of information who will fail to act if “confused.”

Even major organizations do not have faith that women will make the best choices for themselves when given the option to make their own decisions. Despite admitting that “rigorous discussion is an important part of reaching clear and understandable public health guidance,” American Cancer Society president Otis Brawley, claims that “it can be messy and confusing to the public. And, in this case, it could result in fewer women getting screened and a return to the days when we caught cancers only when they were big enough to feel.”⁸³ Nancy Brinker presents a similar message that women are impressionable. She worries that all people, but women in particular, “could easily get the mistaken impression that all cancer screening is a waste of time and money,” which, according to Brinker, is “dangerous.”⁸⁴ Hence, to be “active” according to Brawley and Brinker is not to gather information, discuss harms and benefits with providers, family, and friends, but instead to follow blanket recommendation statements that support more screening, not less. The possibility that fewer women will choose to have mammograms in their

⁸¹ Rob Stein, “Breast Exam Guidelines Now Call for Less Testing,” *The Washington Post*, November 17, 2009, Met 2 edition, sec. A, 1.

⁸² Rabin, “New Guidelines on Breast Cancer Draw Opposition,” 5.

⁸³ Otis W. Brawley, “Let's Stick with Mammograms,” *The Washington Post*, November 19, 2009, Regional edition, sec. Editorial Copy, A27.

⁸⁴ Milbank, “Feeling Farther From the Finish,” 2.

forties could easily be interpreted as more women feeling comfortable taking control over their bodies. Instead, that possibility is already framed by the media and if such a thing would occur, it would be the result of women's paralysis due to confusion. She could not rationally come to the decision to forgo screening. This reinforces the idea that mammography, as imperfect as it is, is always better than no mammography.

The most obvious theme of the media texts I analyzed is the presence of personal narratives. According to the media, the USPSTF's statements provoked many women to come forward with their stories of mammography. This idea gains support from the dozens of letters to the editors and special interest stories that the press included in the days and weeks after the USPSTF's statements. Even though statistics would argue that more women have had adverse experiences with mammography than have been "saved" by it, few of these stories were featured by the mainstream media in any depth.⁸⁵ Instead, the majority of personal experiences published by the media function as a protest the USPSTF's guidelines. Because individual, apparently non-politically interested personal experiences directly contradict what the public believed was the USPSTF's argument, they had the potential to be highly persuasive. However, I argue that their persuasiveness was called into question due to the media's simultaneous attention to voices that support "science" over "anecdote."

Most of the pro-mammography personal experience stories highlight the women's ages at the time of diagnosis. Ellen Kirshner writes: "I received a diagnosis of breast cancer at 45, with no prior family history."⁸⁶ She falls directly into the group that the USPSTF ostensibly argues does not need regular screening. Janine M. Kearns's experience is strikingly similar: "I received

⁸⁵ Cohen, "I want my mammograms!"; Gail Collins, "The Breast Brouhaha," *The New York Times*, November 19, 2009, Late edition, sec. A; Barbara Ehrenreich, "We Need a New Women's Health Movement," *Los Angeles Times*, December 2, 2009, <http://articles.latimes.com/2009/dec/02/opinion/la-oe-ehrenreich2-2009dec02>.

⁸⁶ "The Controversy Over Mammograms," 34.

a diagnosis of Stage 2 breast cancer at 45. I am not in a high-risk category: I had no family history of breast cancer.⁸⁷ Cassandra Simmel also counts herself among this group: “As someone who would qualify as part of that 15 percent, I am thankful that my own breast cancer was diagnosed early enough to have saved my life (one hopes), as a result of my own vigilance engendered by the widely accepted suggestion to undergo yearly mammograms at age 40.”⁸⁸ Even Amy Leveen suggests that her breast cancer diagnosis was the result of mammography in her 40s: “My breast cancer was diagnosed six and a half years ago during a routine mammogram. It was a month after my 50th birthday. Calcifications not there the previous year indicated a problem.”⁸⁹ In other words, it was the mammogram from the previous year that actually prompted the detection. If each of these women had taken the USPSTF’s recommendations from 2009, it seems likely that their cancers would not have been caught.

Other women tell tales of tumors being detected through physical exams, which also flies in the face of the USPSTF’s suggestion that both BSE and clinical exams are not effective breast cancer screening tools. Lisa Fues recalls her experience with BSE: “A nurse at my college infirmary taught me to do a self-exam. As a 20-year-old with no family history of breast cancer, I performed self-exams only sporadically.... Fast-forward five years. Another self-exam, another tumor. This one, found earlier because of my adherence to monthly self-exams, was smaller, and no lymph nodes were involved.”⁹⁰ Another woman writes that “Five years ago, I had a mammogram revealing no abnormalities in the breast. Three months later, I found a lump through self-examination.”⁹¹ It is lucky she caught the growth as “The tumor was fast-growing, invasive and estrogen-receptor negative, one of the most aggressive kinds of breast cancer

⁸⁷ “The Controversy Over Mammograms.”

⁸⁸ “Breast Screening: Making Sense of the New Advice,” *The New York Times*, November 19, 2009, sec. Letters.

⁸⁹ “The Controversy Over Mammograms.”

⁹⁰ “Behind the New Breast Exam Guidelines,” 24.

⁹¹ “Breast Screening: Making Sense of the New Advice.”

tumors.⁹² This woman's story actually supports the argument that mammography misses tumors, which is otherwise known as false-negative. However, because she had also been doing self exams, she was safe. Ellen Krieger's story is similar: "I write from the perspective of a woman whose cancer was not discovered by a mammogram. My doctor found it by a manual exam last December -- five months after I had a clean mammogram, and just one month after a manual exam found no palpable tumor."⁹³ Betsy Swersky's experience is nearly identical: "Luckily, the new breast cancer screening recommendations were not in place when I received a diagnosis of an aggressive form of the disease at 46. But it was not the mammogram that picked up my tumor; it was the nurse's thorough physical examination given in conjunction with the mammogram that found a lump."⁹⁴ These stories directly contradict what the public perceives as the USPSTF's message: that self and clinical exams do not work. For these women, those screening tools did work and they credit them with saving their lives.

The moral of these stories is that if these women had not gotten their mammograms or physical exams, they "would be dead." Janine M. Kearns writes: "If I had waited until 50, I would be dead."⁹⁵ Ellen Kirshner similarly explains that if she had not had a mammogram in her 40s, "By 50, I would have been dead."⁹⁶ Nearly identical, Lisa Fues claims that "Had my health-care providers followed that advice, I'd be dead."⁹⁷ Another woman writes: "I'd be dead by now if it weren't for breast self-examination"⁹⁸ Amy Leveen explains that "In a year my cancer had spread to four of my lymph nodes. I would not be alive today if it were not for routine

⁹² Ibid.

⁹³ Ibid.

⁹⁴ "The Controversy Over Mammograms."

⁹⁵ Ibid.

⁹⁶ Ibid., 34.

⁹⁷ "Behind the New Breast Exam Guidelines," 24.

⁹⁸ Tami Dennis, "Don't Like those New Mammogram Recommendations? You're Not Alone," Blog, *Los Angeles Times*, November 17, 2009, http://latimesblogs.latimes.com/booster_shots/2009/11/dont-like-those-new-mammogram-recommendations-youre-not-alone.html.

screening before I was 50 and early detection.”⁹⁹ Judy Oppenheimer also credits her mammogram with saving her life: “Only one problem: If this recommendation had been made 10 years ago, I doubt I’d be around today.”¹⁰⁰ Clearly, the previous mammography and self-exam mandates “saved” these women lives. These women, the fact that they are alive, provide compelling evidence that the USPSTF’s new recommendations are misguided at best, anti-woman at worst.

Personal experience can be very convincing when it proves an argument incorrect, which it does in this case. Because the USPSTF was misconstrued by nearly everyone as wanting to convince women to not get mammograms or do physical exams, that argument was easy to invalidate through personal experience. These stories put names, sometimes faces, to the numbers. It is difficult to say “oh, I won’t be that unlucky one in 1904 whose life was saved by mammography,” after you read story after story of woman after woman who ostensibly are that one. Further, the media’s privileging of these stories makes it increasingly difficult to speak out in support of the guidelines as it might be misconstrued as devaluing these women’s very real experiences and lives. However, this did not stop some from attempting to turn the debate back to “science,” and away from “anecdote.”

While women’s personal testimony can be very convincing to some, according to the media’s framing and privileging of particular voices, others were clearly not moved. The majority of these arguments, importantly, come from male experts. For example, Professor of Surgical Oncology at McGill University, PI of a national lumpectomy study, and past president of the National Cancer Institute of Canada, Richard Margolese writes into the *New York Times*: “The anecdotes recounted by some survivors miss the point. At one time, women found their

⁹⁹ “The Controversy Over Mammograms.”

¹⁰⁰ “Behind the New Breast Exam Guidelines,” 24.

own tumors and were cured of breast cancer before mammography became available. The question is whether more women are cured today because of mammograms, or not.”¹⁰¹ William Rifkin, internist and editor at Milliman Care Guidelines echoes Margolese’s sentiments: “A key truism in medical research is that the plural of anecdote is not data. . . . Personal stories or opinions may ‘feel right,’ but are no substitute for objective research and analysis.”¹⁰² Instead, he suggests that “We need more studies, not more media frenzy.”¹⁰³ A male reporter, who is fluent in statistics, seems to be in agreement with Rifkin: “I should acknowledge that I have no idea who should and should not get routine mammograms. But I know enough about statistics to say that the issue is not settled just because you know of someone in her 40s whose breast cancer was detected by a mammogram and cured. As economists and medical researchers are fond of saying, the plural of anecdote is data.”¹⁰⁴ When women’s experiences are pitted against male expertise, these experiences fail to amount to anything other than “anecdote.”

These voices place “evidence” at odds with personal testimony. Paulous distinguishes between “evidence” and “invective”: “Whatever the role of these biases, the bottom line is that the new recommendations are evidence-based. This doesn’t mean other right-thinking people would necessarily come to the same judgments. To oppose the recommendations, however, requires facts and argument, not invective.”¹⁰⁵ Upon reading this statement, it is clear that the women’s responses have been the “invective” and the correct responses have relied on “facts and arguments.” They are therefore, not included amongst the “right thinking people” category. Ian Goldstein, who identifies himself as a Tulane medical student, further perpetuates the idea that

¹⁰¹ “Breast Screening: Making Sense of the New Advice.”

¹⁰² “The Controversy Over Mammograms.”

¹⁰³ Ibid.

¹⁰⁴ Steven Pearlstein, “Sebelius’s Cave-In on Mammograms is a Setback for Health-Care Reform,” *The Washington Post*, November 20, 2009, Met 2 edition, sec. A, 18.

¹⁰⁵ Paulous, “Mammogram Math,” 19.

women's experiences do not constitute "evidence": "There has to be a line somewhere, and age 50 seems like a fairly reasonable place to start based on current scientific knowledge. This is evidence-based medicine in action -- balancing the benefits and weaknesses of our treatments and providing effective care in a manner the evidence suggests, independent of our 'gut' feelings."¹⁰⁶

Goldstein's phrase "gut feelings" can easily be read as emotion, which women were clearly depicted as having a lot of when responding to the USPSTF's report. The representation of women as "emotional" and "reactionary" is not surprising given the press's history of, as Lisa Keränen writes, confirming "gender stereotypes of women as leading with their hearts over their heads" during breast-based controversies.¹⁰⁷ Women in this analysis are certainly represented in stereotypical ways, such as emotional, uninformed, and impressionable. In addition, they are also, almost exclusively, depicted as disagreeing with the guidelines. By pitting women's stories against "science," women appear blinded by personal experience and faith in the medical establishment. In many ways, the media suggests that the only "real" evidence one needs is science and so women should look to this, not some "emotional" tale. With this, both women's experiences and emotions become irrelevant. And, this is not accurate. "Science" has failed to produce "evidence" or "data" for women. So, why should they hold out hope or put faith in science? But, that is not how the issue is framed. Instead, it is framed as overly, emotional women who are again taking "personally" an issue that is not. If they would just understand the "facts," they could be more rational. This patronization of women's experiences could have been an impetus for feminist organizing. In the next section, I explore the possibility for feminist politics that emerged from this event.

¹⁰⁶ "Breast Screening: Making Sense of the New Advice."

¹⁰⁷ Lisa Keränen, *Scientific Characters: Rhetoric, Politics, and Trust in Breast Cancer Research* (Tuscaloosa: University of Alabama Press, 2010), 130.

A Feminist Politics from the Mammography Machine?

Since one of the goals of this project is to reflect upon possibilities for feminism in mainstream discourse, in this section I assess the rhetoric that emerged from the report for its feminist potential. As I argued earlier, the USPSTF's report holds the potential for a radical rethinking of breasted bodies. It explicitly admits to science's ignorance when it comes to women's bodies, thereby giving women an opportunity to argue for a different approach to both science and ways of knowing bodies. In short, it relaxes the grip bio-medicine has on women's bodies. The responses that the report garnered, even some of the explicitly feminist ones, however, do not take up this rhetorical opportunity. In the end, I provide examples of a few voices that might have the potential to instigate new ways of thinking about breasted bodies.

At first glance, many of the women's voices that the media privileged seem to be laying the groundwork for a feminist consciousness. Some women quickly realized, according to the media, that the USPSTF's guidelines were "not quite right." While all women's responses imply the need for consciousness-raising, some women were more explicit. Kate Pickert, blogger for *Time*, writes: "I asked a number of female colleagues here at TIME what they thought of the new guidelines and all said they found the new recommendations to be disturbing. One even said the news set off 'a giant pink bell ringing in my head.'"¹⁰⁸ Here, we are led to assume, the 'giant pink bell' was signaling that something was amiss with the gendered nature of the guidelines. Others used prostate cancer as a way to illuminate possible gender-discrimination within the USPSTF's rhetoric. A reader from the *New York Times* writes in: "What about screening for prostate cancer? Oh, of course, men are better able to deal with the trauma of false positives. Fragile women must be shielded from this awful fate, even at the risk of their lives. Silly me."¹⁰⁹

¹⁰⁸ Pickert, "Are Mammograms the New Political Football?"

¹⁰⁹ "The Mammography Debate: Readers' Reactions," 22.

Here the reader uses sarcasm to call attention to what she believes is the gendered nature of the USPSTF's analysis of anxiety that might accompany false-positives.

Women's criticism of the Task Force's message as being "offensive" to women also adds to the development of a gender consciousness. According to the *New York Times*, "Some cancer survivors, especially those whose cancer was discovered during a routine screening in their 40s, said the new guidelines felt like a slap in the face."¹¹⁰ Others, however, were offended because they feel that the Task Force's attention to possible anxiety that a woman might feel before, during, or after a mammogram is condescending. Gail Collins, an editorial writer for the *New York Times* who is largely on the fence in terms of the recommendations, explains that "The only thing that bothers me about the mammogram report is all the emphasis on the 'anxiety' that might follow a false-positive."¹¹¹ For Collins, anxiety is part of living in today's world: "We live in a time when we are constantly being reminded that a fellow plane passenger might be trying to smuggle explosives in his sneakers. We can manage anxiety."¹¹² Other women appear to agree with Collins, at least according to the *New York Times*: "The panel also cites the anxiety and distress that many women experience when a mammogram finds something suspicious. Many women find that argument condescending."¹¹³ *Time* blogger Karen Tumulty can clearly be counted as siding with the "offended by anxiety" camp: "What I don't get is their finding that women should not even do self-examinations. And why? Because if we find a lump, *it might make us worried*."¹¹⁴ It is not just average women and writers, however, who find the

¹¹⁰ Rabin, "New Guidelines on Breast Cancer Draw Opposition," 5.

¹¹¹ Collins, "The Breast Brouhaha," 35.

¹¹² *Ibid.*

¹¹³ Editorial Desk, "The Controversy Over Mammograms," *The New York Times*, November 20, 2009, Late edition, sec. A, 34.

¹¹⁴ Karen Tumulty, "A Word About My Breasts," *Swampland - TIME*, November 18, 2009, http://swampland.blogs.time.com/2009/11/18/a-word-about-my-breasts-2/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+timeblogs%2Fswampland+%28TIME%3A+Swampland%29.

recommendations offensive. Congressperson and breast cancer survivor herself, Representative Debbie Wasserman-Schultz believes that “it’s a very patronizing attitude that these scientists have taken...It’s pretty outrageous to suggest that women couldn’t handle more information.”¹¹⁵ Surprisingly, the media does not provide examples of women who are offended by the patronizing nature of responses in support of the USPSTF’s report, like the ones I detail in the previous section. Instead, the media represent women as believing that the Task Force itself is the problem.

