Proposal Abstract

Abstract:

In my book project, *Postfeminist Risk: The Vulnerable/Empowered Woman of Health Discourse*, I analyze public discourse about three women’s health issues: breast cancer, cervical cancer, and postpartum disorders. Using textual analysis as my primary method, I seek to understand how contemporary discourse about women’s health constitutes identities for women that, in contrast to those imagined by the women’s health movement, are intricately intertwined with and reliant upon the medical establishment. I have completed the first two (of five) chapters of *Postfeminist Risk*, and I am currently working on the third. With PESCA funding my research and writing this summer, I will meet my objective of writing and revising the final two chapters by the end of August. Rutgers University Press has reviewed my proposal and expressed interest in reviewing the manuscript. I expect to have the manuscript delivered to Rutgers University Press by September.

Key Words:

women’s health, public discourse, feminism, identity, risk
Proposal Description

Qualifications
In peer-reviewed publications, I have analyzed the articulation of identities for women in several different health contexts, including in discourse about breast cancer and postpartum depression. In addition, I have published articles on the public discourse about abortion and genetic research. Taken together, my publications and my book project suggest public understandings of health are important because such understandings are embodied and enacted through our identities.

Background
In the first edition (1970) of the groundbreaking women’s health book *Our Bodies, Ourselves*, the women of the Boston Women’s Health Book Collective offered a distinctly feminist view on women’s health. In chapters on women’s sexuality, pregnancy, anatomy and physiology (among many other topics), the collective developed an experiential epistemology that privileged women’s own knowledge of their bodies and women’s personal experiences over the “objective” knowledge of science, argued for the importance of women’s bodily self-determination, and placed discussions of women’s health in a political context. *Our Bodies, Ourselves* was the product of the women’s health movement in the United States, a movement with close ties to the women’s liberation movement of the late 1960s and 1970s. The women’s health movement is credited with significant changes in the healthcare industry, including the transformation of the doctor/patient relationship and patient informed consent procedures. Most importantly, the movement put women’s health “on the map,” increasing both the public and medical visibility of women’s health issues.

Motivating my research on women’s health is the concern that the public visibility of women’s health issues now reflects a growing and diverse set of agendas that are often at odds with how activists in the women’s health movement conceived of women’s health. Said in a different way, my argument is that women’s health issues have been co-opted by corporations, pharmaceutical companies, and other institutions that depoliticize women’s health in part by remaining silent about the social and cultural dynamics behind women’s health issues. In my book project (tentatively titled *Postfeminist Risk: The Vulnerable/Empowered Woman of Health Discourse*) I seek to understand the ramifications of a depoliticized “postfeminist” women’s health by analyzing how women’s identities are constructed in public discourse about women’s health. By postfeminist, I refer to how contemporary women’s health discourse endorses seemingly feminist ideas about women’s empowerment and agency, but does so through a larger neoliberal discourse of individualism that closes discursive space for political action.

My work on the visibility of women’s health joins that of a growing number of scholars who, while recognizing the positive aspects of visibility, have begun to question the nature of that visibility and the kinds of meanings for women’s health that this visibility promotes. As just one example, each October the United States observes “National Breast Cancer Awareness Month,” a fundraising initiative sponsored by the pharmaceutical giant Astra Zeneca. Samantha King makes a convincing argument in *Pink Ribbons, Inc.* that the visibility of breast cancer may signal not a dedication to women’s health for women, but rather an opportunity for positive
brand marketing and profit for corporations. Similarly, Barbara Ehrenreich has argued that the case with which corporations adopt breast cancer awareness as a way to market their products points to the depoliticization of breast cancer.

Where King and Ehrenreich focus solely on breast cancer, my project expands the field of discussion to women’s health more broadly. In Postfeminist Risk I analyze public discourse about three women’s health issues (breast cancer, cervical cancer, and postpartum disorders), but I understand these case studies to be exemplars of the new dynamics of women’s health discourse. Surrounding Our Bodies, Ourselves (one of the few remaining popular feminist texts on women’s health) in bookstores are volumes such as Natural Hormone Balance for Women: Look Younger, Feel Stronger, and Live Life with Exuberance. This title epitomizes current trends in public discourse about women’s health: it engages in a neoliberal “makeover” discourse that encourages women’s self-disciplining of their bodies, relies on medical and/or other scientific experts for knowledge about women’s bodies, and frames health as women’s individual responsibility. Most importantly, books like Natural Hormone Balance promote a postfeminist understanding of women’s health that promises to empower women by encouraging their consumption of medical services.

