DOES LOVING BREASTS AND WEARING PINK FIGHT BREAST CANCER?: AN INVESTIGATION OF THE BREAST CANCER PATIENT'S RHETORICAL ENVIRONMENT

By

Madonna Fajardo Kemp

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Dissertation Committee:

Dr. Eric Detweiler, Chair

Dr. Erica Cirillo-McCarthy

Dr. Kate Pantelides

AN ABSTRACT OF A DISSERTATION

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In this dissertation, I investigate the rhetoric produced and disseminated by the larger actors in the breast cancer discourse community—organizations that produce philanthropy rhetoric for public audiences. Focusing particularly on the breast cancer rhetoric employed by university athletic departments on Twitter and the keeping/saving/loving breast slogans utilized by organizations and companies, I conducted two studies: 1) a content and rhetorical analysis of university athletic department tweets that are easily identifiable as breast cancer discourse, and 2) an IRB-approved survey of American adults meant to unearth the public's actual perception of philanthropy slogans that focus on keeping/saving/loving breasts. Through these studies, I consider how supposed philanthropic messages are being used by some as ethos-building moves and/or in a way that further sexualizes/objectifies women, as well as that trivializes the disease and its effect on women. Furthermore, I consider the fact that college students are being socialized to conduct breast cancer philanthropy in a non-deliberative manner—in a way that does not necessarily benefit patients, as they are

being exposed to rhetoric that conveys the message that merely wearing colors and slogans is an active and effectual way to aid breast cancer patients. I conclude this dissertation with a consideration of how current issues within the discourse community have arisen from assumptions made on behalf of patients—a stealing of agency that arises from taking a disembodied view from nowhere—and guidelines for creating future breast cancer philanthropy rhetoric that does not encourage negative responses toward patients or women in general, which can be employed in a deliberative manner, as well as in such a way that provides an opportunity for service-learning projects and a model for future philanthropic rhetorical actions.

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While trying to complete my revisions, to prepare for defense of this dissertation, my beloved Aunt Norisa (Mary Noris Tate Cooksey Raines) passed on to be with our Lord. My Aunt Norisa would have never read this dissertation, but she would have displayed it proudly. She served as my mother figure, always standing by me and my children, protecting and providing for us when necessary, and always nurturing our individual successes. During her last few years on earth, Aunt Norisa sacrificed greatly to see me and my children through the COVID-19 pandemic, get us into a safe home, and ensure we had everything we needed not just to exist but also to flourish and grow through difficult times. When I am able to don my doctoral robes, I know it will be because Aunt Norisa moved me away from a life where that would never have been a possibility onto the path where such hopes existed.

Completing this dissertation means I was able to complete years of graduate school, most after being diagnosed with and treated for breast cancer, while performing the duties of a single mother. Therefore, I would like to state my sincere appreciation for my sweet Lord, who has granted me the time, ability, opportunity, supporters, and mentors it took to complete such a demanding feat. God created a path for me where none should have logically existed, given my circumstances. And, for that, I will be eternally grateful.

I will also be forever thankful for my children. John SN Fajardo and Emily MK Kemp, even from a very young age, have been supportive of my educational pursuits. It started with allowing me to read textbooks to them as bedtime stories and has cumulated

in such things as refusing my option to give up, doing chores when I am overwhelmed, providing entertaining breaks from my workload, and enthusiastically serving as sounding boards during the brainstorming stages of my writing processes.

On another personal note, I would like to share my gratitude for Marie Curie and Henrietta Lacks—without whom medical science may not have advanced to the point of extending the lives of breast cancer patients. I am especially thankful for Dr. Robert Matthew Graham, who not only used scientific advancements to save my life but also encouraged my pursuit of a PhD. Furthermore, I must give my mother, Deborah Callan, the credit for being the impetus of this project (as of the submission of this draft she is still with us and will complain greatly when I make her read this book).

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always have a goal for the future, something to look forward to…like writing a dissertation.

A special acknowledgement is reserved for Dr. Erica Cirillo-McCarthy. Based off an initial perusal of scholarly critique revolving around breast cancer philanthropy rhetoric, I shared assertations that keeping/saving/loving breast rhetoric is harmful to breast cancer patients during my Archival Methods course at MTSU in the Spring of 2020. Dr. Cirillo-McCarthy—my professor for that course and now a member of my dissertation committee—asked me if there was proof of such claims, which equated to her asking if there were methodological sound quantitative studies that revealed the public received such keeping/saving/loving breast rhetoric as negative in some fashion. And I had to admit that I had not yet read such a study, just claims made by academics who had done some analyzing of the focus on breasts in the slogans and titles. It was Cirillo-McCarthy who then encouraged me to begin such a study. During her class, she aided my obtaining of licensure and IRB approval, as well as my construction of the slogan/title survey discussed in this dissertation. And all of this was accomplished during an emergent switch to online instruction due to the COVID-19 pandemic response.

Finally, and most importantly, I want to share my appreciation for every woman who had to experience breast cancer and the discourse community that comes with that diagnosis. I will never do anything worthy of honoring your life, but I hope that with the work presented here I can make others aware of the extent to which you were/are affected by their rhetoric…as well as make them think about how we, as a society, can certainly ensure breast cancer patient voices are the loudest voices in their own discourse community.

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CHAPTER 1: INTRODUCTION

"Sometimes it's hard to see the system because it's hidden beneath so much 'awareness.'" —Gayle Sulik

In 2004, Samantha King, in "Pink Ribbons Inc: Breast Cancer Activism and the Politics of Philanthropy," argued that "In the case of breast cancer, mass personal and corporate giving, solicited through the therapeutic discourse of survivorship, has come to be deployed as a form of collective, political action…. There is therefore a need to make visible the politics of breast cancer-directed philanthropy" (p. 490). Almost two decades later, there is still a need to investigate breast cancer philanthropy, and more importantly, breast cancer rhetoric that emanates from the larger actors in the breast cancer discourse community:[1] commercial ventures, institutions, and organizations who dominate the discourse with marketing and philanthropy rhetoric. This need for further investigation is most obvious when we realize that current mainstream philanthropic messaging can be viewed as lacking or concerning in various ways—often used mainly as a tool for organizational ethos-building and/or employed in a way that encourages a continued misogynist view of women or the trivialization of the disease and its patients. All of this is troubling, but it is even more unsettling when we factor in King's (2010) assertion that such philanthropy has been set up as a routine expectation for American civic efficacy: "participation in consumer-oriented philanthropic activity represents a yardstick against

[1] See Perelman and Olbrechts-Tyteca (1925) for a beginning notion of the term *discourse community* and Swales (2017) for an updated and most recent explanation.

which the capacities of individuals to become ‘proper’ Americans is measured, it brings into question what are rather universalizing accounts of neoliberal arts and rationalities of governing and the processes of subjectification that they enable” (p. 91). Of course, if the breast cancer philanthropy system has become so powerful that it affects ideas of citizenship it must be thoroughly investigated and altered to ensure it does so in a desirable fashion, and, more importantly, in a way that does not negatively affect the breast cancer patient.

I personally realized that there are larger issues with the powerful breast cancer philanthropy system, and the discourse community that creates and/or solidifies the system, when my mother and I experienced breast cancer in 2014 and 2015. I am providing my personal experience here to establish my positionality based on Cathryn Molloy et al.’s (2018) “A Dialogue on Possibilities for Embodied Methodologies in the Rhetoric of Health & Medicine.” In this article, Molloy et al. (2018) assert that “[p]ersonal experiences can add a powerful dimension to research” and “[e]mbodied methodologies . . . encourage researchers to consider how the personal does or does not impact the scholarly question” (p. 366–367). These scholars provide a “[h]euristic tool for working with personal health and medical topics in RHM research,” which is a list of questions separated into five parts: “Part I: Why am I choosing a personal health and medical topic for formal inquiry?”, “Part II: Who am I helping by writing about this?”, “Part III: Whether, how, when and to what degree do I reveal the personal?”, “Part IV: Representation,” and “Part V: Self-care.” (Molloy et al., 2018, p. 367). In the following section, I am addressing Parts I–IV. (Part V is not a part of this dissertation; however, I

do admit that feeling able to contribute to an important conversation is a form of self-care.)

Positionality

In 2014 my mother—while still going through both chemotherapy and radiation therapy for breast cancer—was gifted a "Save the Ta-tas" coffee mug. Some well-meaning soul had delivered it to the house with the message that they had bought it for her because they wished to help breast cancer patients. I had just brought her home from a radiation treatment, and she had seemed thoroughly exhausted but in good spirits—talking about the new friends she had met at treatment, telling jokes and funny stories, laughing . . . until we walked into the house and she saw the "Save the Ta-tas" mug on the kitchen table. She grabbed that mug and angrily thrust it in my direction. "Do you want this fucking mug?!" she huffed. Her ire was emanating from every pore. "No," I replied quietly, keenly aware of how that particular mug had instantaneously demolished her good mood. Then she released a stream of expletives. I told her to throw it away if she did not want it, but I really did not expect her to throw it away, as she could possibly be a candidate for the show *Hoarders*. With another loud expletive, she slammed that brand new mug into the trash can. And I knew right then that I had witnessed something that should not be forgotten, something of great importance.

My mother's disgust with the Save the Ta-tas slogan reminded me of an earlier experience I had with the supposed social media color-of-bra breast cancer awareness campaign. I had started receiving occasional direct messages on social media apps that asked me to send the color of my bra, in a private direct message, to other friends. I ignored the first few and then finally asked a friend why I should be messaging people

the color of my bra; she responded that it was “for breast cancer awareness.” I recognized that my friend was enthusiastic about this and seemed to truly feel she was doing something to encourage awareness of breast cancer. However, the messages contained no preventative information for breast cancer, no links to fundraisers, and were all private messaging that would only reach a handful of people; there was no logical way for these messages to raise awareness nor rationally lend themselves to fundraising/support efforts. I saw an issue here with “breast cancer awareness” or “breast cancer fundraising” being not only ineffective but also very possibly humiliating. If the color-of-bra message was sent to current and former breast cancer patients—and it surely was given the current estimated ratio of those affected—then people were asking women who had undergone lumpectomies and mastectomies to share the color of their bras for what seemed like no particular reason at all—maybe other than a reminder of what they had suffered. And, after witnessing my mother’s reaction to the “Save the Ta-tas” slogan, I began to realize that there were a lot of women out there struggling for some sense of normalcy who could be derailed by such “awareness.”

When I was diagnosed in 2015, I experienced the rhetorical environment of the breast cancer patient for myself. The first exposure of which I was truly cognizant was with a breast cancer nurse navigator who told me that her role was to get me “whatever I needed.” She then proceeded to hand me a large accordion file full of information sheets and pamphlets, and she apparently contacted some cosmetic makeover service on my behalf. The sheets and pamphlets were too much to deal with upon first notice of diagnosis, while I was adjusting to the thought of maybe dying sooner than I had expected. I tried to read through them but, maybe a third of the way through, all of it was

slammed into the trash can. It was too frustrating to do "homework" while trying not to focus on what might be my expedited end. And when the makeover service called during my first week of chemotherapy treatments, I informed them that I would not need their service as I really did not care how feminine I looked while trying to teach without throwing up in front of students. When I did need something from the navigator, she either withheld it or was nowhere to be found. I had to beg to get my prosthetic prescription, which was for some reason given to her—a person who had decided that I should not have it until many months after radiation ended. But in the meantime, I had to teach humans who were bound to be distracted by a one-boobed chest at their eye level. Furthermore, she was supposed to and did not deliver the mastectomy vest to my room post-surgery; my Aunt Norisa had to literally track her down to get it. She had been given control over my experience and assumed my agency, while ignoring known post-surgery needs and treating me as a fragile being who was only concerned with how pretty my face looked. And I now certainly do wonder if and why she was trained to behave in such a manner. What information had she been given, to what rhetoric had she been exposed, that made her think she was affecting assistance for me through her choices?

It was after the chemotherapy that I started keenly observing how breast cancer patients are represented and treated on social media, as well as in marketing/advertising, medical contexts, and personal encounters—mainly because I was experiencing so much of it myself. People would speak to me as if I were a child, tag me in a "I Love Boobies" post or some such on social media, and call me an "Amazon"—implying I was a warrior doing battle. One friend even photoshopped me into a picture of a "Winter Warrior." (I

still do not know what that is, but in full disclosure I did use the image as a profile picture for a short while because it certainly looked interesting.)

The patient narratives to which I was exposed—the "all is right with the world" ones—were not representative of what I was going through. No one had prepared me for post-mastectomy conditions nor what actually happens during radiation treatment. Even after declaring I did NOT want to go pink, I was bombarded with pink gifts. Two friends totally disappeared, another came to visit and looked nauseous upon seeing me without hair, others said ignorant things they thought would be helpful, one gave me a book on how to die with meaning or something asinine like that. And two acquaintances decided to throw a fundraiser for me without asking if I desired such—and this was, honestly, a lovely gesture, but I felt there were others who might have needed it more than me. I do understand that most of the actions I am finding fault with here were done by people who were trying to show love and care, but the point is that they were acting out of some established notion of what "a breast cancer patient" is/needs/wants and that notion was not coming from me.

On the one hand, I had friends and neighbors clumsily trying to raise awareness and provide assistance on my behalf in a way they felt would honor or help me; on the other hand, I was exposed to medical professionals who were—for the most part—not connecting to my personal needs as a patient. No one much wanted to listen to what I had to say or sought my input on anything related to how I or breast cancer patients should be treated. My radiologist did listen when I said I wanted to take my daughter to the beach, as he pushed back the start of my treatments so that I could do so. And my oncologist did hear me when I said I was a soccer fanatic; he did frequently ask about my team. But, in

general and overall, I was not getting the information that I felt I needed in its entirety. Nor did I feel my input was sought as a patient who could give insight into how patients feel.

Even after witnessing my mother's breast cancer experience, I was in no way prepared for my lived experience as a breast cancer patient undergoing traditional medical treatment, nor was I prepared for the emotional and social pains that would occur for years after, although I must give credence to the fact that I did not have much time to reflect on her experience and tease out the information for myself before my experience began, as I was diagnosed the day we were told that her chemotherapy would finally end.

The moral of this story is: With so much awareness happening from companies, institutions, and organizations, with so many representations of breast cancer patients and their plight available through public messaging and media, I was not prepared for the reality of being a breast cancer patient. Nor was my mother. And it was after my radiation treatments that I started to realize why we were not prepared for the reality, just as friends and professionals we encountered were not prepared.

It was when my radiation was ending that I started listening to others who had been diagnosed and who had undergone treatment, as I would sit with them when having to go for checkups. And I heard them complaining of the same problems I noted with my personal and familial experience. One such person—who was starting her lengthy Stage 4 treatment (God rest her soul)—informed me that all she wanted at that moment was a scarf that would not slide off her head. And with all the people and agencies that were supposed to be assisting her as a breast cancer patient, it was I who found her that scarf—

and that was only because a soccer acquaintance had started sewing them in response to his mother-in-law's bemoaning their non-existence.

After realizing how others were not including breast cancer patients in their own discourse community and not truly affecting what patients, the ones I knew, felt was best for them, I had to reflect on how I had previously engaged in the community before becoming a patient myself, especially as a representative of Chattanooga Football Club.

I served as the first official communications representative for the Chattanooga Football Club's (CFC) Men's and Women's teams. Even when not serving in official roles, I aided their communication practices from the 2010 through the 2020 season, in some form. While doing so, I was able to participate in the promotion of a team fundraiser for the MaryEllen Locher-CHI Memorial Foundation,[2] for which the men's team wore pink jerseys that were auctioned off as "worn" jerseys, as well as collected donations at the gate entrances. The main way I assisted the fundraiser was through promoting the match as a fundraiser on social media—through constructed text, images, and video. In fact, I had heard a player's mother had gone through a breast cancer experience, so I asked him to do a video segment that would be used to promote the match. Looking back on what is still visible of those tweets through an advanced Twitter search, I admit that I have composed or taken part in breast cancer rhetoric on Twitter that I now deem to not be the most desirable, as I recognize that some of it can be analyzed as ethos building instead of community action (see Figure 1.1).

[2] Information about "MaryEllen | CHI Memorial Foundation | CHI Memorial" can be found at https://www.memorial.org/en/chi-memorial-foundation/me.

Figure 1.1

Examples of Breast Cancer Rhetoric I Created while Working for Chattanooga Football Club

I do know that money was actually raised and donated to MaryEllen Locher-CHI Memorial Foundation through the "pink" CFC match that I promoted on Twitter. However, I also now know that I should have better investigated the best possible breast cancer rhetoric to share with the public for such an event, through each medium and in each post, before employing messaging for that purpose, as we all should do.

Project Introduction

By the nature of the illness/disease event alone, it seems entirely reasonable to claim that breast cancer patients are thrown into a discourse community against their wishes. It is safe to say that breast cancer patients do not wish to be exposed to all that comes with the illness experience. And it is my contention that most are often silenced—in one way or another—by other people and organizations who dominate the discourse that comes with that experience: doctors, charities, commercial businesses with charitable arms, caregivers, nurse navigators, the public at large, and even narrative authors—

experienced breast cancer patients who pen their stories and have dominated public first-person testimony through what can often times appear to be fictionalized happy, pink testimony; at least, it appears so to those of us who have experienced breast cancer in a non-pink/unhappy way. Obviously, breast cancer patients are like all humans who desire a sense of agency and voice, especially in matters regarding how they are treated and cared for, but it appears to me that they are being barred from being full participants in their own discourse community, being drowned out by louder, more public voices.

In order to begin a thorough investigation of the rhetorical environment of breast cancer patients, it is necessary to consider the breast cancer discourse community and determine its participants. Furthermore, to be able to attempt any alteration of the current state of the discourse emanating from this community, it is necessary to identify who has the most agency and how those people and/or organizations have constructed the rhetorical notion of the patient and are subsuming the voice of the patient, as this directly and indirectly affects the way the breast cancer patient is perceived and treated, which can lead to the way she perceives and treats herself.

The current breast cancer discourse community does, of course, include current and past patients who can still raise their voices either through living speech or published text-based documents, video, or sound recordings. But it also includes scientists, medical providers, pharmaceutical companies, news media, social workers, family caregivers, literary authors, television and movie producers, loved ones of patients, and everyone who runs or interacts with charitable ventures meant to somehow assist the breast cancer patient—and that last one covers a lot of people.

When breast cancer charity and awareness is considered on its own, we must recognize that the breast cancer discourse community includes all who are involved in creating and operating campaigns, as well as those persons who interact with these campaigns—from giving of their own time, energy, and money to merely cognitively receiving, consciously or unconsciously, the rhetoric created by these organizations; this expands the American breast cancer discourse community to include a majority of adults and a good number of adolescents, as well as a fair number of children, especially when we consider that individual elementary and secondary schools are likely to hold a breast cancer charitable event at least once or the children will be exposed at some point to the rhetoric being shared through a teacher observance of breast cancer awareness month. This consideration places charitable and awareness organizations at the top of the breast cancer discourse hierarchy—producing most of the rhetoric from this discourse community to which participants, tertiary participants, and nonparticipants (the public) are exposed. In this category we find notable charitable organizations dedicated to the breast cancer population—such as Susan G. Komen Foundation and MaryEllen Locher Foundation—who are continuously producing public and private speech that effects how breast cancer patients are treated and perceived. Additionally, in this category we find large commercial businesses with charitable arms that partake in breast cancer philanthropy, such as Estée Lauder and the National Football League—who are routinely presenting to the public an image of the patient through their rhetoric; charitable organizations that dabble in breast cancer philanthropy through a cumulative address of other illnesses, such as the American Cancer Society—who are also conveying a public image of the breast cancer patient; smaller charitable organizations, commercial

businesses, and nonprofits, such as schools and sports leagues and individually owned businesses—who usually replicate the rhetoric of the larger institutions but do so more on a local or individual-event level; and even medical institutions, as they are most likely to disseminate actual awareness rhetoric, directly to possible patients and to a larger audience, at least every October.

Maybe there are patients out there who find no fault with the rhetorical environment they were handed once diagnosed. Maybe there are rosy testimonies that are ultimately overall positive; this certainly seems more logical for those who live past traditional treatments and can distance themselves from a sense of crisis. Maybe there are patients who feel that there is nothing wrong with how they are spoken for, to, and at, as well as those who do not take issue with the fact that people speaking for/to/at them appear to not truly understand their reality. By this point, we certainly should understand that there are always people who prefer to remain silent, but we should be asking ourselves if they are free to choose silence or if we are allowing them to be silenced. And we should consider the fact that these patients may feel that when they are erroneously spoken for they should not complain so as to not seem ungrateful for the assistance that is supposed to be occurring through the speech and actions of their benefactors—the people in charge of the supposed charitable actions.

What I experienced and witnessed, once jettisoned into this rhetorical environment, leads me to believe that the best thing the Rhetoric of Health and Medicine[3]

[3] In *Encyclopedia of Science and Technology Communication,* Lisa Keränen (2010) explains "Rhetoric of Medicine" thusly: "Scholars who study the rhetoric of medicine offer richly humanistic interpretations of medical discourse that explain how the language of medicine forges identity, promotes the coordination of care, and produces biomedical knowledge" (pp. 641–642).

community can do for breast cancer patients is to thoroughly investigate the breast cancer discourse community and expose areas where the patients themselves are not able to determine/communicate what they need so that future patients can, ultimately, access real information that will both prepare them beforehand and assist them afterward. Additionally, RHM may help to ensure that the public is given a realistic sense of breast cancer so that they may understand the need to listen to breast cancer patients and not assume their agency. We need to ensure women[4] dealing with breast cancer in any way have power over what they wish to signify and what is signified on their behalf because the least we can do is safeguard the agency of the breast cancer patient—guarantee her power to determine what is said about and for her. Pursuing this desired goal should result in a healthier breast cancer discourse community, which will ideally result in a more realistic approach to helping these women. Above all—and at the very least—we should be striving to ensure that any attempt at awareness or assistance is in no way negatively affecting the material reality of breast cancer patients.

While I would like to tackle the entire rhetorical environment of the breast cancer patient—the entire discourse community that has sprouted from her and now affects her material existence, this is obviously not a manageable project for a dissertation. Consequently, after carefully considering what I know about the discourse community as a whole, I have decided to begin with an investigation of some of the most public rhetoric employed in the name of assisting women before, during, and after diagnosis. This

[4] I understand that men or people who identify as nonbinary may also contract breast cancer. However, since breast cancer disproportionately affects the female sex and its association with women has shaped the rhetoric surrounding it, female pronouns are being utilized in this study. Future studies may investigate the male and nonbinary breast cancer experience, but that goes beyond the scope of this study.

dissertation presents the results of a study of publicly available Twitter posts and a public survey that could be disseminated through social media and university email, ensuring I could reach patients themselves without encroaching on their experience in a direct manner. The studies included in this dissertation revolve around public-facing charitable and awareness rhetoric disseminated by assumed philanthropic ventures and breast cancer rhetoric created by university athletic departments.

My ultimate desire here is for the breast cancer patient to gain advantages in the social formation of her own discourse community. At some point in time, the agency of the breast cancer patient was subsumed by larger rhetorical actors—those with marketing power, who have managed to establish a social formation. In "Rhetorical Formations of Genetics in Science and Society," Celeste M. Condit (2001) claims, "If social formations are contested through rhetorical formations that involve multiple forces, interests, and competing discourses, and if the power of elites within those formations is based on temporary alliances rather than permanent bastions of absolute power, then it is possible to gain advantages in the social formation" (pp. 15–16). With this project I intend to add my voice to those contesting the existing social formation of the breast cancer discourse community by questioning the pervasive public rhetoric through which the bastion of public-facing philanthropic organizations and other institutions have established a power system—public rhetoric that allows them to convey, to the widest of all breast cancer discourse audiences, their idea of what the breast cancer patient is and what she needs—which, in turn, helps effect how she is treated and perceived in American society, as well as how she perceives herself.

It is my assertion that what the general public knows about breast cancer patients is communicated to them through public messages conveyed mainly through charity campaigns and corporate or institutional advertisements/campaigns. Although drug advertisements, news articles, and movies/TV shows may be added to the public signification of who the breast cancer patient is and what she needs or desires, the general public is more likely to be exposed to supposed philanthropic messages from those larger actors in the discourse community who have strong marketing abilities, and those public messages are being perceived by the public as nonfictional representation. Almost all other perceived nonfictional experiences with breast cancer patients will occur on a semi-private, private, or occluded basis. Therefore, it is a logical assumption that most people—who are not patients or closely attached to patients, medical professionals, or scientists—are given an impression of the breast cancer patient from philanthropic rhetoric disseminated by corporations/organizations/institutions. This claim is solidified by Gatison's (2016) presentation of the breast cancer patient as a *counterpublic* in her own discourse community: "The Internet and social media have provided a space for survivors, advocates, and any concerned party to voice contrary thoughts and opinions about pink ribbon culture. This virtual space provides a visibility that was once veiled and completely mediated by mainstream media gatekeepers" (p. 41). Breast cancer patients need only be a counterpublic in their own discourse community if they are being marginalized and/or silenced by the main speakers.

We need to investigate the patient's rhetorical environment—her discourse community—to find out where she is not truly represented so that she can start publicly speaking for herself again, or for the first time. The first step then is to investigate a few

of the rhetorical contexts in which a breast cancer patient will find herself—or find herself represented—to determine if there is an existing issue with how she is presented and/or with the stealing of her voice/agency. Philanthropy rhetoric and the way in which corporations/organizations/institutions with established marketing power present breast cancer patients is an area where we can begin a rigorous consideration of how we may be editing, guiding, borrowing, assuming, stealing, or generally fictionalizing the voice of the breast cancer patient without seeking and/or listening to her input.

I chose investigating keeping/saving/loving breast slogans and titles as a starting point to honor my mother, who, as I have previously mentioned, was a breast cancer patient who had been derailed and horribly upset by the Save the Tatas slogan. Furthermore, investigating the way university athletic departments affect breast cancer rhetoric was chosen as an additional starting point because it can be more readily recognized that such messaging from an educational institution is socializing young adults on how to engage in the breast cancer discourse community, which brings us back to King's 2004 and 2010 arguments about the need for investigation based on the fact that breast cancer philanthropy has been established as an expected form of political action undertaken by good citizens.

Some scholars have already argued that certain breast cancer philanthropy rhetoric can have a negative effect on breast cancer patients, as well as women and/or society as a whole—to some degree (see AbiGhannam et al., 2018; Burgess and Murray, 2014; Duerringer, 2013; Ehrenreich, 2009; Gallardo, 2018; Hampton, 2015; Johansen et al., 2013; King, 2010; Lorde, 1980; Ryan, 2018; Scanlon, 2005; Segal, 2005; Sulik, 2010, 2014; Sweeney and McKibbin, 2016; and Young, 2014). Therefore, it is important that

breast cancer philanthropy rhetoric be more carefully considered so that it can be more readily determined if/how certain breast cancer philanthropy titles and slogans encourage the sexualization and/or objectification of women, negatively affect patient care choices, and/or negatively effects support for breast cancer patients—either in emotional, physical, or financial ways. This is why I conducted a survey that queries American adults on their emotional reactions to breast cancer philanthropy rhetoric—specifically keeping/saving/loving breast rhetoric—and garners perceptions of what effects these philanthropy titles and slogans have on the treatment/care of breast cancer patients and the societal conceptualization of women in general, which affects the treatment of those diagnosed with a disease stereotypically associated with women.

In addition to a survey on how certain breast cancer philanthropy rhetoric is received by the public, I chose to investigate how university athletic departments engage in breast cancer rhetoric as members of the breast cancer discourse community. This entailed creating an archive of tweets posted by the athletic departments of four-year colleges and universities in Tennessee. This study was meant to uncover how university athletic departments present breast cancer and the breast cancer patient to the public, to determine if the patient and her needs are fairly presented to their public, or if these organizations/institutions are employing her as means of generating ethos—as a tool for creating "self-authenticating language" (Corder, 1978). Since institutional rhetoric can be fairly assessed as socializing—given that educational institutions are accepted socializing agents—this study begins an important investigation into how university messaging can be perceived as not only ethos building but also epideictic in that it teaches how to affect breast cancer rhetoric to its primary intended audience of students. Additionally, this

study considers if such rhetoric is not actually signifying how to effectively address such concerns through realized deliberative and community-based action.

While I do wish to study the many other aspects of the breast cancer discourse community previously mentioned and hope to do so in the future, my current focus for this dissertation will be on beginning to uncover the bastion of public-facing rhetoric emanating from philanthropic ventures and institutions that affect public perceptions of the breast cancer patient and that affect her lived material reality to some degree. I intend to do this through a consideration of her rhetorical environment as informed by an IRB-approved survey that considers how the public perceives keeping/saving/loving breasts philanthropy titles and slogans, as well as content and rhetorical analysis of public tweets from university athletic departments that are portrayed as "supporting" her in some way.

Specifically, my dissertation will focus on how keeping/saving/loving breast rhetoric is perceived as harmful, or at least questionable in some areas, by the general public and how university athletic departments' breast cancer rhetoric constructs the public notion, through ethos-building communication, that breast cancer charity can be enacted through "wearing pink"—applying the pink trope to the self and to created messaging, which does not convey her material or embodied reality, while also socializing students on how to participate in breast cancer philanthropy.

To begin a dedicated investigation of the rhetoric in which charities and institutions encase the breast patient, I will attempt to answer the following specific research questions in this dissertation:

1. How does the American adult public, and breast cancer patients themselves, perceive breast cancer philanthropy rhetoric that focuses on keeping, saving, or loving breasts?
2. How do institutions construct and convey the public-facing image of what breast cancer charity is/does, as one of the main avenues through which the general public, and college students in particular, is exposed to breast cancer charity?

Obviously, this study will not change an entire social formation; however, it will hopefully begin a dedicated investigation and discussion of who speaks for the breast cancer patient; how they speak for her; why they speak for her; and, most importantly, how we ensure that, from now on, she speaks for herself.

Terminology, Methodology, and General Overview

In this section, I provide some discussion of certain terminology employed in my dissertation, the method/methodologies that informed my studies, and outlines of each chapter included in this book.

Terminology

In this subsection I provide some discussion of the terms *public* and *patient* as applied in this dissertation. Other terminology employed that may need explanation is addressed in text or in footnotes.

Patient

Patient is the term I use to refer to all women who have experienced a breast cancer diagnosis at one point or another. As previously mentioned, I am focusing on women as patients in this dissertation given that the main and usual marketing choices for breast cancer philanthropy rhetoric has been determined to revolve around feminine and

heteronormative expectations (Hampton, 2015; Johansen et al., 2013; Sweeney and Kiloran-McKibbin, 2016). This does not exclude trans men who were assigned female at birth and who were or might be subject to such rhetoric at some point in their lives. This choice of terminology was made to avoid using metaphors or other terms that may not apply to every woman or may not be appreciated because of connotation.

Public

In "Translingual Rhetorical Engagement in Transcultural Health Spaces," Rachel Bloom-Pojar (2017) argues, "The assembly of a public is a key method in carrying out rhetorical work and rhetorically engaged research" (p. 225). Essential to this study's use of the term *public* is Malkowski and Melonçon's (2019) take on the term as constructed by discourse: "From a rhetorical standpoint, public health's 'public' can be understood as discursively constructed and increasingly complex, not simply a descriptor of a target audience" (p. vi). This approach is apparent in Sulik's (2014) description of the breast cancer "system," which can be received as not only an understanding of the public addressed by the breast cancer discourse community but also the people and organizations that constitute the breast cancer discourse community: "There is a system underlying the pink ribbon that involves many dimensions: survivors, social movements and counter-movements, family, community, gender, politics, consumption, mass media, biomedicine, and the health care system itself" (p. 673). And Ryan (2018) extends our understanding by clarifying the public she was addressing with "The Alabama Project": "a multitude of stakeholders involved in message production, distribution, and consumption regarding cancer and cancer survivorship—including individuals diagnosed

with cancer, caregivers, advocates, artists, journalists, social workers, researchers, and clinicians" (p. 379). Furthermore, Irene Jagla (2015), in "Conceptualizing Generative Ethos in Service Learning," provides an easily understood definition of the term: "'public' involves collective relations among multiple individuals 'who join together in a common project'" (p. 132). Jagla bases her assertions on Ryder's discussion of *publics*—"'social entities that come together with particular visions of people's role within democracy'" (Ryder as quoted by Jagla, 2015, p. 5).

Method / Methodology

While some pertinent methods and methodologies are addressed in each study chapter, I am providing here an overview of the main scholarship that informed my choices.

I employ both quantitative and qualitative methods in the studies included in this dissertation. Manfred Max Bergman (2008), in "The Straw Men of the Qualitative-Quantitative Divide and their Influence on Mixed Methods Research," explains that qualitative gives us inductive, exploratory research approaches, while quantitative allows emphasis on deductive research via falsifiable hypotheses and formal hypothesis testing.

The Rhetoric of Health and Medicine is employed as my guiding method for this dissertation. In "Manifesting Methodologies for the Rhetoric of Health & Medicine," J. Blake Scott and Lisa Melonçon (2017) set forth the qualities of RHM and assert that "a rhetorical frame of mind includes being attuned not only to the available means of persuasion in the discourses we study, but also to the available means of inquiry and interpretation offered by various combinations of methods we might employ, based on the specific questions we ask and the concrete challenges of answering them" (p. 7). In

this vein, they assert that RHM is positioned to "treat methodologies as rhetorical constructions and modes of invention" (Scott and Melonçon, 2017, p. 8), allowing for variance in the "documenting and explaining decisions made during the research process" based on the fact that "[RHM] researchers are often faced with unexpected, high-stake, and emotionally challenging situations" (Scott and Melonçon, 2017, p. 10).

I ensure that targeted populations are included in my survey. Christa Teston, Laura Gonzales, Kristin Marie Bivens, and Kelly Whitney (2019), in "Surveying Precarious Publics," remind RHM scholars to ensure their targeted populations are included in any studies conducted about or for them: "work to ensure that populations who might most directly inform and benefit from the survey results will be included in the responses" (p. 343).

I apply the scholarship of Gries and Johnson in my Twitter study when considering how the archived tweets are rhetorical. Laurie Gries (2013), in "Iconographic Tracking: A Digital Research Method for Visual Rhetoric and Circulation Studies," maintains that "Micro-level investigation is . . . necessary to recover an image's consequentiality, which, in turn, sheds light on how images become rhetorical as they circulate, transform, and affect change via their multiple encounters" (p. 345). Gries suggests several methods for investigating how commonly employed images—or as Nathan R. Johnson (2017) may term them "republications" —mean, including creating an archive of the images as they are employed in context. And she notes, "When studying an image's composition, researchers investigate the noetic drives for rhetorical design as well as how content and form work together to make possible identification and persuasion" (Gries, 2013, p. 343).

I utilize Condit's scholarship when considering and discussing "the multiple levels of discourse and . . . the material components and dispersal of those discourses, as well as their multipotentiality and interactivity" (Condit, 2001, p. 16). Celeste M. Condit (2001), in "Rhetorical Formations of Genetics in Science and Society," argues for an anti-essentializing method that "allows one to uncover and perhaps exploit spaces for constructive action in contemporary alignments" (p. 13). Condit (2001) argues that focusing on the rhetorical formations allows for a focus on "the complexities of a rhetorical formation" that in turn "allows us to understand large contests as congeries of smaller, contingent alliances, not merely as fractal reproductions of an invincible ideology" (p. 16). She maintains that "the concept of rhetorical formations brings into view a seething microcosm of rhetorical opportunists, striving to carve out the meanings of the new discoveries in ways that serve their own values or interests, but doing so in contest with other potentials promoted by other groups with different goals and vocabularies" (Condit, 2001, p. 15). Her overarching goal with this methodology is to uncover ways "to replace, or at least supplement, the idea of a monolithic discursive formation with the more pluri-vocal construct of rhetorical formations" (Condit, 2001, p. 13).

I lean on Raquel Baldwinson's (2018) scholarship while considering the ethical questions that arise from investigating the rhetoric of larger rhetorical actors in the breast cancer discourse community. Baldwinson (2018), in "Ethics for Rhetoric, the Rhetoric of Ethics, and Rhetorical Ethics in Health and Medicine," proffers that RHM scholars employ rhetorical analysis in order to "contribute in and on the terms of bioethics but also offer a rhetorical approach that expands understanding or has implications for practice on

some level" (p. 228). She maintains that this approach "enriches ethical questions and understanding" because it allows RHM scholars to "contribute to ethical discourse in health and medicine, . . . by using rhetorical inquiry to identify and establish ethical concerns without specific reference to longer-standing and authoritative ethical discourses" (Baldwinson, 2018, pp. 228, 229).

The scholarship of Bruce and Finnegan (2021) was employed in the Twitter study. Caitlin Frances Bruce and Cara A. Finnegan (2021), in "Visual Rhetoric in Flux: A Conversation," explain that we experience visuals in rhetorical situations: "What rhetoric can contribute to these conversations is a capacity to foreground questions of how we are invited or taught or encouraged to attend (or not), how the very practice of attention or discourses about attention are rhetorically situated, fraught, facilitated, or challenged by changing visual forms" (p. 101). Finnegan (2021) adds that "the theoretical and critical resources of rhetoric enable us to explore both the specificity of visual discourse as well as its fluidity, its movement across domains of space and place and time and history" (p. 92). These authors offer a course of action when considering visuals as rhetoric: "Start with what you see going on, try to describe it as best you can, work to situate it in the contexts in which it circulated and was received, and use the conceptual resources of rhetoric to make a good argument" (Bruce & Finnegan, 2021, p. 92).

And I apply Melonçon's (2017) performative phenomenological theory when attempting to "account for the complexity and the nuance of understanding people's experiences in the health and medical encounter . . .," as a way to affect "primacy to research participants' contextualized experiences" (pp. 105, 109). In, "Bringing the Body Back through Performative Phenomenology," Lisa Melonçon (2017) argues that "The

focus on the experience (phenomenology) and the doing or action (performance) . . . concerns itself with events as they are experienced" (p. 104), while "merg[ing] existing knowledge with the participants' lived experiences" (p. 105). Melonçon (2021) maintains that "When combined with rhetorical analysis of related texts and discourses, performative phenomenology . . . not only accounts for the context but it affords new ways to consider embedded ideological, political, social, and economic structures and how those structures implicate the bodies within them" (pp. 105–106). Most important to the survey study included in this dissertation, Melonçon (2021) maintains that through this method "Researchers can use intentionality as a key aspect of the research process by tracing the intentions between relations and how these eventually play out" (p. 107).

Chapter Outlines

In this Introduction chapter I have provided my personal narrative and positionality, as well as an overall summary of my dissertation project meant to prepare my audience for the information that will follow. Furthermore, I have provided some important discussion of main terms employed that otherwise might be misconstrued, as well as an overview of the main methodologies applicable to my methods for each study included in this dissertation.

Chapter Two: A Review of Applicable RHM and Breast Cancer Scholarship

In Chapter Two, I provide a literature review for the scholarship that informed my studies in some important fashion. Both applicable Rhetoric of Health and Medicine and Breast Cancer Discourse scholarship are introduced.

Chapter 3: The 'Wear Pink' Tweets: An Analysis of University Breast Cancer Rhetoric Created by Athletic Departments

In Chapter Three, I discuss my analysis of breast cancer rhetoric that emanates from university athletic departments on Twitter; this study is intended as a way to begin my investigation into how corporations/organizations/institutions—the main rhetorical actors who spread public messaging—are employing the breast cancer patient. I am—with this particular study—beginning my consideration of how larger actors in the breast cancer discourse community present the breast cancer patient to the public, for what reasons, and how that might affect the way others engage in breast cancer philanthropy.

Chapter 4: The Public's Response to Keeping/Saving/Loving Breast Rhetoric

In Chapter Four, I discuss the results of my IRB-approved study on philanthropic rhetoric and what the results indicate about the public's perception of keeping/saving/loving breast (k/s/l) rhetoric and its probable impact on breast cancer patients, as well as women in general. Breast cancer philanthropy and awareness rhetoric, like all communicative acts, contain signs and signifiers meant to convey specific ideas. The keeping, saving, and/or loving breasts slogans and the pink messaging through which some charities attempt to accomplish their mission of "helping" breast cancer patients has been identified as harmful rhetoric—to some degree—by scholars. However, studies that uncover the actual general reception of breast cancer philanthropy rhetoric are not plentiful nor widely/readily available, leaving room for counterarguments that unfounded feminist claims are unfairly targeting philanthropy rhetoric meant to aid breast cancer patients. Such considerations, as well as some personal experience, have led me to conduct a study on the effects of k/s/l philanthropy titles and slogans. My IRB-approved Qualtrics survey was intended to garner data on how slogans that include keeping/saving/loving breast rhetoric are actually received by an American adult

audience—which emotions result from these types of slogans, which effects they might have on breast cancer patients' decisions about possible life-saving treatments that result in breast removal, and how they might affect financial contributions to breast cancer research, medical services, and patient assistance.

Chapter Five: Conclusion

In the Conclusion, I synthesize the findings of my studies in a discussion that spotlights the real needed change in the breast cancer discourse community—a switch to embodied rhetoric. Additionally, I present some starting guidelines and a brief case study meant to encourage a more thoughtful approach to future philanthropic rhetoric. Furthermore, I present a few remaining or culminating questions and some future considerations for studying the rhetorical environment of breast cancer patients.

CHAPTER 2: A REVIEW OF APPLICABLE RHM AND BREAST CANCER SCHOLARSHIP

"Persuasion matters deeply to matters of social wellbeing, public participation, and individual health." –Jennifer Malkowski and Lisa Melonçon

In 2018, Cynthia Ryan published "'The Alabama Project': Representing the Complexity of Cancer Survivorship in Words and Images," in the first volume of *Rhetoric of Health & Medicine,* an academic journal. Through this piece, she shares information about her and David Jay's "The Alabama Project," which spotlights breast cancer patients in their usual environments through photography and narrative, with the purpose of "address[ing] cancer survivorship in context while reaching a continuum of stakeholders, both public and academic, with powerful messages about the intricacies of cancer journeys" (Ryan, 2018, p. 374). Ryan states that her purpose was fueled by the need to combat the pervasive positive breast cancer narrative, with which both Judy Segal (2005) and Barbara Ehrenreich (2009) had already found fault. These misleading narratives addressed by Ryan, Segal, and Ehrenreich can be thought of as fulfilling the "culture appeasement for restitution stories" that Arthur Frank (2013) addresses in his piece *The Wounded Storyteller: Bodies, Illness, and Ethics*. Ryan (2018) argues, "Telling the same uplifting story, regardless of the nuances of the environment in which the story plays out and the uniqueness of an individual's or a community's response" causes misunderstandings for those who eventually experience the disease (p. 375). And she cites "illness gossip" as a motivator for the project because of the negative effect it had

on herself and has on other breast cancer patients (Ryan, 2018, p. 388). Essentially, Ryan decided to present the breast cancer patient as/is because pervasive breast cancer discourse serves as illness gossip that does not present the lived material realities of patients and the "ongoing fluctuations" of the disease experience (Ryan, 2018, p. 377).

Before reading Ryan's important scholarship, my mother and I experienced this "illness gossip" and the negative effects of common positive public discussion about breast cancer. We, and others we had spoken to, were not prepared for our realities as patients after receiving public messaging from larger rhetorical actors in the discourse community who were establishing the public notion of what breast cancer is; these larger actors include corporations, organizations, and institutions who seek to benefit in some way from creating or disseminating breast cancer rhetoric that is conducive to their financial gain or attempts to generate ethos. Additionally, we felt pressured to present ourselves and experiences to the public through the pink and positive "breast cancer awareness" narrative vein; for me, in particular, this caused emotional and social pain as I was not living the life society had deemed I should: that of a cheery and restored obviously feminine woman. I read this important source after beginning my study, while preparing for my comprehensive exam, and I found a kindred soul in Ryan—who later graciously gave me input on my then developing Twitter study chapter during an RHM event.

This chapter includes a consideration of the scholarship that informs my study reports (i.e., chapters 3 and 4). I include scholarship that addresses the Rhetoric of Health and Medicine as a distinct discipline within the larger realm of rhetorical studies, as well as scholarship that conveys academic claims about breast cancer discourse in particular.

Additionally, I include rhetorical theories that influenced my understanding of the scholarship or my study progression in some manner. While the scholarship in this section did not all necessarily directly inform my hypothesis or research question creation, it all informed my understanding at some juncture during the dissertation project. It all works to help substantiate claims and sub-claims made within my dissertation, as well as support underlying premises in my arguments.

In this chapter, there are dedicated sections to the Rhetoric of Health and Medicine scholarship applicable to my studies and a larger consideration of Breast Cancer Awareness scholarship that either instigated hypothesis or research question creation or informed study development.

Rhetoric of Health and Medicine Scholarship

Cynthia Ryan, as previously mentioned, can be thought of as extending an RHM discussion started by Segal and Ehrenreich, who combined take up the notion of how instructive and harmfully persuasive the positive narrative can be. Judy Segal (2005), in *Health and the Rhetoric of Medicine*, maintains that patients "live . . . [and speak] in ways guided by textual culture" (p. 61). She makes this argument based on the fact that "the genre itself of pathography is epideictic" and "each illness narrative performs an epideictic function" (Segal, 2005, p. 62). And in this publication Segal reminds us of Aristotle's assertion that "'[e]pideictic rhetoric is the rhetoric of the present; its business . . . is praise and blame'" (Aristotle as cited by Segal, 2005. p. 61). In this light, public positive breast cancer narratives can be seen as instructing people with breast cancer on how they should behave: as if they are doing just fine and leading a restored life. Furthermore, the image created by such a pervasive focus on what a patient should be and

act like informs the general public on what a breast cancer patient's lived reality is—unfortunately mostly through fiction. In *Bright-sided: How the Relentless Promotion of Positive Thinking Has Undermined America*, Barbara Ehrenreich (2009) discusses how the epideictic positive-thinking doctrine of breast cancer charity has become a business model for companies and organizations, which makes her concerned for patients whose "positive attitude" does not prevent demise—as these patients are likely to feel like they are the outliers—the few whose inability to project the right attitude has led to their own detriment. In this way, Ehrenreich is clarifying that the negative effects of a pervasive false positive restitution story are compounded for the patient because they lead to a societal notion of the patient as someone at fault for her illness experience.

