Section on Science, Ideology, and Medicine

FEMININITY, RESPONSIBILITY, AND THE TECHNOLOGICAL IMPERATIVE: DISCOURSES ON BREAST CANCER IN THE AUSTRALIAN PRESS

Deborah Lupton

The manner in which the popular press represents health issues influences, and is demonstrative of, societal attitudes toward illnesses and those who suffer from them. Cancer is one of the most feared diseases in modern society, and breast cancer attacks women at the bodily site where notions of femininity intersect. This article examines the discourses surrounding breast cancer as represented in the Australian press in the period between 1987 and 1990. It is argued that the press's portrayal of breast cancer during that time drew upon dominant cultural metaphors and discourses concerning femininity, the individual's responsibility for illness, and medical and technological dominance.

Scholars interested in medicine as culture assert that many diseases cannot be considered as neutral, scientific realities; rather, the manner in which a disease is represented in texts is indicative of wider knowledge, belief, and value systems. Discourses on medicine, health, illness, and disease construct realities in ways that are often taken for granted and invisible. Critical analysis of textual accounts of these phenomena can assist in uncovering their ideological elements. Such an analysis takes a specifically political stance, revealing how linguistic processes construct and privilege certain definitions and meanings and the processes by which certain interests, norms, values, and opinions receive attention over others. Emphasis is placed upon the subtextual rather than the surface meaning of texts. That is, the text is approached as "like an iceberg of information of which only the tip is actually expressed in words and sentences" (1, p. 181).

The discourses that organize the way in which members of a society understand and deal with illness, disease, and medical treatment are expressed in various forums, both written and spoken. One of the most important is the mass media. As is increasingly recognized, the popular media, quite apart from self-conscious government-sponsored health education campaigns, can be influential in setting
the agenda for the discussion of health issues, pressuring government to act, influencing the level of funding that is made available for treatment and research, presenting images of "typical" victims and villains, and suggesting causes of illness and disease (2–4). The news media in particular, by virtue of their respectability, may be particularly important in framing health issues in certain ways.

Few analyses of women's health issues as represented in the news media have been undertaken by analysts interested in the political functions of language (but see 5–10 for some examples). The present study examines the dominant discourses evident in the Australian print media's reporting of breast cancer during a period in which the introduction of national mass mammographic screening programs was debated and ratified. Cancer is contemporary western society's most dread disease, replete with cultural meanings of fear, hope, victim-blaming, shame, ambiguity, mystery, dependence, and militarization (11–16). Breast cancer is one of the most pressing women's health issues in Australia and other western countries. Over 2000 Australian women die of the disease each year (17). Despite the ubiquity and severity of the disease and cancer's prominence as a cultural metaphor, while critical textual analyses of the Australian popular press's reporting of other major health issues have been published there have been no published analyses that examine discourses on breast cancer.

Consequently, the present study aimed to examine the discourses competing to create meaning at the site of Australian press accounts of breast cancer. A critical analysis of articles that discussed breast cancer was carried out in order to explore both the manifest (or surface) and the latent (subtextual) messages in press accounts. Articles were drawn from a comprehensive collection of a total of 960 print news items compiled by a commercial clippings service for the period August 1987 through February 1990. This particular period was chosen because it coincided with the lead up to and the announcement of the National Early Breast Cancer Detection Program. The clippings collection included all articles, features, or news briefs referring to breast cancer, breast screening, or mammography printed in major metropolitan newspapers in all states, capital city suburban newspapers, business and news magazines, and women's magazines during the study period. Articles were examined for their headline, topic, use of language and visual material, and sources quoted.

DOMINANT DISCOURSES ON BREAST CANCER IN THE AUSTRALIAN PRESS

Table 1 provides a chronological listing of the major news topics dominating the press coverage of breast cancer and screening issues during the study period. These topics may be grouped under a number of macro-topics, including the following: the rising incidence of breast cancer in Australia; controversies over treatment procedures for breast cancer; the need for early detection; the benefits offered by mammography screening; the drawbacks of mammography screening;
the debate over the link between the contraceptive pill and breast cancer; the onus on the government to make funds available for mammography screening; and the relationship between lifestyle factors and the etiology of breast cancer. The remainder of the article examines in more detail the ways in which these macrotopics were portrayed in press accounts.