I argue throughout Postfeminist Risk that in contemporary postfeminist discourse about women’s health, women are constructed as “vulnerable/empowered” subjects. In public discourse about breast cancer, cervical cancer, and postpartum disorders, understanding and identifying one’s risk—whether a “lifestyle” risk factor or a biological factor—comes for the vulnerable/empowered woman with expectations for risk-mitigating behavior. Simply put, not acting in the face of risk is not an option for the vulnerable/empowered woman, as it is her very action that signals her empowerment. The problem, as I identify in each case study, is that these compulsory choices are far too often choices that privilege the interests of the medical industry rather than the interests of women and reify highly traditional gender roles for women.

Objectives

I am in the final stages of researching and writing Postfeminist Risk, and I am applying for PESCA funding for summer support to finish the manuscript. I have completed the introduction and the first two (of five total) chapters. In the first chapter I outline my interdisciplinary approach to women’s health, drawing primarily from scholarship in the fields of public health, sociology, health communication, feminist studies and cultural studies. In the second chapter I analyze public discourse about prophylactic mastectomies and argue that the choice to have a prophylactic mastectomy is depicted as the only rational option for women with the BRCA gene mutation. I am currently working on the third chapter in which I analyze public discourse about the Texas Gardasil vaccine controversy (created by Governor Perry’s now overturned mandate requiring all girls entering the sixth grade to receive the vaccine) in relation to Merck & Co.’s construction of adolescent girls as “risky and at risk” yet empowered subjects. This chapter should be finished by May 2010.

This summer I plan on completing my book project by writing the two remaining chapters. In the fourth chapter (my third case study), I will analyze the narratives of three women diagnosed with postpartum depression and/or psychosis: Andrea Yates, Brooke Shields, and Tina Zahn. Although different on many levels (most dramatically, Yates suffered from psychosis and killed her five children in 2001, while both Shields and Zahn were diagnosed with depression and recovered), I argue that together these narratives articulate women during the postpartum period as “risky nurturers.” In this variation of the vulnerable/empowered woman, women—
despite their supposed maternal instinct—are a danger to their children because of the risks of the maternal body: hormonal shifts, sleep deprivation, and so forth. Women become empowered in this discourse when they recognize their risk and submit to surveillance by their doctors, friends, and family.

After analyzing public discourse about breast cancer, cervical cancer, and postpartum disorders, I move in a different direction in the final chapter of the book by considering possible strategies for transforming the discourse about women’s health. How can scholars and healthcare workers encourage more open and deliberative dialogue about women’s health issues? Is it possible that by imagining women differently, we might offer a different understanding of women’s health? To answer these questions, I will analyze the strategies of disruption and/or transformation used by explicitly feminist health organizations. Although not a dominant presence in public discourse, such organizations do attempt to insert alternative ideas about women’s health into public discourse. I will be traveling in June to the National Women’s Health Network (NWHN) archive, located in the Sophia Smith Collection at Smith College in Northampton, Massachusetts, to complete my research for this chapter. The NWHN has its roots in the women’s liberation movement and was founded in 1974 by activists and writers Barbara Seaman and Belita Cowan. Their archive is a unique resource, with 69 boxes of material dating from 1974, including their correspondence, publications, and project files. As one of the more visible feminist women’s health organizations, the NWHN’s rhetoric may point to new ways to transform public discourse about women’s health.

Timeline and Tasks
By May 2010, I will have completed the first three chapters of my book. I expect to finish drafting and revising the fourth chapter in June 2010. I will complete the research for the fifth and final chapter in June and write the final chapter in July and August. I will make final revisions to the book project in August.

Outcomes
With the PESCA grant supporting the final stages of research and my writing this summer, I will complete my book manuscript. The manuscript will be sent to Rutgers University Press for review (the press has already reviewed my proposal and expressed interest in the project).

Potential for External Support
External support is unlikely at this final stage in the current book project. However, the completion and publication of Postfeminist Risk will solidify my credentials, and in the 2010-2011 academic year, I will be applying for an American Association of University Women (AAUW) postdoctoral leave fellowship to begin work on my next project, which will focus on constructions of citizenship in health discourse.

Interdisciplinarity
In this project I engage rhetorical perspectives on discourse, sociological theories of risk and risk management, and cultural studies and feminist theories regarding women’s identities in relation to popular culture. Postfeminist Risk is written for a wide audience, including but not limited to scholars in the fields of public health and medicine, women’s and gender studies, communication (including rhetorical studies, health communication, and media studies), and sociology.