The fact that "The Alabama Project" was needed in 2018 to better educate those in the breast cancer discourse community about the realities of the disease experience—a decade after two seminal texts should have clarified that routinely employed optimistic public breast cancer rhetoric is problematic for patients' lived realities—solidifies my claim that there is still an issue with the kinds of rhetoric popularly being employed to discuss or portray the patient's lived reality when experiencing breast cancer. As I mentioned in Chapter 1, as a breast cancer patient, I (like Ryan) have experienced this rhetorical environment that resulted in confusion about the material reality of the disease for myself and others I know; my mother and I were not in any way prepared for the situation of being a breast cancer patient after being members of the audience for public discussions about the disease for years.

When beginning my dissertation studies, I did wonder if my positionality could exclude me from being part of a scholarly critique. But Cynthia Ryan (2018), in the

aforementioned argument for better attention to lived realities of breast cancer patients, claims “it is RHM scholars’ very positionality as both trained rhetoricians and embodied health subjects that offers us an opportunity to produce alternative constructions of the body, illness, and medical intervention in the public sphere” (p. 373). Therefore, I was emboldened by her statement and decided to convey my positionality while doing my part to, hopefully, help begin effecting that alternative and more realistic construction—one that reveals how current main forms of public breast cancer rhetoric are not necessarily the most helpful to the patient and may lead patients to experience more physical, emotional, and mental pain than necessary because of the false expectations and alternative realities that they instigate.

As Segal, Ehrenreich, and Ryan maintain, common public breast cancer discourse sets up certain expectations. This outright or underlying claim present in all of their arguments was also taken up by Lisa Keränen and Kimberly Emmons. In her definition of *rhetoric of medicine*, Keränen (2010) argues that “on societal levels, the stories we tell about health and wellness, amplified through new and mass media, cultivate powerful sets of health beliefs and craft identities for various publics—with positive and negative effects” (p. 641). This claim is based on the fact that “the production of biomedical knowledge is never free from relations of power” and “[h]ow . . . issues are framed in language can encourage stakeholders to make different health decisions” (Keränen, 2010, p. 641). Keränen (2010) feels it is the responsibility of RHM scholars to take up areas where problematic public discourse can be found in order to clarify that “the language of medicine forges identity . . . and produces biomedical knowledge” (pp. 641–642). The overarching claim being discussed here can also be found in *Black Dogs and Blue Words:*

Depression and Gender in the Age of Self-care, Emmons's (2010) seminal RHM piece that investigates the rhetorical nature of migraines as a condition, as well as that of migraine treatment. Important to the studies included in this dissertation is her claim about the power of language when it comes to health and medicine: "it can precipitate action by mapping the cognitive terrain and persuading us that we are (or are not) in need of treatment, and it can shape the forms of treatment to which we are willing to subject ourselves" (Emmons, 2010, p. 4). Keränen's and Emmons's claims help us to understand that, in addition to crafting the expectations and understandings of the patient and the general public, prevalent public breast cancer rhetoric helps to construct powerful biomedical "truths."

It may be presumed by those outside the RHM community that RHM should or does only address biomedical literature, but Melonçon et al. (2020) have negated this notion. In the introduction to *Rhetoric of Health and Medicine As/Is*, Lisa Melonçon et al. (2020) state that "[RHM] scholars [are] concerned with how health and illness are represented, both in the biomedical literature and in public spaces (Scott, 2003; Segal, 2005; Emmons, 2010)" (p. 5). And in the foreword to *Rhetoric of Health and Medicine As/Is*, Judy Segal (2020) finds that rhetoric can be employed to "enact a health citizenship that doesn't end at the boundaries of our individual bodies; they can help us sort through health ideologies, health politics and policies, health insurance, and health inequities—health power in general" (p. viii). Most important to this study of public breast cancer discourse, Segal reminds us that "A central question in the rhetorical study is 'Who is persuading whom of what?'" (Segal, 2020, p. ix). In "Health Humanities as an Interdisciplinary Intervention: Constitutive Rhetoric, Genre, and Health Citizenship,"

Colleen Derkatch and Philippa Spoel (2020) argue, "'Health' is constituted rhetorically even in materials that are not directly about either medicine or health" (p. 13). Derkatch and Spoel (2020) cite rhetoric as one of the disciplines that allow us to "pose incisive questions and to probe, through close analysis and critique, for answers that lay bare institutional, disciplinary, and ideological agendas that may not otherwise come into view" (p. 14). Additionally, they find that RHM can help affect this goal through "investigating the symbolic means through which individuals and groups are induced, through methods both conscious and unconscious, toward certain beliefs and actions and away from others" (Derkatch and Spoel, 2020, p. 15). Scott Graham's (2020) take on rhetorical studies, in *Where's the Rhetoric? Imagining a Unified Field*, is applicable here, as he maintains that all rhetorical inquiry should "focus . . . not on what texts mean but rather on how representational activity articulates within and contributes to a deeper ecology of practices." And J. Blake Scott (2020), in "Response to Representations and Online Heath: An Analytic of and Beyond Representation for the Rhetoric of Health and Medicine," clarifies the connection between "a deeper ecology of practices" and RHM: "Representations do not just signify or mean; they also make, configure, and instantiate. This matters as a starting premise for the rhetoric of health and medicine (RHM) because of the way our scholarship attends to high-stakes inter-articulations of materiality and language" (p. 144). Scott (2020) wants RHM scholars to stay alert "to emergent, mutual conditioning and co-configuring processes" because "[r]epresentations of bodies and embodied practices are key sites of rhetorical contestation, often involving alternate self-representations by marginalized people and counterpublics" (p. 145, 144). These scholars are clarifying that RHM's larger priority is not relegated to private or public medical

literature/records nor just to meaning; rather, it concerns itself with any medical or health discourse that is persuasive in some manner, as well as how that rhetoric acts on humans—as public breast cancer rhetoric disseminated by various public entities certainly is/does.

Other scholars, working from a base understanding of RHM priorities, argue for a social justice focus in order to aid those who are negatively acted upon because of the rhetoric that creates power systems within health and medicine. Jennifer Helene Maher (2020) takes up a social justice argument in "Challenging Racial Disparities in and through Public Health Campaigns: The Advocacy of Social Justice." Maher (2020) argues "[RHM] demands that researchers . . . identify, challenge, and work to transform the materiality of injustice at the local level" (p. 184). She finds this social justice focus to be "integral to the goal of improving the lives of those whose lives and health suffer as the result of injustice, in that as praxis it can catalyze transformation in the lives of those who are too often overlooked, ignored, erased" (Maher, 2020, p. 199). And she maintains that RHM, approached in such a way, can "intervene in the everyday lives of those for whom such notions are too often absent in health care" (Maher, 2020, p. 199). Additionally, Kelly Happe (2017), in "Health Communication Methodology and Race," helps to position an investigation of problematic popular breast cancer rhetoric as a matter of social justice when she states, "As rhetoric and communication scholars, are we not uniquely positioned to think critically about the terms used in communication about health? . . . . [O]ur goal is affective communication about health—it is also a question of the relationship between our methodologies and social justice" (p. 80).

A focus on social justice is not surprising, as RHM accepts language as social action, which is in line with Mikhail Bakhtin's and Michel Foucault's theories. In "The Rhetorics of Health and Medicine: Inventional Possibilities for Scholarship and Engaged Practice," J. Blake Scott, Judy Z. Segal, and Lisa Keränen (2013) argue that RHM scholars should "address more fully the constellation of symbolic and material rhetorics that influence daily life and public meanings and practice" (p. 2). And this approach is suggested as a means for "account[ing] for the complexities of language as social action" (p. 3). Bakhtin (1929) argues for a contextual look at language and asserts that our study of language should be heavily informed by rhetorical context: "Methodologically based order of study of language ought to be: 1) the forms and types of verbal interaction in connection with their concrete conditions; 2) forms of particular utterances . . . as elements of a closely linked interaction . . . ; 3) a reexamination . . . of language forms in their usual linguistic presentation" (p. 1222). Bakhtin's (1929) proposition relies on his claim that there is no consciousness without social interaction, which presents itself through "the material embodiment of signs" that occur "only in the process of social interaction" (p. 1212). He proffers that "The reality of the sign is wholly a matter determined by [social] communication" (Bakhtin, 1929, p. 1213). Moreover, this social action that leads to constructing power systems, which in turn affects material lived realities, is, of course, at the heart of Michel Foucault's (1976) claims in "The Will to Knowledge," where he maintains that knowledge is derived from the actions of humans who have formed a system of power relations through communicative means. Based on this acceptance of language as social action, Jenell Johnson and Michael Xenos (2019), in "Building Better Bridges: Toward a Transdisciplinary Science Communication," put a

heavy emphasis on remembering the people who are supposed to benefit from the work of both rhetoricians and scientists (p. 121). And they remind us that rhetoric creates perceptions: “engaging those publics means understanding not only the substance of their opinions or attitudes, how they are formed, and the impact they may have, but also how they are expressed, how they circulate, and how they constitute the worlds in which we live” (Johnson and Xenos, 2019, p. 121).

Natasha Jones (2016), in “The Technical Communicator as Advocate: Integrating a Social Justice Approach in Technical Communication,” working from the aforementioned Foucauldian/Bakhtinian foundation, bases her argument off the underlying premise that technical communication can form and circulate a main narrative that privileges the views of some over others. While Jones is addressing technical and professional communication as a discipline, her theories are applicable here because she is arguing about the responsibilities of those who create messaging for larger rhetorical actors. Jones (2016) is concerned with “understanding how oppressive conditions can be rearticulated and reinforced” (p. 346) and argues that tech writing should take a critical pedagogy/social constructivist slant in order to “interrogat[e] how TPC can be complicit in reinforcing which perspectives and whose experiences are valued and legitimized” (p. 343). Furthermore, she maintains that TPC should adopt methods to discover “potential ways to redress miscarriages of justice and equality by privileging silenced voices and marginalized points of view” (Jones, 2016, p. 352). Most important to this study, Jones (2016) makes the powerful claim, “As a humanistic discipline, our focus should be squarely on improving the human experience for the oppressed” (p. 357). And one means

of improvement suggested by Jones (2016) is employing community-based methods (p. 355).

RHM takes a community-based, health citizenship stance that encourages a communal consideration of health and medicine rhetoric. Rebecca A. Kuehl, Sara A. Mehltretter Drury, and Jenn Anderson (2020), in "Rhetoric as Rhetorical Health Citizenship: Rhetorical Agency, Public Deliberation, and Health Citizenship as Rhetorical Forms," argue, "Rhetorical health citizenship is the communicative interaction between individuals and structures, or between individuals and the larger community" (p. 177). Relevant to this dissertation and the studies it addresses, these scholars maintain, "Rhetorical health citizenship allows participants at public deliberations to engage with fellow stakeholders invested in a particular health issue in a way that is collaborative yet also contested" (Kuehl et al., 2020, p. 176). Kuehl et al. inform an understanding of my dissertation studies, as, like them, I ultimately seek to embolden the health citizenship of those who have been marginalized by larger rhetorical actors in the breast cancer discourse community—or, in the least, reveal how the patient, herself, has been marginalized by powerful rhetoric routinely employed by such larger rhetorical actors as corporations, institutions, and organizations who have been speaking for her while attempting to reach goals not necessarily based on her well-being.

RHM scholars are intent on addressing issues, through analysis and critique, created by powerful established rhetorical structures in health and medicine; this is something that C. M. Condit (2001) addresses in "Rhetorical Formations of Genetics in Science and Society," where it is proffered that we need to "[r]eplac[e] or supplement the 'dominant ideology' thesis with attention to the dynamics of rhetorical formations,"

which will expand “theoretical, critical, and political options” (p. 16). Condit (2001), while addressing the way scientists talk about subjects, such as genetics, clarifies that “adopting as a template the concept of rhetorical formations brings into view a seething microcosm of rhetorical opportunists, striving to carve out the meanings of the new discoveries in ways that serve their own values or interests, but doing so in contest with other potentials promoted by other groups with different goals and vocabularies” (p. 15). This gives us hope for changes to the way breast cancer patients are spoken for, at, and to, especially with Condit’s (2001) theory that “[i]f social formations are contested through rhetorical formations that involve multiple forces, interests, and competing discourses, and if the power of elites within those formations is based on temporary alliances . . ., then it is possible to gain advantages in the social formation, however partial and temporary” (pp. 15–16).

Lisa Keränen, Jennifer Malkowski, and Lisa Melonçon address the underlying reason for RHM’s ability to face social issues. In *Scientific Characters: Rhetoric, Politics, and Trust in Breast Cancer Research*, Lisa Keränen (2010) clarifies that the scientific community (and the health and medicine communities by extension) employs rhetoric to create issues and policies in the first place: “the participants of science-based controversies create, modify, and extend rhetorically constituted characters in order . . . to challenge or defend scientific norms and knowledge; and to invigorate and resolve disagreements over scientific knowledge, policy, and values” (pp. 5–6). She argues that language employed to explain or enact science creates social situations: “Our understanding of the controversy will thus have less to do with the bare facts of science per se than with how the facts are animated, challenged, and sustained by rhetorical

characterizations, and with how these characterizations, in turn, constrain epistemic, policy, and evaluative judgments and outcomes" (Keränen, 2010, p. 7). And Keränen (2010) asserts that scientific rhetoric affects the way public life is constituted: "studying the rhetorically constituted characters that animate science-based controversies is . . . a primary task . . . for tracking the tangled relationship between the norms of democracy and public life" (p. 8). Essentially, Keränen, in making her argument about why we trust scientists and their rhetoric (or not), is giving the underlying premise for RHM as social action: rhetoric can address social action because rhetoric creates social action. Based on this very fact, Jennifer Malkowski and Lisa Melonçon (2019), in "The Rhetoric of Public Health for RHM Scholarship and Beyond," issue a call for RHM to address public health because "a rhetorical orientation toward the study, practices, and communication of public health emphasizes how language helps to create, organize, challenge, and fragment public health realities" (p. iv). These authors are not only claiming we need to better understand how public health is implemented but also how it affects patients:

> Understanding the nature and influence of "rhetorical performances" associated with public health practices, policies, and outcomes as intersecting with, but distinct from, medicine and medical publics affords new opportunities to consider a broader array of conceits influencing how actors understand and navigate their roles in relation to other individuals and institutions of health. (Malkowski and Melonçon, 2019, pp. vii–viii)

Malkowski and Melonçon (2019) highlight the foundational reason that a rhetorical investigation of all health-related messaging is essential: "persuasion matters deeply to matters of social wellbeing, public participation, and individual health" (p. xii).

Emily Winderman and Jamie Landau (2020) argue that RHM scholars can affect matters of social wellbeing in "From HeLa Cells to Henrietta Lacks: Rehumanization and Pathos as Interventions for the Rhetoric of Health and Medicine." These scholars find rehumanization a necessary investment because so much dehumanization has occurred "at the institutional, social, and interpersonal levels" (Winderman and Landau, 2020, p. 55). And they clarify that forms of dehumanization "involve objectification and emotional distancing" (Winderman and Landau, 2020, p. 55). In Happe's and Maher's social justice vein, Winderman and Landau (2020) are proposing a rehumanization approach to RHM scholarship based on the fact that "rehumanization is a rhetorical process of pathos that affectively modulates public emotion to intervene upon a dehumanizing rhetorical ecology and return distinctively human attributes to patients" (p. 53). This scholarship is important to my dissertation studies, as I ultimately claim that breast cancer patients have been objectified, to some degree, through both athletic department breast cancer rhetoric and philanthropy rhetoric that focuses on keeping/saving/loving breasts. And, of course, if we objectify people, we are dehumanizing them.

While not necessarily acknowledged as an RHM scholar, Jacqueline Royster's scholarship should be included here, as she both precedes Malkowski and Melonçon in her concern for those marginalized by the rhetoric of the powerful in her seminal piece, "When the First Voice You Hear is Not Your Own." Royster (1996) maintains that researchers need to ensure that their studies allow subjects to have agency and voice. Royster's argument is important here, within a consideration of who is speaking for breast cancer patients and how they are doing so without representing the actual material

reality of patients. Her main argument that is applicable to my studies is that subjectivity and voice become problematic when we consider the position of those muted and marginalized, as breast cancer patients currently are. Royster reminds us that subjectivity deals with the power and authority to speak and make meaning. And breast cancer patients are not actually being allowed the power and authority over messages in which they are the main subject when the public understanding of their plight comes from larger rhetorical actors whose first priority is to market their goods or bolster their own ethos.

Given the RHM scholarship—as well as the foundational rhetorical theories—discussed in this chapter, it is apparent that the overarching concern for RHM is improving the lives of people who are affected by the rhetoric employed in the field of health and medicine. This is a fact clarified by Malkowski and Melonçon (2019): "Rhetoricians of public health document the social, cultural, economic, and political aspects of public health management across time, space, and place to assist and, ideally improve, public health realities" (p. v). And one important area of improvement that they spotlight is the need to ameliorate health situations for those peoples who have been marginalized by systems and realities affected through the powerful rhetorical structures enacted by main actors: "A rhetorical viewpoint is advantageous to the status of public health because the stance readily assists in integrating voices at the margins (for example, from patients to the displaced, to minorities and women, etc.) into official communication more broadly" (Malkowski & Melonçon, 2019, p. ix). This is the basis for my foray into the rhetorical environment of breast cancer patients, as the most important reason for investigating the public messaging that emanates from the largest rhetorical actors in the breast cancer discourse community is to eventually ensure that the breast cancer patient is

able to become the largest public rhetorical actor who can provide an honest and realistic understanding of her plight. While my beginning studies in this dissertation may not accomplish all the goals mentioned in this section, I hope that, in an RHM vein, I am chipping away at the current power structure that has been, in certain ways, negatively affecting the material reality of the patient and preventing her from being the loudest voice in her own discourse community.

In the next section, my review of literature moves from a focus on rhetoric of health and medicine scholarship—as well as the larger theories that foreground or help explain it—to a look at breast cancer rhetoric scholarship so that specific issues with the public representation of the breast cancer patient are made more apparent.

Breast Cancer "Awareness" Scholarship

Pedro Gallardo (2018), in "'Fighting' Breast Cancer Rhetoric: The Role of the War Metaphor in Breast Cancer Patient Narrative," makes the connection between Emmons's claims, as well as Ryan's assertations as a patient, and my study: "Especially in cases where patient language does not align with those of doctors and charities, it is our collective responsibility to evaluate and act on the language used to describe the experiences of . . . our loved ones, and ourselves" (p. 56). And several scholars take up this misalignment in their discussion of the breast cancer discourse community. Some assert that a power system has been enacted by larger rhetorical actors, while others take on issues with gender prescription, negative effects on patients and women through the main form of rhetoric employed by the larger actors, and the construction of a false reality.

Power System

Several scholars discuss the power system that has been created by the larger public actors in the breast cancer discourse community. This is the claim that Annette D. Madlock Gatison (2016) makes, in *Health Communication and Breast Cancer among Black Women: Culture, Identity, Spirituality, and Strength*, when she argues, "We need to understand how our lives, our bodies are not our own when our health is legislated and commodified" (p. xx). Here, she is reminding or informing her audience that the patient is not in charge of the discussion that revolves around her; the people who legislate "for" her and use her to sell things have more powerful voices.

Both Gayle A. Sulik and Soleil Young clarify that there is a power system in breast cancer discourse that does not revolve around patient agency. In *Pink Ribbon Blues: How Breast Cancer Culture Undermines Women's Health*, Sulik (2010) makes an important claim that serves as exigence for every breast cancer rhetoric investigation that follows her argument: "Hidden beneath the highly publicized pink ribbon celebration, the push-pull of breast cancer advocacy gave way to those with the largest megaphones, political influence, and marketing potential" (Sulik, 2010, p. xxviii). Young (2014), in "Cashing in on the Pink Ribbon," argues that a power structure has been set in place for breast cancer discourse by larger actors who have vested self-interests in commodifying a pink and positive narrative that does not necessarily inform the public on the realities of breast cancer: "Corporations have taken control of the public discourse on breast cancer and have become an essential part of the news abuse that focuses the conversation on the harmless, 'feminine' side of the disease. This in turn promotes misogynistic ideals and channels women's anger into consumerism" (p. 56). She maintains that the consumerist

culture created by such organizations "is damaging both to women with breast cancer . . . and women without the disease," because such a culture "perpetrates misogynistic stereotypes and deflects anger by perpetuating ideas about how women should behave, which in turn channels anger and potential activism into something mundane" (Young, 2014, p. 59). Sulik and Young here clarify the first claim I formulated after experiencing the breast cancer discourse community through mine and my mother's experiences before I began research: there are certain main actors who have established control over public breast cancer culture and rhetoric in America—and those main, larger actors are not the breast cancer patients.

Samantha King (2010) takes on these main (or larger) rhetorical actors and how they are affecting ideas of citizenship through their breast cancer rhetoric in "Pink Ribbons, Inc.: The Emergence of Cause-related Marketing and the Corporatization of the Breast Cancer Movement." In this argument, King (2010) investigates "the emergence of the breast cancer survivor as a category of identification" as shaped by public corporate rhetoric (p. 87). In an Foucauldian vein, King argues that

> in their capacity as fund-raising ventures; marketing enterprises, practices and sites of consumption; physical activities; collective experiences; mass movements; and pedagogical tools, they are technologies of power, or a set of practices and discourses, that have constitutive effects . . . . that help shape identities (e.g., "the breast cancer survivor"), cultivate political subjects (e.g., "the volunteer citizen"), and produce knowledges and truths about breast cancer and how best it might be responded to. (King, 2012, p. 89)

King's (2012) investigation into breast cancer culture, specifically involving philanthropy, led her to maintain that "participation in consumer-oriented philanthropic activity represents a yardstick against which the capacities of individuals to become 'proper' Americans is measured, it brings into question what are rather universalizing accounts of neoliberal arts and rationalities of governing and the processes of subjectification that they enable" (p. 91). Here, King is arguing that main rhetorical actors who control the public discussion of breast cancer are not just controlling what is discussed and known in the larger breast cancer discourse community; they are also affecting the idea of what a good citizen is.

Hampton and Trachtenberg et al. further our understanding of what the power system is and how it can directly affect breast cancer patients. In "#nomakeupselfies: the Face of Hashtag Slacktivism," Claire Hampton (2015) argues that this established power structure is illustrated through current attempts at breast cancer awareness, even those that are conducted by a general public on media such as Facebook: "The meme [#nomakeupselfies] highlights the relationship between dominant power structures, coercive practices and self-regulation through a complexification of charitable advocacy, self commodification and homogenising ideology" (p. 11). And in "The Embodied Identities of Young Women Diagnosed and Treated for Breast Cancer," Lianne J. Trachtenberg, Mary Jane Esplen, and Niva Piran (2019) claim "the body is an important site for identity-related processing after completion of cancer treatment," which is a claim based on their argument that "[t]he emergent central construct of embodied identity had five core dimensions: (1) connection to the physical body; (2) social power; (3) internalization versus rejection of gender-related discourses; (4) relational connections;

and (5) practicing meaningful priorities" (p. 182). Here, Trachtenberg et al. are highlighting the fact that social power and internalization versus rejection of gender-related discourses affect the way those diagnosed with breast cancer see themselves.

Threat to Heteronormative Femininity

Many of the scholars who critique breast cancer activism and rhetoric find fault with how the ideal femininity is amplified and shored up through public messaging that emanates from the discourse community. The connection between breasts and the idea of female or feminine is covered by Megan Kennedy Scanlon (2005). In *Taking Their Cut: Constructing the Female Patient Through American Health Policy*, *1990-1993*, Scanlon (2005) notes that "[t]he social worth of breasts is . . . inflated by the fact that they are symbols of femininity and motherhood" (p. 55); this leads her to claim that "Breast cancer is associated with intimacy, femininity, and sexuality" (p. 56).

Claire Hampton (2015), finds that breast cancer philanthropy campaigns are leaning heavily on femininity to sell their products and raise funds: "Popularized representations of breast cancer and the 'pinkification' of the disease places traditional assumptions of feminine beauty at the center of the awareness discourse; it foregrounds prettiness, youth, sexuality and femininity' (p. 9). She finds that this focus on femininity "enforce[s] heteronormative ideals, pressurizing women to re-beautify themselves, masking signs of illness to present the obligatory image of the smiling optimistic 'survivor'" (Hampton, 2015, p. 9). Overall, she unveils such social media breast cancer awareness as the #nomakeupselfie meme, which emanates from the wider public's understanding of disease, as ineffectual slacktivism that is patriarchal and post-feminist.

In “Selling Pink: Feminizing the Non-Profit Industrial Complex from Ribbons to Lemonaid,” Ellen Sweeney and Sonja Kiloran-McKibbin (2016) take issue with “the mainstream breast cancer movement’s promotion of heteronormative femininities” (p. 464). In particular, these scholars find fault with the “varying degrees of sexualization used in breast cancer cause-related marketing campaigns, including those that are overtly sexualized with images objectifying women’s breasts and slogans that include . . . ‘Save the ta-tas,’ and ‘Don’t let cancer steal second base’” (Sweeney and Killoran-McKibbin, 2016, p. 464). Sweeney and Killoran-McKibbin (2016) argue, “While this hyper-sexualization results in greater media coverage, it is almost exclusively heteronormative and parallels the experience of breast cancer with the loss of one’s sexual identity, shifting attention away from important structural critiques” (p. 464).

Venke Frederike Johansen, Therese Marie Andrews, Haldis Haukanes, and Ulla-Britt Lilleaas (2013), in “Symbols and Meanings in Breast Cancer Awareness Campaigns,” analyze “complex and ambiguous symbols and metaphors” in public breast cancer messaging (p. 141), and they create six themed categories for the messaging: “Reenchantment of femininity, Infantilization, Corporate profit-making, Objectification, Transgression of boundaries, and Exhibition of deviation” (pp. 142–143). The categories, by themselves, speak volumes about what was found in the messaging. These authors maintain that through breast cancer discourse messaging, “Breast cancer is . . . linked to the idea of a mutilation that threatens feminine worth” and that “[w]omen’s attractiveness is linked to bodily appearance and especially perfect, intact, sexualized breasts” (Johansen et al., 2013, p. 147, 153). And they further their assessment by stating that

current breast cancer rhetoric reflects "the continued expectation for women to submit to rules for how to be women" (Johansen et al., 2013, pp. 150–151).

Furthermore, Johansen et al. (2013) find fault with the "'pinkification' in breast cancer campaigns as a re-enchantment of femininity" (pp. 143–144). The authors maintain "that focusing on the loss of a breast and what some interpret as a loss of attractiveness results in the disenchantment of femininity, but that femininity becomes re-enchanted, or efforts are made to that end, by deploying the colour pink" (Johansen et al., 2013, p. 144). These authors also address the Look Good Feel Better campaign that I briefly mentioned in my personal narrative—the giving of makeovers to breast cancer patients undergoing chemotherapy and radiation: "Like 'pinkification', the LGFB concept can be interpreted as a means of reenchanting femininity, based on the assumption that appearance is integral to feminine identity, and that this identity is weakened or strengthened through whatever affects appearance" (Johansen et al., 2013, p. 144).

Sweeney and Killoran-McKibbin (2016) maintain that breast cancer awareness rhetoric happens through "a particular framing of the disease that does not encourage more critical examination and similarly relies on heterosexual norms of femininity," which is a presentation "furthered by the involvement of the beauty and fashion industries . . . , and the mainstream breast cancer movement's promotion of heteronormative femininities" (p. 464). These authors argue that the hyper-sexualization of breast cancer patients enacted by philanthropy has not been critically investigated.

Trivialization/Sexualization/Objectification

Several scholars have already taken to task the larger actors in the breast cancer discourse community for disseminating messages that convey a societal expectation of women as sex objects, as well as for encouraging a trivialization of the disease and the patient through their rhetoric.

Through the lens of a former breast cancer patient and in line with Sulik's scholarship, Hampton (2015) highlights "the problematic relationship between breast cancer and beauty; the trivialization, infantilisation and sexualisation of the disease inherent in contemporary breast cancer culture and the self-commodification of the female body as part of a consumer activist transaction" (p. 7). Hampton (2015) claims that "hashtag activism . . . diverts attention from considered awareness to render breast cancer palatable and engaging" (p. 9), and she bases this assertion on things like the online "games" I mentioned in my personal narrative (see chapter 1). As a breast cancer patient, she provides insight into how patients can receive such "activism": "Being confronted by images of healthy women who felt the need to condemn their own looks was a proverbial slap in the face as I struggled to re-negotiate my own femininity" (Hampton, 2015, p. 8). Besides noting that such activism can be offensive to the patients—whose natural beauty is affected by cancer treatments and being ill, Hampton (2015) highlights the fact that through such behavior as #nomakeupselfie women are turning themselves into capital for the organizations that receive funds as a result (p. 11).

Johansen et al. (2013) address trivialization of the disease through the tendency to infantilize patients with philanthropy products that have a child-like nature, such as teddy bears: "Despite the fact that breast cancer only impacts adults, many gift items for

sufferers contain childish elements. . . . [These] reflect the attitude that women with breast cancer have reverted to a childish stage and should be comforted in the same manner as sick children" (p. 144). They maintain that "through a number of artefacts and slogans, and to a certain degree through the colour pink," "Women are . . . presented as weak, inferior, and dependent" (Johansen et al., 2013, p. 153).

Sulik (2010) also maintains that pink ribbon commercialism trivializes breast cancer: "The cultural equation of breasts, and having breasts, with women's heterosexual identity enables pink ribbon products to trivialize and ignore the realities of breast cancer while simultaneously degrading women and putting them in their place" (p. 372). Sulik (2010) asserts that "By prioritizing the return from illness to normalized femininity, there is little space in cancer survivorship (and pink ribbon culture in particular) for suffering, pain, disfigurement, or any perceived threats to socially expected norms" (p. 662).

Further claims about "threat to heteronormative femininity" and "trivialization/sexualization/objectification" can be found in the following scholarly discussion of the pink trope.

Pink

When it comes to breast cancer, pink can now essentially be viewed as an object that is meant to represent the patient. Gatison (2016) employs health communication and feminist theology to assess the black breast cancer patient experience in "pink culture" (p. xix) and includes "popular pink ribbon warrior metaphors; and . . . purchasing pink products from a variety of manufacturers to show support" (p. 38) as two of the four main categories around which the media employs rhetoric about breast cancer patients. Pink

can now be accepted as inextricably linked to the concept of breast cancer, and the pink trope can be used to help identify breast cancer discourse.

Young (2014) explains how the color pink came to be associated with breast cancer, noting that it was a corporate construct: “Since its inception, the pink ribbon has been a corporate symbol. It was first used to stand for breast cancer awareness and prevention by the makeup conglomerate Estée Lauder in the 1990s” (p. 57). By 2002, BCAction created the term *pinkwashing* based on their notion of what a “pinkwasher” is: “A company or organization that claims to care about breast cancer by promoting a pink ribbon product, but at the same time produces, manufactures and/or sells products containing chemicals that are linked to the disease.”

Within one decade of the corporate linking of pink to the breast cancer patient, corporations were being critiqued for their negative influence on the well-being of breast cancer patients. In 2013, Johansen et al. proffered, “The question is whether the traditional symbolism of pink helps to conceal or cheer up an otherwise gloomy disease” (p. 153). And in 2014, Sulik argued that the color pink camouflages the realities of the breast cancer patient’s lived reality: “The color pink capitalizes on traditional femininity and normative assumptions about women's beauty, sexuality, emotionality, nurturance, and morality. By associating with traditional femininity, breast cancer may be cast as nonthreatening, blameless, and even virtuous” (p. 661). It is not surprising, at this juncture, that the color pink is taken to task by many of the scholars who address issues with the breast cancer rhetorical environment.

Young (2014) discusses the manipulation of larger actors that occurs through employing the pink ribbon or the color pink: “The fact that the issue of breast cancer

‘awareness’ became popularized [through the corporate pink ribbon] reflects how well the topic was manipulated by corporations and the media to serve their own interests” (p. 57). She provides examples of companies who did not donate in ways they implied to breast cancer causes, such as the Dansko Shoe Company (Young, 2014, p. 57). Furthermore, she takes breast cancer organizations to task for what their “pinkification” has resulted in:

> Nancy Brinker, head of the Susan G. Komen Foundation for the Cure, admitted that perhaps the organization was putting a ‘pretty pink ribbon’ on things, but claimed that this was in some ways good, as she felt that anger did not motivate people to support a cause for the long term. . . . . By completely writing off anger, the Komen Foundation (which is the largest and best-known breast cancer-related foundation) is in a sense able to discourage activism. (Young, 2014, p. 60)

As previously mentioned, Young (2014) maintains that pinkwashing is a way for larger actors to maintain a power structure that allows them to misuse the patient: “Pinkwashing, the misuse of research funds, and the corporatization of breast cancer are all forms of news abuse that companies use to create the prevalent ‘pink ribbon culture’” (p. 59). Young is essentially maintaining that these corporate rhetorical actors in the breast cancer discourse community are mistreating patients through their construction and application of pink ribbon culture.

Hampton (2015) argues that while employing the color pink, these larger corporate and organizational actors are pushing a narrative that highlights attributes that cannot logically be associated with breast cancer, which results in pink being used to conceal the realities of breast cancer: “Having breast cancer . . . plung[es] those with a

diagnosis into a suffocating world of femaleness. The #nomakeupselfie explicitly exposed this socially constructed feminizing relationship and is part of the reproduction of pink consumer culture that de-sensitizes and falsely implies that breast cancer is non-threatening" (p. 9).

Ultimately, the aforementioned scholars make important claims about the use of the color pink by larger actors to represent the breast cancer cause and patient. In fact, Johansen et al. (2013) feel the inextricable association of pink with breast cancer may alter the message received when seeing the color pink: "pink may become a colour associated with both the beginning and end of life. Rather than symbolizing something cheerful and life-affirming, it could eventually come to symbolize the evanescence of life" (p. 153).

This degenerated association of meaning Johansen et al. predict for the color pink can be substantiated, at least in part, by Laurie Gries's scholarship. Gries (2013) circulation studies and iconographic tracking scholarship can be employed in a study of breast cancer rhetoric because of the way the pink ribbon and color pink are employed by the discourse community: "In circulation studies, . . . scholars investigate not only how discourse is produced and distributed, but also how once delivered, it circulates, transforms, and affects change through its material encounters" (p. 333). She argues that iconographic tracking can help "account for an image's circulation, transformation, and consequentiality" (Gries, 2013, p. 333). The ultimate goal of such an approach, according to Gries (2013), is "to make transparent what happens to not only a singular image but also the people and other entities it encounters," as well as "how an image becomes

rhetorical in diverse ways as it circulates, enters into new associations, and affects a multiplicity of consequences" (p. 337–339).

The associations with color pink and the effects of it being employed as a main trope by larger rhetorical actors in the breast cancer discourse community can lead to the color pink being thought of as a republication that enacts an information infrastructure. In "Infrastructural Methodology: A Case in Protein as Public Health," Nathan R. Johnson (2017) makes the important claim that "Unrecognized metaphors often exert great conceptual force during communication. And simultaneously, infrastructure often remains hidden until it doesn't work for someone" (p. 68). Johnson (2017) also argues, "When rhetoricians attend to information infrastructure, they can identify important rhetorical traffic that pushes health and medicine to privilege some knowledge regimes over others" (pp. 75–76). In support of his larger claims, Johnson (2017) fleshes out his underlying premises through discussing and defining his terminology: *translations* and *republications*. Johnson defines *republications* as "information or objects supporting informational practices [that] are duplicated to provide reliable experiences in different environments" (pp. 65–66). And he defines *translations* as the moments "[w]hen metonymy, which transfers aspects of one idea to another, is synthesized with infrastructural references to audience" (Johnson, 2017, p. 65). Applying Johnson's (2017) theory, the color pink can be seen as a republication that has been employed in such a fashion by larger breast cancer discourse actors that translations are occurring, as "[t]ranslations project some audience needs from one epistemic community into another through a shared infrastructural object, simultaneously legitimizing and interpellating those needs into new audiences" (p. 66). Furthermore, Johnson (2017) maintains that,

once particular parts of information infrastructure are detected, “Scholars can identify and intervene in moments of translation and republication, asking questions about how and why infrastructure was produced, and how it is thereafter deployed” (p. 75). Moving from scholarship, mentioned in this chapter, that clarifies why and how the pink trope was produced, and in line with Johnson’s argument, my scholarship investigates a specific area where it is heavily employed—athletic department breast cancer rhetoric.

In *Ways of Seeing*, John Berger (1972) provides the foundation for a republication argument. After discussing how reproductions of original paintings (artifacts) change the original intended meaning of the piece into various different meanings, Berger (1972) explains his reproduction (or republication) theory by discussing what happens when a painting is used in different rhetorical contexts: “When a painting is put to use, its meaning is either modified or totally changed. . . . [I]t is a question of reproduction making it possible, even inevitable, that an image will be used for many different purposes and that the reproduced image, unlike the original work, can lend itself to them all” (pp. 24–25). And he argues that it is the rhetorical context that decides the message actually being conveyed by an image or symbol: “The meaning of an image is changed according to what one sees immediately beside it or what comes immediately after it. Such authority as it retains, is distributed over the whole context in which it appears” (Berger, 1972, pp. 29).

Berger’s explanation of how the image changes is reminiscent of such rhetorical theories as that of I.A. Richards. In *The Philosophy of Rhetoric*, Richards (1965), through presentation of his context theorem of meaning, gives us the notion that the meaning of words depends on their association with other words in a sentence: “no word can be

judged [at all] in isolation" (p. 1289). In this line of thinking lexical analysis must be done while considering a word's relationship to other words in a sentence. He argues that "[t]he mutual control and interinanimation between words" is a necessary consideration when trying to uncover intended meaning (Richards, 1965, p. 1291). Basically, Richards (1965) is declaring that individual words cannot carry a specific meaning in every single situation, while also noting meaning is conveyed through not only contextual presentation but also historical association: "the meaning comes from other partly parallel uses whose relevance we can feel, without necessarily being able to state it explicitly" (p. 1294). Richards is here providing the base notion of how republication and circulation studies work at a foundational level: no single word or image can mean on its own, outside of a specific rhetorical situation or historical association that comes from routine rhetorical situations.

Of course, circulation and republication studies can be employed to investigate the pink trope in breast cancer rhetoric, as well as aid the unveiling of the power structure many claim it has helped construct. However, Miller et al. (2019), in "Breast Cancer Voices on Pinterest: Raising Awareness or Just an Inspirational Image?", reveal why large-scale practices are sometimes difficult to change, even when the underlying problematic republications and translations are identified. While trying "[t]o further expand [an] understanding of the role of visual-based social media platforms on cancer-related health communication," Miller et al. (2019) investigated "breast cancer-related messages visualized on Pinterest," as well as "how . . . users engage with these messages" (p 50S). Through their content analysis, Miller et al. (2019) found increased engagement on breast cancer pins when "health information [was] paired with an

alternative term for breasts, the color pink, and either an inspirational quote or slogan" (p. 56S). Therefore, they had to admit, "Seemingly superficial communication tactics such as using the color pink in visuals may prove useful to elicit message engagement" (Miller et al., 2019, p. 57S). Therefore, Miller et al.'s study does aid in establishing the notion that pink has become a reproduction or republication from which audiences draw meaning and make connections to breast cancer philanthropy or information, based on historical rhetorical experience.

Positive

Many of the aforementioned RHM and breast cancer discourse scholars reference an issue with larger rhetorical actor reliance on positive spins when discussing breast cancer and patients. Audre Lorde (1980) famously takes up this conversation in *The Cancer Journals*, as does Ehrenreich (2009) in *Bright-sided: How the Relentless Promotion of Positive Thinking Has Undermined America*.

The positive spin is addressed by Burgess and Murray, AbiGhannam et al., and Ryan. Burgess and Murray (2014), in "Sexualization of Awareness: Catchy, but Does It Actually Increase Knowledge of Breast Cancer?", spotlight this issue when they maintained that "Women diagnosed with the disease are to be cheery heroes who . . . should proudly present us with their new found health and vitality; this can be achieved through the use of the plethora of pink products to be purchased by willing corporate sponsors" (p. 236). And Niveen AbiGhannam, Lindsay Chilek, and Hyeseung Koh (2018) reveal that this is an ongoing issue through their publication "Three Pink Decades: Breast Cancer Coverage in Magazine Advertisements," where these scholars assert that breast cancer topics published in magazine advertisements are likely to contain the notion

of hope and an image of the patient as survivor that is conveyed or would be received as positive. And it is certainly one of the larger issues Ryan (2018) was trying to address with "The Alabama Project"—a project instigated by the reality that the "illness gossip" shared with her was not representative of a breast cancer patient's lived reality.

As with Ryan, particular points of concern for the information infrastructure that employs such a tactic have been addressed or suggested by several breast cancer discourse specialists. For instance, King (2010) maintains that the now usual and expected positive spin camouflages the fatal reality of the disease: "the new image of the woman with breast cancer that has emerged with the pink ribbon industry—youthful, ultrafeminine, slim, light-skinned if not white, radiant with health, joyful, and proud—leaves little room for recognition that people still die of the disease" (pp. 286–287). And Young (2014) feels that the over-reliance on positive narrative and spins is being used to silence and marginalize actual breast cancer patients, as well as women: "The discouragement of anger and activism related to breast cancer is part of a larger goal by the media and the patriarchy as a whole to silence women and stop feminist activism. This effort is part of the media's post-feminist agenda" (p. 60). Additionally, Young (2014) argues that the larger actors in public breast cancer discourse are fully aware of the issues they create for the lived reality of patients: "Rhetoric and stories in the breast cancer community are often intended to be uplifting, featuring women with the disease who remained cheerful and positive throughout the horrible ordeals they had to go through. This, in a sense, marginalizes anger, and the corporations and organizations involved are fully aware of this" (p. 60).

Burgess, Murray, and Gatison add to the concerns about the positive narrative used by larger actors to present a public image of the breast cancer patient. Burgess and Murray (2014) indicate that the usual positive portrayal's reliance on young white women particularly marginalizes and may endanger Black women: "the survivors are nearly always 'youthful, ultra-feminine, slim, light-skinned if not white'. This provides a chilling illustration of one of the more perplexing components of breast cancer: the death rate for Black women is considerably higher than it is for White women in the United States" (p. 236). Gatison (2016) is also concerned with the effects of the positive spin on black women. She maintains, "Warrior metaphors and triumphant survivorship can be detrimental to Black women who must negotiate three societally scripted identities, that of the pink ribbon warrior, the mighty woman of faith, and the myth of the strong Black woman—the combination of which creates . . . a new cultural ideal in the Pink and Black Superwoman" (p. xxi); this claim leads her to assert, "By falling in line with the march of the pink ribbon as a (s)hero, a warrior, a breast cancer survivor, and a strong Black woman of faith, one is in a way, being forced into a type of silence" (Gatison, 2016, p. xix).

Linda C. Garro and Kathy Charmaz bring a further concern about the positive spin to the fore: how the positive narrative employed by larger actors to sell their products and raise money can negatively affect the patient herself not only during her illness experience but also after. In "Cultural Knowledge as Resource in Illness Narrative: Remembering through Accounts of Illness," Garro (2000) maintains, "Interactions with others, perhaps particularly those who claim knowledge of illness and its treatment, may be cited as a source of validation for one's perspective, contributing to

the credibility and persuasiveness of the account presented" (p. 73). In her study, she relies on "cognitive perspectives on memory to [show] how cultural knowledge serves as a resource in guiding remembering about the past" (Garro, 2000, p. 70). Garro (2000) argues that this alternative picture of disease/illness experience arises when "those more closely associated with an illness condition do not seem to fit a personal reconstructive context" (p. 84). Essentially, Garro's (2000) study and conclusions further substantiate the notion that patients are prone to be affected by Frank's "culture appeasement for restitution stories" in an internalized manner because "past events are reconstructed in a manner congruent with current understandings; the present is explained with reference to the reconstructed past; and both are used to generate expectations about the future" (p. 70). Additionally, Charmaz (2002), in "Stories and Silences: Disclosures and Self in Chronic Illness," clarifies how pervasive alternative and fictionalized presentations of a patient's material reality can result in the silence of those who do not feel they fit the prevalent public narrative: "Silences can be intensified when an ill person views others as more knowing, even about self. To the extent that doctors, spouses, and sometimes siblings or parents claimed superior knowledge and ill people accept it, they remain silent" (p. 308). And she further maintains, "Other people may demand silence if illness alone contradicts their taken-for-granted image of whom the person should be, particularly when they interpret this person's illness stories as complaining" (Charmaz, 2002, p. 317).

Taken together, these scholars substantiate the claim that positive-spin restitution narratives can negatively affect the breast cancer patient's lived material reality because they can serve as "illness gossip" that paints patients as positive and healthy individuals

who avoid personal crises and experience restitution; unfortunately, the harsh reality of breast cancer diagnosis and treatment is that there is no real restitution and many do not live long enough to reconstruct their experiences for sharing with a public.

