

The Beauty of Survival:
Look Good Feel Better
& Its Construction of Womanhood
In a Culture Ruled by Pink

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The Beauty of Survival: Look Good Feel Better & Its Construction of Womanhood In a Culture Ruled by Pink

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I hereby recognize and pledge to fulfill my responsibilities as defined in the Honor Code and to maintain the integrity of both myself and the college community as a whole.

_____

Approved by:

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Introduction: A Sea of Pink

As I compose the bulk of this research project, National Breast Cancer Awareness Month marches on. It makes its mark on Allegheny College's campus with clusters of pink balloons strung around lampposts, hot pink ribbons fastened to students' backpacks, and awareness flyers pinned to the Campus Center's corkboards. Nationally, the month of October is awash in a sea of pink. Football players don breast cancer themed gear. Restaurants serve pink desserts. Shelves are stocked with items that bear pink ribbons, from cosmetics, to cookware, and everything in between. The dominance of breast cancer culture in American society is impossible to ignore, not just in October, but year-round. Ironically, the primacy of pink invades consumer culture to the extent that the actual physical and emotional well being of breast cancer patients is often overlooked. Using feminist and disability theory, I will explore how Look Good Feel Better, a prominent breast cancer image program, uses online marketing and advertising tactics to construct health, femininity, and survival so as to propagate a traditional definition of womanhood that reinforces Western society's gender binary and the patriarchal objectification of women.

My interest in breast cancer culture grew out of a broad concern with the commodification of philanthropy, which was sparked by an analysis of the RED campaign for AIDS in Africa. While evaluating this case study in my sophomore year Textual Analysis course, I was struck by the strategic and debatably problematic marketing tactics of the RED campaign, which attempt to turn naïve citizens into consumers of philanthropy. Independent research on the commodification of philanthropy morphed into an exploration of corporate altruism, and breast cancer emerged as one of the most contentious and commented on topics in this realm of study. Due to my longstanding interest in feminist theory, I became enthralled by

the way that breast cancer marketing strategically constructs femininity. Breast cancer image programs, in particular, surfaced as fascinating texts through which to understand pink ribbon culture's definition of womanhood.

Image programs are "a specific type of psychosocial cancer service developed to help women address the appearance-related side effects of cancer treatment" (Kendrick 259). They include cosmetic and makeover programs, as well as medical and mastectomy boutiques (Kendrick 259). Look Good Feel Better (LGFB), a nationwide public service program that offers group makeover workshops to female breast cancer patients, is pink ribbon culture's most prominent image program (*Look Good Feel Better*). Through an analysis of LGFB's online marketing and advertising strategies, I argue that the program's strategic construction of health, femininity, and survival seeks to provide breast cancer patients with the agency to rid themselves of the stigma of illness. However, this is only achieved via patients' embodiment of society's feminine aesthetic norms, which reinforces the stigma of femininity as itself a disability and perpetuates the shame attached to sickness and womanhood.

Not only does LGFB's depiction of femininity through its promotional techniques fascinate me, but it is also relevant to the field of Communication Arts. In today's commercial world, consumers are constantly inundated with billboards, print advertisements, and videos that portray a certain type of femininity as being "natural." Long, flowing locks and rosy, smooth complexions are signified as the socially acceptable feminine norm. Women are encouraged to consume cosmetics that will help them achieve this "ideal" form of beauty, as those who fail to embody the type of aesthetic womanhood privileged by society are "othered," disabled, and alienated from the mainstream. As a result, society defeminizes breast cancer patients who have lost the physical traits that our culture signifies as "womanly." LGFB's marketing and

advertising techniques illustrate this fact, depicting breast cancer patients as disabled, unfeminine victims who, ironically, can only regain their "natural" femininity and ensure their survival through the acquisition of a wig and a makeup kit. An analysis of LGFB's promotional campaigns and their endorsement of a certain type of femininity is worthwhile in the field of Communication Arts, as it reveals the socially constructed nature of gender and disability, as well as the power of words and images to perpetuate these constructed identities.

Such a study is particularly important in an era in which breast cancer dominates the commercial and consumer realms. As the reign of National Breast Cancer Awareness Month proves, the "pink ribbon campaign" permeates all areas of Western consumer culture. With breast cancer accounting for one-third of all new cancer diagnoses in American women, the primacy of pink in consumer culture shows no signs of subsiding, nor does the emergence of breast cancer image programs (Pezzullo 345). Because of the propagation and visibility of breast cancer marketing and advertising, including that of image programs, it would be remiss to ignore the way that breast cancer's promotional efforts mold society's conceptions of femininity. The mass scale of modern breast cancer culture renders it powerful in its ability to construct identity; therefore, its treatment of womanhood has critical implications for the operation of the gender binary and Western society's understanding of femininity.

My analysis of LGFB's construction of femininity via its online marketing and advertising strategies is situated within feminist and disability theory. In terms of feminist theory, I begin by exploring work on mind-body dualism, particularly that of Susan Bordo. Bordo's work illuminates Western society's longstanding equation of womanhood with the "contaminated" body, thereby explaining image programs' obsession with normalizing women's aesthetic appearance and reducing bodily shame (Bordo 2). I also utilize scholarship on gender

performativity and the gender binary, focusing primarily on the work of Judith Butler. LGFB's promotional tactics construct breast cancer patients as having lost their femininity, pushing them to reclaim it through artificial beautification. However, Butler contends that an "authentic" version of femininity does not exist; rather, what society conceives of as "true" womanhood is constructed by the repetition of gendered acts that become so engrained in society that they appear natural (Butler 392). Butler's work reveals LGFB's reliance on and perpetuation of Western society's gender binary.

When it comes to disability theory, I draw on Michael Warner's discussion of stigma, as well as Rosemarie Garland-Thomson's work on feminist-disability theory, both of which elucidate Western society's denigration of illness and femininity due to their deviation from the healthy, male norm. Additionally, Michael Warner's explanation of shame illuminates LGFB's preservation of breast cancer patients' inner disgrace despite its attempt to remedy the stigma and disability of illness. Ultimately, scholarship from the realm of disability theory coalesces with that of feminist theory to explain how the threats of stigma, disability, and shame perpetuate the gender binary and the ability system. Though LGFB claims to provide breast cancer patients with the agency to combat these designations, its reliance on the embodiment of traditional gender norms shortchanges that agency.

In Chapter 1, I discuss the theoretical framework in which my project is situated and summarize the current scholarly conversation surrounding breast cancer culture, which my research will contribute to. Chapter 2 outlines the emergence and mission of pink ribbon culture and LGFB itself, as well as the layout of the program's website, which serves as my primary text. Chapter 3 contains my analysis of the way that the marketing and advertising techniques utilized on lookgoodfeelbetter.org construct health, femininity, and survival so as to position

aesthetic appearance as the most central component of feminine identity, as well as the most important factor in a woman's ability to survive breast cancer. Through an exploration of the images and rhetoric that mark the organization's homepage, its public service announcement, and its online Beauty Guide, I argue that despite providing a consumerist form of agency to program participants, LGFB ultimately reinforces the disability of womanhood and perpetuates breast cancer patients' shame. Rather than subverting society's entrenched gender binary, LGFB upholds and normalizes it, thereby aiding in the objectification of woman.

Modern day breast cancer culture is vast, varied, and complex; it contains intermingling threads related to gender, disability, physical health, beauty, agency, consumerism, and survivorship. My research contributes to the scholarly conversation surrounding breast cancer culture by exploring the way in which LGFB's promotional tactics play upon the intersection of all of these topics in order to construct womanhood in a deliberate manner. The program's use of strategically crafted notions about health, survival, and femininity to portray Western womanhood in a conventional way proves the multiple facets at play in the way that American society perceives gender.

Chapter 1: Literature Review

In order to comprehensively analyze the ways in which LGFB's online marketing and advertising strategies construct health, femininity, and survival, I have familiarized myself with the existing scholarly conversations surrounding the topic. In this literature review, I will focus on writing that draws on feminist theory to discuss the way that society at large, as well as breast cancer culture, in particular, conceives of womanhood. Then, I will shed light on how stigma and disability theory blend with feminist theory to inform my project. Finally, I will account for work focused on breast cancer culture and image programs themselves, providing context for my research.

Feminist Theory

Feminist theory plays a central role in evaluating LGFB's construction of Western womanhood through its online marketing and advertising tactics. First, Judith Butler's theory of gender performativity is essential to my research. Though LGFB's website claims that the program helps women reinstate their natural femininity, Butler would contend that the organization merely encourages the embodiment of a particular type of womanhood that it claims is natural. In "Performative Acts and Gender Constitution," Butler unpacks the socially constructed nature of gender. She asserts that gender is not biologically encoded; rather, gender norms are constructed by humans' repetitive performance of certain acts, which in turn become gender conventions that are seen as part of a "natural" gender binary (Butler 393). The institution of these male and female norms in Western society has resulted in the deep entrenchment of the gender binary so that it is taken for granted as part of human nature.

According to Butler, those who fail to adhere to the socially sanctioned models of gender are so stigmatized and disabled by mainstream society that they become illegible as persons (Butler 394). Thus, female breast cancer patients who choose not to regulate their aesthetic appearance according to society's dominant conception of womanhood lose their feminine identity. Image programs promise to remedy this loss by "naturalizing" patients' bodies according to society's gendered expectations, thereby restoring their social status as "normal" women. However, by revealing the manufactured nature of gender, Butler's work suggests that the feminine "norms" propagated by LGFB are not natural, but contrived in a manner that makes them appear as such (Butler 392). Butler's work is also useful to my research in that it highlights the innate connection between gender performativity and aesthetics. In fact, Butler defines performativity as the "stylized repetition of bodily acts," indicating that the way in which people style their bodies is central to their expression of gender (Butler 392). Aesthetic appearance, then, can be viewed as the primary ground over which society negotiates and determines gender, explaining its centrality to LGFB's normalizing mission.

An additional thread of feminist theory relevant to my research is Western society's longstanding equation of femininity with the body. In the introduction to *Unbearable Weight*, Susan Bordo uses the theory of mind-body dualism to explain this phenomenon. Bordo notes that the West has historically viewed the mind and the body as two separate entities, with the body representing a restrictive cage that confines the spirit, or the true essence of a human (Bordo 5). While men are placed among the mind, signifying them as honorable and pure citizens, women are confined to the body, which Western philosophy has long conceived of as "animal, as appetite, as deceiver, as prison of the soul" (Bordo 3). Western society's association between femininity and the body means that the female identity takes on the disgracefulness

signified by the physical form, constructing women as inherently inferior beings. Women are also viewed as being in need of regulation so as to control their unruly bodily impulses. Without such discipline, women's threatening bodies may overpower Western society's patriarchal organization (Bordo 6). By encouraging and providing women with the agency to discipline their bodies in accordance with society's acceptable standards of femininity, image programs like LGFB reflect Western culture's longstanding fear of the threatening female body. Bordo's scholarship is useful in its explanation of the link between womanhood and physical appearance, which image programs rely on and perpetuate, as well as these programs' purpose in regulating aesthetic appearance in a particular way.

