

Chapter 19

Media Myths and Breast Cancer

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One morning several months into my breast cancer treatment, I drank my morning coffee and read the *Los Angeles Times* at a local Long Beach coffee shop. However, the normalcy of my routine was upset after I saw a half-page obituary about the brave struggle and activism of actress Wendie Jo Sperber, who had died from breast cancer the day before (McLellen 2005). It wasn't until much later that I realized why I had an extreme reaction to the story: How could she die? People don't die from breast cancer anymore, do they?

But breast cancer killed Wendie. She died in Los Angeles, my proverbial backyard, with at least the same access to world-renowned treatment that I had. This death stood in sharp contrast to the newspaper and magazine stories and websites that gave us the narratives and glowing images of young, attractive survivors who experienced epiphanies of one sort or another before resuming their normal lives, now cancer free. Breast cancer treatment was far from fun, but it hadn't occurred to me that it might still be fatal.

I had unconsciously swallowed one of the media myths of breast cancer, which was not surprising considering the circumstances. Despite the cheery stories and reassuring images that websites, other electronic media, and print media all supply, women¹ do die from breast cancer. And they continue to die a long time after diagnosis. Unlike some other forms of cancer, there is no "five-year cure" with breast cancer. Only about 11 percent of women diagnosed with invasive breast cancer die within five years of

diagnosis; but approximately 40 percent are dead from the disease within 20 years (Breast Cancer Coalition Fund 2008).

Media myths of the disease are created through narratives that focus disproportionately on stories about young women who have femininity and fertility as their primary concerns. As noted by science writer Pamela Hogle,

Motherhood, potential motherhood and the material role were strong themes in the narratives, mentioned in 17 out of 22 [magazine articles on breast cancer reviewed]. Many of the women, in fact, focused on their role as mothers and wives in their narratives, and nearly all of the women profiled have children or expressed a desire for children. A latent theme of “the women’s role” is linked to the manifest themes of fear, uncertainty and the effect of the illness on a woman’s fertility in many of the narratives. For example, a short article in *Cosmopolitan* featuring the story of a young woman with an unspecified cancer featured a screaming all-caps headline: “THE DRASTIC WAY I SAVED MY FERTILITY” with the dramatic sub-head stating, “When Lindsay Norh Beck, 31, was diagnosed with cancer, she fought for more than just her life,” ranking fertility as more important than survival. (Beck 2007, quoted in Hogle 2010, 13, internal citation omitted)

The message? Fertility is more important than saving one’s own life, and women get better because they do what the doctor says. The images portray all those with breast cancer as having access to all the treatment (and of the quality) that they need. And, the reader can presume that optimum treatment is provided with no consideration of the cost or of cumbersome and often difficult approval procedures, as financial burdens are excluded from the portrayal (Hogle 2010, 12).

Pictures also tell us a distorted story. In media presentations of breast cancer, the faces, physiques, and even breasts used to promote breast cancer “awareness” are youthful, powerful, robust, attractive, and feminine (Elliott and Alexander 2009). The presentation of breast cancer in text and images matters because of the “socializing” role played by media. According to communication scholar Kimberly Kline (2003),

As important as the presentation of apparent facts about health issues, threats or behaviors is, it is also the case that people do not make health decisions based exclusively on evidence-based reasoning. Rather, people look to other individuals for clues about appropriate and/or desirable health practices. In other words, the informational value of a discourse may also be influenced

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by the depiction of role models who provide “rules for living” or implicit instructions of how to do something (560).

When the presentation does not mirror reality, the stories affect perceptions of those included as well as those excluded, whether or not they have breast cancer:

The narrative framework that drives these conventional stories illustrates both the exclusivity of particular survivors and the problem of ethics for those excluded audiences . . . [bringing] into question just who is being represented in such texts and thus how credible the speakers of these stories might appear to underrepresented readers. (Ryan 2004, 132)

Breast cancer is very much in the public eye. According to health education scholar Samantha King (2006),

Over the past three decades, breast cancer has been transformed from a stigmatized affliction best dealt with privately and in isolation . . . to an enriching and affirming experience. . . . Sickness and death do not sell, but images of survivors who are uniformly youthful, ultra feminine, immaculately groomed and radiant with health do. (37)

These images have helped make breast cancer the most successful medical philanthropy of all time, with the top 20 charities devoted to fighting the disease bringing in more than \$1 billion annually (Charity Navigator 2009).