Creating a False Reality

Several of the scholars included in this literature review also discuss the false reality created by the larger rhetorical actors in the breast cancer discourse community and how that false reality negatively impacts patients' lives. Johansen et al. (2013) point out that "the smiling, pink-clad survivor, who tends to be the front figure for breast cancer campaigns, may function normatively for cancer sufferers" (p. 151), and that such a consistently presented image can result in "breast cancer . . . reduced to being seen as a disease affecting attractiveness, rather than primarily an existential threat" (p. 151). Gayle Sulik (2014), in "#Rethinkpink: Moving beyond Breast Cancer Awareness SWS Distinguished Feminist Lecture," provides the basis for such a claim: "Pink ribbon culture relies on imagery of pretty, happy, optimistic survivors who wear survivorship with pride, elegance, sensuality, and the perfect blend cosmetic enhancements" (p. 661). And Hampton (2015) proffers, "The #nomakeupselfie explicitly exposed this socially constructed feminizing relationship and is part of the reproduction of pink consumer culture that de-sensitizes and falsely implies that breast cancer is non-threatening" (p. 9).

Some scholars point out the fact that the main public discourse about breast cancer and the philanthropy rhetoric employed by larger rhetorical actors in the discourse community do not actually convey pertinent and useful information about breast cancer. Burgess and Murray (2014) conducted a study that revealed "knowledge of breast cancer awareness campaigns overall is inconsistently related to knowledge about breast cancer"

and that “campaign identification was not related to correctly identifying risk factors” (p. 239). They maintain that none of their student subjects “could correctly identify the two most significant risk factors for developing breast cancer: age and being female” (Burgess and Murray, 2014, p. 240). Furthermore, because of these findings, which were derived from a consideration of knowledge about I Love Boobies and Susan G. Komen, Burgess and Murray (2014) argue that “research should investigate if the objectification and sexualization common to breast cancer campaigns affect the way people think about women in general” (p. 240).

Some scholars are pessimistic about the chances of changing current pink and positive breast cancer discourse to better convey the material reality of patients. Young (2014) argues, “The way we talk about breast cancer is flawed, but pointing this out and trying to do something that actually helps women with breast cancer (by trying to figure out what is causing this epidemic and letting them feel their anger) won’t sell products, it won’t deter women from protesting” (p. 61). Young (2014) is pessimistic about the chances that the system can be changed until there is a massive outcry from the public: “It is unlikely that corporations and the media will ever alter the way they talk about breast cancer without widespread societal calls for change” (p. 61).

But some scholars feel a good critique of the breast cancer system created by pink and positive rhetoric from—or spotlighted by—larger corporations and organizations is on tap. King (2010) maintains that since the patient is employed as a marketing tool and marketing rhetoric is “the version of the breast cancer survivor that prevails in the national imaginary” (p. 94), “An analysis of breast cancer-directed corporate philanthropy . . . is . . . crucial to . . . identifying those ‘realities of life’ or threats to the

status quo that are obscured by the widespread determination to look only on the bright side of the disease" (p. 88).

Call to Convey a Material Reality

Several scholars are straightforward with their argument that the material reality of the breast cancer patient must be conveyed to the public and several feel that this goal has not yet been affected. Important to this dissertation are the specific claims of Sulik and Sweeney and Killoran-McKibbin that combined serve as a call-to-action. Sweeney and Killoran-McKibbin (2016) maintain that "important questions which should be asked include 'what is being bought and sold in advertisements, and in the name of 'the cause'?'" (p. 464). And Sulik (2014) argues that "there is a need to . . . get real about breast cancer; acknowledge misinformation, trivialization, and commercialization; demand transparency and accountability" (p. 667). Additionally, Johansen et al. (2013) set the exigence for future studies of breast cancer philanthropy rhetoric: "[W]e often forget to ask critical questions about how culture is practised—how it affects the body, how we perceive the body, and, not least, questions on the level of meaning" (p. 151). Asking these critical questions and investigating what is actually being bought and sold through existing public breast cancer rhetoric, as well as acknowledging where that has gone awry, should, hopefully, open the door for more honest messaging that is representative of the breast cancer reality and that leads to useful assistance for the patient.

Conclusion

In the preceding section, I have presented breast cancer specific rhetoric, along with rhetorical and RHM-specific theory that helps to substantiate or further explain the

claims made by scholars who focus on breast cancer rhetoric. Burgess and Murray (2014) revealed that the current approach to breast cancer awareness is not leading to actual awareness, as study participants could not identify main risk factors for the disease, which, obviously, substantiates Sweeney and Killoran-McKibbin's (2016) call to unearth what is actually being bought in the name of helping breast cancer patients.

Scholars who focused specifically on breast cancer philanthropy have asserted that we must analyze the messaging that conveys the material reality of breast cancer patients to the public and address issues where it is not doing so faithfully (Gallardo, 2018); we must better understand the power system (Gatison, 2016; Sulik, 2010; Young, 2014) and how it is run by larger entities with their own commercial interests (Sulik, 2010; Young, 2014); we must investigate how these larger actors in the breast cancer discourse community are actually affecting the idea of American civic efficacy (King, 2012); and we must accept that such a power system that focuses on profit is leading to the self-commodification of the breast cancer patient (Hampton, 2015).

Several scholars touched on concerning issues emanating from the larger actors in the breast cancer discourse community, such as the promotion of heteronormative femininity (Hampton, 2015; Johansen et al., 2013; Sweeney and Killoran-McKibbin, 2016) and how the standards being shored up by the community is ensuring a sustained linking of breast tissue to not only a beauty standard but also necessary criteria for womanhood (Johansen et al., 2013). Some scholars address the trivialization of the patient and disease and/or the infantilization of the patient as a result of current approaches to breast cancer charity, as led by larger actors (Hampton 2015; Johansen et al., 2013; Sulik, 2010). And several have found fault with the pink trope used to

misrepresent the realities of the patient and her plight, such as making the disease seem non-threatening (Hampton, 2015; Johansen et al., 2013; Young, 2014).

Miller et al. (2019) revealed that on Pinterest, pins including the color pink were more likely to be re-pinned. And this appears to present a conundrum given the issues other scholars find with the trope. Therefore, to show how the color pink can be seen as a republication that has been employed in such a fashion by larger breast cancer discourse actors that translations are occurring, I employed the circulation studies and iconographic tracking theories of Gries (2013) and the information infrastructure scholarship of Johnson (2017), as well as Berger's (1972) reproduction argument, which essentially provides underlying premises for Gries's and Johnson's claims. Additionally, to further substantiate subclaims about the pink trope, I applied Richards's (1965) context theorem of meaning.

Scholarship that focused on issues with the positive breast cancer patient narrative being employed by larger actors was shared (AbiGhannam et al., 2018; Burgess and Murray, 2014; Ehrenreich, 2009; Gatison, 2016; King, 2010; Lorde, 1980; Ryan, 2018). As was Garro's (2000) study that found restitution stories affect memory and expectations, which is, of course, is in line with Frank's (2013) restitution stories theory. Several scholars find fault with the false reality created by larger actors' rhetoric, claiming it affects the public's notion of the seriousness of the disease (Johansen et al., 2013), implies that cosmetics are the "cure" (Sulik, 2014), and is generally a "non-threatening" entity (Hampton, 2015). And Johansen et al. (2013) argue that showing the reality of the disease is necessary to correct the misconceptions spread by the actual

messages imparted through philanthropic campaigns, which is, of course, what Ryan (2018) was trying to accomplish with "The Alabama Project."

Turning to the rhetoric of health and medicine as a guide for answering the call of breast cancer scholar, we find that Siegel (2005) and Ehrenreich (2009) had already made claims about fictional restitution stories, with Ehrenreich in particular clarifying that the negative effects of a pervasive false positive restitution story could lead the patient to feel she is at fault for her predicament and disease. Keränen (2010) furthers this claim by arguing that collectively these stories/representations create "health beliefs," which is in line with Garro (2000) and Frank (2013). And Emmons (2010) further clarifies this notion by asserting that these established "health beliefs" affect the treatments that people are willing to engage in.

Several RHM and rhetorical scholars substantiate a rhetorical investigation into the public messaging created by larger actors in the breast cancer discourse community, who currently have the most power when it comes to messaging. Malkowski and Melonçon (2019) issue a call for RHM to address public health based on their argument that "language helps to create, organize, challenge, and fragment public health realities" (p. iv), and Keränen (2010) argues that rhetoric is used to create scientific issues and policies in the first place, while Derkatch and Spoel (2020) argue that public health messaging is rhetorically constituted; all of these claims can be perceived as extending from Condit's (2001) argument for better attention to rhetorical formations in science so as to unearth and contest existing power structures.

Melonçon et al. (2020) argue that RHM is positioned to take up an investigation into health-related matters, whether private or public. And Segal (2020) finds rhetorical

investigations are in order to investigate health ideologies. Graham (2020) furthers this notion by asserting that rhetorical inquiry should not focus on just one text means but rather how "a deeper ecology of practices" is at bay. And Scott (2020) positions RHM as the methodology positioned to address such concerns as breast cancer philanthropy and its effects because "[r]epresentations of bodies and embodied practices are key sites of rhetorical contestation."

Several RHM and technical writing scholars argue that rhetorical scholars should be concerned about matters of social justice (Happe, 2017; Maher, 2020), which is based on the acceptance that rhetoric is social action (Scott et al. 2013). This idea is in line with both Bakhtin's (1929) rhetorical context theory and Foucault's (1976) argument that rhetoric creates social power systems, which is present in Johnson and Xenos's (2019) claim that science (and by extension health) rhetoric helps construct people's realities. Jones (2016), working from this very notion of constructed reality, implores TPC rhetoricians to investigate current rhetorically constructed power systems that have led to the marginalization of certain groups. And Kuehl et al. (2020) clarify the need to engage all stakeholders to ensure health citizenship is affected fairly for all, which, of course, can be thought of as an extension of Royster's (1996) argument that those who are spoken for and studied (serving as subjects for the rhetoric of others) should be included as rhetorical agents. Winderman and Landau (2020) take this notion a step further when they argue that RHM scholars can affect the work necessary to point out where the marginalized have been dehumanized and offer an avenue for rehumanization.

The claims from breast cancer scholars revolve around how larger actors with commercial priorities have affected a power structure in the breast cancer discourse

community that comes with the claimed negative effects of sexualizing and objectifying women, while trivializing breast cancer and creating a false reality for and/or false perception of breast cancer patients. And the RHM and rhetoric scholars mentioned in this review provide avenues for addressing such claims based on established theories that rhetoric created the issues in the first place and, therefore, can be used to investigate and address issues. Consequently, my studies extend nicely from this scholarship, as, in my dissertation, I investigate certain rhetoric employed by specific larger actors in the breast cancer discourse community to unearth issues that arise with their messaging.

CHAPTER 3: THE "WEAR PINK" TWEETS: AN ANALYSIS OF UNIVERSITY BREAST CANCER RHETORIC CREATED BY ATHLETIC DEPARTMENTS

In this chapter, I begin my investigation of how university athletic departments engage in the rhetorical environment of breast cancer patients[1] through constructed signification shared with a public via social media. After many years of research into and experience with the rhetorical environment of breast cancer patients, I considered several possible areas of investigation and settled on beginning with university athletic department twitter activity because it is public messaging, the majority of the intended audiences have open access to Twitter (or did at the time of the study), and I was more easily able to construct an archive in comparison to such messaging as institutional emails or hallway posters found on site. Furthermore, in Shane-Simpson et al.'s (2018) study of 663 college students, it was found that Twitter was rated best (in terms of social media) for ease of use, "News," and "Entertainment" in comparison to Instagram and Facebook, as well as higher than Instagram for "Connecting with Others" (pp. 22–23).

A consideration of the breast cancer rhetoric composed and published by university athletic departments can be helpful to my overall focus on how the major actors in the breast cancer discourse community are effecting the rhetorical environment of the patient, because how athletic teams present breast cancer—the patient and

[1] In the phrase "rhetorical environment of breast cancer patient," I include the signification and messaging–verbal, auditory, or visual–that breast cancer patients create and are subjected to, as well as anything composed on their behalf or that includes them in some fashion—to share preventative information, to raise funds, to clarify the needs of the patient, to garner ethos for the institution or organization employing their plight.

actualized charitable action on her behalf—to the public is currently one of the main public conveyances of patient situation and need to the non-patient[2].

University athletic departments are a significant site of public rhetoric for breast cancer discourse because it can be rationally argued that university athletic departments have relatively unimpeded primary/secondary/tertiary/unintended audiences on social media sites (or have, to date, on free social media apps) and that, as accepted socializing (educational) institutions, they are teaching others how to engage in the breast cancer discourse community.

This chapter focuses on how institutionally created breast cancer rhetoric is not necessarily promoting community action so much as promoting the institution's ethos, as well as possibly helping to construct a false impression of the breast cancer patient and her needs, especially for college students. Furthermore, as an established genre—as social action—the proliferation of ethos-building tweets published by sports organizations informs an audience understanding of what engaging in breast cancer charity should look like, which when done by an educational institution leads to more obvious socialization into the breast cancer discourse community—the teaching, at least passively, of how to engage with or for the breast cancer patient in a philanthropic manner.

Positionality

As previously mentioned in the Introduction, I served as the first official communications representative for the Chattanooga Football Club's Men's and Women's teams (CFC). Even when not serving in official roles, I aided their communication

[2] …along with philanthropy rhetoric and commercial representation through pharmaceutical advertisement and business/organization charity messaging.

practices from the 2010 through the 2020 season, in some form. Through this experience, I employed my growing specialized knowledge about persuasion and argument to aid in the creation of social media content; as a result, I earned CFC four National Women's Soccer League media awards. This experience gave me first-hand knowledge of the type of text and images used to represent teams on social media; for instance, I understand which photographs result from live-action shots and which are pre-staged. During my time with CFC, I became acutely aware of how sports team social media—especially that of soccer—can be split not only into mediums but also into genres, such as gameday announcement, goal announcement, event announcement, player connection, and community outreach. But, more importantly, I became highly alert to how each post could affect a team's ethos.

Additionally, as a university-level instructor, I recognize that I have directly encouraged college students to promote teams in ways that helped build the team's online ethos. For instance, during my chemotherapy, I would often take students to an already occurring event every other week, on the day after treatment—when I was most tired; this alternate plan came with fabulous experiential learning for my students, such as when a wrestling match day led to our "Wrestling with Writing" lesson. The object of this lesson became promoting the team on social media through the use of rhetorical basics learned in class. "Wrestling with Writing" became our theme for the rest of the semester, because that is essentially what they were doing anyway: struggling with and attacking the study of rhetoric and composition. By scaffolding what I was trying to teach them onto known entities, such as social media persuasion, I was able to help them truly understand the rhetorical concepts that are the basis for creating persuasion and argument of all kinds.

The social media rhetoric my students created through "Wrestling with Writing" led to a packed gym for a crucial match that decided the team's ability to progress in a championship bid. This allowed my students to see the direct results of their rhetorical efforts—the difference between the usual number of fans in attendance (when they attended the first match during class time) and the number of fans that responded to their attempts at composed persuasion (those who were in attendance the second time they attended a match as a class). The wrestling coach noted the difference their rhetoric made, crediting my students for the packed house and the packed house for the team's skin-of-the-teeth victory, which solidified their understanding of what they can do with a basic rhetorical understanding. Furthermore, a better understanding of the university athletic department tweet composition was a direct result, as students had to affect what was appropriate for gameday messaging on Twitter, in 140 characters (at the time) and with appropriate rhetoric and hashtags for the event, given the constraints of the institutional organization: the athletic department and the wrestling team (and the university, by extension).

The semester after "Wrestling with Writing," one of my students on the volleyball team showed me a picture the team was using on social media for breast cancer awareness month[3], which is October. Prior to sharing this image with me, she had been instructed on what was accomplished with "Wrestling through Writing"—as an example of the agency that can be immediately affected through what is learned in Rhetoric and

[3] While it is generally accepted, at this juncture, that October is "National Breast Cancer Awareness Month," Cacciamani et al. (2019), in "Cancer Awareness Crusades—Pink Ribbons and Growing Mustaches," prove internet searches for breast cancer do tend to be highest when "Pinktober campaigns" are occurring in October, which indicates that more awareness of some kind is being generated then.

Composition I and II. The picture contained a shot of the team's feet in white shoes with pink laces. She told me that she wore her pink laces for me. And I will admit that, at the time, I did not pay that much attention to how the pink laces were presented to the audience with whom the image was shared. I did understand that the image was being used to garner support for the team, in much the same way my students' "Wrestling for Writing" posts were. But, at that juncture, when I was still slightly wasted from radiation, I did not fully assess how I might have facilitated her entrance into the rhetorical environment of the breast cancer patient without ensuring she understood the difference between epideictic and deliberative institutional messaging.

Situating the Socializing and Social Media Rhetoric

The consideration of the rhetoric included in this study has been informed by a foundational understanding constructed from a combination of theory and argument, which includes Samantha King's (2010) breast cancer discourse argument that businesses, charities, and the government have rhetorically constructed the modern notion of breast cancer; J. Blake Scott's (2020) RHM argument that we need to investigate "mutual conditioning and co-configuring processes" (p. 145) because "representations of bodies and embodied practices are key sites of rhetorical contestation, often involving alternate self-representations by marginalized people and counterpublics" (p. 144); and Michel Foucault's (2001) rhetorical theory that it is "the analysis of the relations between the statement and the spaces of differentiation, in which the statement itself reveals the differences" (p. 1452) (see Chapters 1 and 2). Additionally, it extends nicely from Chung's (2017) content analysis of Breast Cancer Awareness Month tweets that employed the #nbcm hashtag, from which it is maintained that "for-profit organizations

used [Breast Cancer Awareness Month] to market their products" (p. 16). Further scholarship and underlying premises that serve to support the included study and results are discussed in the next sections.

Socializing

University athletic departments are acting as socializing agents when it comes to breast cancer and the breast cancer patient; this claim is made in line with the acceptance of education institutions as socializing agents[4] and my argument that the students in the university setting are likely to be experiencing involvement in breast cancer discourse for the first time as adults with personal agency.

It is common sense to think that college students probably did experience breast cancer discourse before entering the university; maybe they have known someone who experienced breast cancer, maybe they were involved in charity under the tutelage of an adult guardian or teacher. But at the collegiate level, they possess more personal agency, which means the buy-in comes from a space of individual commitment or at least a personal decision. At the collegiate level, students are either creating the rhetoric—such as my "Wrestling with Writing" students and the volleyball player I previously mentioned—or they are promoting/circulating it and/or directly responding to it. More importantly, they are certainly a primary intended audience for the messaging. And their decision to be involved with the rhetoric is a personal decision (either in a voluntary or in a volun-told situation that derives from another individual choice they have made, such as joining the basketball team); furthermore, this decision is likely being made for the first

[4] See Ryerson (1848) for a seminal discussion of education as a socializing agent.

time as an adult with fairly unhindered agency. By promoting breast cancer discourse as a desired space of adult and institutional engagement, university athletic departments are serving as a collective socializing agent that has declared what is worthy of adult engagement according to institutional and societal expectations for civic efficacy.

Socialization, in this situation, happens through the cultural reproduction that is part of sports involvement. In "Sport and Socialization," Jay Coakley (1993) proffers the socialization-as-interaction theory, which "assumes that identities, roles, and social organization are social constructions emerging from social relations that reflect the distribution of power and resources within a particular cultural setting" (p. 171). His application of "socialization-as-interaction" to sports situations leads to a better understanding of how socialization is not necessarily passive, even when it appears so, and that lessons are assuredly received: "Sport is a site for human agency, resistance, and the transformation of social relations as well as cultural reproduction" (Coakley, 1993, pp. 180–181), because "it . . . occurs in connection with the economic, political, and cultural systems that make up the everyday culture of a community" (Coakley, 1993, p. 189). Coakley's scholarship is applicable to this study because one of the author's main claims is that socialization happening through sports communities is not confined to sports interaction; rather, it is informing connections to an entire cultural system.

Adding to the notion that sport informs culture is the scholarship of Stacy Warner, Marlene Dixon, and Laurence Chalip (2012), who argue that "varsity athletes . . . required spaces beyond the sport setting to obtain a sense of community" (p. 997). Warner et al. (2012) proffer that because "varsity athletes operate under tighter schedules, more formalized relationship structures, and more rigid boundaries," their sense of

community is created through the social spaces connected to sport (p. 986), because that is where they "felt supported, understood, and 'in the same boat'" (p. 996).

Of course, the more obvious socialization occurs specifically with the student athletes, who have expectations and restraints placed on them by institutions. Andrassy and Bruening (2011) assert there is a "growing emphasis in higher education on . . . . encourage[ing] student-athletes to give back to their communities through partnerships with local non-profits and . . . participat[ing] in community service events" (p. 272). And Stephanie Smith and Brandi Watkins (2018) unveil the reality of socialization-as-interaction when they discuss social media constraints placed on students and athletes by university athletic departments: "Failure to comply with these standards [set by team, athletic department, and institution] can result in negative consequences including game suspensions, dismissal from the team, removal of scholarships, and loss of eligibility" (p. 2). This claim is made in concert with the understanding that policy has been established to control university representation on social media, not only in order to comply with regulations but also to ensure a cultivated reflection of "university lifestyle, expectations, community standards" (Smith and Watkins, 2018, p. 5). And these scholars, argue that established negative consequences have arisen because students are "duty bound to use [social media] responsibly, given their visibility in the community and obligation to students, faculty, alumni, teammates, and other stakeholders" (Smith and Watkins, 2018, p. 5). This scholarship informs the notion that athletic departments understand how students can act to bolster the brand through their public speech, as well as that they have enacted policies that actively socialize students into feeling obligated to community expectations for their public speech.

The impetus for a more obvious active socialization of student athletes is taken up by Brandi Watkins and Jason Lee (2016), who focus on the branding aspect of social media use, especially Twitter. Watkins and Lee (2016) suggest that "Creating social media content on Twitter that is personalized and reflects the core values of the public is a strategy that sports-brand managers can use to enhance their brands" (p. 492). And the connection between the concerns of the sports-brand managers and students is made clear by Smith and Watkins (2018), whose study participants disclosed "that having student-athletes on social media was beneficial for the athletic department's brand in that they could further act as brand ambassadors for the team and the university" (p. 14). Combined, this scholarship reveals how managing a team or institutional brand has become part of student socialization.

It is also worth noting here that Watkins and Lee (2016) found that "[Twitter] was used more for establishing and maintaining a relationship with fans than to communicate brand attributes" (p. 491). However, it is worth considering all the ways one speech act[5] can be perceived, especially in terms of establishing ethos. For instance, creating breast cancer rhetoric tweets can be seen as an attempt to maintain a relationship with fans who care about such, but it also a way to enhance the brand, as the speaker is then perceived as reflecting the core values of the community, given the expected proliferation every October and February, at this point.

One of the issues that arose during the content and rhetorical analysis of this study's Twitter archive is the consistent and overwhelming lack of actual breast cancer

[5] See Austin (1975) for more information about the concept of speech act.

patient representation, a void filled with her proxy "hero"—the strong, healthy, young, competitor who obviously still possesses breast tissues to some degree. This can be seen as a way that brands affect the material reality of breast cancer patients through their public messaging, and that general idea is taken up by Candice Hollenbeck and Vanessa Patrick (2016), who focus on "how brands are used to send signals indicating inward and outward transformations" (p. 74). Hollenbeck and Patrick (2016) maintain that "brands are useful tools in a social context for signaling an identity to others and, more importantly, brands empower consumers with confidence in achieving a heroic identity" (p. 74); they assert that this occurs because "Brands . . . are imbued with social cues that denote characteristics (e.g., strong, courageous) as well as gender (e.g., masculinity or femininity) and role competency (e.g., confidence, independence)" (Hollenbeck and Patrick, 2016, p. 81). These underlying premises led Hollenbeck and Patrick (2016) to claim that "consumers can use brands to craft their own unique archetypes to overcome difficulties ranging from disappointing news . . . to a devastating diagnosis (e.g., cancer, AIDS)" (p. 81). These scholars are reiterating that brand messaging has a large impact on their audiences, so much so that the messaging can influence self-identity changes. I am moved to slightly disagree with their assertion that such messaging can motivate a cancer patient to see themselves as a hero, as it more likely places undue pressure on the patient to actualize as such when they are not physically, emotionally, or mentally able to do so. However, I do concede that the messaging has affected public perception of what breast cancer patients are able to accomplish in terms of restitution (see Chapter 2), and these claims further support the idea that brand messaging can be a powerful influence. And one of the concerning influences is the way breast cancer charity can be perceived

through athletic department social media messaging, which is at its core brand messaging.

Given the socializing aspect—in terms of the influence of an organization that is part of an education institution, a governing body that is in charge of conduct policing, and a brand that is sharing messages that are intended to be internalized by its audience, the major concern for university athletic involvement in breast cancer rhetoric is that if charity action is presented as just wearing pink—and/or donning your messages with pink ribbons, colors, and terms—then students are being taught that they are doing something active for breast cancer patients when wearing a pink t-shirt or accessory, such as shoelaces. This, of course, is not a direct and active form of charity or promotion of true awareness; I had to explain this to a class of students who were discussing how they could do something active for National Indigenous Day and who came up with the idea to wear orange shirts. In turn, I explained that they could certainly wear orange, but, if they wanted to do something active, they would focus on their compositions that explained the modern issues faced by the Native community and get those to a publishable state[6]. A few students verbally questioned my underlying reasoning for such a statement. To further explain, I explicated the difference between the wearing of pink versus donating time and/or money to a charity that benefitted breast cancer patients. A few students still questioned why wearing pink was not *direct action*, which is here being defined as

[6] In "10 Native Activism Organizations to Show Your Support This Thanksgiving," Maka Monture provides suggested ways to directly or actively support Natives. The wearing of orange is not mentioned in the article; however, supporting non-profit organizations listed by name is mentioned and is the main focus of the article—organizations listed by name include Native Movement, Native Womens Wilderness, Missing and Murdered Indigenous Women USA, Honor the Earth, Indigenous Environmental Network, and Alaska Rising Tide.

encouraging immediate tangible aid for breast cancer patients and researchers or providing useful detection and prevention information. In the aforementioned case, we have students who had already provided enough evidence that they were quite intelligent and who, after a clear and overt explanation, still did not get why wearing pink (or orange) was not direct action. I, for one, feel this is due to the fact that they had been socialized, most likely unwittingly, to believe wearing pink is direct action. Therefore, they had to mentally untangle that socialization to understand the message I was sharing about what direct action actually is.

While most of the Twitter examples included in this study do not overtly present the wearing of pink as direct action, the inserted example from Tennessee State University does (see Figure 3.1).

Figure 3.1

Example of Overt "Wear Pink" Association with Direct Action

And consideration of this tweet example may help to clarify what students have inferred from the "wear pink" messaging that is popular with university athletic departments.

Note that the tweet reads “Be sure to wear pink to tomorrow’s softball game . . . to Strike Out Breast Cancer.” This statement indicates that the wearing of pink at the game will actively shut down breast cancer, just as a strike-out shuts down a batter’s opportunity to run the bases and score. This particular messaging certainly does openly state that wearing pink is an active force against the disease. And it serves as a thought-provoking example of how other “wear pink” tweets are covertly socializing students into a notion of what direct-action is.

In addition to being able to ensure students are properly socialized in charitable action, university athletic department messaging is a significant site for considering breast cancer rhetoric because, besides affecting the non-patient’s perception of how to mediate the breast cancer experience for the patient, such messaging can also affect future patients’ expectations, as well as how the patient is received and treated by those without personal and professional breast cancer education and experience. If university students are socialized to believe that stopping breast cancer is about wearing pink or that the face of breast cancer is happy and healthy, strong athletic young women with breasts then the shocking reality of the disease is not being conveyed. And this means that students are not being taught how to spot personal concerns that should be addressed immediately, nor are they learning about the concerning hardships a breast cancer patient will endure, nor are they—through their intended philanthropic efforts—actually ameliorating the patient’s experience in a concrete and useful way, which is, of course, the point of charity. Additionally, if they are led to believe that wearing pink or encasing your public messages in pink is charitable action then they may not engage in further, more direct activities.

The aforementioned considerations led to the development of the research questions that drove this study. The initial question that instigated this study is: *What do the public tweets of university athletic departments convey about breast cancer and the breast cancer patient?* However, as I analyzed various tweets throughout the course of this study—and considered the socializing aspect of the rhetoric—another question materialized: *Are university athletic departments employing breast cancer rhetoric mainly to just build ethos? And how does such an approach affect student understanding of breast cancer philanthropy?* These main questions work to help uncover a two-sided concern for university athletic department signification that can be analyzed as brand messaging, socializing messaging, and as breast cancer discourse.

University Athletic Department Rhetoric

George Panigyrakis, Anastasios Panopoulos, and Eirini Koronaki (2020) declare that employing social media, in the business world, is done for the purpose of "build[ing] a brand's story" (p. 705) in a way that "enhance[s] the perceived connection between the consumer's self and the brand" (p. 702). And they point out that much existing scholarship has established the fact that "consumers feel a stronger connection to a brand that helps them represent their desired or actual selves" (Panigyrakis et al., 2020, p. 705). Panigyrakis et al. (2020) apply a rhetorical approach to convey how companies, institutions, and organizations market themselves on social media, noting they—like individuals—"develop their rhetoric through the discourse practices they apply" (p. 702). To solidify their argument, the authors conducted a study that led them to conclude "logos, pathos and ethos can structure the argument of marketing communications towards the achievement of one's goal" (Panigyrakis et al., 2020, p. 710). Panigyrakis et

al. are not sharing anything revolutionary for the trained rhetorician, but one thing they are doing with this argument is connecting the dots between speech act, genre, rhetorical theory, and real-world application in specific genres—such as the genre of tweet—employed by companies, organizations, and institutions to market themselves and build or maintain their brands.

A Twitter post (Tweet) is considered a genre of writing. *The Oxford English Dictionary* defines *genre* as "a type of literary work characterized by a particular form, style, or purpose." In composition studies, the term *genre* is employed to declare different usual types of writing—such as essay, letter, proposal, magazine article, social media post. A Twitter post has definitive characteristics that make it a genre, such as the previous 140-character limit, the use of hashtags, the use of an attached image and/or link to a different webpage. However, within the genre of tweet, there are sub-genres of writing, such as news report, gameday announcement, personal statement, advertisement, or marketing message.

Since a tweet is definitely a genre of writing, Bazerman's genre theories can be applied here. Charles Bazerman (2012) argues that "Genre typifications result from a process of psycho-social category formation . . . [and] can be useful to map users' categories within a defined social historical space . . . and to define wide-spread functional patterns in robust social systems" (p. 230). Furthermore, Bazerman (2012) maintains that the genre encases a speech act—any utterance received that instigates action, as well as that our perceptions of speech acts are colored by genre: "What kind of speech act it is perceived as and what are the felicity conditions it must meet for success, are very much a matter of typification" (p. 231). He informs this discussion of university

athletic tweets most clearly when he states “We judge what is happening now on the basis of what has come before—what has been understood, what has been the consequence, how events have typically unfolded” (Bazerman, 2012, p. 231). Here, he is aiding an understanding of how tweets—or in this case university athletic department tweets that can be perceived as breast cancer rhetoric and more broadly epideictic rhetoric—are perceived by the public as a typified speech act of university athletic departments because they are delivered in an expected and frequently used genre of writing.

And as speech acts perceived as deliberative rhetoric—which are actually more often epideictic in nature, these particular tweets are subject to traditional notions of rhetorical assessment. Artistotle (~357 B.C.) gives us the first recorded clear notion of the difference between deliberative and epideictic rhetoric. *Deliberative* speech/rhetoric is that which is intended to persuade future actions of the audience, while *Epideictic* speech/rhetoric is that which is intended to persuade or appeal to the present morals of an audience. Epideictic speech (which can also be thought of as “how you should be” speech) requires a hero; and, in the case of cause marketing, the hero trope may be assigned to the company or organization that is doing the thing American society esteems—in theory at least: helping others. And this “Father of Rhetoric” presents us with the notion of *ethos,* which can be interpretated, in a main sense, as the believability or reputation of the author/speaker. Aristotle maintains that “There are three things which inspire confidence in the orator’s own character . . . good sense, good moral character, and goodwill” (Aristotle as translated by George Kennedy p. 213). This can be easily interpreted as ‘we believe speakers and authors who we think are good, honest, caring.’

Emily Andrassy and Jennifer Bruening (2011) found that university athletic departments employ the community service trope to establish ethos and come across as caring entities. They conducted a study of athletic department websites and found the published mission statements on the websites serve as ethos-building rhetoric because those statements (or speech acts) aid in forming the identity of the organization by serving as the "necessary condition for many different individuals to pull together through a myriad of activities to achieve central shared purposes" (Andrassy and Bruening, 2011, pp. 272–273). Through applied structuration theory[7], Andrassy and Bruening (2011) arrived at the claim that the mission statements—which they refer to as "an almost universal explicit ritual communication in organizations" (p. 273)—are actually guiding human action (p. 274); this, of course, is Bazerman's claim about genres as social action. However, Andrassy and Bruening's (2011) findings indicate that "there is evidence of a disparity between the stated mission and action taken" (p. 281) and that "the amount of service performed by members of the athletic department is not always a reflection of the mission statement in regards to community outreach," which means that "the rhetoric is far stronger than the reality when it comes to community service efforts" (p. 281). Overall, the authors found university athletic department mission statements appear to be based on epideictic speech and ethos-building, more so than deliberative speech that ensures actual direct community action.

A struggle between epideictic and deliberative speech is not the only struggle university athletic departments face that can be affecting their rhetorical decisions. Josh

[7] Considered a social theory, applied structuration theory is used to analyze the creation and reproduction of social systems by both the engaged structure and the agents who participate in or create it.

Boyd and Melissa Stahley (2008) argue that "it is nearly impossible to discuss the rhetoric of an organization or a sport without addressing the tensions inherent in that rhetoric; the communitas/corporatas tension defines sports discourse" (p. 268). Boyd and Stahley (2008) explain *corporatas* as competition-motivated ideas, and they explain *communitas* as "ideals . . . [that] evoke innocence and purity, as players play out of a love for the game" (p. 254), which "is associated with openness, trust, cooperation, alignment, compatibility, and commitment" (p. 255). Their culminating claim is that sports organizations must negotiate the rhetorical tension by wrestling it into one conglomeration: "communitas and corporatas coexist in a place where they are neither one nor the other, and at the same time they are both one and the other" (Boyd and Stahley, 2008, p. 257). Boyd and Stahley (2008) feel this need for a more melded approach results from addressing various primary audiences: "Organizations must align themselves between and among both to maintain some kind of rhetorical balance with their multiple publics" (p. 256).

Laurence Chalip (2006) discusses the liminal discourse space created by communitas and how that space "enables metaphoric discourse – conversations that are seemingly about the event, but that also explore social, political, and existential concerns" (p. 120). This means, as Chalip (2006) argues, that "additional social capital is enabled as new social relationships are forged or existing relationships are strengthened" through communitas rhetoric (p. 121), based on the fact that the space "enables relationships . . . that are not normally bridged outside the liminoid space of events" (p. 122). In his consideration of this liminal discourse space created by communitas, Chalip (2006) finds a "challenge . . . to differentiate commercial activity that supports social

leverage from commercial activity that undermines it" (pp. 123–124), which means he has determined that some organizational rhetoric and actions employed in this space, resulting from a team's communitas, has been compromising the social influence that could be gained and utilized for "social, political, and existential concerns." Essentially, Chalip (2006) argues that "the tactics and techniques to socially leverage the 'feel good' character of events have been better developed as political tools, rather than as tools to empower social action" (pp. 122–123). And he ultimately argues that empowering social action through this created space is a responsibility more than an opportunity.

Taken in concert, these scholars are pointing out that institutions use public messaging, particularly on social media, to promote their brands through connections made with their audiences. And their audiences include primarily students—in some cases whose usage of social media is heavily monitored by the athletic department so as to ensure that it is conducive with representing the brand. Additionally, when combined with other scholarship mentioned in this dissertation (see Chapter 2), we find that university athletic department social media messages, especially on Twitter, can most certainly be analyzed for not only the messages they convey individually and as an archived collective, but also for what they are teaching their main audience—students—about how to engage in breast cancer charity.

Breast Cancer Philanthropy

While my current study does not address fraudulent or unethical fund-raising practices often associated with "pinkwashing," it is worth noting that there is plenty of evidence available to indicate that not every institution, organization, or corporation who engages in breast cancer rhetoric is actually assisting the plight of the patient in a useful

and quantifiable manner that is substantial enough, given the additional income collected or even the boost in ethos garnered from such a "charitable" action. Young (2014) spotlights breast cancer campaigns as a marketing tool for businesses: "It's a classic oligopoly marketing strategy in which a brand creates an image or promotes itself in order to lure buyers" (p. 57). But King (2006) notes that their tangible support of the cause does not measure up to the increase in company ethos. And Johansen et al. (2013) recognize this and employ the previously established term "pinkwashing" to signify when charities and businesses present themselves as "doing charity work but are actually using breast cancer to generate goodwill in the market and increase their own profits" (p. 145). Burgess and Murray (2014) add to this concern when they point out the disconnect between media representation/merchandise sales and actual fiscal contribution to the cause when discussing examples, such as the NFL; they maintain that while the NFL sells pink commodities during October to raise money for the cause, "only five percent of these profits go to the American Cancer Society" (Burgess and Murray, 2014, pp. 236–237). In fact, Young (2014) maintains that "only 3% of research funds are put towards prevention and the study of causation" (p. 3).

Samantha King (2010) argues that businesses, charities, and the government have rhetorically constructed the modern notion of breast cancer: "In the past two decades, ... corporate marketing strategies, government policies, and the agendas of large foundations have worked in concert to construct the disease as an individual challenge that can be overcome by shopping, exercising, and . . . a 'tidal waves' approach to research funding" (p. 286). King (2010) asserts that this rhetorical construction has changed not only the public view of the disease but also the women who experience it:

"Closely linked to this history is the transformation, since the 1970s, of the meaning of breast cancer from a stigmatized disease and individual tragedy best dealt with privately and in isolation, to a neglected epidemic worthy of public debate and political organizing" (p. 286). King (2010) maintains that the aforementioned rhetorical construction has resulted in the public notion of a happy, white cancer survivor who is returned to her pre-cancer life when the patient's material reality is routinely starkly different (pp. 286–287). And she notes that "As the lines between foundations and corporations become increasingly blurred, the big players . . . [mainly] promote their version of the history of breast cancer, alongside their solutions to the disease, and, most crucially, their products" (King, 2010, p. 289).

Methodology

For this study on how university athletic departments affect breast cancer rhetoric for public audiences, I decided to start my investigation with social media because, of all the media employed by the university, social media garners the widest interactive audience—reaching primary, secondary, tertiary, and unintended audiences. In comparison, student emails logically reach a smaller primary intended audience, and posters hung in the hall rationally reach a smaller primary and secondary audience. Faculty and staff access email tend to mainly focus on work, training, and educational event matters. And alumni messaging often involves fundraising for the institution itself and may only be accessed if the alum desires to engage in university giving. The aforementioned mediums have limited affordances based on the site associated with their contexts. This leaves social media as the medium employed by the university that is more likely to garner voluntary engagement by students, faculty, staff, and alumni, as well as

community partners—who generally do not have open access to other forms of university communication.

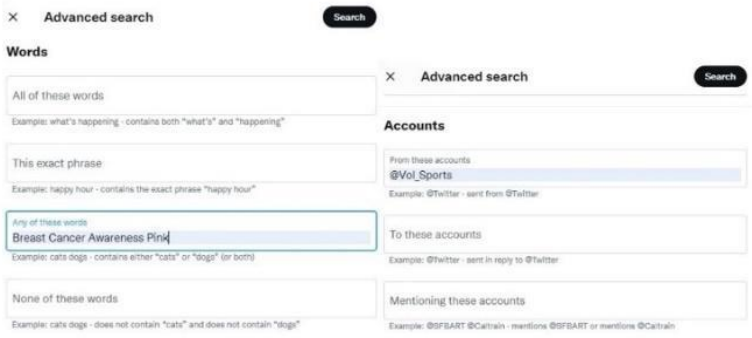
The decision of Twitter as the first social media medium to investigate was made after comparing it to other main social media sites that allow public access to posts. As opposed to Facebook and Instagram, Twitter is more likely, at this time, to be routinely accessed by college-aged students for such things as “News,” “Entertainment,” and “Connecting with Others” (Shane-Simpson et al. 2018, pp. 22 - 23). Additionally, building a Twitter archive was comparatively easy due to the advanced cost-free search options that were available at the time this study was conducted.

To begin the study, I directly obtained the names of existing four-year institutions in the state of Tennessee from NCES.ed.gov (National Center for Education Services). This decision was made because a control group had to be established, and I did not desire to place any additional arbitrary constraints on the group, such as those related to specific conferences or individual sporting successes. The search field was then narrowed to Tennessee four-year institutions that had a separate established athletic department Twitter handle. At that time, Tennessee was home to 33 four-year institutions that had established separate athletic department Twitter handles. (I excluded Martin Methodist from the study based on the recent move to University of Tennessee system, which resulted in changes of name and mascot.) This resulted in 33 Tennessee institutions being included in this particular study (see Appendix A). Once the table was filled, several practice searches were conducted in order establish a routine system that could be applied to all institutions in an exact manner.

While participation in breast cancer rhetoric is most often affected during the month of October, which was declared “National Breast Cancer Awareness Month” at some point, I chose to search for terms instead of just dates because not all sports seasons include October. Basketball—which is a winter/spring sport—is likely to engage with breast cancer rhetoric during the month of February, most likely just because they also wish to engage in the discourse but cannot do so as effectively during the month of October. Therefore, I conducted advanced Twitter searches with each athletic department handle in the “From” slot, along with the following terms in the “any of these words” slot: “Breast,” “Cancer,” “Awareness,” “Pink” (see Figure 3.2).

Figure 3.2

Screen Capture of Study Search Parameters



Using the “Top” results page that appeared once I hit the “search” button, I screen captured the first ten results in the list—from top to bottom of the webpage—that were either specifically in the month of October AND specifically mentioned “breast,” “cancer,” or “pink,” as well as those posted in any month that employed the pink trope or

mentioned wearing pink. After capturing the first ten that presented from top to bottom, regardless of date, I searched any remaining tweets on the page to see if they were posted from January 2017 to February 2022. Remaining tweets that appeared on the results page were screen captured only if they were published between the aforementioned dates and met the established criteria for culled examples. I focused more intently on thorough individual analysis of more recent engagements in the breast cancer discourse community whenever possible.

I then carefully considered the culled tweets by first writing out a description of what was included in a post from each school and then analyzing the identifiable parts of each of those tweets. The individual rhetorical analysis of all representative tweets led to a coding table of substantiated categories for content analysis. This allowed me to ensure that the micro view of several representative tweets led logically to a macro investigation of the archive. There were 268 tweets employed as an archive for the coding process; this excludes any tweet that contained a broken link. The following are the coding categories that were employed (see Figure 3.3).

Figure 3.3

List of Codes Employed in Content Analysis

List of Codes Employed in Content Analysis

Pink Trope	Specific Terms	Patient or Charity Specific	Breast Cancer Organization	Other Hashtags	Female Image
pink ribbon	*breast* term	declared information or charity event	breast cancer organization name mentioned	team related hashtag	female image
color pink	*awareness* term	patient term or image	link to breast cancer organization provided (includes links and tags)	general competition hashtag	
pink term	*survivor* term	patient specific hashtag	breast cancer organization hashtag included	commercial or popular hashtag	
"Wear Pink" (directly stated or strongly implied)	*support(s)* term (can also be honor/recognize, but only as covertly stated in terms of patient–not team)	information specific to breast cancer prevention or patients provided		breast cancer slogan hashtag included	
				breast cancer general hashtag	
				unidentified/other hashtag	

Study

Hashtags Only

195 hashtags are included in the 268 tweets that constitute the employed archive for this study. Not every tweet includes a hashtag and a few of them include more than one.

Figure 3.4

Example of Tweet without Hashtag

Figure 3.5

Example of Tweet with More than One Hashtag

128 of the 195 hashtags (65.6%) are team or school related. This category includes hashtags that contain mention of a team mascot; #WingsUp (Golden Eagles), #AnchorDown (Commodores), #PioneerUp (Pioneers) are employed 8–10 times each. Other team or school related hashtags include those that employ the team color—such as #BigBlueRising (TSU Tigers), and those that make use of a school name—such as #LaneCollege and #UTC. And the final hashtags to consider under this particular coding

are those that are venue-related—such as #PackGentry (Tennessee State University's venue)—and those that are initialisms for the school or team—such as #LMUWBB (Lincoln Memorial University Women's Basketball).

Figure 3.6

Example of Tweet with team related hashtags

17 of the hashtags (8.7%) are generally competition related, commercial or popular, or are determined to fall within an "other" category because the audience is not likely to understand the reference or the hashtag might be more readily associated with a different discourse community. For example, #PowerOfOne is routinely employed by a charity that focuses on aiding those with food insecurity and is not a recognized specific team nor breast cancer philanthropy slogan, but it is worth noting that the hashtag is found in a tweet where its association with content allows for an emphasis of the included call to action. And hashtags like #WallpaperWednesday and #NationalPinkDay can be associated with commercialism, while #GAMEDAY and #BetterTogether are examples of general competition related hashtags.