In Kristin Lindgren's work "Bodies in Trouble: Identity, Embodiment, and Disability," she elaborates on historical conceptions of the body and women's association with the corporeal realm. Plato's discussion of the body in the *Phaedro* reveals the negativity that has long been attached to the physical form. He notes that "the body provides us with innumerable distractions in the pursuit of our necessary sustenance; and any diseases which attack us hinder our quest for reality" (Lindgren 145). As a result, Plato suggests that human beings avoid "contact and association with the body" as much as possible so as to avoid becoming "infected with nature" (Lindgren 145). According to Plato, disease further debases the body, which is by nature a source of contamination (Lindgren 145). Lindgren comments that because women have historically been seen as more embodied than men, the identity of an ill female "can be viewed, and experienced, as doubly corporeal, doubly devalued, and . . . doubly shameful" (Lindgren 147). While image programs aim to ameliorate the stigma attached to illness, they reinforce women's association with the body in the process. Image programs' aesthetic transformation of breast cancer patients, which is guided by traditional beauty norms, restores women to the

dominant and non-threatening archetype of socially sanctioned femininity. The concealment of scars and embodiment of a “proper” feminine form construct women not as autonomous humans, but as sexualized objects that fit comfortably into the existing gender hierarchy (Saywell, Beatty, and Henderson 45). Therefore, though image programs address the stigma of illness, they leave the disability of womanhood itself intact. As I will soon explain via Michael Warner’s work, they also perpetuate patients’ individual shame, which results from bearing the weight of a stigmatized identity (Warner 30).

The strength of Western society’s link between femininity and the body can result in gender identity crises for breast cancer patients whose sick bodies do not conform to society’s acceptable feminine norm. Sonia Báez-Hernández’s piece "Breast Cancer: A New Aesthetics of the Subject" comments on this occurrence through its exploration of breast cancer patients’ internal feelings about gender and disability. According to Báez-Hernández, society’s equation of femininity with the body means that changes in a woman’s physical appearance can result in shame, a concept which I will soon clarify, as well as her alienation from mainstream society (Báez-Hernández 146). Thus, breast cancer patients who suffer physical deformities as a result of their disease suffer from a loss of gender identity and struggle with the “normalizing gaze,” which shames women into hiding their disfigurements in order to blend in with the rest of society (Báez-Hernández 146). As scholar Nina Hallowell points out, women who refuse to discipline their bodies so as to conform to society’s dominant conception of womanhood are “seen as deficient – not properly feminine” (Hallowell 164). Therefore, many breast cancer patients are attracted to the concept of using image programs to restore their feminine identities.

Disability

Like the feminist theory I have discussed, the realm of disability studies illuminates the reason for image programs' emphasis on women's aesthetic appearance. In her work "Integrating Disability, Transforming Feminist Theory," Rosemarie Garland-Thomson posits that feminist and disability theory cannot be divorced from one another. She combines the two disciplines into "feminist disability theory," which makes disability a "category of analysis within the enterprise of feminism" (Garland-Thomson 334). Garland-Thomson notes that both gender and disability are "culturally fabricated narrative[s] of the body," as these traits are socially attributed rather than biologically engrained (Garland-Thomson 336). In labeling people according to gender and disability, society privileges certain types of bodies over others and invokes a hierarchy of power and status (Garland-Thomson 336). Because both sick bodies and female bodies fail to conform to the ideal of strength and ability, they are disabled by mainstream society. Therefore, women with breast cancer are doubly disabled, marked as weak, vulnerable, and incompetent by both their illness and their gender. In explaining the disabled status of femininity and illness, Garland-Thomson's work helps to reveal how image programs work to shun the disability of illness while simultaneously reinforcing the disability carried by femininity.

Stigma

Stigma theory coalesces with discussions of gender to explain the effect of image programs' advertising and marketing campaigns on dominant notions of femininity. In *The Trouble With Normal*, Michael Warner explains that stigmatization occurs when a person's identity is permanently marked with disgrace (Warner 27). Stigma "is a kind of spoiled identity" that "may have nothing to do with acts one has committed. It attaches not to doing, but to being;

not to conduct, but to status" (Warner 28). Society stigmatizes those who deviate from its expectations of normality. In terms of my research, Warner's explanation of stigma led me to infer that because breast cancer patients' bodies do not adhere to the socially constructed norm of health and fitness, they are stigmatized. Therefore, image programs step in to beautify women's bodies according to the social norm, artificially creating the appearance of aesthetic normality. Though image programs work to remove the stigma carried by illness, they reinforce the shame attached to womanhood itself by emphasizing patients' aesthetic appearance at the expense of their physical and mental health.

Sociologist Howard S. Becker introduces a companion notion of stigma in his discussion of deviance, which constitutes a violation of the norm. Becker notes that "women's deviance, like any deviance, is a social construct . . . The acts and individuals are not intrinsically deviant. Rather, they acquire their 'deviantness' through a characteristic process of meaning-attachment" (Schur 5). Such meaning-attachment occurs as a result of society's entrenched gender assumptions, which create a "network of interrelated norms and sanctions through which female (and male) behavior is [understood,] evaluated and controlled" (Schur 11). Any woman who does not conform to society's dominant conception of femininity is labeled as a deviant "other" and is subsequently stigmatized. Becker's explanation of deviance sheds light on how breast cancer patients are stigmatized when they lose the traditional feminine beauty that Western society expects "normal" women to embody. Image programs, therefore, portray themselves as saviors of feminine identity, promising to restore patients' "natural" feminine appearance and, in turn, their identity as women.

In distinguishing the concept of stigma from that of shame, Michael Warner's scholarship adds further value to my research. According to Warner, stigma "marks the person, not the deed,

as tainted" (Warner 28). While stigma is viewed as an identity that is fundamental to one's personality, shame is connected to a person's behavior (Warner 29). It results from one's consciousness of the wrongness of his or her actions according to society's judgment. Warner's explanation of shame helps to reveal image programs' failure to address both the stigma and shame that come with being a female breast cancer patient. Image programs attempt to relieve patients of the disability attached to illness by creating the outward illusion of physical health, thereby ridding their identities of the stigma connected to sickness. However, in encouraging the embodiment of stereotypically feminine aesthetic norms, image programs reinforce women's disabling association with the body, thereby failing to eliminate the stigma of femininity. Moreover, image programs reinforce the shame associated with being ill by implicitly suggesting that a healthy appearance is the only avenue to societal acceptance. As Báez-Hernández suggests, it is this shame that drives women to normalize their bodies using image programs' services.

Feminist scholar Simone de Beauvoir contributes to the conversation surrounding stigma by commenting on women's longstanding association with the "Other." According to Beauvoir, "otherness is a fundamental category of human thought," as people understand themselves based on what they are not (Beauvoir xl). In terms of gender, the "absolute human type" has historically been the masculine; "he is the subject, he is the Absolute – she is the Other" (Beauvoir xl). As the "Other," women have been viewed in terms of what they lack in comparison to men, and femininity has been stigmatized due to its dissent from the masculine norm. Aristotle demonstrates this fact by writing, "'The female is a female by virtue of a certain lack of qualities. We should regard the female nature as afflicted with a natural defectiveness'" (Beauvoir xxxix). According to this notion, femininity itself becomes framed as a disability,

thereby preventing image programs from eradicating stigma via the restoration of hegemonic femininity. Grasping the concept of "otherness" and the longstanding duality between male and female is crucial to my research; it explains why women continue to be viewed as abnormal and subordinate beings, which is evident in society's reinforcement of the gender hierarchy through the continued valuation of femininity based on aesthetic beauty.

Pink Ribbon Culture

As Gayle Sulik outlines in *Pink Ribbon Blues*, the discourses surrounding breast cancer have converged in recent years to compose "a unique cultural system" with its own "symbols, beliefs, values, norms, and practices" (Sulik 4). This new dimension of Western culture, which arose out of the women's health movement of the 1970s and the breast cancer movement of the 1980s and 1990s, can be called "pink ribbon culture" (Sulik 4). Sulik notes that because the discourses surrounding breast cancer are deeply engrained in the fabric of American life, breast cancer culture is grounded in Western society's deeply held beliefs about gender and femininity (Sulik 9). These stereotypes include women's innate sexuality, attributed to them as a result of mind-body dualism and their association with the supposedly "primal" body (Bordo 6). This assumption is reflected in pink ribbon culture's sexualization of the female breast via risqué advertisements and bawdy marketing slogans like "Save second base" (*Save 2nd Base*). Western society's belief in women's innocence and emotional sensitivity is also expressed in pink ribbon culture, particularly through the prominence of the color pink and infantilizing gifts like teddy bears. Finally, as the prevalence of image programs like LGFB indicates, pink ribbon culture perpetuates society's emphasis on traditional female beauty, thereby drawing upon and reactivating societal gender expectations (Sulik 14). Not only does Sulik's work provide context for my research by tracing the emergence of pink ribbon culture, but it also highlights the

cultural beliefs surrounding gender that breast cancer culture reflects, thereby aiding in my understanding of image programs' treatment of womanhood

Barbara Ehrenreich joins Sulik in discussing the emergence of pink ribbon culture in the first chapter of her book *Bright-Sided*, entitled "Smile or Die: The Bright Side of Cancer." Ehrenreich comments on the "ultrafeminine theme of the breast cancer marketplace," which is inundated with "cuteness and sentimentality," cosmetics and jewelry, and of course, the color pink (Ehrenreich 23). The writer suggests that this hyper-feminine trope may be a response to cancer treatments' "disastrous effects on one's looks" (Ehrenreich 23). American society expects women to be rosy-cheeked, with thick hair and a healthful glow; when breast cancer patients lose these qualities, they are viewed as having lost their femininity as well. Ehrenreich suggests that the emphasis on conventional female aesthetic appearance that pervades breast cancer marketing is meant to compensate for that perceived loss of womanhood (Ehrenreich 16). Her work proves that society's restrictive assumptions about femininity deeply pervade breast cancer culture. Image programs exemplify this by both reflecting and reinforcing gender stereotypes through their focus on patients' aesthetic appearance.