Breast cancer brings in more charitable donations than any other medically related philanthropies, even though it is not the leading cause of death for women in the United States. Heart disease, causing nearly 350,000 deaths each year, is number one; cancer is second to heart disease in causing women’s deaths, but lung cancer causes the highest number, killing more than 70,000 women each year. Breast cancer accounts for 40,000 deaths annually. Tens of thousands more U.S. women die each year from strokes, chronic obstructive pulmonary disease, and Alzheimer’s disease than from breast cancer. The number of breast cancer deaths is comparable to those from diabetes and accidents, with pneumonia not far behind (Mayo Clinic 2007). Nevertheless, news and other informational media, public service announcements (PSAs) from corporate–charity partnerships, and websites have all embraced breast cancer “awareness” as a pet cause.

The images of breast cancer that help propel charity dollars in fact are dissonant with the reality of the disease. Despite the youthful images of those most often seen in “survivor” stories, in PSAs, and on websites, breast cancer is almost always an older woman’s disease. The chances of someone in her 20s being diagnosed with breast cancer are about one in 2,000. Incidence in a woman’s 30s rises to one in 233; in a woman’s 40s, the chances that she’ll get breast cancer are one in 69; in her 50s, one in 38; and in her 60s, one in 27 (Incidence by Age 2010). The disparity between this reality and the images results in confusion for those who confront breast cancer in themselves or loved ones. Media’s inaccurate portrayal also deflects attention from research into the true causes and prevention of the disease by suggesting that victims are responsible for keeping themselves safe from breast cancer or, at least, catching the disease early if they fail at prevention. This misrepresentation places undeserved blame on victims of the disease, a well-known form of “Othering” that creates a “safe distance” for those without the disease and deprives all citizens of the opportunity to have a realistic view of the disease (Ryan 1976). The ability to make educated choices regarding public policy or philanthropy is diminished. Here we examine three pervasive media myths of breast cancer, contrasting them with some facts of the matter.

Myth 1: Buying “Pink” Products Helps Prevent (or Cure) Breast Cancer

Anyone who has walked into a U.S. grocery store during October’s Breast Cancer Awareness Month (BCAM) knows that “baby girl” pink stands for breast cancer awareness and support. An array of products wear the pastel pink ribbon loop or are dressed entirely in pink, making it possible for consumers to caffeinate, sip soup, eat packaged foods, and even blow their noses “for the cure.” In point of fact, the consumption of pink-branded products always contributes to corporate coffers, but often not much more than that.

Most corporate sponsors contribute a set amount to a charity in exchange for stamping the ribbon and affiliation on their product. However, they also pocket the healthy spike in profits that comes when consumers grab products bathed in pink. These additional profits generally more than offset the corporation’s tax-deductible donation (Reisman 2007). *Advertising Age*, which calls itself the “leading global source . . . for marketing and media companies” (adage.com), wrote, “The potential payoff [of ‘pink’ marketing] is big for the company, even after donation” (Reisman 2007). The color

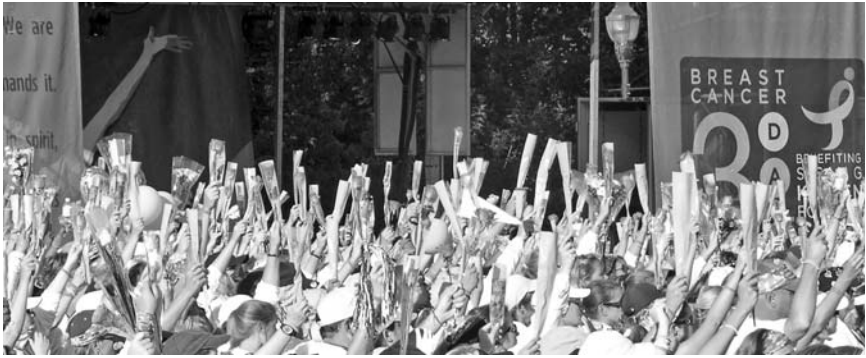
triggers sales as consumers mistakenly believe that the pink product or pink ribbon loop signals that the corporation is helping to “cure breast cancer in our lifetime.”²