Figure 3.7

Example of Tweet that Includes a General Popular Hashtag

0% mention a breast cancer charity organization by name. Not one hashtag includes the actual name of a breast cancer charity or information organization. And only 50 of the 195 hashtags (25.6%) can fall under categories of "Breast Cancer Slogan," "Breast Cancer General," or "Related to Patient." 2 of the 195 (1%) are identifiable as patient specific, because two particular patients were referenced. 22 (11.3%) are identifiable as "Breast Cancer General," meaning that they are or can be used to generally reference breast cancer or representation; examples include #BreastCancerAwareness and #BreastCancerAwarenessMonth, which are employed a combined 17 times. And breast cancer slogans are employed as hashtags 26 times (13.3%).

Figure 3.8

Example of Tweet that Includes General Breast Cancer Hashtag

The breast cancer slogans employed in the archived tweets' hashtags are #Play4Kay (19), #ThinkPink (5), #Volleyforacure (1), and #RedCardCancer (1). The two most often employed, "Play4Kay" and "ThinkPink," can be considered as slogans and not mention of actual breast cancer organizations because of the way they are utilized. While Think Pink is an awareness campaign started in 2007, it has become a general slogan used to convey the sense of breast cancer awareness. This is obvious in slogans such as "Think Pink, Bleed Blue," which has been employed by Middle Tennessee State University as recently as October 2022 in an email sent to students. Overall, the Think Pink organization[8] is not linked to messages containing this slogan, and there is no indication that the term is being used to identify the specific organization. #Play4Kay is

[8] For more information about Think Pink Foundation access the following link: https://www.thinkpink.org.au/

associated with the Kay Yow Foundation[9], and it is possible that the basketball discourse community is more likely to be familiar with this association; however, #Play4Kay is a slogan and not the name of a breast cancer philanthropy organization.

Figure 3.9

Example Tweet that Employs Breast Cancer Slogans

[9] "Play4Kay" is the slogan associated with The Kay Yow Cancer Fund, which was set up to honor Coach Kay Yow. The website for the Kay Yow Cancer Fund states that Play4Kay match elements include: 1) referring to a match as "Play4Kay," 2) donating raised money to the Kay Yow Cancer Fund, and 3) "Honor[ing] female cancer SURVIVORS and THRIVERS (cancer warriors)." This means that in order to call a match a "Play4Kay" game, the team or institution should have to meet all the listed elements set forth by the organization. Therefore, every mention of "Play4Kay" comes with the assumption, by those in the know, that actual funds are being raised and donated and actual female cancer patients are being highlighted in some fashion before, during, or directly after the match. However, most people viewing these tweets probably do not understand the specific details or required elements; therefore, such is not necessarily signified by the phrase alone. And while the Kay Yow Cancer Fund does specifically cite female cancer patients as their addressed demographic, they do not specifically address breast cancer patients. Such an association may be made merely because the term "Play4Kay" is often presented to the public with the word "pink" or with the color pink, as the Kay Yow Cancer Fund webpage does.

Codes Not Specific to Hashtags

Of the 268 archived tweets, 175 (65.3%) are identifiable as “Gameday” messaging. Gameday messaging conveys when a match is going to take place. While typically posted on the date of a game or match, gameday messaging can be published any time prior to a competition but must include at least the notification that a match will happen on a certain date in the future. 96 (35.8%) of the archive tweets are identifiable as a news announcement; 30 of these can also be considered gameday announcements in their own right, because they include the notification of specific game details in advance of the event. This means that 241 of the 268 tweets (89.9%) included in the study archive are distinguishable as gameday or news announcements (or both).

Figure 3.10

Example of Gameday Tweet

151 of the 268 tweets (56.3%) can be considered “wear pink” tweets, as they either include the command to “Wear Pink” or insinuate such through t-shirt sales, mention of pink item give-a-aways, or employing phrases such as “Pink Out” or “Pour on

the Pink.” This calculation does not include the likelihood that the readership for such tweets would infer that other slogans employed, such as Think Pink, equate to a “wear pink” command.

Figure 3.11

Example of Tweet with Overt “Wear Pink” Command

Figure 3.12

Example of Tweet with Implied “Wear Pink” Message

Pink is certainly an established trope for breast cancer rhetoric created by university athletic departments. 201 (75%) of the study archive tweets include the term pink, at least once; 145 (54.5%) of the tweets include the color pink; and 66 (24.6%) include a pink ribbon. In fact, only 32 (11.9%) of the tweets in the archive contain no pink color, ribbon, or term, which means that 88.1% of the tweets are representative of the pink trope.

Figure 3.13

Example of Pink Trope Tweet

104 (38.8%) of the tweets include the *breast* term, and 101 (38.8%) include the *awareness* term. These two terms usually appear together because of the employment of the "breast cancer awareness" phrase. This means that 61.2% of the "breast cancer" tweets included in the study did *not* contain the term *breast* in them.

Figure 3.14

Example of Tweet that Does Contain the Term Breast

Obvious images of women are used in 92 (34.3%) of the tweets. But only 3 (1.1%) of those tweets include an image of a patient (or someone who may be perceived as a patient). The other 89 (96.7% of all images spotlighting a woman) are images of young, healthy and strong competitors, all of whom can be perceived as possessing a routine amount of breast tissue.

Figure 3.15

Example of Tweet that Contains Image of Healthy Competitor

In terms of patient acknowledgement, 13 (4.9%) of the tweets include the term *survivor*, while 8 (3%) contain reference to a patient or an image of someone who might be perceived as a patient. And 34 (12.7%) of the tweets include a direct mention of supporting/honoring patients. (This calculation does not include the messaging that could be clearly inferred as calling for support of the team or breast cancer awareness instead of the patients.)

Figure 3.16

Example of Associating the Term Support with Team

A low percentage of the tweets overtly signify an actual charitable or informational event. 38 (14.2%) of the tweets appear to clearly convey that a charity or information event will be or is occurring. But only 14 (5.2%) of the archived tweets include links to/tags of breast cancer organizations, and just 4 (1.5%) of the tweets contain info or stats in the post. Additionally, only 35 (13.1%) include breast cancer philanthropy organization names. However, 7 of those that do include BC org names are

"Pink Zone" and 6 of those read as if they are being used as slogans and not in a way that identifies a charitable organization.

Figure 3.17

Example of Pink Zone Tweet

120 breast cancer slogans are employed throughout the archive, but 116 (43.3%) tweets include at least one slogan within the main body of the tweet. 67 (55.8% of slogan occurrences) of those are either Play4Kay or ThinkPink. Dig Pink is also a top three slogan, occurring 32 times (26.7% of the 120 slogan occurrences). The remaining 10 slogans appear 1 - 5 times each.

The issue revealed by these statistics is that university athletic department social media authors often employ breast cancer rhetoric in a way that is more ethos building rather than deliberative—in a way that encourages direct action that would definitely aid breast cancer patients. This is seen in the following tweet on which a breast cancer organization commented in order to make the tweet more deliberative.

Figure 3.18

Example of Breast Cancer Organization Commenting on Tweet to Ensure a Deliberative Nature is Added to the Original Content

Of course, some of the tweets are obviously deliberative. Belmont University produced several overtly direct-action tweets.

Figure 3.19

Example of Obviously Deliberative Tweet that Encourages Direct Action

Of the 17 Belmont examples that are part of the culled archive only five can be critiqued as not being overt deliberative messaging; the rest include links and openly declared fundraiser events for Susan G. Komen[10], Komen Nashville[11], and the Kay Yow Cancer Fund. Unfortunately, as noted by the content analysis totals previously presented, they make up a small percentage of the 268 tweets considered for this study.

And there are a relatively miniscule number of tweets that focus far more on support for breast cancer research and patient assistance than on the upcoming game, such as the two University of Memphis tweets that include players directly discussing breast cancer experience of family members, which include tags for local facilities. However, this style of presentation is only clearly conveyed 0.74% of the time in the entire archive and represents only 14.29% of the University of Memphis tweets included in the archive.

[10] For more information about Susan G. Koman, access the following URL: https://www.komen.org/
[11] For more information about Komen Nashville, access the following URL: https://www.komen.org/community/tennessee/

Figure 3.20

Example Tweet in which a Player Speaks of Familial Breast Cancer Experience and in which a Local Treatment/Research Center is Tagged

It is worth noting that even the few tweets that contain more deliberative messaging are like their plentiful counterparts that do not include obvious attempts of encouraging community action; and this likeness revolves around ethos building. For instance, Tusculum posted strong breast cancer rhetoric messaging that was more likely to lead to financial contribution, especially with the inclusion of a QR code that appears to link to a fundraiser; however, the image employed places the main focus strongly on the game day information.

Figure 3.21

Example of Tweet that Contains Rhetoric that Could Lead to Direct Action but that also Served as Ethos Building

It is true that some of the tweets in the archive can be easily viewed as containing deliberative rhetoric that was more likely to lead to direct community charitable action or the overt sharing of preventative information; however, the content analysis figures reveal that the vast majority of the tweets were negligent in ensuring a main focus on useful charitable action or information gathering that is directly beneficial to current or future breast cancer patients. In order to clarify this understanding, I am sharing three rhetorically analyzed example tweets that are more representative of the overall messaging that university athletic departments employ while engaging in breast cancer rhetoric.

Overall, the combined elements of the included Austin Peay example tweet[12] emphasize attending the basketball match while wearing pink, but do not lead directly or indirectly to breast cancer charity or awareness (education).

Figure 3.22

Example of Austin Peay Tweet

[12] Textual description of Austin Peay example tweet: The first line of the February 22, 2017 Austin Peay tweet is a question that puts emphasis on the reader wearing the color pink, as it asks "Are you wearing pink?" The next line reads "Still plenty of time to change!" And the third line announces where the audience should be wearing pink and for whom: "@AustinPeayWBB will see you in the Dunn for the final time in 2017." Lastly, the Austin Peay slogan appears in hashtag form on the fourth line with an added top hat emoji. The black top hat includes a purple hat band that may be taken as pink, if it cannot be seen clearly. Below the textual portion is a graphic image that was created from the photograph of a black woman wearing an Austin Peay basketball jersey. The photograph appears on the left third of the image, and the contrast and coloring has been altered so that it appears as part of the background for the textual information that has been added. The background is light pink with thin medium pink diagonal slashes. The term "PEAYNK OUT" appear across ⅔rds of the image and is presented in all caps and medium pink with a thin white outlining. Furthermore, the "A" in "PEAYNK" has been replaced with the traditional image of the pink breast cancer ribbon. In the lower left-hand corner is a small Austin Peay logo that has been altered to present in medium pink and white. And the information about the basketball game appears in mostly bold white font and all caps; it sits under the PEAY portion of the largest lettering on the image. Because everything else has been pink-washed in the image, the reader's eye is drawn to the white lettering first–to the information about the match.

There are no hashtags, tags, or links to breast cancer charity or information. And there is no mention of donating, volunteering, or learning about breast cancer patients and research. The tweet begins with the question “Are you wearing pink? And proceeds directly with the emphasized “Still plenty of time to change!” Therefore, the message heavily conveys the importance of wearing pink, along with attending the basketball game being announced through a stated fact in the third line: “we will see you there.” In other words, there is the assumption that the reader will attend the match and needs to be reminded to wear pink. The only hashtag included is the Austin Peay slogan, which appears after the main body of the tweet; this punctuates the message with a focus on the institution and its representatives. The image of the black female included in the added graphic is pink-washed to make her appear as part of the background. The graphic is presented in shades of pink and white, with a visual emphasis on the information about the game—the opponents, date, time, and place, which is the only bold white on the graphic. The next most noticeable part of the image is the term “PEAYNKED OUT” that replaces the “A” with what has become the traditional sense of the breast cancer ribbon. This places an emphasis on Austin Peay. Here, Austin Peay is using the colors and symbols associated with breast cancer to encourage attendance, as well as to color their own ethos so they may present as a caring institution. This tweet can be assessed as ethos building, as the message signified to the audience is that Austin Peay is an institution that can be associated with care for the breast cancer patient, who is being symbolized by the pink ribbon and color. Additionally, the primary audience for this tweet—the students—can receive it, along with other examples of such tweets, as a typified genre from which

they can learn how to affect breast cancer philanthropy messaging and action, such as that wearing pink—and using pink in messaging—is action.

The Tusculum example tweet[13] contains no specific information about breast cancer nor does it overtly include a breast cancer organization.

Figure 3.23

Example of Tusculum University Tweet

There are no breast cancer organization mentions, hashtags, links, nor logos included. There is no mention of fundraising nor the intended sharing of information. The

[13] Textual description of Tusculum University tweet: The tweet itself contains two lines of text, a hashtag, and two emojis. The first line reads "PINK OUT this Saturday!" The second line reads "Tailgate is at 4:00 kick off is at 6:00". These lines are followed by the hashtag "#PioneerUp". And the emojis employed are a football, followed by a pink ribbon. The picture attached to the tweet has a black background with a bright pink splash that covers the bottom half; this splash of color is reminiscent of the throwing of large clouds of colored powder at festivals. Imposed over the splash of pink is three football players in action; the images obviously came from three different actual photographs of the players in action and were photoshopped individually into the image in order to make it look as if it was one photograph being used; this is obvious because each of the players has a ball in their possession. Below the players is the phrase "PINK OUT," in all caps and medium pink with white thin outlining. But the first half of the image, which retains the black background, contains the team's name "Tusculum Football" in white all caps with a medium pink outline and then the date and time information shared in the text: "SATURDAY OCT. 7th" in medium pink with a white outline, "6:00 PM" in black with a white outline, "TAILGATE STARTS AT" in all caps and medium pink with a white outline, and "4:00 PM" in black with a white outline.

implication that this match has something to do with breast cancer comes from the use of the term “PINK OUT”—which indicates pink should be worn by fans—in both the text and at the bottom of the image in large pink all cap letters. The pink ribbon emoji is employed, and the color pink is obviously threaded throughout the image: lettering, outlining, and most obviously the pink splash on which the images of players are superimposed. As is, this tweet is most certainly not deliberative speech meant to spur specific community action that directly aids breast cancer patients. It is obviously an ethos-building tweet, through which the team is affecting rhetoric meant to portray their brand as caring. Additionally, they are modeling this caring in a superficial way that encourages like behaviors from the audience, when the tweet is perceived as encouraging social action.

In the Vanderbilt example tweet[14] the first line is presented as a title and the second line as a fact, which makes the tweet read as if a news story is being presented.

[14] Textual description of Vanderbilt University example tweet: The first line of the tweet reads “Dores Wear Pink” and is presented with a red heart and a gold ribbon that is shaped as the traditional breast cancer awareness ribbon. The next line reads “Vandyville is donning pink in honor of today’s Breast cancer Awareness game.” These two lines are followed by the hashtags “#AnchorDown” and “#BreastCancerAwarenessMonth”. Attached is short video clip entitled “Scenes from Vandyville.” The video is a 19-second clip that shares film images from what appears to be a tailgate, set to upbeat electronic music. It begins with a close up of small bright pink towels on which the Vanderbilt logo and the BMW logo appear. It cuts to two middle-aged couples having their picture taken—in which the women are in the center and holding up light pink t-shirts on which “DORES WEAR PINK” is printed in black in all caps; three members of the group would be taken as definitively Caucasian and one male may be perceived as Caucasian or of mixed race. The next shot includes the Commodore cheerleaders dressed in black hoodies and leggings mid-cheer with bright pink pom poms. Only one cheerleader of color is included in the frame, all other persons viewable would be taken as Caucasian. The next clip appears to be of people walking to the event with the mascot, who is dancing; only Caucasian people are pictured there. This is followed by a close-up of a young Black girl, with face painted, throwing a small white football into some inflatable structure. And the close-up of two small Caucasian toddlers in raincoats and galoshes, stomping in a puddle while being filmed through what can be assumed to be the lens of a mother. The last two clips that include people are of the band that is playing on a stage; the members shown are men and dressed in dark colors. The last second of the video is the Vanderbilt logo graphic on a plain black background.

Figure 3.24

Example of Vanderbilt University Tweet

The shortening of "Commodores" to "Dores" makes the mascot seem more cute and less serious. The fact line refers to Vanderbilt as "Vandyville," which also is a cute presentation. And taken together, these two rhetorical choices can be considered a form of infantilization. The title places the emphasis on the wearing of pink and nothing else. The tweet announces that Vanderbilt fans are wearing pink to the match "in honor of today's Breast Cancer Awareness game"; this implies the wearing of pink is honoring the game itself—and not the patients. There are no tags in the tweet. And the only hashtags are the Vanderbilt slogan "Anchor Down" and the term "Breast Cancer Awareness Month." The text of the tweet does not include ways to donate or volunteer or get any information. The embedded video does not contain information about breast cancer charity or prevention. There is no obvious breast cancer booth or donation drive shown. At most, there are some splashes of pink—in the towels, t-shirts, and pom poms included in different frames. The video itself can be perceived as a highlight film of the tailgate (or pre-game party). It is conceded that there may have been a booth at the event where

information about how to aid patients and researchers was available, or maybe a donation bucket of some sort; however, the video published with the tweet in no way reveals that anything more was done than adding pink to the day. Overall, this celebrates the wearing of pink and insinuates that it was done to honor the game, not the patients nor the cause. This tweet can be seen as ethos building because of the lack of definitive messaging about realized or encouraged community action. Basically, Vanderbilt here chose an appeal to ethos by splashing some pink on their usual activities so that they can be seen as an institution that is caring, in order to build their brand. And the pink included merely served to brighten up the otherwise darkly dressed fans who came in school colors. The result is a pink-washed presentation that portrays fun.

The focused consideration of these three example tweets reveals the micro view of what the content analysis conveys: university athletic departments that engage in breast cancer discourse tend to do so in a way that is more about ethos building and less about encouraging direct philanthropic action or providing preventative knowledge.

Results

The hashtags included in the study archive reveal that university athletic department breast cancer rhetoric is more likely to focus on promoting the team than on promoting direct action for breast cancer charity or spreading preventative information. Of the 195 hashtags included in the archived tweets, 0% mention a breast cancer organization by name, while 74.3% are directly team/school related or generally competition related. This means 25.7% can be credited with relaying a sense of breast cancer awareness or charity, without overt deliberative signification. While some credit

can be given to employing “Breast Cancer Awareness” hashtags, the realized rhetorical impact of such depends on the accompanying information (see Richards, 1965). “Breast Cancer Awareness” alone would not indicate direct action should be taken, especially if the action modeled or suggested is wearing pink or using pink tropes in your public messaging. Ultimately, what the hashtag data from the archive reveals is that when hashtags are employed by university athletic departments, specifically on tweets that can be considered breast cancer rhetoric, the clear focus remains on the team and their upcoming competitive event.

When the entire tweet archive is considered, content analysis of 268 university athletic department tweets reveals that Twitter messaging containing breast cancer rhetoric is much more likely to focus on promoting the team and sharing gameday and news announcements that focus on the team. 89.9% of the tweets in the archive are either gameday announcement or news announcement messaging (or both); these all include a heavy focus on the team and/or upcoming competitive event, as they must in order to be considered gameday messaging or news announcements.

While gameday messaging can certainly be combined with charitable event information, the way in which the breast cancer rhetoric is employed in these tweets does not necessarily lead to an overt connection. Only a small percentage of the tweets make direct and clear connections to a charitable event (14.2%), include links or tags to breast cancer organizations (5.2%), or contain stats or preventative information (1.5%). While 13.1% include breast cancer organization names, this percentage is more likely reduced to 10.8% when audience perception is taken into consideration because of the way “Pink Zone” is used in 6 of the tweets—as if it indicates just to wear pink.

Of the 268 tweets in the archive a miniscule percentage include an image of a patient or someone who may be perceived as such (1.1%); include the term *survivor* (4.9%); or, in addition to a possible image of a patient, contain reference to someone who could be perceived as a patient (3%). The most impressive statistic derived from this particular consideration revolves around the implications of "supporting (or honoring) patients" and it is only 12.7% of the tweets considered.

It is also interesting to note that majority of the tweets do not employ the *breast* term, while images of women included did generally provide the visual of sufficient breast tissue that leads to the assumption of breasts being present. 34.3% of the tweets include an image of at least one woman, but 96.7% of those were images of young, healthy-looking competitors that can be perceived as strong, as well as possessing an expected amount of breast tissue material for someone who has not recently experienced traditional breast cancer surgeries[15]. Only 38.8% of the tweets include the term *breast*, most often combined with the term awareness. When lack of employment of the term *breast* is considered, it is obvious that a majority (61.2%) of the tweets do not overtly ensure that the tweet can be perceived as breast cancer rhetoric, even though the pink trope was employed and the "Wear Pink" tenor was palpable.

It is certainly to be expected that all messaging produced by athletic departments will revolve around their teams and events; however, if university athletic departments are going to employ breast cancer rhetoric, that messaging should be also identifiable as

[15] I do personally understand that many breast cancer patients choose to have reconstruction surgery or use prosthetics to make it look as if they have not undergone mastectomy or lumpectomy; however, the visual rhetoric that would clearly indicate "breast cancer patient" is most often the lack of breast curves, along with images of scars and flat chests.

obvious direct breast cancer philanthropy and/or information—or at least overtly encouraging such from the audience. The fact that a clear majority of the tweets do not include the term *breast* indicates that, for the majority of the speakers/authors, breast cancer philanthropy is being employed in a way that is not focusing directly or clearly on the disease.

Besides the miniscule number of tweets that include direct announcement of or link to a charitable action event, the strongest connection to actual breast cancer philanthropy might be the use of slogans that are often associated with breast cancer philanthropy—either fairly or not. 43.3% of the tweets did include a slogan that could be logically associated with breast cancer philanthropy. (Note: hashtags were included in this total.) These included Play4Kay, Think Pink, and Dig Pink as the most often employed phrases. However, these are not breast cancer philanthropy organizations, and there is little indication that all events—for which the slogans are employed in the announcement rhetoric—are actual direct action charitable or information events. Furthermore, without direct links to breast cancer organizations it can be assumed that direct connections to actual charitable or information-gathering action is not desired or—when considering how students are being socialized to interact with breast cancer charity—not necessary.

Keeping in mind that overt breast cancer philanthropy messaging was found to be slight in the studied archive, a consideration of why the tweets in the archive can be considered "breast cancer rhetoric" is in order. The majority of these tweets are considered breast cancer rhetoric because they employ the pink trope; most of the tweets include the term *pink* (75%), the color pink (54.5%), or either the direct or strongly

implied command to “wear pink” (56.3%). Furthermore, 24.6% contain a pink ribbon. This means that only 11.9% of the tweets in the archive do not employ the pink trope, while 88.1% did. And it certainly reveals that university athletic breast cancer rhetoric has been painted pink—is wearing pink. Therefore, further consideration of how the speakers/authors in this category are socializing their audience to employ breast cancer rhetoric, particularly in gameday and news announcements, is in order.

While it must be noted that the tweeted communication assessed in this study may not have been truly reflective of what occurred at each event, the content analysis of 268 tweets from 4-year Tennessee Institutions reveals that university athletic department involvement in the breast cancer discourse community on Twitter generally results in public rhetoric that encourages employing the breast cancer patient and her plight as a way to build a charitable ethos for your organization without ensuring that direct community action occurs. When these institutional representatives are considered as socializing agents, as they should be, deduction leads to the understanding that college aged audiences for this rhetoric are being taught “wearing pink”—and/or paint your rhetoric pink—is a sufficient way to address breast cancer charity.

Conclusion

Through a content analysis of a Twitter archive that I personally culled—as well as the rhetorical analysis of the individual tweets found within the archive, I am able to argue that university athletic departments, at present, do not routinely produce the best possible breast cancer rhetoric for an institution or organization to share with the public on behalf of the breast cancer patient. Consequently, a change in the way they engage in the breast cancer discourse community is in order, especially since the established

university athletic genre of breast cancer tweet conveys an erroneous notion of what effectual breast cancer charity is to the students who are their primary audiences and who are being socialized at their institutions.

One could logically alternatively argue that such rhetoric, as is employed in the archive used for this study, encourages, in some way, the remembrance of the disease and the people who are affected by it and that it may eventually may lead, directly or indirectly, to future direct-action endeavors for prevention and assistance. However, analysis of the Twitter archive culled for this study reveals that neither useful preventative information gathering nor the need for direct charitable action are overtly conveyed in an immediate fashion as a result of the signification that occurs in public university athletic department tweets, which in themselves serve as proof that university athletic departments are public actors in the breast cancer discourse community. With little exception, university athletic departments, through their tweets, present breast cancer abatement as something easily addressed through the wearing of pink—either on your body or your publicly posted rhetoric. In this sense, besides appeals to ethos, they are mainly affecting epideictic rhetoric—messages about how to present oneself—for the purpose of presenting their brands as caring. And actual immediate tangible support for the current and future breast cancer patient is usually not affected through epideictic rhetoric; rather, that results from deliberative rhetoric—messages about what to do. Additionally, the breast cancer patient, herself, and her actual needs are largely absent from this studied messaging. And the images employed by university athletic departments can lead to a misunderstanding of the patient because she is most often represented through proxy as young, healthy competitors, which means she may be

perceived in healthy, unaffected form. Overall, this approach does trivialize breast cancer and the needs of the patient, while teaching university students to do the same.

We can accept the university as socializing agent—because it is part of the educational experience, as well as a brand that arguable affects notions of self-identity through their rhetoric, and we can see how the university is socializing students to be involved in the breast cancer discourse community through available public messaging. Consequently, it is important that we ensure students are taught how to be effective when involving themselves in charitable acts: spreading information, donating time and money, volunteering for organizations or events. This means the breast cancer rhetoric employed by any institutional organization must overtly encourage specific community action that directly aids the breast cancer patient in some form. If an institution or organization is going to be an active part of the breast cancer discourse community, they should ensure they are affecting deliberative signification that not only strongly encourages direct-action on the part of their audiences but also teaches those audiences to effect deliberative breast cancer philanthropy rhetoric in the future.

It is common sense to market an organization or institution with positive rhetoric—encouraging optimistic associations, as well as to not actively associate a company or organization with thanatophobia. But common sense also tells us the breast cancer patient routinely faces the fear of death, along with the fear of mutilation and debilitation, to name a few of her pressing concerns. Her needs vary from medical to financial to emotional; and these needs are urgent when she is in the midst of dealing with a diagnosis and the initial routine treatment that is draining in various ways. Consequently, organizations who choose to be members of the breast cancer discourse

community and produce breast cancer philanthropy rhetoric must find a way to ensure their publics understand the needs of the patient and how to directly address those. Since such is not the main mission of university athletic departments—and since positive brand marketing is necessary—the easiest way for these institutions and organizations to affect a fair representation of the breast cancer patient is to ensure strong and obvious links to the organizations for whom such a mission is a priority.

Given the results of this study, I am suggesting that all future public breast cancer messaging composed by university athletic departments include actual links to the breast cancer philanthropy or treatment organization that will be financially assisted through the gameday event being announced; this, of course, means that a breast cancer philanthropy or treatment organization must be assisted in some direct fashion through that particular event. Additionally, I am asserting that, to avoid socializing college students to approach breast cancer philanthropy in what can be viewed as a trivialized manner—the wearing of pink or the construction of pink messages that are not obviously deliberative, service learning andragogy should be employed.

The university and all of its organizations should, of course, be promoting community service and action, especially as a way for students to generate ethos for the self. Ethos cannot be excised from the situation, but the students' own motivation to generate ethos should stem from a cultivated understanding of the people they are trying to aid. In her take on service learning, Irene Jagla (2015) argues that students should be allowed and taught how to speak on behalf of marginalized communities, but that should be done through teaching generative ethos—"a productive framework for understanding the interpersonal and public dynamics of ventriloquizing and the challenges of

identification" (p. 75). Through Jagla's (2015) lens, it becomes apparent that switching from straight character building on behalf of the institution to generative ethos building for the self will allow students a chance at "privileging witnessing over heroism . . . while accounting for (instead of eliding) difference" (p. 78); this is because "Generative ethos resists the one-way trajectory from outsider to insider and also seeks to embrace the back-and-forth play that's the hallmark of a more responsible construction of mutuality" (Jagla, 2015, p. 81). Here she is arguing that students should be taught that they must consult and interact with the people they choose to speak for. And service learning allows for this necessity because "writers in service learning move among identities, voices, and time to generate new understandings of themselves, the communities with/about/to whom they write, and the work of social justice" (Jagla, 2015, pp. 76–77).

Jagla's (2015) scholarship addresses the point I am making here about university athletic departments—as a major speaker who engages in breast cancer discourse: the departments and the public who engage with and share their supposed breast cancer charity messages are writing about a marginalized community whose voice is not actually being heard through the rhetoric shared on their behalf. And the easiest way to ensure an ameliorated approach is to involve the established student audiences, for this typified genre of writing, in service learning projects that encourage generative ethos based on assisting other in a deliberative manner, after consulting those populations.

Instead of scrapping the attempt at aiding people who are in need of social assistance and justice because the way we have been doing it can silence, subjugate, or, in the least, misrepresent their lived material realities, we should improve our rhetoric and ensure it becomes deliberative. Obviously, the best way to do that is to first listen to

actual breast cancer patients and understand their needs, as well as better understand how to create community action rhetoric on their behalf.

While I am obviously arguing that all breast cancer rhetoric disseminated by athletic departments—and universities—should be direct-action, deliberative rhetoric that clearly shares how to effectively engage in breast cancer charity, I am also here suggesting that universities encourage a service-learning approach to charity work. If we are going to socialize students to be engaged in community action—as we should, then we should socialize them to do so in the right way: by first personally engaging with community on whose behalf they are acting. For instance, if the soccer team is going to have a "pink out" match, then the soccer team (and their marketing crew) should arrange to meet with breast cancer patients in their community—or at least representatives from an established organization on whose behalf they should be acting. And the persons who engage in that meeting should decide the rhetoric employed for the campaign, adhering, of course, to the acknowledged constraints of each organization/institution involved. Switching to generative ethos opportunities for the students will allow the athletic departments to confront their own "ventriloquism" and, instead, "engage them [in] processes of listening and enfolding as students merge with community organizations" (Jagla, 2015, p. 88). In this way, both the students and the athletic departments can develop an understanding that "The struggles of voice and identification at play within any public writing exercise are intimately related to questions of power and the idea that the act of writing imbues the writer with a certain authority" (Jagla, 2015, p. 85), as well as how that authority should be wielded in such a way as to faithfully represent the breast cancer patient and her needs through their breast cancer discourse rhetoric.

This study, and its limitations, opens the door for more studies on how university athletic departments and university-affiliated sports teams affect rhetoric within the breast cancer discourse community and construct, or aid in the construction, of the public perception of the breast cancer patient, her experience, and her needs. Furthermore, it also serves as exigence for the analytic study of all forms of public breast cancer rhetoric created by the loudest members of the breast cancer discourse community, most of whom are not patients, doctors, or researchers; rather, they are companies, institutions, and organizations whose main identifiable purpose is not directly related to the treatment and study of breast cancer and is more directly related to branding and ethos building.

Sites for further investigation have been identified as a result of this study. For instance, while it makes sense that images of players will be used in team gameday announcements, this habit of melding images of young healthy and strong women with the notion of breast cancer could be conveying a false image of the disease, and it is certainly worth further investigation. And it might be worth investigating the likelihood that the mere mention of a slogan or even the inclusion of the color pink or the pink ribbon serves as signification that pink should be worn at the event being announced in the messaging.

As previously stated, I see the benefit in analyzing the breast cancer rhetoric created and disseminated by all members of the breast cancer discourse community, especially those who are helping to construct the public image of the disease and the patients affected by it, as well as those who are socializing others to enter the discourse community. These, most obviously, include not only universities who attempt to engage in breast cancer charity but also professional sports teams, cosmetic companies, and

pharmaceutical companies, as well as official charity organizations and the more publicized charity drives organized by companies, institutions, and organizations.

Breast cancer rhetoric in general often involves what has been perceived to be philanthropy slogans and titles, as was evidenced in this study when breast cancer slogans were discussed as being employed in the text and images employed by university athletic departments. In the next chapter, I will discuss the results of my survey on public perception of breast cancer slogans and titles, specifically those that focus on keeping, saving, or loving breasts. This logically extends from my discussion of athletic department rhetoric because, as this study reveals, athletic departments are far more likely to include a slogan than a philanthropic organization name in their tweets.

CHAPTER 4: THE PUBLIC'S RESPONSE TO KEEPING/SAVING/LOVING BREAST RHETORIC

In chapter 3, I made the claim that university athletic departments routinely engage in the breast cancer discourse community by creating public rhetoric that socializes college students to engage in the discourse community, as well as that this modeled rhetorical involvement tends to be more ethos-building than encouraging of direct-action charity. The content and rhetorical analysis of athletic department Twitter messaging began an intended larger investigation of how the more public main actors within the breast cancer discourse community create public messaging that affects how people perceive the breast cancer experience, which can ultimately negatively affect the patients' lived material reality. Within that discussion was the acknowledgement that university athletic departments frequently use philanthropy slogans when creating breast cancer rhetoric, often without any overt textual or visual tie to a direct-action charitable venture. Slogans such as "Think Pink," "Play4Kay," and "Dig Pink" were specifically considered in Chapter 3 due to the number of times such phrasing was employed in the sample tweets that composed the considered archive.

Here, in Chapter 4, I begin a consideration of the slogans and titles that specifically focus on keeping, saving, or loving (k/s/l) breasts, which are slogans employed by supposed philanthropic actors in the breast cancer discourse community. In the introduction (Chapter 1), I mention my mother's visceral response to receiving a Save the Tatas mug and the fact that I began this study to honor her and her experience as a breast cancer patient. In the project literature review (Chapter 2), I clarify that soon after

witnessing her reaction I searched for what had been discussed in scholarly circles about the slogan “Save the Tatas.” As previously mentioned, this initial research led to me noticing that a few scholars were making claims about how Save the Tatas and other k/s/l slogans encourage the sexualization and objectification of women, as well as the trivialization of breast cancer and the patient experience. And in the Acknowledgements, I note that my verbal interactions with and class assignments from Dr. Erica Cirillo-McCarthy led to an IRB approval for a study that queries the American public on their perception of k/s/l titles and slogans.

I chose to present this study of k/s/l rhetoric after my Twitter study because a closer inspection of a specific type of rhetoric employed by some in the breast cancer discourse community logically follows our acceptance that corporations, institutions, and organizations employ certain tropes and phrases while speaking on behalf of the breast cancer patient. Specifically, I want to narrow in on certain phrases employed by supposed philanthropists who convey that they are seeking to aid breast cancer patients through their own commercialism. And given the general and scholarly critiques of keeping/saving/loving breast rhetoric that had previously been published (see Chapter 2), I chose to focus on that particular rhetoric and how the public actually perceives it. Consequently, I created a public survey of breast cancer titles and slogans in order to test the public’s reception of the messages conveyed with certain phrasing, specifically the keeping/saving/loving (k/s/l) breast rhetoric that has become popular and has already been taken to task by some members of the discourse community, some of whom were college students or who were writing for college students.

The issues with breast cancer philanthropy and most directly k/s/l breast rhetoric employed by the breast cancer discourse community on campuses has led two student authors to publicly share their concerns. After seeing slogans on campus that convey the keeping, saving, and/or loving of breasts as way to "benefit" breast cancer patients, Chelsea E Broe (2013) published "I Don't Want to Save Second Base" in a Gettysburg College student blog. In this piece, Broe (2013) asserts that patients who witness people wearing and promoting "slogans like 'Save Second Base'" are being given the message they have "lost a vital piece of . . . humanness" through life-saving breast removal (p. 2). Broe, here, provides the exigence for a study of breast cancer discourse on campuses, as well as a serious look at the specific words being employed by certain philanthropy agents. Writing for *Her Campus*, Grace Hartley (2014) provides a short piece meant to enlighten college students about the offensive and damaging nature of k/s/l breast rhetoric. In this piece Hartley (2014) asserts "By saying 'save the tatas', . . . you're saying 'I don't want this disease to destroy this one part of your body, because that body part is what makes me attracted to you and that's what defines your worth'." And she ends with her proposal to stop the spread of the rhetoric she feels is harmful by stating "There's nothing funny about breast cancer and there's nothing sexual about a disease that can kill you" (Hartley, 2014). The fact that this article's primary audience was most likely feminist college students, given the medium, indicates that in 2014 Hartley felt feminists were unwittingly supporting the rhetoric she deemed to be injurious to mainly women patients. Both Broe and Hartley provide an indication that some have felt (since 2014, at least) that breast cancer discourse on campuses had gone awry. And they both provided an initial seed for my survey on k/s/l rhetoric.

My original research question creation for this study was informed by the work of several scholars. In addition to Broe's and Hartley's compositions, my foundational understanding of how k/s/l breast rhetoric is perceived in scholarly circles was informed by Burgess and Murray's, Sulik's, and Young's 2014 publications. At such time, my research questions became:

- Can Keeping/Saving/Loving Breast rhetoric actually discourage a patient's decision to undergo lumpectomy or mastectomy?
- Can Keeping/Saving/Loving breast rhetoric actually encourage people to take breast cancer lightly or trivialize it?
- Can Keeping/Saving/Loving breast rhetoric actually encourage the sexualization or objectification of the female body?
- Can Keeping/Saving/Loving breast rhetoric discourage actual financial contribution to breast cancer research, treatment, and patient assistance?

Both Young and Burgess and Murray argue that k/s/l rhetoric encourages objectification. Soleil Young (2014) considers both I Love Boobies and Save the Tatas, as well as Keep a Breast by extension, and asserts that k/s/l slogans "objectify women and paint the fight against breast cancer as a fight to save breasts" (p. 59); furthermore, she maintains that "Feminists take issue with [such campaigns] because it encourages the sexualization of a serious issue and the reduction of women to simply the parts of them that the media find sexy" (Young, 2014, p. 59). Additionally, Burgess and Murray (2014) refer back to their commercial content analysis (Murray & Burgess, 2012), which "found that the commercials for breast cancer . . . [were] more likely to portray women in sexualized and objectified manners" (p. 235). Extending from this analysis, they maintain that "many awareness campaigns seem to be geared towards young men with the use of ever-increasing sexualization and objectification of women as a selling tactic" (Burgess and Murray, 2014, pp. 239–240). Burgess and Murray (2014), strongly evidence their

designation with such facts as "[Under APA Taskforce criteria] the breast cancer awareness campaign 'I <3 Boobies' meets the qualifications established by the APA (2007) of sexualized and objectified and also has been labeled such by schools, journalists, and judges (Calvert, 2012)" (p. 235). In addition to making claims about the negative effects of such rhetoric, Burgess and Murray (2014) studied the likelihood that actual breast cancer knowledge is increased by such rhetoric (p. 235), partly based on their perception of the rhetoric as sexualizing and objectifying and partly due to the fact that Moore (2011) claims such rhetoric will negatively affect women's lumpectomy and mastectomy decisions. As mentioned in Chapter 2, these scholars found that *none* of their student subjects—after considering such rhetoric as I Love Boobies—were able to "correctly identify the two most significant risk factors for developing breast cancer: age and being female" (Burgess and Murray, 2014, p. 240).

If k/s/l rhetoric has been deemed sexualizing/objectifying AND does not necessarily lead to useful breast cancer awareness AND may negatively affect decisions to undergo life-saving breast tissue removal, then the exigence has been established for a study that includes an investigation of both the following hypotheses: *Keeping/Saving/Loving breast rhetoric will encourage the sexualization or objectification of the female body*, and *Keeping/Saving/Loving Breast rhetoric will discourage a patient's decision to undergo lumpectomy or mastectomy*.

Applicable to keeping/saving/loving breast cancer philanthropy, Gayle Sulik (2014) asserts that while "awareness symbols/games/stunts have light quality that keeps the breast cancer brand palatable for mass consumption . . . . they do not promote mindfulness, consciousness, or useful information about breast cancer" (p. 666), which is

a claim that Burgess and Murray's study evidences. Sulik's (2014) overall claim is that "Putting energy into trivializing activities diverts focus from other, more meaningful actions" (p. 666), which means "there is a need to . . . acknowledge misinformation, trivialization, and commercialization; demand transparency and accountability" (p. 667). This scholarship clearly provides exigence for the following hypothesis: *Keeping/Saving/Loving breast rhetoric will encourage people to take breast cancer lightly or trivialize it*.

Through consideration of the aforementioned scholarship, I began to wonder if k/s/l rhetoric is financially worth its existence; hence, the final main hypothesis investigated by the scholars who provided my initial research materials: *Keeping/Saving/Loving breast rhetoric discourages actual financial contribution to breast cancer research, treatment, and patient assistance*.

From these hypotheses my final research questions were established, and they were solidified when additional research unearthed further studies in which claims were made that echoed or extended those made by Burgess, Murray, Sulik, and Young. For instance, Venke Frederike Johansen et al. (2013) argue that k/s/l rhetoric is about saving looks and not patients' lives: "The general message of these T-shirts [that contain k/s/l rhetoric] is that the disease is first and foremost about breasts, that it has a dramatically negative impact on attractiveness" (p. 146). And Robin Turnblom (2014), in "Saving the Boobs or the Women? The Sexualization of Breast Cancer Awareness Campaigning" asserts that "these [k/s/l] campaigns do not directly address the threat of breast cancer except for the fact that breasts may be a resulting cost" (p. 51), as well as that "the tactic

distracts from the sometimes unpleasant, sometimes terrifying realities of breast cancer" (p. 50).

The prevalent counterargument here is that k/s/l rhetoric is meant to be humorous and should not be taken so seriously. Some scholars do recognize the benefit of employing humor and/or erotic appeals in breast cancer philanthropy rhetoric. However, these same scholars also note how such messaging can go awry. Fanny V. Dobrenova, Sonja Grabner-Kräuter, Sandra Diehl, and Ralf Terlutter, (2019) in "The Use of Advertising Appeals in Breast Cancer Detection Messages: a Web Content Analysis," conducted a study of fear, shame-guilt, humor and erotic appeals employed in BSE-(breast self-exam) promoting and in mammography-promoting advertisements. These scholars note "in the context of BSE promotion, humorous appeals can be appropriately used to emphasize the ease of the examination procedure as well as to reduce women's anxiety about conducting it on their own" (Dobrenova et al., 2019, p. 876); however, they also find that "humor appeals were negatively related to mammography promotion" (Dobrenova et al., 2019, p. 876). Overall, these scholars maintain that while employing humorous and erotic messaging may have its advantages in endorsing mammography without amplifying fear, "advertisers are also advised to use humor and erotic appeals, however in a careful way, so that they do not downplay the seriousness of the medical procedure or offend culturally sensitive audiences" (Dobrenova et al., 2019, pp. 877–878).

In "Winking and Giggling at Creeping Death: Thanatophobia and the Rhetoric of Save the Ta-Tas," Christopher M. Duerringer (2013) discusses breast cancer philanthropy rhetoric—specifically Save the Tatas (and by extension k/s/l rhetoric)—as emanating

from a society afraid of death. In this argument, Duerringer (2013) describes the Save the Tatas campaign and rhetoric as "youthful, tacky, and surprisingly sexual" (p. 345); "juvenile, salacious, or, perhaps more charitably, irreverent" (p. 353); "suggestive, tongue in cheek, or satirical" (p. 353); "just-barely naughty" (p. 356); and "fun, and playful" (p. 357). However, he also refers to such rhetoric as the "misogynist timbre of contemporary breast cancer advocacy" (Duerringer, 2013, p. 358). This contradictory description of k/s/l breast rhetoric clarifies his main point, which most obviously comes from a male partner point-of-view: "[k/s/l messages] present the cause of breast cancer advocacy in a way so detached from the figures of disease and death" because it "avoids reminding us that our mothers, our grandmothers, our sisters, our partners, and our spouses are at risk" (Duerringer, 2013, p. 357). He feels the usefulness of such sexualized rhetoric is that it may have spread breast cancer discourse into historically predominantly male areas where the subject has been historically avoided—"sports bars, locker rooms, gyms" (Duerringer, 2013, p. 359), but he also acknowledges that such rhetoric is employed "at the cost of a more open discussion about breast cancer, treatment, and recovery" and while "reify[ing] longstanding patterns of objectification of the female body" (Duerringer, 2013, p. 359). Duerringer (2013) comes across as an advocate for k/s/l rhetoric, as well as debating such scholars as Johansen et al, Sulik, and Young, when he proffers that "If, in the context of contemporary patriarchal culture, women's bodies are inextricable from their subjectivities, it is nothing but sensible that saving one's breasts should be every bit as meaningful as saving one's voice or memory" (pp. 358–359). However, he also maintains that "It is difficult to assess what value these women who

survive via mastectomy can have within a discourse that upholds the sexualized female breast as the prime concern of breast cancer activism" (Duerringer, 2013, p. 346).

Prior to Dobrenova et al.'s and Duerringer's scholarship, Cynthia Ryan (1997) took on the humor employed by breast cancer philanthropists and patients, and she found them to be two different things. In "Reclaiming the Body: The Subversive Possibilities of Breast Cancer Humor," Ryan (1997) proffers that the personal humor of breast cancer patients allows patients to more readily cope with their situation: "Survivors employing feminist humor are . . . conveying strategies of resistance and negotiation so that they might better survive their experiences with the disease" (p. 200); this assertion is based on the underlying premise that "Humor allows them to tell their own stories versus rely on the interpretations of Outsiders" (Ryan, 1997, p. 201). As for the humor of larger actors, Ryan (1997) maintains that "concentration on the isolated breast as a site for humor reinforces the fragmentation that women already incur in a capitalist society that dictates they base their self-worth on the composition of each body part" (p. 188). In this vein, Ryan (1997) argues that "Women are forced to fight two battles when they are faced with the disease: the cancer as well as the stereotypes about women's bodies that proliferate through breast jokes and other discursive practices" (p. 203). Ryan, in 1997, encouraged the breast cancer discourse community to be more analytical and better evaluate the difference between patient-coping humor and the humor that, according to Turnblom (2014) (17 years later) was still being used and "deviat[ing] attention away from saving lives" (p. 52).

