"FIFTY-TWO EASY STEPS TO GREAT HEALTH" REPRESENTATIONS OF HEALTH IN ENGLISH-CANADIAN WOMEN'S MAGAZINES

by

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Abstract

In this dissertation I examine representations of health in *Chatelaine*, *Canadian Living* and *Homemaker's* magazines published between 1997 and 2000 to understand how these "handbooks on femininity" define health issues for their readers. I argue that by examining health articles discursively, the rules, patterns and structures which create and privilege certain definitions and meanings over others can be scrutinized to identify the social meanings about women and health created by the magazines. However, I also assert that this dissertation is a critical reading of texts within a specified historical/social context with an understanding that the subjectivities and forms of governance constituted in the discourse are taken up by individuals with various degrees of acceptance, negotiation and resistance. I found that women's magazines fulfilled their self-defined service mission by continually asserting their expertise and authority in health matters and their role in educating women about the latest health information. Reflecting and reinforcing the discourse of healthism, the articles consistently present health as an important individual responsibility and a moral imperative, to be pursued through continual self-assessment and acquisition of information, and by practicing the "prescriptions for healthy living" provided by the magazines. This discourse creates an 'entrepreneurial' subject position for women, meaning one's identity as a rational health-seeking subject is an on-going project requiring particular forms of self-discipline and self-surveillance. The moral goodness of healthist subjects is further reinforced through depictions of irrational, unhealthy others who lack the valued qualities of self-control and personal determination—women who risk illness, disability and disease through their failure to engage in the healthist prescriptions provided by the magazines. These women

are portrayed as requiring further education and encouragement in health matters, and are viewed as irresponsible citizens for failing to follow healthist dictates. These representations of health also silenced a number of important issues including recognition of the structural determinants of health and the work of feminist/political groups. Also, women's magazines assume a shared "woman's experience" reinforcing dominant/ideal notions of femininity which fail to address the diversity of women's experiences and the complexity of women's lives.

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Chapter One - Why Study Health in Women's Magazines?

> If you're like most women, you want to improve your health but know the other passions and obligations in your life — family, career, friends, committees — can gobble up your time and energy. You have no use for overly complicated wellness advice, no time for a radical health makeover. What you need are realistic strategies to follow at your own pace.
>
> So, we've taken the most current health guidelines and broken them up into teeny tiny steps — 52 of them. You can jot one on each week of your calendar for a year's worth of healthier living. Or speed it up and tackle a few at once. To help you keep track, we've included a list to tear out and check off. At year's end, every step you take will add up to a healthier you (Bauer, 2000:50).

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> Every day, we're bombarded with new health information from a wide range of sources: television, the Internet, magazines and newspapers. It's information we're seeking because all the health-care cutbacks have led us to take more responsibility for our own and our family's health. We're more discerning in our eating and exercising habits, more disciplined about regular checkups, more interested in reading about preventive health and alternative medicine. This proactive role is an important and positive change in our thinking, and one that will ensure the future good health of our families. It means we have the motivation and knowledge to become partners with our health-care professionals, rather than passive recipients of their care (Baker Cowan, 2000:4).

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Women are continually confronted with messages about health and illness. These messages come from a variety of sources, including state-controlled health promotion campaigns, advocacy groups, (e.g. Canadian Cancer Society) and the mass media. Generally, these institutions have public acceptance in our society and with this comes the ability to promote their messages to a wide audience. While these messages do contain information promoting healthy living, they also comprise discourses that encourage particular forms of knowledge about health, women and society.

These health messages are the subject of this dissertation. Specifically, I investigate three top-circulating English-Canadian women's magazines[1] to study the health messages they contain. Health writings in women's magazines comprise a particular discourse and it is important to understand the meanings, ideologies,

subjectivities, and forms of governance that they produce. Women's magazines fashion themselves as handbooks on women's lives covering a diverse range of topics, including fashion, relationships, health, family care, cooking, crafts and politics. Women's magazines reflect and reinforce current forms of knowledge concerning women's roles in society. While there have been several studies analyzing coverage of specific health issues in women's magazines, such as breast cancer (Andsanger & Powers, 1999; Lantz & Booth, 1998; Olive, 1996), prenatal testing (Beaulieu & Lippman, 1995) and bodily appearance (Milkin, Wornian, & Chrisler, 1999), I argue there are characteristics of health writings in women's magazines which transcend particular health and illness subjects, and these general health messages require study.

To do this, health articles in issues of *Chatelaine*, *Canadian Living* and *Homemaker's* magazines published between 1997 and 2000 were examined in detail to better understand the agendas being set for women's health and the discourse on health present in women's magazines. I did not set out to assess the correctness of health messages against current medical research, but instead sought to analyze the health writings in women's magazines as a discourse about women, health and society (Lantz & Booth, 1998; Olive, 1996). This thesis was guided by a number of questions about who is considered responsible for good health and how this responsibility is constructed within the magazine stories. Other research questions include whether and how magazine articles reflect healthism, health promotion and feminist notions of health and the intended audience of the magazines, particularly how these subject positions are constructed and who is left out of women's magazine discourse. Lastly, the forms of evidence magazines use to support their main claims and the risks presented to women were examined. Through these questions I sought to better understand not only what women's magazines say about women, health and responsibility, but also how they say it.

In this thesis I will argue that *Chatelaine*, *Canadian Living* and *Homemaker's* magazines fashion themselves as essential guides for women's lives. In their writings, the magazines promote the message that readers should practice vigilant, continual self-assessment by acquiring information about their health. Readers also have a responsibility to manage their health, and seek to enhance it through the use of the various instructional protocols presented in the magazines. This discourse creates an

entrepreneurial subjectivity for women readers: the idea that one's identity is a project which requires continual and active assessment, knowledge and work, which leads to particular forms of self-discipline and self-surveillance.

Why Study Health Messages?

The concept of health denotes more than just biological conceptions of wellness and illness, it is also shaped by social, political and cultural forces (Turner, 1996; Wakewich, 2000a). According to Robert Crawford (1984; 1994) health has become a central concept in the construction of identity in the late twentieth and early twenty-first centuries. Our concepts and beliefs about health have become a way of defining the boundaries between the self and other, and of constructing social and moral classifications around gender, social class, sexuality, race and other cultural categories. Crawford states that health is not only biological and practical, but also layered with connotations concerning "…what it means to be a good, respectable, and responsible person" (Crawford, 1994:1348). Also, he states that the idea of the "healthy" self is partially defined and sustained through the identification of "unhealthy" others who embody characteristics which fall outside the health identity (Crawford, 1994; White, Young, & Gillett, 1995).

There are several dominant institutions which create and maintain current notions of health though these are constantly being refashioned, reinterpreted and resisted within the institutions themselves and by the population at large (Wakewich, 2000a). This occurs partly through the dialectical relationship between institutions and citizens which works to continually re-define ideas about health. These institutions include not only state health promotion agencies and medical professionals, but also educational institutions, social welfare agencies, advocacy groups[2] and the media. These groups adopt policies and practices which develop and articulate concepts and regimens of health for the populace. The discourses created by these institutions need to be interrogated in order to better understand their motives and goals, and how they are embedded in the wider social, political and historical framework of Western society (Lupton, 1995).

For example, Valerie Sacks (1996) in her analysis of discourses on women and AIDS found that discussions of the disease produced and reproduced particular

conceptions of women, sexuality, normalcy and deviance, and in so doing created identities for HIV-positive women based on how they contracted the disease. At one extreme are prostitutes and pregnant HIV-positive women who are portrayed as vectors of the disease, indiscriminately infecting others. These women are considered deviant, more deserving of the disease, and morally suspect because they do not conform to idealized notions of heterosexual-female femininity. At the other end of the spectrum lie those who become infected in what are considered non-deviant ways, like blood transfusions, through clinical contact with their HIV-positive dentist (whose condition was unknown by the patient), or as a result of a single unsafe activity considered "out of character" for the now-infected woman. These women are constructed as deserving of compassion and health resources, and as innocent victims of a horrible disease.

Sacks states that in a wider sense, these discourses also serve a normalizing function by exhorting those who confront these messages to embody health practices which will help them avoid being stigmatized as a diseased, unhealthy other. By maintaining self-disciplinary regimes of health, informed by such discourses, individuals can sustain both a physical and metaphorical state of good health fashioned in opposition to the characteristics of the unhealthy others who have, or are at high risk of contracting diseases like AIDS (Crawford, 1994). With this in mind, it is important to understand how popular discourses like those circulating women's magazines define the "healthy" self and what disciplinary practices are needed to maintain that identity.

Health Promotion

This dissertation arises out of my curiosity about what kinds of information women receive about health in their everyday lives, and the construction and transmission of these messages. The field of health promotion is a logical place to start, since its main goal is to provide people with information about healthy living. It is also tied to biomedicine[3]—it publicizes existing and dominant doctrines and treatments—and health promoters are often considered authorities on health issues. Health promotion is also important because it is the body of knowledge that generally informs the production of health messages in other institutions like the mass media.

Health promotion can be conceptualized as any activity that attempts to improve, enhance, foster or promote health (Cribb & Dines, 1993b citing Denis et. al., 1982; Lupton, 1995; Macdonald & Bunton, 1992; Tones, 1997). More specifically, Irv Rootman (1993) defines health promotion as a process which empowers individuals and communities to increase their control over and improve their health. This includes changes to the conditions and ways of living which will enhance health and which recognizes a balance between personal choice and social responsibility to create "a healthier future" (Rootman, 1993:4). Other authors (Cribb & Dines, 1993b; Thorogood, 1992) would agree that health promotion is about increasing people's control over their own health and this must be done by addressing both lifestyle and structural issues. Nina Wallerstein and Edward Bernstein (1988) take this further by stressing that the process of gaining greater control over one's own and one's community's health arises from political action, which creates an environment conducive to healthy living.

These definitions characterize health promotion as a vehicle for social change, evident by the adoption of terms like "the empowerment of individuals" and "the development of communities". However, Deborah Lupton (1995) asserts that health promotion activities encompass a range of political positions and strategies. At its most politically conservative, health promotion attempts to direct individuals to take responsibility for their own health status in order to reduce the financial burden on health care services, while more radical versions attempt to effect fundamental shifts in society, addressing structural determinants of health care (i.e. poverty, pollution, housing, gender, race, etc.) and empower citizens through the creation of public policies which will create "healthy" communities.

No matter the political orientation, health promotion can be generally characterized by its overarching goal: the accomplishment of continuing good health for all. But, it is important to remember that what constitutes a 'healthy choice' is not a unitary concept in our society; there are many social and cultural interpretations of what it means to be healthy, and these can change over time (Littlefield, 1996; Peberdy, 1997; Rawson, 1992; Thorogood, 1992). The work of health promotion implies some conception of what health is, and how it is to be achieved, and these conceptions embody

and assert particular social, cultural and political values (Caplan, 1997; Cribb & Dines, 1993b; Lupton, 1995; Thorogood, 1992; Weare, 1992).

Does health promotion as it is currently practiced meet these principles? Health promoters assert that they focus on social and environmental conditions—things not found within the individual—which affect health, working to understand how things like poverty, education, sexism, homophobia, workplace environment and/or racism create barriers to healthy living, or cause ill health (Grace, 1991; Lupton, 1995; Nettleton & Bunton, 1995). This emphasis on structural factors, according to Rootman shows that: "...health promotion is not just some backwater effort to 'change people's nasty little habits' but in fact is part of a movement that is critical to our survival as a species" (1993:5).

Many critics of health promotion assert that regardless of its stated goal of improving the health of populations, and its recognition of the structural determinants of health, it is a discourse that focuses on the individual. There is a large and diverse body of literature arguing that structural determinants of health are routinely ignored by health promotion activities (Grace, 1991; Keaner, 1985; Lupton, 1995; Nettleton, 1997; Nettleton & Bunton, 1995; Thorogood, 1992; Wallerstein & Bernstein, 1988). Instead, according to Lupton (1995) health promotion creates and participates in the prevailing discourse of healthism[4], which influences the emphasis within health promotion towards the encouragement of healthy individual lifestyle changes over transformations to structural factors affecting the attainment of good health, and the accompanying pronouncements on individuals' moral status:

> In their obsession with personal skills and self-efficacy, the [health promotion] models over-simplify and provide facile solutions to the problems they identify. They suggest first that lifestyle habits are amenable to change, and secondly, that most people, if rationally told the 'risks' will make efforts to do so. Alternatively, individuals who possess knowledge about the health effects of behaviours but continue on as before are represented as requiring further assistance to help them resist temptation and change their ways (Lupton, 1995:57).

Health information is an important part of the promotion of this discourse within health promotion because it is the main tool used by those working in public health. Education campaigns are premised on the belief that people require continual instruction about what

constitutes healthy living. However, it is important to remember that the discourses of health promotion and healthism are only part of what shapes individuals' ideas and practices concerning health. Notions of health are continually negotiated and re-negotiated over time and are influenced by social and cultural values, material circumstances, place, time and individual circumstances (Wakewich, 2000a). This dissertation examines only part of the setting within which individual health practices and beliefs are shaped, that is, Canadian mass-market women's magazines.

Health Promotion Campaigns and the Mass Media

Health promotion messages are conspicuously present in the everyday lives of most people in Western societies. Some would argue that very little of our lives remains untouched by health promoters:

> Health promotion activities take place in a great many locations, many of which are outside the traditional institutional domain associated with the sick role: we experience them on TV and radio in our homes; we experience them at the workplace in employee assistance programmes; we are presented with literature and other promotions in our pubs, clubs, sports centres, supermarkets and shopping malls; and we may even find literature arriving with our pay cheques to remind us of sensible drinking levels. There is virtually no site that is left unexplored (Bunton & Burrow, 1995:208).

The preponderance of health messages in society can be attributed to a key strategy of health promotion: mass campaigns directed at large groups.

The purpose of health promotion campaigns is to raise awareness of a particular health risk (e.g. heart disease or smoking) or a healthy activity (e.g. regular exercise), in order to make it a priority concern in the minds of a target audience. It is hoped that with this new knowledge people will be encouraged to change their beliefs and behaviours in ways that will be more healthy. Campaigns are usually directed at large heterogeneous populations, so the message can reach as many people as possible (Lupton, 1995; Parrott & Condit, 1996a).

Health promotion campaigns utilize a number of media forms to advance their message, including pamphlets, posters, public service announcements in newspapers, on radio, television, billboards, and bus shelters, and displays in public places like shopping malls and health fairs. Health promoters also attempt to gain news media coverage of

their campaign in order to extend the reach of their message (Kenen, 1997; Lupton, 1995; Parrott & Condit, 1996a).

The mass media is seen as a way to "market" health-enhancing attitudes and behaviours (Lupton, 1995). There is a burgeoning field of health communication (especially in the United States) which studies ways to disseminate information about health to the public. Lupton (1995) asserts that underlying health communication is the belief that health is a phenomenon which can be "transmitted" as a message. The premise is that if the message is sent often enough, then those who successfully receive it will accomplish a state of health. Health communication experts see health promotion using the mass media as a quasi-scientific formula that merely needs to be followed under the right set of conditions in order to be successful.

For example, Roxanne Louiselle Parrott and Margaret J. Daniels (1996) in their analysis of campaigns on prenatal and pregnancy care, found that health promoters evaluated the success of a program based on exposure to their messages (i.e. 300,000 pieces of printed material distributed, hundreds of presentations, 5,000 vehicles with campaign bumper stickers). This evaluation did not determine if the target audience of pregnant women in any way heeded the messages, understood them, or behaved in accordance with the recommendations. The campaign was seen as successful merely because the message was believed to be transmitted due to the amount of materials distributed. This determination of "success" focuses on individual volition; it is up to women in the target population to heed the advice and work to ensure a healthy pregnancy.

Ironically, at the same time as the mass media are glorified by health communication experts and health promoters as a vehicle to transmit healthy messages, they are vilified as well. Many within health promotion and health communication (and indeed other social sciences) critique messages in the media, showing them to be inaccurate, inadequate, confusing, full of omissions, stereotypes and stigmatizations, and prone to valorizing technological solutions. Also, the mass media is criticized by health promoters because much of their content is believed to promote unhealthy attitudes, interests and products (through both programming and advertising) thereby undermining their work to disseminate healthy messages (Lupton, 1995). These critiques often caution

readers that "the public" need to be informed consumers and critical readers of health claims in the very media that health promoters use to disseminate their messages (see Parrott & Condit, 1996c for several instances of this).

Interestingly, in both cases the public is viewed as receptive to media manipulation. When it is health promoters who are disseminating messages, it is assumed that the public will take them up and incorporate them into a regime of healthy behaviours. If they do not then they are at fault for not heeding the messages, or are constructed as hard to reach, ignorant, illiterate, apathetic, obstinate or in need of further persuasion (Lupton, 1995). And, with messages deemed non-beneficial, this same public is vulnerable: "…passively absorbing the 'viral' messages disseminated by the media, both intentional and unintentional, thus becoming educated in the wrong way" (Lupton, 1995:113). In one case it is persuasion, the other, propaganda. In both cases, those who receive the information are deemed to take up the messages passively and directly, when it is more likely they are responded to based on the individual's social and physical circumstances, creating new, more personal meanings and courses of action which better account for how health attitudes and behaviours arise (Wakewich, 2000a).

Health promotion campaigns also tend to rely upon existing social messages to exhort the public to make healthy behaviour changes. This is particularly apparent in campaigns dealing with women's health issues which reflect and reinforce existing stereotypes about women's roles in society. For example health promotion messages present motherhood as women's primary role in both prenatal care and fertility/infertility information (Camillo, 1986; Keaner, 1985; Klein, 1989; Woollett, 1996). Also, campaigns for HIV/AIDS prevention and smoking cessation have been critiqued for tacitly asserting that women's health during pregnancy is less important than that of her developing fetus (Daykin & Naidoo, 1995; Welch Cline & McKenzie, 1996). These two constructions of women as mothers is further emphasized by examples which position women as the primary care-givers responsible for the health of their families (Daykin & Naidoo, 1995; Lupton, 1995). This operates in two ways. First, women are encouraged to undergo diagnostic screenings and engage in health behaviours for the sake of their families who rely upon a woman in the home for care (Keaner, 1985). Second, health promotion campaigns are directed at women to encourage them to promote the health of

their families by ensuring that her husband and children get regular medical examinations and immunizations, eat healthy foods (prepared by her), get exercise, avoid dangerous substances like alcohol and tobacco, and ensure that the chance of accidents in and around the home are minimized (Keaner, 1985). These examples show how health promotion messages both reflect and reinforce current notions about women and their health.

Why Study Women's Magazines?

It is important to remember that the work of "ensuring good health for all" is not solely within the purview of health promotion.

> The imperatives explicit in health promotional activities initiated and carried out by state bodies are supported by a proliferation of agencies and institutions, including commodity culture, the commercial mass media, the family, the education system, advocacy groups and organizations (Lupton, 1995:11).

While these groups often have competing and conflicting objectives and tactics, they generally articulate a common discourse and encourage similar practices, which can be classified as healthist in scope. These include the normalizing of individual responsibility for health, and the desire within the individual to work to achieve good health. The whole process of health promotion depends on a particular knowledge base and supportive experts utilized by these agencies and groups who participate in the discourse of healthism (Lupton, 1995). The mass media is particularly important in the creation of messages bolstering the importance of health.

This is why the discourse of health in women's magazines is worthy of examination—it is a highly visible and powerful media form read by a great number of women. According to Kalia Doner (1993) women in the United States between the ages of 17 and 70 buy fifty-eight million issues of women's magazines each month. These magazines are viewed as handbooks for their readers, and magazine producers have undertaken the self-appointed task of informing women about issues that concern them (Beaulieu & Lippman, 1995). Women's magazines are designed and produced to speak to women's needs and desires, and create, reflect and reinforce important messages on a wide range of subjects.

Women's magazines have unique characteristics that make them worthy of study. They are easily accessible for purchase in many retail outlets women regularly frequent such as grocery, drug, book and convenience stores, and can also be found without cost in public libraries, beauty salons and health care provider waiting rooms. Like all magazines, women's magazines have an enduring quality not found in other media forms. Issues can endure in settings for months (or even years in some doctor's offices!) and are read by many people (Barton, 1996).

As part of their mission to be an information source for women, many women's magazines include a substantial amount of health information in each issue. Julie R. Andsager and Angela Powers (1999) report that women's health issues have received increasing prominence during the 1990s. This health information appears to be very important to women. Several authors report that women rely on women's magazines for a substantial portion of their health information (Andsanger & Powers, 1999; Beaulieu & Lippman, 1995; Olive, 1996; Parrott & Condit, 1996c).

For example, studies by J. David Johnson and Hendrika Meischke found that women turn to several sources for information about breast cancer, including family and friends, organizations (like the American Cancer Society), physicians and the media (Johnson & Meischke, 1993a, 1993b). They found magazines were the second most frequently mentioned source for information about breast cancer detection (Meischke & Johnson, 1995). Karen A. Luker and her colleagues (1996) found that women surveyed an average of 21 months after diagnosis with breast cancer, indicated that women's magazines were the most useful source of information about their disease. In both cases women's magazines were important because they were viewed as providing easily accessible information beyond that supplied by health care providers.

In her study of embodiment and notions of health over the life course, Pamela Wakewich (2000a) found that many of the women she interviewed relied on women's magazines for health information. She found that many women were avid magazine readers though their choice of magazines changed with time, from teen fashion magazines to publications like *Canadian Living* which are aimed at older audiences. These magazines were purchased for recipes (which could be used to provide healthy

meals) and advice columns that provided information on a number of issues, including personal and family health.

The most important reason to study health messages in women's magazines is that they provide interesting and important insights into women, health and society. For example, Andsager and Powers (1999) assert that the media have a key role in relating messages about health to women and these messages require study since critics question whether the information meets women's needs, and whether messages conform to dominant representations of women, health and biomedicine in ways which could be damaging. They also make important distinctions between news and women's magazines. In their analysis of how these two types of magazines framed breast cancer, they examined 127 articles on breast cancer found in three top news magazines (*Newsweek*, *U.S. News and World Report* and *Time*) and four top women's magazines (*Ladies' Home Journal*, *McCall's*, *Ms.*, and *Good Housekeeping*). They found that women's magazines were a significantly different medium providing more personal stories and comprehensive information. The stories in the two types of magazines differed in the topics covered, experts cited, and the extents to which controversial subjects were reported. Unlike news magazines, women's magazines tended to avoid controversial issues surrounding things like insurance funding for treatments, economic interests in breast cancer or conflicts in research findings.

Andsager and Powers' explanation for this was that women's magazines still tend to be framed by traditional values like beauty, family care and domestic concerns. Editors may shy away from covering controversies fearing they may offend their audience or their advertisers. Doner (1993) agrees, stating that women's magazines, despite the progress they have made in covering feminist issues like domestic violence, rape, sexual harassment and women's health, still have a difficult time covering traditional topics surrounding the home and personal appearance in new and affirming ways. This results in women's magazines serving up "…a hodge-podge of self-loathing attitudes and empowering opinion" (Doner, 1993:37). In the end, women's magazines still emphasize a woman's individual responsibility for her world, including her family, appearance and work, with the implication that if all is not well, it is her fault.

Finally, Robin Bunton (1997) states that: "…popular health in magazines would seem to be an ideal location from which to observe the position of the contemporary subject of health discourses and the acquisition of the techniques for fabricating the healthy self" (Bunton, 1997:239). Bunton states that health and wellness have become increasingly prominent in the media. For example, in his study of *Good Housekeeping* he found an marked increase in health content since 1959, and an increased individualization of health concerns as well. Also, women's magazines are an important and unique discursive form as they integrate expert discourse on health found in medical journals with everyday practices and knowledges. I would also argue they reinforce and reflect notions of femininity within their pages, in addition to their presentation of expert and lay knowledges, creating their own unique discourse about health and women which is important to examine.

It is essential to caution that this study of health messages in women's magazines is not intended to reflect women's actual reading practices. People are not passive recipients of media messages, they are active readers who translate the messages based on a number of factors, including race, gender, sexuality, class, age, literacy, and membership in other sub-cultural groups. The lay public are considered highly media-literate and may resist the intended messages and produce their own meanings (Brown, Chapman, & Lupton, 1996; Lupton, 1995; Parrott & Condit, 1996b). Researchers assert that we still do not know much about women's reading practices, and whether they respond to, ignore, subvert, transform or resist mass media messages (Beaulieu & Lippman, 1995; Wakewich, 2000a). However, it is beyond the scope of this study to examine Canadian women readers and their particular forms of engagement with Canadian women's magazines.