Ehrenreich also addresses the fact that not every breast cancer patient "goes for cosmetic deceptions" (Ehrenreich 30). For some women, baldness and scars signify power and sensuality; despite what image programs' marketing campaigns seem to suggest, concealing the physical toll of breast cancer in favor of a societally sanctioned type of feminine beauty is not desirable for all women, thus calling image programs' mission into question. Ehrenreich's equation of cosmetics with deception implies that there is some sort of "authentic" womanhood that becomes distorted through the use of artificial cosmetics. The question is, who gets to decide what this "authentic" form of femininity entails? When it comes to breast cancer culture, the marketing and

advertising campaigns of visible programs like LGFB have the power to construct a particular version of femininity that they claim is authentic, thereby encouraging patients to embody it so as to signify themselves as "true" women.

In her work "'National Breast Cancer Awareness Month': The Rhetoric of Counterpublics and their Cultural Performances," Phaedra Pezzullo contributes to the discussion of breast cancer culture by commenting on the phenomenon of "pinkwashing." By "pinkwashing," Pezzullo refers to "talk about women that does not necessarily empower women" (Pezzullo 346). In breast cancer culture, "pinkwashing" manifests itself in the emphasis on cutesy gifts, pink cosmetic kits, and relentless positivity, none of which contribute to saving patients' lives (Pezzullo 346). Pezzullo asserts that the dominant gender assumptions embedded in Western society, which are reflected by the pinkness and sentimentality of the breast cancer marketplace, often cause physicians to "presume [that] cosmetic concerns are primary to newly diagnosed" female breast cancer patients (Pezzullo 346). Though maintaining a woman's health and ensuring her survival are important priorities, the discussions surrounding breast cancer are marked by socially constructed gender conventions that problematically place aesthetic appearance at the top of all female patients' priority list.

Though it is easy to write aesthetics off as unimportant in the scheme of a breast cancer patient's experience due to the importance of ensuring her physical health, it is crucial to study the way in which physical appearance serves as the ultimate site of struggle over which femininity is negotiated. As Butler's definition of gender performativity indicates, aesthetic appearance is the dominant way in which gender is expressed and interpreted in Western society. By constructing her physical appearance in accordance with socially acceptable female gender norms, a breast cancer patient ensures that she will be recognized as a "normal" woman by

mainstream society, hence the centrality of aesthetics to gender performance and breast cancer culture in general.

The primacy of the fitness, nutrition, beauty, and fashion industries within pink ribbon culture demonstrates this centrality. For instance, scholar Maren Klawiter notes that the feminine theme of the goodie bags distributed at Races for the Cure around the nation "give patients the means of (re)becoming a woman" as defined by Western society (Klawiter 71). By providing women with the beauty products and accessories necessary to create the rosy complexion, shiny hair, and ultra-feminine look that Western society associates with womanhood, these gift bags allow women to style themselves so as to outwardly signify their femininity. In doing so, they subliminally suggest the importance of adhering to traditional female gender norms (Klawiter 71). Both Pezzullo and Klawiter shed light on breast cancer culture's aesthetically-centered priorities, indicating the reason for the popularity and proliferation of image programs.

As a component of pink ribbon culture, breast cancer image programs operate from within its system of gender assumptions and norms. Karen Kendrick's "Normalizing Female Cancer Patients" provides valuable context for my project by elaborating further on this point through an exploration of image programs' function and impact. Kendrick discusses the prevalence of image programs within breast cancer culture and analyzes the tactics used by the LGFB program in particular. She delineates the format of the "group make-over workshops" held by LGFB in hospitals across the country and comments on the manner in which the program seeks to "normalize" ill women by constructing them as physically attractive, heterosexual, and able-bodied (Kendrick 259). According to Kendrick, LGFB perpetuates a restrictive version of womanhood that equates femininity with the body in the manner described by Bordo, thereby

propagating patriarchal gender norms and women's inferior social status. Though the program promises to return breast cancer patients to "themselves," it in fact helps them to *create* "a self that reflects the normative social definition of femininity" (Kendrick 264). By including background on image programs and illuminating the strategic ways in which they work to construct womanhood, Kendrick's piece is useful to my research. In the early stages of my project, her work also proved to be helpful in illuminating the gaps in the existing scholarship surrounding image programs. Kendrick's article sparked my interest in image programs' failure to relieve the stigma of womanhood, as well as the role of women's agency in their operation.

Chapter 2: The Birth of Pink Ribbon Culture

The scholarship summarized in the Literature Review has provided me with the intellectual foundation from which to explore LGFB's strategic construction of health, survival, and femininity, which together create a narrow and traditional definition of womanhood. Before delving into my analysis of LGFB's online marketing and advertising tactics, I will further contextualize my project by explaining the emergence of the concept of the "norm," which image programs rely on in their promise to "normalize" breast cancer patients' physical appearance. I will also delineate the rise of modern breast cancer culture and the LGFB program itself so as to provide an understanding of the environment in which the organization operates.

The Origins of the "Norm"

Because image programs seek to "normalize" breast cancer patients' physical appearance, it is useful to understand how the concept of the "norm" emerged in the first place. In his introduction to *The Disability Studies Reader* entitled "Normality, Power, and Culture," Lennard Davis notes that the norm "is less a feature of human nature as it is of a particular kind of society" (Davis 1). Though its entrenchment in Western society suggests that the idea of the norm has always been a social feature, "it is possible to date the coming into consciousness in English of an idea of 'the norm' over the period 1840-1860" (Davis 2). Prior to this, in the seventeen century, the concept of the "ideal" reigned supreme. Unlike the normal body, the ideal body was unattainable by humans. With the rise of statistics in the nineteenth century, however, the notion of the "average" emerged and became a new kind of ideal that human beings could actually attain (Davis 3). Statisticians posited that the average, or "normal," population could be identified scientifically, as its members fell under a bell curve. Those who were outliers on the

bell curve were viewed as abnormal and were thereby disabled by mainstream society, suffering from the alienation and shame that accompany this designation. Therefore, it can be said that the concept of the "normal" body gave rise to the idea of the disabled body (Davis 3).

Davis' work illuminates the fact that the concept of the "norm" was born out of statistics. Most statisticians were eugenicists, believing that in order for a nation to be strong, its citizens must be physically and mentally fit. The idea was that "if individual citizens are not fit, if they do not fit into the nation, then the national body will not be fit" (Davis 6). The remnants of this belief are evident in breast cancer culture today, particularly in the operation of image programs. Women who appear to be weak or physically incapable are stigmatized and disabled due to their deviance from the healthy norm, which society deems that a "proper" or "normal" citizen must embody. Therefore, image programs market themselves as being able to "normalize" breast cancer patients' physical appearance so as to restore their "natural" femininity and, in turn, their identity as women. The emergence of the concept of the "norm" is critical to understanding the reasoning behind image programs' mission.

Breast Cancer's Silent Past

Before analyzing LGFB's online marketing and advertising strategies, it is useful to understand the emergence of the active and visible breast cancer culture that the program reflects and reinforces. As Gayle Sulik notes in *Pink Ribbon Blues*, "the public character of breast cancer in today's culture provides sharp relief to the stigma that was associated with the disease prior to the 1970s" (Sulik 27). Until recent decades, the subject of breast cancer has been absent from the public discourse, treated instead as "a private experience suffered by women individually" (Leopold 3). For years, the only public discussion of breast cancer came from medical journals, which were written by and for men. Patriarchal social norms, inaccessible

medical language, and the powerful stigma attached to the disease pushed women to the margins of the already minimal conversation surrounding breast cancer (Kaartinen 9). The "open discussion of breast cancer, networks of social support, access to information, and empowered decision-making" that currently exist for female breast cancer patients seemed unimaginable mere decades ago (Sulik 28).

The stigma that long precluded breast cancer from the public realm finds its origins in centuries-old beliefs about cancer and its relationship to the female body. As scholar Ellen Leopold explains, disease was historically believed to be "a divine punishment for sin (or for any form of moral 'uncleanliness')" (Leopold 25). The shame linked to disease led patients to conceal their symptoms, which were viewed as omens of moral decay. Such negative philosophies about illness have been engrained into Western society and culture for centuries, resulting in the persistent view that one must mask his or her disease so as to maintain a "normal," socially acceptable identity. As Rosemarie Garland-Thomson notes, Western society's "disability system functions to preserve and validate such privileged designations as beautiful, healthy, normal, fit, competent, intelligent – all of which provide cultural capital to those who can claim such status, who reside within these subject positions" (Garland-Thomson 77). In order to avoid the disability and shame associated with illness, sick people are compelled to conceal their symptoms so as to create the illusion of health and, therefore, remain legible as citizens.

Women, in particular, have felt the strength of this compulsion due to the robust societal associations among illness, femininity, and aesthetic appearance. For centuries, cancer has been closely linked to the female body. For instance, Galenic medical theory, a Greek system of thought dominant prior to the early modern period, associated the "'terrible evil'" of cancer

primarily with women due to its impact on "their feminine parts, the breasts and the womb" (Kaartinen 9). The 1775 publication *The Modern Family Physician* echoed this notion, asserting that women contract cancer more often than men due to their "'gross habits of body' and . . . more emotional nature" (Kaartinen 9-10). A number of medical professionals concurred, such as John Rodman, who suggested in 1815 that breast cancer was the result of women's proneness to hysterics, which had a drastic impact on their "delicate constitutions" (Kaartinen 18). The widespread conception of cancer as a woman's disease "conferred deviant status" to diagnosed women, who were stigmatized for diverging from the healthy norm (Sulik 27). The resultant shame "proved to be contagious"; women worked to conceal the symptoms of breast cancer, and the word "cancer" itself became taboo (Sulik 27). Rather than constructing a dialogue around breast cancer, patients were encouraged to remain silent so as to avoid highlighting their shameful possession of the disease.

In *A Darker Ribbon*, Leopold asserts that "the wholesale denial of breast cancer [prior to 1970], the determination to force it underground and render it invisible," was not just a symptom of patients' shame, but also that of the medical profession for failing to control the disease (Leopold 27). According to Leopold, the long-lived status of breast cancer as a forbidden topic of public conversation was a "socially-conditioned response" to the continued presence of the deadly disease and the resultant societal terror (Leopold 27). The lack of active public discourse around the subject of breast cancer was a means of denying the disease's existence while implicitly recognizing "the fear and helplessness of both doctors and patients" (Leopold 27). In other words, the anxiety resulting from doctors' inability to cure breast cancer further perpetuated the silence surrounding the disease. Because science and statistics coined the concept of the "norm," there is an assumption in Western culture that these disciplines should be

able to maintain it as well (Davis 3). Thus, one might assert that the medical establishment's failure to cure the abnormal, stigmatized disease of breast cancer is responsible for creating a panic around the illness.

