

**Gayle A. Sulik, *Pink Ribbon Blues: How Breast  
Cancer Culture Undermines Women's Health*,  
Oxford University Press, 2011, pp. 402**

Broadly speaking, the main thesis discussed by the American sociologist Gayle Sulik is that public discourse regarding breast cancer brings neither benefit to healthy women, nor, moreover, to those struggling to overcome their illnesses. Sulik unequivocally propounds her statement just at the subheading of her book.

Issues analyzed by Sulik are rarely raised in articles and books published by Polish social scientists. Presumably, it is because they are not fully comprehensible in our cultural context. The tradition of critical considerations pertaining to the discourse on illness and its media representations is yet to be established in Poland, notwithstanding the constant development of medical sociology that has developed over the last 40 years approximately (cf. Piątkowski 2002). In scientific literature, mass media is usually portrayed as the means by which the transmission of information between different groups of senders and recipients is mediated. Its role in constructing and shaping the phenomenon of the psycho-physical well-being of the citizens of contemporary societies is either disregarded or belittled.

By examining the aforementioned publication, I would like to recommend it to potential readers (scholars and laypersons, those healthy and ill), as well as to present the way in which the author's astute recognitions may be referred to as deliberations about the methodology applied in the field of counselling sciences. The latter being an important basis for a critique of counselling perceived as a social process.

Sulik's publication is an example of a fair 'case study' – a study devoted to the real impact of popular culture (speaking in broad terms) on the health situation of women. The author traces manifold forms of abuse against these women, and convincingly explains how particular social events (e.g., media educational campaigns) challenge the commonly stated mission by organisers that they are supporting the women in their fight against breast cancer.

The American pink ribbon culture, which is the subject of the analysis conducted by Sulik, grew out of a – completely unknown to us – women's health movement (in the 70s) and a breast cancer movement (the 80s and 90s). However, as a symbol, the pink ribbon only became public for the first time in the early 90s. It seems difficult to unambiguously state who started this fashion (Susan Komen – founder of one of the breast cancer foundations, or Estée Lauder – owner of one of the giant

cosmetics company), but different authors prove that the idea itself was borrowed from the gay activist movement ACT-UP, fighting for the right of gays suffering from AIDS, who, during their social actions, rendered a red ribbon useful (p. 47; cf. Kaufert 1998; Kolker 2004).

Currently, the pink ribbon culture constitutes an autonomous cultural system 'with its own symbols, beliefs, values, norms, and practices', (Sulik 2011, p. 4). Its ideas are conveyed by diverse educational programmes, community events or support groups, billboards, women magazines, television programmes, etc. An enormous industry and system of services have come into being in recent years that have the pink ribbon as its focal point. The breast cancer theme is undertaken more and more frequently by socially responsible corporations, because of the fact that the idea of pink ribbon is not only addressed to women who have undergone oncological treatment, but it also attracts healthy people – both those who support the ill, and those who are generally interested in medical issues. As Sulik puts it, the culture of the pink ribbon is remarkably 'user friendly'. 'The identity of the warrior who fights courageously against breast cancer is open to anyone who buys, displays, or thinks pink' (pp. 4-5).<sup>1</sup> Sulik dedicates a lot of space to the analysis of the 'pink warrior' figure. Predominantly, she concentrates on the *shero* pattern, which became a normative identity model for sick women.

Nonetheless, the circumstances at first glance still remain... pink (i.e. optimistic, uplifting), and only ostensibly does the pink ribbon culture place ill women or the issues of women's health at its centre,. In reality it is all about 'turning breast cancer into a brand name with a recognizable logo', (ibid., p. 9). That is exactly because one should talk about the success of the pink ribbon idea, rather than progress in relation to the disease itself (for example, higher treatment efficiency). This success is built upon, *inter alia*, discarding from public discourse the issue of the ambiguity of medical statistics, or scientific controversies surrounding the detection and treatment of breast cancer, and obliterating any associations between cancer and death, punishment for sins, etc from the social imagination. The pink ribbon brings to mind only the traditional images of heterosexual womanhood, motherhood, emotional sensitivity, harmlessness, care, hope, lack of egotism, and sometimes childishness (ibid., p. 14). Women stricken with illness are under the pressure of contradictory social demands. On the one hand, they are inclined to conceal their injury, and not exhibit any negative feelings during their day-to-day activities, but on the other hand, they are expected to celebrate their survival – they will hide their scar with a breast prosthesis, but at the same time present it publicly (on artistic photographs) as a sign of bravery.