Women's magazines are one of many sources of information women may use for information about health. Information sources like health care professionals, advocacy groups, and research institutions (e.g. Heart and Stroke Foundation) are often consulted, and women use other forms of media, including scientific journals, television or the internet. These also intermingle with personal sources—family and friends—who have acquired information from these sources as well. All of these shape women's knowledge about health and likely influence each other (Daniels & Parrott, 1996; Parrott & Condit,

1996c). In this dissertation, I am focusing on one information source to create a manageable project, but I do not want to place it in a privileged position or forget that it is part of massive and complex discourse on health.

Plan of the Thesis

Chapter Two is a review of the relevant literature divided into three main parts. First is a discussion of women's magazines from a feminist perspective. In this section, I discuss feminist analyses of women's magazines from the recent past, and newer critiques which construct these magazines as a discourse that can be interpreted and examined to understand the messages constructed about femininity in particular socio-historical contexts. I then present literature which describes women's magazines as a cultural form, including descriptions of their format and content. The second section is an examination of the concept of healthism, including discussions of subjectivity, governmentality and resistance within healthist discourse. The third part presents literature which examines women's health issues in magazines and other print media. The discussion is divided into articles which explore the adequacy and accuracy of health messages, and those which treat the mass media discursively by examining not only what is said about health, but how it is said, and the effects of these media messages.

Chapter Three presents the methodology used in this research, including a discussion of discourse analysis techniques. Detailed descriptions of the magazines in the sample are also presented. In addition, this chapter outlines the process of devising an operational definition of what constitutes a "health message", and a discussion of methodological issues concerning the use of computer-assisted qualitative analysis, rigour and reflexivity.

The results of the discourse analysis are presented in Chapter Four. Here a number of findings surrounding health messages in women's magazines are detailed. These findings are organized thematically based on the types of messages that are conveyed to readers and the discursive mechanisms which underlie these constructions. These include the ways in which women's magazines conceptualize health and their authority as a health resource, the continual construction of health as an important responsibility for women and the prescriptions for healthy living which are a regular

feature of the magazine writings. Throughout this chapter I discuss the effects of this healthist discourse within women's magazines surrounding issues of individual responsibility for health and the creation of specific subjectivities for women, particularly constructions of health-seeking, entrepreneurial subjects.

I conclude in Chapter Five by discussing issues of reflexivity and resistance centring on my personal experiences with the magazine articles over the course of the study. This is followed by an examination of the silences created by the discourse of health in women's magazines when examined using a feminist perspective. I finish with recommendations for further research suggested by this analysis of Canadian women's magazines.

Notes - Chapter One

[1] The women's magazines in this study are published for an 'ideal reader' who is English speaking, white, heterosexual, married, a mother, able bodied and young to middle-aged. While these magazines occasionally present other subject positions (women of colour, Aboriginal women, older women, women with disabilities etc.) these magazines predominantly mirror culturally dominant representations of women.

[2] I am referring to large, established groups like the Canadian Breast Cancer Foundation and the Canadian Diabetes Association. These groups have a conspicuous public profile and are able to generate sizable financial resources through fundraising campaigns. They work mainly within dominant frameworks of healthcare and utilize techniques similar to conventional health promotion. However, there are many health advocacy groups which challenge dominant discourses on health and work to communicate with the public in other ways. For example, Canadian Aboriginal AIDS Network and Childbirth By Choice Trust. These organizations often have a lower public profile and less access to economic resources.

[3] The term biomedicine refers to what is commonly called "medical care", "medicine" or "health care" in Canadian society. It encompasses the theories, methods and philosophy of medical care provided by physicians who, for example, have university medical degrees and are licensed by Canadian Provincial governing bodies like the Ontario College of Physicians and Surgeons. Biomedicine can be defined as:

> [T]he theory and practice of healing in which: (1) invasive manipulations are used to restore/maintain the human organism at a statistically determined equilibrium; (2) the patients' role is largely passive and the healing is accomplished through external means; (3) ill health and disequilibrium are assumed to be materially generated by specific elements such as bacteria, viruses, genetic malformations, parasites, etc. and can be empirically observed (Berliner, 1982:62).

[4] Healthism is a central concept in this dissertation and will be discussed in detail in the following chapter.

Chapter Two - Theoretical Orientation

In this chapter, I present discussions of relevant literature arranged into three parts. Part One focuses on literature which evaluates the form and content of women's magazines from a feminist perspective. I also introduce the concept of discourse and argue the importance of examining magazines discursively. Part Two centres around the presentation of the concept of healthism; its features and effects, particularly the forms of subjectivity it creates surrounding notions of responsibility, gender and class. I also discuss healthism as a mechanism of governance through a short discussion of governmentality as it pertains to health discourse. Part Three details literature which evaluates health messages in the mass media, focusing mainly on women's magazines. Here I discuss two types of analyses, those which primarily assess the adequacy and accuracy of health messages and those which treat media as a discourse which produces particular knowledges about women, health, and responsibility.

Part One: Women's Magazines

> The most obvious way to explore women's magazines as texts is through studying their content. Given their historical neglect by social scientists, the first stage in the process of demystification is critical examination of magazine messages that have given rise to debate which divides feminists along the lines of opposing or supporting women's magazines (Currie, 1999:23)

Women's magazines are unique in that they are addressed to women readers solely by virtue of their gender. The magazines purport to understand women's interests, acting as guidebooks for women's lives—women are to read them to learn how to be women (Ballaster, Beetham, Frazer, & Hebron, 1991). This is different from other magazines which are geared to particular interests irrespective of gender such as current events (*Maclean's*, *Newsweek*), business and finance (*Forbes*, *The Financial Post*), sports (*Sports Illustrated*), human interest stories (*Life*, *Canadian Geographic*), or hobbies (*Vogue Knitting*, *Outdoor Canada*). However, women's magazines as a media form are still under researched in both media and feminist circles (Currie, 1999; Hermes, 1995). According to Joke Hermes (1995) the study of women's media, particularly magazines, is a marginal area neglected by mainstream researchers. She states that most of the

academic study of women's magazines is conducted by women, most of whom identify as feminists. She feels the mainstream academic world does not see women's magazines as having any value, and are therefore unworthy of study (see also: Korinek, 2000). Hermes views women's magazines differently and argues that feminist researchers (and others) need to be interested in all aspects of women's lives. There is something about women's magazines which women enjoy enough to purchase them in great numbers (there are many titles of women's magazines in Canada and internationally which enjoy healthy sales and profits and they are one of the most widely read media forms) and are important to study as part of the "…variety and diversity of women's lives" (Hermes, 1995:151). She also notes that feminists should work to promote understanding of and respect for women's genres (which could also include soap operas, romance fiction and certain film genres—so-called "Chick-Flicks") and demand respect for them from those who disregard women's magazines as trivial and anti-feminist, encouraging passivity and domesticity. Hermes states that feminists should also work to counter the degrading stereotypes of women's magazine readers. This means invoking a critical feminist view which starts with respect and acknowledges that everyday media use is complex and multifaceted with many motivations, contradictions, routines and constraints (Hermes, 1995).

Dawn Currie (1999) notes the lack of research about and dismissal of women's magazines may stem from the historical association of women with the private/domestic sphere, an area which only received serious academic study after the emergence of second-wave feminism in the 1960s. The femininity[1] of women's magazines—their preoccupation with women's roles in the private sphere of home and family—is seen as unimportant compared to media which documents the public spheres of politics, business, and particular leisure pursuits (sports, fishing, hunting)—subjects which Currie asserts fall within so-called ungendered media, and which are really the unacknowledged masculine topics of the public sphere. She feels the task of feminist studies is to discover these associations and challenge them in both popular and academic discourse (Currie, 1999).

That being said, there has been a growing body of research on women's magazines appearing in feminist and social science texts since the 1960's when Betty

Friedan (1963) first wrote about women's magazines contributing to the "Problem That Has No Name" in *The Feminine Mystique*.[2] Anna Gough-Yates (2003) suggests that:

> A survey of existing research both alerts us to some of the complexities involved in the study of women's magazines and highlights the variety of ways in which the field has been accorded significance within the social sciences. A review of earlier scholarly work also allows the context and concerns of the present study to be mapped out (Gough-Yates, 2003: 6).

There have been various and contrasting ways previous research has attempted to understand women's magazines (Gough-Yates, 2003). Most of the research in this area can be classified in four ways:

1. Those which examine particular themes or content in women's magazines such as domesticity or femininity;
2. Research which examines the textual features of the form, including layout, advertising, tone of address etc.;
3. Studies of readers;
4. Studies of magazine production.

The first areas two comprise the majority of research on women's magazines, while reader studies and magazine production research are newer trends. I will be mainly discussing the second form of research in this section, though I will cite reader and production studies when appropriate. I will detail the literature on women's magazines and health later in this chapter since it is the main focus of this thesis and therefore warrants a more thorough and separate review. First, I begin with a discussion of recent reviews of early feminist research on women's magazines to highlight some the important issues this research raises concerning issues of power and agency.

Early Feminist Studies of Women's Magazines

Much of the earlier feminist research on women's magazines examined how magazines created stories and images that contributed to sexist depictions of women emphasizing their traditional "feminine" domestic roles. There are several recent thorough reviews of this literature and I will not reproduce them here (see: Currie, 1999 ; Gough-Yates, 2003) but will instead summarize these and similar analyses. Early research on women's magazines asserted that women's magazines are 'bad' for women (Korinek, 2000); they are one of many patriarchal means of oppression and should not be

read (Hermes, 1995); and they offer distorted, negative, unrealistic images (Gough-Yates, 2003).

Anna Gough-Yates (2003) states that even though the work of feminist media critics arises from a number of disciplines, the majority have argued that women's magazines reinforce gender inequalities and these representations are a key site for the construction and dissemination of oppressive feminine identities. Also, early feminist critics argue that those working to produce magazines are conspiring to promote both patriarchy and capitalism by encouraging the consumption of advertised and featured products and services while creating and reinforcing stereotypical images of women. Valerie J. Korinek makes a similar argument in her review of earlier feminist media criticism:

> These authors claim that such magazines are pap for women, created by the machinations of male corporate executives, editors, and advertising executives. This masculine triumvirate supposedly operates one of the most widely known and oddly successful conspiracies of the twentieth century: it has encouraged millions of women to purchase or subscribe to magazines that advocate a narrow, purely domestic role. According to this theory, women's magazines create a state of unfulfilled desires or 'inarticulate' longings. They foster insecurity about women's bodies, appearance, and relationships with husbands and children. Ultimately, all this insecurity is supposed to lead to increased consumption of the products advertised in the magazine and to the belief that women's fulfillment lies in the realm of domestic consumption (Korinek, 2000:9-10).

The feminist analyst in these accounts is posited as an "enlightened" critical reader exposing these oppressive forces and challenging patriarchal domination (Gough-Yates, 2003).

Joke Hermes (1995) calls this a "modernity discourse" which creates an unequal relationship between the feminist researcher who truly understands the oppressive nature of women's magazines and "ordinary women" who are duped by patriarchy. She believes this discourse is based on elitist and inaccurate assumptions that readers are incapable of critically assessing media texts and are totally influenced by the messages contained in women's magazines. Advocating what she calls a post-modern view, Hermes believes feminist media critics should show respect rather than concern about

women's magazines and try to understand them as a media form which women read and enjoy—and why that might be.

Valerie Korinek (2000) also criticizes these earlier studies, asserting they negate women's agency by positioning women as unable to resist the messages of women's magazines. Also, these studies do not acknowledge that the consumption of popular culture involves a number of choices on the part of the viewer/listener/reader, including what magazines to buy, when and how they are read, and the individual interpretations and experiences which the user brings to the material. Korinek also asserts that earlier, modernist critiques of women's magazines failed to interrogate the presumption that all readers of women's magazines were white, middle-class, heterosexual and suburban, negating the experiences of the diverse readership of women's magazines who might be working-class, rural, male, lesbian, and/or ethnically diverse. These studies put forth a homogenous readership and one large monolithic (i.e. patriarchal) motive which was reductionist and did not account for the complex nature of women's magazines or their readers.

Women's Magazines as Discourse

Many of the more recent feminist studies of women's magazines have been informed by post-structural and post-modern theories, particularly those of Michel Foucault. These studies assert that the meaning of cultural forms (in this case women's magazines) are not objective "truths" waiting to be discovered by enlightened and informed researchers, but are instead one of many discourses which can be interpreted and examined. This approach to the study of magazines:

> …takes us beyond debates about whether texts, such as women's magazines, *reflect* a truth about the social world which the researcher can access entirely from the text. It directs us to the study of how certain texts, such as women's magazines, claim to speak the 'Truth' of our being (emphasis in original) (Currie, 1999:12).

This means viewing women's magazines as social texts which create particular discourses or constructions of femininity, beauty, or health. They do so by providing the "rules" for these concepts in the texts and also through the absences of other possible constitutions of these concepts. It is also important to understand that these discourses are one of many in the Western social sphere and the discourse of women's magazines is

competing with these other historical and social discourses, other cultural forms, and other practices (Gough-Yates, 2003).

Treating women's magazines discursively allows for a range of possible readings of the texts. To paraphrase Ros Ballaster and her colleagues, one reads a women's magazine differently while in the bath, or waiting for a bus, or while the baby naps, or when writing a thesis about health messages (1991). Reading women's magazines can and does involve a range of interpretive and critical strategies which are shaped historically, socially and culturally leading to different understandings of the texts. This means the role of the researcher (and her social/historical situation) must be considered, as her reading is one of many possibilities, and not some enlightened account that speaks the truth about the messages in women's magazines (Currie, 1999; Gough-Yates, 2003)

Finally, a post-structural/post-modern approach to women's magazines allows for reader resistance to magazine messages. Women's magazines do not determine women's thoughts, feelings and actions in the conspiratorial, monolithic, deterministic ways purported by earlier modernist studies[3]. Instead readers (and researchers) negotiate the representations and messages they encounter framed by their own historical, social and cultural experiences which are in turn framed by the many available discourses (found in schools, other media, advertising, government policies etc.) and their personal biographies. This approach recognizes women's agency, understanding they bring their own readings to normative and ideological positions found in the women's magazines texts, and that they negotiate and integrate these discourses in particular ways which may include everything from passive acceptance to active resistance, or merely ignoring them entirely. However, this is not to say that every discourse is available to every reader at all times. There are dominant readings of these texts bolstered by other discourses such as the 'truth' of femininity which can place limits on the variety of readings and interpretations of the texts which are available (Ballaster et al., 1991; Currie, 1999).

Women's Magazines as a Media Form

What is written above discusses the importance of discourse, readers, power and agency in the analysis of women's magazines; however this does not yet explain what recent literature on women's magazines has said about this media form. What follows is an exploration of some of the current findings on women's magazines to better

understand their scope and content. The cited authors all use cultural studies/magazines as discourse approaches to some degree in their work by recognizing that women's magazines are cultural products which reflect and reinforce social and cultural processes. Also, they assert that readers are active agents in the act of choosing, reading and interpreting women's magazines and therefore the analysts' reading of the texts is one of many possible interpretations, which is informed by a critical, feminist, social scientific stance.

Women's magazines are easily recognizable by most people in the Western world. This is because most women's magazines have a similar look and provide similar kinds of content and as a form they have a narrow range of characteristics.[4] Individual women's magazine titles all adhere to a particular lay-out, style and maintain the same content areas (e.g. fashion, features, recipes etc.) in each issue (McRobbie, 2000). Many magazines will re-construct this look at various times in order to "modernize" their title by removing some content, adding others and changing graphics and other visuals to give the magazine a "fresh" new look. But these changes are not made often, and are rarely very drastic so the reader can rely on her magazine to offer the content she is familiar with. Every woman's magazine creates its own personality through these design elements and routine content positioning making a market niche for their magazine and creating a "language" which makes it easily recognizable and readable for regular readers (Korinek, 2000).

Women's magazines are also an inexpensive form of entertainment. They are easily portable and can be read anywhere. The nature of the content also means that how it is read is determined by the reader. It can be skimmed cover to cover, interesting pieces can be read first and more mundane ones later (if at all), one can flip through and view the pictures and advertisements only or one can read everything in the order it appears—the form encourages and facilitates partial and uneven readings (Ballaster et al., 1991; Korinek, 2000; McRobbie, 2000).

The form of women's magazines makes it an ideal medium for women who, in Western society, have to juggle competing roles and demands on their time (from paid employment and unpaid work in the home, child care responsibilities etc.) Women's magazines are well-suited to being used during short breaks, providing the reader with a

bit of entertainment and possibly practical advice. In fact, this is the major finding of Joke Hermes (1995) interviews with women's magazine readers: women read these magazines because they are easily put down, providing a perfect activity to fill up small bits of free time.

Women's magazines also emphasize pleasure and entertainment through their visually appealing covers and extensive use of graphics and photographs. The visual level dominates the text making it a magazine to be glanced through and looked at more than to be seriously read. For example, Angela McRobbie (2000) describes the teen magazine *Jackie* as having a light, non-urgent tone, meaning it is to be read at a leisurely pace. The subject matter is not very serious and is definitely not hard news. Thematically, women's magazines have little variation between issues, reworking a small repertoire of specific concerns which supposedly comprise the reader's world, a sphere, which McRobbie describes as "devoid of history and resistant to change" (2000:76). Others have noted that the structure and form of women's magazines has not changed much in 100 years emphasizing the same subject areas:

> There were short stories and serials (almost always romantic), the articles on housekeeping, childcare and family relationships, the recipes, the fashion-plates and pull-out dress patterns, the letters pages addressing 'personal' problems, dress, appearance or medical matters, the illustrated articles about the famous and royal, the competitions, the gossip columns, the advertisements for aids to beauty and home (Ballaster et al., 1991:118).

Women's magazines as a cultural form can best be described as undemanding: they are easily picked up and just as easily put down, and therefore do not threaten the execution of a woman's everyday duties as would other media forms like novels, videos or television (Hermes, 1995).

Content of Women's Magazines

Feminist analysts have spent considerable space critically accounting for what readers would see (and what they would miss) if they are regular consumers of women's magazines. Generally, women's magazines are described as handbooks for women; a "friend, advisor and instructor in the difficult tasks of being a woman" (Ballaster et al., 1991: 124). Most women's magazines are replete with tips and tricks for beauty, cooking, cleaning, decorating, relationships, child rearing, fashion, and health thereby

positioning themselves as "…a professional journal for the housewife and home-maker" (Hermes, 1995: 36). Women's magazines are further described as situating all women in the domestic sphere, as equating femininity with heterosexual romance, youth, physical beauty, whiteness[5] and most recently with professional paid work outside the home while balancing all those other aspects required of the woman reader (Ballaster et al., 1991; Currie, 1999; Gough-Yates, 2003). It is interesting to note the two uses of the word "professional" in this paragraph. The first emphasizes a more traditional notion of a woman's main vocation as the keeper of family and home, and the second creates another sphere of femininity, that of women with an important career (as opposed to merely a job) in the public sphere, but who still bear traditional responsibility for family and home.

Feminist researchers have found that women's magazines treat all women as a monolithic group with similar experiences, feelings and problems based solely on the fact that they are women. On closer examination, this "implied reader" has been found to be middle-class, white heterosexual, young, and able-bodied. Issues of race, sexuality, ability, age and class are rarely acknowledged by women's magazines and if they are, these issues are seen as cultural and aesthetic categories (especially in terms of race) rather than political ones (Ballaster et al., 1991; McRobbie, 2000). For example, a magazine might feature recipes from a non-Western culture like India in attempts to be more culturally diverse, while avoiding discussions of political issues surrounding racism or immigration. Or, a magazine might feature beauty tips for women of colour, treating race as an aesthetic feature requiring particular care much like brittle fingernails or frizzy hair. Women's magazines obscure the cultural differences between women, presenting a false unity based solely on gender. In so doing, the experiences of women who are not culturally dominant are marginalized and excluded from the pages of women's magazines. In creating this implied reader, this notion of what constitutes "woman", women's magazines also create "Others" who are excluded and show that "…some forms of femininity [are] accorded greater cultural and symbolic power than others" (Gough-Yates, 2003).

Women's magazines are considered a dominant discourse defining womanhood or femininity for its readers and society at large (regardless of how people actually take up this discourse). However, they also note that this discourse of femininity is variable

and contradictory. Anna Gough-Yates, in her analysis of how the women's magazine industry defined the "new woman" of the 1990s found that due to the "proliferation of shifting, fragmented, and multiple feminine identities…" women adopted in everyday life, magazine definitions of femininity were pulled in many different directions (2003:117). Ros Ballaster and her collegues go further by stating women's magazines reject monolithic notions of femininity by stating that "[a]nything can co-exist with anything on the pages of the magazines (and does)" (Ballaster et al., 1991:7). They assert that magazines are open-ended, heterogeneous and fragmented because femininity itself has these characteristics.

Women's magazines also have a particular emphasis on the personal. Features and advice columns for example, regularly tell of the problems of ordinary women and their attempts to cope and find solutions. For example, Angela McRobbie found the teen magazine *Jackie* dealt mainly with personal issues, encouraging readers to turn inwards toward the sphere of the "'soul', the 'heart' or the emotions" (2000:76). Providing so-called "triumph over tragedy stories", make-overs and letters to advice columns ostensibly provides ordinary women a voice in the magazine, but also carries important values and meanings for readers. Most importantly they emphasize individual bravery in the face of adversity, and the importance of "taking charge" and seeking solutions for personal problems. Through this emphasis, women's magazines define the woman's sphere as the personal and emotional. And, that maintaining these emotional relationships with friends, family and husbands and children is women's work, with many of the solutions to be found in the pages of these magazines (Ballaster et al., 1991).

This "woman's work" is not only personal, but it is also individualistic. Women's magazines rarely emphasize social, economic or political solutions to the women's problems they produce in their pages. In their review of women's magazines, Ros Ballaster and her colleagues note that whenever problems are discussed they are treated as individual failures with no suggestion that they may arise from social/political/economic structures. The solutions are also individualistic and rarely question social institutions like the family, legal system or capitalism. Though interestingly, women's magazines insist on a commonality of experience among women. Women's problems and issues are presented with the understanding that there are many

other women out there who are experiencing the same thing, but the solutions usually involve women finding ways to help themselves; women's problems and their solutions are a personal responsibility. A telling example is Nancy Berns' (1999) analysis of how domestic violence was written about in American women's magazines from 1970 to 1997. She found the majority of articles portrayed domestic violence as a private problem, usually the victim's problem, for which the individual was responsible for finding a solution. So, while women's magazines do contain content of what feminists would consider a political nature—domestic violence, abortion, contraception, rape, the environment, discrimination etc.—they are not dealt with in political ways.[6] Women's magazines do not question the prevailing social systems which help structure women's lives, instead focusing on the personal and the individual sphere.

To summarize, women's magazine do more than present oppressive ideas of femininity which are taken up unquestioningly by ordinary women, but are easily deciphered by feminist researchers. Instead these texts are best examined discursively to interrogate the rules or mechanisms through which women's magazines promote and neglect particular notions of women's identities, roles and responsibilities allowing room for discussions of power, agency and resistance. This review of the recent literature shows that women's magazines are a unique form, designed to be read in ways which correspond with women's multiple and demanding roles. The form is accessible and predictable while the content is constantly changing in small ways to integrate the shifting, wider societal discourse on what constitutes femininity. These changes however, do not radically alter the magazines' construction of an implied reader who reflects their notion of ideal femininity—she still remains middle-class, heterosexual, married and young. Also problematic are women's magazines presentation of topics in ways which emphasize the personal, emotional, individualistic sphere and disregard wider social and political solutions to women's problems.

This thesis examines a particular topic women's magazine writings—health—and how these texts claim to speak the truth about the ways women can and should achieve good health and avoid illness. In order to do this it is important to understand the concept of healthism, a topic I discuss briefly in the introduction, but will now explain in detail.

This will be followed by a review of literature which evaluates media presentations of health.

Part Two: Healthism

> The term healthism, originally coined by Robert Crawford, is:
>
> …the preoccupation with personal health as a primary—often *the* primary—focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of life styles, with or without therapeutic help. The etiology of disease may be seen as complex, but healthism treats individual behaviour, attitudes, and emotions as the relevant symptoms needing attention [emphasis in original] (1980:368).

Crawford argues that there is a reductionism occurring among those in societal institutions which promote health, including public health agencies, schools, and media, which results in the increasing categorization of experiences and values as being health related; that the scope of what constitutes health is growing and becoming a "pan-value", the standard by which individual's behaviours are being judged (Crawford, 1980).

