

2013

No Whiners Allowed: Breast Cancer's Contradiction in Visibility and the Delegitimization of Women's Illness Experiences

Annie Ryan

World Learning, amryan@pugetsound.edu

Follow this and additional works at: http://soundideas.pugetsound.edu/summer_research

 Part of the [Gender and Sexuality Commons](#), [Medicine and Health Commons](#), [Social and Cultural Anthropology Commons](#), and the [Women's Studies Commons](#)

Recommended Citation

Ryan, Annie, "No Whiners Allowed: Breast Cancer's Contradiction in Visibility and the Delegitimization of Women's Illness Experiences" (2013). *Summer Research*. Paper 187.

http://soundideas.pugetsound.edu/summer_research/187

This Article is brought to you for free and open access by Sound Ideas. It has been accepted for inclusion in Summer Research by an authorized administrator of Sound Ideas. For more information, please contact soundideas@pugetsound.edu.

Annie Ryan

Project Advisor: Ben Lewin

AHSS Summer Research Grant, 2013

*No Whiners Allowed: Breast Cancer's Contradiction in Visibility
and the Delegitimization of Women's Illness Experiences*

Introduction

As many scholars have noted, breast cancer sufferers and activists have little to triumph about—mortality rates from breast cancer have remained the same for the past four decades, and the alarming household statistic that 1 in 8 American women will be diagnosed with breast cancer in her lifetime remains true (National Cancer Institute 2013). However, the pink-clad and cheerily optimistic nature of breast cancer culture does not represent this alarming reality. In her essay about her own experience as a breast cancer patient, Ehrenreich criticizes the “infantilizing trope” employed by physicians and awareness organizations that ultimately silenced her own frustrations and concerns about her condition (2001). She exposes the ways—subtle and explicit—in which her anger was dismissed as irrationality and she was coddled by the very institutions which existed to supposedly support her. Ehrenreich’s narrative brings to light a greater cultural trend: the invisibility of women’s experiences with breast cancer, an illness which seemingly has profound visibility.

Breast cancer has taken center stage in our illness consciousness through its increased commercialization (Sulik 2011). Evidence of its existence can be seen from pink silicone bracelets to corporate “pink” campaigns during October, National Breast

Cancer Awareness Month. Breast cancer awareness has become a corporate trend, and it an illness whose visibility is inescapable with pink ribbons decorating the cans in even our grocery store aisles. This increased awareness seems like a hopeful sign, as being diagnosed with breast cancer was an unspeakable shame for women only decades ago (Klawiter 2004). Diagnosed women dealt with the heavy sexual taboo of breast cancer, and milestones in visibility like Nancy Reagan's 1987 mastectomy and the formation of the awareness-based Komen Foundation helped to unbury breast cancer from its secretive existence. The pervasive politics of breast cancer have led to many breakthroughs for women—diverse treatment options, greater patient rights, and funding for research that will hopefully lead to a cure.

However, despite the emergent awareness of breast cancer as a public health issue, there lies a contradiction in visibility: the adversities of women afflicted by the disease are virtually invisible. Almost all public images of breast cancer are celebratory—championing “survivors,” constructing an idyllic sisterhood, and omitting stories of grief, frustration, and death. Through the cosmetic coverup of breast cancer alone, we become blind to its effects on women. Yet further, through our dismissal of women's diverse and painful lived experiences with breast cancer, we create a facade of an experience that essentially denies women voices about their own illnesses.

Through my participation in the *3-Day*, conversations with participants, and with the help of other scholars on gender and breast cancer, I have identified three mechanisms of the silencing of women's experiences with breast cancer: the gendered emotional responsibilities placed on women that deny them the emotional resources to care for themselves, the dismissal of women as “overly-emotional” and unreliable

sources of information (even about themselves), and the implicit “feeling rules” (Hochschild 1983) that ultimately affect the lived emotions of breast cancer patients and survivors. Each of these mechanisms works to silence the realities of women’s experiences, consequentially, delegitimizes the experience of breast cancer.