**BREAST CANCER AND FEMININITY**

The linking of breast cancer to reproductive choices was apparent in several news items about breast cancer. Articles reported on numerous occasions throughout the study period that if women chose to delay having children or “failed” to have children, they put themselves at much higher risk of developing breast cancer. This was linked with evidence showing that “affluent,” “professional,” “yuppie,” “single,” or “career women” were at greater risk. As one article asserted, “Middle class housewives with six children were considered relatively safe” (Adelaide Sunday Mail, 29 November 1987).1 In September 1988, the Western Australian Health Commissioner was quoted as saying that the incidence of breast cancer would fall by a third if all women had a baby before the age of 25 and maintained their ideal body weight. Such headlines subsequently appeared as “‘HAVE A BABY’ WARNING ON CANCER” (Sydney Daily Mirror, 22 September 1988).

In support of this thesis that careerism, success and wealth for women posed a risk for breast cancer were such headlines as:

- **CAREER GIRLS FACE HIGHEST RISK OF CANCER** (Melbourne Daily News, 20 November 1987)
- **CANCER BIGGEST THREAT FOR YUPPIE WOMEN** (Sydney Daily Mirror, 15 March 1988)
- **“WEALTHY” HIT MOST BY CANCER** (Sydney Daily Mirror, 20 July 1990)

The words used in these headlines both trivialized the groups they were labeling as “at high risk” (“career girls,” “yuppie women”) and used hyperbole to create a sense of drama and urgency around the issues, with the use of the phrases “face highest risk,” “biggest threat,” “hit . . . by cancer.” The latent message conveyed in such statements suggested that women who refused to adopt the traditional feminine maternal role and chose instead a professional, well-paid career were courting disaster.

Related to this focus upon child bearing was the controversy concerning the effects upon breast cancer of taking the contraceptive pill (“the pill”) which received widespread attention throughout the study period. The pill debate

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1 Editor's note: The sources for all quotations from the news clippings are given directly in the text.
Table 1
Chronology of Dominant Topics in Press Coverage of Breast Cancer in Australia, August 1987 through February 1990

<table>
<thead>
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<th>Period</th>
<th>Details</th>
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| August–December 1987    | - Overseas studies show that mammographic screening can reduce breast cancer mortality by 30 percent in women over 50.  
                        | - Nancy Reagan’s mastectomy                                                                     
                        | - Study shows that breasts are being needlessly removed for breast cancer.                     
                        | - Study suggests that early detection reduces the need for damaging surgery.                   
                        | - Government is failing to make funds available for screening.                                 
                        | - Research shows that breast cancer is a “career woman’s” disease.                             |
| January–June 1988       | - Debate over a link between the pill and breast cancer                                           
                        | - Debate in U.S. over cost effectiveness of screening for women under 50                      
                        | - Study shows that Australian women are more concerned with weight, stress, and financial problems than with cancer screening services.  
                        | - Australian Institute of Health is to receive $1 million to evaluate breast and cervical cancer screening services.  
                        | - Study shows a dramatic recent increase in breast cancer among Australian women.              
                        | - Study shows that breast cancer may be caused by suppressing anger.                           
                        | - Japanese robot has been developed that detects small breast cancers.                         
                        | - Australian doctors are slow to recognize lumpectomy as an alternative to mastectomy.        |
                        | - Radiation dose survey will determine a safe dose for screening.                              
                        | - U.S. study shows that mammography reduces mortality in women in their 40s.                   
                        | - Western Australia’s Commissioner of Health says that the breast cancer rate would fall by one third if all women had a baby before the age of 25 and maintained their ideal body weight.  
                        | - Experts urge Medicare rebates for screening.                                                 
                        | - Visiting Swedish expert says that Australia could prevent 1,000 needless deaths annually in 35 to 70 year olds with a screening program.  
                        | - Health economist warns that mammography’s high false-positive rate has implications for women’s quality of life.  
| January–June 1989       | - Controversy over the link between the pill and breast cancer continues.                       
                        | - Researcher suggests that breast massage prevents cancer.                                     
                        | - Newspaper investigation concludes that “bureaucratic indecision” is causing 1,000 needless breast cancer deaths yearly.  
                        | - Federal Government announces extra cancer screening funds.                                   
                        | - Mobile mammographic screening units are urged in rural areas.                                
                        | - Results from a pilot study of a mammography screening program show that breast cancer is more common among Australian women than expected.  
                        | - Experts warn of mammography’s high false-negative rate.                                     
                        | - New evidence on the link between the pill and breast cancer                                  |
July–December 1989