The exceptionally high level of fear surrounding breast cancer is interesting considering the plethora of other ailments that pose a deadly threat to women. For example, though Heart Disease is the number one killer of women, it engenders considerably less public fear than breast cancer does ("Leading Causes"). In their work on media representations of breast cancer, Cherise Saywell, Lisa Beatty, and Lesley Henderson suggest that "breast cancer is especially culturally laden because of the problematic ways in which femininity is located in . . . the feminine body" (Saywell, Beatty, and Henderson 39). As a result of mind-body dualism and the "otherness" historically attached to femininity, women's value is attributed to them "via bodies which are sexualized and commoditized for . . . masculine consumption; or through bodies which are conceptualized in terms of reproductive potential" (Saywell, Beatty, and Henderson 39). Not only does the female breast signify sexuality, but it is also indicative of women's traditional role as mothers. However, "the 'cancerous' breast can be neither erotic nor maternal" (Saywell, Beatty, and Henderson 40). Because breast cancer rids the breast of its "acceptable" functions involving sexuality and reproduction, it challenges the containment of women's "unruly" bodies and threatens to undermine Western society's patriarchal gender binary. The fear surrounding breast cancer and the resultant silence that long shrouded the disease can be attributed to its destabilization of society's traditional view of the female body.

Though breast cancer culture no longer operates in a hushed atmosphere, the discourses surrounding the disease have yet to reach a point of complete candidness due to pink ribbon culture's insistence upon optimistic dialogue. As Ehrenreich explains, "positive thinking seems

to be mandatory in the breast cancer world, to the point that unhappiness requires a kind of apology" (Ehrenreich 26). Despite the pain and suffering caused by breast cancer, the "appropriate attitude" towards the disease is "upbeat and even eagerly acquisitive" (Ehrenreich 22). While undergoing breast cancer treatment, Ehrenreich herself was reprimanded by fellow patients on an online message board for listing her complaints about "the debilitating effects of chemotherapy, recalcitrant insurance companies, environmental carcinogens, and, most daringly, 'sappy pink ribbons'" (Ehrenreich 32). Ehrenreich's peers deemed her anger unacceptable; one woman even suggested that Ehrenreich's bad attitude signified that she should "'run, not walk, to some counseling'" (Ehrenreich 32).

The mandate for positivity present in pink ribbon culture suggests the persistence of the taboo and fear surrounding breast cancer, despite the active discourses that surround the disease in modern society. Though a patient may be tempted to discuss the often difficult realities of breast cancer diagnosis and treatment, "pink ribbon culture is geared more toward encouraging people to feel good about the cause" than to acknowledging the ugly nature of the disease (Ehrenreich 18). In this type of cultural environment, patients must "carefully decide what to reveal about their illness experiences, and what to hide" (Ehrenreich 18). As Ehrenreich's work reveals, breast cancer culture still has a ways to go in terms of inspiring open and honest communication, demonstrating the stigma that remains attached to breast cancer and illness in general.

Breast Cancer in the Public Discourse

Despite the lack of discussion surrounding breast cancer in the past, "there is [currently] no public forum in which breast cancer is not at home" (Leopold 3). Public figures champion breast cancer awareness, pink ribbons adorn every retail shelf, and communities across the nation

raise money for the cause. How has breast cancer been so effectively drawn into the public realm? According to Sulik and Leopold, removing the stigma from the disease was the first step (Sulik 28). The de-stigmatization process commenced slowly in the 1930s, with the emergence of the first breast cancer narratives written by female patients. The stories were published in popular magazines with the goal of reframing the medicalized disease as a more personal issue (Leopold 215). Women were encouraged to reject the shame and terror attached to breast cancer and come forward with their symptoms. These groundbreaking articles placed women at the center of the breast cancer dialogue for the first time, insisting that they must no longer suffer in silence. The continued release of patient stories in subsequent decades, as well as the publication of statistics regarding clinical advances in detection and diagnosis, began to alter the public's prevailing view of breast cancer (Leopold 228). Gradually, the illness became conceptualized as a valid disease worthy of research and attention rather than as a private ailment suffered by the weaker sex.

The turning point for breast cancer's public image came in the 1970s with the women's, patients', and consumers' rights movements. These events converged to encourage "patient empowerment, the development of lay medical knowledge, and a commitment to sharing information with other women" (Sulik 28). Breast cancer patients began to organize networks aimed at interrogating the medical establishment, swaying policy, and solidifying support systems (Sulik 28). The 1971 passage of the National Cancer Act contributed to this breast cancer crusade by increasing visibility and financial support from the federal government (Leopold 228). By the early 1990s, efforts to de-stigmatize breast cancer, increase awareness, provide emotional and practical support, and challenge medical authority were evident and widespread. The "breast cancer movement [had] claimed a more public character" (Sulik 29).

As breast cancer achieved a high level of social importance, so did the identity of its sufferers; thus, the broad system of pink ribbon culture began to take shape around the patient population (Sulik 30). The media was a key player in institutionalizing pink ribbon culture, disseminating messages of optimism, personal empowerment, and "survivor" identity on a mass scale. Before long, pink ribbon culture had become a "dynamic and highly public dimension of American culture" perpetuated by "mass publicity, fundraising, and corporate influence" (Sulik 30). The motifs of ultra-femininity and positivity that surround breast cancer, which image programs echo and fortify, are products of this large-scale corporate and cultural establishment.

The Birth of Image Programs

Image programs' focus on cosmetic makeovers is symptomatic of pink ribbon culture's "aesthetic approach to coping" (Sulik 35). As the breast cancer movement widened the public discussion surrounding breast cancer, it began to promote the importance of restoring one's normal physical appearance following cancer diagnosis and treatment. The breast cancer "survivor" championed by pink ribbon culture is constructed as a healthy, strong "fighter" who refuses to allow breast cancer to overtake her. In order to emulate this "survivor" typecast, patients are encouraged to restore what society views as their "natural," womanly aesthetic appearance, thereby masking the physical and emotional toll that breast cancer has taken on their bodies (Sulik 36). Phaedra Pezzullo argues that breast cancer culture's emphasis on aesthetics is detrimental to women, as it impedes any discussion of patients' physical health or the environmental causes of cancer (Pezzullo 346). Pink ribbon culture's replacement of scientific discussion with an emphasis on cosmetic issues means that doctors focus on "saving breasts, not lives" (Pezzullo 346). Image programs like LGFB echo Pezzullo's concerns in that they make

no mention of cancer prevention or physical health; instead, they are designed strictly to teach women how to restore aesthetic "normality," promising to help them recapture their feminine identities with nothing but some blush and a good wig. Therefore, image programs' mission corresponds with pink ribbon culture's desire to perpetuate society's feminine beauty ideal in patients so as to construct them as "survivors" rather than victims.

In *Bright-Sided,* Ehrenreich discusses pink ribbon culture's reliance on the word "survivor," which has replaced supposedly politically incorrect labels like "victim" and "patient" (Ehrenreich 27). Rather than relying on these passive terms, verbs like "battling" and "fighting" have been employed to describe women in the midst of treatment, and those who have "beat" the disease are labeled "survivors." According to Ehrenreich, the use of the term "survivor" diminishes "the more than forty thousand American women who succumb to breast cancer each year" (Ehrenreich 27). In the "overwhelmingly positive culture that has grown up around breast cancer, martyrs count for very little; it is the 'survivors' who merit constant honor and acclaim" (Ehrenreich 27). Despite this critique, the word "survivor" cannot be downplayed entirely. The term offers agency to sick women whom mainstream society automatically disables due to the stigma associated with their illness and their gender. Rather than surrendering to their sickness like "victims," "survivors" have fought against it and won, demonstrating strength and agency. However, one might assert that image programs reverse this agency by encouraging women to restore their bodies and their identities to society's non-threatening feminine norm. Though the word "survivor" suggests power and strength, the artificial beautification that image programs claim is required to achieve this designation attaches weakness and disability to womanhood.

Look Good Feel Better

The first aesthetically-focused support program for female breast cancer patients was Reach to Recovery, which was founded in 1952 and taken over by the American Cancer Society in 1969 (Sulik 37). Reach to Recovery was initially aimed at providing practical and emotional support to women who had undergone the disfiguring process of a mastectomy surgery. Temporary breast prostheses were offered in order to normalize women's postsurgical appearance, thereby working to "persuade women that breast cancer was not a disabling handicap" (Sulik 28). The LGFB program, launched in 1989, aims at a similar goal. LGFB calls itself "a non-medical, brand-neutral public service program that teaches beauty techniques to cancer patients to help them manage the appearance-related side effects of cancer treatment" (*Look Good Feel Better*). The program was developed by the Cosmetic, Toiletry, and Fragrance Association Foundation (CTFA), which is now the Personal Care Products Council Foundation. The lobbying organization represents manufacturers of cosmetics, fragrances, and body care products (Kendrick 262). The American Cancer Society (ACS) partnered with the CTFA to provide a national network through which to publicize and expand the program. Finally, the National Cosmetology Association (NCA), a professional organization representing cosmetologists and aestheticians, signed on and encouraged its members to voluntarily lead the program's group workshop sessions (Sulik 38).

In 1989, LGFB launched its pilot workshops at the Memorial Sloan-Kettering Cancer Cancer in New York and Georgetown University's Lombardi Cancer Center in Washington, D.C. The program has since expanded into all fifty states and Puerto Rico. Over 900,000 women have participated in LGFB, which now offers 15,400 group workshops nationwide in more than 2,500 locations (*Look Good Feel Better*). Teen and Spanish programs, self-help

mailer kits, online support, and a twenty-four hour hotline are also available. The program's success has even inspired independent licensed international affiliate programs to emerge around the globe (*Look Good Feel Better*). LGFB's popularity points to Western society's strong conflation of traditional female beauty conventions and feminine identity; as a result of this link, female breast cancer patients are encouraged to believe that retaining their womanhood in the midst of cancer treatment is dependent on tailoring their physical appearance to the aesthetic feminine norm.

In order to help patients achieve this goal, LGFB holds group makeover workshops in hospitals around the nation. At the start of a session, five to fifteen attendees sit before placemats that hold cotton balls, swabs, written materials, and a bag of makeup personalized to match each woman's skin tone. A ten-minute video is screened in which women of various ages and ethnicities "are shown participating in a meeting and giving testimonials about their cancer history and the value of the program" (Kendrick 268). As Karen Kendrick explains in her writing on LGFB, "the major claim of the video is that all women should look their best when going through cancer treatment because it will help them hide their cancer and increase their self-esteem" (Kendrick 268). Women are encouraged to utilize the program even if they did not use cosmetics prior to their cancer diagnosis, insinuating that the draining aesthetic impact of chemotherapy and radiation is too calamitous not to mask. As Garland-Thomson notes, Western society deems that both female and sick bodies are "dependent, incomplete, vulnerable, and incompetent" (Garland-Thomson 79). In order to shed the stigma and disability attached to illness, women use image programs to construct their physical appearance according to society's feminine beauty conventions. As Warner's work explains, while creating the outward appearance of health may ward off the social stigma associated with illness, it exacerbates the

inner shame experienced by patients, who are inculcated with the notion that a healthy appearance is necessary for societal acceptance (Warner 29).