Obviously, decades after the issue with humor was clarified, some larger actors are still attaching themselves to the apologists. And at least one study has clarified that

they do so at risk of being declared untrustworthy. Koruo et al. (2017) reveal that their study participants felt "discomfort and distrust with online sources," which arose due to the sexualized nature of breast cancer awareness information (p. 100). These scholars assert that previvors do not trust larger actors who employ sexualized language; rather they want to hear from current and former patients. Kuruo et al.'s study clarifies that women who are at risk of contracting breast cancer do *not* trust k/s/l rhetoric.

With this aforementioned scholarship in mind, and in order to test public perception of keeping/saving/loving breast cancer rhetoric, I created and disseminated a public survey that asked for input on emotional responses to specific phrasing: Save the Tatas, Save Second Base, I Love Boobies, and Keep a Breast. These are titles and slogans that have been specifically mentioned by authors included in the preceding lit review and in Chapter 2. In this chapter, I reveal what I found out about public perception of k/s/l breast rhetoric employed by breast cancer discourse members through a public survey. And the results clarify a disconnect between a larger actor understanding of the breast cancer discourse public and that public's perceptions.

The following study is intended to test the notion put forward by other authors and scholars that certain philanthropy rhetoric may be more harmful than helpful. It is meant to garner actual data on the general reception of breast cancer philanthropy that has been previously determined to have negative effects. And it was designed to help me answer the following main research questions. (Note: additional research questions that arose during the study are addressed in the Results section.)

- What are the effects of Save the Ta-tas rhetoric, and the rhetoric of like campaigns, on women with breast cancer?

- Is such rhetoric perceived to encourage a trivialization of cancer?
- Is such rhetoric perceived to encourage the sexualization or objectification of women?
- Is such rhetoric perceived to discourage financial contribution?
- Is such rhetoric perceived to discourage medical treatment that includes loss of breast tissue?

Methodology

From March 2020 until June 6, 2021, I conducted an IRB approved Qualtrics survey in order to investigate the claims that the rhetoric of keeping/saving/loving (k/s/l) breasts campaigns—such as Save the Ta-Tas and I Love Boobies—is perceived as trivializing or sexualizing/objectifying, while discouraging life-saving treatments and financial assistance. The survey (see Appendix B) is entitled "Breast Cancer Philanthropy Titles/Slogans Survey" and received IRB approval (#20-2164) from Middle Tennessee State University. On 6 June 2021, I pulled data for this report and discussion.

The aforementioned Qualtrics survey was accessed by the general adult American public—18 years of age or older—through an internet link. The link was initially shared by myself through public social media postings on my own personal pages and an email shared through the Middle Tennessee State University LISTSERV. Secondary sharing of the link likely occurred through "word of mouth"—respondents and initial post/email audiences sharing the link through their own choice of mediums and with their own messaging.

Respondents were asked to declare if they correlate breasts with femininity, the female sex, and/or the female gender. This question was posed because the correlation of

breasts to the concept of the female sex and/or the female gender might be investigated as a possible determining factor for other answers given, such as answers to the questions about rhetoric encouraging or discouraging objectification, medical decisions, and financial contributions. During the testing phase for this survey one respondent marked that she only correlated breasts with femininity, not sex or gender; this tester explained her choice by saying that she, personally, wore a smaller bra size and did not feel that made her any less of a biological or socially presenting woman.

Respondents were asked to first indicate their level of familiarity with the titles and slogans included in the survey. This familiarity question was posed because the results might help explain why some titles and slogans that have been previously determined by others to have negative effects might be seen in a positive light for a different audience. The underlying reasoning for this assumption is that one tester indicated it was hard to rate Save the Tatas negatively when they had bought items with the slogan on it.

Respondents were asked to provide initial emotional responses to all breast cancer philanthropy titles and slogans included in the survey. Ten such slogan or titles were selected: four (4) that have been determined by others to be negative or harmful in some way because they contain keeping/saving/loving terms and six (6) that have not necessarily been labeled in the same manner. I chose the following that have been questioned by other scholars in terms of rhetoric employed: Save the Ta-tas, Keep a Breast, Save Second Base, and I Love Boobies (see Lit Review in this chapter and Chapter 2). Additionally, titles or slogans that appear to have escaped particular scrutiny were included: National Breast Cancer Coalition, Casting for Recovery, Be the End of

Cancer, Awareness Circle of Hope, and Cancer Sucks. Furthermore, I added Think Pink because while it has not necessarily been targeted as sexualizing or objectifying rhetoric, it has been associated with "Think before You Pink" initiatives, which call out unethical fundraising practices that lead to companies profiting off what they market as breast cancer fundraisers. "National Breast Cancer Coalition" is not included in this initial report because the first respondents accessed a survey that contained a typo for that phrasing on a few lines—the omission of the word *Cancer*. Consequently, I felt it best not to include National Breast Cancer Coalition numbers.

Respondents were asked to select from a list of negative and positive emotions that they feel when seeing (or hearing) eight (8) of the philanthropy titles or slogans. These questions are included because emotional reaction can be extremely telling. For instance, the tester who admitted rating Save the Tatas poorly was difficult because they had bought such merchandise was able to first respond with their positive emotions when hearing/reading the term before struggling to decide if it actually encouraged sexualization and trivialization.

Negative Emotions included in this survey are Anger, Sadness, Disgust, Frustration, Anxiety, Guilt, Grief, and Fear. Positive Emotions included are Love, Happiness, Hope, and Gratitude, as well as Sympathy/Empathy because even though this emotion can cause someone to feel negative emotions it is taken as a positive attribute in humans. Lack of emotion equates to Apathy. And undetermined emotion is represented by Other in this study. For this section, both Cancer Sucks and Think Pink are not included, as the main focus of the study is to determine if the American public and breast

cancer patients, specifically, perceives an issue with keeping/saving/loving rhetoric in breast cancer philanthropy.

Respondents were then asked to reply to all ten included titles and slogans by answering the following questions:

- "Do you think the following rhetoric encourages or discourages a patient's decision to undergo such treatments as lumpectomy and mastectomy?"
- "Do you think the following rhetoric encourages or discourages the trivialization of breast cancer?"
- "Do you think the following rhetoric encourages or discourages the sexualization or objectification of the female body?"
- "Does the following rhetoric encourage or discourage financial contribution to the cause?"

Along with the afore-listed questions, respondents were provided with an open text box so they might respond to the following question: "What are your general feelings about lumpectomies and mastectomies?" While reviewers of the survey had indicated that this question might be removed because it appeared too open ended to be of use, I kept this question in order to allow respondents a space "to give their own thoughts," as testers indicated a desire for such.

Respondents were then queried about their association with breast cancer, in terms of if they themselves, family, friends, and/or acquaintances had been diagnosed or received specific treatments, or even had a breast cancer scare, such as having to undergo a biopsy for a suspicious lump.

Respondents were asked to answer the question “Is it ever okay for cancer philanthropy to rely on sex appeal to raise funds?” The specific included question was viewed as possibly loaded by a tester and as not loaded and useful by another. Therefore, I kept the question with the intention of not including answers if they appeared skewed. However, the answers do not appear to be skewed as a large enough portion of the respondents report that it is okay to employ sex appeal in order to raise funds—despite the ultimate findings that indicate the public does not appreciate k/s/l slogans and feels most of the ones included in this study are detrimental in some way or to some concerning degree. This makes the responses worth further consideration.

Respondents were asked to provide answers to demographic questions meant to provide means of aggregate categories that would relate to possibly established belief systems. These demographic questions include a focus on sex, gender, age, income level, education level, marital status, religion, and race. However, as will be discussed later in this chapter, the mass majority of realized participants were Caucasian, Christian women, which means that demographic investigation will be limited for this study and some aspects will have to be pursued with future comparative studies.

Finally, respondents were asked to provide a contact email if they wished to be interviewed about the survey or participate in an upcoming breast cancer narrative study. This was done so that I would only contact participants who desired for personal information to be shared. Otherwise, any possible way of garnering specific personal information was ignored. (As of 6 June 2021, I have only contacted a few participants in order to help develop follow-up questions; that discussion will not be part of any results

here; it merely allowed participant input on what has become the development of a post-doc study.)

It is worth noting that one of the choices given for emotional response is “Other,” which turned out to be a top three emotion for some of the k/s/l titles/slogans. “Other” cannot be discussed as a positive nor a negative emotion and must be considered an undetermined emotion because the survey did not allow a “please explain” option for this choice. Any emotion not specified on the list might have come to mind when the participants chose “Other” as a response. For instance, both Hate and Joy were not listed, merely due to space issues and my assumption that another included emotion could work in their stead. While alternately listed terms might have served as reasonable substitutes for these emotions, the participants may not have felt that any emotion listed was sufficient in conveying the exact range or intensity of what they were feeling. Additionally, in response to the open ended Q16 request to share feelings about mastectomies and lumpectomies, at least one respondent made it clear that he/she/they chose “Other” because they felt laughter should have been an emotional choice. Since laughter is not an emotion—and is a physical reaction to an emotion—I feel justified in having not offered laughter as an emotional choice. Personally, I know that laughter does not always emanate from a positive emotion and may result from a range of emotions—positive to negative, including disgust. However, this particular comment about laughter does indicate that some people who chose “Other” probably did so because they wanted to choose something that indicated they were amused by the title, while others probably did so because they disliked the title or slogan with an intensity they did not feel was covered by any of the negative emotions listed on the survey.

This particular report shares data gathered from a total of 217 respondents, in aggregate form, as of 6 June 2021. The responses for most questions are presented in a totaled form to provide the macro-view of a cumulative response, but certain responses were cross-tabulated to reveal a microcosmic picture of how participants who have breast cancer experience responded to keeping/saving/loving breast rhetoric: experience with being diagnosed with breast cancer (Q18), experience with undergoing lumpectomy or mastectomy (Q20), and experience with undergoing chemotherapy/radiation (Q21). The instigation for my interest in the rhetorical environment of breast cancer patients is my claim that the agency of patients is subsumed by larger rhetorical actors in the discourse community; therefore, it is essential that I allow those in the community to speak for themselves.

Study and Results

The "Study and Results" section is organized with subtitles that indicate how participant (respondent) answers addressed survey questions and, by extension, research questions.

RQ1: Does "breasts = woman" in the mind of the American public?

On the correlation of breast question (Q1), from the 217 participants there were 405 responses, as more than one option could be chosen. 82.95% of respondents correlate breasts with the biological female sex; 58.99% of respondents correlate breasts with the idea of femininity; 44.70% of respondents correlate breasts with the gender role of woman. From these responses, it obvious that the vast majority of respondents correlate breasts (Q1) with the biological female sex.

RQ2: If someone is more familiar with a breast cancer philanthropy title or slogan, will they will feel positively about it?

To provide answers for RQ2 (If someone is more familiar with a breast cancer philanthropy title or slogan, will they will feel positively about it?), I posed two initial survey questions: Q2: To what degree are you familiar with the following philanthropic campaigns? & Q3: Please indicate your general reaction to the wording of the following titles/slogans.

While compiling the survey data, I hypothesized that the answers here would substantiate a claim that the more familiar the respondents are with a campaign the more likely they are to rate it positively; however, I came to understand that this is not necessarily the case with all the titles and slogan included in the survey. 205–211 participants rated their familiarity with the titles/slogans (Q2) listed in this section, with the response totals differing by title/slogan. More than half are familiar—to some degree—with Think Pink (84.43%); Save the Tatas (85.31%); and Cancer Sucks (64.25%). However, Be the End of Cancer has a 17.07% familiarity rating while ranking as the title/slogan with the highest initial positive feelings (Q3): 70.70%. Additionally, Awareness Circle of Hope received the highest overall positive rating by emotion (Q8)—Positive Emotions 71.25% / Negative Emotions 10.07%. And only 10.73% are familiar to some degree with Awareness Circle of Hope. While familiarity and positive feeling percentages only seem to match closely for four of the choices; one of those choices is I Love Boobies, for which negative feelings (46.30%) was higher than either familiarity (31.88%) or positive feelings (23.15%). In fact, half of the titles/slogans can be used to prove that familiarity equates to positive feelings, while the other half can be used to

prove it does not. Consequently, a founded claim arises: Familiarity does *not* outright equate to positive feelings. And this leads to a stronger consideration of how respondents reacted to the rhetoric itself.

Table 4.A

Familiarity Combined with Feeling Response

Title/Slogan	*% Familiar*	*% Positive Feelings*	*% Negative Feelings*
Think Pink	84.43	58.22	10.80
Save the Tatas	85.31	45.58	32.56
Cancer Sucks	64.25	57.94	10.28
I Love Boobies	31.88	23.15	46.30
Save Second Base	22.60	21.40	38.14
Be the End of Cancer	17.07	70.70	1.86
Keep a Breast	15.46	28.37	22.79
Awareness Circle of Hope	10.73	45.58	3.72
Casting for Recovery	7.73	29.63	1.39

RQ3: Is the general public, including breast cancer patients, familiar with all k/s/l/ slogans and are they okay with them?

From the familiarity responses, it is worth noting that the majority of respondents are women who are not very familiar with all the listed breast cancer campaigns/rhetoric; this possibly speaks to a lack of success—depending on the goals of the organization that employs the rhetoric. Or, since the campaigns might be considered successful by some possible measure, it might be claimed that women are not the primary intended audience for certain slogans and campaigns, which serves as exigence for a study on realized intended audiences and marketing choices made with that particular audience in mind. However, it is also worth noting that the Keep a Breast phrase is the name of an actual organization whose primary intended purpose is declared as “to reduce breast cancer risk

and its impact globally through art, education, prevention, and action."[1] Keep a Breast—an organization that began with the showing as art and selling of breast casts—evolved into an educational organization that promotes breast self-check, while also creating and employing the slogan "I <3 Boobies"—which is referred to in this study as "I Love Boobies." Logically, this means their primary intended audience is definitely women. Therefore, results that reveal respondents have a low-level of familiarity with the two slogans associated with that particular organization is a matter for further investigation and consideration, especially for the organization itself. And since the study indicates women are not familiar with most k/s/l rhetoric, it cannot be claimed outright that women are okay with the slogans.

RQ4: If participants find that k/s/l rhetoric encourages the sexualization/objectification of women, will they determine that sex appeals should not employed in breast cancer philanthropy titles and slogans?

The results shared in the section include responses to the following survey question: Q25 - Is it ever okay for cancer philanthropy to rely on sex appeal to raise funds?

The majority of 211 participants (64.5%) determined that it is never okay to employ sexual appeals when conducting cancer philanthropy. Note that this is not just breast cancer philanthropy, but all kinds. Alternatively, 10.4% felt it is okay and 25.1% felt sexual appeals were okay "sometimes." This question was answered after the main questions (Q12 - Q15) were answered.

[1] For more information about Keep a Breast and their slogan "I Love Boobies" visit the following link: https://www.keep-a-breast.org/about

Table 4.B

Sexual Appeals in Cancer Philanthropy

#	*Answer*	%	*Count*
1	Yes	10.43%	22
2	No	64.45%	136
3	Sometimes	25.12%	53
	Total	100%	211

The interesting connection between the sex appeals results and the actual k/s/l rhetoric included in this study is that respondents were not always able to definitively declare the negative effects of sex appeals in action—most notably when it comes to financial contributions. However, totaled survey results do indicate that, for the most part, the findings for RQ4 do predict answers to other survey questions.

RQ5: Will keeping/saving/loving breast rhetoric garner a negative emotional response?

The following survey questions were employed to get a clearer picture of how the general public emotionally responds to k/s/l titles and slogans:

- Q3 - Please indicate your general reaction to the wording of the following titles/slogans
- Q5: Please indicate your initial specific emotional response to hearing or seeing the words ‘Save the Ta-tas.” Select all that apply.
- Q6 - Please indicate your initial specific emotional response to hearing or seeing the words “Be the End of Cancer.” Select all that apply.

- Q7 - Please indicate your initial specific emotional response to hearing or seeing the words “Save Second Base.” Select all that apply.
- Q9 - Please indicate your initial specific emotional response to hearing or seeing the words “I Love Boobies.” Select all that apply.
- Q11 - Please indicate your initial specific emotional response to hearing or seeing the words “Keep a Breast.” Select all that apply.

The majority of emotional responses revealed through answers to Q3, Q5, Q6, Q7, Q9, and Q11 are discussed under each title or slogan in the “K/S/L Versus Non-k/s/l” section that follows this one. However, before discussing the response to each slogan, it is worth noting that in terms of least chosen emotions, overall, Fear, Grief, and Anxiety never also appear in the list of top emotions, not even by demographic. However, Disgust, Anger, and Guilt—which are least chosen emotions for Non-k/s/l rhetoric—do appear as top-chosen emotions for k/s/l rhetoric, especially when specific demographics are considered.

While Disgust is a least chosen emotion for Be the End of Cancer and Casting for Recovery, it is an overall top three emotion for Save the Tatas. And Anger—which ranks as a least chosen emotion for Be the End of Cancer, Casting for Recovery, Keep a Breast, and Awareness Circle of Hope—is listed as a top three emotion for Save the Tatas when those who have undergone mastectomy or lumpectomy (Q20) are considered, as well as for those with a Doctorate or Terminal Degree (Q30). Disgust is also the top emotion chosen for Save Second Base, for which Anger appears as a top three emotion for those who are Divorced (Q31), have earned a Doctorate or Terminal Degree (Q30), have been diagnosed with breast cancer (Q18), undergone a mastectomy or breast lumpectomy

(Q20), and been treated with chemotherapy or radiation for breast cancer (Q21). Moreover, Disgust is the top emotion for I Love Boobies, with Anger appearing as a top three emotion for those who have been personally diagnosed with breast cancer (Q18) or undergone a mastectomy or breast lumpectomy (Q20), as well as for those who have a family member who has been diagnosed (Q18), treated with chemotherapy or radiation for breast cancer (Q21), and who has undergone a mastectomy or breast lumpectomy (Q20). Anger was also chosen for I Love Boobies by those who lost a loved one to breast cancer (Q24), as well as such categories as Married (Q31), Divorced (Q31), Master's degree (Q30), and Doctorate or Terminal Degree (Q30). Overall, this means that Fear, Grief, and Anxiety are just emotions that people do not associate with breast cancer campaign rhetoric, not even k/s/l. However, the consideration of top three emotions chosen for each phrase or slogan included reveals that Disgust, Anger, and Guilt are closely and more readily associated with keeping/saving/loving breast rhetoric.

K/S/L Versus Non-k/s/l

In this section, I provide the answers to my main research questions, as found through a quantifiable approach to survey answers of participants. I am first sharing the main research and survey questions here in a bulleted list, as the proceeding discussion of survey responses are combined into categories of keeping/saving/loving (k/s/l) breast slogans and non-k/s/l slogans, which makes the intended study comparison easier to effect in tabulated form.

- **RQ6: Can Keeping/Saving/Loving Breast rhetoric discourage a patient's decision to undergo lumpectomy or mastectomy?** (This research question is

found in the survey as Q12: Do you think the following titles/slogans encourage or discourage a patient's decision to undergo lumpectomy or mastectomy?)

- **RQ7: Can Keeping/Saving/Loving breast rhetoric encourage people to take breast cancer lightly or trivialize it?** (This research question is found in the survey as Q13 - Do you think the following titles/slogans encourage or discourage taking breast cancer lightly--trivializing it?)
- **RQ8: Can Keeping/Saving/Loving breast rhetoric encourage the sexualization or objectification of the female body?** (This research question is found in the survey as Q14 - Do you think the following titles/slogans encourage or discourage the sexualization or objectification of the female body?)
- **RQ9: Can Keeping/Saving/Loving breast rhetoric discourage actual financial contribution to breast cancer research, treatment, and patient assistance?** (This research question is found in the survey as Q15 - Do you think the following titles/slogans encourage or discourage financial contribution to breast cancer research, treatment, and patient assistance?)

After being asked to report on overall positive or negative feelings when reading each title/slogan (Q3), participants were asked to report on specific emotions that arose when reading eight of the options: National Breast Cancer Coalition (Q4)—which has not been included in specific discussion (see previous explanation); Save the Tatas (Q5); Be the End of Cancer (Q6); Save Second Base (Q7); Awareness Circle of Hope (Q8); I Love Boobies (Q9); Casting for Recovery (Q10); and Keep a Breast (Q11). Since the purpose of this study was to uncover the general reaction to k/s/l rhetoric, the responses for Q5, Q7, Q9, and Q11 will here be compared to the specific responses for Q6 Be the End of

Cancer—which was rated second in terms of overall positive versus negative emotion responses but does not state a positive emotion within its phrasing, as Awareness Circle of Hope does. Additionally, Think Pink is added here, to a lesser degree, mainly just because it appeared so often in the university athletic department Twitter archive (see Chapter 3).

Think Pink

As seen in Chapter 3, Think Pink is a common breast cancer philanthropy slogan employed by university athletic departments when they engage in the breast cancer discourse community. In this survey, Think Pink is rated highly for encouraging (Q15) financial contributions (63.4%), and in terms of discussed titles, it was second in this arena only to Be the End of Cancer. Alternatively, the percentage for discourages financial contribution was extremely low (6.5%) for the slogan. When it comes to the main question category (Q12–Q15), (Q12) influencing a mastectomy or lumpectomy decision was the only category where the encourages/discourages percentages had more than a 5% variance: E 26.5%; D 3.7%. This means that participants are only truly comfortable assigning Think Pink an ability to encourage financial contributions and not an ability to have any of the other negative or positive material effects that they assigned to other slogan/title choices in this study.

Table 4.C

Think Pink Cumulative Totals

Question	*Category*	*Results*
Q14	Sexualization/Objectification of Women	E 25% / D 20.8%
Q13	Trivialization of Breast Cancer	E 30.7% / D 27.9%

Q12	Decision to Undergo Mastectomy of Lumpectomy	E 26.5% / D 3.7%
Q15	Financial Contributions	E 63.4% / D 6.5%
Q2	Familiar	84.4%
Q3	Positive Feelings	58.2%
Q3	Negative Feelings	10.8%

Before responding to Q12–Q15, 84.4% of survey participants reported being familiar (Q2) with the slogan Think Pink, which means it is the second most recognizable slogan/title in the survey—after Save the Tatas. Additionally, Think Pink is second in terms of earning higher percentages for initial (Q3) positive feelings (58.2%) versus initial (Q3) negative feelings (10.8%)—after Be the End of Cancer.

As non-k/s/l rhetoric, Think Pink is an interesting case because it is ranked closest to Save the Tatas for familiarity and closest to Cancer Sucks and Awareness Circle of Hope in terms of variance between positive and negative initial feelings—all of which had higher percentages for initial positive feelings. Furthermore, and more importantly, Think Pink percentages for (Q13) trivialization of breast cancer (30.7% E; 27.9% D) are most similar to Keep a Breast (37.7% E; 23.7% D). And Think Pink is the only option for which responses to (Q14) sexualization/objectification of women is almost identical: 25% E; 20.8% D; all other slogan/title options have at least a 28.7% variance between encourage and discourage totals for Q14 (Sexualization/Objectification).

It can, therefore, be claimed that Think Pink is a slogan with which most people are familiar and that a majority receive as positive messaging that does encourage financial contribution.

Be the End of Cancer

Before answering the main Q12–Q15 questions, 17.1% of respondents reported being (Q2) familiar with Be the End of Cancer. And 70.7% reported initial (Q3) positive feelings when reading/hearing the slogan, while only 1.9% reported initial negative feelings. The 68.8% variance in favor of positive feelings is by far the largest variance, either way, for any of the slogans/titles included in the study. This result alone is worth highlighting because without much familiarity, participants are reacting to the rhetoric alone and find it spurs positive feelings.

Table 4.D

Be the End of Cancer Cumulative Totals

Question	*Category*	*Results*
Q14	Sexualization/Objectification of Women	E 6.5% / D 35.2%
Q13	Trivialization of Breast Cancer	E 19.5% / D 50.2%
Q12	Decision to Undergo Mastectomy of Lumpectomy	E 50.7% / D 1.4%
Q15	Financial Contributions	E 73% / D 0.9%
Q2	Familiar	17.1%
Q3	Positive Feelings	70.7%
Q3	Negative Feelings	1.9%
Q9	Hope	29.2%
Q9	Sympathy/Empathy	20.2%
Q9	Gratitude	9.2%
Q9	Love	8%
Q9	Sadness	7.6%
Q9	Happiness	4.9%
Q9	Other	3.7%
Q9	Grief	3.5%
Q9	Fear	3.5%
Q9	Anxiety	2.9%
Q9	Frustration	2.5%
Q9	Apathy	2.2%
Q9	Guilt	1.4%
Q9	Anger	0.8%
Q9	Disgust	0.6%

When (Q9) specific emotional responses were chosen, Be the End of Cancer was the only option included in this result section to have three specific positive emotions as the top three chosen that also accrued a majority of the response (58.6%). The top three emotions are Hope (29.2%), Sympathy/Empathy (20.2%), and Gratitude (9.2%). Overall, negative emotion choices total 22.8% and positive emotion choices total 71.5%. The undetermined emotion choice that is a prominent factor with some k/s/l rhetoric responses only earned a 3.7% response for Be the End of Cancer, which indicates that participants feel more assured of their reaction to the slogan overall.

Be the End of Cancer is determined by respondents to be the most likely of all choices to encourage (Q15) financial contribution (73%) and encourage (Q12) decisions to undergo mastectomy/lumpectomy (50.7%). Be the End of Cancer is also ranked highest for discouraging (Q14) sexualization/objectification of women (35.2%) and discouraging (Q13) trivialization of breast cancer (50.2%).

This phrasing was given some credit for possibly having a negative effect in the areas studied: 6.5% encourage sexualization/objectification of women; 19.5% encourage trivialization of breast cancer; 1.4% discourage decisions to undergo mastectomy/lumpectomy; and 0.9% discourage financial contributions. However, for three of the aforementioned categories the negative effect totals are entirely negligible, and for trivialization half of the respondents feel the slogan discourages, while less than 20% felt it could encourage.

From the totaled collective response to Be the End of Cancer, it can be claimed that this slogan has a positive effect on the patient in terms of encouraging treatment decisions and financial contributions, as well as discouraging trivialization of breast

cancer and the sexualization/objectification of women. And while no claim is being made in this report about the effectiveness of organizations that employ the rhetoric—in terms of actual assistance rendered to patients, I am asserting that this is the kind of phrasing that can be overall more beneficial to the patient, as it does not encourage negative emotional responses the way that others do. And this assertion is strengthened by a consideration of the responses to the keeping/saving/loving breast slogans and titles considered in this study.

Save Second Base

Save Second Base[2] ties Save the Tatas as second for (Q14) encouraging the sexualization/objectification of women (73.2%). And it ranks lowest of all choices for discouraging such (4.2%). When the variance between encourage and discourage is factored in, Save Second Base is seen as the 2nd highest offender in this study for encouraging the sexualization/objectification of women.

Table 4.E

Save Second Base Cumulative Totals

Question	*Category*	*Results*
Q14	Sexualization/Objectification of Women	E 73.2% / D 4.2%
Q13	Trivialization of Breast Cancer	E 51.4% / D 21.8%
Q12	Decision to Undergo Mastectomy of Lumpectomy	E 15.4% / D 40.5%
Q15	Financial Contributions	E 19.5% / D 35.4%
Q2	Familiar	22.6%

[2] Referring to Save Second Base, Turnblom (2014) remarks "The allusion to high school again echoes the postfeminist sentiment that women must remain youthful in order to be considered relevant" (56). Turnblom (2014) offers some poignant analysis of a keeping/saving/loving breast campaign artifact: "A staple pink Tshirt from the group reads, 'Save 2nd Base,' underneath two baseballs that are placed where breasts would be located underneath the shirt. It draws attention to not only the chest area, but the breasts themselves through representation. She is wearing a shirt that declares she wants to make sure she can continue to engage in an act of foreplay; by logical conclusion, she will be excluded from this act if she loses her breasts (or her life) from cancer" (56).

Q3	Positive Feelings	21.4%
Q3	Negative Feelings	38.1%
Q9	Disgust	17.8%
Q9	Frustration	13.9%
Q9	Other	13.9%
Q9	Anger	9%
Q9	Hope	8.5%
Q9	Sympathy/Empathy	7.5%
Q9	Happiness	6.7%
Q9	Love	4.9%
Q9	Apathy	4.4%
Q9	Sadness	3.9%
Q9	Gratitude	3.6%
Q9	Anxiety	2.6%
Q9	Grief	1.6%
Q9	Fear	1%
Q9	Guilt	0.8%

A majority of the overall participants (51.4%) feel Save Second Base encourages (Q13) trivialization of breast cancer, while 21.8% find it discourages such. As for (Q12) affecting the decision to undergo mastectomy or lumpectomy, Save Second Base is determined to discourage the decision by 40.5% of the participants, but 15.4% feel it can encourage the decision. And the variance between encourages and discourages for (Q15) financial contribution is the second smallest of all main question responses for Save 2nd Base (15.9%), with 35.4% of participants choosing discourages.

Before responding to Q12–Q15, only 22.6% participants reported being familiar with Save Second Base. Additionally, 38.1% reported initial (Q3) negative feelings, while 21.4% reported initial positive feelings. The top three specific emotions chosen are Disgust (17.8%), Frustration (13.9%), and Other (13.9%). Overall, specific positive emotions (31.2%) chosen before answering the main study questions are outweighed by negative emotions (50.6%).

The majority of participants determine Save Second Base is likely to spur specific negative emotions, encourage the sexualization/objectification of women, and encourage the trivialization of breast cancer; and over one-third of participants feel the phrase discourages mastectomy/lumpectomy decisions and financial contributions. Along with I Love Boobies, Save Second Base is the slogan more clearly determined to have a probable negative effect on the breast cancer patient, how breast cancer and the patient are received, and financial contributions to her cause, as well as how women are treated in general.

I Love Boobies

The cumulative response for I Love Boobies aligns most closely with Save Second Base, even in terms of top specific emotions chosen.

Table 4.F

I Love Boobies Cumulative Totals

Question	*Category*	*Results*
Q14	Sexualization/Objectification of Women	E 78.2% / D 6%
Q13	Trivialization of Breast Cancer	E 57.2% / D 21.4%
Q12	Decision to Undergo Mastectomy of Lumpectomy	E 16.7% / D 42.1%
Q15	Financial Contributions	E 17.2% / D 40%
Q2	Familiar	31.9%
Q3	Positive Feelings	23.2%
Q3	Negative Feelings	46.3%
Q9	Disgust	18.2%
Q9	Frustration	16.2%
Q9	Other	12.2%
Q9	Anger	9.1%
Q9	Hope	8.9%
Q9	Happiness	8.6%
Q9	Love	6.3%
Q9	Sympathy/Empathy	5%
Q9	Apathy	5%
Q9	Gratitude	4.4%
Q9	Sadness	2.9%
Q9	Anxiety	1.6%
Q9	Fear	0.8%

Q9	Guilt	0.5%
Q9	Grief	0.5%

I Love Boobies is rated as the most likely to encourage (Q14) sexualization / objectification of women (78.2%). It is also determined to encourage (Q13) the trivialization of breast cancer by a majority of participants (57.2%). Furthermore, a good number of participants feel the slogan discourages (Q12) decisions to undergo mastectomy/lumpectomy (42.1%) and (Q15) financial contributions (40%).

While I Love Boobies is given some credit for possibly having a positive effect in the stated areas, confidence for such is miniscule for discouraging sexualization/objectification of women (6%), and not significant enough for discouraging trivialization (21.4%). Furthermore, the encourages totals for mastectomy/lumpectomy decision (16.7%) and financial contribution (17.2%) are not significant enough to ameliorate the negative influence that I Love Boobies was determined to affect.

Before answering Q12–Q15, 31.9% of participants reported being (Q2) familiar with the slogan. And before determining specific emotions felt when reading/hearing I Love Boobies, 23.2% reported having (Q3) initial positive feelings, while 46.3% reported initial negative feelings. When asked to determine (Q9) the specific emotions felt when reading/hearing I Love Boobies, the following emotions emerged as the collective top three: Disgust (18.2%), Frustration (16.2%), and Other (12.2%). 33.2% of chosen specific emotions were positive, while 49.8% were negative; additionally, 12.2% of chosen emotions were unidentified (Other) and 5% were an indication of no emotion (Apathy).

From these totaled collective results, it can be claimed that I Love Boobies is not well-received and is seen as having a negative effect on breast cancer patients, perceptions of the seriousness of the disease, funding that can benefit patients and their material reality, and the perception of women in general. Of course, some participants feel the phrase can possibly have a positive effect, but the collective report of negative effect for I Love Boobies appears strong enough to prevent amelioration.

Keep a Breast

Keep a Breast comes in second, behind I Love Boobies, for discouraging (Q12) mastectomy/lumpectomy decisions (40.9%), beating out Save Second Base by only 0.4%. However, 31% of participants feel Keep a Breast can encourage such a decision.

Table 4.G

Keep a Breast Cumulative Totals

Question	*Category*	*Results*
Q14	Sexualization/Objectification of Women	E 51.4% / D 7.9%
Q13	Trivialization of Breast Cancer	E 37.7% / D 23.7%
Q12	Decision to Undergo Mastectomy of Lumpectomy	E 31% / D 40.9%
Q15	Financial Contributions	E 31.6% / D 17.7%
Q2	Familiar	15.5%
Q3	Positive Feelings	28.4%
Q3	Negative Feelings	22.8%
Q9	Hope	14.6%
Q9	Sympathy/Empathy	14.6%
Q9	Other	11.6%
Q9	Frustration	9.6%
Q9	Apathy	7.8%
Q9	Sadness	7.5%
Q9	Anxiety	5%
Q9	Gratitude	4.8%
Q9	Love	4.5%
Q9	Happiness	4.5%
Q9	Disgust	4%
Q9	Fear	3.8%
Q9	Grief	3%
Q9	Anger	3%
Q9	Guilt	1.8%

In terms of encouraging (Q15) financial contributions, Keep a Breast (31.6%) ranks second when only k/s/l rhetoric is considered, but it is not ranked anywhere near Be the End of Cancer (73%). For Q12 and Q13, while a majority was able to make a decision, the encourage and discourage responses did not have much of a variance. However, a majority of participants (51.4%) did decide the slogan encourages the (Q14) sexualization/objectification of women, while only 7.9% feel it can discourage such.

Before responding to Q12–Q15, 15.5% of participants reported (Q2) being familiar with the slogan. And in terms of (Q3) initial feelings, 28.4% of participants reported having initial positive feelings upon reading/hearing the slogan, while 22.8% reported initial negative feelings. When asked about the (Q9) specific emotions instigated by Keep a Breast, participants chose two positive emotions (Hope 14.6% and Sympathy/Empathy 14.6%), as well as undetermined emotion (Other 11.6%) as the top three responses. The next three choices were Frustration 9.6%, Apathy 7.8%, and Sadness 7.5%. Positive emotions were chosen 43% of the time, and negative emotions were chosen 37.7% of the time.

For Keep a Breast there is very little initial familiarity and a slightly more positive initial reaction than negative. However, when answering the main study questions, participants seem to be split over Q12, Q13, and Q15—not providing enough variance between encourage and discourage numbers to provide a clear path to a definitive claim. However, a majority of participants did find that Keep a Breast encourages the sexualization/objectification of women, and the discourage total is too insignificant to negate this finding.

Keep a Breast is interesting to consider given that 51.2% of respondents feel confident in initially determining either a positive (28.4%) or negative (22.8%) feeling, while almost this exact totaled number find that the slogan encourages, to some degree, the sexualization/objectification of women.

Save the Tatas

Save the Tatas[3] is rated highest for (Q13) trivializing breast cancer (58.1%). Additionally, it ties with Save Second Base for second highest when it comes to encouraging (Q14) the sexualization/objectification of women (73.2%). While it is also given some credit for discouraging sexualization/objectification (4.6%) and discouraging trivialization (21.4%), its ability to affect these positive responses is awarded miniscule to little confidence.

Table 4.H

Save the Tatas Cumulative Totals

Question	*Category*	*Results*
Q14	Sexualization/Objectification of Women	E 73.2% / D 4.6%
Q13	Trivialization of Breast Cancer	E 58.1% / D 21.4%
Q12	Decision to Undergo Mastectomy of Lumpectomy	E 29.6% / D 38%
Q15	Financial Contributions	E 34.4% / D 30.2%
Q2	Familiar	85.3%
Q3	Positive Feelings	45.6%
Q3	Negative Feelings	32.6%
Q9	Hope	16%
Q9	Disgust	10.8%

[3] "Founded in 2004, Save the Ta-Tas names both a for-profit company and a nonprofit foundation. Save the Ta-Tas sells shirts, stickers, hair bands, and a variety of branded commodities and then donates 5% of the proceeds to charity via the nonprofit arm of the organization. As of 2013, the organization claimed to have donated over $800,000 (Save the Ta-Tas, n.d.-a)." (Duerringer, 2013, p. 353). "Save The Ta-Tas offers a variety of variations on their eponymous slogan. . . . : Peace, Love, and Ta-Tas, Fabulous Ta-Tas, Ta-Tas Rock, Caught You Looking at my Ta-Tas, Badass Ta-tas, I Love My Big Ta-Tas, I Love My Little Ta-Tas, and Ta-Tas Make Me Happy. . . . Men may purchase shirts that read 'Big or Small, Save Them All, Save a Life, Grope Your Wife, and even Proud Husband of a Survivor.'" (Duerringer, 2013, p. 353).

Q9	Happiness	10.4%
Q9	Sympathy/Empathy	10.4%
Q9	Frustration	8.8%
Q9	Other	8.6%
Q9	Love	7%
Q9	Anger	6.3%
Q9	Sadness	5.6%
Q9	Gratitude	5.4%
Q9	Apathy	3.8%
Q9	Anxiety	2%
Q9	Grief	2%
Q9	Fear	1.6%
Q9	Guilt	1.1%

The response for Save the Tatas when it comes to (Q12) decision to undergo mastectomy or lumpectomy and (Q15) financial contribution reveals a mixed response to the slogan. In fact, the encourage and discourage totals for Save the Tatas, when it comes to Q12 and Q15, are closer to each other than for any other title or slogan in the survey.

Before responding to Q12–Q15, 85.3% of participants reported being (Q2) familiar with Save the Tatas. Only Think Pink was rated as highly, and only Cancer Sucks joined them as being familiar for more than half of the participants. All other choices discussed in this report were rated 7.7%–31.9% in terms of familiarity. The fact that Save the Tatas was the most familiar slogan and the responses to Q12 and Q15 reveal an obvious split decision might lead to the hypothesis that people who had previously purchased or enjoyed merchandise with the slogan on it had a hard time viewing it as obviously negative rhetoric in all areas. (This was previously mentioned in the discussion of one survey tester's response.) Although it is important to remember that a majority clearly admits it can negatively affect how women and breast cancer are perceived.

The initial general response to (Q3) feelings experienced when reading/hearing the slogan were 45.6% positive and 32.6% negative. The only other slogans/titles to earn

such close initial positive and negative responses were Save Second Base (16.7% variance in favor of negative feelings) and Keep a Breast (5.6% variance in favor of positive feelings). The main difference between these three slogans is that when specific (Q9) emotional reactions were chosen, only Save the Tatas earned a top three that reveals a conflicting response. The top three choices for Save the Tatas are Hope (16%), Disgust (10.8%), and Happiness (10.4%). The next three were Sympathy/Empathy (10.4%), Frustration (8.8%), and Other (8.6%). Overall, 42% chose specific negative emotions and 49.2% chose specific positive emotions, while 8.6% chose an undetermined emotion (Other) and 3.8% chose lack of emotion (Apathy). So, while the specific emotion choices closes the gap between initial positive and negative feelings, the initial positive reaction is still greater than the negative.

Overall, the cumulative responses to Save the Tatas reveal that while the slogan may be more well perceived than some would expect, especially given the existing scholarship that takes the phrase to task, the slogan was determined by this same group of people to be extremely likely to encourage the sexualization/objectification of women and very likely to trivialize breast cancer.

Summation of K/S/L versus non-k/s/l Cumulative Responses

All keeping/saving/loving breast (k/s/l) slogans were found to encourage—definitely or somewhat—the sexualization/objectification of women (51.4%–78.2%) and the trivialization of breast cancer (37.7%–58.1%). Furthermore, all were found to discourage mastectomy/lumpectomy (38%–42.1%) and discourage financial contributions (17.7%–40%). However, when the overall responses are considered for each of these questions, it is obvious that the cumulative responses reveal participants are

more sure of the negative effects with the first two (sexualization/objectification of women and trivialization of breast cancer) compared to the latter two possible responses (mastectomy/lumpectomy decisions and financial contributions).

On the other hand, all non-k/s/l slogans included are also determined to encourage, to some degree, the sexualization/objectification of women (6%–25%) and the trivialization of breast cancer (15.4%–30.7%). The non-k/s/l was also determined by a few participants to discourage mastectomy/lumpectomy decisions (1.4%–5.1%) and discourage financial contributions (0.9%–8.6%). But, as is obvious from a comparison of the result range shared here, the reported negative impact of non-k/s/l rhetoric is minuscule in comparison to k/s/l rhetoric, with the possible exception of trivializing breast cancer, where results for the collective k/s/l group still reveal a more concerning issues with that kind of rhetoric.

The main difference between the two groups is that k/s/l slogans—in comparison—are perceived to be more likely to have a negative effect on the breast cancer patients, as well as, by extension, her treatment choices, the financial contributions that affect her material reality, and how others perceive the seriousness of her illness; furthermore, k/s/l slogans are viewed as far more likely to encourage bad perceptions of women in general, such as being seen as sexual objects instead of humans.

Patient Response

This dissertation project and the studies conducted for it were first spurred by my desire to ensure breast cancer patients are speaking for themselves, as well as to ensure that those who do speak for breast cancer patients are representing the patient material reality in a fair and truly representative way (see discussion of agency assumption in

Chapter 1). Therefore, I have chosen to spotlight the survey responses for all participants who indicated they are/were patients, either through declaring that they, themselves, had been diagnosed with breast cancer (Q18), had undergone mastectomy or lumpectomy (Q20), or had experienced chemotherapy or radiation treatments (Q21). While these categories do, relatively, contain a smaller number of participants, it is important to me that these voices are spotlighted and to consider how patient responses differ from cumulative totals, for which the majority of participants who drove the cumulative totals did not report as patients.

While it is obvious that Q18, Q20, and Q21 responses are much the same for specific participants as total participant numbers, the total responses for these questions differ (25, 21, and 17 respectively); therefore, they will be discussed in the results separately as different response groups.

Patient Response for Think Pink

The mastectomy/lumpectomy experience group (Q20) find that Think Pink is not likely to encourage or discourage sexualization/objectification of women—as each was chosen by 24% of the group. The response for the mastectomy/lumpectomy question was too small to be significant. And 40% feel the slogan can discourage sexualization/objectification, but 24% feel it can encourage. The most decisive results from this group for Think Pink is found with financial contribution: 48% feel the slogan can encourage financial contribution, and 12% feel it can discourage, which is a variance of over one-third of the participants.

The only majority seen with those who have been personally diagnosed (Q18) is found with the financial contribution question: 52.4% of respondents feel Think Pink

encourages—either somewhat or definitely—financial contribution, while only 9.6% feel it discourages such to some degree. The remainder of responses were small or did not have a significant enough variance between encourages and discourages.

The main difference between those who have undergone chemo or radiation (Q21) and those who were diagnosed (Q18) is that there is more of a decision for sexualization/objectification, as more participants chose encourages sexualization/objectification (29.4%) than discourages (11.8%).

The most decisive patient response on Think Pink lies with encouraging financial contributions. For the remainder of the main questions, either a third of participants were not able to make a decision or the variance between encourages and discourages was not large enough for a claim to be made.

Patient Response for Be the End of Cancer

A majority of those who reported a personal experience with mastectomy or lumpectomy (Q20) found Be the End of Cancer to encourage the decision to undergo mastectomy or lumpectomy (54.2%) and to encourage financial contributions (64%). A majority also declared that the slogan can discourage the trivialization of breast cancer (50%), while close to a majority (44%) feel it discourages the sexualization/objectification of women. The opposite totals for three of these main questions are minuscule (4%–4.2%), with the exception of Q13 trivialization—where 25% of participants determine Be the End of Cancer as encouraging trivialization to some degree.

A majority of those who reported having been diagnosed (Q18) found that Be the End of Cancer can discourage trivialization (50%) and encourage financial contribution

(61.9%). Meanwhile, 42.8% feel it can discourage sexualization/objectification, and 47.6% feel it can encourage a mastectomy/lumpectomy decision. The opposite totals here are also minuscule (4.8%), except for trivialization—for which 25% of participants feel that Be the End of Cancer encourages trivialization.

The chemotherapy/radiation experience group (Q21) provided results that are extremely similar to the diagnosed group. The only real difference, when variance is compared, is that Be the End of Cancer is given slightly more credit for being able to encourage trivialization (+6.3%).

The majority of the cancer patients in the study are certain Be the End of Cancer has a positive impact on decisions to undergo mastectomy or lumpectomy and financial contributions. And close to a majority feel it can discourage sexualization/objectification of women. However, about ¼ feel the slogan can encourage trivialization—a decision that may be based on the logical fact, as they understand it, that cancer is obviously not easily ended and is not immediately done so by purchasing products with a slogan on it.

Patient Response for Save Second Base

A majority of the patients who have undergone mastectomy and lumpectomy (Q20) feel Save Second Base encourages the sexualization/objectification of women (72%), while only 8% feel it can discourage such. More than one-third of participants feel the slogan encourages the trivialization of breast cancer (44%), while 24% feel it can discourage such. One-third perceive Save Second Base as discouraging mastectomy/lumpectomy decisions (33.3%), and 12.5% perceive it as encouraging such a decision. The numbers for encourage and discourage when it comes to financial contributions are too similar for any decision to be declared (E 20%; D 24%).