For example, for the 2007 BCAM, Campbell’s Soup changed its “trademark red and white label” on cans of chicken noodle and tomato soup to “limited edition” pink ribbon labels, and Campbell’s donated \$250,000 to benefit “breast cancer awareness initiatives across the country.” Campbell’s sales of cans of soup doubled that month from 35 million to 70 million at Kroger-owned stores alone—fulfilling the company’s donation at a rate of 3.5 cents per can. Additional pink soup can sales equated to pure profit (less any marginal cost for the relabeling effort, which can be reused each year). Other corporations like Folgers, which sold its coffee in limited-edition pink canisters in October 2008 (Folgers Coffee 2008), apparently contribute nothing to any charity. A review of Folgers’ website “awareness” campaign, which is no longer accessible, clarifies that their contribution amounted solely to the pink canister that helped encourage breast cancer “awareness” (Folgers Coffee 2008).

In addition, how the charities use these contributions is unclear, even with federal guidelines that require some reporting. Priority use of funds for many charities includes pay for professional fundraisers, fundraising walks, runs, climbs, dances, and every other imaginable activity that raises money for the purpose of raising more money. Charities send out direct-mail fundraising materials, such as address labels, that can be reported as educational programs (rather than fundraising) for the charity’s cause because the mailings contain a line or two that encourage breast self-exams or annual mammograms. The fact that breast cancer awareness *looks* philanthropic does not make it so.

Pastel and Patronizing

What does pastel pink say to and about those living with breast cancer? To put it simply, it infantilizes them through direct associations with female babies whom we are acculturated to see swathed in pink, signaling that women living with breast cancer are passive, soft, and dependent on others. Breast cancer pink sends a different message from that evoked by the raging red emblem of HIV/AIDS. According to one scholar, “A red ribbon on a man is a shock, a demand that screams, ‘I will not be silenced.’ A pink ribbon on a woman is a plea that sighs, ‘Please don’t forget about me’” (Reifler 1997). In fact, the red symbol was born when angry young men took to



The closing ceremony of the three-day breast cancer walk in Atlanta, 2007. (Courtesy of Daniel Mayer.)

the streets, sporting blood-red banners, sashes, and ribbons to show their anger at the lack of governmental funding for HIV/AIDS research and treatment (Paulsen 1993). In contrast, the pink ribbons first appeared when AstraZeneca, a pharmaceutical company that profits from the drugs used in breast cancer treatment, first organized Breast Cancer Awareness Month in 1985. AstraZeneca is owned by Imperial Chemical Industries (I.C.I.), whose products include pesticides. Many pesticides are known carcinogens or have been linked to other diseases and environmental problems (Steingraber 1998). According to an investigative report conducted more than a decade ago by Monte Paulsen (1993) of *Detroit Metro Times*, I.C.I. “promotes theories that link breast cancer to heredity, lifestyle and diet—despite the fact that three out of four women who develop breast cancer have none of these risk factors.”

More than a decade after the introduction of BCAM, at the annual Walk for the Cure, women in pink T-shirts wear SURVIVOR medallions hanging from pink ribbons on their prosthetic-covered chests. They sit passively on stage at the end of the “Walk,” as other participants applaud them as heroes for having complied with the medical model of “slash, poison and burn.”³ They are waiting for others to bring the cure.

Myth 2: Sexual Exploitation of Women “for the Cause” Is Justified⁴

As is discussed in other chapters in this book (see, especially, Debra Merkin’s contribution in chapter 14 and Lisa Wade and Gwen Sharp’s chapter 12),

using the female body, or parts of it, to sell products or promote messages is degrading toward women and has been documented to lead to self-image problems for vulnerable young girls. Dehumanizing women's bodies by including only provocative parts implies that the only important feature of a woman "lies between her neck and her knees" (Cortese 2004, 38). That these approaches are being used to promote breast cancer awareness is a new and ironic twist.