By this, Crawford means that healthism is a discourse, a system of beliefs, which define health-promoting activities as a *moral* obligation. (Crawford, 1984; Greco, 1993; Lupton, 1995; Peterson, 1997; White et al., 1995). This obligation to actively pursue good health can be fulfilled through personal, individual adherence to the many and varied protocols for healthy living advocated by public health, schools, the media, medical professionals and advocacy groups. The discourse of healthism places responsibility squarely on the individual who is encouraged to exercise self-control, personal determination, and self-denial in all aspects of life. By following the healthist prescriptions for healthy living, individuals can strive for personal validation through the demonstration of their sound moral qualities (White et al., 1995). According to Deborah Lupton, " 'Healthiness' has replaced 'Godliness' as a yardstick of accomplishment and proper living", and those promoting healthist ideals contribute to the moral regulation of society (1995:4).

Within the discourse of healthism then, healthiness is something which one aspires toward, an individual responsibility and a virtual imperative which one chooses to forge through adherence to particular protocols of diet, exercise, and bodily control—

conscious acts of regimentation and regulation deemed to promote good health. Analysts contend that the construction of this moral obligation to be healthy creates the idea that everyone *should* be healthy (Cruikshank, 1993; White et al., 1995). Our good health becomes something we owe to society because it allows us to be productive citizens who are not burdens on social institutions like hospitals and long-term care facilities.

With this notion of individual responsibility comes that of individualized blame as well (Crawford, 1980; White et al., 1995). Those who do not choose to pursue good health or fail to make healthy changes are viewed by health promoters and society in general, as weak, lacking self-control and self-discipline, allowing themselves to become ill (Greco, 1993; Lupton, 1995). This attachment of moral judgement to health status works to "blame the victim" for his or her ill health. These ideological assumptions create the rational, autonomous, health-choosing, and the weak, undisciplined, wilfully unhealthy, subject positions in healthist discourse. Bryan Turner typifies this by stating: "The monogamous jogger is the responsible citizen, whereas the moral deviant through self-induced illness is a burden on the state" (1996:210).

Subjectivity

The discourse of healthism creates particular notions of identity or subjectivities, and an understanding of subjectivity is central to investigating how people negotiate healthist discourses in their lives (Lupton, 1995). The term subjectivity is used to refer to an individual's sense of herself in the world, her understanding of her relations to others, and her unconscious and conscious thoughts and emotions. Subjectivity is shaped by discourses, institutions, and our relations to them; it is "…a particular way of thinking about, relating to and situating the self in terms of the broader social and political context within which the self is embedded/located" (Robertson, 2000). In short, subjectivity is similar to the concept of identity, but it does not take the static form which is central to traditional conceptions in feminist theory or other forms of modernist thought. Subjectivity is constantly being constituted in discourse, and is precarious and sometimes conflicting (Weedon, 1997). However, this does not mean everyone has access to all forms of subjectivity:

> Whereas, in principle, the individual is open to all forms of subjectivity, in reality individual access to subjectivity is governed by historically specific

> social factors and the forms of power at work in a particular society. Social relations, which are always relations of power and powerlessness between different subject positions, will determine the range of forms of subjectivity immediately open to any individual on the basis of gender, race, class, age and cultural background (Weedon, 1997:91).

Subjectivity is fragmented, changeable and dependent on political, social, historical and personal contexts. It is also fashioned and re-fashioned in numerous and often contradictory ways at different times by individuals as their concepts of self rise and fall in importance; as they are "…pulled between a number of desires emerging from both the unconscious and the conscious" (Lupton, 1997:106).

Healthist discourse partially creates the notion of the subject as one who is interested in taking action to improve oneself, what is called an enterprising or entrepreneurial self. The subjectivity of the entrepreneurial self is based on the idea that one's identity is a personal project requiring continual and active assessment, improvement and management, leading to particular forms of self-discipline and self-surveillance (Bunton, 1997; Lupton, 1995; Peterson, 1997; Robertson, 2000).

For example, Ann Robertson's (2000) study of women's accounts of their individual risks for breast cancer found that women developed an "at-risk" consciousness regarding breast cancer. This leads to engagement in particular health practices to manage their perceived risk, contributing to the creation of an entrepreneurial-self subjectivity. The women in her study were constituted as entrepreneurial subjects, managing their risks for breast cancer by regulating their bodies through particular lifestyle behaviours such as stress management practices, not smoking, eating low-fat diets and controlling alcohol intake. Robertson states that these practices are socially, politically and historically constituted; not only are the women embodying particular notions of health thought to manage the risk of breast cancer, they are embodying current forms of neo-liberal rationality:

> The argument here is that neo-liberal notions of individual autonomy, the free market and limited government are related, in a mutually producing and sustaining way, to the imperatives to 'self-care'—in the form of self-surveillance and self-regulation—at the heart of prevailing discourses on health risk (Robertson, 2000:231)

This was evidenced by women's discussion of the management of breast cancer risk in solely individual terms, with collective and political actions left out of the discussion. For them breast-cancer risk management was a personal responsibility exercised through individual methods of self-care.

Robertson's study demonstrates that the entrepreneurial self within the discourse of healthism is premised on the idea of a free subject choosing to undertake those behaviours necessary to enhance and/or preserve good health:

> A health that can be "chosen", however, represents a somewhat different value than a health one simply enjoys or misses. It testifies to more than just a physical capacity; it is the visible sign of initiative, adaptability, balance and strength of will. In this sense, physical health has come to represent, for the neo-liberal individual who has "chosen" it, an "objective" witness to his or her suitability to function as a free and rational agent (Greco, 1993).

This identity is worn on the body—the physical manifestation of one's healthy inner or true self—shown through body work like exercise targeted to produce a lean firm physique, dieting, and ascetic measures surrounding one's deportment and consumption. Successful deployment of these measures also produces subjects who embody the cultural ideal that one has chosen and worked hard to pursue good health. The body, then, becomes the sign of both physical and moral health (Lupton, 1995; White et al., 1995). Holistic models of health are increasingly being applied within healthist discourse, expanding the range of what constitutes health to include the realm of emotions and the realm of the soul, encompassing concepts of self-empowerment and improvement, self-esteem and the development of one's spiritual self (Bordo, 1990; Crawford, 1980; Cruikshank, 1993; Lupton, 1995). Within the discourse of healthism, it would seem there are no limits to what is within the purview of the notion of health and the work required to achieve/maintain a healthy body and identity.

Subjectivities Within Healthism

Within current societal relations of power, some discourses gain more prominence than others, and these privilege particular forms of subjectivity. In so doing, other possible subjectivities become closed off or marginalized. In terms of the discourse of healthism, it is important to explore the effects that are created by the entrepreneurial-self

subjectivity that is constituted and promoted. I will begin with some general observations and then move to a discussion of some aspects particular to class and gender.

For example, healthism is premised on the belief that people are free to make healthy choices, and that living a healthy life is a top priority—how any rational person would act. It also assumes that everyone has the potential, knowledge, will and resources to change their behaviours in ways which will improve their health (Cribb & Dines, 1993b; Lupton, 1995; Thorogood, 1992). However, even if people do for example, attempt to quit smoking or exercise regularly, they may still live in substandard housing, work in an unsafe environment, be the victim of violence, racism or homophobia, or not have enough money to eat a proper diet. Their behaviour change will have relatively little impact on the social and environmental factors which contribute to illness and disease.

Institutions promoting healthist ideas do not recognize that optimal health is not the only thing in life:

> There are many things that people value in addition to physical health. People are interested in and committed to relationships and careers, religious and artistic ends, personal projects and adventure, even when these things conflict with their health (Cribb & Dines, 1993a:41).

According to Thorogood (1992) healthy behaviour is constructed under healthism as rational behaviour, meaning that engaging in activities like smoking, rock climbing or unsafe sex is 'irrational' and these people need to change. This obscures the fact that people may engage in so-called unhealthy behaviours for many reasons which are more salient to them than health.

Interestingly, Lupton (1995) proposes that healthist messages may actually encourage actions like smoking and alcohol use because being considered 'unhealthy' or socially unacceptable may be a precondition for taking up the habit. These behaviours are seen as ways to rebel against dominant social structures, or may be taken up merely because they are pleasurable. The discourse of healthism does not recognize that there are many social and personal meanings and context influencing behaviours which fall outside considerations of health. People may not share cultural values for smaller families, Western diets, low-risk recreation activities or a 'healthy lifestyle'; they have no

desire to change, and perhaps do not regard those who promote health as having any special authority in these matters (Peberdy, 1997).

Healthism and Class

The emphases within the discourse of healthism also obscure important differences in the gendered, economic and cultural resources available to pursue good health. Healthist ideals can be easily considered bourgeois/middle-class notions of what one must do to ensure good health; for example, giving up certain foods (sweets, red meat, fatty foods), not smoking, joining a fitness club, or practicing yoga. These behaviours are often difficult to pursue for many groups. For example, the homeless and people living in poverty have the greatest social and economic impediments to health. Research shows that poverty is the most important social determinant of health. Those who are the richest tend to be the healthiest, while those living in poverty tend to have the worst health, including higher infant mortality rates and a higher incidence of heart disease. Finally, people living in poverty, on average, die younger than those who are economically more secure (Chernomas, 1999; Wilkinson & Marmot, 2003).

Many working-class individuals are unable (monetarily, and in terms of time) to pursue these healthist ideals due to shift-work requirements, and the inability to pay for fitness club memberships or abundant fresh fruits and vegetables. (Wakewich, 2000b; White et al., 1995). The physical demands of many working-class jobs mean many view their leisure time as an *escape* from physical activities. Certain cultural groups are not only unable to meet healthist demands, but many are *unwilling* to adopt the discourse of healthism (Crawford, 1984; White et al., 1995). For example, what are seen as typically working-class practices, like having a coffee and doughnut every day on the job site,[7] or beers with "the boys" at a local pub after work, serve to define working-class individuals as part of a group in terms of their consumption and leisure activities, and these rituals may be viewed as ways of resisting middle-class healthist ideals (Williams, 1995).

This point is demonstrated empirically in Pamela Wakewich's (2000a) study of middle- and working-class notions of health. She found that working-class men and women were aware of healthist discourse but were less likely to define their notions of health in healthist terms and were less concerned with maintaining strict healthist protocols and regimes. Working-class respondents tended to view health in relational

and instrumental rather than individualistic terms, using health as a means to assess whether they could function in service to others in their working and parenting roles. Her working-class respondents recognized that societal notions of health within healthist discourse acted as a marker of class, but expressed the view that they did not wish to be associated with or governed by these dictates. However, they were more likely than middle-class respondents to express frustration at not being able to produce appropriate meals or participate in fitness activities due to time and financial constraints, demonstrating how societal notions of health permeate individual ideas and actions.

Philip White and his colleagues assert that the champions of healthism reside within the educated middle-classes who strive, through body work and other healthist ideals, to differentiate themselves as a group, "most capable of hard work, self-denial, asceticism, and clean living" (White et al., 1995). However, in so doing, moral pronouncements about how other people live their lives are made as well. For example, in "Reading the Slender Body" Susan Bordo (1990) notes that in the media (and in society generally) when fat is associated with lower-class status, it is also associated with what she terms "qualities of the soul": being fat means one is lazy, lacks self-discipline, and is unwilling to conform to healthist notions of self-management which denote upward social mobility. Deborah Lupton (1995) goes further by noting that the working-classes have historically been represented as being "uncontrolled" in public health discourse, incapable of pursuing the prevailing dictates regarding health, and deliberately exposing themselves to health risks. These so-called "failings" mean that working-class individuals, as well as those in other marginalized or stigmatized groups (immigrants, prostitutes, or gay men for example) require greater surveillance and regulation since they are commonly seen has having less personal control.

Healthism and Gender

Gender is also an important cultural category determining one's ability to pursue the dictates of healthism. For many women, the material conditions of their lives also make it difficult for them to fit personal health behaviours in with their other responsibilities surrounding care of home and family, and paid employment. In her study of men's and women's notions of health, Pamela Wakewich (2000a) found that the discourse of healthism was more readily accepted and acted upon by both middle-class

men and women than by working-class men and women. Many middle-class respondents felt that keeping themselves "in shape" by following the dictates of healthism created and maintained an important symbolic boundary between themselves as healthy citizens and unhealthy others. For middle-class respondents, healthiness was described as a marker of social status and moral worth. Middle-class women most strongly identified with the discourse of healthism, even though for a majority of them, personal and structural barriers made it difficult to fulfill their healthist ideals (e.g. regular exercise, preparing healthy meals for their families, etc.). Most often women had difficulties finding the time to participate in healthy activities. Ironically, the dictates of healthism contributed to ill health since the inability to meet the demands of healthism was a significant source of stress for these women (see also: Wakewich, 2000b).

In another example of a gendered element of healthism, Susan Bordo points to media images contributing to a discourse which positions the slender body as the "fit" body—both physically and morally—equating female slenderness with not only attractiveness but also worthiness. To have a slender body means one is in control; it is a marker of physical and personal orderliness:

> …the firm, developed body has become a symbol of correct *attitude*; it means that one "cares" about oneself and how one appears to others, suggesting willpower, energy, control over infantile impulse, the ability to "make something" of oneself (Bordo, 1990:94-95).

This aspect of healthism—the equation of looking good with being good—has historically been directed primarily at women, and is a central aspect of current societal notions of femininity. Academic feminist literature is replete with discussions of the effects of discourses about the perfect female body and the effects on women's body image, specifically women's feelings of inadequacy about their bodies, if they do not fit media ideals. Feminists have connected these societal demands to many women's constant preoccupation with body weight and dieting and the pathological extensions of this found in eating disorders and excessive exercise (Davis, 1997; Duncan, 1994; Eskes, Duncan, & Miller, 1998; Markula, 2001; Saltonstall, 1993; White et al., 1995).

Other Effects

Finally, the emphasis on the individual responsibility and choice not only serves to obscure the role of social/structural factors which underlie the social production of

health and illness, it also stifles citizens' demands for rights to improved medical care, other political actions aimed at controlling environmental and occupational hazards, and consumer and political movements struggling to create societal structures which would allow people to live healthier lives (Crawford, 1984; White et al., 1995). In fact, as was mentioned earlier by Ann Robertson (2000) people often do not consider such collective strategies in discussions of ways to manage health risk, instead focusing on personal health regimes, despite acknowledging environmental causes like pollution or food additives.

Within the discourse of healthism, there is no discussion of changing these wider social spheres in ways which could be health-encouraging or liberating for women. These include issues like better child-care, restructuring of societal employment arrangements, more sharing of household/family responsibilities between women and men, social changes to overcome violence, poverty, homophobia or racism, better social supports for people with disabilities, or strategies to clean up our environment.

This is because healthism, once an official government discourse originating mainly in public health and health promotion, has permeated lay people's discourses on health in their everyday lives (Lupton, 1995). Crawford's (1984) interviews with sixty adults in Chicago, USA about their conceptions of health found that respondents' views allied with those of healthist discourses. Health was discussed in terms of self-control and included concepts of self-discipline and self-denial as needed to maintain good health, which was considered an important goal. Respondents also discussed health in moral terms, with failures to maintain this required control looked down upon, bringing on self-condemnation if one could not, for example, quit smoking. These sorts of self-judgements about personal self-discipline were readily directed toward others as well. An example from one of his respondents demonstrates lay healthist discourse quite nicely:

> I think people that don't exercise and who drink and smoke, there's not much use in trying to study them at all—because they're a total loss. That's no way to live (Crawford, 1984:69).

So, respondents not only embraced notions of healthism in their own lives, but employed it in the judgements of others as well.

Another, more recent example of lay health beliefs comes from Saltonstall (1993). In her interviews with white, middle-class American men and women, she found they conceptualized health in individual-accomplishment terms. Healthiness was achieved through particular individual behaviours like avoiding smoking and alcohol, eating well, regularly exercising and getting enough sleep. Maintaining health was viewed through acts of individual body maintenance; similar to the discourse of healthism, one's health is one's creation and one's individual responsibility achieved through adherence to a range of protocols. While she found gender difference in these protocols (e.g. women often deemed beauty rituals like hair removal and skin care as healthy body maintenance) healthiness was conceived of as being physically, emotionally and socially "fit", linking the maintenance of individual health and "a sense of healthiness in the social body, the body politic of society" (Saltonstall, 1993:13).

Healthism and Governmentality

How does this happen? What strategies are used to exhort citizens to adopt an entrepreneurial subjectivity and undertake healthist prescriptions? In other words, how are we made subjects in healthism (MacEachen, 2003)? The concept of governmentality is a useful descriptive mechanism to discuss how people are governed.

Michel Foucault created the term governmentality to distinguish forms of power emerging in the nineteenth century out of traditional forms of governance which focused on discipline and sovereignty, that is, the direct exercise of power over citizens under law. Foucault uses the term governmentality to describe the range of practices that "constitute, define, organize, and instrumentalize" the strategies individuals use in dealing with each other, what he calls relations of power (Foucault, 1997:300). It is not only governments who govern—the state is not viewed as an overarching mechanism at work constraining the freedom of citizens:

> Rather, it sees power relations as diffuse, as emerging not necessarily from the state but from all areas of social life. Unlike sovereignty, which is always directed towards the end of maintaining that sovereignty, governmentality is directed toward a plurality of specific aims…While the state is important as part of the structure of social relations, so too are the myriad of institutions, sites, social groups and interconnections at the local level, whose concerns and activities may support, but often conflict with, the imperatives of the state (Lupton, 1995:9).

Governance is a widely dispersed activity encompassing many and varying strategies and locations, attempting to direct subjects in particular ways (MacEachen, 2003; Rimke, 2000).[8] Analyses utilizing a governmentality perspective focus on how power functions at various sites, including social institutions, mass media, the workplace or the family, examining the practices and rationalities embedded in everyday strategies, techniques and procedures (Cruikshank, 1993; MacEachen, 2003). For Foucault, power is not the possession of a dominant class or state, but is instead productive, creating relations of power/knowledge in particular, localized practices (e.g. in families, hospitals, workplaces etc.) (Foucault, 1997).

Governmentality involves the exercise of what Foucault called biopower (Foucault, 1990). The discourse and practices of this kind of power work towards the governing of individuals' bodies and the health, education and welfare of the population. Of particular interest to feminists is Foucault's belief that the control of women's bodies is a key element of biopower (Sawicki, 1991).

Biopower emerges as a benevolent collection of practices which protect our physical well-being, and create norms and values. Biopower has two forms. The first is disciplinary power, which is:

> …a knowledge of and power over the individual body—its capacities, gestures, movements, location and behaviors. Disciplinary practices represent the body as a machine. They aim to render the individual both more powerful, productive, useful *and* docile [emphasis in original] (Sawicki, 1991:67).

This form of disciplinary power is located within societal institutions—hospitals, schools, prisons and the military for example. It creates new norms which influence and structure the everyday lives of individuals and is accomplished through strategies of observation, examination, measurement and comparison carried out by experts in institutions like psychiatry, biomedicine, public health and schools (Lupton, 1997). Disciplinary power is also located at the micro-level of society in the everyday practices of individuals (Sawicki, 1991).

A key element to disciplinary power is that it is not maintained by means/threats of violence or force, but by the creation of new norms against which individuals are judged and against which they police themselves, what Foucault referred to as the

panopticon of surveillance (Deveaux, 1996; Duncan, 1994). These norms provide guidelines about how people should understand, regulate and experience themselves and their bodies. The body becomes something to be studied and surveyed, and individuals, to varying degrees, are morally regulated into conformity (Williams & Calnan, 1996). Also, disciplinary power works through the creation of desires and the attachment of individuals to specific identities and all these techniques work to render the body "more useful, powerful and docile" (Sawicki, 1991:83). In the case of healthist discourse, technologies of disciplinary power create the rational, health-seeking, entrepreneurial subject which Wakewich (2000a) has shown is a desirable subjectivity for some individuals, particularly middle-class women .

The second form of biopower is regulatory power, a "biopolitics of the population" (Foucault, 1990:139). This regulatory power focuses on the population as a group and is concerned with the policies and interventions which govern it. This includes the practices of demography, epidemiology, and public health which focus on surveying, documenting and regulating the health of citizens (Foucault, 1990; Lupton, 1995). For example, Deborah Lupton's book *The Imperative of Health* (1995) examines the institution of public health and focuses on this dimension of biopower. She details how the discourse of public health attempts to study and govern the health status of the population through such mechanisms as the creation of risk discourse, strategies of lifestyle change and community development, mass media campaigns aimed at changing behaviour and other techniques designed to encourage the population to engage in particular practices to enhance their individual health, and therefore the health of the society as a whole.

These forms of biopower work together, creating contemporary forms of knowledge/power which are increasingly focused on control of the body, and the bodily processes of the population as a whole. In the case of health, the mechanisms of biopower have, through a myriad of struggles, strategies, practices and negotiated discourses, created new subjectivities of healthy selves and unhealthy others. It is important to remember that governance is neither total nor centrally orchestrated, and that power is not possessed by individuals or groups, but is instead productive of particular,

localized, unstable and shifting relations which can be and are resisted (Foucault, 1990, 1997; MacEachen, 2003; Sawicki, 1991)

Margaret Carlisle Duncan (1994) demonstrates how the metaphor of the panopticon and disciplinary power serves as a useful tool to understand how the discourse on fitness in *Shape* (a women's fitness magazine) invites women to continually and self-consciously monitor their bodies in the pursuit of an unrealistic body shape considered socially ideal. Duncan argues that what seem to be women's individual responses to their bodies (engaging in exercise, worrying about their weight, comparing themselves to models in fashion magazines) are governed by social and cultural mandates about what constitutes ideal feminine body size and shape. These cultural/patriarchal ideals are not dictated by any one source:

> The disciplinarian is a disembodied authority. The invisibility and ambiguity of the source of that gaze encourage women to believe that the body standards they apply to their own bodies are personal and private standards. Thus women may blame themselves—instead of social institutions and public practices—for their anguished relationships with their bodies (Duncan, 1994:50).

One mechanism of the panoptic gaze is the public discourse of health, fitness and beauty found in women's magazines which "instruct" women on how to become healthier, fitter, thinner and more attractive. This is accomplished through messages within women's magazine stories—in this case the use of personal success stories which detail the methods reader-models[9] undertook to reshape their bodies. These personal triumphs and accompanying before and after photographs, detail the confessions of apparently formerly undisciplined women who ate too much and did not exercise enough leading to fat, unfit bodies and feelings of shame and self-loathing. These mechanisms of confession and shame were combined with the happy ending, that through personal initiative and hard work these women "shaped up", both physically and mentally. They are profiled in the magazine looking great, but feeling great too. These stories, ostensibly designed to inspire readers, also carry a moral messages that one *should* engage in these body- modifying practices in order to become healthier and happier. These private tales contain public notions of social and moral standards of ideal femininity (Duncan, 1994).

While this discourse certainly promotes a particular form of self-governance it is important to understand that governmentality assumes individuals can and do make

choices—they are not merely passive agents constituted through discourses. Engaging in what are called "practices of the self" can be conceptualized as an internalization of disciplinary power (MacEachen, 2003). Healthism then, can be seen as a technology of governmentality as it operates mainly on the individual, exhorting them to voluntarily undertake health-promoting activities. The protocols, behaviours, and regimens found in healthist discourse are not generally imposed upon individuals through coercive measures, but through the enhancement of "…pleasures and desires, happiness and fulfillment of the self, health of the body, in ways consonant with political, social and institutional goals…" (Lupton, 1995:12). This means people constrain themselves, (for example their desires to eat fatty foods, smoke cigarettes or be sedentary instead of getting exercise) instead of being controlled by external agents. These practices of the self are initiated by individuals but are mediated by external authorities. For example, the reader-models in Duncan's study disciplined themselves by engaging in body work to achieve what experts consider a healthy body, but these practices emerge in the context of patriarchal notions of the ideal feminine physique. Women must maintain a particular body size and shape not only to be sexually attractive to men, but also to avoid heterosexist assumptions that muscular, athletic women's bodies signify a violation of gender boundaries—to be "feminine" is to be heterosexual (Lenskyj, 2003). This societal context creates an understanding of femininity, that is, what constitutes an ideal womanly shape, that women will discipline themselves (to varying degrees) to achieve (MacEachen, 2003).

Resistance

It is also crucial to remember the effects of discourses are neither static nor total. Foucault states, "Where there is power, there is resistance" (Foucault, 1990:94). Because both power and meaning are always being constructed in discourse, they are always shifting and being reinvented. This inconstancy means there are always points of resistance present in the power network (Foucault, 1997; Sawicki, 1991; Weedon, 1997). The discourse of healthism is only part of what shapes individuals' ideas and practices concerning health. Notions of health are continually negotiated and re-negotiated over time and are influenced by social and cultural values, material circumstances, place, time and individual circumstances (Bunton, 1997; Crawford, 1980; Wakewich, 2000a). While

healthist discourse creates particular knowledges about women, health and society (and close off or marginalize others), women do not take up this discourse in uniform and compliant ways. Health writings are routinely challenged, resisted, renegotiated, ignored and abandoned by women. However, resistance risks societal condemnation. For instance, Susan Bordo (1990) presents the example of obese people who claim to be happy although overweight. In television talk shows, these people are seen as not playing by societal rules—one cannot be overweight and happy because they are not "normal" or acceptable. These people should be trying to lose weight, not learning self-acceptance, and therefore they must be humiliated, castigated and if they are trying but failing to lose weight, and pitied for their personal inadequacy.