In addition to being criticized for being “patronizing” to women, the report is also constructed as constituting a “step back” for women in the United States. Physicians were some of the most vocal about the “stepping back.” Dr. Marisa Weiss, oncologist from Pennsylvania, exclaims “I’m riled up; this is a giant step backward and a terrible mistake.”¹¹⁶ Dr. Angela Sie agrees: “‘I think it is unfortunate that they came to this conclusion,’ ... ‘It would be a huge step backwards for women’s health in this country’”¹¹⁷ Responding to the possibility that private insurance companies would deny coverage for mammograms, Dr. Mary Daly explains “That would be a step backward, taking away an option from women and denying them the choice.”¹¹⁸ The *Washington Post* reports a similar message from the Access to Medical Imaging Coalition, “which warned that the findings would ‘turn back the clock on the war on breast cancer.’”¹¹⁹ The cancer advocacy groups also joined in this conversation. ACS president Otis Brawley reflects on the Task Force’s actions: “On Monday, the U.S. Preventive Services Task Force took a step backward in the fight against breast cancer.”¹²⁰ Brinker similarly claims that “The

¹¹⁵ Pickert, “Are Mammograms the New Political Football?.”

¹¹⁶ Rabin, “New Guidelines on Breast Cancer Draw Opposition,” 5.

¹¹⁷ Graham and Maugh II, “Mammogram Guidelines Spark Heated Debate.”

¹¹⁸ Park, “Panel Suggests Delaying Regular Mammograms Until Age 50.”

¹¹⁹ David Egan and Rob Stein, “Mammograms and Politics: Task Force Stirs Up a Tempest,” *The Washington Post*, November 18, 2009, Met 2 edition, sec. A, 1.

¹²⁰ Brawley, “Let’s Stick with Mammograms,” A27.

recommendations ‘have taken a tremendous toll, and I believe they set us back, . . .’¹²¹ And, according to Brinker, she is not alone in her belief. Instead, she explains that she has received word from “‘thousands and thousands and thousands [of women], [who] are justifiably outraged and worried and angry.’”¹²²

These “‘justifiably outraged and worried and angry’” women did speak out. As illustrated earlier, many women shared their stories with the media. They also, according to Katherine Chretien, Assistant Professor of Medicine at George Washington University, made their presence known on the internet. According to Chretien, “‘On the Web, in online communities, as well as in the news media, voices of breast cancer survivors are rising against the recommendations. Some owe their lives to early screening.’”¹²³ Other participated in a hallmark Third Wave Feminist activity: shopping.¹²⁴ According to *Los Angeles Times*, t-shirts with “‘My Friend Is the 1 in 1900,’ ‘My Mother Is the 1 in 1900,’ ‘My Sister Is the 1 in 1900,’ ‘My Daughter Is the 1 in 1900’ and ‘My Wife Is the 1 in 1900’” were “‘all the rage.’”¹²⁵ Writer Adam Tschorn asks “‘What do you think the odds are they’ll sell a heck of a lot better than the ‘I Followed the New Screening Guidelines and All I Got Was This Lousy Breast Cancer’ shirts?’”¹²⁶ According to this analysis, I would say that the odds are pretty good.

Even though the “‘this is anti-woman’” rhetoric, personal stories, and catchy t-shirts might give the impression that the mainstream responses USPSTF’s report are feminist in nature I argue otherwise. At first glance, the media’s framing of women and their responses to the Task

¹²¹ Milbank, “Feeling Farther From the Finish,” 2.

¹²² Ibid.

¹²³ Katherine Chretien, “Breast Cancer Debate Must Strike a Balance,” *USA Today*, November 20, 2009, First edition, sec. News, 10A.

¹²⁴ For an example of this type of third wave,

¹²⁵ Adam Tschorn, “‘1 in 1,900’ T-shirts Protest Policy and Personalize Odds in Breast Cancer Screening,” *All the Rage - Los Angeles Times Blog*, November 17, 2009, <http://latimesblogs.latimes.com/alltherage/2009/11/show-them-what-you-think-about-the-new-screening-guidelines-1-in-1900-breast-cancer-ribbon-tshirts-.html>.

¹²⁶ Ibid.

Force, looks strikingly similar to what some of have labeled feminist rhetoric.¹²⁷ Women recognized that something was “not right” and “patronizing” about the guidelines. Some protested the guidelines and framed them as “a step backward” for women and women’s “choices.” Consequently, a call for activism was issued. Women then came forward with their stories to “protest” the “patronizing” science institution or purchase t-shirts. On the surface it resembles “feminine style,” which to Campbell, feminine style produces a “discourse that displays a personal tone, uses personal experience, anecdotes and examples as evidence, exhibits inductive structure, emphasizes audience participation, and encourages identification between speaker and audience.”¹²⁸ However, I argue that this “feminist” politics fails to qualify as feminist. Instead, I describe this rhetoric as gender consciousness-raising. According to Lisa Maria Hogeland, gender consciousness, which is our “self awareness as women” “takes two forms: awareness of women’s vulnerability and celebration of women’s difference.”¹²⁹ While a gender consciousness is necessary for the development of a feminist consciousness, a gender consciousness is not a feminist consciousness. A gender consciousness can raise questions about women, but it can do so in a way that not always political. Instead, a feminist consciousness “politicizes gender consciousness, inserts it into a systematic analysis of histories and structures of domination and privilege.”¹³⁰

So, can we see, through the media’s framing of women and women’s voices, traces of a feminist rhetoric about mammography? Not really. I argue that the mainstream women’s response to the USPSTF’s report is an example of gender consciousness-raising rhetoric. Women shared their personal stories, which is a hallmark of feminist consciousness raising rhetoric.

¹²⁷ Campbell, “THE RHETORIC OF WOMEN'S LIBERATION”; Dow and Tonn, “‘Feminine style’ and Political Judgment in the Rhetoric of Ann Richards..”

¹²⁸ Dow and Tonn, “‘Feminine style’ and Political Judgment in the Rhetoric of Ann Richards..” 287.

¹²⁹ Lisa Maria Hogeland, “Fear of Feminism: Why Young Women Get the Willies,” *Ms. Magazine*, December 1994.

¹³⁰ *Ibid.*

However, the rhetoric did not ask systemic and political questions about screening. For example, who can be screened? How is screening a privilege? The right to mammography was constituted through the media's framing as unquestionable. Furthermore, by raising questions about the relevance of "anxiety" for women undergoing mammograms, the mainstream woman's discourse invalidated other women's experiences. According to Alison Hann, in *The Politics of Breast Cancer*, the fact that researchers are even attending to the anxiety that can accompany mammography and its results should be seen as a positive step for women. She suggests that a patriarchal approach to mammography has minimized women's reports of anxiety "as women being over-reacting, being 'emotional,' being 'subjective,' and not 'looking at the facts.'"¹³¹ This is exactly what many women's voices did in the mainstream media. For all of these reasons, the mainstream women's challenges to the guidelines are not very feminist at all.

Self-Proclaimed Feminist Responses

Because depictions of women that emerged in response to the USPSTF's report lack the political punch to be considered feminist, I also examine the ways in which self-proclaimed feminists responded to the report. I gathered texts from the following popular feminist sources: the National Organization for Women (N.O.W.), *Ms. Magazine*, *OurBodies OurBlog*, *Jezebel*, *Salon's* Broadsheet, and *Feministing*. Some of these texts feature the same themes as the mainstream texts. Others, however, do not and exploit the possibilities offered by the USPSTF. In what follows, I describe these themes and then provide a few examples of feminist responses that I deem most productive for feminist consciousness raising in this situation.

Some feminists came out against the guidelines and repeated many of the same arguments made by the mainstream media. For example, *Jezebel* blogger Lori writes: "Looks like perhaps the only good that will come out of these guidelines is increased awareness about

¹³¹ Alison Hann, *The Politics of Breast Cancer Screening*, 9 (Aldershot, Hants, England: Avebury, 1996), 125.

the importance of ignoring them completely, as well as the importance of women—especially black women—undergoing regular and early mammogram screenings.”¹³² Laytoya, also a *Jezebel* blogger, implicitly supports the anti-USPSTF cohort: “So who's correct? Only time will tell, but in terms of personal health, most of us would prefer to side with the old adage ‘an ounce of prevention is worth a pound of cure.’”¹³³ Kelly, yet another *Jezebel* writer, echoes the mainstream media’s reports of women’s shock by calling the guidelines “radical”: “To arrive at their radical new guidelines, the task force examined several studies from England and Sweden.”¹³⁴

Some feminists side with the mainstream media’s women and depict the guidelines as patronizing. Tracy Clark-Flory, in one of her posts on *Salon*’s Broadsheet hints at the idea that the report’s message is patronizing: “As my friend wrote, it feels a bit like the overarching message is: ‘Chill out, chicks! It's just cancer!’ Yeah, and it'll just kill you!”¹³⁵ Vanessa, blogger on *Feministing*, calls attention to the “anxiety” issue that so many mainstream publications did: “New patronizing guidelines for mammograms have been implemented by a government task force, recommending that women over 40 shouldn’t get routine mammograms because of certain risks like women’s ‘anxiety.’”¹³⁶ Similarly, Mary Elizabeth Williams, writing for *Salon*, also highlights this issue: “Frankly, given the choice between ‘anxiety’ or not living to see my

¹³² Lori Adelman, “New Mammogram Guidelines Could Disproportionately Endanger Black Women,” *Feministing*, November 19, 2009, <http://feministing.com/2009/11/19/new-mammogram-guidelines-could-disproportionately-endanger-black-women/>.

¹³³ Laytoya Peterson, “The New, Looming Battle Over American Womens' Breast Health,” *Jezebel*, November 19, 2009, <http://jezebel.com/5408538/the-new-looming-battle-over-american-womens-breast-health>.

¹³⁴ Katy Kelleher, “Task Force To Under-50s: Don't Bother Screening For Breast Cancer,” *Jezebel*, November 17, 2009, <http://jezebel.com/5406540/task-force-to-under+50s-dont-bother-screening-for-breast-cancer>.

¹³⁵ Tracy Clark-Flory, “New health advice hurting women?,” *Salon's Broadsheet*, November 20, 2009, http://www.salon.com/life/broadsheet/feature/2009/11/20/cervical_cancer.

¹³⁶ Vanessa Valenti, “What We Missed,” *Feministing*, November 17, 2009, <http://feministing.com/2009/11/17/what-we-missed-161/>.

children grow up, I'd go for the first one."¹³⁷ In these examples, the women bring attention to anxiety by putting it within quotation marks. When read this way, "anxiety" is read as "so called anxiety," which delegitimizes the real anxiety that some women may experience before, during, or after a mammogram. The examples provided above illustrate that some feminists responded in the same ways that mainstream media describes all women as having responded.

In contrast to the mainstream representations of women, however, just as many feminists came out in support of the recommendations as those who came out in protest. Christine Cupaiulo, writer for *OurBodies, OurBlog*, frames the report in a positive light: "I don't believe the new guidelines are politically motivated, nor are they 'patronizing' to women simply because they call into question the stress related to biopsies and false positive results."¹³⁸ Instead, for Cupaiulo, "the guidelines provide a useful framework for helping each of us to decide when is the best time to begin screenings and the intervals at which they should be repeated."¹³⁹ Elizaveta Doubossarskaia, speaking on behalf of the National Organization for Women, relays N.O.W.'s position: "NOW believes that legitimate, relevant data prompted the revised guidelines, and that women should be better informed about the science behind the USPSTF's new recommendations."¹⁴⁰ In both of the above examples, the writers support the USPSTF's report, but do so in a way that does not delegitimize women's feelings or experiences.

Some feminist writers also call attention to the lack of scientific consensus about current breast cancer screening methods without delegitimizing women who feel their lives have been

¹³⁷ Mary Elizabeth Williams, "Hold off on that mammogram?," *Salon's Broadsheet*, November 18, 2009, http://www.salon.com/life/broadsheet/feature/2009/11/18/breast_cancer.

¹³⁸ Christine Cupaiulo, "New Mammogram Guidelines Are Causing Confusion, But Here's Why They Make Sense," *Our Bodies, Our Blog*, November 18, 2009, <http://www.ourbodiesourblog.org/blog/2009/11/mammograms-guidelines-are-causing-confusion-but-they-make-sense>.

¹³⁹ Ibid.

¹⁴⁰ Elizaveta Doubossarskaia, "Mammograms Should Be Covered by Insurance for Women of All Ages, but Research Shows Need for Better Technology," *National Organization for Women*, December 7, 2009, <http://www.now.org/issues/health/120709mammograms.html>.

saved by mammography. Doubossarskaia reminds women that “we should be honest about what the data say on the limitations of the current methods of examination.”¹⁴¹ Similarly, Tracy Clark-Flory writes: “No matter your personal take on the new mammogram guidelines, one thing is certain: There is a critical lack of information on the topic.”¹⁴² For Clark-Flory, the answer is not more screening, but communication: “Clearly, we need to strike a better balance between effective awareness-raising -- like pink ribbon campaigns -- and communicating nuanced medical fact.”¹⁴³

For some feminists, the USPSTF’s report illustrates the pitfalls of blanket guidelines for women, thereby opening up space for women’s self-determination in healthcare. Mary Elizabeth Williams writes that “Healthcare is about active self-advocacy and not being shy about speaking up.”¹⁴⁴ Williams further highlights the idea that I discussed much earlier: that all women need not think of themselves as the passive carriers of deadly objects. She writes “I’m not my age. I’m not my breasts. I’m not the 10:15 appointment being hustled out the door before the 10:20 appointment.”¹⁴⁵ She then walks through the reasons why, even though she disagrees with blanket guidelines, she plans to get routine mammography:

I grew up in New Jersey, which has one of the highest breast cancer rates in the country. I started menstruating young. I smoked. I had my first child in my mid-30s. All of which are risk factors. And, as I’ve learned from the mammograms I did start at age 41, I have dense breast tissue, which means that not only do I run an elevated chance of developing breast cancer, it could be harder to detect if I do get it.¹⁴⁶

¹⁴¹ Ibid.

¹⁴² Tracy Clark-Flory, “Mammogram advice? Meh,” *Salon's Broadsheet*, November 24, 2009, <http://www.salon.com/life/broadsheet/feature/2009/11/24/purity>.

¹⁴³ Ibid.

¹⁴⁴ Williams, “Hold off on that mammogram?.”

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

Williams here performs her argument. She situates her body in a complex network of habits, environments, and genetics. The reason she has chosen to regularly monitor her breasts is because of what her body has been exposed to, not because she thinks that all women's breasts are dangerous. This I argue is an example of a feminist situated rhetoric; not because it challenges the idea that mammography is necessary, but because it challenges the idea that women should mindlessly submit to mammography because their physician says so. This, in many ways, is a "radical" idea and holds the potential to shift the way women think about their bodies and breasts.

Conclusion: The Flattening of Breasts and Women

Within this chapter, I have traced the rhetoric that emerged in response to the USPSTF's 2009 reports on the efficacy of breast cancer screening in reducing mortality rates. I have argued that despite the opportunities provided by the Task Force for women to think of their bodies in more freeing ways, the mass media's response firmly re-breasted the body. In this conclusion section I use the metaphor of the mammogram to describe how the discourse that emerged in response to the USPSTF's report "flattens" breasts and women. According to the USPSTF, "Breast compression is used during mammography to create uniform density, reduce breast thickness, and flatten overlying skin and tissues, which contributes to sharper images and reduces radiation dose"¹⁴⁷ This is precisely what happens to breasts and women within the mainstream media's framing of the reactions to the report.

The fullness of how women might be able to think of their breasts is compressed within these discourses. The idea that women's breasts do not need constant monitoring is absent from the mainstream media's discussion of the report. Instead, breasts are dangerous objects. As is a major theme of this project, women's breasts are not just turned into objects in and through the

¹⁴⁷ Nelson et al., "Screening for Breast Cancer: An Update for the U.S. Preventive Services Task Force," 731.

sexualization of the female body. Rather, even in health discourses, the breasts take on the cloak of danger and burden. Women, therefore, become the keepers of these dangerous objects. But, breasts can be so much more than dangerous burdens. In fact, for the vast majority of women, their breasts will not develop cancer. It is depressing to think that so many women will closely monitor their breasts for years and will live their lives in fear of their breasts.

The mass media's framing of women as emotional and hostile to change compresses the wide variety of ideas women can have and do have about mammography. By presenting women as overwhelmingly hostile to the USPSTF, the media erases the women who do not feel the same way. Surely many women felt ambivalence or had little reaction to guidelines. For some women, mammography is not a part of their lives because they do not have access to it or to healthcare in general. These women did not show up in mass media reports. The media, instead, gives the impression that all women had a response to the report and that they were either supportive, which was unlikely, or angry and offended, which was very likely. This characterization of women only serves to reinforce the stereotypical image of women as always emotional.

As this chapter and Chapter Two have illustrated, breast discourses encourage women to monitor their breasts and to think of them as potentially-dangerous objects. In the next chapter, I turn to an entirely different context, that of breastfeeding, and examine how breasts and women are conceptualized. As my analysis will show, many of the themes that dominate breast cancer and mammography discourses are also present in how we are encouraged to understand public breastfeeding.