- Opposition Spokeswoman on the Status of Women says that Federal Government has failed women because of economic policies and lack of screening services.
- State Member of Parliament criticizes the Government over the lack of Medicare rebates for screening and calls for a screening unit in Sydney's western suburbs.
- Study shows that general practitioners lack knowledge about mammography.
- Study shows that mammography has a 31 percent false-negative rate.
- Royal Australian College of Radiologists criticizes the Government over the lack of a national screening program and its inattention to radiotherapy services.
- Federal Government announces funds for rural women’s health strategy, including provision for mammography screening units.

January–February 1990

- Study shows that breast cancer incidence has increased in the past decade.
- Research indicates that passive women are less likely to survive breast cancer than assertive, positive women.
- Opposition spokeswoman claims that thousands of women are being sentenced to death because of lack of Medicare rebates.
- Study shows that “apple-shaped” women are at higher risk than “pear-shaped” women for developing breast cancer.

appeared to peak in mid-1989 with the publication of two new studies from the United Kingdom and Sweden suggesting that younger women who had taken the pill years ago could be at a higher risk of developing breast cancer. Contradictory and confusing headlines such as the following appeared:

FIGHTING THE SCOURGE OF BREAST CANCER. PILL STILL A PRIME SUSPECT (Sydney Daily Telegraph, 11 January 1989)

THE PILL: DOCTORS WARNED OF NEW RISK (Sydney Sun Herald, 7 May 1989)

BREAST CANCER ALERT OVER PILL (Australian, 7 May 1989)

CANCER RISK IN PILL FOR YOUNG: REPORT (Adelaide News, 5 May 1989)

CONTRACEPTIVE ROW RAGES, EXPERTS SPLIT ON NEW PILL, CANCER LINK (Brisbane Sun, 28 June 1989)

YOUNG PILL USERS "AT HIGHER RISK OF CANCER" (Australian, 11 July 1989)

STUDY PUTS THE PILL BACK IN FAVOUR (Sydney Morning Herald, 5 January 1990)
The lead sentences of news accounts went on to define risk categories in more specific detail:

Women who took birth control pills while teenagers in the 1960s face about five times the usual risk of breast cancer before reaching menopause, a study has found (West Australian, 31 May 1989).

The ageing of the baby boomers is being blamed for an expected dramatic increase in the number of new breast cancer cases (Brisbane Courier Mail, 11 June 1988).

Women in Sydney's 'wealthy' suburbs are at greater risk of developing breast cancer, a shock report revealed today (Sydney Daily Mirror, 20 July 1989).

Such dramatic headlines and details could only serve to arouse anxiety in women who fell into these risk categories. The fact that they had taken the pill decades ago, were in an "at-risk" age group, or lived in a certain area were not factors that such women could easily change.

Ironically, it seemed that women could not avoid developing breast cancer whether they adopted or eschewed traditional feminine behavior, for it was widely reported in March 1988 that research had linked breast cancer to suppression of anger and trying to be "nice." The following article is typical of this theme:

"FIGHTERS CAN BEAT CANCER"

Women are more likely to survive breast cancer if they have a hostile, fighting attitude to the disease and become actively involved in their own treatment, according to a leading Sydney surgeon. But sufferers with a helpless, undemanding approach tend to die sooner (Launceston Examiner, 7 March 1988).