81% of those who have been diagnosed (Q18) feel Save Second Base encourages the sexualization/objectification of women, and 52.4% of those participants are certain that the slogan definitely encourages such. On the other hand, only 4.8% find the slogan can discourage such. Additionally, a majority feel the slogan encourages the trivialization of breast cancer (52.4%), while 19.1% feel it discourages such. One-third of this group finds that Save Second Base discourages mastectomy/lumpectomy decisions (33.3%), and 14.3% find it encourages such. And the results for encourages and discourages financial contribution are identical (23.8%).

Those who have undergone chemotherapy or radiation (Q21) determine that Save Second Base is likely to encourage the sexualization/objectification of women, with a total encourage percentage of 74.1% and a total definitely discourages percentage of 64.7%. Meanwhile, 0% feel it can discourage sexualization/objectification of women. A majority also feel the slogan encourages the trivialization of breast cancer (53%), while 17.7% feel it can discourage such. Over one-third of these participants feel that the slogan discourages mastectomy/lumpectomy decisions (35.2%), while 11.8% feel it encourages. And the numbers for financial contribution are similar and did not reach at least one-third of respondents.

Patients feel Save Second Base definitely encourages the sexualization/objectification of women. And they feel it most likely encourages the trivialization of breast cancer, as well as more than likely discourages decisions to undergo mastectomy or lumpectomy. And while it appears that no claim can be made from the patient participants not being able to assign the slogan an ability to encourage or

discourage financial contribution, this indecision speaks for itself—as any marketing specialist would not support a campaign that receives such a result from a focus group.

Patient Response for I Love Boobies

A large majority of those who have undergone mastectomy/lumpectomy (Q20) feel the slogan I Love Boobies encourages the sexualization/objectification of women (76%), while only 8% assign it the ability to discourage such to some degree. Over one-third of participants find the slogan can discourage financial contributions (36%) and discourage mastectomy/lumpectomy decisions (40%), while 12% of participants feel the slogan can encourage each of these actions. The response to trivialization is 36% for each possibly definitive answer (encourage and discourage).

81% of those who have been diagnosed (Q18) determine that I love Boobies encourages the sexualization/objectification of women to some degree, with 52.4% declaring it definitely does so and only 4.8% feel it can discourage such. One third (33.3%) find the slogan discourages financial contribution, while 14.3% find it encourages such. Over one-third feel it discourages mastectomy/lumpectomy decisions (38.1%), while 9% feel it encourages such. And the responses for trivialization of breast cancer are split, with less than a 5% variance.

The most decisive of all the patient decisions for I Love Boobies emanates from those who have experienced chemotherapy or radiation (Q21). 88.2% of this group determine I Love Boobies encourages the sexualization/objectification of women, with 58.8% deciding it definitely does so, while 0% find it can discourage such a reaction. Both discourages mastectomy/lumpectomy (35.3%) and encourages trivialization of

breast cancer (41.2%) are chosen by at least one-third of participants, while discourages financial contributions is chosen by 29.4% of participants.

From the results, it can be claimed that patients believe I Love Boobies definitely encourages the sexualization/objectification of women (76%–88.2%). It can also be claimed that patients are more likely to feel the slogan discourages financial contributions and decisions to undergo mastectomy or lumpectomy.

Patient Response for Keep a Breast

For those who have undergone mastectomy or lumpectomy, the only clear decision made was that Keep a Breast is 52% likely to encourage the sexualization/objectification of women, while being 12% likely to discourage. The results for Q12, Q13, and Q15 were either the same or almost so, with only 4% variance between encourage and discourage.

A majority of those who have been diagnosed (Q18) also find Keep a Breast is likely to encourage the sexualization/objectification of women (57.1%), while only 4.8% feel it can discourage. And the numbers for encourage and discourage on Q12 and Q15 had less than 5% variance. As for trivialization, no number reaches at least one-third alone and there is only a 10.5% variance between encourage and discourage.

A majority of those who have undergone chemotherapy or radiation (Q21) find that Keep a Breast encourages the sexualization/objectification of women (58.8%), while 0% feel it discourages. And 29.4% determine the slogan encourages the trivialization of breast cancer, while only 5.9% decided on discourages. Meanwhile, the variances for Q12 and Q15 are less than 6%.

The patient response to Keep a Breast can lead to a definitive claim that patients feel the slogan encourages the sexualization/objectification of women.

Patient Response for Save the Tatas

A majority of those who have undergone mastectomy/lumpectomy (Q20) decided that Save the Tatas encourages the sexualization/objectification of women (64%), while only 6% feel the slogan can discourage such. Close to half of these participants (48%) feel the slogan encourages the trivialization of breast cancer, while 32% find it can discourage such. And the numbers for mastectomy/lumpectomy and financial contribution have only a 6–8% variance, with none reaching at least one-third.

Because Save the Tatas is the slogan that initially instigated my survey creation, I am providing a totals table for this slogan that helps my reader to visualize the comparison between total response and the numbers for each patient category included in this section.

Table 4.I

Save the Tatas Patient Totals

Question	*Category*	*Results*			
		All	*Q20*	*Q18*	*Q21*
Q14	Sexualization/Objectification of Women	E 73.2%	64%	72.4%	76.4%
		D 4.6%	6%	4.8%	0%
Q13	Trivialization of Breast Cancer	E 58.1%	48%	57.2%	64.7%
		D 21.4%	32%	23.8%	17.7%
Q12	Decision of Mastectomy or Lumpectomy	E 29.6%	28%	23.8%	23.5%
		D 38%	32%	33.3%	35.2%
Q15	Financial Contributions	E 34.4%	24%	28.6%	35.3%
		D 30.2%	32%	11.4%	23.5%

The majority of those who report having been diagnosed (Q18) feel Save the Tatas encourages the sexualization/objectification of women (72.4%), while only 4.8% of this group find it can discourage such. A majority also determine the slogan encourages the trivialization of breast cancer (57.2%), while 23.8% find it discourages such. A third of these participants (33.3%) feel the slogan discourages decisions to undergo mastectomy or lumpectomy, but 23.8% feel it can encourage such a decision. This group also determine Save the Tatas is more like to encourage (28.6%) than discourage (11.4%) financial contributions, but the encourage total did not reach one-third of respondents.

For the participants who have experienced chemotherapy and/or radiation (Q21), Save the Tatas is determined to encourage the sexualization/objectification of women (76.4%), with 0% choosing discourages. A majority of these respondents also feel the slogan encourages the trivialization of breast cancer (64.7%), with only 17.7% feeling it can discourage the same. 35.2% find the slogan discourages mastectomy/lumpectomy decisions and encourages financial contribution decisions, but the variance for both of these categories is only 12% when compared to the opposite numbers.

These results indicate that patients definitely find fault with Save the Tatas for encouraging the sexualization/objectification of women. Patients are also more likely than not to feel that the slogan encourages the trivialization of breast cancer. However, no clear decision was reached for effecting decisions to undergo mastectomy or lumpectomy nor financial contributions.

Survey Conclusion

The conclusions presented here are derived from the responses of all participants—aka total responses (217), as well as those of Q18 Diagnosed individuals

(21), Q20 Mastectomy/Lumpectomy experience participants (25), and Q21 Chemotherapy/Radiation experience participants (17).

The fact that the majority of people (82.95% of participants) are likely to correlate breasts with the biological female sex might be one reason why organizations claiming to support breast cancer patients tend to only use images of women who appear to have breasts instead of women who appear to have undergone mastectomy. (Lumpectomy may not be as obvious—unless women with overtly asymmetrical breasts are depicted.) According to this finding, women who have undergone mastectomy might not be perceived by the public as biologically female, which may lead to a better understanding of two issues in the rhetorical environment of breast cancer patients: 1) the concern for organizations that images of women who have undergone mastectomy may lead some to believe that a disease affecting women is not being addressed, and, most importantly, 2) the concern for patients that mastectomy has forced upon them an undesired sex change—at least in the eyes of those who observe them. However, without public representations of mastectomy patients as female—as women, people are not forced to face the reality that breasts should not be so tied to the idea of the biological female sex.

Before responding to the main questions (Q12, Q13, Q14, and Q15), participants reported being most familiar with Save the Tatas (85.31%), Think Pink (84.43%), and Cancer Sucks (64.25%), while hardly being familiar with all other philanthropy rhetoric employed for the survey (7.73%–31.88%). Therefore, responses to all terms or slogans employed in this study can be seen as based on the rhetoric employed, with the exception of Save the Tatas and Think Pink, whose responses may have been mitigated by

familiarity—and appears to be so given that I Love Boobies and Save Second Base were seen as bigger offenders while conveying a similar message to Save the Tatas.

After responding to the main survey questions, 64.45% (136/211) of respondents reported that sex appeal should never be used by cancer philanthropy speakers (actors). And this number is not surprising when the k/s/l numbers for encourages sexualization/objectification are considered: 51.4%–78.2% all participants; 52%–88.2% patients.

All k/s/l rhetoric is perceived as encouraging sexualization/objectification by the survey participants, as well as most likely to encourage trivialization to some degree (37.7%–58.1%). And most k/s/l slogans were perceived as more likely than not to discourage mastectomy/lumpectomy decisions (38%–42.1%), with the strongest and clearest decision for Save Second Base and I Love Bobbies. However, despite the emotions of "Disgust," "Anger," and "Guilt" being strongly associated with k/s/l rhetoric (and not non-k/s/l rhetoric), and despite a majority determining that it not okay to employ sex appeals in cancer philanthropy, the k/s/l discourage numbers for financial contributions reveal a discrepancy in perception (7.7%–40.0%). In fact, the encourages financial contributions range is almost similar to the discourages (17.2%–34.4%). But, when compared to the responses for non-k/s/l slogans, it does become obvious that the respondents feel k/s/l slogans and titles are not as likely to garner financial contributions as other rhetoric; for instance, when compared to Be the End of Cancer's 73% response for encouraging financial contribution, it becomes obvious that none of the k/s/l numbers are significant enough overall to forego questions about their ability to accomplish what

should be the number one goal for any slogan: raising funds that are dedicated to improving the lives of breast cancer patients.

The following are the main findings for each slogan included in the main discussion of this chapter:

- Think Pink was found to encourage financial contributions and likely to encourage mastectomy/lumpectomy decisions.
- Save the Tatas was perceived as encouraging sexualization/objectification of women and quite likely to encourage the trivialization of breast cancer.
- Save Second Base and I Love Boobies were perceived as encouraging sexualization/objectification of women. Additionally, these slogans were perceived as most likely able to discourage mastectomy/lumpectomy decisions and financial contributions.
- While Keep a Breast results generally revealed mixed results for the possible effects of the slogan, a majority of respondents felt that it does encourage the sexualization/objectification of women.
- Be the End of Cancer was perceived as able to encourage financial contribution and mastectomy/lumpectomy decisions, while also being likely to discourage the trivialization of breast cancer. Additionally, this slogan was given some credence for discouraging the sexualization/objectification of women, but with a variance consideration.

An interesting consideration that derives from these results is that Save Second Base was treated as a different message with different possible effects than Save the Tatas and Keep a Breast when they all signify the same message: Save (or Keep) the

Breasts. Additionally, I Love Boobies was perceived as a much stronger offender than Save the Tatas when it comes to positive or negative affects, even though loving breasts can be seen as a reason for saving or keeping them.

These concluding thoughts bring me back to a possible familiarity correlation and the likelihood that more respondents have purchased or have somehow enjoyed Save the Tatas merchandise rather than Save Second Base, Keep a Breast, or I Love Boobies merchandise. While my general hypothesis about familiarity affecting initial negative or positive feelings was disproven by results, a new research question may arise based on the findings for the main questions (Q12, Q13, Q14, and Q15): Does ownership of or previous purchasing of merchandise for a certain slogan ameliorate how it is perceived by the public?

Final Claims and Future Considerations

It has been determined through this survey, as support of analysis conducted by scholars (AbiGhannam et al., 2018; Burgess and Murray, 2014; Dobrenova et al., 2019; Duerringer, 2013; Gallardo, 2018; Hampton, 2015; Johansen et al., 2013; King, 2010; Kuruo et al., 2017; Ryan, 2018; Sulik, 2010, 2014; Sweeney and McKibbin, 2016; Turnblom, 2014; and Young, 2014;), that keeping/saving/loving breast rhetoric definitively encourages the sexualization/objection of women, most likely encourages the trivialization of breast cancer, could discourage—to some degree—the decision to undergo mastectomy or lumpectomy, and comparatively negatively affects financial contribution to the cause. Most k/s/l rhetoric produces more negative than positive emotions upon reading/hearing it. And specific negative emotions chosen by the study participants are not the kind that should be associated with breast cancer patients in any

way: Disgust, Anger, Guilt. Even when negative response and affect are ameliorated by possible positive response and affect, the negative is concerning given the effect it can have on the breast cancer patient and her material reality, as well as on women in general. And the determined positive affect of non-k/s/l rhetoric (like Be the End of Cancer) proves that keeping/saving/loving breast rhetoric is not necessary to ensure breast cancer philanthropy occurs.

Organizations that wish to avoid making breast cancer patients feel sexualized or objectified, and that wish to help ensure others do not treat patients in such a way, will *not* employ keeping/saving/loving breast rhetoric in their breast cancer philanthropy slogans, titles, or messages. Furthermore, since all philanthropy ventures should want to ensure that they are able to garner the largest number of donations by being to sell the largest possible amount of their products, while not in any negatively way affecting the people are trying to help, any phrasing that can be taken or viewed negatively in any manner should be avoided. This holds especially true for any rhetoric that might discourage patients from seeking verifiable life-saving treatments, such as the removal of breast tissue.

Of course, the claim may be that k/s/l rhetoric is meant to encourage financial contribution from men and that as long as they find it permissible it should be employed. But it can also be argued that these are the same individuals who need to understand that women should not be sexualized/objectified and a disease that affects mainly women should not be trivialized.

Future considerations can look at various specific populations. Though not intended, the participants for this study were mainly Caucasian, Christian women. I

hypothesize that a substantial survey of Jewish women, as well as women of differing ethnicities, would result in a like overall response. However, I believe that Muslim individuals and Orthodox or Fundamentalist persons would respond more definitively to the negative affects of k/s/l rhetoric.

Another future consideration that results from this study is the investigation of the actual financial contribution that arises from k/s/l rhetoric and where those funds end up. While the "Think before You Pink" movement has led to some careful consideration of funding produced through the use of the pink trope and breast cancer philanthropy slogans, I am not aware of a study that focuses on the actual fund-raising that directly benefits breast cancer patients through the k/s/l slogans and titles included in this study: Save the Tatas, Save Second Base, Keep a Breast, and I Love Boobies.

Overall, my final suggestion resulting from this report is that a good, detailed case study of an effective and strongly contributing organization that employs NON-k/s/l rhetoric be published as a best practice study. All breast cancer philanthropy should employ rhetoric that is more beneficial and less controversial. If a good plan for creating and implementing actual breast cancer prevention and assistance can be put forth in an accessible way, maybe current k/s/l rhetoric can be changed and future slogans can convey respect for the patient and her needs by focusing on saving her life instead of perpetuating a historical focus on a sexualized body part—or at least not convey disrespect.

In my next and final chapter, I discuss an underlying issue that I claim led to the current state of breast cancer philanthropy rhetoric and its negative effects, as clarified by this study: leaving the breast cancer patient out means speaking from a disembodied

view. Additionally, I attempt to provide actionable guidelines for future rhetors who speak on behalf of breast cancer patients.

CHAPTER 5: CONCLUSION

"To decide to listen, to attend to the other's story, is already to take an ethical stand."

–Craig Irvine and Rita Charon

A Disembodied View or an Embodied Rhetoric Approach?

Through the studies I conducted for this dissertation, it has been made clear that companies, organizations, and institutions who engage in supposed breast cancer philanthropy do not often do so in a way that clearly conveys that actual philanthropy is occurring or with the sense of actual care for the breast cancer patient's life, at least more so than her sexualized body parts. Furthermore, as typified genres these messaging choices are teaching others to replicate this approach to breast cancer discourse, especially when a socializing element is already inherent, as is the case with university-related organizations.

It is not logical to assume that the companies, organizations, and institutions who have been serving as the larger actors in the community—the loudest voices—can be replaced with anyone or thing that can speak as loudly and reach as many possible private actors as they can. It is assuredly beneficial to breast cancer patients and actual aid organizations that other ventures with wider messaging reaches are willing to take on the cause of the breast cancer patient. Here, I am not arguing that anyone should stop trying to aid the breast cancer patient. I am merely arguing that the way we try to assist her should be seriously revised.

The Twitter study included in this dissertation revealed that university athletic department breast cancer discourse was more obviously focused on ethos-building for the institutions and teams, and rarely included straightforward deliberative rhetoric with a cogent presentation of suggested direct action that could be deemed viable for patient assistance. The content and rhetorical analysis results reveals that 0% of the hashtags employed mentioned a breast cancer charity organization by name, and only 5.2% of the archived tweets include links to/tags of breast cancer organizations in the body of the text, while 65.6% of hashtags were team- or school-related and 65.3% of entire tweets were identifiable as obvious gameday messaging. Furthermore, while employing the breast cancer patient as a means to generate ethos, the term *breast* was not even employed in the majority of tweets, which is the scientific term used to denote the site of the particular cancer being addressed. 61.2% of the archive tweets did not include the term *breast* anywhere in the messaging. Most of the university athletic department discourse signaled "care" for the patient through the use of the pink trope while skirting around the real issue that should be at the fore for any breast cancer philanthropy signification.

The survey of the general public on the use of keeping/saving/loving (k/s/l) breast rhetoric revealed that k/s/l slogans and titles were closely associated with sexualization/objectification of women and the trivialization of breast cancer; in addition, Save Second Base and I Love Boobies, in particular, were perceived as most likely able to discourage mastectomy/lumpectomy decisions and financial contributions. Here, it was found that, regardless of what has been sold and highlighted through merchandising in the past, the public—and especially patients—feel k/s/l rhetoric is detrimental to breast

cancer patients in particular and women in general. And these findings were shown to support previous scholarship that has made claims about the nature of k/s/l rhetoric, such as Young's (2014) assertation that "[t]he campaigns . . . perpetuate the idea that women are merely sex objects and the idea that the sadness of a death from breast cancer or even a mastectomy is solely due to the loss of the woman's 'boobies'" (p. 59). This study also leads to the realization that such phrasing was most likely created in the first place to avoid using the term *breast.* Instead, most of the k/s/l slogans use slang sexualized terms, with the exception of Keep a Breast. These slang alternatives also skirt around the real issue that should be addressed by any organization creating breast cancer philanthropy messaging.

This avoidance of the term *breast* in much of the current rhetoric emanating from the larger actors in breast cancer discourse can be considered part of the problem. If we feel we need to avoid using the term *breast* based on whatever notion, maybe to avoid impropriety, then that leads to the avoidance of the term altogether or using alternate terms for *breast*, such as slang phrasing like "tatas" and "second base," which should actually be considered more improper as these slang terms are connected to sexualized notions. The term *breast*, in itself, it is not a sexualized term, as it is also used in such phrases as "breastfeeding," which should never be considered sexual.

The two studies included in this dissertation help to substantiate other claims that have been made about the current breast cancer system and provide data for further, more specific consideration of the erroneous rhetorical moves made by larger actors on behalf of the breast cancer patient. My two study chapters combine to give a clearer impression of how breast cancer philanthropy rhetoric does not often keep the breast cancer patient

and her realized plight at the forefront of messaging. Through the Twitter study results, it becomes obvious that such institutions as university departments often employ breast cancer philanthropy as a way to build their own teams' and institutions' ethos. Through the slogan study results it becomes obvious that the rhetoric employed to "help" the patient is often perceived as harmful instead. Combined, the results of these two studies reveal supposed philanthropy that is actually treating the breast cancer patient as a ploy for commercial or institutional gain. And this type of action has been made possible by removing the agency of the breast cancer patient herself, which is most easily done when she is not consulted and people imagine that what would be okay for them would be okay for everyone. Basically, what the scholarship discussed and the study results reveal is that larger actors in the breast cancer discourse community are operating from a "disembodied view from nowhere."

Kuruo et al.'s (2017) study, which "investigate[d] previvors' perceptions regarding HBOC health-related information" (p. 95), highlights the fact that "trust was a prerequisite for feeling comfortable in using the information source for decision making" (pp. 99–100). And it should be rationally accepted that trust can only arise if the audience feels as though they have been listened to and are faithfully represented, instead of employed as pawns for financial and other forms of institutional gain, such as ethos. It is just logical to assume that when breast cancer patients and possible patients deem philanthropy rhetoric as sexualizing and objectifying women—as in the case of k/s/l breast rhetoric, then they will feel as if the speaker (entity) does not understand or value them, cannot be trusted, and has assumed a disembodied view from nowhere.

Abby Knoblach (2012) takes up this notion of erasure of the body when she discusses “what Susan Bordo has called ‘a dis-embodied view from nowhere’” (p. 58), a theory that springs from “assum[ing] that, because bodies do not matter, ‘any body can stand in for another’” (p. 58). Knoblauch, here, provides the label for the assumptions that allowed for creationsand rhetoric to center around white men and then a limited binary approach to male-female.

The first time I went through an airport security checkpoint after having undergone mastectomy, I was flagged as a security concern and was treated as if I were a serious threat—extra scans and on-the-spot interrogation. This happened because the makers and/or the users of the scanning technology had taken a “disembodied view” that did not include input—nor even consideration—of breast cancer patients. This led me to later discuss with Robert Cooksey—a lead designer for Intel at the time—the fact that women who have undergone mastectomy are being flagged by TSA after a body scan. During that conversation, Cooksey noted that technical design has historically sprung from the notion that designing for one type of body—the white male body—is sufficient for all types of bodies, most certainly women. Cooksey clarified that, in its purest form, such a historical approach to design did not take into account that, of course, the female body is different from the male body in a few discernable ways, nor did such an approach allow for necessary skin-color sensitivities of technologies. But the TSA scanning machine I went through did allow for a binary sex difference and did not know what to do with someone who obviously had almost all of the signifiers of a female being, who presented visually as a woman, but who was missing one of her breasts. That is because, even though the designers—and more importantly the users—had advanced to finally

allowing for male-female biological differences, they had not considered that any variance that might occur in the average presentation of male-female biological sex characteristics was *not* an indication of criminal activity, because they erased the possibility of differences as a "normal" presentation. This obviously precludes all trans persons and every woman who had undergone mastectomy.

Knoblauch (2012) maintains that such a dis-embodied view causes further problems for those who are being asked "to pass, to act as if our bodies, our experiences don't matter, to act as if we are white, heterosexual, able-bodied, privileged men" (p. 59). The further issues arise when minorities and the marginalized have to either try to assume the embodied knowledge of the privileged, which is beyond their ability, or accept a disembodied view from nowhere for themselves. Logically, instead of assuming that all persons can adjust their experiences and physical attributes to those of able-bodied white men, Knoblauch (2012) suggests that we all need to "recognize that we cannot speak for others, and that . . . . [w]e must constantly, unrelentingly, unflinchingly reflect on our own terministic screens and what these screens both obscure and draw into focus" (p. 61).

The larger actors in the breast cancer discourse community employ their own terministic screens—which are fueled by commercial and other priorities, such as attendance and profit—when speaking on behalf of the breast cancer patient and relaying her needs to their public audiences. And that has proven to be problematic. Consequently, I am arguing that when it comes to the breast cancer patient and her needs, these larger actors appear to be mainly working from a disembodied view from nowhere and that does need to change.

A counterargument to my findings and claims from, say, postfeminist men and those who have benefited financially or through improved reputation, may be that the system in place has been working. But even if that can be proven in a quantifiable manner that substantiates an actual material advantage for the breast cancer patients themselves, we must remember the cultural effects of these tactics. Turnblom (2014) reminds us, "Postfeminist culture allows [such] marketing tactic[s] to work because of what it expects from women: sexual subjectification and a focus on their breasts as central to femininity" (p. 52). Essentially, Turnblom (2014) is indicating that current breast cancer charity system encourages everyone to continue assuming "a disembodied view" of breast cancer patients: "In postfeminist culture's support of breast cancer activism, these men are not asked to do anything more than continue to engage in the historical objectification of women" (p. 70).

An additional issue with the current disembodied view from nowhere is made plain by King (2010) when she argues that breast cancer philanthropy has established a new requirement for citizenship: charitable actions meant to save "the white women." She argues that there are "forces of inequality and exploitation that structure awareness campaigns" (King, 2010, p. 289), and these negative forces have been fodder for a now established civic efficacy expectation: "Participation in giving . . . is viewed . . . as a vehicle for instilling civic and self-responsibility . . . [,] as ways to produce citizens who are personally responsible and benevolent toward those who are deserving of such generosity, like the breast cancer survivor, the epitome of innocent and virtuous white womanhood" (King, 2010, p. 288). Here, she is claiming that breast cancer charity has been presented or assumed as a responsibility of the American citizen in order to "protect

the white women." And while this is not a tactic that obviously arises from employing the white male body as a stand-in for the breast cancer patient when it comes to the rhetoric that conveys her reality, it is a tactic that can be claimed as arising from white male concerns about women with whom they are interested in sexually.

It appears to me that the breast cancer discourse community could benefit from replacing the disembodied approach with an embodied rhetoric approach, as "Embodied rhetoric[1] . . . connects the personal to the larger social realm, and makes more visible the sources of *all* of our knowledge" (Knoblauch, 2012, p. 62). As Knoblauch (2012) proposes, embodied rhetoric can help to uncover important differences because it "draws attention to embodied knowledge[2]—specific material conditions, lived experiences, positionalities, and/or standpoints—[that] can highlight difference instead of erasing it in favor of an assumed privileged discourse" (p. 62).

According to the scholarship and study results presented in this dissertation, the organizations, institutions, and corporations who engage with and share their supposed breast cancer charity messages are writing about a marginalized community whose voice is not actually being heard through the rhetoric shared on their behalf. This is most obvious when the patient responses to k/s/l rhetoric are considered. Consequently, as supporters of breast cancer patients, we need to go back to the drawing board and recreate the breast cancer discourse community, while connecting with and understanding the knowledge that arises from the embodied experiences of the patients who are being

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[1] "a purposeful decision to include embodied knowledge and social positionalities as forms of meaning making within a text itself" (Knoblauch, 2012, p. 52).

[2] "embodied knowledges are those that are created and understood through 'lived experiences, cultural performance, and bodily intelligence'" (Knoblauch, 2012, 51).

represented through the messaging and whose lives are supposed to be improved, not harmed, by the rhetoric created to represent them and their cause.

One obvious way that we can affect a needed alteration of the breast cancer discourse community, as well as the rhetoric that emanates from the larger actors who reach a wider public audience, is by ensuring that new entrants into the community take up an embodied rhetoric approach. One place where we can easily start ensuring an embodied rhetoric approach to breast cancer philanthropy signification is providing dedicated service-learning for the college students who are being encouraged to engage in the community. Jagla (2015), in her argument for a better focus on generative ethos in service-learning andragogy, takes up this notion of ensuring embodied rhetoric—gathering information directly from the affected bodies. Jagla argues that students should be allowed to and taught how to speak on behalf of marginalized communities but should do so by engaging with the people on whose behalf they act. According to her theory, such an approach allows students to "move among identities, voices, and time to generate new understandings of themselves, the communities with/about/to whom they write, and the work of social justice" (Jagla, 2015, pp. 76–77). If students are going to be taught a notion of citizenship that includes charitable works, and they will be one way or another, then they should be taught that civic efficacy, which includes speaking for others, should not be conducted from a disembodied view from nowhere; rather, it should be fueled by embodied rhetoric that emanates directly from the peoples on whose behalf actions are taken, especially the speech acts that reach the larger audiences.

Instead of scrapping the attempt at aiding people who are in need of social assistance and justice, because the way we *had been* doing it in some way further silences

or injures the people we intend to assist, we should improve our rhetoric and ensure it becomes deliberative. And the way to do that is to first listen to actual breast cancer patients and understand their needs, as well as better understand how to create community action rhetoric. Switching from straight character-building on behalf of the institution to generative ethos building for college students will allow the students a chance at "privileging witnessing over heroism, and the process of enfolding, which imagines how writers can simultaneously reinvent themselves and merge toward each other through discourse, while accounting for (instead of eliding) difference" (Jagla, 2015, p. 78).

Young (2014) takes a pessimistic view of change when she notes "It is unlikely that corporations and the media will ever alter the way they talk about breast cancer without widespread societal calls for change" (p. 61). However, it is past the time for the "widespread societal call for change." We have the evidence that the current model of breast cancer philanthropy rhetoric is not only sexualizing and objectifying to the women that the disease mainly affects but also trivializing the disease itself, and not resulting in deliberative rhetoric that leads to assured direct-action on behalf of the patient, as well as possibly encouraging women to forego life-saving treatments. We also have the evidence that such a tactic does not come with breast cancer patient input or informed consent. And we now have verifiable evidence that alternative slogans and tactics are more likely to be disseminated, engaged with, and trusted—as is found with the phrase Be the End of Cancer in the survey I conducted.

In chapter 4, I presented statistics that reveal survey respondents do *not* find keeping/saving/loving breast rhetoric particularly useful for breast cancer patients. All

k/s/l rhetoric was perceived as encouraging sexualization/objectification, as well as most likely to encourage trivialization. And some k/s/l slogans were perceived as more likely than not to discourage mastectomy/lumpectomy decisions. Furthermore, a clear majority of respondents felt sex appeal should never be used by cancer philanthropy actors. When compared to the responses for non-k/s/l slogans, it becomes obvious that participants feel k/s/l slogans and titles are not as likely to garner financial contributions as non-k/s/l rhetoric. Be the End of Cancer (a non-k/s/l slogan) was perceived as able to encourage financial contribution and mastectomy/lumpectomy decisions, while also being likely to discourage the trivialization of breast cancer. Additionally, this slogan was seen as not at all likely to encourage the sexualization/objectification of women and patients.

From the discussion of Be the End of Cancer alone, it is obvious that there are existing slogans and titles that are not creating negative effects for breast cancer patients and women in general. These slogans and titles do not contain sexual or flippant connotation and speak more clearly and directly to the goal at hand: stopping cancer. But even the phrase "Be the End of Cancer" does not mention breast cancer specifically, as the term *breast* is obviously not employed. In fact, the only title or slogan mentioned in this dissertation that overtly includes the phrase "breast cancer" and is not encased in a perceived sexualizing or objectifying presentation is National Breast Cancer Coalition. (Sadly, a typo in the originally released survey prevented me from sharing the results to this rhetoric, which did garner an overwhelming positive response.)

Based on my dissertation's findings, we can accept that a change to the way we speak for breast cancer patients, especially through philanthropic rhetoric, is in order.

Consequently, the following is my attempt to proffer a starting list of actionable guidelines for future philanthropy rhetoric.

Proposed Guidelines

From my studies and the scholarship included in this dissertation, we can start creating proposed guidelines that will, hopefully, lead to a more representative and less harmful strategy for composing breast cancer philanthropy rhetoric. In chapter 4, I argue that keeping/saving/loving breast rhetoric should not be employed in breast cancer philanthropy slogans, titles, or messages. In the Twitter study, after finding that most university athletic department tweets were mainly gameday messaging and ethos-building rhetoric, I maintained that all future breast cancer Twitter messaging should include actual links to the breast cancer philanthropy or treatment organization that will be financially assisted through the gameday event being announced. Furthermore, I assert that a switch to overt deliberative messaging that encourages useful community action is ideal. These suggestions are incorporated into the following guidelines, which are intended to be a quickly actionable list for future members of the breast cancer discourse community.

Table 5.A

Proposed Guidelines for Future Breast Cancer Philanthropy Approaches

Guideline	*Discussion*
INCLUDE THE BREAST CANCER PATIENTS.	Every corporation, organization, and institution who intends to engage in breast cancer philanthropy should also engage a panel of breast cancer patients who serve as focus group for their campaigns, prior to disseminating the campaign. The larger the entity, the more patients consulted. Basing campaign rhetoric off of non-patient notion or off of one patient's notion is not sufficient

	and is more likely than not what led to the disembodied rhetoric currently being employed by main actors. Obviously there will be times when patients cannot be gathered for this purpose. When that situation arises, representatives from a verifiable breast cancer charity organization—whose rhetoric cannot be deemed sexualizing, objectifying, or trivializing—may serve in their stead.
Avoid any possible sexualization/objectification of women.	Breast cancer philanthropy rhetoric should not be such that sexualization or objectification of women can be ascertained, at all.
Avoid trivializing breast cancer.	Breast cancer philanthropy rhetoric should not be such that the disease itself is made to appear as fun or playful—or any other adjective some have used to excuse a hyperfocus on breasts as sexual objects. Of great interest to anyone wishing to improve the way philanthropy speaks for breast cancer patients, and who also wishes for their messages to be successful and widely read, Miller et al. (2019) maintain that participants in their study were more likely to engage with information-rich pins: "Posts including information on treatment, especially related to chemotherapy, radiation, and self-care during treatment, will likely yield higher engagement relative to posts that do not contain this content. Posts with a visual type of either mixed (i.e., both text and image) or infographic and those containing elements of emotional social support were also associated with higher repin frequency" (p. 56S).
Avoid additional words that have negative connotations.	"Cancer" is enough of a negative connotation. Phrasing and slogans should avoid the use of additional terms from which a realized negative connotation can be gleaned. Too much negative in the phrasing itself will cause many to avoid engaging with it.
Avoid infantilizing women.	Breast cancer philanthropy rhetoric should not be such that it depicts adult women as persons who will just feel better if you give them teddy bears—or other such things that are associated with children. It is possible that that the notion breast cancer patients should be spoken for, without their input, has been derived from this tendency to treat them as incapable humans in need of fully dependent care.
Avoid, at all costs, discouraging possible life-saving treatments.	Breast cancer philanthropy rhetoric should not be in any way perceivable as placing additional pressure on women to value their breasts as sexual objects for others above the need to save their own lives.
Avoid merely employing the breast cancer patient as an ethos-building tool.	While organizations and brands can benefit from enacting philanthropy and sharing charitable rhetoric—and most probably will, actions and rhetoric should clearly prioritize assisting patients through verifiable direct-action and not treat them as merely a means for building ethos.
Avoid financially benefiting from your breast cancer philanthropy.	Philanthropy efforts should not include your own direct financial gain that would not have been otherwise obtained, with the possible exception of a tax advantage. In other words, it may be okay to recover costs incurred while conducting a specific charitable campaign, but it is not okay to profit financially from it.

Avoid teaching others that aiding the breast cancer patient can be done through wearing a color.	Any larger actor is serving as a model for future philanthropic behavior and should ensure that they are not merely painting usual rhetoric (like game-day announcements) pink but are also modeling the observable deliberative rhetoric and direct-action that leads to verifiable concrete assistance for patients.
Consider the pink trope more carefully.	While many scholars have taken up the issues with employing the color pink, it is quite likely inextricable from the cause at this juncture. This claim is evidenced by the content and rhetorical analysis of university athletic tweets—where only 11.9% of the tweets in the archive contained no pink color, ribbon, or term—mainly tweets posted prior to the now established genre expectations of added visuals. This is also evidenced by Miller et al.'s (2019) claim that "Seemingly superficial communication tactics such as using the color pink in visuals may prove useful to elicit message engagement" (p. 57S). However, we can move from the use of baby pink, which is most often associated with infant girls, and to other shades that are not so closely entwined with the notion of something so helpless that it must be cared for in a way that includes making all decisions for it. Also, hot pink is more closely associated with the notion of sexy. Therefore, while pink may be a good choice because the color has been tied to the breast cancer cause, shades of medium and dark pinks would be better choices.

Case Study

Let's consider a non k/s/l slogan that has been employed by university softball teams: **Strikeout Breast Cancer**.

The *Oxford English Dictionary* gives the following definitions for *strike-out*: "An out in baseball, called when a batter has made three strikes." And it gives the following applicable definitions for *strike*: "to take a direction or course of movement"; "To cancel or expunge with or as with the stroke of a pen." In most special uses associated with a certain activity or occupation, the word is associated with removing, stopping, lowering, smoothing, releasing, discharging, emptying, putting out of use, seizing, fighting, attacking, wounding, killing, descending upon, or taking aim at the destruction of. In a

few special uses, the word is associated with causing through force, stamping, or igniting (which, of course, to most indicates setting on fire).

I first engaged with Strikeout Breast Cancer through university athletic department Twitter, and I do realize that some may insinuate that such a slogan is only appropriate for things associated with softball or baseball. However, there are two important rebuttals to consider: (1) even if an American adult is not engaging in softball or baseball they are likely to recognize and understand the term, as intended, based on cultural experience; and (2) *strike* is a term found in many registers, including writing, music, fishing, masonry, and hunting. These are the specialties that contributed to the various definitions published in the *Oxford English Dictionary*. Consequently, the term *strikeout* should be understood by much of an adult English-speaking audience as some form of stopping or ending. And when paired with the term *breast cancer,* it should be plain that the objective is to stop or end that particular disease.

The slogan Strikeout Breast Cancer can easily be employed in a way that meets the previously provided guidelines:

- *INCLUDE THE BREAST CANCER PATIENTS.* Obviously, this guideline can be met with any proposed campaign, as a panel of actual breast cancer patients can be consulted before employing a campaign slogan and other rhetoric.
- *Avoid any possible sexualization/objectification of women.* Strikeout Breast Cancer should not bring to mind notions of sex or the idea of women as sexual objects. It might, however, be associated with women as athletes.
- *Avoid trivializing breast cancer.* Strikeout Breast Cancer does not trivialize breast cancer. The phrase is more likely to cause the audience to see breast cancer as an

opponent that must be shut down; rather than something that is insignificant and not worth time and energy.

- *Avoid additional words that have negative connotations.* We should all remember that when a slogan or campaign carries negative connotation many people will not engage with it. As previously mentioned, the word *cancer* carries enough negative connotation by itself. Therefore, any words or phrases that employ or allude to cancer should come with a more positive connotation. While a term that can indicate "removing, stopping, lowering, smoothing, releasing, discharging, emptying, putting out of use, seizing, fighting, attacking, wounding, killing, to descend upon, or taking aim at the destruction of" could possibly have a negative connotation, it is more likely to carry a positive connotation for those who have engaged in any of the activities for which the term is part of a register.
- *Avoid infantilizing women.* As long as the slogan is not paired with child-like things, such as teddy bears, the words themselves should not cause the audience to imagine women as helpless infants who need decisions made for them. Instead, the slogan may more likely lead to the imagery of women as being in competition with an opponent (or foe).
- *Avoid, at all costs, discouraging possible life-saving treatments.* This type of slogan does not place any importance on saving sexualized parts. Although previous socialization that included k/s/l rhetoric and the sexualization/objectification of women may still have an influence on patient decisions and how patients are perceived, a switch to strong and clear phrasing that emphasizes ending breast cancer, such as Strikeout Breast Cancer, could aid

in allowing women to more readily agree to life-saving breast tissue removal without the fear of losing a sexualized part of their bodies. This should be a top priority for any breast cancer philanthropy campaign: ensuring that the rhetoric employed does not encourage nor even aid in the solidification of some notion that women must at all costs save their sexualized body parts from extinction, even if that means a death sentence.

- *Avoid merely employing the breast cancer patient as an ethos-building tool.* The phrase can be easily and clearly paired with existing or new philanthropy ventures in messaging. The important part here is to ensure that deliberative fundraising, information sharing, and/or volunteering opportunities are clearly conveyed alongside the use of the slogan.
- *Avoid financially benefiting from your breast cancer philanthropy.* Of course, employing a slogan in itself will not lead to profiting financially from your breast cancer philanthropy; therefore, it is just necessary to ensure the slogan is not paired with ulterior economic motives.
- *Avoid teaching others that aiding the breast cancer patient can be done through wearing a color.* Strikeout Breast Cancer can be easily employed in a more direct socialization of students through well-structured service-learning opportunities. It is a clear message to which the vast majority of patients and students should not take exception. A suggestion for university athletic departments is to partner with professors who are interested in service-leaning andragogy, such as rhetoric or sociology professors. A special consortium of the professor's registered students and the teams involved in the philanthropy objective can work to ensure breast

cancer patients are consulted and the resulting philanthropy discourse follows best practice guidelines that include ensuring actual assistance to breast cancer patients is affected in some tangible form.

- *Consider the pink trope more carefully.* It is my assertation that the slogan should be paired with the color pink, but not baby (or super light) pink. While many have taken umbrage with pink itself, the color is most likely inseparable from the notion of fighting breast cancer at this juncture. Additionally, pink paired with such a slogan as Strikeout Breast Cancer is more likely to conjure images of women participating in activities that can be engaged with when healthy, such as softball or fishing or hunting; therefore, it may encourage the notion that breast cancer must be struck down in order for women to be able to engage with these activities.

Example

The following is an example tweet that combines the aforementioned suggestions; it can obviously be encased in pink with a spotlight on the game day/time and organization being assisted:

> The Blue Raiders want to Strikeout Breast Cancer! Come help us fight this formidable foe on October 13 at 7:00 pm in Floyd Stadium, where we will be taking on Vanderbilt while doing our part with the help of Tennessee Breast Cancer Coalition: https://www.tbcc.org/ We encourage you to wear pink to the match and donate to or volunteer for TBCC. #TennesseeBreastCancerCoalition #StrikeoutBreastCancer #BleedBlueWearPink #TrueBlue

Further Considerations

This dissertation has barely scratched the surface when it comes to providing quantifiable evidence that the current system employed by the breast cancer discourse

community is indeed faulty. There are obviously so many other studies that can be conducted to unveil issues with current approaches to breast cancer philanthropy so that helpful revision to approaches can occur.

For instance, additional studies could obviously focus on how cis men and trans men diagnosed with breast cancer are affected by the publicly employed rhetoric that sexualizes and objectifies the female breast cancer patient. This is a suggestion offered by Robert Cooksey, who was formerly mentioned in this chapter, as he has spoken to men who remarked that they felt embarrassed to have breast cancer after being exposed to such a hypersexualized focus on the disease.

Undoubtedly, my survey of philanthropy titles and slogans could be repeated with a focus on expanding the participant demographics. As mentioned in the survey chapter, my respondents ended up being mainly White Christian women. And it would be ideal to obtain a larger response from men, as well as adherents to other religions and those who identify as different races. Furthermore, the Twitter study could be repeated with a focus on schools that are particularly famous for such things as sporting or research success. One possible research question here could be, "Are the athletic departments at universities with larger medical research programs more likely to include deliberative rhetoric—actionable information— in their breast cancer messaging?"

Certainly, how the image of the breast cancer patient herself is presented to the public can be more thoroughly investigated:

- Is she the pink and positive patient? Patient narratives employed by the larger actors in the breast cancer discourse community should be systematically analyzed through content and rhetorical analysis. A study can be conducted

that focuses on commercial ventures, but there should also be a study of how breast cancer organizations themselves present patient narrative.

- Is she infantilized? A study can be conducted on how the breast cancer patient is presented as a subject in need of fully dependent care. This could involve an analysis of commercial products sold in the name of helping the breast cancer patient. But it could also be an investigation of literature given to possible caretakers, as well as the training of nurse navigators and medical staff.
- Is she presented as a woman struggling with a disease that may kill her; as someone who has other concerns than just her looks and making other people happy and comfortable? In addition to a consideration of the breast cancer patient image employed by commercial ventures, this could be a content and visual rhetoric analysis of the image of breast cancer patients in commercials, magazines, or even medical literature.
- Do they reveal what she struggles with and how we can help her to have a better life? Or do they make it seem as if she is generally doing okay but the public can feel better about themselves by throwing some money at her cause or just donning the color pink? All public forms of breast cancer philanthropy rhetoric should be carefully investigated to analyze for the presentation of a fictionalized reality. This rhetoric directly affects the breast cancer patient, how others view her and her plight, and how she views herself and her ability or inability to overcome the illness. Therefore, it is essential that everyone gets the correct notion of what the disease entails and how it actually affects the patient.

Such investigations are necessary because the public image of the breast cancer patient affects a measuring stick by which the actual patients compare themselves. This is, of course, the instigation for such current studies and projects as Ryan's (2018) "The Alabama Project," which arose because Ryan felt the need to reflect the reality of breast cancer patient experience during and after treatments. Essentially, carefully studying the rhetoric in which charities, businesses, and institutions (the larger actors in the breast cancer discourse community) publicly encase the breast cancer patient should aid our understanding of how her material reality is reconstructed into a fiction, as these are some of the most public representations of breast cancer patients—the representations to which most people are exposed.

REFERENCES

AbiGhannam, N., Chilek, L. A., & Koh, H. E. (2018). Three pink decades: Breast cancer coverage in magazine advertisements. *Health Communication*, 33(4), 462–468.

Andrassy, E. J., & Bruening, J. E. (2011). From rhetoric to reality: NCAA Division I athletic department mission statements and student-athlete community service efforts. *Journal of Issues in Intercollegiate Athletics*, 4, 271–288.

Aristotle. (2007). *On Rhetoric: A Theory of Civic Discourse* (2nd ed., Trans. George Kennedy). Oxford UP.

Austin, J. L. (1975). *How to Do Things with Words* (Vol. 88). Oxford University Press.

Bakhtin, M. (1929). From *Marxism and the Philosophy of Language*. In Patricia Bizzell and Bruce Herzberg (Eds.), *The Rhetorical Tradition: Readings from Classical Times to the Present* (2nd ed.). Macmillan. <Note: This work has also been attributed to V.N. Voloshinov.>

Baldwinson, R. (2018). Ethics for rhetoric, the rhetoric of ethics, and rhetorical ethics in health and medicine. *Rhetoric of Health & Medicine*, 1(3), 213–238.