This shows that resistance can be difficult, especially for women who identify strongly with the subjectivity reflected and reinforced within healthist discourse. One important feature of healthism is that citizens are rarely policed and no force or coercion is necessary.[10] Individuals are not punished for their failure to conform to public health discourses but are instead rebuked through mechanisms of self-surveillance—that is women may invoke feelings of worthlessness, guilt, stress and other forms of self-chastisement for their inability (for whatever reason) to fulfill healthist dictates (Lupton, 1995). Also, those who do not follow healthist regimes are castigated by loved ones and other citizens for being undisciplined and allowing themselves to risk illness. As Lupton (1995) notes, it is not the ways in which discourses overtly constrain individuals' freedoms that is most important to examine, but the ways in which the discourse operates to invite citizens to voluntarily discipline themselves in the interests of health. However, before I present my findings in this area, a discussion of the media's representations of health is warranted.

Part Three: Media and Health

In this section, I focus mainly on literature examining health issues in magazines, particularly women's health in women's magazines, because not all media sources are the same. Even in print media, magazines, books and newspapers frame issues differently, target different audiences, and are regarded differently by the public (Andsanger & Powers, 1999). For example, E.M.I. Sefcovic (1996) found differences in the coverage

of hysterectomy in newspapers, magazines and books.[11] She discovered that newspapers tended to cover new techniques and medical breakthroughs, while magazines presented hysterectomy as a general topic and were less likely than newspapers to present more fully the risks to women. In books, she found the best and most comprehensive information about hysterectomy since there was ample space to provide a full account of the issues.

I do, however, include sources which examine health or illness in the media more generally when I believe the context of the analysis has something to add to my understanding of the media's presentation of health issues. To date, I have found only one study that examines general health messages in magazines, so the following are analyses of particular health issues found within magazines. They are grouped into two categories: Those which examine the adequacy and/or accuracy of health messages, and those which provide an examination of health in media as a discourse on women, health and society—the form of analysis used in this dissertation.

Adequacy and Accuracy

The first set of articles following the dictates of health promotion and health communication, analyze the content of particular health messages based on the accuracy and adequacy of the information presented and examinations of health trends found in magazines. For example, Louise C. Weston and Josephine A. Ruggiero's (1985/1986) examination of women's health issues in American women's magazines is the only source I encountered examining the health contents of women's magazines in a general manner. All other studies included in this section deal with specific health concerns like breast cancer or reproductive technologies and their portrayal in women's magazines. Weston and Ruggerio's study is a content analysis of what they call three "established" and three "new" popular women's magazines to examine if there were differences in how each group of magazines treats women's health issues, and to see how magazine contents coincide with "actual societal conditions" concerning women's health (Weston & Ruggiero, 1985/1986:50).[12] That is, they compared the magazine contents with statistical data on serious health conditions affecting women and leading causes of mortality and morbidity. They found that the established magazines had more coverage of health issues than the new magazines (which all began publication during the sample period) but in all

the magazines, little attention was given to serious health problems faced by American women. They conclude that while women's magazines have done a relatively good job covering a range of health topics, they often lack depth. Also, because women's magazines are mainly an entertainment medium, "potentially depressing topics" like the leading causes of death or social problems like rape are not covered very often if at all.

Following liberal consumerist notions about knowledge being power, many researchers assert the media has a responsibility to present women's health issues in a manner which will provide consumers with correct, easy-to-understand, unbiased, comprehensive information to help readers make sound health choices:

> Our review of popular teen magazines reveals adolescents have many questions about the onset of menstruation and may consult teen health columns for information. Publishers have a responsibility to provide accurate information and an opportunity to reassure and enlighten the thousands troubled by the same questions. Only a few have taken that opportunity (Kalbfleisch, Bonnell, & Harris, 1996:281).

The authors found the information provided in women's magazines about menstruation and menopause dwelled on "bad news", highlighting negative or abnormal experiences over routine, positive or normal ones. The message repeatedly presented to women was that menstruation and menopause were embarrassing, painful, and something which women must either endure or medicate with new and potentially revolutionary products (Kalbfleisch et al., 1996).[13]

However, the authors report there may be a shift occurring in advertising for menstrual products. Many tampon advertisements have begun to emphasize the ecological friendliness of their products (because they are biodegradable), and Tambrands (makers of Tampax tampons) has begun to consciously characterize menstruation as a natural process and as a positive life event in their advertising. The authors note, however, that these positive messages may still be lost in the multitude of negative messages women encounter (Kalbfleisch et al., 1996).

In her analysis of magazine articles about birth, Helen M. Sterk (1996) found the information presented encourages women's silence.[14] There was little information on midwifery, birthing centres, labour positions, miscarriage and stillbirth, birth defects, and birth experiences for single and lesbian women. Also, media accounts positioned women

as patients under the control of an obstetrician in a hospital setting, subject to the technological interventions she or he deemed necessary to facilitate the birth.

Diane Helene Miller (1996) found that magazine coverage of abortion between 1986 and 1992 focused primarily on the political aspects and provided women with very little information about abortion as a health issue.[15] She found that magazines did not provide women with practical information about how to seek a safe abortion, how to choose an abortion provider, or the health effects of multiple abortions. Miller also found that abortion health issues for non-white, non-middle-class women were ignored. She does detail some of the health-related information found in the political debates (focusing mainly on the debate around the existence of post-abortion syndrome) but does this mostly because there is no other health information to analyze. She concludes that in magazines, women's health concerns are subservient to political issues, which has the effect of disempowering women require information about the health effects of abortion.

However, this reflects the author's preoccupation with assessing the adequacy and accuracy of health information presented to readers. Abortion is a very political issue, and politicizing this important women's health issue can be very empowering for women as a group. The political nature of the struggle for reproductive choice is lost in Miller's quest for medical-health information about abortion.

Both Sterk's and Miller's research lack important information which would allow readers to assess their claims. Neither author includes any methodological information, aside from how they collected materials for study, and a statement that they were assessing how their particular topic (birth or abortion) was communicated to women. Chosen media sources were merely "analyzed", that is, read by the researcher, who chose (in some undisclosed way) what to present to readers. Other than this, the parameters of their studies were not disclosed.

All of these examples present a similar, somewhat healthist, argument: magazines *should* provide health information to women, women *should* want this information, and *should* use it to engage in healthy behaviours (see Barton, 1996; D. M. Condit, 1996; Kahl & Joan, 1996; Kline, 1996; Watson, Trasciatti, & King, 1996 for more sources which illustrate this perspective). Magazines are faulted for not providing accurate or adequate health information to women. While this is a legitimate criticism, it does not

take into consideration the idea of magazines as discourse which have their own logic and structure, and which follow institutional rules and norms which may not conform to health promotion ideals (Kilgore, 1996; Lantz & Booth, 1998). Women's magazines ostensibly want to provide information about women's health and empower women in their health decisions (Doner, 1993), but they also want to sell magazines (Andsanger & Powers, 1999; Parrott & Condit, 1996b). This means they have to continually write about new developments, take new angles on health issues, and bring news, not merely information to their readers.

According to Paula M. Lantz and Karen M. Booth (1998) factors that contribute to "newsworthiness" are the most important thing determining whether an editor approves a story. This means that journalists often need to turn factual medical information into news. First, the journalist may marginalize or bury the practical health information in a "news" story. Second, stories may emphasize "…the mythical, heroic or magical power of medicine, science or technology and of their practitioners relying on metaphors of magical power, revolution or warfare" (909). Or third, articles can take on a moralizing and/or prescriptive tone by blaming disease on individual behaviours, particularly sexual ones, often without solid scientific evidence, or in ways which directly contradict that evidence.

It would seem that those who criticize magazines for not providing women with adequate and accurate information do not consider these conditions of the media form—factors such as production, marketing and journalistic style—in their analyses. They may also be expecting magazines to deliver more than they are capable of in this capitalist, healthist society. They correctly emphasize that the media has an important role in reinforcing and reflecting particular notions about women's health issues but they look only at *what* the magazines say about the particular issue of interest. In so doing, these analyses neglect the rules which shape these writings, that is *how* these writings are constructed within a particular socio-historical context. This type of inquiry is limited by the authors' insistence that magazines should be doing things differently. The authors of the above research treat magazines as if they operate in fully rational ways, that magazine writing truthfully mirrors how the world really is, and so they only search for misrepresentations in the material, and do not closely analyze the conditions influencing

what is actually reported and the rules through which they construct knowledges and truths about health.

Magazines as Discourse

There are many authors who go beyond criticism of magazine writings about women's health, instead providing close readings of what they do include. These analyses are important because they consciously move beyond the study of accuracy in media accounts by acknowledging and examining *how* the media report on health issues instead of merely *what* they say:

> The way diseases and the people suffering from them are portrayed in the popular press says much about a society. Knowledge regarding broad social relations can be gained from the study of the subtle messages, the metaphors, the anecdotes, and the interpretations of complex data that are offered in popular accounts of disease trends and other medical issues (Lantz & Booth, 1998:908).

These researchers focus on the construction of messages within the health writings which reflect the producer's ideas about health and society (Olive, 1996).

The rationale for treating media articles on health discursively is promoted particularly well by Julianne Cheek (1997) in her article examining media representations of Toxic Shock Syndrome in the Australian press. She explains that discourse constructs ways of thinking and talking about the world, systematically providing content, organization and structure to topics. There are many different possible ways to "talk about" reality, but these are not all afforded equal value. Some discourses are dominant for historical, social, economic and/or political reasons and these have the effect of limiting or excluding other possibilities for talking about aspects of our world. For my purposes, discourse then, enables what can and cannot be said or written about health issues and in so doing limits the possibility of alternative views. Treating media as discourse allows one to explore how the discourse promotes certain understandings of health and suppress others (Cheek, 1997). Instead of seeing media as mere reporters of health information found "out there" provided by health promotion agencies, scientific journals or medical professionals, treating media as discourse means one examines how the media create messages about particular topics as a representation of a particular view of reality.

> The view created by the reader with respect to a particular health issue in any article is thus both constructed by, and in turn constructs, seemingly everyday commonsense understandings pertaining to health and illness (Cheek, 1997:184).

The discursive practices of magazines encourage readers to think about health topics in particular ways thereby creating social understandings of what it means to be well and how this is to be achieved (Clarke & Robinson, 1999; Lupton, 1992; Sacks, 1996). But, it is important to remember that these discourses are socially and historically contingent, subject to challenges and resistance, and are therefore always reconstituting themselves, though often in subtle ways; it often takes organized resistance and persistent challenges to topple dominant discourses.[16] What follows are examples from the sociological literature examining media representations of health topics and how these discourses created particular meanings pertaining to health, illness and society.

While they did not focus on magazines, Julianne Brown, Simon Chapman and Deborah Lupton (Brown et al., 1996) show the importance of studying the media's treatment of health issues. Their work analyzed all the newspaper and television coverage of a Sydney, Australia obstetrician discovered to be HIV positive and efforts on behalf of the hospital to track down his patients. These accounts were analyzed because they are:

> …intrinsically interesting as a window into journalistic consensus about what is considered important and newsworthy. When such stories concern health or medical issues, they provide an opportunity to examine journalistic notions about what *matters* in health reportage and the ideological nature of the assumptions which underpin these perceived news values [emphasis in original] (Brown et al., 1996:1685).

The authors contend that the media is a mediator between expert health knowledge and the public who do not passively absorb media messages, but are encouraged through these reports to "make sense" of the issues in particular ways (Brown et al., 1996:1687).

They found that despite the infinitesimal risk of contracting HIV posed to patients from this HIV-positive doctor, the media chose to magnify alarm and concern and in so doing they perpetuated a number of discourses about physicians, medical institutions, and victims. The doctor was portrayed through his disease and homosexuality as having a fall from grace, the hospital and public health institution were seen as untrustworthy in

their attempt to "cover up" the incident (their decision not to publicize their search for the patients was seen as a deception of the public about a public health crisis), and the women and their infants who were tracked down were seen as innocents who could be defiled by AIDS. Through their analysis of how journalists framed the story, the authors also gained insights into the socially constructed nature of risk discourse. What was viewed as important was not the information provided to the public about AIDS (and this particularly rare mode of transmission) but the messages about risk, health and medical institutions that was perpetuated in these media stories.

Articles examining stories about breast cancer in magazines have also shown the importance of analyzing media messages perpetuated about disease, risk and women. For example, Tonja E. Olive (1996) in her dissertation examining both women's own stories, and women's magazine writings about breast cancer, found that women's magazines characterized women as having little control over breast cancer due both to their ignorance of risk factors, and because detection and treatment is in the hands of technology which is sometimes unreliable, and physicians who are cold, impersonal and possibly unskilled.[17] However, while the futility of fighting breast cancer was promoted in these articles, there was a simultaneous message that women were responsible for controlling the risks of breast cancer through preventative behaviours. Preventing breast cancer was constructed as a choice for women—an area of self-control and personal responsibility—which also means that if a woman contracts the disease she is at fault. Olive also found the messages on risk factors were contradictory and sometimes confusing, making it difficult for women to follow the prescribed behaviours. Overall she found that her informants substantiated the magazine's discourses about breast cancer, and in fact magazines "resonate" women's experiences and perceptions about the disease, risk factors and treatment.

Similarly, Lantz & Booth (1998) in their analysis of how the rise in the incidence of breast cancer was reported in magazines, found that breast cancer was constructed as an important disease because it strikes "...young, white women in the prime of their lives, often taking them away from productive careers and loving, caring families" (914).[18] This despite the fact that the average age at diagnosis is 65 and that women of every class, family status and ethnic group are affected. Also, the construction of risk

surrounding breast cancer suggested that women had some responsibility in reducing their personal risk of the disease, generally by following the expert advice provided. The problem was that the advice provided in the magazines varied from expert to expert and article to article, likely creating confusion and frustration. Regarding women, the researchers found they were portrayed in two opposing ways (often within the same articles), both as victims of an insidious disease and as victims of their behaviours that put them at risk of breast cancer. Most importantly they found that women who behaved less traditionally (through delayed or no childbearing, using alcohol or oral contraceptives or having careers outside the home) were constructed as experiencing a higher risk of breast cancer. The message to media consumers is that breast cancer is out of control in younger women and in those that violate traditional feminine roles. This despite the high likelihood that the vast majority of U.S. women of all ages have at least one of the risk factors commonly discussed in the media (Lantz & Booth, 1998).

Other research shows that magazine discourse also promote the use of medical procedures like reproductive technologies in the way they structure their writings, the information they include, the experts they cite, and the knowledges they privilege or disparage. Celeste Michelle Condit (1996) in her examination of magazine and newspaper accounts of new reproductive technologies, found the media constructed the technology and those who use it in ways which did not merely reflect cultural norms. Instead, the media glamorized the technologies in ways which were misleading to infertile couples, and helped to create a societal acceptance of these techniques.[19] Her reading of media accounts showed that infertile women were portrayed as having extreme negative reactions to their inability to reproduce, casting them as emotionally distressed, desperate and frantic to find a solution. Condit also claims these constructions were based on anecdotal evidence that does not characterize the majority of infertile women (C. M. Condit, 1996). However, this desperation was used to promote technologies like in vitro fertilization (IVF) as a solution for infertility, while ignoring less invasive, less expensive interventions that are more likely to be attempted before IVF. This was done through the use of expert testimony, usually from physicians, and usually from those who had financial gain and prestige at stake in their favourable presentations of these technologies. Also, successful stories were presented much more than unsuccessful ones,

creating the incorrect notion that these technologies help women have babies much more than is the case. Finally, the risks of the technologies were downplayed, thus creating a total message whereby positive elements were more prominent than negative ones, helping to create a market for these technologies.

Similarly, in their examination of the context in which women choose to use prenatal diagnosis, Beaulieu and Lippman (1995) examined the contents of all issues of ten major North American women's magazines published between 1986 and 1992.[20] They found the risks presented to women over 35 who are pregnant or considering having children were highly selective to generate and justify a need for biomedical tests. Also, the women's magazines adopted a biomedical discourse when discussing issues surrounding pregnancy in "older" women, which made experiential and lay knowledge suspect or secondary to the "facts" of biomedicine. In the end, pregnancy in women over the age of 35 was constructed as something which should not continue scientifically uniformed. Women need information about their pregnancy to avoid risks, this information comes from prenatal diagnosis, and women should be seeking it out to avoid the birth of a baby with a detectable condition. Also, the risks to unborn children were cast only in biomedical terms, risks arising from structural factors like workplace safety, poverty, or abuse during pregnancy were ignored, as they could not be remedied by prenatal diagnosis.[21] They found that the descriptive nature of journalistic writing used to discuss this issue in the end became a "prescriptive discourse" which delineated a path older pregnant women should follow (Beaulieu & Lippman, 1995:72). To choose prenatal diagnosis was to partake in the mainstream biomedical conception of how pregnant women over 35 ought to behave.

As I discussed in the first part of this chapter, women's magazines tend to emphasize the personal in their presentation of topics, regularly presenting the stories of ordinary women. Regarding health issues, Susan McKay and Frances Bonner[22] (Bonner & McKay, 2000; McKay & Bonner, 1999)[23] detail the content and discursive uses of pathographies—"personal narratives concerned with diagnosis and treatment of disease" in Australian women's magazines (McKay & Bonner, 1999:564). They found that the women's stories were heavily mediated by the magazines and followed a basic structure in most cases: "The sufferer's re-telling of the diagnosis, followed by treatment and then

a re-evaluation of the experience in terms of what it could possibly mean" (Bonner & McKay, 2000:134). These stories emphasized a woman's personal rather than medical experience with illness and had a clear moral direction—they are written to inform and inspire others.

However, the criteria for inclusion differed based on the celebrity of the women. Stories of women who were celebrities were included even though they were unremarkable in terms of experiences with breast cancer and other diseases. Instead these stories were assumed to be of interest because they were about famous individuals with breast cancer, such as Olivia Newton John and Linda McCartney, but also included health stories of other famous individuals (Liz Taylor, Queen Elizabeth and Sophia Loren) about more mundane topics: cancer scares, weight-loss and chronic back pain. This fondness of the magazines for coverage of the personal lives of celebrities emphasizes their tabloid orientation, but also expands the range of illnesses profiled, ostensibly to provide readers with health information. The inclusion of these stories also emphasized the performance of the duties of a celebrity to act as role-models for ordinary women—demonstrating courage and persistence in the face illness (Bonner & McKay, 2000; McKay & Bonner, 1999).

The stories of ordinary women were only included if they presented tales of medical misadventures (problems with silicone breast implants), bizarre situations (breast reconstruction using buttock tissue) or odd coincidences (a husband and wife who both underwent mastectomies for breast cancer). The authors conclude that tabloid values frame the inclusion of ordinary women's stories in the magazines—commonplace stories of illness experiences by regular women were not included. However, similar to the stories of celebrities, inspirational statements are also included promoting the themes of courage and "triumph over adversity" (McKay & Bonner, 1999). It was also found that regardless of the often sensational tone of the stories, these pathographies encouraged readers to learn from the experiences of other women and reaffirmed core cultural values about how one should act with courage and determination in the face of illness (Bonner & McKay, 2000:142).

These analyses of media and health issues reveal some important themes that will help guide this project. Notions of risk and responsibility pervade all of the examined

discourses on health issues. These analyses found that the reader is responsible for ensuring good health through her knowledge of risk factors and the adoption of healthy behaviours outlined in the writings. Also, the discourse of health issues in the media are tied to health promotion and healthism—individual members of the populace must pursue good health, must recognize the risks to attaining it, and must constantly be informed and vigilant, or court possible ill health or disease. Media can be seen not only as reproducing and reflecting current notions of health, but also producing particular knowledges about health, women and society by encouraging particular readings of the discourses through the use of discursive strategies such as the framing of topics, the selection of cited experts, the use of personal illness stories (pathographies), the promotion of certain statistics and protocols and characterizations of particular groups (e.g. women, gay men, the infertile etc.) within the articles.

With these theoretical issues in mind, the chapter that follows details the method and methodological considerations informing this research. This includes detailed descriptions of the magazines in the research sample, the definition of health messages, research design and a discussion of issues surrounding the use of computer software, reliability and reflexivity in feminist and qualitative research.

Notes - Chapter Two

[1] I use the terms feminine and femininity to refer to definitions of "ideal" womanhood which are socially, culturally and historically constructed. Ideal notions of femininity are based on sexist and heterosexist ideas about women including women's primary roles as heterosexual wives who are keepers of the home and family (regardless of whether or not they work outside the home), and particular ideals of feminine beauty which favour youth, thinness, and sexual attractiveness to men. It is important to note that these constructions of femininity are linked to notions of *heterosexual* identity and attractiveness (Lenskyj, 2003).

[2] Friedan asserts that American women's magazines helped to create an ideal feminine identity of women as stay-at-home mothers and housewives. Friedan found that American women's magazines of the 1950s and 1960s wrote only of domestic matters (child-rearing, cooking, cleaning, pleasing your husband, etc.), with editors and publishers asserting that women readers did not wish to know about the world outside the home. The Problem That Has No Name describes women's feelings of dissatisfaction with this feminine identity that women's magazines reflected and reinforced, and their yearning to be more than housewives and mothers (Friedan, 1963). However, her book has been roundly criticized for reflecting the experience of white, suburban, middle-class American women (Korinek, 2000).

[3] The distinction between modern and post-modern accounts drawn by Hermes and others in this section fails to account for Neo-Marxist media critics who also discuss the ways in which individuals make sense of media texts. For example, Stuart Hall (1980) argued that while a dominant ideology constitutes the "preferred reading" of a media text, this is not automatically adopted by readers who may produce "negotiated" or "oppositional" readings based on their social position (see also: http://www.aber.ac.uk/media/Documents/S4B/sem08c.html). The work of Hall and members of the Centre for Contemporary Cultural Studies at Birmingham University reject the notion that people are unreflective dupes passively accepting media messages (Kellner). For general discussions of Neo-Marxism and media see: David Chandler's Marxist Media Theory website (http://www.aber.ac.uk/media/Documents/marxism/marxism.html) and Mick Underwood's Communication, Culture and Media Studies CCMS Infobase (http://www.cultsock.ndirect.co.uk/MUHome/cshtml/index.html) which includes a comprehensive primer on theoretical traditions within cultural studies.

[4] It is important to note that there are several sub-genres of women's magazines which have general differences in content but do not differ much in terms of form or messages about what it means to be a woman. These include women's service magazines (which generally provide a range of content but usually include recipes, housekeeping and parenting features), fashion and beauty magazines (also known as "glossies"), gossip magazines, and thematic women's magazines geared to particular groups or interests

(teen girls, women's health and fitness, women who work in paid employment etc.)

[5] While there are women's magazine published in the United States which emphasize the experiences of African-American women (i.e. *Ebony* and *O*, a magazine published by Oprah Winfrey), there are no similar mainstream women's magazines in Canada. And these magazines may be better classified as "specialty" women's magazines since they are produced with a very specific target market in mind. Also, I have not encountered any mainstream women's magazines which routinely include the perspectives of women of colour from other groups (i.e. Asian, Hispanic, Indian etc.) or those of Aboriginal women.

[6] There are some exceptions to this. Valerie Korinek (2000) shows how *Chatelaine* magazine in the 1950s and 1960s had a very political and feminist orientation. However, this has changed in the modern-day version. I have found no accounts of recently published women's magazines as feminist/political texts. There are discussions of magazines like *Ms.* and *Spare Rib*, but I consider these feminist magazines rather than women's magazines.

[7] While I was writing this, a work-crew spent several weeks demolishing and resurfacing the street in front of my apartment. Every day one member of the crew brought coffee and doughnuts which were consumed at a communal break time. Cigarettes were also shared by many of the workers. The nature of their work does not allow for conversation, therefore their coffee-break ritual appeared to be an important work-place social time.

[8] Foucault did discuss the *governmentalization* of the state (i.e. systems of domination) achieved through reliance on security mechanisms like diplomatic-military techniques used to protect the state from external threats, and police services to protect against internal threats. I will argue later that these formal state mechanisms are rarely used to constrain citizens in the name of health, instead there is a dependence on disciplinary and self-governing techniques (Holmes & Gastaldo, 2002).

[9] A term used by the magazine to describe readers whose personal success stories are profiled in each issue.