Social Mechanisms of Delegitimization

Scholars in the sociology of emotions have created a body of literature that analyzes the nature of our emotions and the social factors that govern them. Our lived emotions and our expressions of them (often distinct) are guided by our social identities and the norms that apply to them. Thus, due to the profound feminization of breast cancer, women’s experiences are affected by gendered emotional expectations and mechanisms of control. The three mechanisms discussed below provide an intersectional look at gender and illness experience. Bringing together three distinct theories by other scholars, a more critical look at breast cancer culture can be developed with support from many separate bodies of research. This paper identifies three separate social mechanisms that, together, contribute to the systematic silencing of women’s experiences with breast cancer.

Women are held responsible for most of the emotional carework that occurs within almost all social venues, and we expect from them more emotional support and guidance, whether we be their children, partners, coworkers, or even strangers. According to Erickson, we associate women with “activities that are concerned with the enhancement of others’ emotional wellbeing and with the provision of emotional

support,” and, she adds, “These activities require time, skill, and effort” (2011:62). In her book *The Second Shift*, Hochschild illustrates how women do not stop working when they return home from the workplace, as their childcare and carework responsibilities are overwhelming even after a day on the job (1989). Despite the increasing number of families who claim or attempt to balance childcare and other household tasks equally, mothers and wives continue to perform the great majority of housework, performing an average of fifteen hours more a week than men (1989:3). These hours contribute to the heavy load of carework that women carry, leaving few resources to care for themselves.

Hochschild’s description of this carework as a *responsibility* for women illustrates the deeply felt obligation of such work, which is meaningful and symbolic itself.

Erickson, working off Hochschild’s approach, applies three theories in her article on gender and the division of household labor to explain the disproportionate divide of emotional responsibilities at home, and ultimately focuses on Gender Constructionist Theory wherein the gendered meanings of such work are essential. Housework, Erickson argues, carries profound and historical gendered meanings which obligate women to its performance. Women’s performance of such work constructs a gendered sense of self, and the tie to identity makes this work feel like less of an obligation but a moral responsibility. “In this situation, performing family work is less likely to be experienced as an alienating burden than as an expression of what it means to be a real wife and/or mother” (65). Thus, even families where women work more paid hours than men, earn more money than men, and/or have progressive ideologies, women are held and hold themselves accountable for house and family carework much more than men (2011).

Not only are women expected to emotionally support and provide for their families through carework at home, but women also work disproportionately in service jobs, wherein their emotional expertise is also exploited (Hochschild 1983). “Because they are seen as members of the category from which mothers come, women in general are asked to look out for psychological needs more than men are. The world turns to women for mothering, and this fact silently attaches itself to many a job description” (1983:170). Women find themselves employed in high numbers in jobs where their emotional deference and service is required to a great extent: nurses, customer service representatives, and flight attendants, to name a few. Much more than men, their emotional resources are harvested by their employers and their emotion management skills are taken advantage of through their service positions. Not only do women exhaust their emotional resources at home, but they also disproportionately perform emotional service on the job.

Adding to the overwhelming caretaking responsibilities of women that deny them their own self care, women’s voices are often not taken seriously or considered irrational. In her poignant article for Harper’s Magazine, Ehrenreich exposes the mocking character of breast cancer culture, using observations from her own experience with cancer (2001). From the infantilizing decor of the mammography room to her treatment by doctors and even by fellow cancer sufferers, Ehrenreich recounts the ways in which she was silenced by the forces that aimed to muffle her anger. Her attempts to share her frustrations as a patient with a chronic illness were repeatedly squelched by the cheery culture of breast cancer because, she notes, “So pervasive is

the perkiness of the breast-cancer world that unhappiness requires a kind of apology” (2001:4). In a similar cover story for the New York Times, Susan Ferraro articulates her resentment of the festive breast cancer cult, pointing to doctors who treat women’s concerns as infant cries, using language like “worrying,” “getting upset,” and “whining” to describe them (1993). Ferraro goes on to share her anger about “politicians and physicians who ‘there, there’ [women with cancer]” (1993:2). It is even more telling that this cover story received four times as many letters to the editor than normal, many expressing annoyance at Ferraro’s unapologetic approach (Klawiter 1999:105). Celebrity Angelina Jolie also received a tidal wave of public skepticism and annoyance regarding her own 2013 New York Times essay on her precautionary mastectomy, some claiming her surgery as purely a cry for attention because, they imply, breast cancer is not *actually* threatening.