CHAPTER FOUR

(EF)FACING BREASTED BODIES: RHETORICS FOR AND AGAINST BREASTFEEDING IMAGES ON FACEBOOK

Introduction

While the “breast” donned in sparkly pink ribbons receives accolades and a standing ovation each time it courageously enters the public sphere, not all “breasts,” receive such treatment. Some breasts, such as lactating breasts, are met with consternation when they show themselves in public. Often times, the lactating breast is shoed out of the public and back into the home where it ostensibly belongs. Look no further than national news headlines to find evidence of this phenomenon. For example, in 2006, a Santa Fe woman, her husband, and their nursing child, were removed from a Freedom Airlines aircraft after the woman refused to cover-up while nursing.¹ In 2007, a Houston-based Ronald McDonald House asked a woman who was nursing her critically-ill child in a public gathering area to nurse “more privately.”² More recently in late 2009, security guards at a Michigan Target store told a woman nursing her child to vacate the store because she was “breaking the law.”³ Ironically, while our culture wholeheartedly, without a doubt, embraces the breast with pink ribbons, it often asks the breast with the baby clinging to it to disappear.

¹ Emily Bazar and Sam Hemingway, “Nursing Mom Files Complaint Against Airlines,” *USA Today*, November 17, 2007, sec. NEWS, 3A.

² Ralph Blumenthal, “A Houston Fuss Over Breast-Feeding Strikes a Responsive Nerve,” *New York Times*, April 19, 2007, Late Edition, sec. A, 1.

³ Roop Raj, “Nursing Mom: Target Called the Cops,” *myfoxdetroit.com*, December 4, 2009, <http://www.myfoxdetroit.com/dpp/news/breast-feeding-incident-at-local-target>.

Australian cultural critic Allison Bartlett explains that the “deeply divided reactions” these public acts draw point to the “unsettled meanings” of breastfeeding in a culture.⁴ They not only point to the contested meaning of breastfeeding but also to the contested meaning of women’s bodies. As Bartlett succinctly pinpoints, “The issue of breastfeeding in public is, after all, about women doing things with their breasts in public places.”⁵ As such, these events provide opportunities for investigating the cultural construction of women’s bodies—especially breasted bodies—and the ways in which particular meanings of the breasted body gain traction in the public sphere. Consequently, the narratives that frame acts of public breastfeeding and the public dialogue they instigate ought to be analyzed for the ideas they perpetuate about women, their breasts and bodies.

Feminist critical/cultural critics like Bartlett have begun to make sense of public breastfeeding acts and the discourses that frame these events. In this chapter, I add my voice to this extant conversation, but I proceed in a slightly different direction. Instead of analyzing the corporeal performance of breastfeeding in physical public space—such as at a mall or on an airplane—I examine the issue of breastfeeding in virtual space by attending to the discourse created when Facebook began to delete images of breastfeeding women from its social network in 2008. The social networking giant received international media attention when a group of women formed a Facebook group called “Hey Facebook, Breastfeeding is Not Obscene!” to protest Facebook’s removal of select breastfeeding images. The protest group, which I refer to throughout as Mothers International Lactation Campaign (MILC), has organized three virtual nurse-ins to draw attention to their cause within the last three years. In this chapter I ask: What ideas of breasts and women’s bodies does Facebook perpetuate in its own discourse? What can

⁴ Alison Bartlett, “Scandalous Practices and Political Performances: breastfeeding in the city.,” *Continuum: Journal of Media & Cultural Studies* 16, no. 1 (April 2002): 119.

⁵ *Ibid.*, 117.

the images at the heart of this controversy—the “offending” breasts—tell us about cultural expectations for women and mothers? What assumptions about breastfeeding do they perpetuate/create? And, can MILC’s protest be read as an example of feminist activism in the virtual public?

In what follows, I argue that the Facebook controversy centers upon competing assumptions about the meaning of the breastfeeding breast. Facebook’s defensive rhetoric, in an attempt to assuage responsibility, dissociates the breast from the context of breastfeeding. By doing this, Facebook decontextualizes the situation and ends up reifying the same idea about breasts that I uncovered in both Chapter 2 and 3, which is that the breast always needs monitoring for it is an unsafe object. However, despite Facebook’s attempt to draw attention away from breastfeeding and onto the breast, the images deleted from the site tell a different story. The “offending” images are marked by themes of pleasure, and as such, Facebook’s deletion of these images can be read as an attempt to police the boundary between the maternal and sexual body. MILC responds to this situation by creating a virtual community where women can share their photos and ideas with other like-minded women. Their community, however, falls short of providing a feminist outlet because it reifies essentialist ideas about women’s breasted bodies and limits the amount of choice women have in breastfeeding. In the conclusion of this chapter, I provide some suggestions for how MILC can alter their rhetoric to present a more compelling, feminist-centered, political message.

This chapter proceeds in five stages. First, I put the Facebook controversy into context by reviewing the basic contours of breastfeeding legislation and public opinion in the United States. Second, I outline the ways in which feminists have responded to the politics and practices of breastfeeding and argue that public acts of breastfeeding hold the potential to alter radically our

conception of all women's bodies. Third, I analyze how Facebook's actions and discourse reinforce particular ideas about both breasts and the acceptable performances of breastfeeding. Fourth, I discuss how MILC's response provides a competing image of the breasted body, one which is "natural" and "biological," not "cultural." Finally, in the conclusion I suggest how MILC can alter their message to give it more political bite.

Breastfeeding in the United States

In order to understand how the Facebook breastfeeding debate either supports or challenges traditional public knowledge of the breasted body, we must first attend to the context out of which the discourse emerges. As the following section will illustrate, most academic inquiry into breastfeeding has been in an effort to get more women to breastfeed. While the aim of my analysis differs from many of the studies that I review, research that attempts to unearth why more women in the United States are not breastfeeding is important when trying to understand the cultural legacies and political interests that contribute to women's uneasiness with public breastfeeding.

In 1997, the American Academy of Pediatrics (AAP), through an official policy statement on breastfeeding, encouraged women to breastfeed infants until at least six months of age. The reason for this recommendation, the organization explains, is that simply put, "Human milk is uniquely superior for infant feeding and is species-specific; all substitute feeding potions differ markedly from it."⁶ Twelve years, and apparently many studies later, the AAP updated their 1997 policy in 2005 citing "substantial new research on the importance of breastfeeding" in defense of their "breast is best" adage.⁷ Despite the AAP's firm recommendation an infant receive breast milk as its primary source of nourishment throughout its first year of life, the

⁶ Lawrence M. Gartner and Linda Sue Black, "Breastfeeding and the Use of Human Milk," *Pediatrics* 100, no. 6 (December 1997): 1035.

⁷ *Ibid.*

majority of American women do not heed the AAP's advice. In fact, according to a 2006 Centers for Disease Control data brief, while 75% of women breastfeed at some point in the child's life, less than 14% children are breastfed exclusively—no supplemental formula—past six months.⁸ Further discouraging for breastfeeding advocates and the AAP, despite an increase in pro-breastfeeding campaigns and protective legislation, the study found no significant change in the rate of women nursing to six months between 1994 and 2006.⁹

The AAP is not the first group to take responsibility for telling women how to nourish their infants. Rather, social, medical, and philosophical texts have almost always encouraged white, middle-class women to breastfeed their children. According to Linda Blum's historical analysis of breastfeeding, "In the United States, maternal breastfeeding has long been advocated as a key to good mothering, womanly honor, and even to women's citizenship."¹⁰ For example, as far back as colonial times, there is evidence to suggest that social and religious codes strongly encouraged women to breastfeed their own children.¹¹ The rise of the cult of domesticity in the nineteenth century further reified women's obligation to the family.¹² During this time, a woman's role was to contribute to the common good through mothering and raising the future leaders of America. Nursing one's own infant, as opposed to hiring a wet nurse, was seen as the noblest practice. Of course, cultural prejudices and stereotypes at the time guided common beliefs regarding which bodies should and should not breastfeed. Only certain female bodies

⁸ "Breastfeeding Among U.S. Children Born 1999-2007, CDC National Immunization Survey," *Centers for Disease Control and Prevention*, July 27, 2010, http://www.cdc.gov/BREASTFEEDING/DATA/NIS_data/index.htm.

⁹ Margaret McDowell, Chia-Yih Wang, and Jocelyn Kennedy-Stephenson, "Breastfeeding in the United States: Findings from the National Health and Nutrition Examination Surveys 1999-2006," *NCHS Data Briefs*, no. 5 (2008).

¹⁰ Linda M Blum, *At the Breast: Ideologies of Breastfeeding and Motherhood in the Contemporary United States* (Boston: Beacon Press, 1999), 19.

¹¹ Karen M Kedrowski and Michael E Lipscomb, *Breastfeeding Rights in the United States* (Westport, Conn: Praeger Publishers, 2008).

¹² *Ibid.*, 25.

(middle to upper-class white) were encouraged to nurse their children, and only the breast milk that came from certain female bodies was deemed appropriate for infant consumption.¹³

Despite its centuries-long reign as the premier way to nourish infants, breastfeeding's popularity experienced a conspicuous decline in the mid-twentieth century. Mid-twentieth century women did not suddenly and flippantly decide to throw breastfeeding out with the bathwater; rather, a variety of medical, economic, and cultural factors coalesced to create the situation in which bottle-feeding was deemed the more attractive infant-feeding method. Most importantly, the availability of an alternative to breast milk certainly played a role in women's decisions to not breastfeed. Although the female breast and breast milk have been the subject of medical and scientific scrutiny since the Ancient Greeks, the late-1800s saw renewed and vigorous interest in the subject.¹⁴ In an effort to curb infant mortality rates, scientists sought to both regulate women's breastfeeding and also create a "better" substitute that would be healthier for infants. By mid-twentieth century, scientists had concocted a safe and reliable alternative to women's breast milk. Some women turned to infant formula as a way to preserve the sexual value of their breasts.¹⁵ Others utilized infant formula to reclaim their bodies or to continue to work outside the home.

Since the drop in the 1970s, breastfeeding rates have been on a steady climb in the United States. Spurred along by national and international awareness campaigns, overall rates have risen incrementally with each passing decade.¹⁶ State and Federal legislation has also been passed to mitigate particular anxieties—such as breastfeeding in public or at the workplace—that breastfeeding women report facing. As of September 2010, 44 states have laws that provide

¹³ Ibid.

¹⁴ Yalom, *A History of the Breast*.

¹⁵ Kedrowski and Lipscomb, *Breastfeeding Rights in the United States*, 22-24.

¹⁶ "World Breastfeeding Week 2010," *World Alliance for Breastfeeding Action*, 2010, <http://worldbreastfeedingweek.org/>.

women the right to breastfeed their children anywhere in public or private places.¹⁷ Moreover, 28 states provide legal exemption for breastfeeding women from public indecency codes.¹⁸ And, 24 states have laws on the books that support breastfeeding women in the workplace.¹⁹ Most women in the United States, therefore, enjoy the “right” to breastfeed.

The increasing amount of pro-breastfeeding discourse in the United States, however, begs the question: do women still enjoy the “right” to *abstain* from breastfeeding? In her persuasive essay for *The Atlantic*, writer Hanna Rosin describes the social pressure that urges new moms to breastfeed.²⁰ Rosin writes, “In certain overachieving circles, breast-feeding is no longer a choice—it’s a no-expectations requirement, the ultimate badge of responsible parenting.”²¹ Rosin argues that some women—middle to upper-class, white women—do not really have a choice when it comes to breastfeeding since the only messages they hear are that “breast is best” and that not breastfeeding could put their children at risk. In other words, a woman’s *real* choice amounts to choosing between being a good mother (nursing) and a bad mother (formula feeding). While Rosin uses her experience breast-feeding her three children to support her argument, the reactions to the article actually make her case for her. *Salon.com*’s Broadsheet, a feminist blog, called Rosin’s essay “controversial” and provided space for Maureen Connolly and Dana Sullivan, editors of a collection of breastfeeding essays, to respond to Rosin.²² Connolly and Sullivan charged Rosin with having a questionable “agenda” in addition to “cherry-picking” evidence.²³ Rosin’s ideas were further disciplined by the comments left on the

¹⁷ “Breastfeeding State Laws,” *National Conference of State Legislatures*, 2011, <http://www.ncsl.org/default.aspx?tabid=14389>.

¹⁸ *Ibid.*

¹⁹ *Ibid.*

²⁰ Hanna Rosin, “The Case Against Breast-Feeding,” *The Atlantic*, April 2009, <http://www.theatlantic.com/magazine/archive/2009/04/the-case-against-breast-feeding/7311/>.

²¹ *Ibid.*

²² Maureen Connolly and Dana Sullivan, “The Battle of the Boob,” *salon.com*, March 17, 2009.

²³ *Ibid.*

online version of the essay, ones which suggest that if she didn't want the responsibilities that come with parenthood, she shouldn't have gotten pregnant. Clearly, current cultural discourses strongly encourage (some) women to breastfeed their children. The question why some women feel compelled to breastfeed while other women do not, however, does not appear to be on breastfeeding advocates' radar.

While significant state and medical-community effort and energy have been directed toward encouraging more women to breastfeed for at least six months after they give birth, much less energy has been spent on analyzing the ways in which cultural norms and structures prevent women from reaching (or even desiring to reach) the AAP's goal.²⁴ Because of this, in 2004, Kedrowski and Lipscomb attempted to ascertain the public's "real" perception of breastfeeding.²⁵ Their results were far from surprising. While the majority of participants supported a woman's right to breastfeeding in public, the majority of respondents also reported that they would be either "somewhat" or "highly" offended if they happened to see a breastfeeding woman with her breast, nipple, and/or belly exposed in a public space.²⁶ Based on these results, the authors conclude that the general public is not necessarily "hostile" toward women breastfeeding in public, but rather, the public is largely ignorant of the "realities" of breastfeeding. The problem, the authors surmise, lies in "incomplete information, which leads the general public and policy makers to have unrealistic or inaccurate expectations of what breastfeeding demands."²⁷ Hence, more public awareness of breastfeeding "realities" may result in more a more knowledgeable public, which in turn would result in more women feeling comfortable to breastfeed their infants, even in public.

²⁴ Critical/cultural feminist scholars have investigated this phenomenon.

²⁵ Kedrowski and Lipscomb, *Breastfeeding Rights in the United States*, chap. 3.

²⁶ *Ibid.*, 42.

²⁷ *Ibid.*, 61.

While Kedrowski and Lipscomb's conclusions are not wholly convincing for a variety of reasons, their study brings to light an important tension in breastfeeding politics. Their results clearly point to the fact while the general public *thinks* that they are to be supportive of breastfeeding in principle, the public is also quite uncomfortable with breastfeeding in practice. This discrepancy, I argue, is not primarily due to a lack of knowledge as the authors contend, but may be more productively understood as an effect of the cultural construction of women's breasts and bodies. Accordingly, one way to better understand this tension is to take into account the material legacies former discourses have left in our collective breastfeeding consciousness. The ways in which the breast, breastfeeding and breast milk have been both produced and represented by a society certainly influences both the public perception of breastfeeding and a woman's willingness/desire/ability to breastfeed. As I will turn to next, in order to understand negative reactions to acts of public breastfeeding, we must trace what Giles terms our "inherited representations of breastfeeding."²⁸

Public acts of breastfeeding can be confusing for the public, according to some writers. As Cindy Stearns writes, "The performance of breastfeeding is complicated by conflicting cultural beliefs about women's breasts."²⁹ Since breasts have become the ultimate sexual object over the past several decades, the breast that is used in the service of infant nourishment and satisfaction creates a conundrum for the public. Patricia Mahon-Daly and Gavin J. Andrews explain that over the past three decades, we "have witnessed a change in the cultural identity of the breast, and the breast's role as an icon of sexuality potentially conflicts with its mothering

²⁸ Fiona Giles, "Relational, and Strange!: a Preliminary Foray into a Project to Queer Breastfeeding," *Australian Feminist Studies* 19, no. 45 (November 2004): 303.

²⁹ Cindy A. Stearns, "Breastfeeding and the Good Maternal Body," *Gender and Society* 13, no. 3 (June 1999): 309.

and nurturing roles.”³⁰ As such, the disjunction between the breast as sex symbol and the breast as sacred food source can create some social anxiety. Stearns describes public breastfeeding as a “transgression” that produces public anxiety and dis-ease: “Given the strong cultural preference for sexualized breasts, women who breastfeed are transgressing the boundaries of both the good maternal body and woman-as-(hetero)sexual object.”³¹ We in the public are not necessarily skilled at separating the sexual meaning from the lactating breast and the conflation of motherhood and sexuality creates a fair amount of discomfort, especially in a culture where the two shall never meet.

The confusion and uneasiness that the breast’s multiple personalities can create is not the only reason public breastfeeding has been associated with the “yuk factor.”³² Some argue that the cultural knowledge and production of female corporeality explains public anxiety regarding the lactating breast. As I discussed in Chapter One, in *Volatile Bodies*, Elizabeth Grosz suggests that women’s bodies have become intelligible through a “mode of seepage.” She asks,

“Can it be that in the West, in our time, the female body has been constructed not only as a lack or absence but with more complexity, as a leaking, uncontrollable, seeping liquid; as formless flow; as viscosity, entrapping, secreting; as lacking not so much or simply the phallus but self-containment—not a cracked or porous vessel, like a leaking ship, but a formlessness that engulfs all form, a disorder that threatens all order?”³³

Given this description, the lactating, milk-spewing breast creates unease for the public because it flies in the face of society’s long-standing preference for containment and control. This, as Grosz

³⁰ Patricia Mahon-Daly and Gavin J. Andrews, “Liminality and Breastfeeding: Women Negotiating Space and Two Bodies,” *Health & Place* 8, no. 2 (June 2002): 62.