Bazerman, C. (2012). Genre as social action. *The Routledge Handbook of Discourse Analysis*, 226–238.

BCAction. (n.d.) "What is Pinkwashing?" Retrieved on January 18, 2023, from https://www.bcaction.org/pink-ribbon-marketing-culture/what-is-pinkwashing/

Berger, J. (1972). *Ways of Seeing*. British Broadcasting Corporation and Penguin Books.

Bergman, M. M. (2008). The straw men of the qualitative-quantitative divide and their influence on mixed methods research. *Advances in Mixed Methods Research*, 11–21.

Bloom-Pojar, R. (2017). Translingual rhetorical engagement in transcultural health spaces. In Lisa Melonçon and J. Blake Scott (Eds.), *Methodologies for the Rhetoric of Health & Medicine* (pp. 214–234). Routledge.

Boyd, J., & Stahley, M. (2008). Communitas/corporatas tensions in organizational rhetoric: Finding a balance in sports public relations. *Journal of Public Relations Research*, 20(3), 251–270. DOI: 10.1080/10627260801962707

Broe, C. E. (2013). I don't want to save second base. *SURGE*, 72. Retrieved February 15, 2020: https://cupola.gettysburg.edu/surge/72 Accessed 1 Feb 2020.

Bruce, C. F., & Finnegan, C. A. (2021). Visual rhetoric in flux: A conversation. *Rhetoric and Public Affairs*, 24(1-2), 89–108.

Burgess, M., & Murray, A. (2014). Sexualization of awareness: catchy, but does it actually increase knowledge of breast cancer?. *College Student Journal*, 48(2), 234–242.

Cacciamani, G. E., Stern, M. C., Medina, L. G., Gill, K., Sotelo, R., & Gill, I. S. (2019). Cancer awareness crusades—pink ribbons and growing moustaches. *The Lancet Oncology*, 20(11), 1491–1492.

Chalip, L. (2006). Towards social leverage of sport events. *Journal of Sport & Tourism*, 11(2), 109–127. DOI: 10.1080/14775080601155126

Charmaz, K. (2002). Stories and silences: Disclosures and self in chronic illness. *Qualitative Inquiry*, 8(3), 302–328.

Chung, J. E. (2017). Retweeting in health promotion: Analysis of tweets about Breast Cancer Awareness Month. *Computers in Human Behavior*, 74, 112–119. DOI: 10.1016/j.chb.2017.04.025

Coakley, J. (1993). Sport and socialization. *Exercise and Sport Sciences Reviews*, 21(1), 169–200. DOI: 10.1249/00003677-199301000-00006

Condit, C. M. (2001). Rhetorical formations of genetics in science and society. *Rhetoric Review*, 20(1/2), 12–17.

Corder, J. W. (1978). Varieties of ethical argument, with some account of the significance of "Ethos" in the teaching of composition. *Freshman English News*, 6(3), 1–23.

Derkatch, C., & Spoel, P. (2020). Health humanities as an interdisciplinary intervention: constitutive rhetoric, genre and health citizenship. In Lisa Melonçon, S. Scott Graham, Jenell Johnson, John A. Lynch, and Cynthia Ryan (Eds.), *Rhetoric of Health and Medicine As/Is*: *Theories and Approaches for the Field*, 13–32. Ohio State Press.

Dictionary, O. E. (n.d.) Genre. In *Oxford English Dictionary*.

Dictionary, O. E. (n.d.) Strike. In *Oxford English Dictionary*.

Dictionary, O. E. (n.d.) Strikeout. In *Oxford English Dictionary*.

Dobrenova, F. V., Grabner-Kräuter, S., Diehl, S., & Terlutter, R. (2019). The use of advertising appeals in breast cancer detection messages: A web content analysis. *Women & Health*, 59(8), 867–882.

Duerringer, C. M. (2013). Winking and giggling at creeping death: Thanatophobia and the rhetoric of save the ta-tas. *Journal of Communication Inquiry*, 37(4), 344–363.

Ehrenreich, B. (2009). *Bright-sided: How the Relentless Promotion of Positive Thinking Has Undermined America*. Metropolitan Books.

Emmons, K. (2010). *Black Dogs and Blue Words: Depression and Gender in the Age of Self-care*. Rutgers University Press.

Foucault, M. (1990). The will to knowledge. *The History of Sexuality* (Robert Hurley, Trans.). Vintage.

Foucault, M. (2001). The discourse on language. *In The Archaeology of Knowledge.* In Patricia Bizzell and Bruce Herzberg (Eds.), *The Rhetorical Tradition: Readings from Classical Times to the Present* (2nd ed.) Bedford/St. Martin's.

Frank, A.W. (2013). *The Wounded Storyteller: Body, Illness, and Ethics*. University of Chicago Press.

Gallardo, P. (2018). "Fighting" breast cancer rhetoric: The role of the war metaphor in breast cancer patient narrative. *Pathways: Stanford Journal of Public Health* (SJPH), 7.

Garro, L. C. (2000). Cultural knowledge as resource in illness narratives: Remembering through accounts of illness. In Cheryl Mattingly and Linda C. Garro (Eds.), *Narrative and the Cultural Construction of Illness and Healing*, 1, 70–87. Univ of California Press.

Gatison, A. D. M. (2016). *Health Communication and Breast Cancer among Black Women: Culture, Identity, Spirituality, and Strength*. Lexington Books.

Graham, S. S. (2020). *Where's the Rhetoric? Imagining a Unified Field*. The Ohio State University Press.

Gries, L. E. (2013). Iconographic tracking: A digital research method for visual rhetoric and circulation studies. *Computers and Composition*, 30(4), 332–348.

Hampton, C. (2015). #nomakeupselfies: the face of hashtag slacktivism. *Networking Knowledge: Journal of the MeCCSA Postgraduate Network*, 8(6).

Happe, K. E. (2017). Health communication methodology and race. In Lisa Melonçon and J. Blake Scott (Eds.), *Methodologies for the Rhetoric of Health & Medicine* (pp. 79–95). Routledge.

Hartley, G. (15 Oct 2015). The problem with 'Save the Tatas.' *Her Campus College of Charleston*. Retrieved February 15, 2020: https://www.hercampus.com/school/c-of-c/problem-save-tatas

Hollenbeck, C. R., & Patrick, V. M. (2016). Mastering survivorship: How brands facilitate the transformation to heroic survivor. *Journal of Business Research*, 69(1), 73–82.

Irvine, C. and Charon, R. (2017). Deliver us from certainty: training for narrative ethics. In Rita Charon, Sayantani DasGupta, Nellie Hermann, Craig Irvine, Eric R. Marcus, Edgar Rivera Colón, Danielle Spencer, and Maura Spiegel (Eds.), *The Principles and Practice of Narrative Medicine.* Oxford University Press, p. 121.

Jagla, I. (2015). Conceptualizing generative ethos in service learning. *Rhetoric Review*, 34(1), 74–91. DOI: 10.1080/07350198.2015.976306

Johansen, V. F., Andrews, T. M., Haukanes, H., & Lilleaas, U. B. (2013). Symbols and meanings in breast cancer awareness campaigns. *NORA-Nordic Journal of Feminist and Gender Research*, 21(2), 140–155.

Johnson, J., & Xenos, M. A. (2019). Building better bridges: Toward a transdisciplinary science communication. *Technical Communication Quarterly*, 28(2), 112–123.

Johnson, N. R. (2017). Infrastructural methodology: A case in protein as public health. In Lisa Melonçon and J. Blake Scott (eds.), *Methodologies for the Rhetoric of Health & Medicine* (pp. 61–78). Routledge.

Jones, N. N. (2016). The technical communicator as advocate: Integrating a social justice approach in technical communication. *Journal of Technical Writing and Communication*, 46(3), 342–361.

Keränen, L. (2010). Rhetoric of medicine. *Encyclopedia of Science and Technology Communication*, 2, 639–42. Sage Publications.

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

King, S. (2004). Pink Ribbons Inc: Breast cancer activism and the politics of philanthropy. *International Journal of Qualitative Studies in Education*, 17(4), 473–492. DOI: 10.1080/09518390410001709553

King, S. (2006). *Pink Ribbons, Inc: Breast Cancer and the Politics of Philanthropy*. University of Minnesota Press.

King, S. (2010). Pink diplomacy: On the uses and abuses of breast cancer awareness. *Health Communication*, 25(3), 286–289. DOI: 10.1080/10410231003698960

King, S. (2010). Pink Ribbons Inc.: The emergence of cause-related marketing and the corporatization of the breast cancer movement. *Governing the Female Body: Gender, Health, and Networks of Power*, 85–111. Suny Press.

Knoblauch, A. A. (2012). Bodies of knowledge: Definitions, delineations, and implications of embodied writing in the academy. *Composition Studies*, 40(2), 50–65.

Koruo, R., Dean, M., Scherr, C. L., Clements, M., & Ross, A. A. (2017). Previvors' perceptions of hereditary breast and ovarian cancer healthrelated information. *American Journal of Undergraduate Research*, 14(2), 95–104.

Kuehl, R., Drury, S. A. M., & Anderson, J. (2020). Rhetoric as rhetorical health citizenship: Rhetorical agency, public deliberation, and health citizenship as rhetorical forms. In Lisa Melonçon, S. Scott Graham, Jenell Johnson, John A. Lynch, and Cynthia Ryan (Eds.), *Rhetoric of Health and Medicine As/Is: Theories and Approaches for the Field,* 161–181. The Ohio State Press.

Lorde, A. (1980). *The Cancer Journals*. Spinsters, Inc.

Maher, J. H. (2020). Challenging racial disparities in and through public health. In Lisa Melonçon, S. Scott Graham, Jenell Johnson, John A. Lynch, and Cynthia Ryan (Eds.), *Rhetoric of Health and Medicine As/Is*, 182–206. The Ohio State Press.

Malkowski, J., & Melonçon, L. (2019). The rhetoric of public health for RHM scholarship and beyond. *Rhetoric of Health & Medicine*, 2(2), iii–xiii.

Melonçon, L. (2017). Bringing the body back through performative phenomenology. In Lisa Melonçon and J. Blake Scott (Eds.), *Methodologies for the Rhetoric of Health & Medicine* (pp. 96–114). Routledge.

Melonçon, L., Graham S.S., Johnson, J., and Lynch, J. (2020). Introduction. In Lisa Melonçon, S. Scott Graham, Jenell Johnson, John A. Lynch, and Cynthia Ryan

(Eds.), *Rhetoric of Health and Medicine As/Is: Theories and Approaches for the Field*. The Ohio State Press.

Miller, C. A., Guidry, J. P., & Fuemmeler, B. F. (2019). Breast cancer voices on Pinterest: Raising awareness or just an inspirational image? *Health Education & Behavior*, 46(2_suppl), 49S-58S.

Molloy, C., Beemer, C., Bennett, J., Green, A., Johnson, J., Kessler, M., Novotny, M., & Siegel-Finer, B. (2018). A dialogue on possibilities for embodied methodologies in the rhetoric of health & medicine. *Rhetoric of Health & Medicine,* 1(3), 349–371. DOI:10.5744/rhm.2018.1017

Monture, M. (November 22, 2018). 10 Native Activism Organizations to Show Your Support This Thanksgiving. *Teen Vogue*. Retrieved on November 15, 2022: https://www.teenvogue.com/story/10-native-activism-organizations-to-support-this-thanksgiving

Panigyrakis, G., Panopoulos, A., & Koronaki, E. (2020). All we have is words: applying rhetoric to examine how social media marketing activities strengthen the connection between the brand and the self. *International Journal of Advertising*, 39(5), 699–718. DOI: 10.1080/02650487.2019.1663029

Perelman, Chaim, and Lucie Olbrechts-Tyteca. (1925). In Patricia Bizzell and Bruce Herzberg (Eds.), *The Rhetorical Tradition: Readings from Classical Times to the Present* (2nd ed.). Macmillan. p. 1378.

Richards, I. A. (1965). *The Philosophy of Rhetoric*. Oxford UP.

Royster, J. J. (1996). When the first voice you hear is not your own. *College Composition and Communication*, 47(1), 29–40.

Ryan, C. A. (1997). Reclaiming the body: The subversive possibilities of breast cancer humor. *International Journal of Humor Research*, 10(2), 187–205. DOI: 10.1515/humr.1997.10.2.187

Ryan, C. (2018). The Alabama Project: Representing the complexity of cancer survivorship in words and images. *Rhetoric of Health & Medicine*, 1(3), 372–395.

Ryerson, E. (1848). The importance of education to a manufacturing and free people. *Journal of Education for Upper Canada*, 1(10), 290–296.

Scanlon, M.K. (2005). The power of pink. *Taking Their Cut: Constructing the Female Patient Through American Health Policy*, 1990-1993. Diss. Bowling Green State University.

Scott, B., Segal, J. Z., & Keränen, L. (2013). The rhetorics of health and medicine: Inventional possibilities for scholarship and engaged practice. *Poroi*, 9(1).

Scott, J. B. (2020). Response to representations and online heath: An analytic of and beyond representation for the rhetoric of health and medicine In Lisa Melonçon, S. Scott Graham, Jenell Johnson, John A. Lynch, and Cynthia Ryan (Eds.), *Rhetoric of Health and Medicine As/Is: Theories and Approaches for the Field*, 143–158. The Ohio State Press.

Scott, J. B. and Melonçon, L. (2017). Manifesting methodologies for the rhetoric of health & medicine. In Lisa Meloncon and J. Blake Scott (eds.), *Methodologies for the Rhetoric of Health & Medicine*. Routledge.

Segal, J. (2005). *Health and the Rhetoric of Medicine*. SIU Press.

Segal, J. (2020). Foreward. In Lisa Meloncon, S. Scott Graham, Jenell Johnson, John A. Lynch, and Cynthia Ryan (Eds.), *Rhetoric of Health and Medicine As/Is: Theories and Approaches for the Field*, vii–xiii. The Ohio State Press.

Shane-Simpson, C., Manago, A., Gaggi, N., & Gillespie-Lynch, K. (2018). Why do college students prefer Facebook, Twitter, or Instagram? Site affordances, tensions between privacy and self-expression, and implications for social capital. *Computers in Human Behavior*, 86, 276–288.

Smith, S. A., & Watkins, B. A. (2018). Score! How collegiate athletic departments are training student-athletes about effective social media use. *Journal of Public Relations Education*, 4(1), 49–79.

Sulik, G. A. (2010). *Pink Ribbon Blues: How Breast Cancer Culture Undermines Women's Health*. Oxford University Press.

Sulik, G. (2014). # Rethinkpink: Moving beyond breast cancer awareness SWS distinguished feminist lecture. *Gender & Society*, 28(5), 655–678.

Swales, J. M. (2017). The concept of discourse community: Some recent personal history. *Composition Forum*, 37 (1). URL: https://compositionforum.com/issue/37/swales-retrospective.php

Sweeney, E., & Killoran-McKibbin, S. (2016). Selling pink: Feminizing the non-profit industrial complex from ribbons to lemonaid. *Women's Studies*, 45(5), 457–474.

Teston, C., Gonzales, L., Bivens, K. M., & Whitney, K. (2019). Surveying precarious publics. *Rhetoric of Health & Medicine*, 2(3), 321–351.

Trachtenberg, L. J., Esplen, M. J., & Piran, N. (2019). The embodied identities of young women diagnosed and treated for breast cancer. *Women's Reproductive Health*, 6(3), 182–203.

Turnblom, R. (2014). Saving the boobs or the women? The sexualization of breast cancer awareness campaigning. *When Breast Cancer is All About the Boobs: Postfeminist Culture's Influence on Breast Cancer Awareness Campaigning* (Doctoral dissertation, The University of Wisconsin-Milwaukee).

Warner, S., Dixon, M. A., & Chalip, L. (2012). The impact of formal versus informal sport: Mapping the differences in sense of community. *Journal of Community Psychology*, 40(8), 983–1003. DOI: 10.1002/jcop.21506

Watkins, B., & Lee, J. W. (2016). Communicating brand identity on social media: A case study of the use of Instagram and Twitter for collegiate athletic branding. *International Journal of Sport Communication*, 9(4), 476–498.

Winderman, E. and Landau, J. (2020). From HeLa Cells to Henrietta Lacks: Rehumanization and pathos as interventions for the rhetoric of health and medicine. In Lisa Melonçon, S. Scott Graham, Jenell Johnson, John A. Lynch, and Cynthia Ryan (Eds.), *Rhetoric of Health and Medicine As/Is: Theories and Approaches for the Field*, 52–73. The Ohio State Press.

Young, S. (2014). Cashing in on the pink ribbon. *Intertext*, 22(1), 22. URL: https://surface.syr.edu/intertext/vol22/iss1/22

APPENDIX A: TENNESEE INSTITUTTIONS TABLE

All schools on the following lists were taken from NCES.ed.gov (National Center for Education Services) on November 5, 2021. The original list provided by NCES was then revised to contain only 4-year public and private institutions that possesses a searchable athletic department that had a searchable Twitter handle.

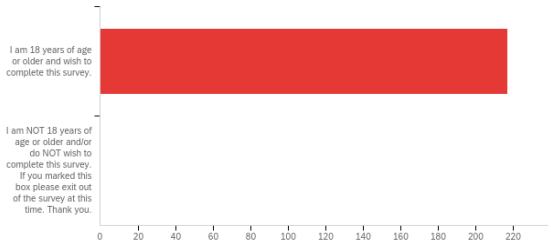
Institution	*Twitter Handles*
Austin Peay State University	@austinpeay, @letsgopeay
Belmont University	@BelmontUniv, @GoBelmontBruins
Bethel University	@BethelUniv, @BUWildcats
Bryan College	@BryanCollege, @BryanAthletics
Carson-Newman University	@carson_newman_u, @CN_Eagles
Christian Brothers University	@FromCBU, @CBUBucs
Cumberland University	@CumberlandU, @GoCUPhoenix
East Tennessee State University	@etsu, @ETSUAthletics
Fisk University	@Fisk1866, @fiskathletics
Freed-Hardeman University	@freedhardeman, @gofhulions
Johnson University	@JohnsonUniv, @JohnsonRoyals
King University	@KingUnivBristol, @KingAthletics
Lane College	@thelanecollege, @LaneAthletics
LeMoyne-Owen College	@LOC_Magicians, @locathletics
Lee University	@LeeU, @LeeUFlames
Lincoln Memorial University	@LMUTweets, @LMURailsplitter
Lipscomb University	@lipscomb, @LipscombBisons
Martin Methodist College (This college is transitioning—joining the UT system, changing their name and mascot)	@MartinUMC
Maryville College	@MaryvilleC, @MCScots

Institution	*Twitter Handles*
Middle Tennessee State University	@mtsu, @mtathletics
Milligan University	@Milligan_Univ, @MilliganBuffs
Rhodes College	@RhodesCollege, @RhodesAthletics
Tennessee State University	@TSUedu, @TSU_Tigers
Tennessee Technological University	@tennesseetech, @TTuGoldenEagles
Tennessee Wesleyan University	@TNWesleyan, @twubulldogs
The University of the South	@Univofthesouth, @SewaneeTigers
The University of Tennessee at Chattanooga	@UTChattanooga, @GoMocs
The University of Tennessee at Knoxville	@UTKnoxville, @Vol_Sports
The University of Tennessee at Martin	@utmartin, @UTMSports
Trevecca Nazarene University	@trevecca, @tnusports
Tusculum University	@Tusculum_Univ, @TusculumSports
Union University	@unionuniversity, @UUAthletics
University of Memphis	@uofmemphis, @TigersAthletics
Vanderbilt University	@vanderbiltU, @vucommodores

APPENDIX B: SURVEY RESULTS

6 June 2021 217 Responses
Breast Cancer Philanthropy Titles/Slogans Survey
June 6th 2021, 12:25 pm CDT

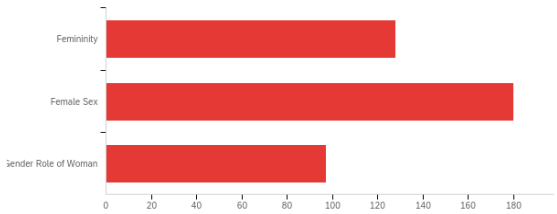
IC - This survey is being conducted by MTSU PhD Candidate Madonna Fajardo Kemp in order to garner data on how breast cancer philanthropy titles/slogans are generally received by American adults. The project has received IRB approval (#20-2164) from Middle Tennessee State University. Please note that: This survey may result in emotional upset, given the nature of the topic; therefore, all respondents must be 18 years of age or older and agree to proceed with personal acceptance of any emotional risk. Your responses are strictly confidential, and your name will not be associated with data in any reports or publications that result from this particular survey. Data from this survey will be reported only in aggregate--by demographics such as gender, sex, income, religious affiliation, and personal experience with breast cancer. You will never receive any marketing or sales material or telephone calls as a result of completing this survey. The study associated with this survey is not being funded, and no compensation is being offered to participants. The possible benefit to participants in this survey is that they may aid breast cancer patients by improving understanding of how breast cancer patient rhetorical environment operates and might be improved. The survey should take about 15 minutes to complete. Once you submit your survey you give permission for the contents of your submitted survey to be included in any report or publication that results from this survey process; therefore, if at any point while taking the survey you wish to withdraw your consent please do not submit your answers. Please answer all the questions as honestly and as thoroughly as possible. If you are uncomfortable with answering any particular questions you may skip those and still submit the answers you were comfortable providing. Thank you for taking the time to participate in this study; your assistance here is greatly appreciated. Note: If you wish to participate in an interview about this survey or in an upcoming breast cancer narrative study please do email Madonna Kemp at mfk2p@mtmail.mtsu.edu and provide your specific interest and your personal contact information. IRB ID 20-2164 Expiration: 04/30/2023 Approval: 04/21/2020



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	This survey is being conducted by MTSU PhD Candidate Madonna Fajardo Kemp in order to garner data on how breast cancer philanthropy titles/slogans are generally received by American adults. The project has received IRB approval (#20-2164) from Middle Tennessee State University. Please note that: This survey may result in emotional upset, given the nature of the topic; therefore, all respondents must be 18 years of age or older and agree to proceed with personal acceptance of any emotional risk. Your responses are strictly confidential, and your name will not be associated with data in any reports or publications that result from this particular survey. Data from this survey will be reported only in aggregate--by demographics such as gender, sex, income, religious affiliation, and personal experience with breast cancer. You will never receive any marketing or sales material or telephone calls as a result of completing this survey. The study associated with this survey is not being funded, and no compensation is being offered to participants. The possible benefit to participants in this survey is that they may aid breast cancer patients by improving understanding of how breast cancer patient rhetorical environment operates and might be improved. The survey should take about 15 minutes to complete. Once you submit your survey you give permission for the contents of your submitted survey to be included in any report or publication that results from this survey process; therefore, if at any point while taking the survey you wish to withdraw your consent please do not submit your answers. Please answer all the questions as honestly and as thoroughly as possible. If you are uncomfortable with answering any particular questions you may skip those and still submit the answers you were comfortable providing. Thank you for taking the time to participate in this study; your assistance here is greatly appreciated. Note: If you wish to participate in an interview about this survey or in an upcoming breast cancer narrative study please do email Madonna Kemp at mfk2p@mtmail.mtsu.edu and provide your specific interest and your personal contact information. IRB ID 20-2164 Expiration: 04/30/2023 Approval: 04/21/2020	4.00	4.00	4.00	0.00	0.00	217

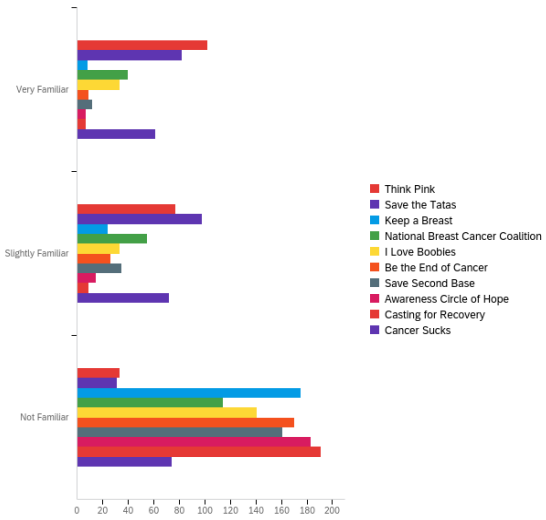
#	Answer	%	Count
4	I am 18 years of age or older and wish to complete this survey.	100.00%	217
5	I am NOT 18 years of age or older and/or do NOT wish to complete this survey. If you marked this box please exit out of the survey at this time. Thank you.	0.00%	0
	Total	100%	217

Q1 - Please click all of the following that you correlate breasts with:



#	Answer	%	Count
1	Femininity	31.60%	128
2	Female Sex	44.44%	180
3	Gender Role of Woman	23.95%	97
	Total	100%	405

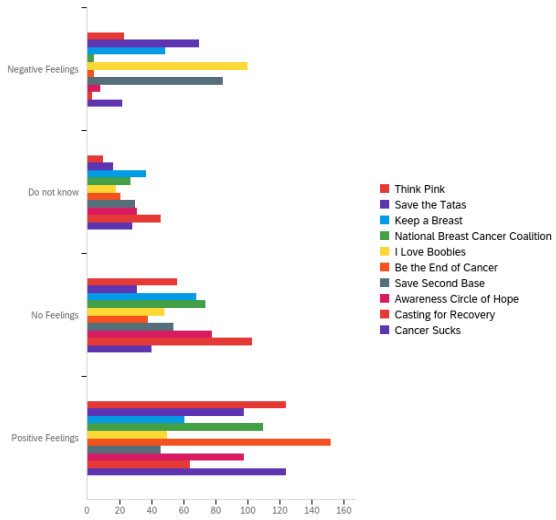
Q2 - To what degree are you familiar with the following philanthropic campaigns?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Think Pink	1.00	3.00	1.67	0.73	0.53	212
2	Save the Tatas	1.00	3.00	1.76	0.69	0.48	211
3	Keep a Breast	1.00	3.00	2.81	0.48	0.23	207
4	National Breast Cancer Coalition	1.00	3.00	2.35	0.78	0.61	209
5	I Love Boobies	1.00	3.00	2.52	0.75	0.57	207
6	Be the End of Cancer	1.00	3.00	2.79	0.51	0.26	205
7	Save Second Base	1.00	3.00	2.72	0.56	0.32	208
8	Awareness Circle of Hope	1.00	3.00	2.86	0.44	0.19	205
9	Casting for Recovery	1.00	3.00	2.89	0.41	0.17	207
10	Cancer Sucks	1.00	3.00	2.06	0.81	0.65	207

#	Question	Very Familiar		Slightly Familiar		Not Familiar		Total
1	Think Pink	48.11%	102	36.32%	77	15.57%	33	212
2	Save the Tatas	38.86%	82	46.45%	98	14.69%	31	211
3	Keep a Breast	3.86%	8	11.59%	24	84.54%	175	207
4	National Breast Cancer Coalition	19.14%	40	26.32%	55	54.55%	114	209
5	I Love Boobies	15.94%	33	15.94%	33	68.12%	141	207
6	Be the End of Cancer	4.39%	9	12.68%	26	82.93%	170	205
7	Save Second Base	5.77%	12	16.83%	35	77.40%	161	208
8	Awareness Circle of Hope	3.41%	7	7.32%	15	89.27%	183	205
9	Casting for Recovery	3.38%	7	4.35%	9	92.27%	191	207
10	Cancer Sucks	29.47%	61	34.78%	72	35.75%	74	207

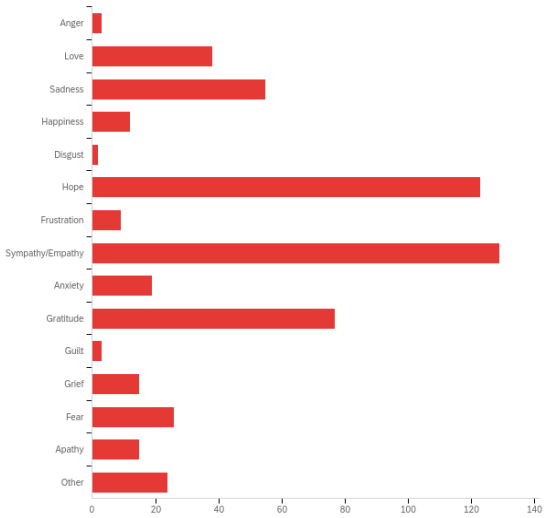
Q3 - Please indicate your general reaction to the wording of the following titles/slogans:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Think Pink	1.00	7.00	5.06	2.34	5.49	215
2	Save the Tatas	1.00	7.00	4.10	2.73	7.43	216
3	Keep a Breast	1.00	7.00	3.51	2.31	5.34	216
4	National Breast Cancer Coalition	1.00	7.00	4.88	2.20	4.82	216
5	I Love Boobies	1.00	7.00	2.92	2.37	5.63	216
6	Be the End of Cancer	1.00	7.00	5.69	2.06	4.22	216
7	Save Second Base	1.00	7.00	2.93	2.26	5.12	216
8	Awareness Circle of Hope	1.00	7.00	4.60	2.23	4.99	216
9	Casting for Recovery	1.00	7.00	3.94	2.03	4.12	216
10	Cancer Sucks	1.00	7.00	4.97	2.42	5.84	216

#	Question	Negative Feelings		Do not know		No Feelings		Positive Feelings		Total
1	Think Pink	10.80%	23	4.69%	10	26.29%	56	58.22%	124	213
2	Save the Tatas	32.56%	70	7.44%	16	14.42%	31	45.58%	98	215
3	Keep a Breast	22.79%	49	17.21%	37	31.63%	68	28.37%	61	215
4	National Breast Cancer Coalition	1.86%	4	12.56%	27	34.42%	74	51.16%	110	215
5	I Love Boobies	46.30%	100	8.33%	18	22.22%	48	23.15%	50	216
6	Be the End of Cancer	1.86%	4	9.77%	21	17.67%	38	70.70%	152	215
7	Save Second Base	39.53%	85	13.95%	30	25.12%	54	21.40%	46	215
8	Awareness Circle of Hope	3.72%	8	14.42%	31	36.28%	78	45.58%	98	215
9	Casting for Recovery	1.39%	3	21.30%	46	47.69%	103	29.63%	64	216
10	Cancer Sucks	10.28%	22	13.08%	28	18.69%	40	57.94%	124	214

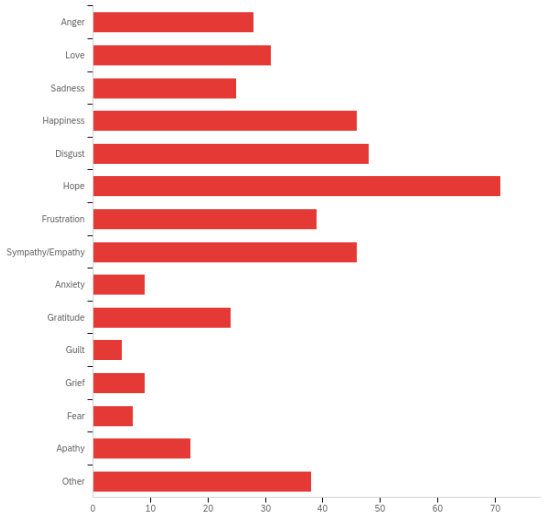
Q4 - Please indicate your initial specific emotional response to hearing or seeing the words "National Breast Cancer Coalition." Select all that apply.



#	Answer	%	Count
1	Anger	0.55%	3
2	Love	6.91%	38

3	Sadness	10.00%	55
4	Happiness	2.18%	12
5	Disgust	0.36%	2
6	Hope	22.36%	123
7	Frustration	1.64%	9
8	Sympathy/Empathy	23.45%	129
9	Anxiety	3.45%	19
10	Gratitude	14.00%	77
11	Guilt	0.55%	3
12	Grief	2.73%	15
13	Fear	4.73%	26
14	Apathy	2.73%	15
15	Other	4.36%	24
	Total	100%	550

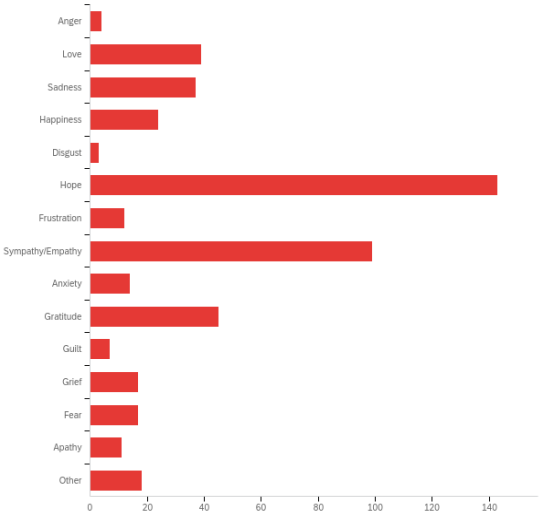
Q5 - Please indicate your initial specific emotional response to hearing or seeing the words "Save the Ta-tas." Select all that apply.



#	Answer	%	Count
1	Anger	6.32%	28

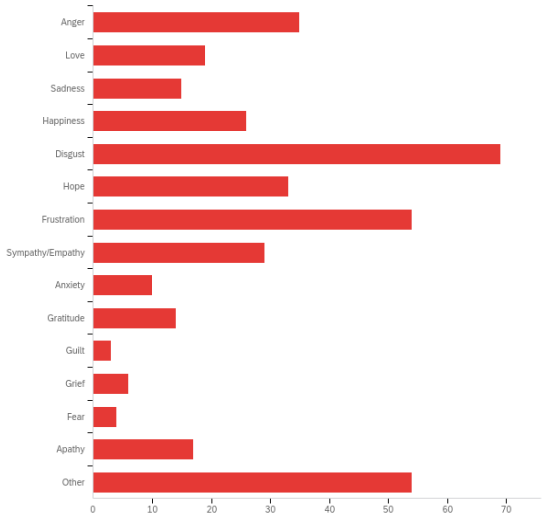
2	Love	7.00%	31
3	Sadness	5.64%	25
4	Happiness	10.38%	46
5	Disgust	10.84%	48
6	Hope	16.03%	71
7	Frustration	8.80%	39
8	Sympathy/Empathy	10.38%	46
9	Anxiety	2.03%	9
10	Gratitude	5.42%	24
11	Guilt	1.13%	5
12	Grief	2.03%	9
13	Fear	1.58%	7
14	Apathy	3.84%	17
15	Other	8.58%	38
	Total	100%	443

Q6 - Please indicate your initial specific emotional response to hearing or seeing the words "Be the End of Cancer." Select all that apply.



#	Answer	%	Count
1	Anger	0.82%	4
2	Love	7.96%	39
3	Sadness	7.55%	37
4	Happiness	4.90%	24
5	Disgust	0.61%	3
6	Hope	29.18%	143
7	Frustration	2.45%	12
8	Sympathy/Empathy	20.20%	99
9	Anxiety	2.86%	14
10	Gratitude	9.18%	45
11	Guilt	1.43%	7
12	Grief	3.47%	17
13	Fear	3.47%	17
14	Apathy	2.24%	11
15	Other	3.67%	18
	Total	100%	490

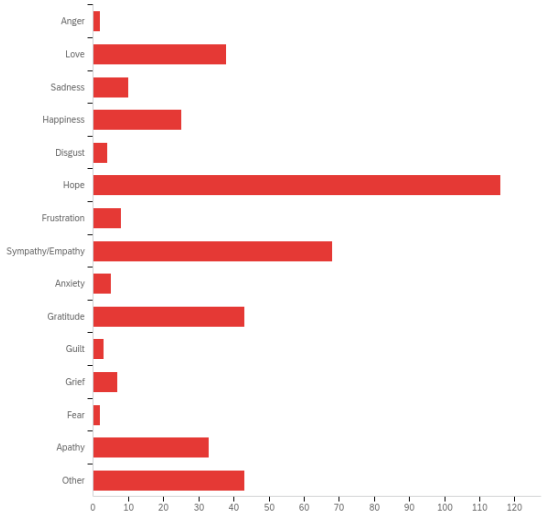
Q7 - Please indicate your initial specific emotional response to hearing or seeing the words "Save Second Base." Select all that apply.



#	Answer	%	Count
1	Anger	9.02%	35
2	Love	4.90%	19
3	Sadness	3.87%	15
4	Happiness	6.70%	26
5	Disgust	17.78%	69
6	Hope	8.51%	33
7	Frustration	13.92%	54
8	Sympathy/Empathy	7.47%	29
9	Anxiety	2.58%	10
10	Gratitude	3.61%	14
11	Guilt	0.77%	3
12	Grief	1.55%	6
13	Fear	1.03%	4
14	Apathy	4.38%	17
15	Other	13.92%	54

	Total	100%	388

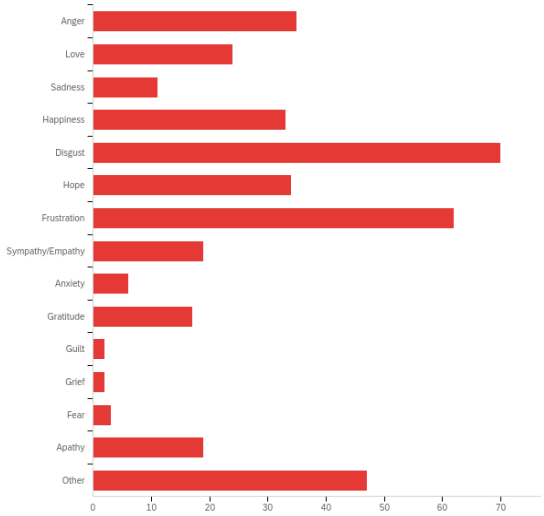
Q8 - Please indicate your initial specific emotional response to hearing or seeing the words "Awareness Circle of Hope." Select all that apply.



#	Answer	%	Count
1	Anger	0.49%	2
2	Love	9.34%	38
3	Sadness	2.46%	10
4	Happiness	6.14%	25
5	Disgust	0.98%	4
6	Hope	28.50%	116
7	Frustration	1.97%	8
8	Sympathy/Empathy	16.71%	68
9	Anxiety	1.23%	5
10	Gratitude	10.57%	43
11	Guilt	0.74%	3
12	Grief	1.72%	7
13	Fear	0.49%	2

14	Apathy	8.11%	33
15	Other	10.57%	43
	Total	100%	407

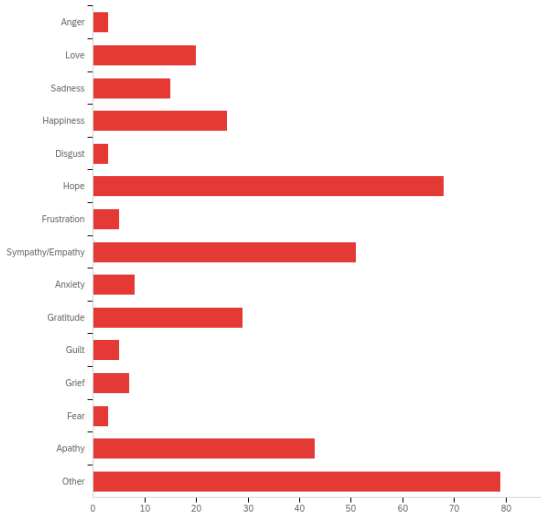
Q9 - Please indicate your initial specific emotional response to hearing or seeing the words "I Love Boobies." Select all that apply.



#	Answer	%	Count
1	Anger	9.11%	35
2	Love	6.25%	24
3	Sadness	2.86%	11
4	Happiness	8.59%	33
5	Disgust	18.23%	70
6	Hope	8.85%	34
7	Frustration	16.15%	62
8	Sympathy/Empathy	4.95%	19
9	Anxiety	1.56%	6
10	Gratitude	4.43%	17
11	Guilt	0.52%	2

12	Grief	0.52%	2
13	Fear	0.78%	3
14	Apathy	4.95%	19
15	Other	12.24%	47
	Total	100%	384

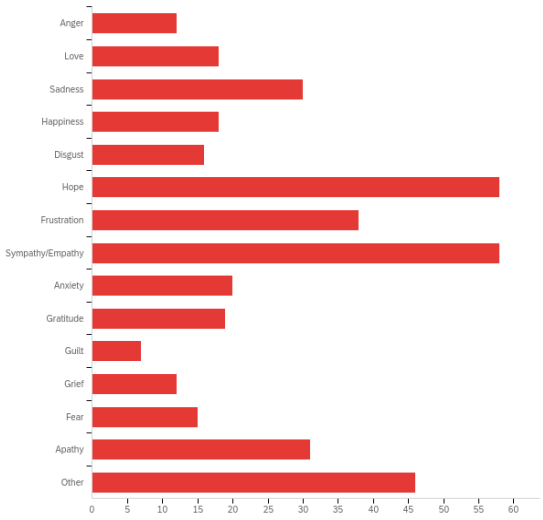
Q10 - Please indicate your initial specific emotional response to hearing or seeing the words "Casting for Recovery." Select all that apply.



#	Answer	%	Count
1	Anger	0.82%	3
2	Love	5.48%	20
3	Sadness	4.11%	15
4	Happiness	7.12%	26
5	Disgust	0.82%	3
6	Hope	18.63%	68
7	Frustration	1.37%	5
8	Sympathy/Empathy	13.97%	51
9	Anxiety	2.19%	8
10	Gratitude	7.95%	29

11	Guilt	1.37%	5
12	Grief	1.92%	7
13	Fear	0.82%	3
14	Apathy	11.78%	43
15	Other	21.64%	79
	Total	100%	365

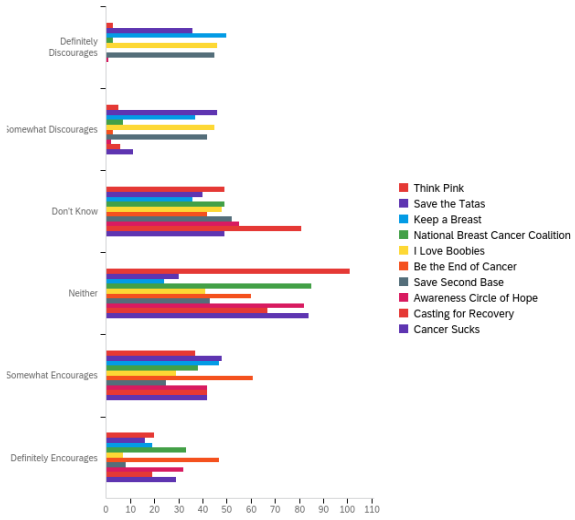
Q11 - Please indicate your initial specific emotional response to hearing or seeing the words "Keep a Breast." Select all that apply.



#	Answer	%	Count
1	Anger	3.02%	12
2	Love	4.52%	18
3	Sadness	7.54%	30
4	Happiness	4.52%	18
5	Disgust	4.02%	16
6	Hope	14.57%	58
7	Frustration	9.55%	38
8	Sympathy/Empathy	14.57%	58

9	Anxiety	5.03%	20
10	Gratitude	4.77%	19
11	Guilt	1.76%	7
12	Grief	3.02%	12
13	Fear	3.77%	15
14	Apathy	7.79%	31
15	Other	11.56%	46
	Total	100%	398

Q12 - Do you think the following titles/slogans encourage or discourage a patient's decision to undergo lumpectomy or mastectomy?

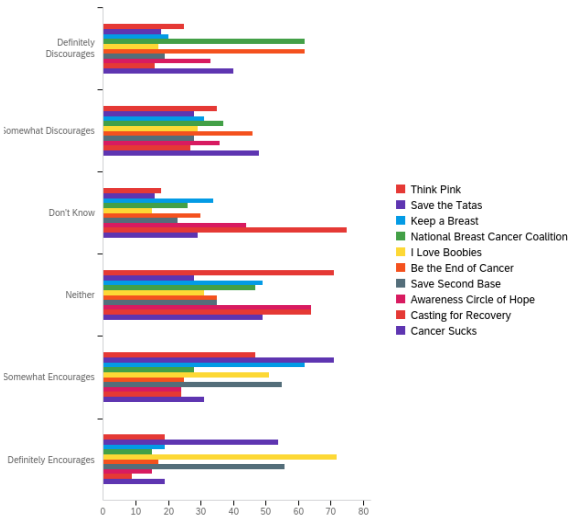


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Think Pink	1.00	9.00	6.47	1.84	3.40	215
2	Save the Tatas	1.00	9.00	4.75	2.91	8.45	216
3	Keep a Breast	1.00	9.00	4.62	3.03	9.20	213
4	National Breast Cancer Coalition	1.00	9.00	6.55	1.99	3.96	215
5	I Love Boobies	1.00	9.00	4.21	2.72	7.37	216
6	Be the End of Cancer	2.00	9.00	7.07	1.81	3.29	213
7	Save Second Base	1.00	9.00	4.23	2.68	7.20	215

8	Awareness Circle of Hope	1.00	9.00	6.65	1.84	3.39	214
9	Casting for Recovery	2.00	9.00	6.10	1.96	3.83	215
10	Cancer Sucks	2.00	9.00	6.53	1.96	3.84	215

#	Question	Definitely Discourages		Somewhat Discourages		Don't Know		Neither		Somewhat Encourages		Definitely Encourages		Total
1	Think Pink	1.40%	3	2.33%	5	22.79%	49	46.98%	101	17.21%	37	9.30%	20	215
2	Save the Tatas	16.67%	36	21.30%	46	18.52%	40	13.89%	30	22.22%	48	7.41%	16	216
3	Keep a Breast	23.47%	50	17.37%	37	16.90%	36	11.27%	24	22.07%	47	8.92%	19	213
4	National Breast Cancer Coalition	1.40%	3	3.26%	7	22.79%	49	39.53%	85	17.67%	38	15.35%	33	215
5	I Love Boobies	21.30%	46	20.83%	45	22.22%	48	18.98%	41	13.43%	29	3.24%	7	216
6	Be the End of Cancer	0.00%	0	1.41%	3	19.72%	42	28.17%	60	28.64%	61	22.07%	47	213
7	Save Second Base	20.93%	45	19.53%	42	24.19%	52	20.00%	43	11.63%	25	3.72%	8	215
8	Awareness Circle of Hope	0.47%	1	0.93%	2	25.70%	55	38.32%	82	19.63%	42	14.95%	32	214
9	Casting for Recovery	0.00%	0	2.79%	6	37.67%	81	31.16%	67	19.53%	42	8.84%	19	215
10	Cancer Sucks	0.00%	0	5.12%	11	22.79%	49	39.07%	84	19.53%	42	13.49%	29	215

Q13 - Do you think the following titles/slogans encourage or discourage taking breast cancer lightly--trivializing it?