[10] Health practices are sometimes imposed, though rarely, through such measures as legally enforced quarantines, and non-voluntary treatment orders where a person is provided medical treatment against their will to protect themselves from harm, and/or protect other citizens (e.g. from contagious diseases like Tuberculosis or Severe Acute Respiratory Syndrome (SARS), or in cases of people with debilitating mental disorders like Schizophrenia).

[11] Twelve magazine articles, 34 newspaper articles and 4 books published from 1986-1992 were analyzed.

[12] The established magazines were *Ladies Home Journal*, *Woman's Day* and *Cosmopolitan*. The newer magazines were *Ms.*, *Working Woman*, and *Essence*. The

study examined 203 articles in 157 randomly sampled issues published between 1971 and 1980.

[13] For this study, magazine and newspaper articles published between 1987 and 1993 were examined. Also, the authors analyzed nine complete issues (including advertisements) each of *Parents*, *Better Homes and Gardens*, *Glamour*, *Seventeen*, *Young & Modern*, *Modern Maturity*, *Prevention* and *Health* published between 1992 and 1993. Finally, they reviewed transcripts of broadcast programming ending May 1993 (the names of the programs were not specified).

[14] Sterk examined 25 mass-market books found in book stores in 1993, 37 magazine articles published between 1987 and 1993, 80 newspaper articles published in *The New York Times* and *The Chicago Tribune* between 1980 and 1992, 18 television shows airing between 1991 and 1993 and 7 movies shown in the late 1980s and early 1990s. The titles of these are not listed, except where explicitly mentioned in the text.

[15] Miller analyzed a total of 121 articles published in magazines and newspapers between 1986 and 1992. She notes the majority of the articles are not specifically about abortion's health aspects, instead the information was just a side-feature. The titles of these are not listed, except where explicitly mentioned in the text.

[16] The legalization and full funding of midwifery care for births at home or in hospital in the province of Ontario is one example, the fight to legally recognize gay and lesbian marriages in Canada is another.

[17] One hundred seventy six articles from 12 women's magazines were located using the *Reader's Guide to Periodicals*. A sample of 46 articles was analyzed. The magazines used were: *Jet*, *Maclean's*, *Glamour*, *Redbook*, *Lear's*, *Essence*, *McCall's*, *Vogue*, *Good Housekeeping*, *Ladies' Home Journal*, *Ms.* and *Working Woman*. These magazines were chosen because the author felt they would appeal to African American and Caucasian women over thirty-five.

[18] Lantz and Booth examined a convenience sample of 228 magazine articles published between 1987 and 1995, choosing 91 as a sub-sample for a more in-depth analysis. The popular magazines represented in the sample were: *American Health*, *Consumer Reports*, *Discover*, *Ebony*, *Glamour*, *Good Housekeeping*, *Health*, *Jet*, *Ladies Home Journal*, *Life*, *McCall's*, *Mother Jones*, *Ms.*, *Newsweek*, *New York Times Magazine*, *New York*, *People Weekly*, *Prevention*, *The Progressive*, *Reader's Digest*, *Runner's World*, *Science News*, *Scientific American*, *Time*, *U.S. News and World Report*, *Vogue*, *Working Woman*.

[19] The author analyzed 37 magazine articles and 154 newspaper articles published between 1986 and 1991. A list of the sources is not provided.

[20] The magazines examined were: *Canadian Living*, *Chatelaine* (English), *Chatelaine* (French), *Clin d'oiel*, *Coup de pouce*, *Elle Québec*, *Femme Plus*, *Good Housekeeping*, *Homemaker's*, and *Ladies Home Journal.*

[21] The article also mentions that women's magazines mislead readers by subtly promoting the idea that prenatal diagnosis can prevent risks to the foetus of detectable conditions (e.g. Down's Syndrome), when, in fact, they can only diagnosis these conditions. This deception might also encourage women to submit to prenatal diagnosis since it is perceived to ameliorate the risks.

[22] All issues of *New Idea*, *Woman's Day*, and *Women's Weekly* (the highest circulating Australian women's magazines) published between January 1994 and December 1996 were examined for personal narrative about breast cancer. Forty-two examples were found. No other methodological information was provided. The authors note that such a large number of articles in a short time period demonstrates the emphasis on personal dimensions in women's magazines.

[23] This article examines the incidence of health pathographies in the three top-circulating Australian women's magazines (*New Idea*, *Woman's Day*, and *Women's Weekly*) for the period 1948-1997. Four issues per year were used for each title and 419 illness narratives were found. The method of analysis is not included.

Chapter Three - Context of Discovery

This study was conducted using a feminist *methodology* and a qualitative *method*. I agree with Shulamit Reinharz (1992) who asserts that feminism is a perspective rather than a distinctive research method. Feminist researchers utilize many strategies (both qualitative and quantitative) to examine the social worlds of women and other "people on the margins" (Ironstone-Catterall, 1998; Kirby & Mc Kenna, 1989). Therefore, what constitutes a feminist methodology is a commitment to particular "rules of the game" which guide feminist research:

> …the feminist methodological stance is focused on uncovering the social relations which deny the lived realities of oppressed groups, particularly women. Additionally, research is intended to be emancipatory, to enable women and others to be active agents in their own right. There is an acknowledgement that research *for* (rather than *on*) women ought to be attentive to power relations between "subjects" and "researchers" [emphasis in original](Ironstone-Catterall, 1998:7).

Following this methodology, this investigation uses primarily qualitative discourse analysis methods to investigate women's magazines and health guided by feminist theories about women, media and society.

The research process occurred in five stages. First, a sample of magazines was selected for this thesis. Each magazine is described below. Also, other primary and secondary source data was collected and reviewed. Second, the magazines were acquired and the health articles were collected. This involved determining what constituted a health message for the purposes of this study. Third, the articles were all digitally scanned and formatted for use with the NUD*IST computer software. Fourth, descriptive statistics were compiled to build a profile of the health articles in the magazines. This was done to understand the features, content and scope of health writings in the magazines during the sample period. It also helped focus my coding strategy for the discourse analysis. Lastly, using discourse analysis techniques, a sub-sample of the health articles was coded and examined. All aspects of this process will be described in detail in this chapter. Also considered are issues surrounding the use of computer-assisted qualitative data analysis software, the importance of keeping a research journal and issues of reliability and reflexivity in qualitative and feminist research.

Research Materials

This thesis is an analysis of all health articles contained in issues of *Homemaker's*, *Chatelaine* and *Canadian Living* magazines published between 1997 and 2000. Similar to Cheek (1997) I employed "purposive sampling" in order to best meet the objectives of my thesis which is a critical exploration of health messages in Canadian women's magazines. Purposive sampling proved more useful than quantitative, random sampling techniques because it allowed me to better describe the health writings characteristic of a particular group of under-researched women's magazines.

Chatelaine, *Canadian Living* and *Homemaker's* magazines were selected for analysis for several reasons. First, I wished to look at Canadian health messages so I must concentrate on sources produced in Canada even though many Canadian women regularly read American women's magazines and are exposed to the health information contained within them. There are pronounced differences between Canadian and American formal health care systems, and indeed between the two countries themselves that warrant this exclusion. Second, each publication has a section dedicated to health topics in each issue, thereby suggesting that the producers, and possibly advertisers, believe this is important to their readership. Choosing these magazines over a several year period allows me to assess trends in the health articles amongst and between publications over the period of analysis. Third, *Canadian Living*, *Homemaker's* and *Chatelaine* were chosen because they are the three women's magazines with the largest readership[1] in Canada and appear to be the most ubiquitous, found easily in retail outlets and libraries across the country. These publications are also generally found in health-care provider waiting rooms, and are likely shared by family and friends. Finally, these magazines compare themselves to each other in advertiser media kits; they are vying for advertising revenue from the same businesses and are directed at similar audiences. While there are editorial differences between the magazines, they are very similar in terms of look, content, mission, and reader demographics.

I decided to collect all the issues of *Canadian Living*, *Chatelaine* and *Homemaker's* produced between 1997 to 2000 (131 issues). This was done to permit the transfer of health articles to digital text for use with NUD*IST (discussed later in this

chapter) and so the articles could be examined within the context of the magazine as a whole.

I secured the issues in a number of ways. An advertisement was placed in the Peterborough *Examiner* asking for contributions of the required magazines and three women donated their collected back issues. All three women said they could not throw the issues away, even though they were not using them and were happy they would be put to good use. This attests to the importance of women's magazines to some women—back issues were carefully stored. These donations accounted for about 70% of the issues. The remaining magazines were purchased at *Goodwill* store locations in Toronto, and similar organizations that sell donated items for charities in Peterborough. I also purchased available back issues from the magazine subscription services (this only accounted for fifteen issues). The remaining issues that could not be secured were examined at the local public library and relevant health writings were photocopied.

Other materials

The majority of the analysis focuses on issues of *Chatelaine*, *Canadian Living* and *Homemaker's* magazines published between 1997 and 2000. This information was supplemented by promotional materials gathered on the internet and through electronic mail inquiries to the magazines. Demographic and magazine circulation information was also collected from the Print Measurement Bureau, an non-profit organization "…representing the interests of Canadian publishers, advertising agencies, advertisers and other companies" which collects information on print media readership, non-print media exposure and product usage, what is often called market research (*About PMB*, 2001). Internet research was also conducted to find added secondary-source information about the magazines analyzed in this thesis. This primary source material was augmented by an extensive examination of the secondary source literature on health promotion, media and health, academic work on women's magazines, and writings on discourse, governmentality and healthism.

Characteristics of the Sample

Chatelaine

Chatelaine is the oldest magazine in the sample, beginning publication in 1928 (Korinek, 2000). It is published monthly, and is a full-sized, colour, glossy publication with approximately 150 to 200 pages per issue. The entire sample was edited by Rona Maynard, who is the current editor in chief. The circulation[2] for 2000 was 815,000, with readership (defined as those who are exposed to a publication) of those 12 years of age and older at 1,766,000. Eighty-one percent of readers were female. (PMB, 2000). *Chatelaine* is available through subscriptions and can be purchased in a wide variety of retail outlets or found in most Canadian public libraries. The magazine is also available in over 40,000 health care waiting rooms across Canada (*Chatelaine Health*, 2003). *Chatelaine* has a website (www.chatelaine.com) which reproduces some of the magazine writings and provides original content and magazine information. In 2000, the price of a single issue was $3.50, a one-year subscription, $19.95.

Demographic information from PMB for 2000 states that 62 percent of readers 18 years and older are married and 57 percent have some form of post-secondary education. Income information states that 76 per cent of their readers are homeowners and 70 per cent of readers had incomes over $35,000 with 52 per cent with incomes over $50,000. Sixty-nine per cent of their readers are employed full or part time (PMB, 2000). These figures are quite similar to those for *Canadian Living* and *Homemaker's* and a comparison can be found in Table A.

Table A: Demographic Information for Magazine Readers

Magazine	Married	Some Post-secondary Education	Income > $35,000	Income > $50,000	Home-owners	Employed full/part-time
Chatelaine	**62**	**57**	**70**	**52**	**76**	**69**
Canadian Living	**68**	**58**	**74**	**56**	**79**	**68**
Homemaker's	**70**	**60**	**73**	**54**	**78**	**64**

*all frequencies are expressed as percentages

Table B: Magazine Circulation and Readership

Magazine	Circulation	Readership	Female Readers
Chatelaine	**815,000**	**1,766,000**	**81%**
Canadian Living	**563,000**	**1,986,000**	**79%**
Homemaker's	**883,000**	**1,206,000**	**84%**

Chatelaine is owned by Rogers Communication Inc. a large Canadian corporation which publishes a number of Canadian magazines including *Maclean's, Today's Parent*, *Flare*, and *Canadian Business*. They also operate a number of other media services, including cable television, wireless communications (cellular phones and pagers), cable internet services and they own and operate *Rogers Video* VHS/DVD rental/sales retail outlets (*Rogers Communication Inc. Fact Sheet*, 2002).

Chatelaine/Rogers Communication is an excellent example of what is often called media convergence or synergy (Klein, 2000). It is a process whereby media companies merge and expand in an attempt to blanket society with their particular message through their products. It is also a way for media companies to cross-promote their products through their various venues. For example, one can buy *Chatelaine* magazine and subscribe to Rogers cable, internet and a mobile phone while renting movies at Rogers Video locations. Through corporate convergence, the creation of media becomes concentrated in fewer powerful institutions which threatens the proliferation of a free press. It also creates what Naomi Klein calls "cross-promotional brand-based experiences that combine buying with elements of media, entertainment and professional sports to create an integrated branded loop" (Klein, 2000:146). Women are not only buying *Chatelaine* at their grocery checkout, they are buying into the particular Rogers Communication brand of media and entertainment.

The "look" of the magazine changed several times during the sample period mostly in terms of layout, cover design, and names of departments. Also, there was a major change in March 1999 when the entire magazine was redesigned under the slogan: "Passion, Purpose, Possibility" which appears under the *Chatelaine* title on every cover. Here is how they describe themselves on their website:

> Who we are
>
> Chatelaine empowers Canada's busiest women to create the lives they want. We speak to the strength of the inner woman—her passion, purpose and sense of possibility.
>
> *Passion:* The energy our reader invests in all the things that get her up in the morning, from her career to her closest relationships. *The "I love it" factor.*
>
> *Purpose:* The commitment that spurs her on to take charge of her future or make a stand in her community, no matter what the odds. *The "I believe in it" factor.*
>
> *Possibility:* The conviction that turns dreams into reality. *The "I'll make it happen" factor.* (italics in original) (*Chatelaine.com About Us*, 2003)

This "mission statement" makes it clear that Chatelaine sees itself as an important resource for women, enabling them to pursue fulfilled lives.

The *Chatelaine* cover usually features a woman model who is young (but not very young) and beautiful. She is usually white, able-bodied and dressed in conservative clothing. She would not be characterized as sexualized or glamorous compared to the models on the covers of fashion magazines like *Vogue*, *Flare* or *Cosmopolitan*. The cover is also filled with captions detailing some of the magazine's contents. For example: "52 Easy Steps to Great Health" (February 2000), "Weight-loss gimmicks: you *can* fight back" (January 1998) or "Special report: your fertility" (June 1999).

A quick survey of an issue of *Chatelaine* during the sample period yields a wide range of content. Every month there is an editorial called "Woman to Woman", and an advice column where reader letters on a variety of subjects are answered by appropriate experts (lawyer, pharmacist, veterinarian, physician, sex therapist, psychologist, nutritionist, fitness expert, etc.). There is regular content on financial planning, car care/safe driving, popular culture, beauty/fashion, parenting/family issues, home decorating/gardening, and a large recipes/food section. There are also regular contributors of editorials, "The last word" letters to the editor page, and a buyer's guide to inform readers where they can purchase featured products and services. The feature articles cover a wide range of topics, including current events, profiles of celebrities, politicians and other important people, and human-interest stories. There was a regular

fiction and crafts section in 1997 and 1998 issues, but these were removed in later issues, presumably because these did not reflect readers' interests. The issues also have many pages of advertisements, as this is their primary source of revenue.

Chatelaine has a health section in each issue. In 1997 and 1998 it was called "Mind & Body" and was changed to "The Health Pages" in the later issues accompanying the magazine re-design. The Mind & Body section appeared in the back pages of the magazine, while with the redesign, the health section moved to the front section and was expanded to provide more articles.

In its own promotional materials, *Chatelaine* envisions itself as an important health resource for women. In the editorial launching *Chatelaine*'s new look in March 1999, Rona Maynard states: "Longtime friends also know *Chatelaine* for Canada's most complete and trustworthy coverage of women's health…"(Maynard, 1999:6). Also, the media kit (found at http://spotlight.chatelaine.com/advertise/) designed to sell advertising space, cites a *Chatelaine* subscriber survey which found that health content was the number one reason why readers read the magazine, and that health article account for at least one-third of the editorial content (*Chatelaine Health*, 2003). The quote below, from their media kit, and states how they see their health content:

> Chatelaine interprets the news for our readers, so that they can make informed choices and take charge of their health. From medical news and fitness to stress reduction and nutrition, we make prevention easy and understandable.
>
> Chatelaine delivers authoritative health reporting in an appealing manner to help women make the right personal choices for their physical, emotional, sexual and spiritual well-being (*Chatelaine Health*, 2003:n.p.).

The mechanisms used by magazines to assert their authority in health matters are discussed in detail in Chapter Five. However, the information presented shows that *Chatelaine* views itself as an essential guide to women's health, and that readers view the magazine as an important source for health information.

The importance placed by *Chatelaine* on health is also shown by their commitment to the Centre for Research in Women's Health (CRWH), through their Partners in Health program. The CRWH is a partnership between the Sunnybrook and Women's College Health Sciences Centre and the University of Toronto supporting

clinical, academic and community research into women's health issues. *Chatelaine* "joined forces" with the CRWH in 1996 to create the *Chatelaine* Partners in Health Program to "…raise funds and awareness for medical research that puts women front and centre" (Peters, 2000). Four times a year, some of the Centre's research was profiled and readers are encouraged to become "partners" through a donation to the CRWH. These research profiles were included in the research sample, as they are part of the magazine's health section. Chatelaine's relationship with CRWH dissolved after the sample period because the Centre was unable to provide these regular research reports, (since research does not occur in neat quarterly reports) though the exposure in *Chatelaine* was very good for raising the Centre's public profile (P. Maksalon, personal communication, May 9, 2003).

Chatelaine magazine can best be described as a general interest women's magazine covering a wide range of topics which presumably reflect reader's own interests, including significant health content. Through its promotional writings, *Chatelaine* describes its role as one of providing women with the information they want/need and empowers women in their daily lives. The magazine also positions itself as an important health resource for women, providing readers with the latest health news, interpretations of complex information and a guide for women to maintain healthy lifestyles.

Homemaker's

Homemaker's magazine is a different-looking magazine compared to *Canadian Living* and *Chatelaine*. It is a digest-sized publication with issues averaging approximately 100 to 200 pages. *Homemaker's* is a full-colour publication supported by advertising. Circulation in 2000 was 883,000, with readership by those twelve years and older at 1,206,000.[3] Eighty-four percent of readers are women (PMB, 2000).

Homemaker's, like *Canadian Living*, is owned by Transcontinental Media, a wholly-owned subsidiary of Transcontinental Group, "…the leading publisher of consumer magazines in Canada, and the second-largest overall magazine publisher in Canada" (*About Us*, 2003). Transcontinental Printing produces newspapers, magazines, directories, books, flyers, brochures and other printed material, and Transcontinental Media publishes 53 magazines and periodicals with a total circulation of 105 million

copies in Canada and the United States (*About Us*, 2003). Titles include, *The Hockey News*, *Elle Canada*, *Elle Quebec*, *TV Guide* and *Le Bel Age*. They also produce a number of internet media products (*Transcontinental*, 2003).

Homemaker's is published almost monthly, with 8 issues being produced in 1997 and 1998, 10 issues in 1999 and 9 issues in 2000. *Homemaker's* is widely available in retail locations across Canada, public libraries and through subscriptions. Also, until January 1998, *Homemaker's* subscriptions were distributed at no cost to pre-selected homes across Canada (in the October 1997 issue it is stated that the magazine was delivered at no charge to 1,300,000 homes) . Since 1998, single complimentary issues are distributed to encourage women to subscribe to the publication (J. Francis, personal communication, April 22, 2003). In 2000 a single issue was priced at $1.99, one-year subscriptions, $9.95.

Homemaker's target readers are urban Canadian women between 25 and 54 years of age with household incomes over 50,000 dollars ("Homemakers/Madame Media Kit 2003," 2003). Demographic information from PMB states that 70 percent of readers 18 years and older are married, and 60 percent have some form of post-secondary education. Income information states that 78 per cent of their readers are homeowners and 73 per cent of readers had incomes over 35,000 with 54 per cent with incomes over 50,000. Sixty-four per cent of their readers are employed full or part time (PMB, 2000). The target *Homemaker's* reader is solidly middle-class.

Homemaker's started publication in 1966 as *Home Maker's Digest*, described as a "…shopping list, a recipe book and a light-hearted child care guide—a lipstick-and-lasagna read" (Foster, 1997). However, by the mid-1970s, *Homemaker's* was producing articles about controversial and feminist issues like gun control, divorce, day care and a pro-choice stand on abortion. *Homemaker's* has been characterized as a women's magazine with a social conscience (Foster, 1997). Under Editor-in-Chief Sally Armstrong (from 1991 to 1999), the magazine championed Canadian and international women's issues, including female genital mutilation, women in Afghanistan under the Taliban, Canadian women in prisons, and rape as a war crime. Many of the articles were written by Armstrong herself, who feels that women's service content in *Homemaker's* (e.g. recipes, health advice, or parenting information) does not diminish the importance of

politically important articles in the magazine (Foster, 1997). However, the strong, woman-centred, political stories in *Homemaker's* does set it apart from sampled issues of *Chatelaine* and *Canadian Living*.[4]

The Editor-in-Chief from 1999 to the present is Dianne Rinehart, and it appears that much of the feminist, political nature of the magazine has diminished. This is certainly how it appears from reading the *Homemaker's* media kit which describes the magazine's editorial mandate:

> Homemakers and Madame [the French-language publication] provides readers with expert advice and solutions to improve and enrich their lives. Readers depend on Homemakers and Madame to deliver practical recipe ideas, in-depth and relevant health and wellness information, inspirational and accessible fashion and beauty advice, decorating, gardening and entertainment ideas, as well as a positive look at relationships. Homemakers and Madame also continues to provide thoughtful and provocative feature stories covering topics that are close to the hearts of Canadian women ("Homemakers/Madame Media Kit 2003," 2003)

Homemaker's magazine clearly has a women's service focus, like *Chatelaine* and *Canadian Living*, designed to provide women with the information they "want and need".

The cover of *Homemaker's* during the sample period features a range of content. The title *Homemaker's*/HM always appears on top and often there is a photo of celebrities, athletes, or important people like Princess Diana, Celine Dion, Sarah McLachlan or Pamela Wallin who are interviewed or profiled in that issue. If there is no celebrity photo then a cover model is used. Similar to *Chatelaine*, the models are generally young, white, and not dressed provocatively. The cover also provides captions detailing the issue's contents, for example: "Natural Remedies Snake Oil or Super Cure?"(September 1998), "Snowshoeing: A shape-up winter walkabout" (December 1999) or "Steer clear of summer traffic accidents" (Summer 2000).

The magazine has undergone some minor design changes during the sample period, mostly in terms of art work and names for editorial departments (there was a major re-design in April 2003, including a move to a larger-sized format, and a title change from *Homemaker's* to *Homemakers*). The content of the magazine includes a monthly article from the Editor-in-Chief, a features section profiling celebrities (usually Canadian), current events, women's personal stories and women's issues. There are beauty/fashion sections, a large food section called Recipes Only, a home

décor/gardening section, and a monthly reader's letter section. *Homemaker's* also maintains a website (http://www.homemakers.com/) which reproduces some of the printed magazine's content, and provides archives of previous issues, magazine contact information, reader forums for women to electronically communicate about various issues, and some original content. The magazine has less editorial content than the other two in the sample due to its smaller size.

Each issue of *Homemaker's* features some health content. Sometimes it is found in the features of the "Herstory" section (which are personal accounts of women's experiences), but most are found in the "Body & Soul" (earlier issues) or "Health, Fitness and Nutrition" sections of the magazine. Similar to *Chatelaine*, the health content was in the last pages of issues in 1997 and 1998 and was moved to the front section of the magazine and re-named in later issues, signaling a shift in emphasis toward health information in the magazines. *Homemaker's* does not place as high an emphasis on health as *Chatelaine*, but it is an important part of their magazine image, and appears to be important to their readers through reader surveys. They characterize their health content as "practical, and in-depth health, prevention, fitness and nutrition information" ("Homemakers/Madame Media Kit 2003," 2003).

Canadian Living

Canadian Living magazine is similar in look and size to *Chatelaine*. Launched in 1975, it is published twelve times a year and is widely available at retail outlets and libraries across Canada ("Canadian Living Media Kit 2003," 2003). In 2000, a single issue was priced at $2.99, a one-year subscription, $27.98. Circulation in 2000 was 563, 000, and readership of those 12 years and older 1,986,000, the largest of the three magazines (PMB, 2000). Seventy-nine percent of readers are women. *Canadian Living* also produces a website (http://www.canadianliving.com) which contains articles reproduced from the print edition, archives of older articles, and some original content. Like *Homemaker's*, *Canadian Living* is owned by Transcontinental Media.