---

<sup>1</sup> In 2002 in the USA, an action 'Think before you pink' was initiated. The aim of it was to sensitize American society to the dangers associated with the spreading of the pink ribbon idea in public discourse, and especially with the strong propaganda of the 'charity industry' which has more to do with receiving revenues by those producing various 'pink stuff', than actual support of women who underwent breast cancer treatment (see: <http://thinkbeforeyoupink.org/>; on-line: 30.03.2012).

The culture of the pink ribbon does not serve ill women not only because it forces them to adapt to and transgress gender norms (simultaneously being womanish and 'manly', i.e. being gallant, courageous, tough, etc.), but also because the gigantic profits turned over from 'the war against the cancer' never got to them. Only a few ponder about the reason why October was announced as the International Month of Breast Cancer Awareness. Sulik – and some other critically orientated researchers (cf. Klawiter 2008, pp. 98-99) – attribute the authorship of this idea to the American Cancer Society and one of the pharmaceutical corporations. Both institutions 'just' want to make a profit from disseminating diagnostic programmes and specific therapeutic interventions, without even considering the costs that women will incur (Sulik 2011, p. 19).

One of the consequences – *prima facie* evoking only positive connotations – is the notion of medical consumerism (ibid., pp. 31-35). Amid various social actions and appeals to the American value system a contention was propagated, that a patient should become a consumer actively engaged in the affairs regarding his/her health, seeking information and making thoughtful decisions. This kind of assertion is still relatively new in Poland, and that is why we do not discern any negative changes in medical consumerism, which came into being in the 90s. However, in American society, the retreat from the social critique and political activism of the 70s, towards more contemporary empowerment of a single patient, who puts their trust in medical knowledge and conventional treatment (in other words: he/she consumes medicine), is noticeable and assessed not necessarily in an affirmative manner (cf. Beck 2002, pp. 304-315; Lupton 1997, pp. 106-114). In Poland, with regard to breast cancer, the prevailing assumption – criticized in the West – is that a woman manifests her individual responsibility of a 'medical consumer' for her health when she attends for a mammogram. Nobody engages him/herself in a polemic with this statement; nobody gives it a careful thought. Whereas Sulik considers it to have an historical underpinning, and not actually being as innocent or neutral as it would seem (ibid., p. 46).

Gayle Sulik's book gives us a chance to understand many other issues – social and cultural alike, but medical, economical and political as well. Although the pink ribbon culture also reigns supreme in Polish public discourse, we lack the means for it to be recognized and meticulously analyzed; we also lack the awareness of the phenomena emerging now. Cheerfully and thoughtlessly, we embrace medical consumerism, the *shero* model and the emphasis put on the aestheticization of breast cancer. Throughout Polish history, neither was there any health activism, nor any theoretical tradition of consideration of the status of different minority groups (racial, ethnical, psychosexual), and that is exactly why the issues mentioned above never existed in Polish scientific reflection on the social construction of illness/disease. The few analyses of health inequalities pertain to the class inequalities (cf. Charkiewicz 2002). What is more, nobody discusses the environmental factors in Poland, which may positively affect the chances of a woman suffering from breast

cancer (ibid., pp. 60-61). Not only do we not – society in general – understand what cancer actually is (i.e. what types of cancers exist, what is the dynamic of its growth, what are the consequences of treating it, what is the rate of metastasis and how frequent the recurrence of cancer is), but we do not pay any attention to how the disease is defined and classified (ibid., pp. 163-171).