³¹ Stearns, “Breastfeeding and the Good Maternal Body,” 309.

³² Rhonda Shaw, “The Virtues of Cross-nursing and the 'Yuk Factor',” *Australian Feminist Studies* 19, no. 45 (November 2004): 287-299.

³³ Grosz, *Volatile Bodies*, 202.

would argue, is not an immutable aspect of the female body, but it is how women's bodies have been conceived of in a patriarchal culture. The metaphor, as Robyn Longhurst argues, may have a particularly salient influence on the way we all respond to public breastfeeding due to the fact that public space "has long been associated with [the] Rational man whose body has historically been coded as solid and in control."³⁴ That the female body has been understood through "a mode of seepage," provides a compelling explanation as to why acts of public breastfeeding are often said to garner disgust.

That the female body is understood through a disparaged 'mode of seepage,' however is only part of the story. Some scholars have argued that public anxiety with breastfeeding might arise from the possibility that one might bear witness to the leaking of breast milk, which has historically conjured up feelings of disgust. Or, as Giles puts it, "Conducting a bodily function that could be misconstrued as excretory contributes to a squeamishness, if not disgust, attendant upon certain breastfeeding behaviours that foreground milk, or allow it to be visible."³⁵ The distaste many feel toward breast milk, however, is not a new phenomenon. Rather, the connotation dates back centuries. According to breast historian Marion Yalom, while the earliest medical documents regarding the lactating breast can be traced to the eighteenth dynasty (1587-1328), the most influential theory about the female breast originated with Hippocrates. As Yalom explains, "The most influential and long-lasting Hippocratic theory was that a person's health depended on a perfect equilibrium of the four bodily humors—blood, phlegm, yellow bile, and black bile, linked to the four universal elements—earth, air, water, and fire."³⁶ As such, "If one humor became excessive, the body's equilibrium could be restored through bleeding, purging,

³⁴ Robyn Longhurst, *Maternities: Gender, Bodies and Space*, 7 (New York: Routledge, 2008), 111.

³⁵ Giles, "Relational, and Strange," 307.

³⁶ Yalom, *A History of the Breast*, 206.

sweating or ejaculation.”³⁷ Accordingly, after giving birth women “bled” menstrual blood through their breasts. The theory suggests that “menstrual blood somehow made its way to the breasts and emerged, at the right moment, as milk for the newborn.”³⁸ While this idea seems outrageous today, Yalom notes that it was the primary theory of lactation in the medical literature until the seventeenth century. We can see traces of this long-standing understanding in the public’s revulsion regarding breast milk.

As this section has illustrated, what counts as the appropriate body for breastfeeding and the appropriate space for breastfeeding is a product of our past historical legacies and the cultural dictates of that moment. The public’s uneasiness with public breastfeeding might be understood as the public’s uneasiness with the leaky body or with the breast’s sexual connotation: problems much larger than a “lack of knowledge” regarding the “realities” of breastfeeding. Because of the political questions that breastfeeding discourses beg (such as who can breastfeed, where can they breastfeed, who cannot breastfeed), feminist scholars and activists have attended to these issues, to which I turn next.

Feminist Responses to the Politics of Breastfeeding

Until recently, feminist scholars have either neglected to attend to the politics of breastfeeding or decried the lack of feminist attention to breastfeeding practices and ideology. According to Bernice Hausman, “If feminists initially saw breastfeeding as part of a feminist practice of motherhood . . . feminist scholars somehow forgot to pay attention to breastfeeding through the 1980s and early 1990s . . .”³⁹ Joan Huber agrees, writing that “Lactation is a topic that is largely absent not only from women’s health studies and feminist thought . . . but also

³⁷ Ibid., 206-207.

³⁸ Ibid., 207.

³⁹ Bernice L Hausman, *Mother's Milk: Breastfeeding Controversies in American Culture* (New York: Routledge, 2003), 3.

from general social science, sociological theory, and [with a few exceptions] from demography.”⁴⁰ Feminist scholars have not only indicted other feminist scholars with the crime of failing to critically examine breastfeeding practices and politics, but also with being too narrow in focus when they did attend to breastfeeding. According to Pam Carter, author of *Feminism, Breasts and Breast-Feeding*, the paltry amount of feminist work in breastfeeding has mainly focused on “the mainstream pre-occupation: how to get more women to breast feed for longer”⁴¹ And, when feminists have focused on aspects beyond this question, their focus has been too narrow, according to Hausman. She argues that the feminist work on breastfeeding has been “partial” because it has eschewed engagement with the “actual” biology of breastfeeding. A more thorough feminist approach to breastfeeding, according to Hausman, would take both biology and culture into account.

The supposed lack of feminist thought and energy regarding breastfeeding is not surprising given the fact that a uniform feminist political position on breastfeeding is difficult. Breastfeeding brings up one of the most salient divides in feminism: difference feminism vs. liberal feminism. Put another way, Carter explains that breastfeeding asks the most significant question in feminism: “should women attempt to minimize gender differences as the path to liberation or should they embrace and enhance gender difference through fighting to remove the constraints placed on them by patriarchy and capitalism, thus becoming more ‘truly’ women?”⁴² Accordingly, because of the challenges the politics of breastfeeding present, the badge of “feminist” can be attributed to many positions discussion. Therefore, the previous lack of attention from feminist activists and scholars may not be due to ignorance, but rather the desire

⁴⁰ Joan Huber, *On the Origins of Gender Inequality* (Boulder: Paradigm Publishers, 2007), 3.

⁴¹ Pam Carter, *Feminism, Breasts, and Breast-Feeding* (New York: St. Martin's Press, 1995), 1.

⁴² *Ibid.*, 14.

to tread lightly on an issue that potentially reinforces the idea that all women are essentially the same or the idea that all women must breastfeed.⁴³

While a universal, feminist breastfeeding platform remains untenable, most feminists would agree that all women should have the choice to breastfeed. In a similar vein, women should also be able to freely choose *not* to breastfeed. In order for women to have full agency over this decision, cultural scripts about breastfeeding need to be revised. As evidenced by the backlash to Rosin's essay that questioned the necessity of breastfeeding, we need more breastfeeding narratives that do not just focus on the "bright" or "right" side of breastfeeding. Because women come to experience breastfeeding through the cultural scripts available to them, more discourses about breastfeeding would give women more options for making sense of this experience. Rhetorical scholar Amy Koerberer suggests that "the multiplicity of breastfeeding discourse makes resistance possible because it allows women some ability to construct their breastfeeding experiences through negotiation among its competing messages."⁴⁴

Feminists have investigated how nurse-ins, or public acts of breastfeeding, might be launching pads for the circulation of more progressive ideas about breastfeeding. A nurse-in, which is similar to a sit-in, is a staged event that is typically motivated by a company's dismissal of or refusal to serve a breastfeeding woman. New York City was the home of one of the largest public nurse-ins in 2005 when 200 "lactivists," which is what some breastfeeding advocates call themselves, breastfed children outside the ABC headquarters after Barbara Walters expressed her discomfort when sitting next to a woman breastfeeding on an airplane.⁴⁵ Women who participate in nurse-ins tend not to be political agitators. Amy Harmon, of the *New York Times*, reports that

⁴³ Ibid., 17.

⁴⁴ Amy Koerber, "Rhetorical Agency, Resistance, and the Disciplinary Rhetorics of Breastfeeding," *Technical Communication Quarterly* 15, no. 1 (Winter 2006 2006): 99.

⁴⁵ Amy Harmon, "Lactivists' Taking Their Cause, and Their Babies, to the Streets," *New York Times*, June 7, 2005, Late edition, sec. B, 3.

“Many otherwise apolitical women say they found themselves unexpectedly transformed into lactivists after fielding a nasty comment or being asked to stop nursing in public.”⁴⁶ Similar events have been staged at Burger King, Starbucks, and the Delta ticket counter in the last five years.

While the goal and eventual result of each specific nurse-in varies, nurse-ins on the whole have received praise and support from feminist scholars interested in challenging dominant meanings of women’s bodies.⁴⁷ At the very least, public acts of breastfeeding, like nurse-ins, can function to desensitize publics to the presence of breastfeeding bodies and encourage conscious reflection. In other words, when audiences are exposed to breastfeeding bodies regularly, they cease to become strange bodies. As Faedra Chatard Carpenter explains in her analysis of a Starbucks nurse-in, “Through performance—that is, through repeated acts of visibility—these protestors hope to make breastfeeding in public as ubiquitous, popular, and ‘invisible’ as drinking a latte.”⁴⁸ These events also force the spectators to reconsider the public/private binary that keeps many breastfeeding women indoors. Carpenter argues that “Unabashedly working against such perceptions, nurse-in lactivists violate the conceptual borders that define ‘domestic space’ and, in doing so, offer new ways of reading ‘a woman’s place.’”⁴⁹ Overall, a staged breastfeeding event, as Rhonda Shaw contends, “compels us to think about taken-for-granted understandings of the relation between women’s bodies, their identities, and gendered practices.”⁵⁰

⁴⁶ Ibid.

⁴⁷ Bartlett, “Scandalous Practices and Political Performances”; Longhurst, *Maternities*; Rhonda Shaw, “Performing Breastfeeding: Embodiment, Ethics and the Maternal Subject,” *Feminist Review*, no. 78 (November 2004): 99.

⁴⁸ Faedra Chatard Carpenter, “(L)Activists and Lattes’: Breastfeeding Advocacy as Domestic Performance,” *Women & Performance* 16, no. 3 (November 2006): 357.

⁴⁹ Ibid., 360.

⁵⁰ Shaw, “Performing Breastfeeding,” 112.

Breastfeeding performances, therefore, not only have the ability to encourage people to reflect on their attitudes toward breastfeeding, but also on their ideas about women.

Breastfeeding performances that feature women breastfeeding incorrectly—or breastfeeding in ways that are deemed socially unacceptable—are particularly filled with potential. According to Longhurst, when breastfeeding is done incorrectly, “Maternal breastfeeding is revealed as a performance that can be fractured.”⁵¹ Or, as Shaw argues, doing breastfeeding the wrong way highlights the “discursive rather than essential character of gender”⁵² In other words, providing examples of breastfeeding done “wrong” highlights the fact that breastfeeding is a performance that may be done a number of ways. There is not an essential component to breastfeeding, just as there is not an essential component to motherhood or gender. Public acts of breastfeeding also hold the potential to confound the breast’s sexual connotation, thereby opening up space for subversion, at least according to Young. As Iris Marion Young explains, “Patriarchy depends on this border between motherhood and sexuality.”⁵³ Acts of public breastfeeding, according to Carpenter, disrupt this border, which thereby, “forces us to consider the fact that breasts—like the women who ‘wear’ them—can be deemed both sexual *and* maternal.”⁵⁴

Breastfeeding discourses and performances, especially those that are framed through the lens of controversy, deserve critical attention for what they can tell us about how rhetorics restrict and contain women’s bodies. Bartlett explains that the discourses that frame public acts of breastfeeding “can be read symptomatically as an historical moment when particular social values are threatened, and that this has much broader implications about the politics of women’s

⁵¹ Longhurst, *Maternities*, 114.

⁵² Shaw, “Performing Breastfeeding,” 111.

⁵³ Young, “Breasted Experience,” 197.

⁵⁴ Carpenter, “(L)Activists and lattes!,” 352.

sexuality, use of public space and citizenship.”⁵⁵ The discourse that emerges when women are censured for bringing their lactating bodies into the public is not only indicative of women’s place in society, but it also holds potential for reshaping the way we know and can experience breasted bodies. As such, in what follows, I read Facebook’s discourse, actions, and images and explore how they might influence our conception of women’s breasts, place, and use of space.

Facebook Regulates Breasts and Breastfeeding Performances

Launched in February 2004 by a small group of Harvard undergrads, Facebook has quickly become both a household name and an international phenomenon. The social networking site, which officially describes itself as “a social utility that helps people communicate more efficiently with their friends, family and coworkers,” aims to develop “technologies that facilitate the sharing of information through the social graph, the digital mapping of people's real-world social connections.”⁵⁶ It seems well on its way to reaching its goal of “facilitating” communicative exchanges as it currently boasts an impressive 550 million active members; 70% of which live outside of the United States.⁵⁷

With each passing month, my job of defending my decision to include the Facebook breastfeeding controversy in my dissertation becomes easier. Within the past few years, Facebook has become, according to Stanford psychologist BJ Fogg, “the high-status, trusted brand in the social networking space.”⁵⁸ As such, the site has attracted much attention. *Time* named Facebook co-founder and CEO Mark Zuckerberg the 2010 Person of the Year. In the article, writer Lev Grossman explains that *Time* chose Zuckerberg for this prestigious honor because his company is changing the way people actually live their lives. According to

⁵⁵ Bartlett, “Scandalous Practices and Political Performances,” 112.

⁵⁶ “Factsheet | Facebook,” n.d., <http://www.facebook.com/press/info.php?factsheet>.

⁵⁷ “Statistics | Facebook,” n.d., <http://www.facebook.com/press/info.php?statistics>.

⁵⁸ Nick Summers, “Walking the Cyberbeat,” *Newsweek*, May 18, 2009, E6.

Grossman, “What Zuckerberg is doing is fundamentally changing the way the Internet works and, more importantly, the way it feels — which means, as the Internet permeates more and more aspects of our lives and hours of our day, how the world feels.”⁵⁹ Clearly, Facebook is not just a passing fad amongst younger generations. It is here to stay.

In this section, I examine the role Facebook’s action and its public statements play in shaping collective understanding of women’s breasts and bodies. I argue that in an effort to defend itself against potential charges of discriminating against breastfeeding, Facebook erases breastfeeding from the situation, and complicity supports the idea that the female breast—or at least the image of it—is unsafe for public consumption. The images that the company deleted, however, tell a slightly different story. By reading the offending images as socially incorrect performances of breastfeeding, I argue that Facebook is actually sending the message that breastfeeding ought to be discrete and stripped of any sexuality or pleasure. To be clear, when I use the term “Facebook,” I am almost always referring to more than just the Facebook administrators who actually deleted the images. Instead, I acknowledge the fact that Facebook, in many ways, is simply responding to its users’ complaints in order to remain economically viable and to maintain its corporate relationships. As such, when I when I refer to something that “Facebook” did, I think of it as an action that was completed by the Facebook administrators with heavy influence from its users. In the next section, I discuss how Facebook uses this relationship with its users as a way to shift MILC’s attention to its users and away from its agency.

⁵⁹ Lev Grossman, “Person of the Year 2010,” *Time Magazine*, December 15, 2010, http://www.time.com/time/specials/packages/article/0,28804,2036683_2037183_2037185,00.html.

Facebook Decontextualizes Breastfeeding and Erases Women

On the very surface, Facebook's deletion of images of women breastfeeding their children provides a pretty clear message about how Facebook and its users think about breasted bodies: they mean something and what they mean is not appropriate for their space. At the very least, the Facebook case is just another example of a powerful institution attempting to control women's bodies. As Carpenter says, "Women's bodies, which signify sexuality, are controlled within all kinds of space, most often through an expectation that they will control themselves through appropriate behavior and presentation."⁶⁰ Facebook has had very little to say about the breastfeeding image controversy. In fact, other than one public statement that is repeated in each of the news articles and a few interviews, Facebook has said nothing. In the brief statements from Facebook spokesperson Barry Schnitt, the company reifies the idea that breastfeeding is natural, deflects attention from itself to its users, and defines the breast—at least the one with a nipple and areola—as unsafe for public consumption.

Facebook reiterates the popular sentiment that breastfeeding is "beautiful" and "natural." The first sentence of its public response reads: "Breastfeeding is a beautiful and natural act and we're very glad to know that it is so important to some mothers to share this experience with others on Facebook."⁶¹ Within this one sentence, we learn not only that breastfeeding is "natural" but also that it is an experience that is only important to "mothers." So, in many ways, Facebook creates the issue as only about women who have children, which deflects attention away from the fact that breastfeeding could matter to women (and men!) who do not breastfeed. This is one of the two times the word "breastfeeding" shows up in any of Facebook's rhetoric. The remainder of their statements deflects attention away from breastfeeding and onto the breast.

⁶⁰ Carpenter, "(L)Activists and lattes!" 119.

⁶¹ Lisa Belkin, "Censoring Breastfeeding on Facebook," *Motherlode: Adventures in Parenting*, 12, 2009, <http://parenting.blogs.nytimes.com/2008/12/19/censoring-breastfeeding-on-facebook/>.