In their article *It is hard work behaving as a credible patient*, Werner and Malterud focus on the challenges of women with medically unexplained disorders in being taken seriously by their physicians (2003). Many of these challenges are also true for breast cancer sufferers; while doctors have physical evidence of their cancers, women struggle to convince their physicians and others of the legitimacy of their pain (reflected in the mocking culture that Ehrenreich and Ferraro criticize). Werner and Malterud discuss in depth women’s fear of being considered “whiners or complainers,” and how women actively work to avoid such dismissal through extra measures outside of consultations like having spouses to vouch for them and writing letters before appointments detailing the severity of their conditions (2003:1412). These measures divulge the trend of doctors dismissal of women’s conditions due to their own distrust of

women's voices. Hochschild adds, "The female's assertion that she was physically sick was more likely to be invalidated as something she 'just imagined,' something 'subjective,' not a response to anything real" (1983:174). She goes on to explain how women's frustrations with their own medical issues are often dismissed as tantrums, while men's anger is considered rational. Taken alone, women's reports of their own suffering are often considered illegitimate and met with skepticism and disbelief.

In addition to the medical sphere, women's voices have long been discredited politically. During the fight for breast cancer informed consent legislation (which would require physicians to inform women of their medical options before performing any procedures) in the 1980s, female activists worked hard to craft a political image that was heard by state legislatures. Montini delves into the creation of this public image, documenting the activists' endeavors to conceal their anger in the political eye (1996). Knowing that any display of anger would have been written off as insanity, the activists "downplayed their anger and allowed for their expressions of fear and grief to remain in the foreground" (1996:14). This strategy, it was believed, would show physicians and politicians the injustices of patient treatment without being seen as "irrational." The result? Physicians thought that women who shared their stories as patients were inappropriately emotional, and that, in order to get to the truth of their concerns, physicians needed to "dedramatize" their testimonies (19). Physicians treated women's stories as *complaints* rather than legitimate concerns about their rights and experiences as patients. As Hochschild articulates, "Women's feelings are not seen as a response to real events but rather as reflections of themselves as 'emotional' women," ultimately trivializing their dignity (1983:173).

Goffman's theories on the self as a dramaturgical performance shed light on the ways humans modify the presentation of their emotions to fit the conventions of social situations. He posits that we are implicitly aware of social conventions that rule our self-presentation, and that we more or less conform to them in order to maintain the social order. Thus, when there are emotional expectations tied to a social event (i.e. a funeral), we modify the expression of our emotions, often misrepresenting our actual feelings. Goffman differentiates between the front and back stage of this performance, wherein we control our expression on the front stage and can reveal our true selves on the back stage, free from societal behavioral expectations (1959). Relatedly, Montini shows how breast cancer activists were acutely aware of this front and back stage distinction and behaved accordingly in order to gain political support during their fight for informed consent legislation in the 1980s. Montini notes, "[In front of state legislatures], they presented a gender-normative, feminine self, a woman with acceptable emotions," while "in private, they revealed to me a whole gamut of feelings in response to the way they were treated [by their doctors]" (1996:14).

The feeling rules that apply to women are often concerned with the taboo of women's anger, evident in the activists' emotional strategies in the 1980s. Lerner details the nature of this taboo, explaining that while some women do publicly express anger, "To express anger—especially if one does so openly, directly or loudly—makes a woman *unladylike*, *unfeminine*, *unmaternal*, and sexually unattractive" (1977:5). Women have been denied the expression of anger as its vocalization again questions their gendered sense of self, in the same way that carework and deference validate this self.