Perhaps LGFB's insistence on makeup usage for all breast cancer patients is also indicative of an underlying commercial motive. After all, the image program was founded by a lobbying organization that represents manufacturers of cosmetics, fragrances, and body care products (Kendrick 262). Though the LGFB program does not champion particular makeup brands, the Personal Care Products Council Foundation surely has a stake in engendering as much support for the cosmetic industry as possible. As Garland-Thomson points out, Western society's "mandated standard of the female body has become a goal to be achieved through self-regulation and consumerism" (Garland-Thomson 81). In encouraging women to "shape, regulate, and normalize [their] subjugated bodies," image programs indirectly encourage them to purchase cosmetics, fragrances, body care products, and other stereotypically feminine goods (Garland-Thomson 81). In effect, patients are directed to reclaim their femininity via the adoption of a consumer identity.

LGFB is complicit in encouraging this consumerism: following the video shown at the beginning of every makeover session, each participant is invited to open her cosmetic package and examine its contents: a cleanser, a moisturizer, a concealer, a foundation, a powder, a blush, an eyeliner, and eye shadow, an eyebrow pencil, a mascara, a lip liner, and a lipstick. The cosmetologist leading the group then delineates the "twelve steps of makeup application," discussing the correct use of each product and providing health and safety tips along the way (Kendrick 268). For example, women are instructed to throw away old cosmetics in order to avoid bacteria that could threaten their suppressed immune systems. Though this reasoning may be valid, the suggestion bolsters consumerism by instilling in women the importance of

purchasing new cosmetics. Following the makeup demonstration, the instructor discusses how to choose and care for a wig, as well as how to creatively tie a headscarf. With that, the program comes to a close; patients are released having learned how to artificially restore their feminine appearance in the face of the hair loss, skin changes, and other physical effects of cancer treatment: consumerism is key.

LGFB is not the sole image program available for breast cancer patients in the United States. Many hospitals provide information for women regarding the management of physical appearance in the midst of cancer treatment. Other image programs come in the form of small businesses that address various aspects of appearance for cancer patients, from wig shops, to individual cosmetologists, to makers of customized body molds and breast prostheses, to women's health boutiques (Kendrick 259). Due to its size and public prominence, however, LGFB is the poster child for breast cancer image programs. The program is run in hospitals across the nation, making it more visible and accessible than any other organization of its kind. As a result of its far reach and prominent voice, LGFB is powerful in terms of its ability to shape the way in which female breast cancer patients, and femininity itself, are viewed in Western society. Therefore, the words and images used to market LGFB are of crucial importance.

In order to comprehensively analyze the way in which LGFB's online promotional strategies construct a particular view of femininity, I will perform a textual analysis of the organization's website, lookgoodfeelbetter.org, which is run by the Personal Care Products Council Foundation (*Look Good Feel Better*). In addition to including LGFB's history and a description of its program offerings, the website also features a Beauty Guide with subsections like "Makeup Step-by-Step" and "New Hair Looks" (*Look Good Feel Better).* My analysis is centered around the words and images utilized on the website's homepage, in its featured public

service announcement, and in its Beauty Guide. By examining the messages that pervade LGFB's marketing and advertising efforts, I seek to reveal the power that image programs wield as part of pink ribbon culture to dictate what it means to be a woman in modern society.

Chapter 3: Look Good Feel Better – A Textual Analysis

The historical and theoretical context outlined in the previous chapters foregrounds an analysis of the way in which LGFB's online marketing and advertising tactics construct health, femininity, and survival so as to encourage breast cancer patients to regulate their bodies according to society's dominant female beauty conventions. Through the use of particular words and images, LGFB's website sends the message that in order to be identified as a "normal" woman, one must perform femininity according to society's gendered rules regarding aesthetic appearance. By conflating beauty with physical health and deferring an emphasis on cancer's hardship, LGFB's online promotional strategies portray aesthetic appearance as the most central consideration in a female breast cancer patient's ordeal, as well as the sole arbiter of her ability to successfully survive the disease. The agency that LGFB provides to women by helping them "normalize" their physical appearance aids them in ridding their identities of the stigma of illness, but only by reinforcing the shame already associated with the disability of femininity, thereby entrenching the gender binary and perpetuating women's objectification.

What Does a Survivor Look Like? LGFB and the Mind-Body Split

Upon entry to LGFB's website, the viewer is greeted with a prominent message in the middle of the page: "Hope is Beautiful" (*Look Good Feel Better*). Written in large, white letters, the slogan is situated within a banner alongside the image of a smiling program participant (see Appendix, Figure A). The simple phrase can be taken literally: according to LGFB, faith in one's ability to recover is derived directly from the adoption of society's traditional beauty conventions. The woman on the banner radiates health and femininity: she boasts red lips, a rosy complexion, shiny black hair, and gleaming jewelry. Next to the woman's picture, small text

identifies her as "Jessica – Cancer Survivor" (*Look Good Feel Better*). An arrow beside the banner allows the viewer to toggle between Jessica's image and those of two other beautified program participants, Janice and Lisa, who also beam confidently at the camera. By coupling the phrase "Hope is Beautiful" with images of vibrant, healthy-looking breast cancer "survivors," LGFB suggests to cancer patients that the pathway to hope, and therefore survival, is the embodiment of traditional female beauty conventions.

LGFB's obsession with beauty can be understood via scholarship on woman's relationship to the body. In *Unbearable Weight*, Bordo outlines the concept of mind-body dualism, which has long "been characteristic of Western philosophy and theology" (Bordo 2). While Western culture privileges the mind as the true bearer of the soul, it denigrates the body as "a bear – a brute, . . . a creature of instinct, of primitive need" (Bordo 2). Men, considered to be the "absolute human type," are associated with the rational mind (Beauvoir xxxix). On the other hand, women are viewed as being "more embodied" than men (Lindgren 147). Therefore, according to scholar Margrit Shildrick, "'to experience oneself and to be experienced by others as a woman is to take up a particular bodily identity'" (Hallowell 164). In other words, because woman is a cultural signifier for the body, her identity as a female is based on her adherence to society's norms regarding female aesthetic appearance (Garland-Thomson 81). These norms are dictated by the naturalized gender binary and the sanctions that enforce it, which I will discuss in the following section.

An analysis of LGFB's public service announcement, which essentially serves as an advertisement for the program, illuminates the way in which the organization constructs aesthetic appearance as the bedrock of feminine identity, thereby perpetuating mind-body dualism. A few clicks of the arrow on LGFB's homepage bring the viewer to the three-and-a-half minute long

video, which features a group of women, diverse in terms of age and race, who have participated in LGFB's makeover workshops (see Appendix, Figure B). For the first portion of the advertisement, the women wear all black, setting a grim tone that is augmented by somber instrumental music. The video opens with a participant standing against a white background, speaking emphatically into the camera: "Cancer may not have taken my life, but it took my identity" (*Look Good Feel Better*). Subsequently, a string of women positioned within the same frame begin to list the traits that cancer robbed them of: "My hair." "My smooth olive skin." "My eyelashes." "My eyebrows" (*Look Good Feel Better*). Aside from the brief mention of a sense of humor, each trait listed is related to aesthetic appearance, echoing women's historical link to the body (Bordo 2). Cancer "changed the way I looked," two women state simultaneously as the video cuts to a split screen. "I wasn't 'me' anymore" (*Look Good Feel Better*). With their focus on physical traits, the program participants suggest that their identity as women is based entirely on aesthetic appearance. Without their hair, their eyelashes, and their smooth skin, they cannot be themselves.

By positioning physical appearance at the core of "natural" femininity, LGFB upholds women's association with the "unpredictable and unruly" body, thereby maintaining women's subjugation in a society that privileges the rational mind (Lindgren 145). Rather than challenging women's devaluation as a result of their link to the physical realm, LGFB upholds their attachment to the body and the resultant notion that, for a woman, "anatomy is . . . destiny" (Lindgren 147). It is this association between feminine identity and the body that upholds the stigma attached to womanhood by dictating that one who fails to discipline her body in accordance with society's female aesthetic conventions "will no longer be [identified as] a 'natural' woman" (Hallowell 166). I will elaborate on stigma in the next section, but it is crucial

to note that LGFB's equation of womanhood with stereotypical feminine beauty aids in its perpetuation.

Not only does LGFB's propagation of mind-body dualism uphold the stigma of femininity, but it also supports the disability attached to womanhood by stressing the importance of artificiality to feminine identity. As Garland-Thomson posits, in order to avoid the stigma of disability, one must possess the "healthy, normal, [and] fit" body privileged by Western society (Garland-Thomson 77). For a woman to personify such a self, thereby signifying her "normal," healthy femininity, she must adhere to the gender binary's female beauty conventions, including the possession of rosy cheeks and shiny hair (Garland-Thomson 77). LGFB's Beauty Guide promises to help patients embody these traits, in turn allowing them to "look better" and appear as their "true" selves. However, as the marketing of the program's online Beauty Guide suggests, the only means of doing so is through decoration and ornamentation, suggesting that there is a necessary artificiality that accompanies the construction of an "authentic" feminine aesthetic appearance (*Look Good Feel Better*).

LGFB's Beauty Guide is advertised both above and below the "Hope is Beautiful" banner on its homepage, signifying its importance to the program's aesthetic mission. When one of these links is selected, the website navigates to the Beauty Guide's main page, which, like the website's homepage, features Jessica as the ultimate embodiment of "ideal" femininity (*Look Good Feel Better*). The Beauty Guide's goal of helping patients look their best throughout cancer treatment is explained below the bright pink title. "While most changes in your appearance are temporary," the text reads, "we believe that it is important to help you look better today" (*Look Good Feel Better*). To begin their journey towards beautification, visitors to the Beauty Guide are invited to select a subcategory, all of which are listed on the Guide's web page:

categories include “Makeup Step by Step,” “New Hair Looks,” “Nail Care,” and “Styling” (see Appendix, Figure C). Cutesy images of lip gloss, makeup brushes, nail polish, and stylish hats accompany the categories’ titles, causing the viewer to feel as though she has stumbled upon a cosmetics website, not that of a cancer support program (*Look Good Feel Better*).

Through the rhetoric and images used to market the Beauty Guide, LGFB constructs artificial beautification via cosmetic usage as the pathway to the embodiment of “true” femininity. In doing so, the program attempts to resolve the tension between artificiality and authenticity that its makeover workshops invoke by paradoxically claiming to “create” a “natural” appearance. However, the program’s emphasis on artificiality serves to augment the disability attached to femininity. Rather than naturally embodying the privileged designations of health and fitness, the female body must be shaped, disciplined, and adorned through synthetic means (Garland-Thomson 81). The artificial regulation that women’s bodies require reinforces the incompetence that the ability system attaches to femininity, thereby perpetuating the disability of womanhood (Garland-Thomson 81).

