A Comment by the Author of *Pink Ribbon Blues: How Breast Cancer Culture Undermines Women’s Health*

The review of my book, *Pink Ribbon Blues*, by Edyta Zierkiewicz is a welcome addition to a growing multidisciplinary (and multi-constituency) discourse surrounding culture, society, and biomedicine in the 21st century. That critical discussion sees the rise of health and illness within a broader socio-political and economic context that involves science, medical markets, patient advocacy, and health/medical consumerism as well as the lived experiences of individuals and their communities. My analysis of breast cancer culture in the United States (i.e., “pink ribbon culture”) takes this important critique into account to analyze how pink ribbon culture developed from an activist-oriented women’s health movement to a highly profitable, self-perpetuating social cause. One that not only has gained traction in popular culture and a vast array of marketable pink-ribbon products, but also exists within a contested terrain in which individuals and advocacy groups struggle to be heard amid a cacophony of sound bites, scientific controversies, and superficial “awareness” messages.

As Zierkiewicz points out the United States context shapes the particular portrait described in *Pink Ribbon Blues*, especially the “can-do” American spirit that courageously faces adversity and ultimately wins. Realities notwithstanding, that ethos has shaped cancer culture and modes of survivorship to such a degree that the diagnosed are almost blamed if they do not don a positive attitude. The cult of positive thinking merges with the American “war on cancer,” officially declared by President Nixon in 1971. The war promotes urgent and aggressive action using the best weaponry modern science can muster (e.g., extreme medical surveillance and the “slash, burn, and poison” interventions that both help and hinder). Systems of modern medicine market these wares (often directly through advertising and other health communication materials) to a consumer base that is primed for taking responsible, proactive action. The individual struggle of breast cancer, cast into an epic battle against the disease, represents a multi-faceted system that involves nearly every segment of American society – from health social movements to mass media to the nonprofit sector to the health delivery system itself.

As a case, pink ribbon industry offers an object lesson in the political values and beliefs that, along with national and international politics, underlie different players in breast cancer advocacy and industry. Numerous world landmarks have been lighted in pink in the name of breast cancer awareness – the Parliament...
Buildings in Ottawa, Ontario; the River Danube's historical Chain Bridge in Budapest, Hungary; the Sydney Harbour Bridge in Sydney, Australia; the Le Royal Hotel in Amman, Jordan; the walls of Jerusalem's Old City; the ancient Mayan pyramids of Chichen Itza, in Mexico's southern state of Yucatan; the Brandenburger Gate in Berlin, Germany; and even, the statue of Christ the Redeemer in Rio de Janeiro, Brazil. The breast cancer business model is no longer contained to the U.S. context as transnational corporations outbid each other with public relations campaigns to grow their consumer base and cause-related profits. In many cases, funds that are raised in the name of research and cure are diverted to awareness activities, or they go nowhere at all. The incessant advertising that accompanies these campaigns rarely give evidence-based information or offer realistic representations of breast cancer or those who are diagnosed.

The market-based logic of breast cancer advocacy in the United States contributes to representations of the disease that are pretty, pink, and triumphant. How do these messages impact people when they are facing diagnosis, treatment, recurrences, and at times terminal illness? *Pink Ribbon Blues* shares the voices of those who identify with the ubiquitous pink ribbon culture, those who vehemently resist it and more commonly, those who exist somewhere on the continuum. As Edyta Zierkiewicz argues, the idealized breast cancer survivor (referred to in *Pink Ribbon Blues* as the “she-ro” and in Poland as the “Amazon”) is a myth. The diversity of experiences of the diagnosed, are not reflected in prevailing public discourse. Those who care for, treat, and counsel people who face breast cancer and other illnesses will have a deeper sense of that diversity if they understand the social and cultural factors that underlie their experiences. Likewise, reflective practitioners will benefit from contemplating how those same factors are likely to shape the norms and practices of their own areas of expertise.

*Pink Ribbon Blues*

Gayle A. Sulik