In response to such rigid emotional standards, the activists profiled by Montini engaged in emotional suppression and manipulation. While they became hyperaware of this taboo and acted accordingly due to their position in the political eye, all women with breast cancer face this taboo and must accordingly manage their emotions throughout their experience.

While Goffman illustrates how we manipulate the presentation of our emotions in order to be contextually *appropriate*, Hochschild delves deeper to consider the implications of such emotional enforcement by exploring the efforts required in such an act and the ultimate emotional results. What she deems *feeling rules* are the cultural expectations about what emotions are appropriate (i.e. the taboo of women's anger) in every setting and *emotion work* refers to our efforts to conform to these rules (Hochschild 1979). Hochschild adds to Goffman in saying that that not only are we managing the outward presentation of our feelings, but we ultimately manage our feelings themselves. In her book *Managed Heart*, Hochschild makes this distinction by expanding on Goffman's description of *surface acting* and her own *deep acting*, which goes beyond emotion manipulation in creating "a real feeling that has been self-induced" (1983:35).

The theory of emotion work adds a complex dimension to the emotional self, as it goes beyond emotion stifling and suggests a more invisible, less easily identified form of emotional manipulation. To identify the authenticity of an emotion can thus be nearly impossible, yet in identifying the structural forces that govern women's emotions, we can determine patterns or gaps in emotional genuineness to discern what Hochschild

calls “self-induced” emotions. Consequently, the authenticity of the cheery nature of breast cancer culture comes into question.

Methods

In order to observe breast cancer culture at work, I participated as a walker in Komen’s *3-Day* in San Francisco, CA, a 60-mile walking event which requires participants to fundraise \$3,200 for breast cancer research (yet the ultimate spending of such money has met criticism). The Komen Foundation is the largest organization dedicated to breast cancer research and awareness alone, and their *3-Day* walk is the cornerstone of their fundraising and awareness platform. I registered alone as a Young Woman Walker, a title given to those ages 18-23 to participate in the Saturday stretch of the walk and the opening and closing ceremonies. I became a full participant, shimmying my way through the opening dance and touring 22 miles of San Francisco terrain alongside 400 other walkers. Through my participant observation at this event, my interviews onsite, and my virtual interviews with walkers whom I connected with through the walk’s online message board, I collected the data to guide this research.

While I had arrived prepared with my voice recorder and notes to interview walkers during the event, the nature of the walk posed many challenges in conducting the recorded, semi-structured interviews I had planned for; while there were 400 walkers at the event, nearly all kept to their own registered teams, with teams often separated by several blocks during the walk. The tightly knit energy of the teams made connecting individually with walkers difficult as my presence felt intrusive. I adapted through approaching these interactions as simply *conversations* with those who I

walked with and, with the absence of my recorder, I would stop at every break point on the trail to sit and write notes from my last exchanges. While I spoke with numerous participants at the walk, I spent the most time with Mary, a 32 year-old accountant, and Suzanne, a high school teacher.

In order to hear the stories of more women, I used the online message board for the event to connect virtually with other walkers. Through my two posts on the cancer survivor thread of the board, I was able to interview via email five other women who had also participated in the San Francisco *3-Day*. Each of these women shared with me details of their experience with the event and with cancer.

Analysis

“Taking care of business”

In my conversations with women affected personally by breast cancer, an overwhelming amount of them spoke about other carework responsibilities they had above their illness. In trying to get a better understanding of these women’s experiences, many did not report much of their own treatment to me, but rather their mother, job, and wife responsibilities that seemed to take precedent in their illness experiences. Mary described managing her cancer as simply “taking care of business.” When I would ask her about the personal struggles of her cancer or how she coped with her illness at such a young age (32), she would furrow her eyebrows in confusion with my question and just reply, “I didn’t think about it that way. I just had to take care of business.” While she told me about the difficulties of her treatment—her diagnosis on her thirtieth birthday, her double mastectomy, over a year of surgeries to correct the

mistakes of her original procedure, and such little faith in her survival that she made her own funeral arrangements—she always spoke with a certain nonchalance that made it feel like we were just discussing business. And that’s exactly how she put it—while she endured such great hardship, she expressed almost no grief during our conversation. Her emotional neutrality was even a departure from the flamboyant optimism I had seen at the walk’s opening ceremony, as she spoke so casually about her own chronic illness.