According to Facebook, breastfeeding is not the issue. Instead, it is the breast. In an interview with the *Daily News*, a New York newspaper, a Facebook representative says that “it removes photos only if the entire breast is exposed.”⁶² The reason Facebook deletes these images, according to the company, lies in its policies. Summer explains that Facebook has “developed semiformal policies like the Fully Exposed Butt Rule, the Crack Rule and the Nipple Rule.”⁶³ But, the public is not privy to the Nipple Rule. Instead, Facebook users only see the terms and conditions of their account: “You will not post content that is hateful, threatening, pornographic, or that contains nudity or graphic or gratuitous violence.”⁶⁴ Content that violates this, according to Facebook, will be removed from the site. So, we are left to assume there is something wrong with the “exposed breast.” This idea, that images of breasts are out of place in public, gains more strength as Facebook passes the blame onto its users.

Even though their actions were depicted by the media through the rhetoric of “ban,” Facebook’s official statements to the media attempt to shift the attention away from its actions and onto the users. In interviews and in its official statement, Facebook frames its actions as mere *reactions* to user complaints. In public statements, the company reiterates that “The photos we act upon are almost exclusively brought to our attention by other users who complain.” The company makes it clear that it is not the one out scouring the site for these images, but, rather, other users report the images as offensive. This move has two important consequences. First, it diverts the attention away from Facebook and onto its users. Facebook, the discourse suggests, is not to blame. If anyone is to blame, the rhetoric intimates, it is surely the other users. Second, this move gives credence to the idea that there is something inherently wrong with images of women breastfeeding. Since enough users complained about these images to have them deleted,

⁶² Christina Boyle, “Moms Nurse Grudge Over Facebook Boobs,” *Daily News*, December 21, 2008, sec. News, 6.

⁶³ Summers, “Walking the Cyberbeat,” E6.

⁶⁴ “Factsheet | Facebook.”

there must be some sort of public consensus that the images are offensive. As such, Facebook is merely responding to or accommodating community opinions.

Facebook's actions and rhetoric not only paint the image of the breast as unsuitable for the public, but its rhetoric also suggests that the image of the breast is unsafe. This idea comes across most clearly when the company discusses the safety of its site. Throughout its public statements, Facebook reiterates the following sentiment: ““These policies are designed to ensure Facebook remains a safe, secure and trusted environment for all users, including the many children [over the age of 13] who use the site, . . .”⁶⁵ If the removal of images of an exposed breast is necessary for the “safety” of the site, then, we can conclude, there must be something about the breast that threatens a community's safety. However, as Facebook makes clear, it is not only the safety of the community that it seeks to protect, but most of all, children. By inserting children into the equation, Facebook leads us to believe that breasts are especially unsafe for the young viewer. As such, Facebook is only acting as any responsible parent would to protect these innocent youth and retain its image as the “trusted” site for all. This idea about breasts—as unsafe objects—is not far from the ideas presented in Chapter 2 and 3. In those chapters, breasts are unsafe objects because of their potential for disease and so they must be monitored. In this case study, breasts are unsafe for children and so they must be disciplined. But why, we might ask, are these images unsafe? Why might they be a safety concern for parents of children? Why did Facebook users report them as violating the obscenity clause? Next I turn to the banned images, which provide some answers to these questions.

Strange Bodies Set Normative Expectations for Breastfeeding

In the process of deleting some breastfeeding images, Facebook sanctioned some users' classification of these images as “strange.” We might even call these bodies “abject.” Sara

⁶⁵ Boyle, “Moms Nurse Grudge Over Facebook Boobs,” 6.

Ahmed explains that “The abject relates to what is revolting, to what threatens the boundaries of both thought and identity. The abject is expelled—like vomit—and the process of expulsion seems to establish the boundary line of the subject.”⁶⁶ According to Ahmed, “To account for strange bodies is precisely then to account for the *historical determination of the form of the privileged body or the body-at-home*: the body which comes to matter – which materialises as the familiar – through the recognition of strange bodies as matter out of place.”⁶⁷ At the very least, these images give us insight into which performances of breastfeeding are considered strange or incorrect based on current cultural preferences. And this is important, for as Rhonda Shaw argues, “It is very easy to perform breastfeeding ‘wrong’ or ‘incorrectly’ and to be reprimanded for doing so.”⁶⁸ So, by looking at what unites the deleted images, we can get an idea of what bodies are supposed to breastfeed and which are not. In other words, the images can be read as a regulatory rhetoric—one which through the process of expulsion of those who violate the unspoken norms bring attention to these norms.

The images that were deleted can be described by three major themes. I must note, however, that these themes unite only those images in which a woman’s body is present. In roughly a third of the images, only the baby is present and a small aspect of the breast. Since my project is to better understand the cultural construction of women’s bodies, these images are not very helpful. First, the images feature women who look into the camera. Second, many of the images show women breastfeeding in public spaces. Third, the images feature women nursing either two children or older children. The banned images, therefore, can be read as supporting the ideas that women should be discrete, self-conscious, and private while nursing, that only certain

⁶⁶ Sara Ahmed, “Embodying Strangers,” in *Body Matters: Feminism, Textuality, Corporeality*, ed. April Horner and Angela Keane (Manchester: Manchester University Press, 2000), 93.

⁶⁷ *Ibid.*, 94.

⁶⁸ Shaw, “Performing Breastfeeding,” 101.

women's bodies are good for nursing, and that the breast should only be used for one child, and a young one at that.

I gained access to some of the deleted images from the Topfree Equal Rights Association's (TERA) website.⁶⁹ According to the group's homepage, TERA "helps women who encounter difficulty going without tops in public places in Canada and the USA, and informs the public on this issue."⁷⁰ TERA believes that women ought to be able to show their bare breasts in public without fear of arrest or ridicule. The group's "basic claim is that women deserve equal rights."⁷¹ The group is clear that it does not advocate that all women go topless in public, but that it wants to ensure that those who want to, have the choice. TERA began collecting images that had been banned on Facebook in 2007, the most recent was posted on February 10, 2011. In early February 2011, TERA had posted 313 banned images, although the group cautions that "Many, many more have been banned than we have collected."⁷² At the top of each web page the group provides for the banned Facebook images, TERA states its "non-disclaimer": "Many sites would carry a warning: Keep away if you're under 18! NSFW [Not Safe For Work]! We don't believe in that. Women's breasts in photos like these bother no one except those who have unfortunately been trained to be embarrassed by them or to control them when they have no right to."⁷³ TERA provides women not only with a space to post these photos but also with room to reflect in their own words on the issue. As such, many of the photos include brief statements from the women featured in the photographs.

⁶⁹ "Homepage," *Topfree Equal Rights Association*, January 23, 2011, <http://www.tera.ca/>.

⁷⁰ *Ibid.*

⁷¹ "Statement of Purpose and Principles," *Topfree Equal Rights Association*, January 23, 2011, <http://www.tera.ca/#Purpose>.

⁷² "Photos of Breastfeeding Banned by Facebook, Page 1," *Topfree Equal Rights Association*, n.d., <http://www.tera.ca/photos6.html>.

⁷³ *Ibid.*

The most obvious theme that unites the images is the presence of women looking into the camera. In so many of these images, women are looking directly into the camera. While some of the images do feature the woman looking down, admiring her infant in a more-or-less iconic pose, women looking back at the camera are just as prevalent.⁷⁴ Alison Kennedy explains that her photo of herself nursing her newborn was deleted in September of 2009.⁷⁵ Kennedy is looking directly into the camera, smiling. Her facial expression is nearly euphoric. She explains that the photo was taken “moments after” she gave birth to her son “in a fabulous home water birth.” In another photo, an unidentified woman is topless, but the child and a blanket cover her breasts and body. She is looking directly into the camera and smiling. Another photograph features a woman who appears to have just birthed her child. Her cheeks are rosy and she too is looking directly into the camera. These images feature women who do not appear to be ashamed of their bodies and who are not trying to blend in. By looking back at the camera, and smiling, these women appear to communicate enjoyment or at least contentment. By looking back at the camera, the women in the banned images resist being turned into objects of our gaze. They instead are subjects. On a related note, the women in the photographs do not appear to be performing traditional femininity. They do not appear to be concerned with their bodies. They are not wearing make-up nor do they seem all that concerned about posturing for the male gaze. One way of reading the images, therefore, is as an affront to the male gaze that turns breastfeeding bodies into objects of male desire.

These images were also marked by the theme of publicity or women breastfeeding in what appears to be public places. One woman appears to be at a political rally. She is in a crowd

⁷⁴ For a discussion of the history of the Madonna breastfeeding image, see, Alison Bartlett, *Breastwork: Rethinking Breastfeeding* (Sydney, NSW: UNSW Press, 2005), 111.

⁷⁵ “Photos of Breastfeeding Banned by Facebook, Page 4,” *Topfree Equal Rights Association*, n.d., <http://www.tera.ca/photos10.html>.

of people and is conversing with a man. Her hands seem to be communicating “so...” while the man is arguing a point. In other images, women are shown at the beach nursing their children. Rebecca Berkley is lying down on her back and the child is on top of her. Berkely has her head tilted toward the camera and she is smilingly coyly. She writes that “Facebook removed this beautiful picture of my son and me enjoying our time at the beach on a warm 4th of July weekend. Was it reported because he's nearly 2 years old? Because he's black? Or because it shows a breast being used for something other than selling beer?”⁷⁶ She asks good questions, ones which Facebook and its users refuse to answer. In the images of women nursing outdoors or in public spaces, they appear to be enjoying their lives and breastfeeding along the way. Breastfeeding is not something that is stopping them from doing things, from living their lives. Accordingly, the banned images appear to confound the public/private divide that often keeps breastfeeding women trapped in their own homes.⁷⁷

The third theme that dominates the offending photos is the presence of two children or of older children. In fact, this theme stands out the most when looking at the images as an entire collection. I must admit that when I started this project, these images were shocking to see. I felt a sense of anxiety, or even disgust, when I viewed them. That feeling has since worn off as I have been working with these images for some time. Shannon Johnson’s image is one of the images that includes multiple children. In the photograph, Shannon, who is a young woman, is lying on her bed and her two children are nursing. The children appear to be around ages one and three. Shannon looks directly in the camera and smiles. The children appear to be interacting with each other as the one on the right is pointed to the one on the left. Next to the photo,

⁷⁶ “Photos of Breastfeeding Banned by Facebook, Page 14,” *Topfree Equal Rights Association*, n.d., <http://www.tera.ca/photos14.html>.

⁷⁷ Rachel Pain, Cathy Bailey, and Graham Mowl, “Infant feeding in North East England: Contested Spaces of Reproduction,” *Area* 33, no. 3 (2001): 268.

Shannon writes, “I am just sad that this banning is going on. So many women have a hard time breastfeeding and feeling comfortable doing so in public.”⁷⁸ For Shannon, though the images have been “inspiring.” “The pictures I have seen have inspired me, and I am so thankful for the many women who nurse without hesitation!”⁷⁹ Shannon’s last few words “women who nurse without hesitation,” appears to be exactly what is so offensive about these images. The women in the images appear to enjoy what they are doing and in that process, they are not worried about how they look from the camera’s angle.

From these images, we can gather ideas about how breastfeeding is supposed to be performed. In other words, what counts as off-limits breastfeeding sets the boundaries for legitimate breastfeeding. Obviously, the offending images are offensive because they capture women bringing their breastfeeding bodies into the public. As I discussed before, there are cultural ideas that discourage women from doing this. In addition, these images also communicate that women should only breastfeed very small children, and one child. So, based on these themes, it seems safe to suggest that Facebook and its users attempt to regulate breastfeeding by suggesting that women ought to be discrete and self-conscious when they breastfeed, that they must do it in private, and that they should only breastfeed a small child.

I think the most important message that comes from these images is that women can experience pleasure and joy from breastfeeding. And this, I argue, is what is unnerving about the images. Feminist scholars argue that it is the fact that breastfeeding brings up the possibility of women experiencing sexual pleasure without a man that makes the image and performance so troubling for so many. Bartlett explains that “Maternal sexual pleasure is therefore a volatile issue subject to close social regulation,” and, as such, “it covertly informs debates around

⁷⁸ “Photos of Breastfeeding Banned by Facebook, Page 12,” *Topfree Equal Rights Association*, n.d., <http://www.tera.ca/photos12.html>.

⁷⁹ *Ibid.*

breastfeeding in public.”⁸⁰ But, I do not think the idea that women are getting sexual pleasure from breastfeeding nor the idea that a viewer would get sexual pleasure from these images is the issue. The women in the images are clearly not coded as sexy or explicitly feminine. Instead, I argue that the problem comes with women who enjoy their bodies and who get pleasure from this experience. According to Barbara Sichterman, breastfeeding is “part of this tamed, pleasureless, domesticated world of ‘maternal duties.’”⁸¹ In these images, the women are clearly, unabashedly enjoying their bodies. This is what makes them unnerving, I believe.

Facebook’s actions, which are likely guided by its users’ beliefs, and the ideas about women’s bodies it encourages are important for all women, not just the ones whose images were removed. As I have argued throughout this project, women’s bodies are produced in and through discourse and these productions have consequences for how we view women, how they view themselves, and the opportunities they are afforded. When the most respected and highest trafficked social networking site deletes images of women’s breastfeeding breasts, it also deletes the idea that all women belong in the virtual public sphere. Some bodies—i.e. the ones with breasts attached to them—are not allowed. And this matters, for as Rebecca Johnson explains, “we come to *be* in certain ways, and our place in space is part of what tells and makes us who we are.”⁸² When certain women’s bodies cannot *be* on Facebook, it becomes a problem for all women.

MILC’s Response: Naturalist Rhetoric Undercuts Radical Potential

Facebook’s removal of these images very well could have flown under the radar; however, a few vocal women whose images had been deleted banded together to form a protest

⁸⁰ Bartlett, “Scandalous Practices and Political Performances,” 118.

⁸¹ Barbara Sichtermann, *Femininity: The Politics of the Personal*, ed. Helga Heyer-Ryan, trans. John Whitlam (Minneapolis: University of Minnesota Press, 1986), 57.

⁸² Rebecca Johnson, “Law and the Leaky Woman: the Saloon, the Liquor License, and Narratives of Containment,” *Continuum: Journal of Media & Cultural Studies* 19, no. 2 (June 2005): 186.

group. The first public response to Facebook's decision to delete their images was the formation of a common interest group on Facebook called "Hey Facebook Breastfeeding is Not Obscene (Official petition to Facebook)." As of January 2011, the group reports a membership of just under 260,000.⁸³ The Facebook common-interest group then spawned the Mothers International Lactation Campaign (MILC), which organized three virtual nurse-ins held on December 27, 2008, February 21, 2009 and during the World Breast Feeding Week (August 1-7) in 2009.

In this section I assess the feminist political potential of MILC's response to Facebook, which includes the group's "Hey Facebook" page and its virtual nurse-ins. I argue that MILC, by capitalizing on Facebook's features and by organizing virtual nurse-ins, provided a safe space for women to share their breastfeeding stories and receive support, which I deem to have radical potential for women's body politics. However, I also argue that MILC only condones one way of thinking about breastfeeding which therefore limits its feminist political potential. MILC's rhetoric limits women of agency by suggesting that breastfeeding is "natural" and the not breastfeeding is unnatural. Further, the group also stabilizes the meaning of the breast as a biological medium for delivering breast milk, which contributes to the objectification of breasts traced throughout this project. MILC's ideas about breastfeeding therefore function to erase some women and to call some women's choices into question.

The Benefits of Virtual Lactivism

MILC follows a long line of activism—or in some circles, lactivism—that is driven by the desire to change cultural breastfeeding practices and policies. La Leche League is the largest and most recognizable of these groups. Comprised by seven catholic women in 1956, La Leche League initially organized to protest the medicalization of breastfeeding. As Kedrowski and

⁸³ "Hey Facebook, Breastfeeding is not Obscene! (Official petition to Facebook)," Social Networking, *Facebook*, n.d., <http://www.facebook.com/group.php?v=wall&gid=2517126532#/group.php?v=info&gid=2517126532>.

Lipscomb explain, the group hoped to offer an “alternative to the increasingly dominant paradigm of ‘scientific motherhood.’”⁸⁴ La Leche League has grown exponentially and now is a prominent presence in many communities throughout the world. The group is guided by ten core principles, all of which emphasize the importance of breastfeeding for infant, mother, and family. The group’s major initiative has been the creation of community groups that women can join to learn more about breastfeeding and receive support. La Leche League’s approach has been seemingly successful as women report feeling both more confident and different about their bodies after attending meetings. Kedrowski and Lipscomb write that “many women reported that La Leche League’s celebration of the embodied act of breastfeeding helped them recognize alternatives to the predominant cultural scripts that had previously contoured their understandings of their bodies.”⁸⁵

MILC is similar to La Leche League in that it provides a space for women to gather together and to both give and receive support. MILC creates a community of supporters by capitalizing on some of Facebook’s unique features. First, and perhaps most importantly, MILC has control over what gets posted on its Facebook site. When you create a group on Facebook, you have the power to delete content that other users post. Therefore, MILC can keep their site safe from what they call “trolls,” or people who are hostile to breastfeeding.