Policing the Binary

LGFB’s positioning of an ultra-feminine aesthetic appearance as the primary feature of “normal” feminine identity is a result of the entrenchment and naturalization of Western society’s gender binary, as well as the sanctions that reinforce it. In its Beauty Guide, LGFB tells each participant that, despite the physical changes that result from cancer treatment, “You can still be yourself” (*Look Good Feel Better*). According to the program, women can restore their “natural” womanhood via the reconstruction of their “true” feminine appearance, which constitutes their identity as women. In making this claim, LGFB presumes that there is an authentic form of femininity that breast cancer steals from its patients. However, Judith Butler

would assert that there is no such thing as natural womanhood; rather, "to be a woman is to . . . compel the body to conform to an historical idea of 'woman' . . . as a sustained a repeated corporeal project" (Butler 394). According to Butler, "gender is in no way a stable identity or locus of agency from which various acts proceed; rather, it is an identity . . . instituted through a stylized repetition of acts" (Butler 392). Thus, it cannot be said that Western society's gender binary, which dictates what is "feminine" or "masculine," is natural. Rather, the binary is constructed by the repeated performance of gendered acts that become so deeply engrained in the fabric of Western society that they appear natural.

In using the phrase "stylized repetition" to describe gender performativity, Butler conveys the centrality of aesthetic appearance to gender identity in Western society, explaining the intense concern with physical appearance displayed by the women in LGFB's advertisement. As Butler's work indicates, styling one's body in a particular way is the primary mode of signifying gender in Western culture. Those who fail to perform their gender in accordance with society's expectations face the threat of stigmatization, disability, and shame, all of which police and perpetuate the gender binary. The women in LGFB's advertisement echo the program's message that, without performing femininity via the embodiment of society's dominant beauty conventions, a breast cancer patient cannot be socially legible as a woman.

LGFB's public service announcement touches on the sanctions of stigma, disability, and shame by discussing the public's perception towards sick women. The video displays a split screen of several women unanimously declaring, "When I had cancer, I didn't want anyone to see me" (*Look Good Feel Better*). "My husband didn't look at me the same," one woman laments, indicating her loss of sexual desirability as a result of cancer treatment's impact on her looks (*Look Good Feel Better*). As Edwin Schur notes, Western society's mandated "beauty

norms govern the visual objectification of women, a key aspect of their overall objectified status" (Schur 53). Because a woman's embodiment of prevailing female aesthetic norms is central to the way that she is evaluated by society, there is an "ever-present danger of being deemed physically unattractive," which marks a woman as a lesser being, or perhaps not as a woman at all (Schur 68). In noting the shift in her husband's view of her, the woman in the video suggests that in order for a breast cancer patient to remain sexually desirable and acceptably feminine, she must regulate her body according to society's ideal version of femininity.

Michael Warner's discussion of stigma and Rosemarie Garland-Thomson's work on feminist-disability theory can be used to explain the perceived "danger" surrounding physical unattractiveness invoked by the women in the advertisement. As Warner notes, stigma is "a kind of spoiled identity" that identifies "a person permanently with his or her disgrace" (Warner 27-28). When one fails to embody the identity that society expects of him or her, stigma "marks the person . . . as tainted" (Warner 28). Garland-Thomson's work builds upon the concept of stigma in describing disability "as a pervasive cultural system that stigmatizes certain kinds of bodily variations" (Garland-Thomson 76-77). The disability system operates by "differentiating and marking bodies" as normal or abnormal based on entrenched societal conventions (Garland-Thomson 77). Those who fail to embody the "privileged designations" of beauty, health, fitness, and normalcy are disabled and viewed as incompetent, or less human (Garland-Thomson 77).

As I noted in the Literature Review, female breast cancer patients are doubly stigmatized and disabled due to their possession of two characteristics that deviate from the social norm. Illness diverges from Western society's healthy, able-bodied standard due to its historical connection with immorality and the "contaminated" body (Lindgren 145). Womanhood is

similarly disabled by mainstream society. When it comes to femininity, Beauvoir notes that women have historically been cast as the "Other," while men have been positioned as the subject, or the "Absolute" (Beauvoir xl). To bolster her argument, Beauvoir quotes St. Thomas, who said that "'humanity is male and man defines woman not in herself but as relative to him; she is not regarded as an autonomous being'" (Beauvoir xxxix). Rather than standing as an equal and autonomous category, Western femininity has existed to prop up masculinity, thereby taking on the role of "Other." By virtue of its separation from privileged masculinity, as well as its association with the ignoble body, femininity has historically been thought of as "bad, or dangerous, or weak" (Goffman 3).

For a breast cancer patient, the stigmatization of womanhood combines with that of illness to prevent her from societal acceptance as a "normal" woman (Leopold 25). In LGFB's public service announcement, women's mention of the shift in others' behavior towards them during their cancer treatment hints at the particularly strong stigmatization and disability experienced by breast cancer patients. "My coworkers wouldn't even look at me," one subject notes, suggesting to viewers that if a woman fails to signify "acceptable" femininity by regulating her physical appearance in accordance with dominant gender norms, she will face alienation from mainstream society (*Look Good Feel Better*).

Not only do the women in the video mention their anxiety about the public's reaction to their altered physical appearance, but they also discuss their own self-consciousness about cancer's impact on their looks, thereby invoking the concept of shame. One woman notes that during cancer treatment, she didn't want to look in the mirror (*Look Good Feel Better*). Others discuss the toll that looking "different" and "sick" took on them (*Look Good Feel Better*). Báez-Hernández's work can be used to unpack these claims. She explains that "women's

disfigurement [as a result of cancer treatment] makes visible their anguish and their struggle with the normalizing gaze" (Báez-Hernández). To clarify her argument, Báez-Hernández mentions sociologist Erving Goffman's concept of an "identity kit," or a woman's "individual possessions" that comprise her sense of self (Báez-Hernández). In Western society, a woman's identity kit includes breasts, hair, nipples, and areolas, arising from the equation of femininity with the body (Báez-Hernández). The possession of these traits is "fundamental to . . . [managing] the self," so when a breast cancer patient loses them, she often experiences "self-mortification and a gender crisis" (Báez-Hernández). Not only is she subject to social stigmatization and disability due to her failure to appear as an "authentic" woman, but the pressure to conform under society's "normalizing gaze" also shames her into perceiving her "own attributes as being a defiling thing to possess" (Goffman 7). It is this shame that prompts the women in LGFB's advertisement to express feeling "ugly," "fat," and insecure in their bodies during cancer treatment (*Look Good Feel Better*). Society's construction of illness as a disgraceful quality suggests that its physical signs are to be ashamed of and concealed.

In *The Trouble with Normal*, Michael Warner differentiates the concept of shame from that of stigma. As Lennard Davis notes, "each of us endeavors to be normal" so as to avoid the stigma that accompanies deviation from societal expectations (Davis 1). When one strays from the norm, society attributes stigma to that person's identity and social character (Warner 29). Such stigma is accompanied by shame. While stigma is connected to the way in which society perceives a deviant person, shame is linked to the way in which that person views his or her own behavior (Warner 29). By indicating disgust with their physical appearance during cancer treatment, the women in LGFB's advertisement signify their possession of shame. Not only has their illness caused the attribution of stigma to their social identities, but it has also engendered

inward disgrace as a result of illness' historical link to immorality (Leopold 25). Though LGFB might claim to relieve breast cancer patients of the shame linked to illness by helping them create the physical illusion of health, the program actually reinforces this shame. After all, its mission relies on the notion that societal acceptance as a "normal" woman relies on the concealment of illness in favor of the appearance of health. In doing so, LGFB bolsters the idea that illness is a quality worthy of shame.

Consumer Agency

By stressing the stigma, disability, and shame that results when a woman deviates from society's feminine aesthetic norm, LGFB's marketing and advertising methods encourage breast cancer patients to partake in its makeover workshops so as to construct the appearance of "normal," healthy femininity. In providing breast cancer patients with the opportunity to "normalize" their aesthetic appearance, LGFB imbues them with a measure of agency that helps them ward off the stigma and disability of illness. However, the type of agency afforded to program participants revolves around consumerism, thereby reinforcing the disabling notion that artificial beautification is necessary to the creation of "authentic" feminine identity. Though LGFB helps women shun the stigma of illness via their embodiment of society's female aesthetic norms, it simultaneously reinforces the disability of womanhood, as well as breast cancer patients' inner shame.

LGFB's encouragement of consumerism is evident in its emphasis on the necessity of using artificial means to construct the appearance of health and "natural" womanhood. By positioning the use of makeup and accessories as vital to the creation of an "authentic" feminine appearance, LGFB suggests that consumerism is the only way to appropriate the agency necessary to remove the stigma of illness from one's identity. While the consumption of

cosmetics and accessories is necessary for any woman desiring to conform to society's ideal conception of femininity, cancer patients' loss of their "natural" feminine appearance marks them as consumers in particular need of these goods. LGFB suggests that a female breast cancer patient can only achieve an acceptable aesthetic appearance through the incorporation of "consumer" into her identity, which occurs when she purchases the products lobbied for by the Personal Care Products Council Foundation.

The rhetoric utilized in LGFB's Beauty Guide suggests the program's complicity with consumerism. According to the Guide, "nothing looks more vibrant than a seemingly natural glow. Blush is one of the easiest ways to start looking healthier" (*Look Good Feel Better*). In suggesting that the creation of a socially acceptable, healthy feminine appearance is dependent upon one's use of blush to create a rosy complexion, the Beauty Guide boosts the market for the product amongst breast cancer patients. In addition to makeup advice, the Beauty Guide also provides hair care tips for women with breast cancer. "Our cosmetologists are happy to help you find the best solution for your needs – whether it is a wig, hat, scarf, head covering or combination of several," reads the Beauty Guide (*Look Good Feel Better*). The Guide does address the fact that some patients may be comfortable without hair, but it promises to help them "identify the right makeup and earrings to set off . . . [their] natural look," implying that a patient's complete rejection of all aesthetic feminine norms is unacceptable (*Look Good Feel Better*). As LGFB's public service announcement suggests, such a woman will be stigmatized and disabled by mainstream society, thereby resulting in discrimination and alienation (Warner 28).