In Western society, the "sexual significance of the female breast rivals, if not exceeds, its biological significance," with breasts far more often portrayed as playthings for men than as biological essentials for babies (Ward, Merriweather, and Caruthers 2006, 705). "Cleavage between the breasts is perhaps the epicenter of display and stimulation of interest" (Cortese 2004, 28–29) in the female body as a sexual object. At the same time, media images of breast cancer build upon this sexualized female body within a



A Long Beach clothing store going out of business sells this mannequin for \$1,000. (Courtesy of Paul Martin Lester.)

context of advancing women's health and wellbeing. Three examples of the sexuality used to promote breast cancer awareness will illustrate.

During 2009's Breast Cancer Awareness Month, Dillard's, a national department store chain, invited women to come to the store for a free bra fitting through a newspaper display ad. The ad featured a provocative young woman in lace lingerie. She gazes at the viewer over her boxing gloves and under the title "Help Knock Out Breast Cancer." The same month gave us the "Know Your Girls—The Yoplait Pledge." In this 50-second video PSA, the camera jumps through quick stills of the torsos of many women, clad in an array of clothes, some exhibiting cleavage and some not. Each woman cups her right hand on or under her left breast as a multivoice soft female chorus reads,

I pledge allegiance to my girls, to my chi-chis, to my hooters, to my ta-tas, to my gonzangas and their normal state of being. I pledge to tell my doctor about any change I see or feel immediately. With specificity and tenderness for all.

Viewers were urged to go to Facebook and take the pledge, which resulted in slightly more than \$3,000 raised by Yoplait during the pledge period (Great Ads 2009). The "pledge" manages to infantilize women and their bodies, makes women responsible for protecting "their girls" from breast cancer, and reinforces the myth that doctors can make everything all better in less than a minute. It is hard to imagine a similar video awareness piece that pictures men cupping their testicles and pledging to take care of their boys, their balls, their manhood.

In the summer of 2009, a Canadian-based charity, Rethink Breast Cancer, launched an awareness campaign that included a 1:04 minute PSA titled "Save the Boobs," which, as of the end of January 2010, had attracted more than 71,000 viewers (Boobyball 2009). The PSA features Canadian television host Aliya-Jasmine Sovina flaunting her large and active breasts as they roll about in her barely-there white bikini top.⁵ Aside from a few establishment shots that show Sovina at a large, seemingly public, pool, the only part of Sovina's body seen through the camera's gaze is from her shoulders to her crotch, with most shots tight on her breasts. As Sovina walks on scene to a pool party, she is accompanied by bump-and-grind music and the jaw-dropping gazes of party guests, males and females alike. The camera darts away from her well-endowed assets only to focus on the suggestive body poses and reactions of others. The men and women shown, as well as the camera itself, are amazed, in awe, with gazes fixed to Sovina's breasts. Superimposed text (commonly known as a chiron)

claims, “You know you like them. Now it’s time to Save the Boobs.” The final image presents Sovina in the pool, having switched the bikini top for a wet white T-shirt that allows a filtered view of her erect nipples. When she raises her shirt, the words “BoobyBall” appear in the form of rectangular black censor tape over her now bare breasts. The BoobyBall is an annual one-night cruise fundraiser that is marketed as a means to develop breast cancer awareness in women under 30 (Boobyball 2009).

This generation of breast cancer awareness PSAs suggests that the prevention and cure of breast cancer can be achieved through greater focus on what *Los Angeles Times* media critic Dan Neil (2009) appropriately called “awesome breasts.” Neil argues that such [s]exploitation for the cause could only be objected to by someone who wants “to come off as somehow pro-breast cancer.” However, exploiting another opportunity to dismember and objectify the female body neither promotes respect for women nor advances breast cancer prevention. “Breast cancer awareness” is, at best, a meaningless phrase. When it is used to justify further objectification of women, it crosses the line into unethical behavior.