A mother of young twins, Mary discussed her efforts to hide her illness to her sons more than she discussed the pain of her illness itself. She spoke in depth about her kids and their routine together during her treatment, as they were taken out of day care in order to compensate for the money Mary was not earning during her sick leave. While her mother did help with child care, her relationship with her sons sounded taxing; while she didn’t want to lie to them about her breast cancer, she hid her ill condition as much as she could so as not to worry them or further “interrupt” their lives. She reported feeling exhausted all of the time from her job as a full-time mother going through debilitating treatment. She expressed a similar relationship with her husband, mustering up the energy she had during her chemotherapy to cater to his needs. When I was surprised after she told me how soon she returned to her job after her chemotherapy treatment, she brushed off my reaction: “Well, I had to.”

A focus on other caretaking needs over her own was not unique to Mary’s story; many women I spoke with mentioned a similar pattern. In my email correspondence with Bethany, she felt a certain moral responsibility to keep up with her job as a nurse as much as possible during her breast cancer treatment: “While I did take some time off

obviously, I was always more focused on my duties as a registered nurse. I guess I felt like experiencing sickness myself made me want to help other sick people even more.” Bethany brushed off her own suffering when I asked about her experience and instead focused on the needs of those around her. She evidently did not prioritize her own care needs and continued to honor the needs of others in her life, despite the woes of her own cancer. This unceasing desire to take care of others before themselves validates Erickson’s discussion of the internalization of nurturing expectations (2011). To imagine a sick leave from work being giving one space to relax and reflect, to cope with the pains of illness and treatment, is a false image for many women with breast cancer—women whose caretaking responsibilities do not stop outside the workplace.

“No Whiners Allowed”

Mandatory perkiness was an evident trend at the *3-Day*, with high school cheerleading squads rallying us at each pit stop along the route, ostentatiously dressed staff, and, of course, the constant reminders of *no whining*. The opening ceremony hosted a motivational speech where we were told that the first rule of the *3-Day* was that we were not allowed to *whine*. Signs were posted on trees and electricity poles along the route: *No Whining, Only Winning!*, *Whining Causes Blisters*, and *No Whiners Allowed*, as if any mention of pain on a challenging 60-mile walk could be written off as just “whining.” Whining itself implies that the complaint is illegitimate, exaggerated, or at least not worth listening to and, in the way that the walk is discussed as a metaphor for a battle with cancer, the idea of women’s *whining* becomes especially significant. The language of the *3-Day* walk lends itself well to describing a person’s struggle with

cancer; “overcoming” and “perseverance” are buzz words of the race, while the entire event is described in the same war-like language that cancer so often is: making it through the battle, fighting, and surviving, implying that we can be victorious if we just try hard enough. Thus, the constant reminders to stop *whining* are reflective of the way women’s frustrations are treated during the experience of cancer itself. Komen’s dismissal of women’s needs at the allegedly empowering *3-Day* itself parallels the same disregard for women’s voices politically and medically.

Many walkers revealed their awareness of the nominal respect given to them by their doctors and the medical community. Amy, a *3-Day* participant who I communicated with via email, told me about how she “got lucky because [she] always had supportive doctors,” but that many other friends with cancer had no such luck: “I have heard many [*3-Day*] walkers say that they feel their doctors just don’t listen to them.” Ellen, on the other hand, writes about the defense mechanisms she has put together in the face of doctor dismissals: “People with breast cancer have to become their own best advocate and if possible always take someone else with them to appointments to talk to doctors.” Ellen’s advice confirms Werner and Malterud’s analysis on the challenges of being considered a credible patient—being prepared to be faced with doubt and bringing a partner to appointments for validation correspond with the strategies they see in women with medically unexplained illnesses. These defensive strategies show these women’s familiarity with others’ skepticism in communicating their own needs and, while the inattentive treatment of patients by doctors is observed in many illnesses, the dismissal of women’s voices stems from a deeper cultural trend.