In empowering women to discipline their bodies alongside societal gender conventions, LGFB helps them combat the "normalizing gaze" and "self-mortification" suffered by breast

cancer patients as a result of their abnormal physical appearance (Báez-Hernández). Ironically, though, the consumerism that marks the agency provided to program participants contributes to LGFB's perpetuation of the disability and shame of womanhood, which is evident in the paradox presented by the Beauty Guide's rhetoric. By insisting upon breast cancer patients' use of manufactured products, like blush and earrings, to create a "natural" feminine appearance, LGFB suggests the necessity of artificial ornamentation to the construction of a socially acceptable physical appearance for women. As I discussed in the first section of this chapter, the implication that women's bodies require artificial regulation in order to comply with society's healthy, fit norm attaches disability to the category of womanhood.

LGFB's public service announcement also displays the way in which the program's emphasis on consumerism perpetuates the disability of womanhood. Following the sequence of solemn statements made by program participants in the first half of the video, the advertisement's background music brightens and a tall, striking woman declares, "Then I found Look Good Feel Better" (*Look Good Feel Better*). The sudden presence of the ultra-feminine woman, wearing a form-fitting purple dress, bold jewelry, and a face full of makeup, signifies the end of the solemnity that characterized the first part of the video. Rather than wearing black, the video's subjects now don vivid clothing, loud accessories, and brighter makeup. Their somber expressions have also transformed into cheerful smiles. The shift in the women's appearance and demeanor, as well as the change in the music's tone, conveys the message that despite the self-consciousness and shame that breast cancer incites in its patients, lipstick and a good wig can engender optimism and restore feminine identity. LGFB "brought me back," the women announce in unison, confirming the centrality of aesthetic appearance to womanhood in Western society (*Look Good Feel Better*). In emulating a stereotypically healthy, "normal"

feminine identity, the program participants have rid their identities of the stigma of illness. However, the ultra-feminine, glamorous presence of the program participants in the second half of the video suggests that ornamentation and beautification were required in order for them to achieve this goal, thereby signifying the necessity of artificiality to "authentic" womanhood.

In addition to the disability of womanhood, LGFB also propagates the shame of illness and femininity with the mandate it places on consumerism and traditional female beautification. In discussing the gay rights movement, Michael Warner asserts that "most people cannot quite rid themselves of the sense that controlling the sex of others, far from being unethical, is where morality begins" (Warner 1). He notes that "some kinds of sexual relations seem as though they ought to be universal" due to their apparent morality and consistence with nature and health (Warner 5). "But what if they are not universal in fact," Warner asks, "or if other people demonstrate a different understanding of nature and health?" (Warner 5). Despite Warner's focus on sexuality, his thoughts are relevant to a discussion of LGFB. By suggesting that beautification through consumerism is the only way to create an authentically feminine identity, LGFB defines womanhood in accordance with the type of body that the gender binary dictates as being healthy, natural, and moral. However, LGFB's narrow characterization of femininity is not universal; it fails to account for women who do not identify with society's ultra-feminine aesthetic norm and choose not to regulate their bodies in accordance with it. Not only are such women stigmatized by mainstream society due to their physical "abnormality," but they also experience the shame of womanhood due to their possession of socially "unacceptable" female bodies. Ultimately, "respectability politics" are at play in the way that LGFB operates (Warner 25). In striving to portray breast cancer patients' bodies as being contiguous with the healthy

norm, LGFB perpetuates a restrictive and disabling definition of femininity, shunning women who fail to conform in the process.

The Survival Formula: Look Feminine & Stay Positive

LGFB's strategic construction of health, femininity, and women's agency through its marketing and advertising tactics influences the program's depiction of survivorship, a theme positioned at the heart of pink ribbon culture. As I noted previously, the marketing strategies utilized on LGFB's homepage indicate that the embodiment of a traditionally feminine aesthetic appearance is necessary not only to retaining one's identity as a woman, but also to procuring a chance at survival. By juxtaposing the slogan "Hope is Beautiful" with the images of ultra-feminine cancer "survivors," the website's banner indicates that the embodiment of traditional beauty will engender hope in a breast cancer patient that is necessary not only for her physical survival, but for her social and cultural survival as well.

The term "survivor" carries significant connotations regarding femininity and illness. Jessica, Janice, and Lisa, the beautified program participants featured on LGFB's homepage, are not identified by age, hometown, profession, or any other personal characteristics. Rather, each woman is branded simply with her name and the label "Cancer Survivor" (*Look Good Feel Better*). As I mentioned in Chapter 2, the controversial term "survivor" must be granted some sort of credit for providing disabled and stigmatized breast cancer patients with a sense of agency (Pezzullo 347). The active term imbues women with traits traditionally associated with masculinity; in order to "survive" a difficult ordeal like cancer, one must exhibit strength, vigor, and determination. Because Western gender norms suggest a more passive role for women, the use of the label "survivor" provides female breast cancer patients with the opportunity to challenge the oppressive mainstream discourse that disables femininity (Pezzullo 347).

However, when it comes to LGFB, the agency carried by the term "survivor" only goes so far, ultimately upholding breast cancer patients' disability and shame.

In suggesting that the embodiment of societally sanctioned beauty norms will lead one to survival, LGFB conflates women's aesthetic appearance with their physical health. Not only will conventional beautification boost a breast cancer patient's self-esteem, but the website also promises that it will improve her "quality of life," implying that if a breast cancer patient looks better, she will feel better as well (*Look Good Feel Better*). In other words, LGFB suggests that taking care of the female body simply entails disciplining one's physical appearance according to society's gender norms. By equating women's aesthetic appearance with their physical health, LGFB strengthens mind-body dualism and upholds art critic John Berger's assertion that, in Western society, "'men act and women appear'" (Schur 66). Rather than positioning women as autonomous subjects and imbuing them with agency, LGFB helps to construct them as weak objects in a patriarchal society.

LGFB's equation of beauty with physical health also serves to obscure a discussion of the environmental causes of breast cancer. The end of LGFB's video advertisement suggests the extent to which the program places aesthetic appearance at the top of patients' priority list. One program participant states that after completing the makeover workshop, "I started focusing on getting better – on taking care of myself" (*Look Good Feel Better*). The woman's comment confirms the program's equivalence of beauty and physical health; despite the deadly threat that breast cancer poses to one's body, it is not until the patient's aesthetic appearance is "normalized" that she can begin to focus on beating the disease (*Look Good Feel Better*). LGFB's emphasis on the importance of aesthetic appearance to survival echoes Phaedra Pezzullo's assertion that "a tension exists [in pink ribbon culture] between the appearance of

caring for women and practices that [actually] improve women's lives" (Pezzullo 346). Perhaps LGFB is successful in bettering breast cancer patients' experiences by providing them with the confidence and inner strength necessary to survive the disease. However, the program's complete emphasis on beauty at the expense of topics like physical health and breast cancer prevention is detrimental not only to patients' well-being, but to society's dominant conception of femininity. While LGFB may provide temporary confidence to sick women whose gender identities are in crisis, it ultimately preserves the gender binary that disables femininity rather than challenging the stereotypes that perpetuate female objectification.

Not only does LGFB construct beauty as a necessity for survivorship, but it also positions hope as a key factor in one's ability to beat cancer. Barbara Ehrenreich's work is useful in analyzing LGFB's treatment of optimism as it pertains to cancer survival. In *Bright-Sided,* Ehrenreich discusses the impact of "our implacably optimistic breast cancer culture" (Ehrenreich 30). She writes that, within breast cancer culture, it is "almost axiomatic that survival hinges on 'attitude'" (Ehrenreich 33). Therefore, rather than operating as an open forum in which patients are free to discuss the challenges that accompany breast cancer, pink ribbon culture disparages demoralized discussion. Patients are chastised for speaking of breast cancer's "inevitable disfigurements"; instead, they are encouraged to highlight "the intangible benefits of spiritual upward mobility" and "opportunities for self-improvement" that the disease can provide (Ehrenreich 30).

While the mythical link between the immune system and optimism has been scientifically disproven, its infiltration of pink ribbon culture is proven by the positivity that marks LGFB's online marketing (Ehrenreich 33). LGFB echoes the mandated optimism of breast cancer culture by focusing on the importance of "hope," which is the first word that catches one's eye on the

website's homepage. Next to the "Hope is Beautiful" slogan, Jessica and her beautified colleagues greet visitors with confident grins, suggesting that LGFB's makeover workshops provide the means for the reinvention and self-improvement that breast cancer culture prizes (Ehrenreich 31). By pairing an optimistic catchphrase with images of joyful "cancer survivors," LGFB's website indicates that the embodiment of society's dominant female aesthetic norms will shepherd a patient directly to hope and survival. Mention of the inevitability of pain or suffering as a result of breast cancer is precluded by the optimism of the words and images present on the homepage. In accordance with Ehrenreich's observations about pink ribbon culture, "bright" thinking reigns supreme.

Through its emphasis on optimism, LGFB suggests the importance of taking a "mind over matter" approach to battling cancer. Patients must exhibit mental toughness throughout treatment so as not to allow the disease to defeat them. In privileging this approach, LGFB echoes Western society's belief in the dominance of the mind over the body. If one displays mental strength, her physical strength will follow. This line of thought complicates the typical gendering of mind-body dualism by encouraging women to take on the qualities of the mind, which Western culture has long associated with masculinity. In doing so, the goal is for program participants to rid their identities of the stigma that accompanies illness and womanhood. However, LGFB leaves the shame of these designations intact by upholding the body's association with weakness, as well as women's link to the physical realm.

By providing women with the agency to beautify their bodies in accordance with society's acceptable gender norms, LGFB claims to restore breast cancer patients' "natural" feminine identity, thereby generating the hope necessary for survival. However, in the process, the program upholds the disability of womanhood and the shame that accompanies femininity

and illness. The assertiveness that LGFB ascribes to its program participants through the use of the “survivor” label is thereby restricted by the sanctions that entrench the gender binary, propagating its naturalization and women’s subjugation in a patriarchal society.

Conclusion: What Comes Next?

As its website proclaims, LGFB prides itself on helping breast cancer patients "face the challenge of a lifetime" with its makeover workshops (*Look Good Feel Better*). Western society's obsession with physical appearance, particularly for women, makes LGFB a valuable resource for breast cancer patients who simply wish to be viewed as "normal." Thus, I do not wish to suggest that LGFB is a solely detrimental program for women. However, drawing from my exploration of the organization's online marketing and advertising tactics, I argue that LGFB perpetuates the stigma and disability of womanhood by constructing artificial aesthetic appearance as the most crucial determinant of feminine identity, as well as a woman's ability to survive breast cancer. Though the program imbues its participants with agency by providing them with the tools necessary to regulate their bodies in accordance with society's dominant gender norms, this agency relies upon the adoption of a consumer identity that reinforces women's disabling association with the artificial. Thus, while LGFB may help women alleviate their identities of the stigma of illness, it simultaneously reinforces the shame associated with the disability of femininity.