A Polish breast cancer patients' movement (called Amazons) is seemingly homogeneous – all the founded clubs are based on the same ideas, borrowed from the international organization Reach-to-Recovery, and operate under the leadership of the Federation (with its headquarters in Poznań). However, since the homogeneity is only illusory, they cannot comprise a sufficient back-up facility able to put up resistance against the all-unifying pink ribbon culture. Breast cancer, rendered in media discourse as a lifestyle, becomes similarly apprehended within the Amazon movement. Various social campaigns – Amazonian, as well as those funded by public institutions and private companies – communicate a 'consistent' message to their recipients: have a mammogram, take part in a medical programme and buy some 'pink product' (ibid., p. 63). The pink ribbon culture trivializes the experience of disease and infantilizes sick women. It provides everyone with easy-to-cope-with and hope-laden information: everything will turn out well, you need to enjoy life, and you have to become more feminine (ibid., pp. 98-99).

In spite of the thorough critique of the pink ribbon culture, Gayle Sulik contends that a number of people would not be better off if the culture itself was utterly condemned. Many of the women who participate in it feel better; they acquire a sense of self-agency; they start to believe in the possibility of receiving support adequate to their needs. A careful and critical analysis of this social phenomenon is needed, because there are many other people who are excluded from this culture – they do not 'fit' the model of a joyful, womanish survivor, and thus are subject to re-stigmatization. The pink ribbon culture is perceived then as an oppressive form of social control – a control which enforces the normalization and de-politization of the disease (ibid., p. 275).

*The pink ribbon – stated G. Sulik – symbolizes breast cancer awareness, but it also functions as a summarizing image of a multitude of shifting meanings. In the context of pink ribbon culture, the ribbon refers to core American beliefs about optimism, scientific progress, generosity, and the ability to rise to any challenge (ibid., p. 361).*

The cornerstone of this culture is the deeply embedded contention about the forthcoming solution of 'the problem of breast cancer', and that is why assertions are made about easily identifiable causal relations. In reality, however, breast cancer remains a serious challenge to the medical community, as well as to the whole of society: its causes are unknown, incidences of its occurrence are steadily increasing, there is no effective cure for cancer, there are many victims of the disease, and the methods of its treatment seem to have more in common with medieval torture

rather than advanced medicine (that is why they are dubbed as ‘the slash, burn, poison trilogy’; cf. Langellier 2001). Probably because of these, and the like, are the reasons that the pink ribbon culture functions best on the symbolic level. It does not need any proof corroborating its credibility or accuracy, on the contrary: challenging the authority of medicine, or even just posing a question about arguments validating medical contentions popularized within the sphere of the pink ribbon culture is perceived as a threat. Those who are discerned as the opposition (including critical scholars), become accused of standing against progress, health and women (*ibid.*, p. 364).

Gayle Sulik’s book constitutes a great example of research conducted within the critical paradigm in social sciences. Due to the lack of critical studies on the social discourse of counselling, Alicja Kargulowa (2004) in her analysis devoted to the methodology of scientific counselling research referred to the anthropological concept of cultural patterns founded by Margaret Mead. The analysis of the pink ribbon culture (as an economical, medical, political, activist, media pattern, and psychological mechanisms of coping with illness – i.e. individual responses to the aforementioned patterns; Sulik 2011, pp. 225-313), enables us to see how research on an intricate social phenomena may be carried out. Sulik does not endeavour to answer the ‘where lies the truth?’ question, but she strives to find out in what way the public representations of illness are constructed, and why those images in particular, and not any other, gain public interest. Sulik – as the author of another very interesting book, Klawiter Maren (2008) says – examines the issue of the ‘resonance’ of values communicated by means of these images and the expectations of recipients. Moreover, she writes about the creation of a ‘breast cancer audience’, and proves that, the relationship between the representations (that is, the messages of different groups of senders) and society is multilayered and dynamic, and it requires extensive studies of phenomena that are seemingly separate.