Entwining sexuality with breast cancer reinforces other media messages that those with breast cancer should stay sexy and traditionally feminine, at all costs. A common piece of the breast cancer narrative includes shopping for a prosthetic breast to hide the amputation and/or shopping for

a wig to hide chemotherapy-induced baldness. . . . Including such a scene in a breast cancer narrative suggests that a woman diagnosed with the disease will accept without question the standards for female beauty throughout her sickness experience, searching out sufficient substitutes for her treated body. (Ryan 2004, 132)

In fact, some women fear losing a breast more than other body parts:

To lose a breast (or worse, both) in Western society often means that you lose a good part of your desirability as a person. . . . [S]urveys have shown that women consistently prefer other calamities, such as losing an eye, to befall them rather than to lose a breast to cancer. (Reisman 2007)

Focusing on one’s appearance during active treatment for breast cancer may be more than many women can manage, financially, physically, or emotionally:

Prostheses and wigs are expensive, not readily available to women of lower socioeconomic groups. Also, the individual breast cancer survivor must have

learned the importance of “keeping up appearances” to warrant the emotional and physical energy it takes to shop for such items while undergoing rigorous medical treatment for her disease. (Ryan 2004, 133)

Ironically, even though breast cancer has emerged as a favorite cause for public philanthropy and corporate sponsorship, women who are suffering the visible physical effects of active treatment are expected to hide those effects as best they can. Wigs and prostheses may be uncomfortable for the wearer, but they make it easier for individuals around her to deny her experience.⁶

Myth 3: Breast Cancer Is an Individual Challenge, Not an Index of Environmental Ills

More women are getting breast cancer than ever before. The chance that a U.S. woman will have breast cancer in her lifetime more than doubled from one in 20 in the mid-1960s to one in 11 in the mid-1970s to one in eight in 2008 (American Cancer Society 2008). The increased incidence suggests that factors unrelated to genetics or lifestyle, such as environmental factors in breast cancer, may deserve greater attention, funding, and study.

Dominant media images and messages of breast cancer play a role in shaping how the public, policy makers, and health workers respond to rising incidence of the disease. Yoplait’s “pledge” exemplifies the prevalent message provided by breast cancer charity websites and their corporate sponsors: It is up to individual women to protect “their girls” from breast cancer. A study of the five wealthiest breast cancer charity websites (Elliott and Alexander 2009) showed that the texts and images on the home pages of these sites suggest that individuals have the power and responsibility to guarantee their survival through prevention, continual screening, and early detection.

The websites conflate ideas and collapse categories, such as prevention, screening, and diagnosis. Self-examination and mammography—screening techniques for cancer detection—are collapsed with the idea of prevention, although screening cannot prevent cancer. These techniques are also collapsed with diagnosis, although diagnosis involves costly and invasive biopsies and associated lab work to allow for a detailed analysis of suspicious cells. Regardless of the initial trigger for biopsy, one out of four diagnosed breast cancers has spread beyond the breast before a lump would

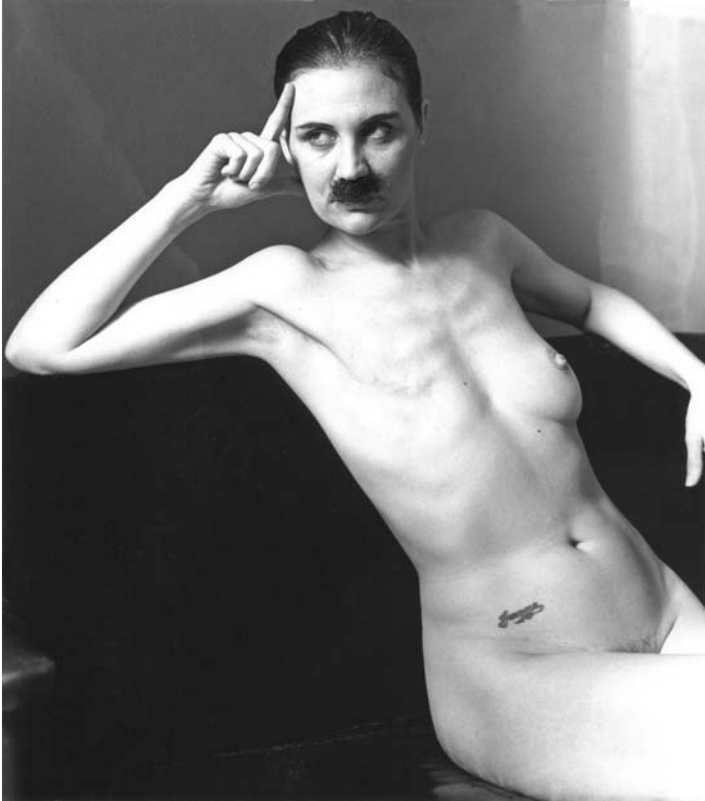
be palpable, and one out of four would not be picked up by an annual mammogram.