Canadian Living is a full-colour, glossy magazine with issues containing approximately 150 to 200 pages. There were some minor layout changes over the sample period, including changes to department names and article organization, but the content has stayed quite similar over the years. *Canadian Living* markets itself as a full-service

women's magazine, providing women with the information they need to live fulfilled lives. This is made clear through the mission statement contained in their media kit, given to potential advertisers and other inquirers:

> Canadian Living provides readers with smart solutions for everyday living. Canadian Living is the magazine they turn to first for I-can-do-it recipes for midweek family suppers and elegant entertaining, up-to-the-minute health and wellness information, and practical parenting and family advice—plus inspiring fashion, beauty and home décor ideas that make real sense of their busy lives ("Canadian Living Media Kit 2003," 2003).

The Editor-in-Chief from 1997 to May 1999 was Bonnie Baker Cowan, followed by Charlotte Empey, who remains in the post at the present time.

According to its most recent media kit, *Canadian Living* is directed at married women with families, distinguishing it from the other two magazines who do not specify the family status of their intended readers. Their target reader is described as follows:

> The Canadian Living reader lives a full and busy life—and she loves every minute of it! She's a partner and a mom, and, although she is committed to her career, her family always comes first. She is educated and informed, confident and independent, a good friend and a proud Canadian ("Canadian Living Media Kit 2003," 2003).

Similar to the other two magazines, 68 percent of readers 18 years and older are married and 58 percent have some form of post-secondary education. Sixty-eight percent of readers are employed on a full or part-time basis. Seventy-four percent of readers reported annual incomes over 35,000 dollars, with 56 percent over 50,000 dollars. Seventy-nine percent of readers are homeowners (PMB, 2000).

The covers feature the title "*Canadian Living*" in large type at the top followed by the slogan "Your Family Magazine" from 1997 to September 1999 when it was changed to "Smart Solutions for Everyday Living". The cover also features a photo of some food dish, tantalizingly displayed and labelled "Ribs with Asian Barbeque Sauce and Grilled Corn" (September 1997), "Sunday Dinner Proscuitto-Stuffed Pork Loin" (October 1999). There are sometimes pictures of people who are featured in that issue (including models) but they are in the top corner and are quite small. Generally these photos are headshots of white, attractive, usually young women. The magazine cover also features captions detailing the contents of the issue, for example: "Hike your way to fitness" (October

1997), “Stroke update: what you need to know” (November 1999), and “How healthy is your man?” (September 1998).

The content of *Canadian Living* focuses on a family-oriented woman, distinguishing it from *Homemaker’s* and *Chatelaine* magazines. There is a large amount of editorial content in the areas of food preparation and family/parenting issues. There is also a strong focus on presentations of Canadian communities and their activities. The features do not normally cover current events, or more news-oriented stories like the other two magazines do, instead profiling “everyday” Canadians and their stories. The magazine has a regular column by the Editor-in-Chief called “Behind the Scenes” and there is a monthly readers’ letters section. Regular monthly content also includes articles on fashion and beauty, finances, employment issues, food and nutrition, family and parenting issues, including articles on aspects of family life (recreational activities, relationships, education and family entertainment), decorating and gardening. There are regular editorials by a number of Canadian contributors and stories about Canadians in sections called “Community Heartbeats” and “People and Places”, there is also a “market place” section which sells cooking utensils, household gadgets and craft kits, and a source guide for readers wishing to purchase featured products.

The health content of the magazine has changed in amount and emphasis over the sample period. In 1997 and 1998 there was no specific health section in the table of contents, though there was a regular two-page health briefs section in each issue. Later issues show health content in the table of contents and the amount of health content grew. This is also evidenced by the information on health content presented in *Canadian Living*’s media kit:

> Canadians want to live better and longer, but we often feel overwhelmed by the sheer volume of health-related information that crosses our desks and doorsteps. Canadian Living Health & Wellness pages are designed to provide readers with ground-breaking information in a credible and accessible manner. Health & Wellness editorial appears in every issue to help readers take charge and make smart health, wellness and nutrition decisions for themselves and their families ("Canadian Living Media Kit 2003," 2003).

This is similar to both *Chatelaine* and *Homemaker’s*, which showed an increase in the health content and a greater emphasis on health articles in later issues in the sample.

To summarize, *Homemaker's*, *Canadian Living*, and *Chatelaine* magazines were chosen because of their popularity (evidenced by high circulation and readership figures) and their similarities as Canadian women's service magazines. While each magazine has features which make it distinct from each other, for example *Homemaker's* is more portable and features more stories of a political nature, while *Canadian Living* focuses on women as mothers, each is targeting a similar woman reader in terms of class, education, age and interests. These magazines are competing with each other for readers, but they all market themselves as handbooks for women's lives, providing the information that, they assert, Canadian women want and need.

These magazines were also chosen because each has regular writings on health, and during the course of the sample, they enlarged their health content, making it a significant portion of the magazine. Encouraging women to adopt healthy lifestyles through exercise, diet, disease prevention and other healthy behaviours is one of the missions of these magazines warranting their inclusion in this research.

Defining Health Messages

I decided not to use indexes to identify health content, or a pre-determined list of health topics (e.g. breast cancer, smoking, nutrition, fitness etc.) but instead examined the issues in a more naturalistic style that I assert is similar to women's actual reading practices. This way I could avoid focusing on my own pre-determined health topics and instead explore what the magazines label as health and what kinds of health articles they produce. However, due to the sheer volume of health writings in the magazines, it was necessary to produce an operational definition of "health message" to standardize the article location process. It was difficult to devise this definition at the beginning of the research because I needed to submerge myself in the magazines for a time to get a full sense of what kinds of writings the magazines contained. The following definition emerged from a preliminary reading of many magazine issues and my readings on health, women and media.

Using the following definition of a "health message" relevant articles were located by manually searching each issue of the magazines (Beaulieu & Lippman, 1995; Cheek, 1997). This included examining tables of contents, cover captions, headlines,

article topic areas, section headings, and, if necessary, a full reading of the article text. (Clarke & Robinson, 1999; Lupton, 1994). In total 1,291 health articles of various lengths (from one paragraph to many pages) and formats (news briefs, feature articles, advice columns, short instructional pieces etcetera) were located and included in this study.

Towards an operational definition of "health message"

For the purposes of this study, what constitutes a "health message" fits into several criteria. First, and foremost, anything the magazine labelled as health content was included. This encompassed material found in health, nutrition and fitness sections of the magazines. I also chose to include writings specifically about men's and children's health. Women's magazines tend to reflect and reinforce the cultural ideal that women are responsible for the health of their husbands and children, so any writings on men's and children's health issues need to be interrogated.

This decision only left writings which were not labelled as health content by the magazines themselves. For this, I employed a number of themes. Most generally, I was guided by the World Health Organization (WHO) definition of health: "…a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity" (Lupton, 1995:69). However, if I were to use this definition only, almost everything could be considered a health message.

This led me to consider a second area, definitions of "women's health". Most feminists contend that what constitutes women's health is more than "diseases and disorders" (Ruzek, Clarke, & Olesen, 1997:6). Lynn M. Meadows, Wilfreda E. Thurston and Christina Melton (2001) state that women's health,

> …involves women's emotional, social, cultural, spiritual and physical well-being and is determined by the social, political and economic context of women's lives as well as by biology. This broad definition recognizes the validity of women's life experiences and women's own beliefs about and experiences of health (1452).

Furthermore, conceptualizations of women's health must include broader social relations and institutions, and recognize women's "roles, responsibilities and statuses in families, communities and societies" (Ruzek et al., 1997:6). Finally, any definition of women's health must recognize that gender is one of many interconnected social factors, along

with class, race, disability, sexuality and other subject positions which determine health (Phillips, 1995). While I agree that a feminist, inclusive definition of health is important and will guide my understanding of health messages in Canadian women's magazines, it like the WHO definition, is too broad, and makes it difficult to decide what constitutes a health message in the magazines.

This leads to a third area, health promotion, which can be conceptualized as any activity that attempts to improve, enhance, foster or promote health (Cribb & Dines, 1993a citing Denis et.al.; Lupton, 1995; Macdonald & Bunton, 1992; Tones, 1997). More specifically, Irv Rootman (1993) defines health promotion as a process which empowers individuals and communities to increase their control over and improve their health. This includes changes to the conditions and ways of living which will enhance health and which recognizes a balance between personal choice and social responsibility to create "a healthier future" (Rootman, 1993:4).

Other authors (Cribb & Dines, 1993b; Thorogood, 1992) would agree that health promotion is about increasing people's control over their own health and this must be done by addressing both lifestyle and structural issues. Nina Wallerstein and Edward Bernstein (1988) take this further by stressing that the process of gaining greater control over one's own and one's community's health arises from political action, which creates an environment conducive to healthy living. No matter the scope, health promotion can be generally characterized by its overarching goal: the accomplishment of continuing good health for all. To accomplish this, health promoters generally seek to educate large populations about a particular health risk or behaviour to encourage people to change their beliefs and behaviours in ways that will be healthier. Magazine writings which provide such information would be included in my analysis.

Women's Reported Health Concerns

These definitions of health, women's health and health promotion are still too general to provide a workable definition of health messages for the purposes of my research. Of particular interest to me is whether and how women's magazines reflect women's own health concerns. Do Canadian women's magazines provide health content which reflects women's priorities for their health? To help answer this question I turned to the literature on Canadian women's reported health concerns.

In 1991, Vivienne Walters, a sociologist at McMaster University in Hamilton Ontario, wrote that there was little research on what women identify as their foremost health problems and priorities and whether and how these priorities vary amongst women. She believed that research was needed in order to better understand how the priorities of "ordinary" women are different and similar to those of biomedicine and the women's health movement (Walters, 1991).

Since that time there has been an emerging interest in identifying women's health concerns in various regions of Canada. The earliest research was conducted by Walters in her survey of 356 women in Hamilton, Ontario. In her research (Walters, 1992; Walters & Denton, 1997) a randomly selected, stratified sample of women was interviewed about their concerns and experiences regarding their health. Interestingly, women's reported problems and concerns did not reflect feminist and biomedical agendas for women's health which traditionally focus on menstrual, gynaecological and reproductive issues (Walters, 1993). When asked to list the three most important health problems for themselves, women most frequently reported stress, arthritis, being overweight, back problems, migraines/chronic headaches and blood pressure (Walters, 1992).

When prompted with a list of 67 health and social problems, and asked whether they were worried about and/or experienced each problem, the range of reported problems increased. Road accidents were the most frequently mentioned worry followed by breast cancer, being overweight, stress and arthritis. Large percentages of women reported being *concerned* about life-threatening and chronic diseases such as heart disease, lung disease, breast cancer, and arthritis. What is more interesting, a large proportion of women reported tiredness, difficulty finding time for themselves, and anxiety among their most frequently *experienced* problems (Walters, 1992).

Women were also asked what they perceived to be the three most important health and social problems for women in Canada. The health problems reported most often were cancer in general, stress, breast cancer, heart disease, ovarian/uterine/cervical cancer and arthritis. The social problems reported most often were violence against women, discrimination in the labour force, problems faced by single mothers and poverty—social issues which function as determinants of health (Walters, 1992).

There is one other finding of interest: women in Walters' research tended to normalize the concerns they had about stress. Even though it was the most frequently cited health problem, it was reported as a concern less often. Women may have felt the problem was not severe enough to cause worry, or that stress was not really an illness, or they were embarrassed to be seen as being unable to cope with the demands of everyday life and their multiple societal roles (Walters, 1993).

Carol Suschnigg (1996) details results from a women's health needs assessment conducted by 15 members of the Women's Health Research Steering Committee. The committee developed a feminist participatory research approach which enabled women to move from being participants in a study to being active participants in all aspects of the research process. The group heard from 177 women in the Manitoulin/Sudbury area of Northeastern Ontario. The women identified a number of concerns about health care system in the region, centring on access to medical services, and physicians' attitudes and behaviours toward female patients. They also expressed concerns about women's physical and mental health, particularly breast cancer, stress and depression. The need for education and services in the areas of reproductive control, including childbearing, contraception and abortion, and lifestyle issues, particularly nutrition were also reported.

Women participants were also asked about the kinds of mental and physical ailments they had recently experienced: "The most common complaints were backache, headache, swollen or painful joints, coughs and cold, menstrual problems, allergies, foot problems, constipation, chronic fatigue, difficulty sleeping, stress, anxiety, and depression" (Suschnigg, 1996:255). When asked about their disease-prevention activities, a large majority reported they engaged in healthy behaviours like eating well, not smoking and using alcohol in moderation. And, while they had the freedom to pursue these healthy behaviours, the conditions of their lives made it difficult to pursue other kinds of self-care. Similar to Walters' findings, women in this study also suffer from stress and tiredness. Half the respondents stated they normally did not get enough sleep and over half said they could not avoid stressful or unhealthy work conditions and they lacked time to relax (Suschnigg, 1996).

A more recent publication asserts that women's own perceptions of their health are still receiving little attention. Like Walters (1991), Karina W. Davidson et. al. (2001)

state that research evaluating women's health relies upon the opinions of medical experts or leaders of women's groups, even though "ordinary" women may have different health priorities and concerns from the "experts". The researchers sought to obtain "spontaneous reports" of the three most important health concerns of a sample of 458 Nova Scotian women from three different ethnic groups (Caucasian/European, Black and Native/Aboriginal) and to identify what these women felt were health concerns for Canadian women in general.

For all women, the three main health concerns for Canadian women were classified as psychosocial issues (stress, depression, anxiety, socio-cultural stress), other specific illnesses (diabetes, flu, migraine, asthma, arthritis), and cancer (all types excluding breast cancer). Their personal health concerns were psychosocial issues, other specific diseases, and heart and related diseases. The researchers only found one statistically significant difference between the ethnic groups' responses. Native/ Aboriginal women were more likely to report other specific illnesses as their top health concern than Caucasian/European women. Interestingly, all three ethnic groups of women reported psychosocial illnesses as more important for themselves than for Canadian women in general. This corresponds to Walters' research, and suggests that women do not view health issues like stress as a serious or legitimate health concern. Conversely, they viewed breast cancer as more important for Canadian women than for themselves, likely because it is a highly publicized health concern, and women are aware of the high incidence of this disease (Davidson et al., 2001).

While not as comprehensive as the Walters' study, the results of this survey show that women do worry about and experience chronic and life-threatening diseases, and feel they are important health issues for Canadian women. However, women's personal health concerns mainly focus on mental health issues, in particular stress, anxiety and depression—health issues which have been traditionally been neglected by medical or health research (Davidson et al., 2001).

In another study, Meadows, Thurston and Melton (2001) studied the perceived health and health-related experiences of 42 middle-aged immigrant women living in urban Alberta. Using in-depth interviews, the researchers found that women responded largely with answers that related to physical concerns about their health. Only six

women raised concerns which pertain specifically to women's bodies such as hysterectomy and hormone replacement therapy. Two women spoke of physical spousal abuse, and fourteen women spoke about the distress related to war and political experiences in their home countries, experiences which lead to feelings of sadness, depression, worry and anxiety.

Immigration itself was found to be a determinant of health. The women interviewed were heterogeneous in terms of such factors as education, country of origin, ethnicity, and social class. For some women the process of immigrating to Canada had no reported effect on their health. Five women reported their health improved, and eleven women indicated that health worsened with immigration. For these women, health problems included physical and mental factors such as aches, pains, sleeplessness and depression (Meadows et al., 2001). Adaptation to Canadian society also forced women to change their behaviours and roles. For many these changes were positive; however, other women experienced negative changes which had impacts on health through "changes in eating patterns, lowered socio-economic status, crying, sadness and depression, headaches, rashes and general poor health" (Meadows et al., 2001:1455).

The study's authors conclude that the health concerns of immigrant women in Canada must be situated in the context of their everyday lives, including their experiences of adapting and rebuilding in a new country which is often quite different from their own. Also, immigrant women's health concerns encompassed far more than physical problems. The women interviewed often spoke of their health in terms of emotional, spiritual and cultural terms. Most importantly, these immigrant women assessed their personal health concerns within the context of the health of their families: "it is the health of the *unit* rather than of their physical, emotional, spiritual, social and cultural selves that is the final point of adjudication of health for them"[emphasis in original] (Meadows et al., 2001:1457).

From these few studies on Canadian women's health concerns, I constructed my definition of health messages. Though these studies do not represent all women in Canada geographically, or in terms of race, class, sexuality and other axes of difference (for instance, the health concerns of lesbian women or women with disabilities have not been addressed), they do provide some information about the priorities so-called ordinary

women have about their health. Overwhelmingly, research on Canadian women asserts that women's major health concerns arise from the social, cultural, and economic contexts of their lives which appear to create stress, tiredness, anxiety, and a feeling that women do not have enough time for themselves.

With these definitions of health, women's health, health promotion and research on women's reported health concerns, I decided that I would include any writings (not specifically labelled by the magazine as a health topic) which 1) fall within my definitions of health and women's health; 2) have an educational focus, similar to the goals of health promotion, that is, they discuss health in a prescriptive way, give direct health information or discuss the consequences for health of a particular situation or activity; and 3) discuss topics which Canadian women have identified as important health issues.

Dilemmas/Exceptions

As with any operational definition, there are some exceptions—writings I did not include for analysis—even if they are labelled by the magazine as health content. I did not include any writings on the politics of health care delivery in Canada. What has been labelled the "crisis in Medicare" and how it is covered in the media is a separate topic and falls outside my conception of health messages. I also chose not to include stories about the working conditions of health care providers which are tied to the provision of medical care within the Canadian health-care system. Also, I am trying to be judicious in my choices regarding children's issues. I do not want to turn child-raising into a health issue, but I will include parenting issues if they have direct health ramifications, as I would with women's health topics (for example, writings on childhood illnesses and diseases, accident prevention, etc.). Finally, I did not include recipes or letters to the editor.

I must admit that sometimes it was difficult to decide whether to include a particular magazine piece that slipped through all other components of my definition. What about an article about sexual abuse in Canadian amateur hockey? A profile of a controversy surrounding a treatment program for anorexia nervosa? A feature on the devastation caused by landmines in Bosnia? I wanted to be inclusive and mindful of feminist conceptions of women's health, but at the same time, I did not wish to turn every

topic relating to women into a health issue. Also, I was unsure of what to do with writings which discussed health issues for women internationally, especially in the developing world. *Homemaker's* magazine in particular has had a number of articles on the health of women around the world. These dilemmas force me to implement my final strategy. If I still could not decide whether to include a piece, I discussed it with my advisor and possibly my committee.

In the first three instances, the articles were not included because they did not provide direct health information, with the aim of education. However, in the case of international women's health writings, it was decided that while these may not be the health concerns of a majority of Canadian women, it was important to include these writings for three reasons. First, there are many immigrant and refugee women in Canada, and these writings may cover experiences and concerns they have about their health. Second, there are many health messages that are presented to readers regardless of their particular experience with these issues. Third, since writings on international women seem to be concentrated in a particular magazine, a proper representation of the health content of *Homemaker's* could not be obtained if these articles were not included.

*NUD*IST*

In order to systematically and more easily handle the large amount of included text, I decided to use the computer program NUD*IST for the data analysis. NUD*IST is an acronym for Non-numeric Unstructured Data Indexing Searching Theorizing, and is one kind of computer-assisted qualitative data analysis software (CAQDAS). Initially I was leery about using a computer program to do a qualitative analysis. I felt that I would not have control over the analysis process and that I would really be doing quantitative research—how could a computer analyze words? According to Bobbi Kerlins, in her internet guide to NUD*IST, my initial suspicion is quite natural (Kerlins, 2002b). Culturally, computers are viewed by most as "number crunchers", and analysis software as a tool into which we input data and it gives us results—a process which is absolutely contrary to qualitative methodology. However, Kerlins states that this is an inappropriate conceptual model to apply to qualitative analysis software like NUD*IST.

A better way to understand NUD*IST is as an organizational tool. Through my research on the software, my use of the demonstration version, and by taking a training course, I have come to appreciate how this software (I am using version six, dubbed N6) orders and structures textual material. The software stores my data, organizes it in ways I decide (i.e. coding), and allows me to retrieve the data in ways I choose, for whatever purposes I want. Udo Kelle (1997) asserts that computer assisted qualitative analysis software merely mechanizes the widely used manual indexing/coding techniques without changing the underlying logic of the process. He states that during the qualitative research process, "…the computer remains restricted to an intelligent archiving ('code-and-retrieve') system, the analysis itself is always done by a human interpreter" (Kelle, 1997:5.7).

All articles deemed to present health messages were prepared for analysis using N6 in a standard fashion. To use N6, data has to be in the form of digital text. If one is doing interviews (which is the typical use of this qualitative analysis software), this merely means transcribing the tapes into a word processor. When using magazines or other texts, it became a more complicated process. Each health article included in the project had to be scanned into the computer. These images were then converted to editable text using a program called *Textbridge Pro Millennium*. While the software is quite proficient, it is not perfect, and each article had to be carefully proof-read and formatted to ensure compatibility with N6 software. This process took several months.

The following information was also recorded at the beginning of each analyzed document: title, issue, page number, whether it appears in the magazine's health section, number of pages, author, author gender, author credentials, cover caption (if any), type of article (feature, editorial, advice column, news etc.) and the subject of article. This information was used to easily identify the article, and permitted automation of the process of compiling descriptive statistics.

Throughout the process I regularly pondered whether the time it takes to convert the magazine writings into digital form would be longer than doing the analysis using the traditional note card, coding sheet method, and I decided to go the digital route for several reasons:

1. I only have to do the conversion once. After this, the raw data is in digital form

and I can analyze it using N6 in any way I chose. So, if there are avenues of inquiry that I cannot undertake due to space and time constraints or because they are not relevant to my dissertation, I can undertake this research easily at a later time.

2. Converting the texts allowed me to submerge myself in the magazine writings and develop coding ideas, theories and hunches which I noted and used in the discourse analysis. The N6 software has a memo feature which allows the researcher to write notes about particular codes or text passages and view these at any time. This memo feature became my research journal and proved extremely useful for documenting all aspects of the qualitative research process. These journal entries are also important methodologically as I will explain later in this chapter when I discuss the research journal.
3. By using N6, some of the analysis could be automated. Computerized searches for specific words and phrases (e.g. breast cancer) were performed for the purposes of classification and categorization, the generation of descriptive statistics, and for the preliminary coding of articles.

Using computer-assisted qualitative data analysis software has created some unanticipated issues. Most importantly, formatting the magazine writings for use in N6 changes their form in substantial ways. The text is now just a transcript of the article, devoid of graphics, photographs, formatting, and location in the issue, advertising and all the stylistic devices used in this form of publishing. I did make notes in the N6 texts which detail captions, photographs and graphics in the issues; however, I am very aware that these aspects of the writings carry important discursive meanings, and that omitting them changes my study. However, I feel that studying the intersection of text, graphical elements and advertising is not within the scope of my research. When I felt additional context was needed, original magazine articles were consulted.

Descriptive Statistics

For this portion of the research, descriptive statistics were compiled utilizing the automated word search functions of N6. Articles were coded based on the following criteria: author credentials, author gender, article subject, number of pages, whether the

article appears in a health section, the magazine in which article appears, and the type of article (feature, news, personal story etc.) Frequencies for each code were compiled and put into table form to provide a profile of the characteristics of the health articles appearing in the magazines. These tables appear in Appendix A.

I should stress that this exercise is not a content analysis in the traditional sense. I did not examine the health articles for patterns of words or phrases in order to make *inferences* about the articles. I agree with Kerlins (2002a), who states that content analysis is not a qualitative method, but instead a quantitative method of analyzing textual material. Content analysis is based on the assertion that textual messages can be isolated and quantified, and is therefore useful for determining things such as how often a particular ailment is mentioned in magazine articles over a particular time period, but it can not delve into the meanings of media representations and their sociocultural contexts (Lupton, 1999).

Instead, the descriptive statistics were compiled in order help understand the scope of the information provided by the magazines, and to organize the materials. Similar to Valerie J. Korinek (2000) I found the process of surveying and organizing the data useful, and believe it allows readers to more fully understand the nature and breadth of the examined health articles. The exercise also allowed me to immerse myself in the health texts and shaped the discourse analysis in its beginning stages, particularly in the devising of initial coding ideas.

Discourse Analysis

This thesis is an exploratory critical analysis of health writings in women's magazines (Cheek, 1997). This involves the examination of women's magazine health writings using discourse analysis techniques to better understand the messages constructed about women, health and society. It is important to understand I am not attempting to verify the accuracy of the health messages, or even to assess if they provide women with adequate information about a particular health topic. Instead, I am analyzing the texts as a feminist researcher interested in the discourse, that is the meta-narrative, or structuring, explanatory story that is produced in all these writings (Cheek, 1997; Lupton, 1992; Prior, 1997). Magazines are not merely neutral producers of

information, instead they create/re-create, reflect and reinforce societal understandings about health (Cheek, 1997). A critical examination of health messages can reveal "how linguistic processes construct and privilege certain definitions and meanings and the processes by which certain interests, norms, values, and opinions receive attention over others" (Lupton, 1994:73).