In my opinion, those who conduct research on the processes taking place in institutions orientated towards helping people in their troublesome circumstances, or between those who help and those who receive support may not only learn much about the norms and rules prevailing in the therapy culture, but also become acquainted with its primary conditions. The author’s critical stance towards those phenomena is invaluable. When one approaches the works of Polish researchers, he/she might get the impression that they are overly optimistic when considering helping issues, that they only discern the institution of counselling as a ‘factor’ in the process of empowering helpless and lost people, so as the latter can finally acquire self-agency and have power over their lives. They (the researchers) draw their conclusions on the analyses of the helping relationship itself. Thus, they become ‘eligible’ to neglect the societal, political and cultural basis of the discussed issues. (Some kind of departure from this type of analyses can only be recently seen in the publications by, for example, Barbara Skalbania 2011; Marcin Szumigraj 2011; Bożena Wojtasik 2011). Gayle Sulik, on the other hand, shows vividly and

convincingly, that putting the theoretical problem in a wider perspective gives us an actual (which does not mean that it is the only real) picture of the situation of the 'empowered subject', regardless of whether they are women suffering from breast cancer, those interested in their somatic health, or people experiencing problems of a psychological nature and seeking help in specialized clinics.

*Edyta Zierkiewicz*

(Translated from Polish by Karol Maślany)

## References

- Beck U. (2002) *Spółeczeństwo ryzyka. W drodze do innej nowoczesności*, trans. S. Cieśla, Warszawa, Scholar.
- Charkiewicz E. (2007) *Jesteś kapitałką. Choroba jako towar na rynku usług medycznych. Feministyczna analiza reform zdrowia*, „Raport Think Tanku Feministycznego”, nr 1, Biblioteka Online Think Tank Feministycznego, available on: [www.ekologiasztuka.pl/think.tank.feministyczny](http://www.ekologiasztuka.pl/think.tank.feministyczny); (Access: 30.03.2012).
- Kargulowa A. (2004) *O teorii i praktyce poradnictwa. Odmiany poradoznawczego dyskursu*, Warszawa, Wyd. Nauk. PWN.
- Kaufert P.A. (1998) *Women, resistance, and the breast cancer movement*, [in:] *Pragmatic women and body politics*, eds. M.M. Lock, P.A. Kaufert, Cambridge University Press.
- Klawiter M. (2008) *The biopolitics of breast cancer. Changing cultures of disease and activism*, Minneapolis, London, University of Minnesota Press.
- Kolker E.S. (2004) *Framing as a cultural resource in health social movements. Funding activism and the breast cancer movement in the US 1990–1993*, *Sociology of Health & Illness*, vol. 26, nr 6.
- Langellier K.M. (2001) „You're marked“. *Breast cancer, tattoo, and the narrative performance of identity*, [in:] *Narrative and identity. Studies in autobiography, self and culture*, eds. J. Brockmeier and D. Carbaugh, Amsterdam, John Benjamins.
- Lupton D. (1997) *The imperative of health. Public health and the regulated body*, London, Thousand Oaks, New Delhi, Sage.
- Piątkowski W. (2002) *Geneza i przedmiot socjologii medycyny*, [in:] *Zdrowie i choroba. Wybrane problemy z socjologii medycyny*, eds. J. Barański, W. Piątkowski, Wrocław, Atut.
- Siarkiewicz E. (ed.) (2004) *Niejednoznaczność poradnictwa*, Zielona Góra, Oficyna Wydawnicza UZ.
- Skałbani B. (2012) *Instytucjonalne poradnictwo pedagogiczne okresu przemian. Kontynuacja i zmiany*, Radom, Wyd. Politechniki Radomskiej.
- Szumigraj M. (2011) *Poradnictwo kariery. Systemy i sieci*, Warszawa, Łośgraf.
- Think before you pink, available on: <http://thinkbeforeyoupink.org/>; (Access: 30.03.2012).
- Wojtasik B. (2011) *Podstawy poradnictwa kariery. Poradnik dla nauczycieli*, Warszawa, KOWEZiU.