The use of the phrases "fighters can beat cancer," "hostile, fighting attitude," "actively involved" as winners, contrasted with women who are "helpless" and "undemanding," actively seeks to depict the stereotypical passive feminine role as threatening to health. Similarly, in January 1990 a study attracted the press's attention which alleged that women with "passive" attitudes had worse survival rates from breast cancer than women who developed a positive attitude toward their illness. Press accounts served thus to blame women regardless of which role they chose to take: early motherhood seemed protective, but not feminine passiveness; careerism and material achievement were dangerous, but assertiveness was protective; taking the pill could have either effect, depending on the latest medical research.
MEDICAL AND TECHNOLOGICAL DOMINANCE

Another major discourse emerging in press accounts of breast cancer and mammography was that of the dominance of the medical professional and medical technology in health matters. Metaphors of war were consistently called upon in press accounts to describe the mammogram's potentially victorious "fight" against breast cancer. Headlines such as the following were common:

NEW HOPE IN THE TRAGIC WAR AGAINST KILLER DISEASE (Adelaide News, 27 July 1988)

NATION'S BLITZ ON WOMEN'S CANCER (Perth Sunday Times, 31 January 1988)

SCREENING PUSHED AS CANCER WEAPON (Canberra Times, 13 October 1988)

A typical example of such rhetoric in the main body of the text is the following: "War has been declared on breast cancer in South Australia, using the latest strategic defence and weaponry" (Adelaide News, 27 July 1988).

Drug treatment, surgery, and the use of medical technology to detect breast lesions were publicized at the expense of other, less invasive ways of dealing with breast cancer. The rhetoric of "new hope" was fueled by masculine images of battle: "blitz," "cancer weapon," "war has been declared," "the latest strategic defence and weaponry." The constant quoting of frightening statistics in news accounts—for example: "There has been a 35 percent increase in the number of deaths from breast cancer during the past decade" (Australian, 30 November 1987); "New South Wales Central Cancer Registry projections show the number of new breast cancer cases is expected to increase 25 percent to about 7200 new cases in 2001" (Brisbane Courier Mail, 11 June 1988); and "Breast cancer [is] the biggest cancer killer of Australian women" (Adelaide Advertiser, 20 February 1989)—suggested a growing epidemic of breast cancer. In response, headlines such as:

BREAST CANCER SCREENING PROGRAM A POSITIVE STEP (Sydney Daily Telegraph, 17 November 1987)

BREAST CANCER: MAMMOGRAPHY OFFERS A RAY OF HOPE (Adelaide Advertiser, 7 March 1989)

MORE CANCER SCREENING NEEDED (Canberra Times, 27 March 1989)

MORE X-RAY CHECKS URGED FOR CANCER (West Australian, 29 July 1989)

CANCER EXPERT BACKS MAMMOGRAPHIC TESTING (Melbourne Sun News Pictorial, 27 November 1989)

BREAST TESTS VITAL (Sydney Daily Telegraph, 6 January 1990)
valorized the use of medical technology to give hope in the face of threatening statistics. Although a number of articles were printed during the study period that warned of the problems associated with mammographic screening—for example,

"BREAST TESTS A WASTE" (Sydney Sun, 14 March 1988)

CANCER SCREENING QUESTIONED (Canberra Times, 20 November 1988)

MAMMOGRAMS FAIL IN THIRD OF BREAST CANCER CASES (Sydney Morning Herald, 5 June 1989)

SCREENING "WILL NOT BEAT BREAST CANCER" (Canberra Times, 5 June 1989)

—these headlines and articles were few in number compared with those that urged women to attend mammographic screening and implied that the government was neglecting women's health issues by not funding mass screening programs.

The latter issue received particular prominence in 1989, following the screening of a segment on the "60 Minutes" television program that criticized the Minister for Health for not implementing a comprehensive mammographic screening program for Australian women. In the months after the program went on the air, the Federal Government was accused in the press of being neglectful of women's health by health professionals, Opposition spokespeople, and journalists alike. Headlines declared that "GOVERNMENT 'FAILS' WOMEN" (Canberra Times, 17 August 1989), and that there were "1,000 NEEDLESS DEATHS" (Perth Daily News, 17 March 1989) because of the government's prevarication about the institution of mass screening. By January 1990 the Prime Minister had yielded to pressure and announced that the government would purchase mobile mammography units for each State and territory for the use of women in rural areas.