Second, MILC utilizes Facebook’s discussion platform as a place for women to ask questions and exchange information about breastfeeding. On the site currently, over 5,000 discussions have been started about breastfeeding and childrearing. Many of the discussions have 20-plus responses. As such, MILC provides its users with a forum for communicating with each other about these issues. They need not fear asking silly questions or being disciplined for

⁸⁴ Kedrowski and Lipscomb, *Breastfeeding Rights in the United States*, 28.

⁸⁵ *Ibid.*, 29.

breastfeeding “the wrong way” because they know that the administrators are watching and policing the discussion. As such, MILC provides a safe space for women to discuss their issues with breastfeeding and troubleshoot solutions to their problems.

Third, MILC provides women with a space to display their breastfeeding images. At last check, 7,000 images populated MILC’s photo album. The photo album is not safe from Facebook’s powers, but as MILC knows, Facebook cannot constantly monitor every page and therefore someone would have to file a complaint about each image before it would be removed. MILC takes advantage of this by “jamming” the system. Even when one image is taken down, another is uploaded. It provides a constant, yet dynamic, collection of breastfeeding images and gives women the chance to comment on these images. Not only can women display these images, but they can also receive supportive commentary. Many of the images have received positive, encouraging comments from other MILC members.

MILC not only provides a community for breastfeeding women who feel marginalized in the larger public, but it also provides an opportunity for people to get involved in breastfeeding politics through the virtual nurse-in. MILC’s virtual nurse-in provides a compelling case study because it has distinct advantages over physical nurse-ins. First, the fact that the nurse-in took place in virtual space and time alleviates many physical concerns that nurse-ins might create. For example, when nursing women protested Walters’s comment at the ABC headquarters, the protestors could not spend all day protesting. Instead, they could only protest for a specific amount of time and then head home. Online protestors can protest even when their physical bodies are occupied with other tasks.

Second, the sheer amount of images a virtual nurse-in can produce significantly outnumbers the number of women who have been present at physical nurse-ins. The largest

nurse-in on record attracted 200 women. MILC currently has close to 260,000 members. If each person has 10 friends, then these images could potentially reach 2.6 million people. Even if only 10% of the membership participates, that is still 26,000 images! Thus, the virtual nurse-in is much more likely to reach people than sitting in a Starbucks. Through its proliferation of images that had been banned by Facebook, MILC challenged both the idea that women's breastfeeding bodies ought to be private or "covered up" and the idea that some breastfeeding performances are wrong or perverse. Shaw explains that "there are very few freely available images of healthy breastfeeding women publicly circulating in Western culture in non-medical and non-healthcare settings, ..." ⁸⁶ As such, MILC's ability to generate images outside of these settings is progressive. By refusing to be censored, MILC denies Facebook's ability to cast away the breastfeeding body. In a sense, MILC has carved out a space on Facebook where the breastfeeding body is celebrated and appreciated.

Since the Facebook controversy centers around an *image* of breastfeeding, not the public performance, this could have created a significant rhetorical problem for MILC. The group cannot draw upon the "a baby has to eat when a baby has to eat" line of defense many women give when breastfeeding in public. ⁸⁷ There is no "biological" reason MILC protestors have to share those images with the Facebook public. There is no immediate need. However, it is this issue that makes this case study fascinating and progressive. The fact that they *want* their breastfeeding bodies to be looked at departs from the usual public breastfeeding script, and if exploited, MILC holds the potential to disrupt the meaning of the breast. In the next section, explore how MILC's written discourse attempts to make a case for the images.

Biological Tools and Passive Women

⁸⁶ Shaw, "Performing Breastfeeding," 106.

⁸⁷ Stearns, "Breastfeeding and the Good Maternal Body."

Unfortunately, MILC, for the most part, does not draw attention to the images through its written rhetoric. Instead, the group makes its case against Facebook's deletion of the images by defending the practice of breastfeeding. The over-arching message of MILC's rhetoric is that breastfeeding is a woman's biological purpose, and that anything that comes between a woman and breastfeeding, such as Facebook, should be challenged. This message comes across in MILC's use of "natural" arguments, its focus on breast milk, and its baby-centric rhetorics.

That breastfeeding is "natural" is the group's loudest claim. On the "Hey Facebook" group page, MILC clearly argues that breastfeeding is a natural act by comparing it to giving birth, which apparently is another purely natural state: "It is not a 'lifestyle choice' to breastfeed your baby, it is what is meant to happen just like giving birth when you are pregnant is not a lifestyle choice, it is the biologically normal conclusion of a term pregnancy...so is breastfeeding the biologically normal conclusion of a live birth."⁸⁸ From this one statement, it seems as though the choice to not breast feed is not biological. Women who choose not to breastfeed their children—for whatever reason—are implied to be unnatural.

In addition to blatantly labeling breastfeeding "normal," the group also makes the biological argument by contrasting the breastfeeding breast with the sexual breast. Twice in its four pages the group repeats the following lines: "Ironic, isn't it? That in the context of sex, we are inundated with images everywhere we look of womens' (sic) breasts as commodity, but see practically no examples of them shown in the normal context of breastfeeding."⁸⁹ Sex, clearly for the group, is not the "normal" context of the breast. Later, on that same page, in a series of parallel pronouncements, MILC argues: "Women breastfeeding, with or without much breast exposure, are not nude. Women breastfeeding, with or without much breast exposure, are not

⁸⁸ "Hey Facebook, Breastfeeding is not Obscene! (Official petition to Facebook)."

⁸⁹ Ibid.

obscene. Women breastfeeding, with or without much breast exposure, are not pornographic.”⁹⁰ According to MILC’s reasoning, breastfeeding is not sexual; rather, it is biological. MILC’s recourse to defending breastfeeding against sex is not surprising given the prevalence of this defense in the public sphere. According to Giles, “Breastfeeding advocacy literature continues to support the view that the erotic breast undermines the lactating breast, and therefore the eroticisation of breasts should be downplayed so as to promote breastfeeding.”⁹¹

In order to further support its contention that breastfeeding is natural and “normal,” the group contrasts breastfeeding with culture. The most obvious example of this trend comes from the group’s re-posting of an excerpt from lactivist Morgan Gallagher’s blog. Introducing the lengthy quotation, MILC writes “The following quote... sums it up.”⁹² Gallagher explains that “breastfeeding an infant is not a lifestyle choice. It is not a cultural convention. It is not a personal statement. It is a biological imperative. It is our essential nature. It is an essential element of our species, and the continuation of it. It is a biological norm.”⁹³ Later, she reifies this sentiment: “Breastfeeding is not a cultural construct. Not breastfeeding, is.”⁹⁴ Clearly, MILC’s rhetoric advances the idea that breasts are one thing: they are biological, not sexual or cultural.

Not only are breasts biological, but their main purpose is to provide breast milk, according to MILC. MILC’s focus, perhaps unsurprising given its acronym, is on breast milk and lactation. In its rhetoric, women’s breasts are mere carriers and dispensers of this “liquid gold.” On the “Hey Facebook” page, MILC writes: “Breastfeeding is normal. Women have breasts to

⁹⁰ “Facebook | Mothers International Lactation Campaign M.I.L.C.,” n.d., <http://www.facebook.com/profile.php?v=info&ref=profile&id=538017201#/event.php?eid=74481493344&index=1>.

⁹¹ Giles, “‘Relational, and Strange,’” 309.

⁹² “Facebook | Mothers International Lactation Campaign M.I.L.C.”

⁹³ Ibid.

⁹⁴ Ibid.

produce milk for their babies, and babies are born to be breastfed. In most of the world everyone knows this, and breastfeeding is ‘no big deal.’”⁹⁵ On one of the MILC nurse-in pages, the group writes that producing breast milk to nourish the young is “the main biological purpose of women’s breasts and how they function.”⁹⁶ On another page, the group reiterates this sentiment; women’s “breasts are mammary glands which lactate for the optimal survival of humans.”⁹⁷ In an effort to stray from the breast’s sexual connotation, MILC ends up presenting the idea that breasts are mere containers for infant food.

MILC’s rhetoric is also baby-centered, instead of woman-centered. MILC often describes the deleted images as images of “babies nursing,” not of women breastfeeding. On the “Hey Facebook” page, the group describes the offending images as “pictures of babies nursing.”⁹⁸ Later in the page, MILC asks “what about a baby breastfeeding is obscene.”⁹⁹ Within MILC’s rhetoric, these images are images of babies, not of women. The baby is the focus. The woman is the passive conduit through which the infant is getting nourishment. Further reifying the idea that the baby is the center of this issue, MILC explains that “Babies have the right to be breastfed, and women should be supported and encouraged to nurse their babies.”¹⁰⁰ Clearly, MILC depicts Facebook and its users’ concerns over images of breastfeeding as restricting babies’ “rights” to breast milk.

If breasts are meant to dispense breast milk and babies have a “right” to breast milk, it begs the question, should a woman be able to stand in the way of a baby’s right to breast milk? Whose right is it? Should the woman have the right to decide not to breastfeed? According to

⁹⁵ “Hey Facebook, Breastfeeding is not Obscene! (Official petition to Facebook).”

⁹⁶ “Facebook | Mothers International Lactation Campaign M.I.L.C..”

⁹⁷ Ibid.

⁹⁸ “Hey Facebook, Breastfeeding is not Obscene! (Official petition to Facebook).”

⁹⁹ Ibid.

¹⁰⁰ “Facebook | Mothers International Lactation Campaign M.I.L.C..”

MILC, the only reason women do not breastfeed is because they have been fed lies. As such, much like Facebook, MILC's rhetoric is still a regulatory one. It regulates what women should be doing with their breast milk filled breasts. Women, through MILC, are passive carriers of a baby's food, not individuals with choice and agency. As Shaw argues, "When the activities associated with human reproduction are naturalistically equated with the female body, as they often are, women's bodies and their bodily functions (e.g. menstruation, pregnancy, maternity, lactation), are seen to have little, if anything, to do with reason, choice, and autonomy."¹⁰¹

To conclude, MILC, by repeating the same arguments other lactivists have made in defense of public breastfeeding, falls into the same traps as other lactivists. As I alluded to earlier, some feminists are skeptical of this type of defense because it closes down meaning and limits how women can experience breastfeeding and their bodies. In other words, MILC's rhetoric supports an essentialist conception of the breasted body. When we reduce women to mere biology, we risk inadvertently providing support for their ostensibly inferior status. Further, and perhaps most relevant to this project, this type of rhetoric limits women's agency. Women become passive followers of natural law. This chapter could end here with the dramatic pronouncement that both Facebook's and MILC's rhetoric reified old, tired, and patriarchal tropes about breasts and women, but in the concluding section, I propose ways that MILC could do more with their platform and advance feminist ideology.

Conclusion: Highlighting the Inconsistencies

This case study has investigated the ideas about women, breasts, and bodies that circulated, and continue to circulate, after Facebook began deleting images of women breastfeeding from their site. I argue that although Facebook claims that the issue is just about the breast, it's actually regulating the performance of breastfeeding. Facebook's labeling of

¹⁰¹ Shaw, "Performing Breastfeeding," 100.

images as “offensive” communicates that the women in the images are doing something wrong. Based on the themes that unite the images—women looking into the camera, women in public, and women nursing older or multiple children—we can read Facebook as reinforcing breastfeeding regulations that tell women to be discrete when nursing, to be self-conscious of their breastfeeding bodies, and to only nurse small children. Ironically for Facebook, by deleting these images, the company actually drew attention to breastfeeding and its public performance.

In the second analysis section of this chapter I explore MILC’s protest rhetoric and argue that the group’s discourse has many positive features. It provides a safe space for women to share their stories and also receive support. In addition, it circulates many images of breastfeeding on the social network, which has the ability to provoke some people to think about their preconceived ideas about breastfeeding bodies. MILC’s radical potential, though, is undercut by its naturalist rhetoric. MILC focuses its written discourse on defending breastfeeding as a “natural” practice that has nothing to do with sex. Further, the discourse focuses on breast milk and babies at the expense of women.

Despite its limitations, of all three case studies, I see the most feminist potential in this one. I believe that MILC’s images are a powerful resource for changing public ideas about breastfeeding performances. With a couple changes, I believe that MILC could provide a powerful message about the politics of breastfeeding and of women’s bodies. First, MILC needs to drop the “baby rights” rhetoric. Babies have the right to be nourished, but how a baby is nourished is up to its parents. Instead, MILC ought to just focus on a woman’s right to breastfeed. A woman should be allowed to breastfeed if she chooses. Second, MILC needs to axe the biological and natural rhetoric. That breastfeeding is “natural” is not in question in this debate. Facebook clearly states that it believes that breastfeeding is “a natural and beautiful act.”

MILC's defense of breastfeeding photos based on the idea that breastfeeding is "natural" is not very persuasive. Sure, it might be natural, but why does that mean you need to record it and share it with friends? Going to the bathroom is natural, but most would not consider that appropriate for Facebook. In order to protect against these counterarguments, MILC should drop the idea altogether.

After making these changes, MILC should do more with their images. It is impossible for Facebook to monitor all of MILC's images. They only employ roughly 850 employees to monitor photographs.¹⁰² So, MILC should be able to post images without fear of them being deleted immediately. MILC should use their images to draw attention to the contradictions existing in this situation. Facebook says that it erases images where the entire breast is exposed, but that is impossible with images of breastfeeding. Further, Facebook never makes a distinction between the male breast and the female breast in its discourse. So, MILC can draw attention to the inconsistencies in Facebook's policies through their images. I think that if MILC posts two pictures side by side, the group could make these points. One image could be of a man's chest and the other a woman breastfeeding. Under the images, a caption could quote Facebook's policy: "Photos containing a fully exposed breast do violate those Terms and may be removed." The caption could also feature a question: "which one, then, should be removed, Facebook?" By drawing attention to the inconsistencies and lack of detail in Facebook's position and public explanations for its actions, MILC could encourage people to think about breasts, why female breasts are not allowed, and why breastfeeding images have been deleted.

MILC should also draw explicit attention to the boundaries of acceptable breastfeeding that these images show.¹⁰³ When boundaries are "breached," it forces us to examine the arbitrary

¹⁰² Nick Summers, "Keeping Facebook Nice and Clean," *Newsweek*, June 1, 2009.

¹⁰³ Mahon-Daly and Andrews, "Liminality and breastfeeding," 69.

nature of boundaries and, perhaps, the arbitrary nature of the female breast. For example, MILC could provide two images again, side by side. One image could be of the iconic pose of breastfeeding (woman looking down, focus on baby), which were not deleted in large quantities. The other, would feature one of the images that had been deleted, or an image like it: one that shows the woman looking into the camera and smiling. The incongruity between the two images makes the viewer contemplate what is different and why one might be allowed and the other not. This opens up a space for what Giles terms “queer breastfeeding.” According to Giles, in the past few decades, “there has also been a cultural closing in, a gradual but insistent refining of proper and improper breastfeeding conduct.”¹⁰⁴ The cultural dictates prescribe how and where breastfeeding out to be practiced, as well as which bodies should breastfeed and for how long. In order to put a crack in this construct, Giles puts hope in those behaviors that fall outside of the norm. She calls this “queering,” by which she means “the process of looking at breastfeeding behaviours outside the normative constraints that apply in contemporary Western culture.”¹⁰⁵ MILC can queer breastfeeding if it draws explicit attention to the images deleted from Facebook. This would, I hope, begin to chip away at some of the regulatory discourses that control what women can and cannot do with their breasted bodies.

As this third case study draws to a close, it is becoming ever more clear that feminists need to engage with breast discourse. In the next chapter, I conclude this project by reflecting on the themes that unite these case studies and further imagining how rhetoric can continue to stretch the boundaries of what breasts can be and mean.

¹⁰⁴ Giles, “Relational, and Strange,” 303-304.

¹⁰⁵ *Ibid.*, 301.

CONCLUSION:

THE PROBLEMS AND POSSIBILITIES OF A FEMINIST POLITICS FROM THE BREAST

Introduction

This project has taken a tour of three different situations in which women's breasts are the focus of mainstream public discourse for reasons other than, although never completely detached from, their sexual connotation. In each case study, I have asked how bodies, breasts, and women are represented by a variety of different voices, including women, the media, self-proclaimed feminists, and breast-based activists. In an effort to contribute to feminist rhetorical studies, I have also analyzed the feminist political potential that exists within these sets of discourse. In this chapter, I explore how we might utilize breasts as the impetus for a feminist agenda. In order to do this, however, first I examine the troubling themes that unite the three case studies, ones which make the creation of a feminist breast rhetoric a difficult task. After identifying these themes, I explain the three criteria a feminist rhetoric of the breasts would have to include in order to produce more empowering visions of women's bodies. I argue that a feminist rhetoric of the breasts would denaturalize the breast, call attention to the politics of breasts, and encourage embodiment and breasted performance. First, however, I briefly review each chapter's major arguments.