Mary shared a story during the *3-Day* that brought to light others' distrust in her condition outside of the doctor's office. Diagnosed with an advanced cancer at 30 caused her physicians and herself to fear for her life. As much as she did to "take care of business," the progression of her cancer led her to create funeral arrangements for herself in her town's cemetery, yet her request met resistance. After several arguments with staff and eventually the manager, they eventually allowed her to file a "pre-need" for herself. She said that the staff of the funeral home didn't believe her condition because she *looked fine*; they treated her request as an irrational one because of her appearance. Rather than respecting and trusting Mary's needs, cemetery staff needed other confirmation of the severity of her illness which they believed her cosmetically created appearance (including a wig) did not provide. Thus, her voiced concerns were discounted. As Werner and Malterud conclude, "We have heard here, as is also often heard in cases of rape, that women's clothes and appearance have been taken into account when assessing their credibility" (2003:1414).

"I didn't let myself get emotional"

Breast cancer culture is riddled with rules about how women are supposed to feel during their cancer and, when applicable, their survivorship. Komen's *no whining* campaign during the *3-Day* was an explicit example, yet Ehrenreich's essay on her own cancer experience exposes many other implicit emotional expectations—optimism, cheeriness, hope for the future—which became obvious to her in her own emotional discord. Stories I heard from participants displayed various levels of awareness of these

emotional constrictions, yet the evidence of emotion work was consistent through reflections of self-censorship or inward emotional suppression.

In asking Tara about her emotional resources during her experience with cancer, she remarked, “I lived in a constant state of fear that not many know [...] I couldn’t share with my husband but I did have one girl friend who was a survivor and I told her everything.” She expresses experiencing despair and anxiety, yet made conscious efforts to conceal her grief to those in her life. Suzanne, a mother of four, also felt cautious of sharing with her family, recounting with me how she felt emotionally estranged from her family and friends because of how much she hid from them. She described the pain she endured during her treatment and the lengths she went to appear strong to those in her life, still hosting monthly game nights and trying to censor her own afflicted condition on the front stage. “That’s how I got involved with the Avon [now Komen] walks. I was just seriously desperate to talk to someone.”

Many women discuss the *3-Day* as an important emotional outlet to share the pain of living with cancer. Despite the emotional policing done by Komen at the event, the *3-Day* may act as a back stage for many women; they mention feeling comfortable at the walk, attaining some kind of emotional relief. While my own experience as a single walker caused me to notice the lack of inter-group mingling during the event, participating in the *3-Day* must offer some sort of free pass for women to talk about their experiences, whether with new acquaintances or even with friends with whom little had been shared previously. Many women I spoke with praised the *3-Day*, despite its shortcomings, for offering a venue to simply *talk* about breast cancer. Their enthusiasm

for such an opportunity illuminates the intolerance they are usually met with in discussing the hardships of their illness.

This constant self-censorship results in emotional suppression on an inward level. My questions to one walker, Bethany, about her experience with cancer were admittedly difficult for her to answer because of her lack of emotional processing: "I didn't let myself get emotional about the whole thing for a few years. I had nowhere to put it [my grief] so I just pushed it to the back of my brain." Bethany's reflections show her cognizance of the depths of her own emotion work. She reported feeling "fine" in the years during and after her treatment, but later struggling with the emotional trauma of breast cancer that she had suppressed. The emotional detachment she felt during her treatment supports Hochschild's discourse on the power of emotion work to create real, self-induced feelings (1983). Bethany, as well as other walkers who performed such emotion work, disengaged with the pain and trauma of their cancer which ultimately perpetuates the silence of the breast cancer experience.