Amongst the political debate and the valorizing of mammographic screening as the ultimate answer for reducing the death rate from breast cancer, little attention was paid to the alternatives. While news features maintained that:

Modern breast clinics with their sophisticated screening methods are able to diagnose early stages of the disease before symptoms appear. . . . If the accurate screening methods of breast clinics could be extended to all women, a marked reduction of deaths would be expected (Australian, 30 November 1987).

and exhorted women to attend such screening, the alternative of breast self-examination as a means of detecting breast lumps without the intervention of medical technology was notable by its absence in press discourse. Despite the existence of an ongoing debate in the medical literature that questions the efficacy and cost effectiveness of mammographic screening as an aid to breast cancer detection, and questions whether it is desirable that healthy women be persuaded
to undergo a procedure that arouses considerable anxiety (17–21), there was very little recognition in the print media’s coverage of the issues, particularly on the part of the tabloid press, of the controversies surrounding mammographic screening.

The sites of these weapons and aggressive action, those women suffering from breast cancer, were rendered largely invisible and passive in this macho medicalized rhetoric. Articles that did focus upon the perspective of women with the disease also tended toward military imagery, using such terminology as the individuals’ “battle” against the disease, their “bravery” and their “fight.” For example, consider the following headlines:

NANCY’S BRAVE FIGHT (Sydney Sun, 25 November 1987)

JILL REVEALS BATTLE TO BEAT CANCER (Melbourne Sun News Pictorial, 16 February 1988)

JUNE TAKES LOST BREAST IN HER STRIDE (Brisbane Sunday Sun, 1 October 1989)

BRAVE ‘NEIGHBOURS’ STAR WINS CANCER WAR (Adelaide News, 6 December 1989)

Women’s magazines were particularly fond of personalizing stories about women’s experiences of breast cancer in terms of their triumph over the scourge. Famous women, in particular, were the subject of such feature articles. An example is the story of June Bronhill, an Australian singer, as reported in a popular women’s magazine:

JUNE’S BATTLE WITH CANCER

It’s just weeks since June Bronhill, Australia’s favourite comedy and opera star, had her left breast removed, but with a dramatic flourish of her arms, she declares: “I feel absolutely wonderful!” . . . Then she adds seriously: “Actually, it’s something I want to go very public on. I want to say to women, ‘Go to your doctor and have your breasts checked regularly.’ It is a great thing to have one breast less and not have cancer throughout your body” (New Idea magazine, 5 December 1987).

In the same issue there was an account of Nancy Reagan’s experience with breast cancer. The article noted that after her recovery from mastectomy, Reagan “raised her arms in the air like a boxer giving a victory salute” (New Idea magazine, 5 December 1987). These women were held up as examples of how personal courage, in conjunction with medical knowledge and skill, could save women with breast cancer from death. Such stories often emphasized the close brush with death these women experienced, and how mammography or mastectomy saved their lives. Other women were exhorted to follow these women’s example and take on the responsibility for protecting themselves against cancer.
LIFESTYLE AND RESPONSIBILITY FOR BREAST CANCER

In contradiction to the discourse which insisted that medical technology offers the answer to diseases such as breast cancer (*after* it has developed), another dominant discourse in news accounts of breast cancer was the emphasis on placing responsibility upon individuals for maintaining good health by preventive measures (*before* cancer develops). I noted above that press portrayals of the etiology of breast cancer identified risk factors such as age, childlessness, the decision to enter the workforce, and previous use of the pill, about which women could do little. Lifestyle interventions that placed the responsibility for preventing breast cancer upon women also received the attention of the press throughout the study period. Such mooted risk factors as lack of exercise, stress, insufficient sexual activity, excessive dietary fat, body shape, and being obese were often the subject of headlines:

- **FEW CLUES TO WHY WOMEN GET CANCER . . . BUT CHANGE OF DIET MAY BE ANSWER** (Sydney Morning Herald, 6 October 1987)
- **FATTY DIETS LINKED TO BREAST CANCER** (Launceston Examiner, 8 March 1988)
- **BREAST CANCER MORE LIKELY FOR WOMEN DRINKERS** (Canberra Times, 13 October 1988)
- **STRESS LINK TO BREAST CANCER** (Launceston Sunday Examiner, 20 November 1988)
- **“TOO LITTLE SEX” MAY CAUSE BREAST CANCER IN WOMEN** (Sydney Morning Herald, 18 February 1989)
- **APPLE-SHAPED WOMEN LINKED TO BREAST CANCER** (Melbourne Sunday Herald, 4 February 1990)

More than one article opined that women can prevent breast cancer if they “are willing to make the necessary lifestyle changes” (*Inverell Times*, 19 April 1988).

While increasing age is the most significant risk factor for breast cancer (22), this factor was rarely explicitly discussed. In fact, even those articles that did explicitly mention the ages of increased risk were generally misleading. Photos and illustrations of women’s breasts, and women undergoing a mammogram, were often used to illustrate articles on breast cancer, especially in women’s magazines, but they usually represented slim, youthful attractive women aged 20 and 35 years, who are much less likely to develop breast cancer than women over the age of 50. One extremely misleading headline alleged that “BREAST CANCER RISK ‘HIGHEST IN YOUNG WOMEN’” (Adelaide News, 13 November 1989). This article was referring to two North American studies which
suggest that the risk of breast cancer if women were exposed to radiation as infants is greater than if they were exposed in later years.

This emphasis upon "what you can do to prevent breast cancer" had the effect of obscuring controversial issues concerning risk factors, which were reported with little critical analysis of the weaknesses, lack of significant evidence, or ambiguity of published research studies. Although it has yet to be resolved in the medical literature whether early detection and aggressive medical treatment improve women's chances of surviving breast cancer (19, 23), headlines such as the following insisted that it was in women's best interests to take charge of their health and seek medical attention:

WOMEN SCARED OF FAT MORE THAN CANCER (Perth Daily News, 12 February 1988)

WOMEN NEED TO CHECK FOR BREAST LUMPS (Brisbane Sunday Sun, 24 July 1988)

MOST BREAST CANCERS CAN BE PREVENTED—WOMEN MUST TAKE ACTION (Brisbane Sunday Sun, 29 January 1989)

A VICTIM WHO DIDN'T REALISE HER BREAST COULD HAVE BEEN SAVED (Sydney Morning Herald, 18 February 1989)

BOSOM BARING IS AN AID TO LIFESPAN (Perth Sunday Times, 21 January 1990)

Such headlines placed the blame and responsibility for the disease squarely upon women in an often disparaging and patronizing way, and trivialized the issues even while they demonstrated that there is little women can do about the disease. Rural women were told, for example, that they must overcome their shyness to attend for mammographic screening: "SHYNESS IS CANCER HAZARD, SAYS DOCTOR" (West Australian, 12 August 1988). There was little examination of the valid reasons why women may feel reluctant to attend for mammography or to examine their own breasts, such as anxiety, embarrassment, fear, and unwillingness to face the threat of breast cancer (24).

DISCUSSION

This analysis of the discourses predominating in Australian press accounts of breast cancer focuses attention upon medicine as a political practice, and the ways in which hegemonic discourses supporting the institution of medicine are reproduced in a forum such as the popular press. The analysis has demonstrated the press's valorization of medical technology, medical practitioners, public health rhetoric, and medical research to the exclusion of the needs, wants, and feelings of women in the general population. Women as individuals received press attention only when they were portrayed as triumphant, brave fighters against
breast cancer, living examples of the victory of medical intervention, extolling the benefits of early detection.