Within Chapter Two, I explore the discursive construction of women and breasts through an analysis of two breast cancer awareness campaigns: Susan G. Komen's Race for the Cure and Rethink Breast Cancer's *Booby Wall*. I argue that both campaigns, through their discourses that

encourage participants to have fun and adopt feminine personae, depoliticize health and erase suffering bodies. Further, “breast health,” which is the main message of both campaigns, turns breasts into dangerous objects that need constant monitoring as well as medical care. Not only does the focus on “breast health” erase women and their bodies, but it also individualizes breast cancer and implies that women who develop breast cancer and die from it did not follow the rules. However, there are productive moments within each campaign, which have been overlooked by feminist scholars. The Race, through the act of running, encourages a sense of embodiment by forcing women to consciously experience their bodies in their entirety. It also *moves* the participant, which could be powerful if harnessed. The *Booby Wall*, by providing a space for women to post and view images of breasts, encourages its users to confront the cultural construction of breasts as private. A *Booby Wall* user has to confront this public taboo to participate in the campaign and this confrontation can be the impetus for reflection. This chapter underscores the importance of attending to cultural performances as rhetorical texts in order to avoid dismissing a potentially feminist text as ideologically vacuous.

Chapter Three analyzes the breasted body’s representation in and through public mammography debates. In the wake of the U.S. Preventive Services Task Force’s 2009 suggestion that the scientific basis for unilaterally encouraging all women to undergo regular mammography screening beginning at the age of 40 is weak, a public debate erupted. This debate provided a lens for determining how U.S. Americans conceive of breasts, science, and women. I argue that despite the opportunity to shatter the idea that women’s breasts need constant monitoring provided by the USPSTF’s rhetoric, the media’s framing of public response to the report perpetuated the idea that breasts are unsafe and even dangerous. Breasts are represented through a biomedical perspective and are viewed as risky and dangerous, which

makes physicians, not science, the best caretakers of breasts. Women were represented by and through the media as being emotional and relying on personal experience and not “the facts” to make their claims. While some responses illustrate interesting directions for the development of a feminist situated rhetoric of bodies, the majority, including explicitly feminist responses, equate “women’s rights” with “women’s right to mammography,” thereby rhetorically flattening a more complex and diverse discussion about who needs mammography and who has access to it. In the end, I conclude that the discourse that emerged in response to the Task Force’s report rhetorically flattens women and their breasts, just as the mammography machine literally flattens flesh.

Unlike breast cancer awareness and early detection discourses, which are currently ubiquitous in the public sphere, the issue of breastfeeding only becomes a public concern when it is deemed inappropriate by the public. A particular controversy over the “right” of women to post images of themselves (and others) breastfeeding on the popular social networking site Facebook provides the focus of Chapter Four. In this chapter, I argue that Facebook’s actions and rhetoric contribute to the idea that breasts are unsafe for public consumption. Additionally, Facebook regulated the performance of breastfeeding through the images it deemed inappropriate. Facebook’s decision to ban these images created a firestorm of responses. The most vocal response came from a group that formed to protest the ban, the Mothers International Lactation Campaign (MILC). MILC capitalized on the features of Facebook and provided a virtual community for women to share stories and receive support. However, the group’s radical potential to upend discourses that regulate breastfeeding is undercut by its written discourse. In order to protest Facebook’s removal of breastfeeding images, MILC argued that breastfeeding is natural, not sexual. Further, the group focused specifically on the baby and the breast milk,

thereby erasing women and women's bodies. Despite these troubling moves, I argue that with a few strategic changes, MILC can create a counter-discourse that would push against the regulatory breastfeeding discourses that attempt to control how women can use their bodies.

Impediments to Utilizing the Breast for Feminist Politics

A major goal of this project has been to determine how breasted rhetorics can be used in the service of an empowering feminist politics. Because of this goal, I have examined the discourses for traces of feminism and possibilities for feminism. I have also called attention to how breast discourse reinforces and/or challenges popular ideologies that may be incommensurate with feminist goals. For, as Janet Price and Margrit Shildrick explain, feminist analyses of bodies “must ask always what purpose and whose interests do particular constructions serve.”¹

Some of the themes that unite my case studies fail to serve feminist interests and empower women. Instead, these themes appear to serve the interests of white privilege, capitalism, and patriarchy, which function to restrict women's agency and self-determination. To be sure, I did not explicitly focus on economics or race throughout any of the case studies, so the arguments I make in what follows are tentative. A fuller development of the economic and race interests served by each of the texts is a future step I hope to take with this work. For the purposes of the project at hand, however, I must be clear that my ideas about these interests are speculative and tentative.

In the next several pages, I examine the problematic themes that unite the three case studies and speculate as to the interests they serve.² First, I argue that the three case studies are

¹ Price and Shildrick, “Introduction,” 7.

² Granted, the case studies are united by more than just “problematic” themes. However, because the purpose of this project is to analyze the possibilities for feminist politics of breasts, I only explore those themes that appear to be impediments to feminist action.

marked by an overwhelming emphasis on the breast as purely biological and uninfluenced by culture, which serves the interests of patriarchy and capitalism by encouraging women to obsess about their breasts. Second, I contend that the breasted discourse reduces women to their bodies, while simultaneously erasing those bodies that are not white, young, fit, and socio-economically comfortable. This trend appears to serve the interests of white privilege, patriarchy, and capitalism. And third, I argue that the cultural texts I analyzed are marked by personalizing rhetorics that ignore the ways in which politics shape how breasted bodies can be conceptualized. This theme serves the interest of both patriarchy and capitalism. In order for breast-based cultural texts to hold the potential to give women more, not less, control over their lives, these themes must be redressed in future feminist discourse.

The (Not-So-)Contextually Contingent Biological Breast

To say that what breasts mean and how they come to matter is contextually contingent is both an understatement and a tautology. I developed this project with the assumption that breasts would come to matter in different ways when discussed in different contexts, so I am surprised by the biological/natural discourse that guides each construction and vision of breasts. Within the breast cancer activism chapter, both the *Race for the Cure* and the *Booby Wall* encouraged women to view their breasts as objects that need monitoring and medical care. Similarly, within the mammography case study, the breast was represented by radiographic images, which pictured the breast as a dense collection of physical matter that was always-already marked as suspicious and diseased. Further, within the debates both MILC and Facebook suggested that the breast is “natural.” In fact, MILC argued that women ought to be able to showcase images of themselves breastfeeding since breastfeeding is the breast’s *only* natural role. For MILC, all other representations of the breast were twisted as they were “merely” cultural, not natural. In

each of these cases, the breast was constructed as a biological or “natural” body part, and culture’s role in how breasts gain meaning was explicitly ignored.

Perhaps this should come as no surprise given the patriarchal medical institution’s history of attempting to control women’s bodies by constructing them as biological objects in need of constant intervention and attention.³ Surprising or not, this theme is problematic if we are to develop a feminist rhetoric from the breast. When breasts are seen as purely biological, we are encouraged to think of women as passive carriers of active or uncontrollable objects. This imbues breasts with lives of their own, which can have troubling consequences. For one, it encourages women to be constantly preoccupied with their breasts (if they were not already), which relates to Naomi Wolf’s “beauty myth” hypothesis.⁴ Images of women’s beauty that circulate in the mass media preoccupy women, thereby functioning, she argues, to hold women back from political and economic advancement. Wolf’s analysis focuses mostly on advertisements and the fashion and cosmetics industry. My case studies illustrate that other types of cultural texts, such as medical or scientific texts, can also function to preoccupy women with their bodies, however in slightly different ways. The “booby myth,” so to speak, that is reinforced through each case study tells women that they have wellness reasons, in addition to the beauty ones, to obsess about their breasts. Patriarchy, therefore, benefits from this dominant construction of breasts because it gives women a “biological” reason to obsess about their bodies.

The biology theme is also problematic because it reinforces a patriarchal view of women’s bodies as being somehow *more* biological, and needing more intervention and

³ Catherine Kohler Riessman, “Women and Medicalization: A New Perspective,” in *The Politics of Women's Bodies: Sexuality, Appearance, & Behavior*, ed. Rose Weitz (New York: Oxford University Press, 1998), 46-64; Carol Tavris, *The Mismeasure of Woman* (Touchstone, 1993).

⁴ Naomi Wolf, *The Beauty Myth: How Images of Beauty Are Used Against Women*, 1st ed. (New York: Anchor Books, 1992).

supervision than men's bodies. As Elizabeth Grosz argues "Patriarchal oppression, in other words, justifies itself, at least in part, by connecting women much more closely than men to the body and, through this identification, restricting women's social and economic roles to (pseudo) biological terms."⁵ Men's bodies are always under a man's control, while women's bodies, since they are more biological, are not. This supports the idea that women are in some ways biologically less suited to live full lives than men are. Their breasts, through biology, make them susceptible to disease in ways that men's breasts, "pectorals," do not. This theme also provides biological evidence to support the theory that women, as a sex, really are inherently different from men.

When women's breasts are constructed as biological, rather than cultural, capitalism may also profit. When breasts are constructed as body parts to fear, we might turn to technologies, such as mammography, to ease that anxiety and protect us from danger. The mammography industry has no interest in adopting the USPSTF's suggestion that not all women need mammography. And, the same goes for the medical industry. As long as breasts are seen as only biological, these industries will continue to capitalize off of women's unnecessary and unfortunate fear of their own bodies. A feminist rhetoric from the breast, as I will discuss later, would emphasize the fact that the breast is just as rhetorical as it is biological, which would hopefully mitigate some of this unnecessary suffering and obsession.

I believe that the media's and public's emphasis on the biological breast is based on the specter of sexuality lingering over the discourse. Sexual breasts are not up for public discussion in the news media. Their images are forbidden, which is clearly illustrated through the news media's inability to reproduce the banned breastfeeding images. By not providing the public with these images, the news media reinforced the idea that images of breasts are taboo. As such, the

⁵ Grosz, *Volatile Bodies*, 14.

attempt to stabilize the breast as biological and natural only speaks to the inherent instability of the breast. If the breast was only understood through a biological lens, then we wouldn't have controversy over breast discourse and images. For, if it was just another body part, say like an arm or a lung, it wouldn't provoke disgust or public censure. It is precisely because the breast is a contested signifier that the discourse has to work so hard to stabilize its meaning. All of the texts I examined try to settle the meaning of the breast, and of course, they cannot. Just like the body, the breast always exceeds its materialization through discourse. This excess of meaning is an opportunity for feminist politics, which I will also elaborate on later.

Missing Women and Breasts

Throughout this project I have tried to be self-reflexive about how my language choices guide my analysis of the cultural texts. I began this project by privileging the term "breasted body" over "breast" because I thought that calling attention to "breasts" unnecessarily objectified women's bodies. However, after analyzing breasted discourse, I have surrendered to the idea that the "breasted body" construct is not illustrative of how breasts are conceptualized by cultural discourse. Breast discourse constructs breasts as objects on women's bodies and discourages us from seeing the bodies underneath the breasts. We are urged to think of breasts as objects in and of themselves. Breasts are on bodies and they distinguish certain bodies, but we are not encouraged to think of breasts as parts of a whole. With the rare exception of running in the Race for the Cure, women are not encouraged to see themselves as living in breasted bodies, but rather, as the carriers of these biological burdens.

Due to the objectification that accompanies each case study's treatment of breast concerns, women as individuals are largely missing from my case studies. Women in their variety and complexity are not present. Instead, breast discourse functions to reduce all women

to their breasts. In other words, when breasts come to matter in public discourse, it is assumed that they matter in similar ways for all women. However, not all women's breasts are even deemed objectification-worthy as some women's breasts fail to make it into the frame at all. This absence is important to note, because as Judith Butler reminds, it is "as important to think about how and to what end bodies are constructed as it will be to think about how and to what end bodies are not constructed and, further, to ask how bodies which fail to materialize provide the necessary 'outside,' if not the necessary support, for the bodies which, in materializing the norm, qualify as bodies that matter."⁶ Within my case studies, bodies that are anything other than white, fit, young, and economically-comfortable are not valuable, and in many ways, not breasted. Breasts on these bodies are not really breasts at all. For example, within the mammography debates, the fact that the Task Force found insufficient evidence to recommend mammography for women over 75 was ignored by the media. Where was the public uproar about these women's "right to mammography"? Who cares about their breast health? Women in this age bracket are the most likely to develop breast cancer, yet, we get the picture that their breasts are not as valuable, and therefore, are not exactly what we mean when we pledge to "save the boobs."

This trend is also troubling because it reinforces ideal body images that in some realms we understand are culturally-constructed. For example, the beauty industry is always selling us the image of the lean, tall, big breasted, white body as the ideal. We have developed some critical skills for deconstructing these images. What is surprising to me is that even when depicted through different discourse, such as biomedicine, the construct of the white, young, fit body as the ideal still emerges. All those other bodies and breasts do not matter, even in breast cancer awareness, breastfeeding, and mammography, arenas where one would hope that all

⁶ Butler, *Bodies That Matter*, 16.

breasts are equal. Illness is not, as some breast cancer campaigns publicize, the great equalizer after all.

The discourse's tendency to erase both the specificity and individuality of women's lives and also reinforce the dominant body ideal may serve the interests of patriarchy, white supremacy, and capitalism. By erasing women's individuality and reducing them to breasts, the discourse reinforces the idea that all women, because of their breasts, are essentially similar to each other and essentially different from men. Further, by supporting the idea that "real" breasts are white breasts, the discourse necessarily supports white supremacy and privilege. Breasts are one way, as Eisenstein argues, that white privilege maintains its hold in the United States. She argues that "The white breast operates as a symbol of western-style femininity, which must be kept privileged, and therefore safe, in a larger world where most breasts are not white."⁷ Finally, this trend supports the interests of capitalism and industry because it suggests that money can buy you into this construct. Women want the ideal body and will go to great lengths to get it, as evidenced by the astronomical amount of money spent annually on breast "enhancement" surgeries. In 2009, women in the United States spent over 1.3 billion dollars on breast augmentation and breast lift procedures.⁸ The plastic surgery industry benefits when even medical and scientifically-oriented discourses preserve the image of the ideal body as one with large, round, perky breasts.

The Personal is not Political

Despite the fact that the mainstream media deems breast cancer awareness, mammography, and breastfeeding important public issues, breasts are still, according to the three case studies, personal issues. The case studies are dominated by an individualizing rhetoric,

⁷ Eisenstein, *Manmade Breast Cancers*, 143.

⁸ American Society of Plastic Surgeons, "National Clearinghouse of Plastic Surgery Statistics: 2010 Report of the 2009 Statistics," 16.

which gives us the impression that breasts are not a political concern, rather a private one to be handled on an individual basis. Komen's rhetoric is a good example of this trend. Even though Komen could present the event as a community gathering to demand change, Komen's discourse explicitly focuses on the individual and depoliticizes the gathering. "We" are not the cure. Instead, as Komen wants us to chant, quite literally, "I am the Cure." Similarly with the *Booby Wall*, it's my own image of my own breast that is supposed to accomplish the goal of awareness. We are not sending these images to the government or to industries that pollute our bodies. Instead, the images are just out there, which third wave feminists would argue is "good enough." This serves the interests of capitalism, as individual industries and companies are not held responsible for polluting the air because keeping my breasts healthy is my own responsibility.

The personal theme is also illustrated by the voices that gained attention within each of these situations. In each of the case studies, only those women whose lives were seen as directly affected by the issue were given a voice. For example, those who protested the Facebook breastfeeding ban represented themselves as mothers as a way to gain credibility. Similarly, those who were most invested in protesting the mammography guidelines were those who would be affected by the change—namely women in their 40s. From these trends, we are led to believe that when specific breasts raise concerns in the public, it's only the problem of those particular bodies directly affected. For example, it is not my problem that lactating women cannot post images of themselves online since my breasts are not lactating currently. The personalization of breast experiences limits the ways in which breasts can serve to unite women (and men) for common goals. It also limits our ability to choose how we live our lives. For, as Eisenstein

reminds, “The more the body is defined as simply private, the more politics is left free to invade it.”⁹

Politics, especially feminist politics, are wholly absent from the cultural texts. With the exception of Barbara Ehrenreich’s critique of the ways in which women framed as responding to the USPSTF’s report, which was published in the *Los Angeles Times*, not one of my texts brought up feminism in any sustained or important way.¹⁰ The absence of feminism tells us that breasts might fall outside of their purview. Or perhaps it suggests that feminists do not have tools for responding to breasted concerns. Or worse, it speaks to the idea that we no longer need feminism as women have all the rights and opportunities that they need. This definitely serves the interests of patriarchy, making feminism appear outdated and normalizing the idea that women are on their own in handling their breast-based burdens.

These themes—biological objects, missing women, and the lack of politics—do create a challenge for utilizing current breast discourse as a launching pad for feminist politics. However, in any rhetorical situation, obstacles must be overcome. Since this project is both a critical one and a creative one, in the next section, I imagine what a feminist politics of the breast might look like.

More than Burdens: Imagining a Feminist Rhetoric from the Breast

If Jennifer Baumgartner and Amy Richards are correct with their observation that “feminism is like fluoride,” meaning it exists everywhere on an everyday basis and even when we do not notice it, then we should have no trouble identifying feminist texts and messages within the contemporary cultural landscape.¹¹ However, as feminist media critics have pointed

⁹ Eisenstein, *Manmade Breast Cancers*, 147.

¹⁰ Ehrenreich, “We Need a New Women's Health Movement.”