Conclusion

The hyper visibility of breast cancer culture and awareness organizations like the Komen Foundation have fueled an assumption that women with breast cancer have ample resources and support. The pervasiveness of the pink ribbon allows us to be optimistic in the movement against breast cancer, yet we have become blind to the diverse and painful realities of women's experiences that do not fit the image of feminine, empowered survivorship. We are thus blind in a new way to the silencing of women's voices, as the commercialization of breast cancer has created a facade of

consciousness about the illness and those who suffer from it. The “invisible labor” (Daniels 1987) of women’s emotion work has long been overlooked; however, the delegitimization of women’s experiences with breast cancer exposes a new layer of marginalization. Its visibility is deceptive, as our perception of its empowerment is artificial.

What manifests itself in breast cancer is also present in a wider society: the marginalization of women’s voices. Evident in the political sphere, women have been dismissed for not conforming to rigidly narrow emotional norms—their anger is dismissed as irrationality yet so is their sensitivity. Regardless of the form of expression, women’s perspectives are disregarded and delegitimized. The delegitimization of women’s breast cancer experience reflects the larger cultural framework that devalues their voices and discredits them even in their personal narratives.

As this study is guided only by the narratives of participants in the Komen Foundation *3-Day* event, it would be strengthened by a larger and more diverse pool of participants. It may also be limited by the structure of the interviews, as the nature of online interviews does often not allow for the spontaneous and genuine communication of emotions. A more wide scale, in-depth approach to such research would add further understanding to women’s illness experiences and illuminate the contradictions between their stories and the dominant cultural narrative of breast cancer.

In summary, despite the visibility of breast cancer of an illness through its commercialization and corporatization, we have been told only one story of breast cancer—one of confident survivorship, idyllic sisterhood, and cheery optimism. Women’s voices have otherwise been delegitimized through social mechanisms that not

only silence their pain and frustrations but also manipulate their emotions on an inward level by policing the appropriateness of their feelings. Events through organizations like the Komen Foundation often reflect and perpetuate the marginalization of women's voices, yet this silencing occurs on a much deeper, cultural level and is not unique to the breast cancer experience.

References

Daniels, A. K. (December 01, 1987). Invisible Work. *Social Problems*, 34, 5, 403-415.

Erickson, J. (2011). Emotional carework, gender, and the division of household labor. In *At the heart of work and family: Engaging the ideas of Arlie Hochschild*, edited by Garey, A. I., & Hansen, K. V. New Brunswick, N.J: Rutgers University Press.

Ferraro, S. (1993). The anguished politics of breast cancer. *New York Times Magazine*, August 15, 25-27 and 58-62.

Hochschild, A. R. (1979). Emotion Work, Feeling Rules, and Social Structure. *The American Journal of Sociology*, 85, 3, 551-575.

Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. Berkeley: University of California Press.

Hochschild, A. R., & Machung, A. (2003). *The second shift*. New York: Penguin Books.

Jolie, A. (2013). My medical choice. *The New York Times Magazine*, May 14, 2013.

Klawiter, M. (1999). Racing for the Cure, Walking Women, and Toxic Touring: Mapping Cultures of Action within the Bay Area Terrain of Breast Cancer. *Social Problems*, 46, 1, 104-126.

Klawiter, M. (2004). Breast cancer in two regimes: the impact of social movements on illness experience. *Sociology of Health and Illness*, 26, 6, 845-874.

Montini, T. (February 01, 1996). Gender and Emotion in the Advocacy for Breast Cancer Informed Consent Legislation. *Gender and Society*, 10, 1, 9-23.

Sulik, G. A. (2011). *Pink ribbon blues: How breast cancer culture undermines women's health*. New York: Oxford University Press.

Werner, A., & Malterud, K. (2003). It is hard work behaving as a credible patient: encounters between women with chronic pain and their doctors. *Social Science & Medicine* (1982), 57, 8, 1409-19.