The implications of my analysis run deep in a society obsessed with beauty and besieged by pink ribbon culture. Western women are constantly inundated with images of "ideal" beauty; the media portrays radiant complexions and glossy hair as the norm, which one must comply with if she is to be viewed as an "authentic" woman. However, the application of Butler's theory of gender performativity to LGFB's promotional tactics reveals that the feminine gender norms endorsed by the program are not natural, but constructed (Butler 392). Similarly, the disability that Western culture associates with womanhood and illness is arbitrarily assigned according to society's conception of the norm. As the analysis of LGFB's marketing and advertising

techniques proves, words and images have the power to perpetuate engrained and oppressive notions about femininity and illness, as well as women's agency and survival. Promotional campaigns linked to breast cancer culture are particularly powerful due to the dominant presence of pink ribbon culture in Western society. Therefore, it is crucial to understand the way in which LGFB and breast cancer culture in general construct health, femininity, and survival. The notion that there is a "true" or "proper" version of femininity must be disturbed so as to account for women who fail to identify with the ultra-feminine conventions emphasized by the gender binary. Furthermore, the longstanding idea that illness is a quality worthy of shame must be struck from the psyche of Western culture so as to allow breast cancer patients to heal not just physically, but emotionally.

As breast cancer culture proliferates, so should scholarship on the discourses surrounding the disease in order to illuminate the power of pink ribbon culture to construct meaning and identity in modern society. Throughout my research, I encountered several scholarly threads that, despite being outside the scope of my project, have rich potential as topics for further study due to their relevance to breast cancer culture's construction of womanhood. For example, a more detailed exploration of women's agency as it pertains to image programs is warranted. While image programs advertise a particularly passive form of femininity, their participants play an active role in choosing to embody it. Rather than assuming that men mandate women's embodiment of female gender conventions, Susan Bordo encourages us to consider Michel Foucault's assertion that "power works from below" (Bordo 27). In other words, women's voluntary adherence to society's female gender norms preserves dominant forms of subjectivity, including gender, that perpetuate their own sexualization and oppression (Bordo 27). When it comes to the politics of appearance for women, the feminine practices encouraged by Western

culture are experienced in terms of power and control. It can be said that women willingly regulate their bodies according to cultural norms in order to appropriate this control. Rather than being viewed as a sign of oppression, perhaps beautifying oneself according to society's female aesthetic conventions can be viewed as an act that subverts the gender binary by helping women appropriate the traditionally masculine attributes of control and agency. As Bordo reminds us, it is important to account for the "multiplicity of meanings that can be read in every cultural act or practice" (Bordo 23). Therefore, it is necessary to explore such an alternative reading of women's agency as it pertains to their participation in LGFB.

Agency in the context of LGFB can also be investigated in terms of the interactivity of the Internet. As autonomous consumers of the LGFB website, viewers are instilled with the agency to choose what topic they would like to explore with a simple click. However, the limited choices that the website provides to its visitors constrain this agency. LGFB's website centers entirely around aesthetic appearance, offering no information on breast cancer prevention or maintaining physical health throughout treatment. Furthermore, the website fails to exercise the Internet's potential as a civic space, as there is no opportunity for users to interact with one another or make their voices heard. Thus, not only does LGFB limit its participants' agency with its exclusive focus on aesthetics, but it also restricts the choices of those that visit its website. In doing so, the program treats viewers as passive consumers who should not challenge breast cancer culture's treatment of illness or womanhood, but should accept and reinforce it.

The final topic to be pursued further in connection with my research is image programs' connection to the notion of the "male gaze." As Saywell, Beatty, and Henderson note, Western society attributes value to women based on their bodies, which are sexualized and commoditized for "the male gaze and masculine consumption" (Saywell, Beatty, and Henderson 39). In

Western culture, the man occupies the dominant role as the "viewer," and the woman exists simply to be viewed. Her body is constructed and portrayed so as to please him. LGFB's insistence upon women's embodiment of traditional female norms can be viewed in direct connection to the male gaze. Patients' repeated references to "looking in the mirror" or being "looked at" in LGFB's video advertisement, which I draw attention to in Chapter 3, implicate the concept. Because patriarchal Western culture privileges women's bodies that appear healthy, able, and ultra-feminine, LGFB insists upon women's adoption of these conventions via the use of cosmetics, wigs, and accessories. While the program claims to do so in order to "normalize" patients' bodies and restore their "natural" feminine appearance, it undeniably satisfies the male gaze in the process, thereby perpetuating women's objectification. Thus, my research prompts a need for the exploration of image programs' complicity with the male gaze in order to fully comprehend the factors at play in the way that they view and construct womanhood.

Pink balloons wither and posters are torn down as National Breast Cancer Awareness Month comes to a close. Still, backpacks boast breast cancer ribbons, retailers push pink wares, and celebrities promote mammograms. Communities host races, charities raise money, and image programs welcome new participants. Pink ribbon culture is as dynamic as ever, and it will continue to expand as long as breast cancer remains a societal threat. While progress has been made in the nature of the public discourse surrounding breast cancer, with the disease moving from a silent taboo to a topic of robust discussion, the disabling way in which modern breast cancer culture depicts femininity prevents the same progress from being made regarding Western society's view of womanhood. My hope is that the continued scholarly analysis of image programs and breast cancer culture as a whole will awaken the public consciousness to its perpetuation of women's objectification. In turn, steps can be taken to broaden the discourses

included in pink ribbon culture, destabilize its persistent taboos, and ensure that all breast cancer patients possess the mental, physical, and emotional support necessary to survive cancer, regardless of their fondness for lipstick.

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Appendix

Figure A: Homepage – lookgoodfeelbetter.org

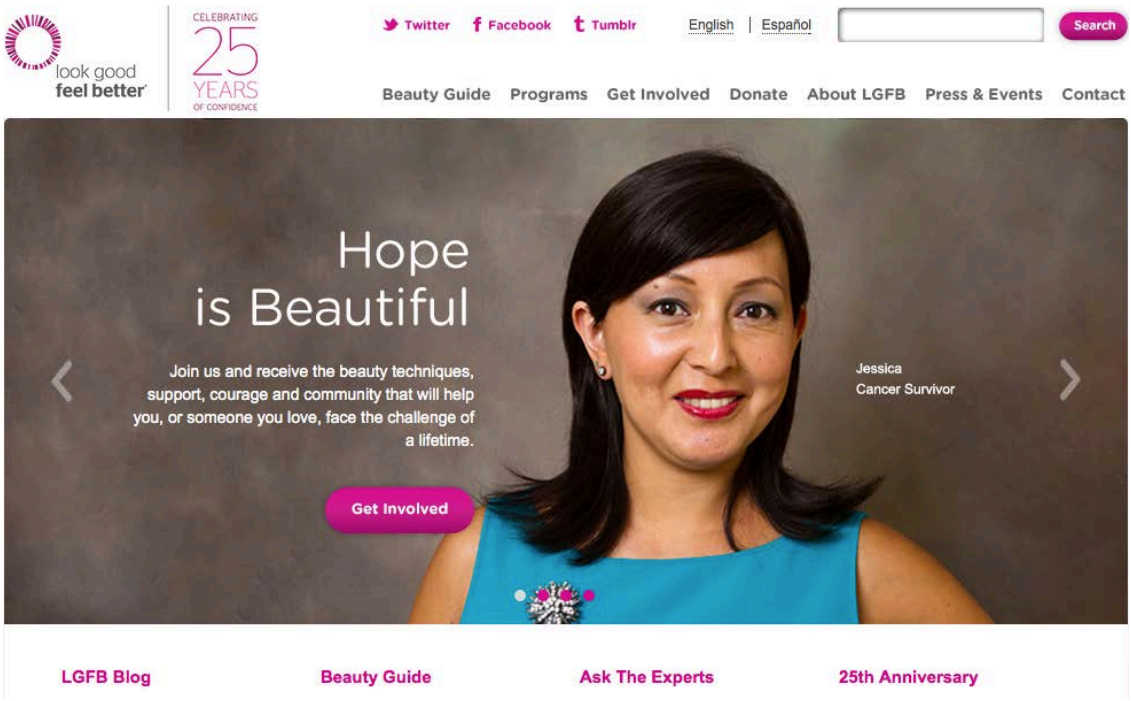


Figure B: Public Service Announcement – lookgoodfeelbetter.org

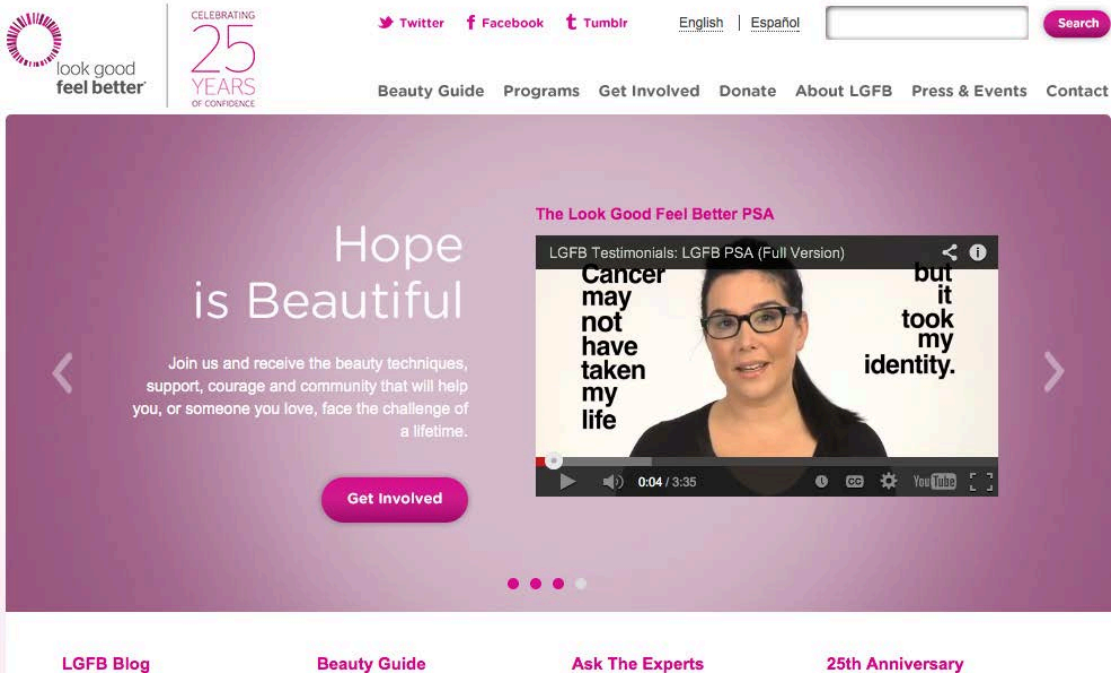


Figure C: Beauty Guide Subcategories – lookgoodfeelbetter.org/beauty-guide