According to Deborah Lupton's article "Discourse Analysis: a new methodology for understanding the ideologies of health and illness" (1992), discourse analysis examines oral and textual communication processes (e.g. radio and television interviews, print media, doctor/patient encounters) within their social, cultural and political dimensions with the aim of theory formation about health issues and society. Unlike traditional content analysis which emphasizes quantification of speech—for example, how many times a particular disease (e.g. AIDS) or person (e.g. homosexual) is mentioned—discourse analysis examines texts and talk critically, not just descriptively. It examines not only *what* is said, but *how* it is said (Beaulieu & Lippman, 1995).

Discourse analysis examines the structures of text on their own terms, not as an sign or interpretation of something else, such as a hidden or underlying discourse. According to Lindsay Prior, this allows the researcher to focus on:

> the rules concerning what can and cannot be thought, the ways in which knowledge can be represented, the nature of the grid by means of which thought is expressed and classified, and the rules concerning who is, and who is not, entitled to pronounce on the nature of a given phenomenon (1997:77).

For the purposes of this thesis, text, that is, magazine articles, are examined as representations. A representation should be understood "not as a true and accurate reflection of some aspect of an external world, but as something to be explained and accounted for through the discursive rules and themes that predominate in a particular socio-historical context" (Prior, 1997:70). This means I am examining the rules, patterns and structures which provide particular frameworks for discussions of women's health. Discourses create what can and cannot be said about particular objects and issues at particular times, and in so doing, they limit the possibilities of alternative views (Cheek, 1997). In the context of women's magazines, particular notions of health, women, and

responsibility are promoted through writings on health, with other representations being either limited or excluded.

The form of discourse analysis I use in this thesis seeks to disentangle the rules which structure representations of health in women's magazines and therefore the image of 'reality' these texts portray to readers (Prior, 1997). The analysis has two main elements. First is an examination of textual dimensions which account for the structure of discourse. These include grammar, word choice, metaphor, and overt meaning—the content matter or the words and sentences that appear in the text. Also included are larger elements like topics and themes of the articles chosen for inclusion in the magazine. Second is the contextual dimension which relates examined texts to the socio-cultural and political context in which discourse takes place. This involves the examination of, "the production and reception processes of discourse, with particular attention to the reproduction of ideology and hegemony in such processes…" (Lupton, 1992:145).[5] Again, the focus is on more than the content of health articles; it is an examination of their structure and influences and an exploration of the social meanings these discourses re/produce, the types of subjectivities they constitute, and the forms of governmentality that are perpetuated.

Research Questions

Following this method of discourse analysis, my project is guided by the following questions:

1. Who is considered responsible for good health? How is responsibility exercised?
2. How are magazine stories constructed? How does this influence the health messages?
3. Does the material reflect healthism, health promotion and/or feminist ideologies? In what ways?
4. Who is the intended audience of the health messages? How are they constructed? Who is left out?
5. What are the implicit assumptions about the readership of the magazines (especially in terms of age, race, sexuality, class and education)?
6. Who is the typical woman the magazines construct in the health writings? What subjectivities/subject positions are created?
7. What forms of evidence do the writings rely on to support their main claims?
8. What are the health risks[6] presented to women? How are they framed?

These questions are examined in varying degrees of depth in Chapters Four and Five. However, discussions of issues like the expertise of cited authorities and a comprehensive

presentation of the health risks presented in the health articles were not included due to space constraints and the choices that inevitably result in order to develop a manageable research project.

To explore these questions, I searched for prevalent themes and considered the general tone of the writings. I examined the use of metaphors, images, word choices and analogies, and other journalistic methods used to construct health writings which work both to promote certain meanings or interpretations of women's health and broader messages about society and responsibility and to limit or exclude other representations (Brown et al., 1996; Cheek, 1997; Lantz & Booth, 1998; Prior, 1997). It should be noted that my choices of discursive frameworks presented in Chapter Four are not an exhaustive list (Cheek, 1997). This thesis is also a discourse and as such it also follows particular rules, patterns and structures. Meaning other important frames were not included due to space restrictions, and because they move away from the conceptual framework which I created in order to present a manageable thesis.

From my analysis of the relevant literature, my research questions, and my initial readings of the health articles in the various preliminary research stages, I devised a number of preliminary coding categories. Other codes were added as I progressed through the articles; I used both deductive and inductive approaches to interpret the health messages. Codes were revised (some were merged together, others expanded, some deleted) to reflect the emerging analysis, and generation of hypotheses I wished to pursue. Articles were coded by reading and rereading the digital forms of the texts, by performing automated word searches and by utilizing other search and analytical tools in N6. A list of my coding categories can be found in Appendix B.

At first, I had decided to examine all 1,291 health articles in the content analysis sample but upon coding articles published in Chatelaine in 2000, and a portion published in 1997, I realized there was a tremendous amount of repetition in the kinds of discourse I was examining, especially in terms of coded text, types of stories presented, methods of presentation, and the general health messages. It turns out these repetitions have important effects that I will discuss in subsequent chapters.

With this in mind, I instead chose a sub-sample of the magazine articles to examine. I began by coding an entire year's worth of articles for each magazine.[7] I then

coded four issues per magazine published in 1999[8] to see if my findings for these four months resembled the findings for the entire year's worth of articles. Since I could find no significant differences between the complete year's articles in 1998 and the four-issue sample of 1999, I decided to code only four issues a year for the remaining two years, resulting in a total of 760 articles.

The Research Journal

Throughout this research, I have kept a journal to document several aspects of my "research journey" (McCotter, 2001). This journal has several functions. First, it serves as an organizational tool to keep track of research questions, important literature, burgeoning ideas and administrative tasks. The journal is also the written record of my thought processes during the research process. I record all and any ideas I have about the data, leads I might want to pursue, and questions I should ask myself. This part of the journal is part of the memo function of N6 so that it could be directly attached to the processes of coding and data analysis.

My research journal has also helped me avoid getting too lost on my qualitative research journey. In his article entitled "Keeping things plumb in qualitative research", Chenail (1997) explains that researchers often get overwhelmed with the choices they have to make about what to include and what to leave out that arise due to the richness of their data. Projects which start out simply can end up in a complex muddle as the research takes on a life of its own, and one moves away from exploring one's original research statements. Chenail believes that researchers need to "plumb up" or evaluate their projects periodically in order to avoid drifting too far from their line of inquiry. A research journal is a useful tool in this process.

Most importantly, keeping a journal has helped me practice two important components of qualitative and feminist research; rigour and reflexivity. I will explain the use of the journal, after a brief discussion of each issue.

Rigour

The nature of discourse analysis, with its qualitative, and in this case, feminist orientation means that traditional models of validity and reliability found in quantitative, hypothesis-testing positivist research methods do not apply (Hall & Stevens, 1991).

However, qualitative researchers must demonstrate that their conclusions arise from rigorous and reliable processes and their interpretations and recommendations are supported by the data (Ironstone-Catterall, 1998).

Joanne M. Hall and Patricia E. Stevens (1991) assert it is necessary to assure that feminist research processes and results are "dependable",

> Analyzing methods as they are actually implemented and revised in research practice is a way of assessing this. Dependability is ascertained by examining methodologic and analytic 'decision trails' created by the investigators during the course of the study itself. Auditing the inquiry (i.e., determining whether decisions made are congruent with their circumstances and assessing whether interpretations and recommendations are generally supported by the data) attests to the dependability of the project (19).

Similarly, Juanne Clarke and Julie Robinson (1999) assert their research on media representations of testicular cancer cannot be assessed by so-called "objective" methods but by the goal of credibility. This means the reader must ask whether the analysis makes sense; is it supported by the examples given in the report; does it provide sufficient detail, and can the research be considered credible. One way to achieve this credibility is through the broad use of examples from the textual material to illustrate one's assertions. This is important because it allows others to assess the researcher's analysis and follow the textual data to the conclusions (Lupton, 1992).

These strategies for dependability/credibility acknowledge that discourse analysis and feminist qualitative methods are context- and researcher-dependent (Lupton, 1992). There are no claims of objectivity. Researchers employing techniques of discourse analysis assert their work is exploratory, designed to seek understanding and hypothesis generation; they are not looking for universal truths, reproducible or generalizable findings (Clarke & Robinson, 1999; Lupton, 1992).

Reflexivity

According to Isabel Dyck, Judith M. Lynam and Joan M. Anderson (1995) reflexivity means to "write oneself" into the research. This means one takes an analytic/critical perspective regarding the researcher's role in the research process, being aware of how the researcher's values, attitudes and perceptions influence the research process at all stages, from the formation of the research questions through to the data

collection and analysis, and ending with the writing up of results (Lentin, 1995). Sandra Kirby and Kate McKenna (1989) call the process of being reflexive in feminist research accounting for "conceptual baggage" which they define as a record of the researcher's thoughts and ideas about the research process. In their book *Experience Research Social Change: Methods from the Margins*, they instruct researchers to keep a journal about the research process in which the researcher states her/his personal assumptions about the topic and the research process. They assert this adds another dimension to the data by making the researcher another subject in the research. Like other feminist analysts, they state that checking one's conceptual baggage, or being reflexive helps change the traditional power hierarchies that exist between researchers and those who are being researched (Dyck et al., 1995; Hall & Stevens, 1991; Ironstone-Catterall, 1998; Leavy, 2000; Lentin, 1995).

In terms of reflexivity, one major omission I have found in feminist writings is they mostly deal with methods which involve research with other people as subjects/participants. This thesis focuses exclusively on documents over which I have no control. One advantage of working with documents is they are non-interactive, meaning they are not affected by the process of being researched in the ways people are (Reinharz, 1992). (It is possible that studies on media might influence producers to change their products, but this is neither likely nor easily traced.) However, what is not accounted for in this description are the ways in which documents, and the processes of their study, can influence the researcher, and her/his analysis, sometimes in ways that are not expected. Also, Foucauldian thought asserts that texts/discourses have power effects on readers, constituting them as subjects, meaning that researchers studying these discourses are *not* outside this creation of subjectivities; therefore exercising reflexivity is vital (Kendall & Wickham, 1999).

Keeping a research journal has proved crucial to the practices of both reflexivity and rigour in this thesis. I employed the research journal to record my personal reflections on the data and the qualitative research process. How is the research affecting me? What do I think about the magazine writings? How is my subject position influencing my analysis? My journal is a record of my thoughts, feelings, frustrations, and all the messiness of undertaking a large research project. I have used these journal

entries to systematically document the rationale, outcome and evaluation of my actions related to all aspects of the research process. This journal is a record of the decision-making processes which led to my conclusions and recommendations.

Also, I am using this journal to help avoid the pitfall of assuming my reading of the texts explains how readers actually take up the discourse, that is, I am working to avoid portraying my findings as universal truths about the health articles in magazines (Beaulieu & Lippman, 1995; Cheek, 1997; Lupton, 1999). Instead, I am performing a critical reading of these women's magazines within a specific historical/social context, and attempting to be reflexive and rigorous with my methods in the process. In the following chapters I present key themes and issues from the discourse analysis as I interpret them. These are presented with lengthy verbatim quotations from the articles to allow readers the opportunity to assess my analysis using the textual data.

Notes - Chapter Three

[1]PMB defines readers as: "[p]eople who are exposed to a print vehicle" (*About PMB*, 2001).

[2]PMB defines circulation as "the average number of copies per issue of a publication that are (1) sold through subscription; or newsstands or news boxes; (2) distributed free to predetermined recipients, carried within other publications, or made available through retail stores or other outlets." (*About PMB*, 2001:n.p.)

[3] PMB states that *Homemaker's* underwent substantial changes in their distribution and circulation, therefore readership is an average over the time period the changes were made (PMB, 2000).

[4] *Chatelaine* magazine has a feminist/political past, especially in the 1950s and 1960s when it published many controversial articles regarding women's roles in Canadian society. For an in-depth analysis see Valerie Korinek's *Roughing It In the Suburbs: Reading Chatelaine Magazine in the Fifties and Sixties* (2000).

[5] An examination of how readers of women's magazines respond to health article discourses is an under- researched and important area, but it is not within the scope of this study.

[6] In this thesis, I am using the term "risk" in the conventional sense. I understand there is a large academic literature on the construction of risk, however, an examination of the discourse of risk in women's magazines is not included here.

[7] 2000 for *Chatelaine* and 1998 for *Canadian Living* and *Homemaker's.*

[8] January, April, July and October for *Canadian Living* and *Chatelaine*, January/February, April, Summer and October for *Homemaker's*. These months were chosen to include one issue from each season, published three months apart.

Chapter Four - Representations of Health

> [A] text instructs us how to see the world, how to differentiate parts within it, and thereby provides a means by which we can engage with the world (Prior, 1997:67)

Women's magazines are one such text which shapes elements of the Western social world and how readers engage with it. How this occurs will vary for readers, based on their own subjective interpretations of the text. As I outlined in Chapter Two, readers are not passive recipients of women's magazines or any texts; instead they actively create interpretations based on their historical, social and cultural circumstances. What follows is my analysis of representations of health in three Canadian women's magazines. This analysis is informed by my roles as a feminist researcher, a white, middle-class, heterosexual woman, mother, graduate student, and an occasional reader of women's magazines.

This chapter illustrates both *what* the magazines say about health, and *how* they say it. That is, I trace the discursive strategies employed by women's magazines to demonstrate their authority on health issues and to present particular definitions of health. Moreover, the magazines emphasize women's responsibility for the maintenance of good health through a number of bodily regimens. The central message presented to readers within the discourse of women's magazines is that of healthism, that is, the societal idea that health is an important marker of social and moral worth, and an important personal responsibility achieved through discipline, self-regulation and regimentation.

Theme 1: Women's Magazines position themselves as an authority on health.

Since their beginnings, women's magazines have presented themselves as handbooks for women, ostensibly providing the information women need to create and maintain a feminine identity[1] (i.e. heterosexual, sexually attractive to men, thin and youthful) with its particular responsibilities surrounding beauty, home, and family (Ballaster et al., 1991; Beaulieu & Lippman, 1995; Currie, 1999; Doner, 1993; Hermes, 1995; Korinek, 2000). These notions have changed with time, and varying notions of the ideal woman. Today, according to women's magazines, one aspect of womanhood which

requires attention is that of health. The women's magazines I examined solidly positioned themselves as a important guide to health for their readers.

> …Homemaker's will be there to help with more news on health, nutrition, food and fitness regimens - pages we'll mark with our new Healthy Living logo. For example, this month marks the debut of former Globe and Mail fitness columnist Jo Napier and nutritionist Rosie Schwartz as contributing editors. As well, we have stories on whether genetically modified foods are safe, whether women's health is hurt by too many menstrual cycles, and the nutritional benefits of pumpkin. And in this issue we also introduce a new department called Fitness Inspirations, featuring motivational tales of women who conquered obstacles to successfully adopt healthier lifestyles (Rinehart, 2000:10).

> As a leading source of authoritative and trusted information for 25 years, Canadian Living is proud to present Health for Life…Our health team—including editor Christine Langlois, art director Vickie Rowden and senior editor Helen Keeler—has gathered the latest and most important issues on adult health to give women and men the confidence they need to meet those challenges. Health for Life is the ultimate resource guide to health and vitality at every age and stage of adulthood. You'll want to keep it as a reference and recommend it to friends and family (Baker-Cowan, 2000:4).

Both *Homemaker's* and *Canadian Living* assert their authority on health issues by explaining that they have experts on staff who are working to provide readers with health information. They also guide readers through the content by demarcating health sections and through emphasizing their magazines as useful reference materials that should be kept and shared with others.

Chatelaine is not so explicit in positioning itself as an authority on health issues, but it does state its philosophy on health, and how it is to be achieved:

> The way we see it at Chatelaine, health is about living well, not just living long. It's a pleasure you deserve, not a series of obligations on yet another to-do list (we figure you've got enough of those). So, we've filled this special issue with woman-tested workable ideas to inspire you, energize you and nurture your spirit. A nutritionists' guide to the food-court maze (no need to bring your own bean sprouts). Life-enhancing recipes that taste so delicious, you'll be back for second helpings (remember, you're wise to indulge). Scents from the garden that turn your home into a place of reflection and renewal. There's plenty more that I'll let you discover on your own (Maynard, 1999:8).

Here, the emphasis is on encouraging women to pursue good health; in the ways that *Chatelaine* defines for its readers.

The magazines also state they are a guide for readers about particular health issues such breast cancer:

> Most breast cancer occurs in women who carry no risk factors other than being a woman. Still, you can boost your health smarts with this guide to the latest in prevention, detection and treatment (Aziz, 1997:55).

Readers are also exhorted to "read on" or "learn more" about their health in the introductions to articles:

> New research shows that the right fat can help prevent heart disease, some cancers and even depression. Confused about which fat and how much to eat? Read on (Kaye, 2000a:50-51).

These attention-grabbing introductions are designed to draw the reader in by providing just enough information to pique the reader's interest so they will examine the article. Usually this is achieved by presenting some sort of controversy or dilemma which the article will rectify for the reader.

Often, the reader is positioned as poorly informed about health issues, and/or confused by the large amount and possibly the conflicting advice available on the subject. The magazines present themselves as the source which manages this abundance of health information providing readers with the correct information:

> Cellphones can give you brain cancer, right? You also worry that those genetically modified foods maybe doing something weird to your insides. And, um, mercury fillings cause, whatever. Feel you can't keep up with all those things that might be ruining your health? Actually, there's so much misinformation out there, we thought we'd find out what the latest real findings are on these and other concerns. Anita Elash tells you what you need to know (Elash, 2000:33).

Here, the reader is assumed to be bombarded with health information and unable to determine for herself which information is worthwhile. The reader therefore depends on the expertise of a magazine like *Chatelaine* to tell her "what she needs to know".

Finally, the authority of the magazines is demonstrated by telling the reader that they are misinformed or have incorrect information about health. The magazines then provide the correct information, steering the reader toward the proper route for healthy living:

> If your New Year's resolution is to lose weight and get into shape, do yourself a favour. Forget about fad diets, quick fixes and false

> expectations. The route to a healthy body is a slow burn. Introducing gradual, moderate changes into your lifestyle is guaranteed to produce long-lasting effects. Here are six tried-and-true rules to get you started… (Foss, 1997:102)
>
> To put pep in our step or to prevent ills, more and more of us are popping pills. Do we really know what's good for us (Pedwell, 1998:109)?

Overall, the magazines position themselves as having the information women need to pursue good health. Through the presentation of articles as "essential guides" and by telling readers "what you need to know" the magazines continually emphasize their self-designated authority on women's health matters. By acting as health educators for women, these magazines also act as "translators" between experts and readers as well. The magazines do not merely reproduce results from medical journals but fashion current information about health in particular ways that reflect their notions of femininity and responsibility. Also, the reader is positioned as the unknowing subject—she does not have the information she requires for healthy living (or does not have the correct information about particular health issues) and requires a guidebook provided by women's magazines who have special health sections authored by knowledgeable staff.[2]

Theme 2: No Consistent Definition of Health

Throughout the sample the magazines reinforced their authority on health matters by presenting readers with articles on a wide array of health topics spanning everything from life-threatening diseases, to information on diet and exercise, to odd topics like bad breath and how to prevent skin irritation caused by laundry detergent. What was missing from all of these health-related articles was any definition of health, that is, how the magazines conceptualized health in their presentation of these stories. This is an important omission to interrogate. What constitutes health is not a unitary concept in our society; there are many social and cultural interpretations of what it means to be healthy, and these can change over time (Littlefield, 1996; Peberdy, 1997; Rawson, 1992; Thorogood, 1992). Even without these definitions clearly presented in the text, the presentation of health articles creates definitions of what health is, and how it is to be achieved, and these conceptions embody certain values (Caplan, 1997; Cribb & Dines, 1993b; Lupton, 1995; Thorogood, 1992; Weare, 1992).

Nonetheless, health is a difficult concept to define. While it is generally agreed that good health is a desirable quality, it is "a multidimensional concept that is given meaning through a complex social process" (Segall & Chappell, 2000:21). Definitions of health are often based on definitions of illness and disease, with health being seen as the absence of illness. There are also approaches which posit the notion of wellness viewing health as more than the absence of disease. These are based on the World Health Organization's (WHO) definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (*WHO Definition of Health*, 1948). However, definitions of wellness tend to encompass a wide array of factors such as quality of life, fitness and satisfaction with living conditions which are also difficult to define (Segall & Chappell, 2000).

In the sampled magazines there did not appear to be any explicitly presented, well defined notion of what constitutes health. Instead, health was defined and redefined within the context of the articles. Based on my readings, I discovered several ways that health was conceptualised and presented to readers. Sometimes the definition of health shifted within an article, depending on the topic covered and whose voice was given authority. By voice I mean who is being quoted in the text, or the type of account that is presented. For example, an interviewed physician's discussion of a surgical procedure in clinical terms presents a biomedical notion of health, while a woman's first-hand account of undergoing that same procedure, including her emotional state, family reactions, and individual tale of recovery presents what I term a biopsychosocial view of health. Often, many conceptualizations of health were presented in a single article demonstrating how health is a multi-faceted concept. However, particular notions of health were more prevalent than others, and these I present below.

Biomedical Definition of Health

The term biomedicine refers to what is commonly called "medical care" or "medicine" in Canadian society. It encompasses the theories, methods and philosophy of medicine provided primarily by physicians who have university medical degrees and are licensed by Canadian Provincial governing bodies like the Ontario College of Physicians and Surgeons. Biomedical notions of health, while historically recent, are the dominant conception of health and illness in Western societies. For example, most Canadians

consult a biomedically-trained physician if they are experiencing illness, and biomedical conceptions of disease are viewed as the only legitimate pronouncement that one is ill or disabled for employee sick benefits and the reimbursement of insurance claims (Freund & McGuire, 1999).

However, biomedicine does not actually define health; instead it focuses on its opposite, the definition and treatment of ill-health or more specifically disease (Segall & Chappell, 2000). Rose Weitz summarizes the medical model nicely:

> The medical model consists of five doctrines: that illness is (1) deviation from normal, (2) specific and universal, (3) caused by unique biological forces, (4) analogous to the breakdown of a machine, and (5) defined and treated medically through a neutral, scientific process (Weitz, 2004:124).

According to the biomedical paradigm, disease arises from definable, biological pathologies in the human body such as bacteria, viruses, genetic abnormalities, parasites, etc. These illness-causing mechanisms can be revealed to the specially trained physicians through a variety of observable indicators like symptoms, blood-work, and diagnostic imaging. Once the cause of disease is discovered, interventions and treatments are prescribed which will (hopefully) eliminate the pathology and cure the disease (or at least control it), thereby bringing about a renewed state of health. Biomedical interventions are generally physically invasive, involving surgery and/or pharmaceutical drug therapies (Berliner, 1982; Bolaria & Bolaria, 1994; Clarke, 1996; Segall & Chappell, 2000).

In the biomedical model, the physical body is likened to a machine, and disease represents a breakdown in the body's mechanisms. This means the defective body parts are treated separately—this is not a holistic model of health. While the individual is the focus of biomedical interventions, disease is seen to be objectively defined, neutral and scientific as are treatments and cures. Diseases have specific recognizable characteristics and manifest themselves similarly in all people (Antonovsky, 1989; Freund & McGuire, 1999; Segall & Chappell, 2000).

It is important to remember that this biomedical definition of ill-health is representative of the *paradigm* of biomedicine, that is, the frameworks of formal knowledge shared by members of a particular community which arise through similar education and professional training, a common professional language and rules of

evidence, and a reliance on the same body of professional literature and participation in the same scientific community (Freund & McGuire, 1999). The *practice* of individual physicians may deviate from this biomedical model. It is noted by Weitz that the biomedical model is not wholly accepted by all doctors. Those in areas such as public health, family practice and paediatrics may question the narrow biological view toward health and illness espoused by the biomedical paradigm(Weitz, 2004). This is likely due to the fact that these physicians are "isolated from the drama of the acute-care hospital and its magic technology" (Antonovsky, 1989:251). These physicians see patients for more than the elimination of biological pathogens like cancers and clogged arteries. Instead they focus on the management of chronic illness, and the monitoring of the one's health status through well-baby examinations and annual physicals. However, critics assert that biomedical conceptions still take precedence in these encounters as physiologic causes of ill-health are usually the first to be investigated (Antonovsky, 1989; Freund & McGuire, 1999).