Discourses on breast cancer in the Australian press maintained a constant level of panic about the high prevalence and death rate of breast cancer, while offering the use of technology for detection as the favored means of counteracting the disease. There was little analysis of the drawbacks of undergoing the procedure of mammography, such as the carcinogenic risk of having a diagnostic X-ray, the psychological stress of screening, the high rate of false-positive results causing undue anxiety and further medical intervention, the expense, the lack of trained staff to implement a mass screening program, and the ineffectiveness of current treatments for breast cancer (21). Despite the fact that screening serves only to detect, and not prevent, breast cancer, mammography was dominantly portrayed as a progressive technique capable of saving women’s lives.

Discourses on breast cancer thus privileged the ideology of the “technical imperative.” This ideology has two major consequences for the health of the patient: it values procedures over people, displacing the patient as the central concern; and it promotes the military perspective of viewing disease and death as the enemy, with the patient as the passive battlefield upon which the war is waged (25). The cultural metaphor of war dominating in representations of disease has the purpose of instilling fear and at the same time disempowering the patient. As Montgomery has argued, “When taken as a whole and stripped of its everyday, naturalised character, the language of militarism portrays its users as a terrorised and occupied people” (26, p. 349).

The emphasis in medical and popular discourse upon the detection of disease in symptomless patients also privileges “knowledge” of the presence of a potentially debilitating condition or the risk of developing the condition as the answer to the health problem. There are important ethical issues associated with the trend to encourage “knowledge” of one’s health or risk status (27–31). In the context of breast cancer, the constant emphasis upon the risks to which women are exposed (voluntarily or involuntarily) has the effect of medicalizing women’s lives (11), of creating “a constant threat of unquenchable anxiety” in women who have been labeled “at risk” (32, p. 2), of rendering symptomless women potential victims. The process of surveillance in testing such as mammograms and cervical smears serves the panoptic function of making women dependent upon the insight of technology to reveal the mysteries of their internal organs, redefining notions of health and illness by constantly placing emphasis upon the potential of hidden disease lurking within an apparently healthy body (33).

Just as reproductive technologies have been considered by some feminists as attempts to enforce and maintain control over women’s bodies using the power of medical science and technology (34, 35), so too, a feminist critique of mammography screening questions the presentation of technology as “the ultimate answer to women’s fears” (20, p. 202; 33). Although the women’s movement over the past two decades has attempted to encourage women to resist medical dominance
and achieve agency over their own bodies (36, 37), the alternative of breast self-examination, which requires no medical intervention or technology and which allows the woman to control the procedure, received little attention in the press accounts here examined. Neither was the woman’s right to avoid anxiety, dependence, and medical intervention by deciding against undergoing detection procedures for breast cancer discussed as a viable option to any extent in this forum. It was simply paternalistically assumed that regular mammograms are “a good thing” which women must be persuaded to undergo for their own benefit (see also Posner’s (33) critique of cervical screening programs that attempt to overcome women’s reluctance to undergo a Pap smear).

Most societies deal with illness and disease by ascribing meaning to their etiology. In contemporary western society there is a tendency to ascribe blame to deal with anxiety and fear, to make mysterious illness comprehensible and therefore controllable: “if responsibility can be fixed, perhaps something—discipline, prudence, isolation—can be done” (38, p. 362). In her essay on illness as metaphor, Sontag (14) asserts that people who have cancer are believed culpable for their illness. Because many forms of cancer are believed to originate from “lifestyle” habits or attitudes to life, those who have the disease are deemed guilty victims. Part of their “punishment” is to undergo brutal treatment regimens, as demonstrated by the language of medicine, which commonly employs the metaphors of war. Stein (16) emphasizes the key moral values implicit in medical metaphors, whereby illness is regarded as retribution for self-indulgence. Cancer, in particular, has been regarded as a “negative disease” that is “the outcome of a life somehow wrongly lived that was destined to end by wasting away” (16, p. 86).

This discourse of victim-blaming was central in press representations of breast cancer. In the face of this devastating and dread disease, the press sought to locate the responsibility upon individual women for changing their lifestyles in order to avoid developing breast cancer. The overweening message was that “women should do something to protect themselves,” either by ensuring that they gave birth before the age of 30 years, reduced their dietary fat intake, maintained a slim figure, avoided becoming a career woman, examined their breasts regularly for lumps, or had a mammogram. Women who failed to perform these recommended actions, press accounts implied, were irresponsible and neglectful of their own health. At the same time, press accounts of breast cancer were characterized by confusion regarding the relative dangers of certain activities such as taking the contraceptive pill, making it difficult for women to weigh up their best course of action. Such victim-blaming has the effect of firmly entrenching the social inequalities that lead to ill health (39, 40) and, in the case of breast cancer, obscures the fact that still very little is known about the causes of the disease and the best way of avoiding it.