Other misrepresentations abound on sites that tout themselves as educational and intended to reduce the incidence of breast cancer. The initially visible homepages of the breast cancer charity sites reduce the causes of breast cancer to one: genetics or heredity, which is known to cause only 10 percent of breast cancers. All promote individual responsibility through early detection and avoidance of risk evidenced by self-examination, exercise, and lifestyle choices. None of the charities mentions environmental causes on their initially visible websites or suggests environmental causes as a significant element of their research agendas.

On the other hand, the websites make it simple to donate, find corporate partners, purchase endorsed products, and take part in fundraising events with one or two clicks from eye-track-friendly positions on the home pages. Access to corporate sponsors, some of which make products with known carcinogens, are never more than two mouse clicks away from the home pages.

Despite all of the energy and money spent showing lifestyle choices as the antithesis of disease, more than 70 percent of people diagnosed with breast cancer have none of the “known risks.” Little of the dominant media messaging on breast cancer addresses more than obliquely the fact that “non-industrialized countries have lower breast cancer rates than industrialized countries,” despite the fact that one activist organization argues that “research into environmental links to disease should be a *priority*” (Breast Cancer Action 2007, emphasis added). Instead, the media message that we are in control of our own lives and health diverts our attention from questions of how the air we breathe, the water we drink, and the food we eat contribute to disease. Corporate sponsors that keep breast cancer charities wealthy include those that make significant profits from breast cancer screening, diagnosis, and treatment. Research into environmental causes for the disease is likely to speed prevention of breast cancer for future generations. Ultimately, making environmental research a priority contributes to the overall good of the community in a way far greater than creating and selling expensive designer drugs for the relatively few people living with breast cancer who can afford them.

This chapter is not intended to argue that media, whether exemplified by charity websites or heartwarming news stories about plucky survivors, intentionally create myths of breast cancer. Rather it offers an argument



“I Am One Woman” (self-portrait as Chaplin) by the artist Matuschka. (Courtesy of Matuschka © 1994, www.matuschka.net.)

that media messengers have the responsibility to know the facts and to present them fairly. It offers an argument that those who claim or imply that they are giving a purportedly truthful message to a mass audience have a responsibility to do just that. Raising consciousness among viewers and consumers is an intent as well.

Acknowledgments

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Notes

1. Men also get breast cancer, but as their incidence is less than 5 percent of that of women and inclusion of them in media narratives and portraits is even more rare, those who are living with breast cancer here are referred to with female pronouns and identification.
2. The Breast Cancer Research Foundation lists more than 75 corporate sponsors who assist the charity in their mission to cure breast cancer in our lifetime. See <http://www.bcrfcure.org/part.html> (accessed March 9, 2010).
3. This shorthand for the combination of therapies used most often in the treatment of invasive breast cancer—amputation, chemotherapy, and radiation therapy—is well enough understood among those living with breast cancer that alternative approaches to treatment are often compared to that combination; see, for example, Knopf-Newman (2004).
4. The following section on Myth 2 is from Decker (2009), used with permission of the author.
5. See <http://www.youtube.com/watch?v=8tkB264wZZk> (accessed March 9, 2010).
6. Women who are in treatment for breast cancer may access, free of charge, beauty consultation and cosmetics designed especially for them; see, for example, <http://www.lookgoodfeelbetter.org/general/facts.htm> (accessed March 9, 2010). Some cosmetics may contain chemicals that are possible carcinogens; see, for example, <http://envirocancer.cornell.edu/research/endocrine/videos/makeup.cfm> (accessed March 9, 2010).

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