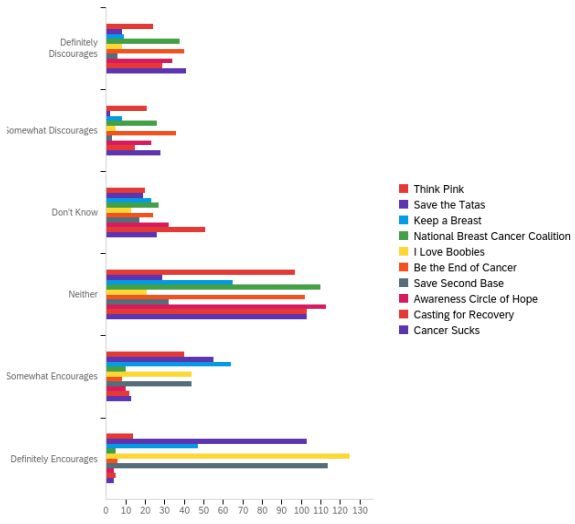


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Think Pink	1.00	7.00	3.73	1.65	2.72	215
2	Save the Tatas	1.00	7.00	4.50	1.92	3.69	215
3	Keep a Breast	1.00	7.00	3.83	1.62	2.63	215
4	National Breast Cancer Coalition	1.00	7.00	3.01	1.78	3.18	215
5	I Love Boobies	1.00	7.00	4.67	2.03	4.13	215
6	Be the End of Cancer	1.00	7.00	2.92	1.80	3.25	215
7	Save Second Base	1.00	7.00	4.40	1.96	3.84	216
8	Awareness Circle of Hope	1.00	7.00	3.32	1.59	2.52	216
9	Casting for Recovery	1.00	7.00	3.41	1.29	1.67	215
10	Cancer Sucks	1.00	7.00	3.27	1.76	3.10	216

#	Question	Definitely Discourages		Somewhat Discourages		Don't Know		Neither		Somewhat Encourages		Definitely Encourages		Total
1	Think Pink	11.63%	25	16.28%	35	8.37%	18	33.02%	71	21.86%	47	8.84%	19	215

2	Save the Tatas	8.37%	18	13.02%	28	7.44%	16	13.02%	28	33.02%	71	25.12%	54	215
3	Keep a Breast	9.30%	20	14.42%	31	15.81%	34	22.79%	49	28.84%	62	8.84%	19	215
4	National Breast Cancer Coalition	28.84%	62	17.21%	37	12.09%	26	21.86%	47	13.02%	28	6.98%	15	215
5	I Love Boobies	7.91%	17	13.49%	29	6.98%	15	14.42%	31	23.72%	51	33.49%	72	215
6	Be the End of Cancer	28.84%	62	21.40%	46	13.95%	30	16.28%	35	11.63%	25	7.91%	17	215
7	Save Second Base	8.80%	19	12.96%	28	10.65%	23	16.20%	35	25.46%	55	25.93%	56	216
8	Awareness Circle of Hope	15.28%	33	16.67%	36	20.37%	44	29.63%	64	11.11%	24	6.94%	15	216
9	Casting for Recovery	7.44%	16	12.56%	27	34.88%	75	29.77%	64	11.16%	24	4.19%	9	215
10	Cancer Sucks	18.52%	40	22.22%	48	13.43%	29	22.69%	49	14.35%	31	8.80%	19	216

Q14 - Do you think the following titles/slogans encourage or discourage the sexualization or objectification of the female body?

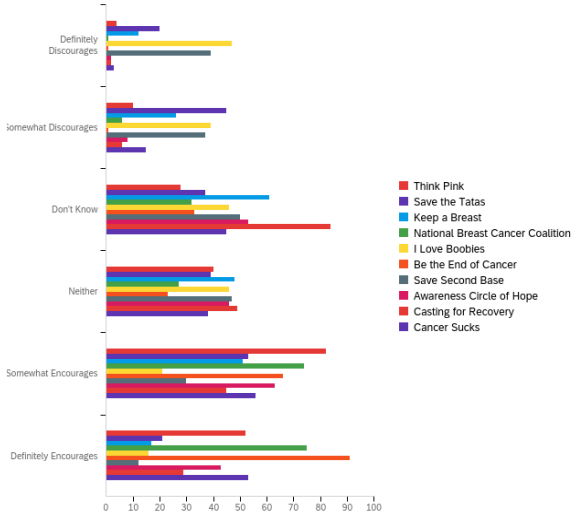


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Think Pink	1.00	7.00	3.76	1.48	2.19	216
2	Save the Tatas	1.00	7.00	5.47	1.69	2.85	216
3	Keep a Breast	1.00	7.00	4.64	1.57	2.47	216
4	National Breast Cancer Coalition	1.00	7.00	3.22	1.36	1.84	216
5	I Love Boobies	1.00	7.00	5.72	1.71	2.93	216
6	Be the End of Cancer	1.00	7.00	3.12	1.40	1.96	216
7	Save Second Base	1.00	7.00	5.60	1.67	2.79	216
8	Awareness Circle of Hope	1.00	7.00	3.27	1.29	1.67	216
9	Casting for Recovery	1.00	7.00	3.34	1.25	1.57	215
10	Cancer Sucks	1.00	7.00	3.16	1.37	1.89	215

#	Question	Definitely Discourages		Somewhat Discourages		Don't Know		Neither		Somewhat Encourages		Definitely Encourages		Total
1	Think Pink	11.11%	24	9.72%	21	9.26%	20	44.91%	97	18.52%	40	6.48%	14	216
2	Save the Tatas	3.70%	8	0.93%	2	8.80%	19	13.43%	29	25.46%	55	47.69%	103	216
3	Keep a Breast	4.17%	9	3.70%	8	10.65%	23	30.09%	65	29.63%	64	21.76%	47	216
4	National Breast Cancer Coalition	17.59%	38	12.04%	26	12.50%	27	50.93%	110	4.63%	10	2.31%	5	216
5	I Love Boobies	3.70%	8	2.31%	5	6.02%	13	9.72%	21	20.37%	44	57.87%	125	216
6	Be the End of Cancer	18.52%	40	16.67%	36	11.11%	24	47.22%	102	3.70%	8	2.78%	6	216
7	Save Second Base	2.78%	6	1.39%	3	7.87%	17	14.81%	32	20.37%	44	52.78%	114	216
8	Awareness Circle	15.74%	34	10.65%	23	14.81%	32	52.31%	113	4.63%	10	1.85%	4	216

	of Hope													
9	Casting for Recovery	13.49%	29	6.98%	15	23.72%	51	47.91%	103	5.58%	12	2.33%	5	215
10	Cancer Sucks	19.07%	41	13.02%	28	12.09%	26	47.91%	103	6.05%	13	1.86%	4	215

Q15 - Do you think the following titles/slogans encourage or discourage financial contribution to breast cancer research, treatment, and patient assistance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Think Pink	1.00	7.00	4.82	1.53	2.35	216
2	Save the Tatas	1.00	7.00	3.67	1.69	2.86	215
3	Keep a Breast	1.00	7.00	3.78	1.47	2.17	215
4	National Breast Cancer Coalition	1.00	7.00	5.17	1.55	2.41	215
5	I Love Boobies	1.00	7.00	3.09	1.69	2.84	215
6	Be the End of Cancer	1.00	7.00	5.40	1.54	2.37	215
7	Save Second Base	1.00	7.00	3.19	1.59	2.53	215
8	Awareness Circle of Hope	1.00	7.00	4.54	1.51	2.28	215
9	Casting for Recovery	1.00	7.00	4.14	1.41	1.99	215
10	Cancer Sucks	1.00	7.00	4.62	1.67	2.78	210

#	Question	Definitely Discourages		Somewhat Discourages		Don't Know		Neither		Somewhat Encourages		Definitely Encourages		Total
1	Think Pink	1.85%	4	4.63%	10	12.96%	28	18.52%	40	37.96%	82	24.07%	52	216
2	Save the Tatas	9.30%	20	20.93%	45	17.21%	37	18.14%	39	24.65%	53	9.77%	21	215
3	Keep a Breast	5.58%	12	12.09%	26	28.37%	61	22.33%	48	23.72%	51	7.91%	17	215
4	National Breast Cancer Coalition	0.47%	1	2.79%	6	14.88%	32	12.56%	27	34.42%	74	34.88%	75	215
5	I Love Boobies	21.86%	47	18.14%	39	21.40%	46	21.40%	46	9.77%	21	7.44%	16	215
6	Be the End of Cancer	0.47%	1	0.47%	1	15.35%	33	10.70%	23	30.70%	66	42.33%	91	215
7	Save Second Base	18.14%	39	17.21%	37	23.26%	50	21.86%	47	13.95%	30	5.58%	12	215
8	Awareness Circle of Hope	0.93%	2	3.72%	8	24.65%	53	21.40%	46	29.30%	63	20.00%	43	215
9	Casting for Recovery	0.93%	2	2.79%	6	39.07%	84	22.79%	49	20.93%	45	13.49%	29	215
10	Cancer Sucks	1.43%	3	7.14%	15	21.43%	45	18.10%	38	26.67%	56	25.24%	53	210

Q16 - What are your general feelings about lumpectomies and mastectomies?

What are your general feelings about lumpectomies and mastectomies?
I feel that the decision to have a lumpectomy or mastectomy should be given to the patient. They should be completely informed of their Doctor's reasoning for recommending either of the procedures, as well as the benefits/risks. Ultimately though, as with any procedure, the decision to proceed should be fully up to the patient.
Generally positive. For the most part, people are only getting them when it's the choice of surgery or risking their life. Someone's life is more important than whether they have something (or something real) on their chest.
I believe that if it helps in anyway extending your life, or beating the cancer in anyway that it's worth it.

Useful when required
They can save lives
I believe individuals who are against them are quite literally saying they would rather sexualize an individual rather than save them. I have family members who have had to have mastectomies performed and they were disheartened and discouraged and felt unattractive and uncomfortable in their own bodies. These women should feel uplifted and sexy for surviving something so devastating, and I wish it wasn't seen in such a negative light.
If needed they should be covered by insurance
Scary thought to me
Lumpectomies, from a familial perspective, are not the way to go to prevent further recurrences. Lumpectomies leave breast tissue that is vulnerable to the disease. Women fear losing their breasts and tend to opt for removing the cancer, but keeping their breasts. Losing your breasts is an extremely difficult event. There is so much femininity attached to breasts that losing them feels unfeminine. Losing your breasts causes feelings of being less attractive and less of a woman. Been there... felt that!
They sometimes necessary and are life-saving options.
My mother had a mastectomy and it just made her pain worse, more suffering before she died. She died within 8 weeks of surgery.
I feel that the persons life is more important than the breast and if it needs to go that's the battle scar they carry and should be proud.
I essentially have my head in the sand when it comes to breast cancer awareness. My father died from lung cancer, so it's not that cancer has never hit close to home. Most of what I know stems from reading about celebrities famously having masectomies.
Sometimes they are necessary
If necessary. Do it
Sometimes parts of the body malfunction and they have to be removed. Although traumatic, amputation of a piece may be the only way to survive.
If needed I would have it done then tattoo the scare tissue with butterflies symbolizing a new life.
I think if someone has breast cancer they need to evaluate the pros and cons for themselves. If I had breast cancer I would get both breast removed immediately - no question. My identity is not tied to my breast when it comes to my life.
I think if one wants to get it then they should.
They are important and can save lives.
They are a necessity for the prevention and treatment of breast cancer.
I would be encouraging because you could have everything removed that could cause the cancer to come back
Im ok with them if they are medically nessesary.
They are necessary. But it is a daily reminder of what happened.
They are a necessity to save the lives of women with breast cancer.
My mom had a lumpectomy at the age of 71, she was a trooper. Watching her survive breast cancer, I was grateful for her full recovery.

N/a
If it's needed it's got to be done.
I think they both serve a purpose and it's just a matter of what would be best for an individual's care plan. However, a lumpectomy would seem less invasive physically, mentally, and emotionally. Personally, I wouldn't like the thought of my breasts being completely removed.
Supportive
If they are needed, DO IT!
If I had been diagnosed with breast cancer I would immediately have whatever was recommended, either a lumpectomy or mastectomy.
They are life changing and life saving.
Fear
I feel it is best to take the breast of cancer is found.
If a lumpectomy or mastectomy is needed then it should be performed in order to give the patient the best quality of life. There are so many ways to make a woman still feel like a woman these days.
It's a treatment method for breast cancer that has been found to be effective. It's also, I would imagine, an emotionally fraught decision. I would think it's up to the patient and their doctors to decide what's best.
I know it’s a sensitive topic for people. Personally if it had to be done to save my life I would do it. I think I would have some sadness about the loss but I think I would accept it fairly quickly. I think those who do undergo mastectomies are beautiful people and breasts are not what make a woman complete but I also understand the sadness that comes with it.
Necessary for good health in many situations
I lost my mother to breast cancer after she had both of these procedures. They were necessary lifesaving measures but ultimately didn’t work.
If needed to be healthy, I'm 100% in favor of lumpectomies and mastectomies, but I understand why having them is such a difficult decision, as so much of our "womanhood" seems to be connected to our breasts.
Neutral
A necessary evil.
It is a major event in a woman's life that changes her perspective about herself and the life she lives.
Lumpectomies and mastectomies are break through ways to catch breast cancer in its early stages, and it saves lives.
They are important for saving the individual they are attached to.
Necessary to save lives.
I’m 100% in favor of the patient’s decision.
They would be hard to agree to. But there can be some reconstruction done with implants. And if it can save your life that’s wonderful. We are not our breasts but I understand the feelings that woman have losing them.
I'm not sure I have "feelings" toward those procedures. If you need them, you need them. If I had to have either of those done to save myself, I'd go through with it no problem.

it must be a difficult and traumatic experience for a women
Grief for the women in my life who feel a lack of femininity, who feel a piece of themselves were taken away. Also admiration for those same women who are brave to remove a piece of themselves, a piece that in many ways defines a woman's beauty/worth, to stay alive.
It's a personal choice made with medical information and one's choice.
Grief and sadness alongside a new opportunity at life and recovery.
I think they are radical solutions to a problem we haven't come up with a better solution for. The reliance on radical surgery to treat cancer is somewhat barbaric-seeming in the present moment — even if indicated by medical treatment protocols.
Mastectomies do a lot more the the self body image and to the patient's psychology then a lumpectomy.
I believe a woman in consult with her physician should make this decision. If the procedure is necessary and the woman is supportive then I suppose they should proceed. Not identifying as a woman I am don't have a clear notion of the role of breasts in identity formation but I imagine they're often pretty important.
Necessary evil, unfortunately. Difficult but life saving
Honestly it's really up to the person. I honestly don't see a point in keeping something that is potentially killing you. If it's needed to save a live then do it. People are beautiful with or without breast.
Unpleasant necessity
I say do whatever gives you the best chance for survival!
They are necessary and important but challenging to the idea of femininity for the woman losing her breasts.
Scary
Necessary at times and should be utilized to save lives.
It's a very personal decision forced by unthinkable circumstances. They can offer better physical well being, possibly at the expense of social/psychological well-being.
Sometimes they're necessary and important. Shouldn't be looked at as a loss of femininity.
Depending on the situation I might prefer to go ahead w a mastectomy.
They are painful but, extremely necessary.
If it is important for someone's health, and aligns with how they feel about their personal health trajectory, I feel a person should seek out that treatment. However, not seeking treatment or seeking alternative treatment does not impact how I feel about their own choices towards their bodies.
I would encourage lumpectomy rather than mastectomy if at all possible. Far less traumatizing to the body.
I wouldn't hesitate to get one if I needed it and it might help me. I'm disgusted by anyone who thinks such a procedure makes someone less "feminine/female/etc."
They are necessary in some cases. They may save lives. They are life changing decisions and should not be trivialized.
Having Breasts or perfect looking breasts does not define you as a person of worth, those body parts do not make you any more or less female, and neither will the removal of all or parts of them. Human life is worth more than a pair of perfect Breasts.

Fearful
I know it’s hard on women that go through it emotionally. I personally know one person that has gone through this procedure, and she had so much encouragement to stay strong.
I am not familiar enough with the procedures to answer
Needed in some cases
Don't know
Ah, ? What?
They can be lifesaving procedures
I think that lumpectomies and mastectomies are a wonderful way to try to get rid of cancer affected areas. Sometimes the surgery can get rid of all of the cancer, but if not, it can still be a step in the right direction of recovery.
Necessary evils. Awful experience but many of us are alive and cancer free. A breast is an awful thing to lose but it’s a choice I was willing to make.
They are important if someone has a lump or cancer.
Unfortunately, a sometimes necessary event that I would hate to have to experience but that would certainly be worth to save my life.
I'm glad there is a solution for patients who have breast cancer. I know there are a lot of difficult feelings regarding getting rid of the breast, and, not having had to go through that, I can't comment on that.
I had one. I am alive and my kids have their mom. So, thank God for these treatments.
When medically needed they save lives. A person is not defined by their breasts.
Thankful for all that benefit, saddened for the need for the procedures
Proceed with extreme caution and research. Changes how the female views herself and her sexuality. Likely affects the man's view of her as well.
I think it would be incredibly hard to cope with but completely necessary
I feel like they’re a sad result of too many chemicals in our environments and that they should be a last resort.
It is an uncomfortable subject to talk about or even consider. I feel as though I need more information about it to really have an opinion.
Should be encouraged and supported when medically necessary.
They are a personal choice.
Do as needed after getting educated options
Individual choice made by a woman and her doctor based on her circumstances. There is no one size fits all answer and no one should be shamed for the decision she made.
Life saving when needed
I’d prefer a lumpectomy if the markers are clear.
If your body needs it, do it. I know that women may feel more feminine with them, but I believe it all lies within the person. As a male, I won’t tell you how to use your body. It’s your body and not mine.

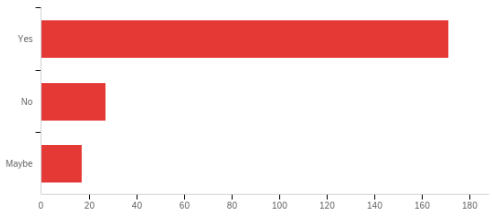
Breasts are nice and all but in the end, it’s just part of the appearance and much like my penis, it’s not gonna look too great when I’m old. If you are able to live a full life, then live a full life!
They're helpful/encouraging options but must be very difficult in a society that often equates breasts with womanhood/female sexuality.
Don't care.
I don’t really know. I think if they are needed, they should happen and women shouldn’t feel ashamed of that decision.
I think that very often they are the best option for long-term survival.
I’m not too informed but I wouldn’t want to have my breast removed if all possible because it would make me feel like less of a woman and like a failure.
If they save a life then they are amazing!
Sorrow if it's necessary, hope that it provides quality/quantity of life.
Worry some
They can save your life.
Necessary in some cases, and can be life saving. Wish the focus was on saving lives over saving breasts.
They are necessary sometimes
Don't know
I feel like mastectomies are devastating but a necessary evil that I would most likely choose if I were ever diagnosed with breast cancer.
Nessarary and sometimes scary
Hardest decision I ever had to make.
Anything to beat cancer. I would do it in a heartbeat.
If you are diagnosed with cancer, you should have one.
If it saves you, I’m for it. If you want it, I’m for it.
My mother died from breast cancer--it wasn't caught in time to even do a lump- or mastectomy. Two close friends had lumpectomies because theirs WAS caught in time. Another friend is undergoing her 3rd surgery--now a double radical mastectomy--lumpectomies didn't stop her cancer. My general feelings are I hate cancer with a passion; we do what we have to do to survive.
People have to have hope. Breasts don't make you a woman, they enhance womanhood.
That they are a necessary medical procedure to be chosen/decided by the patient and doctor for the best medical outcome.
They save lives, and that is what is important.
I believe that lumpectomies and mastectomies should be less stigmatized. Women shouldn't feel embarrassed to talk about having one or needing one. They are essential to saving someone's life.
It’s the patient's personal choice
If you NEED it do it.

They are sometimes necessary to preserve life or peace of mind and I’m grateful that they’re an option.
Definitely would have one done. I would encourage it to be done.
I feel that if it is the safest option, then i would do it in a heartbeat.
Many times medically necessary depending on the case
I think women feel that these procedures take away some of their femininity and makes them feel like less of a woman. I think we should focus on saving the women, not saving the “tatas”.
They are necessary procedures that save lives.
Positive
I have had a lumpectomy...it's not so bad. I imagine a mastectomy would be difficult to recover from and adjust to.
They're good treatment when needed
Personally I am not emotionally attached to my own breasts. If they're making me sick they can go. I do however realize that some women define their identity and sexuality by their breasts.
Glad that they can be a choice
Everyone should do what they feel is right for their own body. Breast do not equal womanhood or beauty. Breasts are not the defining feature of a female either.
As a recent unilateral mastectomy patient, my general feelings are that women should do whatever is medically necessary to save their lives.
I think they are an effective means of treatment for those in need for medical reasons.
I believe that it is an individual's decision. Doctor's present the facts and at the end of the day it is the patient's decision what to do to their body. End of story. Full stop.
It would be sad to get one, however, plastic surgeons are great with replacements.
It is my hope that if someone has to under go one of these operations that it will save their life.
I feel if your doctor recommends either you should give serious consideration to the recommendation and then do what you feel is right for you.
I feel as though they can save lives if an individual has been diagnosed with breast cancer. A woman shouldn’t fear losing her womanhood or feminine appearance over losing her life. While breasts are a biological part of having a female body, the lack of them doesn’t mean you can no longer present as or feel feminine.
Necessary to save lives.
Thy are scary but necessary.
Fear initially, but thankful we have awareness, means and technology to detect breast cancer early
I believe that a woman's life is more important than a woman's breast. If you need a mastectomy/lumpectomy to beat cancer I think it is a wonderful option to have.
Needed procedure when indicated
I would want the mastectomy to.make sure was all gone
Necessary at times, life-saving but also life-changing.

They are necessary for treatment of breast cancer
I feel if the mass is encapsulated and there is no other sign of cancer in the breast, a lumpectomy is appropriate. Depending on the type and stage of cancer that mastectomies are needed in an effort to save a life and decrease risk for reoccurrence.
women should receive informed consent on the pros and cons of each.
When needed to beat cancer or provide better chances of survival - worth it.
It seems like a personal decision.
Necessary in certain situations. I would have one if it meant saving my life.
They help save lives. They can be the source of a lot of shame, due to our cultures sexualization of breasts, and the way we link them our perception of being a “woman”, but that stuff is trash. A person is more important than their body part.
Lumpectomies should be the first option if possible. Mastectomy only if a lumpectomy will not get all the cancer.
My feelings are support for the patient and whether they feel that a lumpectomy or mastectomy is the right decision for them in consultation with their doctor. I have no feelings towards the procedures themselves.
Saving a life is more important than saving a breast.
Have had a lumpectomy. Glad I did. Breasts now different in size, but I'm alive and relatively well. So. My general feelings are those of a breast cancer "survivor" and feminist: Breasts do not make the woman. I was encouraged to wear a big slab of silicone with my bra and rejected this. If I had to get mastectomies I would. Education and awareness-raising efforts are important. Also: I disagree that humor is NOT a bad way to deal with this issue. "Save the Ta-tas" is a great organization, and this survey seems to imply or concern itself with downplaying the impact of humor, which can be subversive and useful to women undergoing cancer treatment, including lumpectomies and mastectomies.
I think they are useful when needed. I have heard that they are sometimes over prescribed, but I don't know enough about that to make an informed perspective.
do what you gotta do
This is a difficult decision. However, all the lumpectomy patients I have known have had to have a second surgery for recurrence.
I understand and empathize with women's heartbreak about losing a part of their bodies, particularly a part (as these slogans suggest) that is so wrapped up in many/some women's sense of identity, attractiveness, and sexuality. That said, I think eliminating the possibility for future cancer is the way to go. If I had breast cancer I would definitely do whichever of these procedures would help ensure my survival.
100% an individual woman's choice
they are often necessary and do not diminish a woman either as a woman or as a human being.
I'm sorry anyone has to go through that.
Necessary to save lives often. My grandmother died of breast cancer even after a single breast mastectomy in the 80s, but my best friend had breast cancer twice, one at 19 and then again in her early thirties. She is now five years cancer free because of a full mastectomy.
May be necessary to save a woman's life. Should be considered a medical treatment and treatment should also include reconstruction if that is important to the patient.

They are necessary procedures when cancer cells are found in the breast. What happens depends upon the type of cancer and the person’s desires, for example re: chest feeding. Mastectomies are more stigmatized than lumpectomies, but also more invasive.
Can be both necessary and life-saving.
Unpleasant but necessary
I think they are an important medical procedure that should be done regularly
Surgery saves lives.
Not sure on my feelings. I’m more of a holistic person so would have to research whether or not would consider lumpectomy or mastectomy. I’m sure there is a time/place where it might be necessary in a given situation/persons medical history.
People need to take whatever life saving measures they and their doctors decide are appropriate.
I think that people who need to have breast tissue removed shouldn't feel more stigma than someone with any other kind of cancer. While many of these breast cancer organizations objectify women, they also tend to leave men out of the conversation. Breasts exist and should be treated if they're cancerous. One shouldn't feel so much tension about treatment and support because breasts are socially gendered.
Have one if it's going to save your life, for pete's sake.
People shouldn’t need breasts to be considered fully human. I’m pro lumpectomies and mastectomies.
I think it’s a viable option for someone who has breast cancer or wants to remove their breasts.
If a doctor says you need it, you do it.
This is a decision between doctor, patient and their family and some of the messages from these cancer slogans interfere with that medical decision. My feeling is that these surgeries save lives and should not be trivialized ("saving second base").
A very important part of cancer treatment and prevention. Years ago I was so impressed with a documentary about how three sisters reacted to their genetic counseling and two of the three had the “cancer gene.” I concluded that if I had the gene, why not have a mastectomy and be done with that issue..I was impressed with the documentary showing the after pictures too of reconstructive surgery. My mom had a mastectomy and it gave her many more years of life...she unfortunately died of a “cousin” disease-ovarian cancer. I have completed genetic testing and it appears that I do not have the genetic issue but that does not mean that I will not get breast cancer-just lower odds.

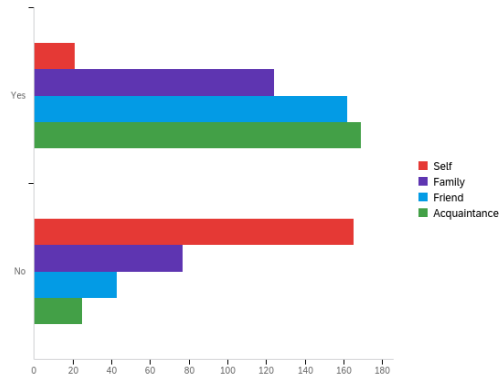
Q17 - Do you or a loved one get yearly mammograms?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you or a loved one get yearly mammograms?	1.00	3.00	1.28	0.60	0.36	215

#	Answer	%	Count
1	Yes	79.53%	171
2	No	12.56%	27
3	Maybe	7.91%	17
	Total	100%	215

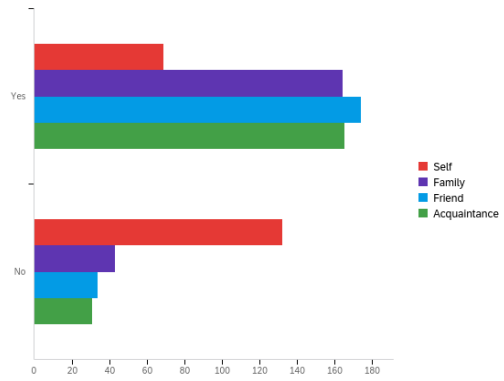
Q18 - Have you or someone you know ever been diagnosed with breast cancer?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Self	1.00	2.00	1.89	0.32	0.10	186
2	Family	1.00	2.00	1.38	0.49	0.24	201
3	Friend	1.00	2.00	1.21	0.41	0.17	205
4	Acquaintance	1.00	2.00	1.13	0.34	0.11	194

#	Question	Yes		No		Total
1	Self	11.29%	21	88.71%	165	186
2	Family	61.69%	124	38.31%	77	201
3	Friend	79.02%	162	20.98%	43	205
4	Acquaintance	87.11%	169	12.89%	25	194

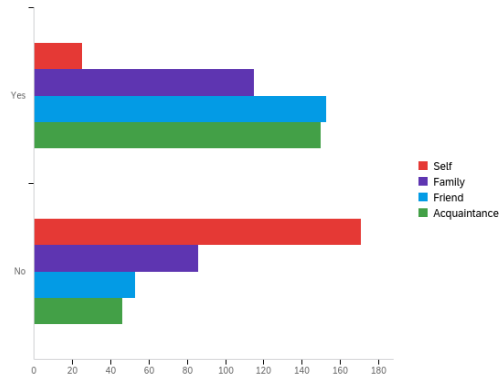
Q19 - Have you or someone you know ever had to undergo an ultrasound or biopsy for a suspicious lump in a breast?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Self	1.00	2.00	1.66	0.47	0.23	201
2	Family	1.00	2.00	1.21	0.41	0.16	207
3	Friend	1.00	2.00	1.16	0.37	0.14	208
4	Acquaintance	1.00	2.00	1.16	0.36	0.13	196

#	Question	Yes		No		Total
1	Self	34.33%	69	65.67%	132	201
2	Family	79.23%	164	20.77%	43	207
3	Friend	83.65%	174	16.35%	34	208
4	Acquaintance	84.18%	165	15.82%	31	196

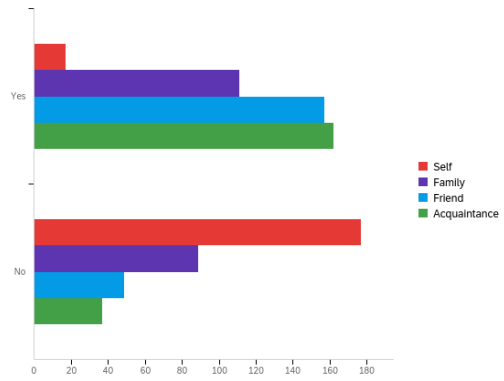
Q20 - Have you or someone you know undergone a mastectomy or breast lumpectomy?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Self	1.00	2.00	1.87	0.33	0.11	196
2	Family	1.00	2.00	1.43	0.49	0.24	201
3	Friend	1.00	2.00	1.26	0.44	0.19	206
4	Acquaintance	1.00	2.00	1.23	0.42	0.18	196

#	Question	Yes		No		Total
1	Self	12.76%	25	87.24%	171	196
2	Family	57.21%	115	42.79%	86	201
3	Friend	74.27%	153	25.73%	53	206
4	Acquaintance	76.53%	150	23.47%	46	196

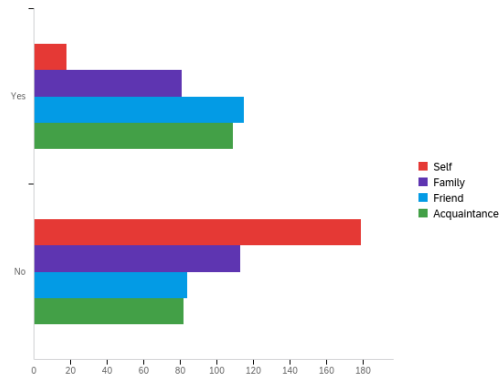
Q21 - Have you or someone you know ever been treated with chemotherapy or radiation for breast cancer?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Self	1.00	2.00	1.91	0.28	0.08	194
2	Family	1.00	2.00	1.45	0.50	0.25	200
3	Friend	1.00	2.00	1.24	0.43	0.18	206
4	Acquaintance	1.00	2.00	1.19	0.39	0.15	199

#	Question	Yes		No		Total
1	Self	8.76%	17	91.24%	177	194
2	Family	55.50%	111	44.50%	89	200
3	Friend	76.21%	157	23.79%	49	206
4	Acquaintance	81.41%	162	18.59%	37	199

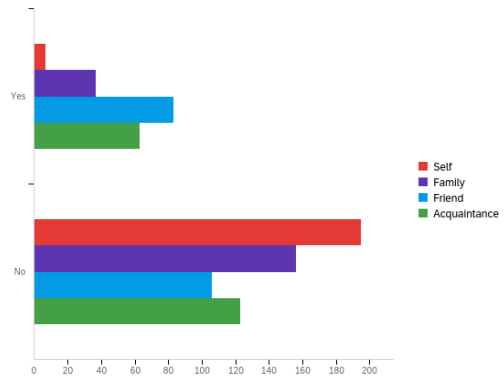
Q22 - Have you or someone you know ever taken oral cancer medication for the treatment of breast cancer?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Self	1.00	2.00	1.91	0.29	0.08	197
2	Family	1.00	2.00	1.58	0.49	0.24	194
3	Friend	1.00	2.00	1.42	0.49	0.24	199
4	Acquaintance	1.00	2.00	1.43	0.49	0.25	191

#	Question	Yes		No		Total
1	Self	9.14%	18	90.86%	179	197
2	Family	41.75%	81	58.25%	113	194
3	Friend	57.79%	115	42.21%	84	199
4	Acquaintance	57.07%	109	42.93%	82	191

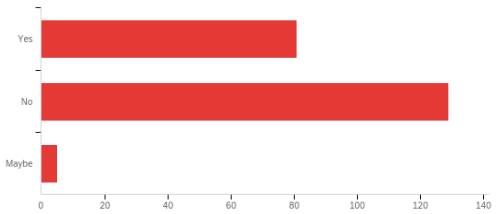
Q23 - Has a medical professional informed you or someone you know that you carry the breast cancer gene?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Self	1.00	2.00	1.97	0.18	0.03	202
2	Family	1.00	2.00	1.81	0.39	0.15	193
3	Friend	1.00	2.00	1.56	0.50	0.25	189
4	Acquaintance	1.00	2.00	1.66	0.47	0.22	186

#	Question	Yes		No		Total
1	Self	3.47%	7	96.53%	195	202
2	Family	19.17%	37	80.83%	156	193
3	Friend	43.92%	83	56.08%	106	189
4	Acquaintance	33.87%	63	66.13%	123	186

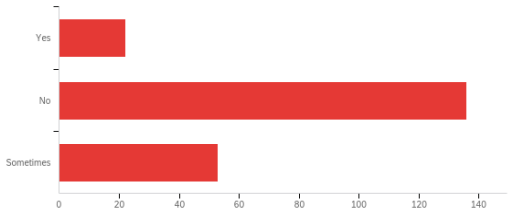
Q24 - Have you lost a loved one to breast cancer?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you lost a loved one to breast cancer?	1.00	3.00	1.65	0.52	0.28	215

#	Answer	%	Count
1	Yes	37.67%	81
2	No	60.00%	129
3	Maybe	2.33%	5
	Total	100%	215

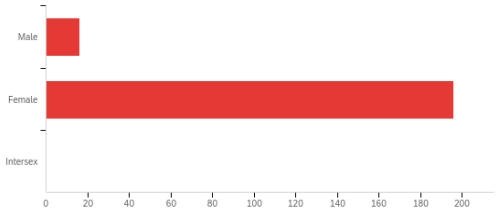
Q25 - Is it ever okay for cancer philanthropy to rely on sex appeal to raise funds?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Is it ever okay for cancer philanthropy to rely on sex appeal to raise funds?	1.00	3.00	2.15	0.58	0.33	211

#	Answer	%	Count
1	Yes	10.43%	22
2	No	64.45%	136
3	Sometimes	25.12%	53
	Total	100%	211

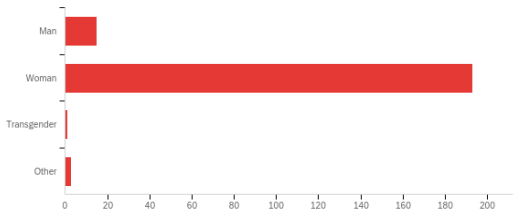
Q26 - Your biological sex: (Please use dropdown list to choose your answer.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your biological sex: (Please use dropdown list to choose your answer.)	1.00	2.00	1.92	0.26	0.07	212

#	Answer	%	Count
1	Male	7.55%	16
2	Female	92.45%	196
3	Intersex	0.00%	0
	Total	100%	212

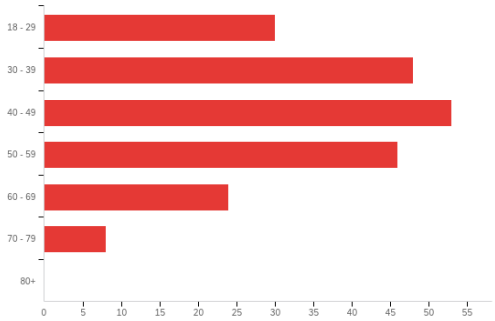
Q27 - Your gender expression: (Please use dropdown list to choose your answer.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your gender expression: (Please use dropdown list to choose your answer.)	1.00	4.00	1.96	0.36	0.13	212

#	Answer	%	Count
1	Man	7.08%	15
2	Woman	91.04%	193
3	Transgender	0.47%	1
4	Other	1.42%	3
	Total	100%	212

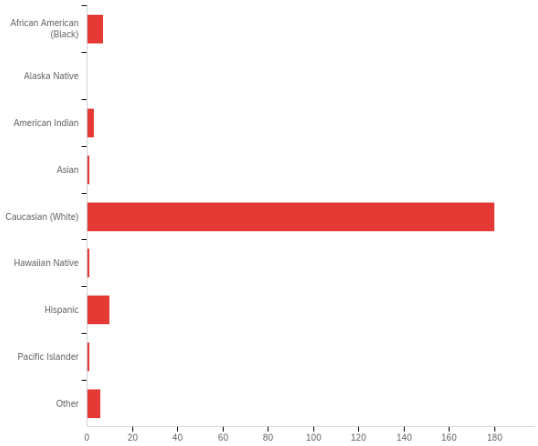
Q28 - Your age range: (Please choose dropdown list to choose your answer.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your age range: (Please choose dropdown list to choose your answer.)	1.00	6.00	3.05	1.35	1.83	209

#	Answer	%	Count
1	18 - 29	14.35%	30
2	30 - 39	22.97%	48
3	40 - 49	25.36%	53
4	50 - 59	22.01%	46
5	60 - 69	11.48%	24
6	70 - 79	3.83%	8
7	80+	0.00%	0
	Total	100%	209

Q29 - Your race/ethnicity: (Please use dropdown list to choose your answer.)

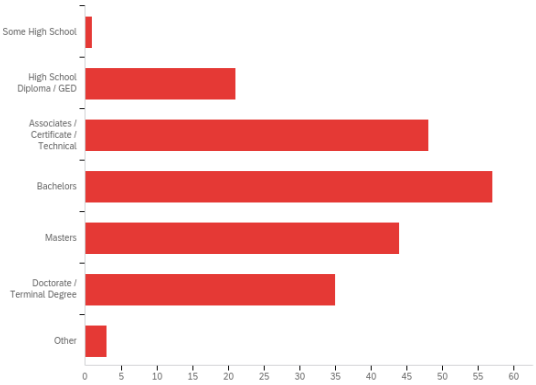


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your race/ethnicity: (Please use dropdown list to choose your answer.)	1.00	9.00	5.06	1.14	1.29	209

#	Answer	%	Count
1	African American (Black)	3.35%	7
2	Alaska Native	0.00%	0

3	American Indian	1.44%	3
4	Asian	0.48%	1
5	Caucasian (White)	86.12%	180
6	Hawaiian Native	0.48%	1
7	Hispanic	4.78%	10
8	Pacific Islander	0.48%	1
9	Other	2.87%	6
	Total	100%	209

Q30 - Your level of education: (Please use dropdown list to choose your answer.)

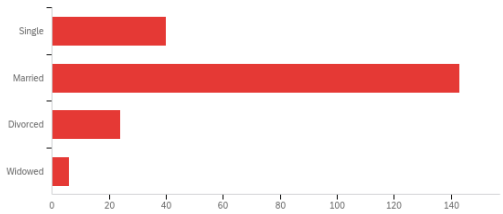


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your level of education: (Please use dropdown list to choose your answer.)	1.00	7.00	4.14	1.29	1.66	209

#	Answer	%	Count
1	Some High School	0.48%	1
2	High School Diploma / GED	10.05%	21
3	Associates / Certificate / Technical	22.97%	48
4	Bachelors	27.27%	57
5	Masters	21.05%	44

6	Doctorate / Terminal Degree	16.75%	35
7	Other	1.44%	3
	Total	100%	209

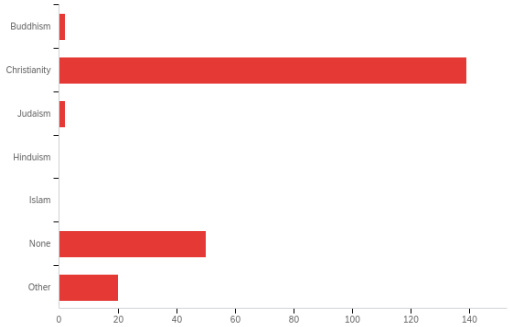
Q31 - Your relationship status: (Please use dropdown list to choose your answer.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your relationship status: (Please use dropdown list to choose your answer.)	1.00	4.00	1.98	0.64	0.41	213

#	Answer	%	Count
1	Single	18.78%	40
2	Married	67.14%	143
3	Divorced	11.27%	24
4	Widowed	2.82%	6
	Total	100%	213

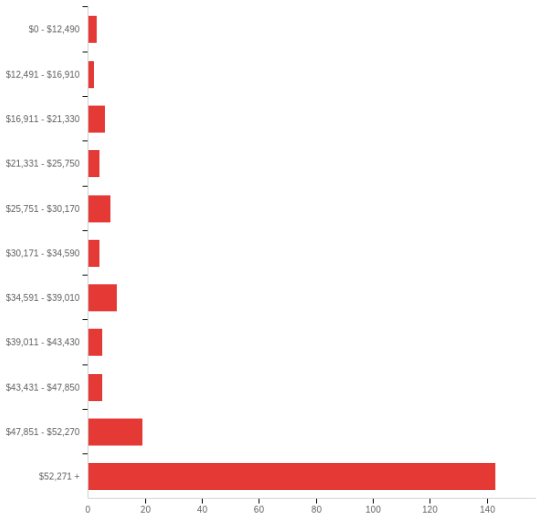
Q32 - Your religion: (Please use dropdown list to choose your answer.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your religion: (Please use dropdown list to choose your answer.)	1.00	7.00	3.41	2.03	4.14	213

#	Answer	%	Count
1	Buddhism	0.94%	2
2	Christianity	65.26%	139
3	Judaism	0.94%	2
4	Hinduism	0.00%	0
5	Islam	0.00%	0
6	None	23.47%	50
7	Other	9.39%	20
	Total	100%	213

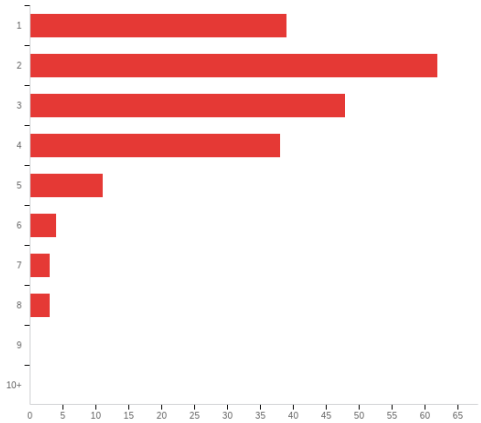
Q33 - Your household income level: (Please use dropdown list to choose your answer.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your household income level: (Please use dropdown list to choose your answer.)	1.00	11.00	9.68	2.50	6.27	209

#	Answer	%	Count
1	$0 - $12,490	1.44%	3
2	$12,491 - $16,910	0.96%	2
3	$16,911 - $21,330	2.87%	6
4	$21,331 - $25,750	1.91%	4
5	$25,751 - $30,170	3.83%	8
6	$30,171 - $34,590	1.91%	4
7	$34,591 - $39,010	4.78%	10
8	$39,011 - $43,430	2.39%	5
9	$43,431 - $47,850	2.39%	5
10	$47,851 - $52,270	9.09%	19
11	$52,271 +	68.42%	143
	Total	100%	209

Q34 - Your household size: (Please use dropdown list to choose your answer.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your household size: (Please use dropdown list to choose your answer.)	1.00	8.00	2.80	1.47	2.17	208

#	Answer	%	Count
1	1	18.75%	39
2	2	29.81%	62
3	3	23.08%	48
4	4	18.27%	38
5	5	5.29%	11
6	6	1.92%	4
7	7	1.44%	3
8	8	1.44%	3
9	9	0.00%	0
10	10+	0.00%	0
	Total	100%	208