Feminist theory has routinely commented upon the patriarchal desire for control that is expressed in scientific definitions of femininity, the medicalization of childbirth, the reproductive choices of women, and other areas of women’s health.
It is notable that the overt content of press accounts of breast cancer and mammography was underpinned by subtle messages regarding women’s role in society, women’s bodies, and the nature of femininity. Breast cancer is a disease that is intimately linked with notions of femininity, affecting as it does a bodily site that is the most powerful symbol and outward sign of womanhood. The breasts are symbolically where female sexuality and the ideal of motherhood meet, and, with the womb, are a major bodily site where gender politics find expression.

Breasts, although signifying femininity, are not the preserve of the woman who owns them, but are claimed by a woman’s lovers, children, and, in the case of breast cancer, the medical profession (41). Spence, who herself had breast cancer, has described the breast as “a metaphor for [women’s] struggles,” and notes that “Just as the female body is fragmented and colonised by advertisers in the search for new markets for products and is fetishised and offered for male consumption through pornography, so it is similarly fought over by competitors for its medical ‘care’ ” (42, p. 155). The fetishizing of the breast in western society facilitates the objectification of breast cancer and the removal of a woman’s power over her own breasts in order to place her destiny in the hands of the (predominantly male) medical profession. Western culture’s obsession with the mythology of the breast means that women are highly conscious of the size and shape of their breasts. The eroticization of the breast is a major basis of women’s reluctance to examine their own breast for lumps, for to touch one’s breast is akin to the highly taboo practice of autoeroticism.

The movement of women out of the home and into the workforce in the past two decades has incited renegotiation and articulation of archetypes of femininity, often in conflict with each other. The present study has demonstrated that the symbolic meanings of women’s bodies were directly associated in press accounts to the etiology of breast cancer by headlines that associated wealth, lack of children, and being a “career woman” with an increased risk of developing the disease. The binary oppositions dominating in this coverage drew attention to the feminine/masculine, career woman/housewife, and sterility/fecundity dichotomies, implying that breast cancer was retribution for the rejection of motherhood and the traditional feminine role in favor of material success in the working world.

Contraception is a focal point of societal ambivalence about the feminine role, the right of women to take control over their bodies and their reproductive destinies, and the subsequent impact upon their potential for emancipation. In the present analysis, ambivalence about the role of the contraceptive pill in freeing women to enter the workforce was reflected in the tendency of the press to devote dramatic headlines to the health risks of the pill, while at the same time drawing an association between the choice of a career over motherhood and the risk of developing breast cancer. This tendency was also noted in an analysis of the 1983 “Pill Scare” in the British press, in which a moral panic about the dangers of
taking the pill was generated, with overtones of retribution for sexual activity that
did not lead to motherhood (43).

In this article I have discussed the discourses giving meaning to the reporting of
breast cancer in the Australian press over a period in which the issue of the
institution of mass mammography screening programs for Australian women was
debated. I have made some speculations concerning the impact upon women of
the press’s representation of these health issues. It remains for further research to
determine the effects upon women of press accounts of disease, as well as to
document the messages and meanings about breast cancer and mammography that
are disseminated in other popular media, such as television, and through interper-
sonal communication. Qualitative research that is able to document the extent to
which lay health beliefs are influenced by popular media messages, and to identify
other cultural influences upon these beliefs, perhaps by way of semi-structured
interview or focus group discussions, would add the important perspective of the
audience to the speculations presented here.

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Direct reprint requests to:

Dr. Deborah Lupton
Faculty of Humanities and Social Sciences
University of Western Sydney, Nepean
P.O. Box 10
Kingswood, NSW 2747
Australia