¹¹ Jennifer Baumgardner, *Manifesta: Young Women, Feminism, and the Future*, 1st ed. (New York: Farrar, Straus and Giroux, 2010).

out, this is not as easy as it sounds. Susan Douglas, in her analysis of the media's representation of women and girls post-9/11, concludes that seemingly women-centered, girl-empowering texts that once might have been labeled "postfeminist" or "third wave feminist" should not be considered feminist at all. She argues that most popular mediated images of girls and women reflect the ideology of "enlightened sexism," which "is a response, deliberate or not, to the perceived threat of a new gender regime. It insists that women have made plenty of progress because of feminism—indeed, full equality has allegedly been achieved—so now it's okay, even amusing, to resurrect sexist stereotypes of girls and women."¹² We have been fooling ourselves, Douglas argues, by believing that the mass media could actually help out the feminist cause. The mass media, instead, has continued to present sexist messages about women and girls, albeit in different wrapping, and has tricked us into thinking that these representations are funny and ironic, and since we are in on the joke, progressive. But actually, these representations the media creates and condones represent nothing other than "old-fashioned, grade-A patriarchy."¹³

So, is feminism dead? Susan Faludi, at least from what I can gather from her recent essay in *Harper's Magazine*, would say "probably."¹⁴ In the cover article for the October 2010 issue, Faludi bemoans what she calls "feminism's ritual matricide" and the dwindling of feminist teaching opportunities in U.S. higher education institutions. She takes particular aim at Judith Halberstam's idea that pop icon, trend setter, boundary pusher, Lady Gaga is the face of feminism's future. Faludi writes that Halberstam, in a recent public talk, said that "Gaga feminism" is "feminist scholarship that breaks with 'God help us, longevity,' commits acts of 'disloyalty' and 'betrayal and rupture,' and even denies one's own sex."¹⁵ For Halberstam, much

¹² Douglas, *Enlightened Sexism*, 9.

¹³ *Ibid.*, 10.

¹⁴ Susan Faludi, "American Electra: Feminism's Ritual Matricide," *Harper's Magazine*, October 2010.

¹⁵ *Ibid.*, 42.

to Faludi's chagrin, "Instead of becoming women, we should *unbecome* women—that category itself seems vexed and problematic."¹⁶ To which Faludi, and rightfully so, I argue, asks "to what end?"¹⁷ I agree that feminism has to go somewhere, it needs some object, some goal.

For better or worse, and despite the fact that the mass media is to blame for the false image of feminism implanted in many people's minds, the movement might just need a public image "make-over" and a shared agenda. This is precisely where rhetorical studies comes into play. Who better to analyze the current discursive landscape and suggest rhetorical strategies for social change? Rhetorical criticism, as has been well documented, is not just limited to description of texts, but should also add to conversations about how to make our communities stronger and more hospitable to all citizens.¹⁸ However, this is also where current rhetorical scholarship falls flat for women. I believe that as a field, we are losing touch of the political situation for women and girls across the globe. It is almost as if feminist work is passé or unnecessary, mirroring the themes Douglas uncovered within the mass media. For example, at the most recent Public Address Conference, which was specifically designed to help rhetorical scholars grapple with human rights issues, not one of the nine presentations focused on the plight of women and girls as human rights issues. Presenters talked about human rights concerns ranging from civil rights for African Americans to equal rights for gay and lesbian citizens to speaking rights for prisoners. However, despite the fact that—independent of race, socio-economic class, sexuality, and culture—women and girls are the most oppressed group in the world, the term "feminism" was muttered only a handful of times (emphasis on the "muttered").

For oppressed women and girls, and for all of us who think the world is not yet a just place, feminism is a necessary corrective to a culture that has a long history of using and abusing

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ McKerrow, "Critical Rhetoric."

the female body. We would be remiss to think that everyone has “woken up” and seen the error of our past, patriarchal traditions. Further, we would be foolhardy to overlook the material legacies left by these abusive, misogynistic discursive threads. Women’s bodies are certainly a product of biology, but they are also a product of our current discourses and those of our past. We cannot fully shake the past, but we can work with our creative power to counter those ideologies and representations that proved detrimental to women’s access to agency and self-determination. If we can still imagine a better world in which women are not reduced to their bodies, in which these bodies are not turned into objects, in which young men gaining college educations do not flippantly refer to women as “slam pieces,” then we can work to create one.¹⁹ And, the breast is a productive place to start.

The breast is a fruitful starting place for a feminist movement and building a feminist discourse for three major reasons. First, as this project has clearly shown, we care about breasts. We not only care about them because of their ability to provoke culturally-induced sexual arousal, but we also care about them because of how integral they can be to women’s sense of self. Each case study is littered with examples of women, who may not otherwise have been politically active, speaking out about breasts in public discourse. Second, every human body has breasts. The fact that male breasts can develop malignancies has begun to come to public attention. Not only does every body have breasts, but also everybody potentially benefits from breasts at some point in their lives. And third, breasts are flexible and contested signifiers. They have the ability to represent a range of ideas, beliefs, and attitudes. They are, as Eisenstein writes, “a fleshy body part *and* a location of resistance. Breasts can be made into anything we

¹⁹ This is a horrible trend supported by Greek discourse. For an example, see, “TotalFratMove.com,” n.d., <http://totalfratmove.com/>.

choose, and this is also *not* so.”²⁰ At the end of her project, Eisenstein calls for a feminist politics from the breast. However, she gives no help with what this politics would look like or how we might begin to build an activist community or rhetoric of the breast.

My project, while not able to provide concrete answers to the large questions looming at the conclusion of Eisenstein’s book, can begin to theorize this possibility. In what follows, I explore the idea of a feminist rhetoric of breast as best as I can given these are contingent prescriptions, not descriptions of already-existing rhetorics. For a breasted-rhetoric to be feminist, it would need to denaturalize the breast, construct breasts as political issues, and encourage embodiment and breasted performance. If feminists craft messages and campaigns around these criteria, I do believe that we would see a more relevant image of feminism emerge as well as a more liberating representation of women’s bodies. My formula is undergirded by the assumption that re-thinking bodies is a productive way to create a world that provides more opportunities for women, and consequently men. The idea is not to construct men’s and women’s bodies as the same, but to emphasize how men and women are both vastly different from and nearly identical to each other and all other bodies. Bodies are both different and very similar and hopefully a breast-based feminist rhetoric will emphasize that we all have a stake in how the breast is conceptualized.

First and foremost, this rhetoric must denaturalize the breast and draw attention to the cultural construction of all bodies. Breasts are much more than biologically-determined body parts. In fact, breasts, as I have been arguing throughout this project, are just as much a product of cultural rhetoric as of biology. A feminism from the breast would promote this idea. It would have to show that breasts—and not just the sexual breast, but the breastfeeding breast and the breast cancer breast—are cultural constructions that have morphed and evolved over time. There

²⁰ Eisenstein, *Manmade Breast Cancers*, 135.

is a reason women in different countries develop breast cancer at different rates than do women in the United States. This needs to be highlighted. There are reasons why some women are encouraged not to breastfeed while others are obligated to. Cultures and environments shape our breasts. Until we begin to see the breast through frameworks other than nature or biology, we will continue to be restricted by our breasted bodies.

Denaturalizing the breasts should not be terribly difficult or radical. Feminism has had success in deconstructing the sexed and the raced body. Eisenstein sees the denaturalization of the sexed and raced body laying the groundwork for an “antiracist feminism from the breast.” She argues that “once color and sex are denaturalized as not simply biogenetic constructions, then breasts themselves, as parts of female bodies, can be viewed as the environments they are, and house. This feminist *episteme* spotlights the cultural and political construction of bodies and pluralizes their individual variety.”²¹ This rhetoric would not, however, attempt to completely erase meaning from the breast. I caution against what breast historian Marilyn Yalom describes as the best future for breasts: “Maybe the time will come when the affect surrounding the breast will be sensibly reduced to the level of excitement produced by an attractive knee or thigh.”²² I do not think that we should erase the multiplicity of the breast’s connotations, but instead, we should continually emphasize these conflicting meanings. For example, instead of denying the breastfeeding body sexual pleasure, as pro-breastfeeding discourses are apt to do, a feminist rhetoric would create texts that encourage us to see the breasted body as both maternal and sexual. The opportunity for feminism lies in highlighting the conflicting meanings, not reducing breasts to meaningless lumps.

²¹ Ibid., 141.

²² Yalom, *A History of the Breast*, 273.

Breast cancer awareness campaigns also provide an opportunity for creating rhetorics that denaturalize the breast. People are much more likely to believe that the sexual connotation is cultural, but the dangerous connotation? How could it be? One way to approach this is to highlight the incongruities between rates of breast cancer and cultural habits and environments. Why is it that according to the World Health Organization, the rates of new breast cancer cases is “much higher in high-income countries compared to low-and middle-income countries”?²³ What are the cultural factors that create this situation? Is it the average age of childbearing? Is it the toxins that have polluted our communities? Answering these questions make us confront the fact that the breast is not a natural, immutable mass of flesh over which we have no control. Breasts could be considered as permeable as lung tissue, which would emphasize how important environment is to breast health.

By denaturalizing the breast, we run the risk of reinforcing the troubling idea that women’s breasts are their own personal concerns. Instead, a feminist rhetoric must also point to the political character of bodies and breasts. Eisenstein explains that “Bodies are always personal in that each of us lives in one in a particularly individual way. They are also always political in that they have meanings that are more powerful than any one of us can determine.”²⁴ So yes, my specific environment may have an effect on how I think about my breasts, but that thinking is always constrained by larger cultural meanings and discourses. While third-wave scholars have shown how private acts of resistance can be political, I am not persuaded that this is the best way to approach breasts.²⁵ Yes, I do believe that there is some feminist potential within the *Booby Wall*, but it lacks the teeth to really do anything to prevent breast cancer, as is its stated goal.

²³ “Women's Health Fact Sheet No. 334,” *World Health Organization*, November 2009, <http://www.who.int/mediacentre/factsheets/fs334/en/>.

²⁴ Eisenstein, *Manmade Breast Cancers*, 1.

²⁵ For a collection of essays that make this claim, see, Barbara Findlen, *Listen Up: Voices from the Next Feminist Generation*, First Edition. (Seal Pr, 1995).

Touching your breast, getting mammograms, going to the doctor, all these things are great; however, as they are currently conceptualized, they are not political acts, nor are they preventative measures. These acts, again, as they are currently constructed as individual, not collective experiences, only serve to reinforce the idea that women's breasts are their own problems and if they develop malignancy, then those individual women are to blame.

A feminist rhetoric of the breast must avoid reducing the social construction of bodies to the idea that we have total and complete control over how we see our bodies and should instead politicize the breasted body. We must ask why women are so clueless about their breasts. Why is it that women grossly overestimate their risk of developing breast cancer? Why is it that the media represents women as knowing nothing about the history of the medical institution's surveillance over their bodies? How can a panel of "experts," such as the USPSTF present their findings to women without speaking with women first? Or including average women on the panel? The answers to these questions force us to confront the fact that patriarchy, white supremacy, and capitalism still have an influence over how women can live in their bodies.

It would also force us to ask more of our government and of industry. For example, a feminist rhetoric of breastfeeding that is political would look very different from MILC's discourse. Instead of arguing from the principle that breastfeeding is a woman's natural role, a political breastfeeding rhetoric would ask why some women are expected to breastfeed and why others cannot. If we do value breastfeeding as a "beautiful" act, then why is it that most women do not and cannot breastfeed in public? If we are going to truly value breastfeeding, then we must provide all women with the opportunity to breastfeed without forcing women to breastfeed. This would include federal legislation to force employers to allow breastfeeding breaks for all women, even part-time women. It would necessitate that the government provide all women with

access to breast pumps, milk banks for women who cannot produce milk or do not want to breastfeed, and lactation consultants.²⁶ It would also mean, however, that we invest in research that continues to examine the benefits of breast milk over infant formula, if those benefits exist. Women deserve to know that such science and studies vary in their ability to provide definitive proof that breastfeeding is always the best choice.

Third, and finally, a feminist rhetoric of the breast must be marked by the theme of embodiment. Because patriarchy has denied women full control over their bodies by suggesting that women's bodies are out of control, feminist theorists suggest that women reclaim embodiment and materiality. For example, as Margrit Shildrick writes, "if, as I have been arguing, the male order of thought relies—in part at least—on a denial of embodiment, then one way for feminism to proceed is by reclaiming the materiality of women's bodies."²⁷ This can be tricky, because in embracing embodiment, women risk being reduced to their bodies and losing a sense of control over their lives. Elizabeth Bronfen, however, believes that the potential benefits are worth the risk: "Even though corporeality inevitably implies a limitation of empowerment – given that it points towards the mortality, fallibility and fragility of the physical and thus also addresses the psychic existence of the human subject – it also introduces a moment of subjective agency."²⁸

Embodiment rhetorics must also be informed by principles of performativity. In other words, discourses that encourage embodiment must not simultaneously encourage essentialism or naturalism, but instead performativity and contingency. For, as Bronfen persuasively argues,

²⁶ It is worth noting here that as this dissertation project wrapped up, the national news was abuzz with Sarah Palin's scrutiny of Michelle Obama's suggestion that the government might do more to support breastfeeding mothers. See, Anne E. Kornblut, "Michelle Obama's Remarks on Breastfeeding Draw Criticism from Palin, Bachmann," *Washington Post*, February 18, 2011, <http://www.washingtonpost.com/wp-dyn/content/article/2011/02/18/AR2011021805522.html>.

²⁷ Shildrick, *Leaky Bodies and Boundaries*, 115.

²⁸ Elizabeth Bronfen, "The Body and its Discontents," in *Body Matters: Feminism, Textuality, Corporeality*, ed. April Horner and Angela Keane (Manchester: Manchester University Press, 2000), 122.

“To return to the body as a medium of self-expression, to reclaim it against its cultural approbation, means celebrating a language of flux and contingency, in the course of which the subject keeps changing its shape, taking on a shifting series of at times even contradictory identities and transformations.”²⁹ In other words, a feminist rhetoric of the breast would highlight the performative nature of gendered and breasted bodies. Much like how Judith Butler talks about how to trouble gender, troubling breasts would require that the breasted body is performed out of turn occasionally.³⁰ Feminist cultural critics have argued that when men breastfeed babies, which apparently some can, this illuminates not only that breastfeeding is a performance, but that gender is as well.³¹

At its best, a feminist rhetoric of breasts would simultaneously denaturalize and politicize the breast while encouraging embodiment. A rhetoric that meets these criteria would avoid the pitfalls of my case studies and provide more options, as opposed to less, for how women can live their bodies and lives. I do not think that this is a terribly difficult rhetoric to create. Instead, it would take refocusing current campaigns and efforts. For example, if Komen took these ideas seriously, they could revolutionize not only breast cancer research, but also the construction of the breasted body. They already have U.S. Americans’ trust and attention and if they changed their public message away from personalizing and toward politicizing the cause, we could see a revolution. Now, this may be a pipe dream given that Komen is sustained by big business, which has no interest in supporting a feminist rhetoric of breasts. But still, I hope to show that some of the groundwork has been laid for this movement, we just need a collective vision and sustained energy.

²⁹ Ibid., 120.

³⁰ Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity*, 1st ed. (Routledge, 1999).

³¹ Giles, “Relational, and Strange’.”

Even though Komen would likely not support a change in ideology, Komen could be used by feminists as a place to launch both a critique of the pink ribbon and a feminist rhetoric of breasts. I described in Chapter Two how the Race is moving. It has the ability to provoke the participant to feel in very powerful ways. But, these feelings are not channeled in any direction. I think Komen's events are ideal locations for launching a feminist rhetoric because of both the number of people who participate in the events and the local media attention these events attract. I imagine a group of 50-100 progressive minded folks who want to cause a stir. They get together and create T-shirts that have messages on the back. The backs of the T-shirts say things like "My breasts are cultural," "I inherited a lot from my mom, breast cancer was not one of them," "We cannot cure YOUR breasts until we think about OUR breasts," "Why do high-income countries have the highest rates of breast cancer?," "How much did your mammogram cost?," and so on. Ideally, the messages would encourage Race participants to reflect on the political, environmental, and social complexities of breast cancer. At the very least, the tee's would cause a stir. At the 2009 Race, three people wore blue T-shirts with "Breast Cancer is Blue, too" plastered across the front. Three people out of over 45,000 and yet, several of the people I spoke with at the Race mentioned I speak with them for my project. Because the Race encourages everyone to look the same, it provides the perfect platform for a feminist rhetoric of breasts to stand out.

This tour of breasts now comes to an end, but the real journey is just beginning. This project has not only helped me better understand how discourse functions and pointed me in directions of future research, but it has also given me hope for a more feminist future. If nothing more, this dissertation project has illustrated that we really do, to use the aphorism that is currently popular with the teenage crowd, "heart boobies." Interestingly enough, however, this

does not always translate into “we heart women,” but it could! Feminists need to embrace breasted bodies and rhetorics as opportunities for rethinking feminism, activism, and ourselves.

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