Articles that were classified as presenting a biomedical definition of health included treatment/test descriptions, news-brief reports of new discoveries and treatments, and discussions of the causes and risk factors of disease. The majority of articles had a biomedical conceptualization of health, and many carried this notion in articles which had more than one idea of health presented. It should be noted that this preponderance of biomedically oriented articles is likely due to the large number of news-brief articles in the sample. In these generally one-paragraph pieces the results from medical studies (often recently published in a medical journal, but sometimes from an undisclosed source (Kirkman, 2001)) or a new treatment option for a particular disease or disorder is presented:

> At least 25 per cent of the 62,000 hysterectomies performed in Canada each year are done specifically to treat menorrhagia — excessive menstrual bleeding which can cause fatigue, weakness and pelvic pain. Now, some women may find relief in a less invasive treatment called microwave endometrial ablation (MEA). It involves inserting an applicator into the uterus and "painting" the lining of the uterus with very low-power microwaves. This, in effect, burns off the endometrium so that monthly periods are either eliminated altogether or the flow is significantly reduced. The procedure is only recommended for women who have finished with child-bearing (Johnston, 1999:142).

Here, menorrahagia is conceptualized using the biomedical model of health. It is a physical breakdown in the body with measurable causes and signs. Surgical procedures (either the older hysterectomy option or this new alternative) are prescribed as the treatment to cure the disease and return the body to its healthy state.

However, only the physical symptoms of menorrhagia are presented, not the emotional and social issues that might arise from this condition (fear of having menstrual blood leak through clothing, issues surrounding women's sexuality, disruption of women's daily routine, etc.). Also, while the new procedure is detailed, there is no discussion of side-effects, effectiveness, or availability. This is the most common critique of the biomedical model of health—it focuses solely on the physical body and the physical manifestations of disease. It also privileges and promotes the expertise of physicians and omits the multi-faceted perspectives of those whose bodies are affected by illness, that is, their emotional, psychological and social experiences of health and illness (Segall & Chappell, 2000).

Biomedical notions of health can also be found in longer articles throughout the sample. For example, *Canadian Living* presented "The 10 Medical Tests You Need (and the four you don't)" (Barrett, 1999). In this article each test was presented in a standard format with the headings, "Essential For", "How Often", "What it is" and "What the Results Mean". The tests were presented in strictly biomedical terms through their emphasis on the physical, biological world of cellular analysis, and medical imaging:

> Sexually Transmitted Disease (STD) Tests
>
> ESSENTIAL FOR: Sexually active women, 25 or younger; older women with new or two or more partners in the preceding year.
>
> HOW OFTEN: Annually.
>
> WHAT IT IS: Chlamydia and gonorrhea are tested using the vaginal swab method though you must request each separately. Syphilis (rare, these days), hepatitis B and HIV are diagnosed by simple, almost painless blood tests.
>
> WHAT THE RESULTS MEAN: There are only two possible results: negative is good news; positive is bad. But most STDs are treatable with antibiotics. Herpes and gonorrhea present enough uncomfortable symptoms that you will likely be phoning your physician for help if you've contracted either of them. But chlamydia often fails to signal its

> presence and if left untreated can end your reproductive career. Help protect yourself by using condoms and ask your doctor to test you for STDs (Barrett, 1999:49).[3]

The biomedical notion of health is emphasized by the main source of the information for this article, the Canadian Task Force on Preventive Health Care (CTFPHC) which, according to *Canadian Living*, "…has published guidelines for doctors and health consumers, grading diagnostic and preventive medical procedures on their efficacy" (Barrett, 1999:46). This further underlies the biomedical conceptions of health as medical tests are viewed as neutral, objective processes with measurable outcomes. Again the non-physical aspects of these tests (worry while waiting for the outcome, discomfort with the procedures, social stigmatization due to the results) are neglected in the article. The article also presents a heterosexist orientation which assumes women/readers are engaging in sexual activities solely with men.

In the majority of cases, a biomedical notion of health appeared in articles which cited medical experts in their text, or which were based on biomedical publications. This shows the dominance the biomedicine continues to maintain in Canadian society, especially surrounding discussions of illness and disease. Generally, one is only considered ill if "objective"[4] proof of disease, obtained by a biomedical clinician is presented, and as was mentioned earlier, biomedical diagnoses are required for insurance reimbursements and access to special services (e.g. for people with disabilities or claims for workplace injuries)(Armstrong, 1987; Freund & McGuire, 1999; Segall & Chappell, 2000).

Biopsychosocial Definition of Health

The biopsychosocial model was first presented by George L. Engel in 1977(1977). Engel felt that the traditional biomedical model did not adequately aid in the psychiatric treatment of mental illness and sought a model which also encompassed psychological and social aspects of illness (Armstrong, 1987). However, critics assert that the biopsychosocial model of health is only marginally different from the dominant biomedical paradigm, and has failed to truly displace biological, reductionist conceptions of mainstream biomedicine (Antonovsky, 1989; Armstrong, 1987).

The biopsychosocial model is a paradigm which also conceptualizes disease rather than health, though it recognizes that psychological and social factors must be included with these biological understandings.[5] This approach appears to be favoured in the discipline of health psychology which defines it as:

> …the product of a combination of factors including biological characteristics (e.g., genetic predisposition), behavioral factors (e.g., lifestyle, stress, health beliefs), and social conditions (e.g., cultural influences, family relationships, social support)(Lopez, 2003).

It is argued that a biopsychosocial model is better able to encapsulate the illness experience because many diseases today are chronic rather than acute in nature and are not cured but instead managed. Because experience of ill-health can be continuous, the non-physical aspects of disease management such as the emotional aspects of living with a disease like diabetes are considered in the biopsychosocial model (Lopez, 2003).

The biopsychosocial paradigm then, strives to recognize the complexity of health: that there are multiple factors influencing health and illness, not just physical causes. However, according to Segal and Chappell (2000) the model still views health along biomedical lines and fails to truly recognize the social aspects which define health and illness. David Armstrong goes further by stating that the biopsychosocial model remains medicocentric and relegates the social sciences to an "emasculated, uncritical appendage" of biomedical practice (1987:1217).[6]

The biopsychosocial model is an individual one, as it takes its understanding of health from the individual's physical, psychological and social experiences, rather than viewing health as a socially constructed state influenced not only by psychology and biology, but by wider social, economic, political and cultural factors as well (Freund & McGuire, 1999). Actual biopsychosocial medical practices occur rarely based on what Aaron Antonovsky argues are very specific circumstances—experimental projects coordinated by individuals who are personally interested in this paradigm (1989).

An excerpt from an article on the skin condition psoriasis demonstrates this conceptualization of health.

> There also has been an attitude shift among the dermatologists and other skin-care specialists who treat psoriasis: no longer is it seen as a hopeless disease, but as one that can be managed and controlled. *Today, the nearly one million Canadians with psoriasis learn to control the flare-ups of*

> *excess skin cell production with physical treatments, but doctors also put an equal emphasis on helping them mentally master the disease.*
>
> Psoriasis, which usually strikes for the first time between the ages of 15 and 35, is in about 90 per cent of cases not a major physical health concern. It will not kill a person and is not likely to confine someone to bed, *but because of other people's reactions, it can be embarrassing, may interfere with a fulfilling social life and even hinder employment* [my emphasis throughout] (Barrett, 1997b).

The italicized portions point to a biopsychosocial explanation of the disease rather than just a physical one. The experience of living with this potentially stigmatizing chronic disease is emphasized. After these paragraphs, however, there is little discussion of the non-physical impacts of this disease and how to cope with them, aside from taking measures to hide the physical signs of psoriasis:

> Avoid dark shirts and jackets, which show dandruff. Wear cotton pant liners (available at lingerie stores) under slacks and tuck them into socks to prevent a trail of skin flakes (Barrett, 1997b).

Instead, the article discusses the aetiology of the disease and the medications and physical regimens which help manage the physical symptoms. So, while the article *recognizes* the biopsychosocial nature of psoriasis there is still an emphasis on the biomedical conceptualization of health and illness.

In articles presenting a biopsychosocial definition of health the speaker or voice varies. In some cases it is an "expert" who is quoted:

> "It actually de-regulates your body," says Dr. Horst Mueller, a psychologist and director of the Myosymmetries clinics in Calgary and Edmonton, which specialize in chronic pain. "You start to have multiple problems—depression, anxiety, sleep problems—in addition to the pain." As a result, no single treatment is a panacea for chronic pain syndrome. "The best treatments consider and treat the biological, psychological and the social aspects of that pain," says Kenneth Craig, past president of the Canadian Pain Society and a professor of psychology at the University of British Columbia in Vancouver (Foss, 1998a).

Usually these experts are not biomedical clinicians working in traditional medical settings, but other health-care practitioners such as nurses, and those who work in organizations relating to the management of chronic diseases or health issues (e.g. National Eating Disorders Information Centre). Also presented are news-brief pieces,

generally from non-biomedical journals (though often the sources of these studies were not identified) which discuss health issues in a biopsychosocial manner.

In other cases the health experiences of "ordinary" women are provided to demonstrate a biopsychosocial perspective. In the same article about chronic pain cited above, the experiences of a 'typical case', that of a Mary Jane Flock, is presented. The impacts of living with and attempting to manage chronic pain from this personal perspective provides part of the biopsychosocial orientation of the article:

> Goal-setting and self management helped Mary Jane Flock get a new lease on life after her car accident. Despite the pain, she started exercising regularly. She incorporated relaxation management techniques into her schedule and she learned what precautions to take to avoid pain flare-ups. Getting back to work meant making compromises: Flock changed her vocation and shortened her workday. Today she is a partner in Meadowlands Physio & Fitness Centre in Ancaster, Ont. Many of her clients have chronic pain syndrome. Drawing upon her personal experience, Flock helps puts them on the path to recovery with another essential ingredient of successful treatment: hope (Foss, 1998a).

However, similar to the biomedical definition of health, the socially constructed nature of health is not presented. We know nothing of the social and economic resources which were available to help Mary Jane Flock manage her chronic pain. She seems to have the economic resources available to shorten her workday, for example, and access to practitioners who have helped her to learn relaxation techniques. What is not discussed is how access to these resources is stratified in Canadian society based on such factors as gender, class and geographical location. This is a biopsychosocial orientation to health based on the article's focus on the individual and her health and illness experiences.

Lifestyle Definition of Health

The lifestyle approach to defining health is a model which focuses on health as an active state, rather than focusing on mainly biological definitions of disease and illness found in both biomedical and biopsychosocial definitions. It has been popularized by those in health promotion since the 1970s with the publication of *A New Perspective on the Health of Canadians*, released by Marc Lalonde, Canadian Minister of National Health and Welfare in 1974. This document was the first to state that the personal actions of individuals could greatly influence their health (*Healthy Lifestyle: Strengthening the Effectiveness of Lifestyle Approaches to Improve Health*, 2002). The

lifestyle perspective presented in this report marked a shift in public policy (first in Canada and then internationally) from the treatment of disease, to the prevention of illness, and ultimately to the promotion of healthy lifestyles (Macdonald & Bunton, 1992; Rootman, 1993). Lifestyle can be defined as "…the aggregation of decisions by individuals, which affect their health and over which they more or less have control" (Rootman, 1993). The focus is on changing individual behaviours in ways which will prevent disease and ultimately enhance health.

The emphasis in a lifestyle approach to health is on factors that are perceived to be within the control and choice of the individual, such as diet, exercise, stress, substance use (cigarettes, alcohol, drugs), sexual habits and accident prevention (e.g. through proper use of seat belts, bicycle helmets and other safety equipment) (Clarke, 1996). A lifestyle approach is premised on the notion that a state of good health is achieved by building health-enhancing behaviours into our daily lives (Bolaria & Bolaria, 1994; Segall & Chappell, 2000). Health is achieved by living/behaving in particular ways and is actively sought rather than passively granted by genetic inheritance or good fortune (Lupton, 1995).

A lifestyle approach—healthy living—is widely seen by the general public, health promoters and policy makers as being more desirable than relying on expensive, sophisticated, often heroic biomedical measures undertaken in institutional settings. Both prevention and treatment are the result of individual lifestyle choices (Clarke, 1996). It also reflects a societal notion that individuals are responsible for their own health, relying on these other measures only when behavioural efforts fail (Segall & Chappell, 2000). However, following lifestyle conceptions of health, people are often chastised for not maintaining particular health-enhancing behaviours, thereby "letting themselves" become ill, a theme which is ubiquitous in the articles and which will be discussed throughout this chapter (Clarke, 1996; Lupton, 1995).

A lifestyle approach to defining health is very prevalent in the sampled magazine articles. One way it is presented is through lists of lifestyle-related regimens serving as "little changes" for women to add into their daily routines. With titles like, "99 Ways to Live Healthier in '99" (Pratt, 1999a), or "Your Healthiest Year Ever" which is promoted

on the cover as "52 Easy Steps To Great Health" (Bauer, 2000), the reader is barraged with recommendations she should heed to enhance health. Some examples:

> When drinking alcohol, pour yourself a smaller serving, in a smaller glass (Bauer, 2000:57).
>
> Try fitting in five to 10 minutes of sit-ups or some other exercise once or twice a day (Bauer, 2000:57).
>
> Avoid stress. Chronic stress can increase your risk of catching a cold (Pratt, 1999a:53).
>
> Buy a plant. Some indoor plants, such as spider plants, may improve the quality of air by removing pollutants (Pratt, 1999a:53).
>
> Eat fish. Increasing the amount of omega-3 fatty acids (found in fish) may protect against heart disease (Pratt, 1999a:53).

These lists of lifestyle changes present the notion that it is the "little things" that enhance health:

> In 52 weeks, you can get healthy—one step at a time. Do one a week, or one a day, if you feel like speeding up. If you lose momentum, don't get discouraged; just start again when you're ready. Tear out this page, keep it in your purse or on the fridge and make these steps part of your life (Bauer, 2000:57).

However, little information is provided about *how* women are to integrate these behaviours into their lives (if they are not doing them already). And the focus is on individual lifestyle change rather than on the wider social determinants of health and related factors(Littlefield, 1996; Wallerstein & Bernstein, 1988; Weare, 1992).

Other articles provide more detailed lifestyle-related health advice on particular topics, usually concerning diet[7] and exercise.[8] These articles promote particular forms of exercise like beach volleyball:

> Besides burning calories — 150 to 200 per half hour, depending on the intensity of the game —beach volleyball is an excellent way to tone (Welsby, 1997:116).

Also included are other activities which are usually new or newly popular such as Nia body movement ("Mix it, move it", Bauer Ross, 1999; "Beyond Aerobics to More Fun", Kaye, 1998), or using a scooter ("What's the scoot?", Spivak, 2000b). Usually the activity is described in detail, including any special skills or equipment needed and

information on joining these activities is also provided. Other articles will detail particular exercise routines like weight training ("15 Smart Moves to Get Fit Fast", Van Buuren, 2000a) or starting a running program ("Ask a personal trainer", Kwasnicki, 2000). These articles are clearly instructional, providing specific direction for readers on how to carry out these activities. These articles were likely the most useful for readers because they not only discuss the benefits of exercise but also provide instructions so that the reader can actually *do* what is promoted.

Healthy diet and nutrition are also emphasized, either through the promotion of a particular food or nutrient which has health benefits:

> It's easy to get excited about flax when you look at its unique package of heart-healthy fats, different types of fibre and health-promoting plant compounds (Pearson, 2000:26).

Or by providing a list of foods that are important in preventing a range of illnesses like cancer and heart disease:

> Eat well and you'll live well. Common wisdom, yes, but in the past decade, science has vastly increased our understanding of exactly how to do it. An explosion of studies has shown that the right foods and therapeutic doses of supplements offer a one-two punch in the fight against women's most common illnesses, including heart disease, cancer, osteoporosis and Alzheimer's (Achia & Rogers, 2000:45).

Also, there are many food-related articles which instruct readers about how to choose foods wisely—that is, eating well to enhance health. These articles detail such topics as nutritional content, how to reduce fat in everyday meal preparation, how to eat more fruits and vegetables, how to increase one's intake of particular nutrients, etc. In a study where I purposely did not include recipes, there was a large number of food-related articles. Instead of providing diets aimed at weight loss, the magazines chose to promote healthy eating as a strategy to encourage good health.

Lifestyle approaches are also advocated for the management and treatment of particular chronic diseases as well:

> While a diagnosis of hypertension does not automatically infer a lifetime of medication, in many cases it does. Reducing your intake of salt and alcohol, shedding extra weight and participating in regular moderate aerobic exercise often bring about substantial reductions. Doctors will prescribe that kind of treatment initially and then carefully monitor blood pressure status. Dr. Ellen Burgess, director of the hypertension clinic at

> Calgary's Foothills Provincial General Hospital. says, "*Changing to a healthier lifestyle behavior can have a tremendous payoff* in blood pressure reduction and may be able to keep some people off drugs. In others it may certainly help their drugs work better" [my emphasis] (Barrett, 1997a:90).

In this case, while pharmaceutical treatment may be warranted, the reader is encouraged to adopt lifestyle behaviour changes as treatment and prevention before relying on medications. However, the article does not provide the reader with strategies for changes, such as weight loss, alcohol intake reduction, or how to start an exercise program. It is assumed that the reader already knows how to undertake these behavioural changes, or that it is merely a matter of personal volition, which does not recognize the complicated personal and social mechanisms which surround individual health behaviour, some of which were discussed in Chapter Two. This also underscores the emphasis on lifestyle changes to enhance health and prevent disease as the most important form of action an individual can take. Under a lifestyle conception of health, biomedical measures like drugs are only advocated if behavioural changes fail to bring about the necessary changes to health status.

Health as the Maintenance of Femininity

During the course of the research I was struck by the number of articles which equated good health with beauty, specifically reflecting and reinforcing current societal notions about ideal heterosexual femininity—youth, thinness, without glasses, body hair, scars or moles, and physically fit but still maintaining a "womanly" shape. The ideal shape is firm and fit, without being overly muscular, as this subverts patriarchal and heterosexist boundaries of femininity, marking women as masculine-looking and/or a lesbian. And, this association of muscles with masculinity and "lesbianism" conflates ideal womanliness with heterosexuality, meaning the ideal woman is also sexually available to men (Bordo, 1990; Lenskyj, 2003). The magazines maintain separate beauty sections which discuss cosmetics, clothing, hair products and other beauty regimens, but there were also beauty-related articles in the health sections which equated being healthy with looking good, that is, looking like an "ideal woman".

Also, while the magazines are reinforcing these notions of ideal femininity, they are also reflecting ordinary women's notions of health as well. According to Robin

Saltonstall (1993) who interviewed men and woman about their notions of health, women viewed skin care, shaving their legs, getting their hair done and other appearance-related routines as part of body-maintenance and good health. The women were concerned with the appearance of their bodies, that is, keeping their bodies in "presentable condition" (Saltonstall, 1993: 10). They also linked healthiness with being thin. Saltonstall goes on to explain that these conceptions of health were influenced by social norms regarding gender and the body, in particular those which encourage women to maintain/enhance their sexual attractiveness to men (1993).

Articles reinforced ideal notions of physical femininity when describing medical treatments for often serious conditions. In an article which details a number of biomedical diagnostic tests, this appears in the section on laparoscopy, highlighting the fact that there likely will not be scarring which would mar the appearance of one's skin:

> Where it hurts: This hurts all around your navel area, but shouldn't usually ruin your chances of a career in belly dancing or wearing hip-hugging shorts (Binks, 2000:44).

This statement reinforces notions of female bodies as slim, sporting revealing clothing, even though this is likely not the experience of the average reader, and comes across as inappropriate, trivializing the physical discomfort of this surgical procedure.

Most often, the articles presented one woman's concerns with an appearance-related health issue like acne or aging:

> Cathy Reed* (*not her real name) used to keep her bangs long, down to her eyelashes. She wasn't making a fashion statement—she did it to camouflage the frown lines that had developed between her brows. "Maybe it's something other people wouldn't notice," she says, "but it really bothered me." Then one day, on the advice of a friend who'd had cosmetic surgery on her eyes, she decided to go in for a consultation herself (Tillson, 1999:103).

> Michelle Abbassian was 14 the first time she got pimples. Although she had only one or two, her mother, Adele Rezai, whisked her straight to a Toronto acne clinic. It may sound like an overreaction, but Rezai, a high-school teacher, was concerned that her daughter might have inherited her complexion and she didn't want her to suffer what she herself had to deal with: a sequence of stubborn bouts of acne that damaged her self-esteem as well as her complexion. "I have scars on my face that wouldn't be there if I had taken care of my skin," she says (Tillson, 1998:83).

The first-person accounts encourage readers to identify with these women's personal stories of rather common beauty concerns, inciting distress about one's own appearance. The reader and typical case are then taken through mostly biomedically-oriented descriptions of treatment options which will help with these problems. For example the article on cosmetic surgery presents: "…five 'fix-me-ups' that will give you a lift for $500 or less" (Tillson, 1999:103).

With these personal accounts, a biopsychosocial approach is often taken by demonstrating how these concerns can be emotionally difficult for sufferers, underscoring the real feelings women have regarding their appearance, but also reinforcing the societal ideal that women should present a youthful, unblemished physical self:

> Whether and when an individual chooses to go to a doctor or dermatologist for treatment is purely subjective. "It depends on the impact," says Dr. Jason Rivers, associate professor of dermatology at the University of British Columbia in Vancouver. "If somebody's not bothered by it," he says, "it's not a big deal." But for some people even a relatively mild case of acne can skewer self-esteem. And other people, such as models, can't afford a single pimple. Clear skin is vital to their livelihood (Tillson, 1998:85).

Interestingly, it is the physician who underscores the emotional impacts of acne, giving it credibility as a medical problem and dismissing criticisms that one is shallow or vain if she seeks treatment. The article promotes the notion that biomedicine and its practitioners have the solution to what are really lifestyle/appearance related concerns. While acne, body hair and wrinkles have physical aetiologies, they are considered health concerns only because they relate to social norms regarding physical appearance, and the social stigmatization (either real or perceived) that occurs when one contravenes these norms. Also, they reflect a growing medicalization in Canadian society as medical solutions are sought and promoted for what were previously considered non-medical matters (Wakewich, 2000a).

The articles also expressed concern about those who might contravene these appearance norms by appearing unfeminine due to over-exercise ("15 Smart Moves to Get Fit Fast", Van Buuren, 2000a). The concern is that exercise might produce masculine-looking muscles which are not part of current patriarchal and heterosexist

notions of the ideal woman's body (Lenskyj, 2003). Other examples where women are tacitly instructed about appearance norms include the refusal to wear prosthetic breasts after mastectomy ("Spare Parts",Tower, 2000), wearing eye-glasses ("No more glasses", Tant, 1999) not treating thinning hair ("Am I losing my hair?", Ranieri, 2000), and removing "excess" body hair ("Big Hairy Deal", Spivak, 2000a). While many articles did not always explicitly tell women that they needed to deal with these "health concerns," the fact that they were included in the magazines, often in the health sections, underscored their importance as issues readers should consider in the maintenance of good health. Through these accounts of health as looking good, women are also warned that violating these social norms of femininity and beauty may lead to stigmatization as they are not striving to shape their physical bodies to meet societal ideals.

Interestingly, many articles presented positive messages regarding weight and weight loss, encouraging healthy eating over fad diets (there were no specific weight-loss plans in the magazines) though women who lost large amounts of weight were occasionally profiled. But, while the magazines encouraged nutritious diets and healthy (but not model-skinny) weight to their readers, there was a preoccupation with ensuring women did not de-feminize their bodies through excessive exercise. The story of a Olympic athlete, profiled because she is forty (which is much older than average for the sport of mountain biking), reinforces gendered notions of health and beauty quite directly:

> She's five-foot four and weighs about 116 pounds. Yet she doesn't come across as a lean and mean cycling machine, skeletal and musclebound. Tomlinson looks race-fit and projects a mental intensity, but she also exudes femininity (Ward, 2000:96).

While her athleticism is praised, so is her heterosexual femininity. Her desire to have children with her husband is discussed in the article and this reinforces her heterosexuality (Lenskyj, 2003). However, the article continues to focus on her physical appearance:

> Her blond good looks are striking enough that she could just as easily be a model… (Ward, 2000:95-96).

So, while the intent is to inspire middle-aged women to maintain physical activity, it also cautions them to maintain a feminine appearance. Similarly, other articles reassured readers that weight training would not give them bulky masculine-looking physiques:

> And don't worry about looking like a bodybuilder. You'll gain strength and muscle tone, but you won't look like Arnold Schwarzenegger (Van Buuren, 2000a:99).

Health articles in the magazines were therefore clearly concerned with gender boundaries. These findings are similar to those of Susan Bordo's (1990) who notes that the body is a symbol of one's identity, a marker of one's ability to take care of oneself and maintain order and discipline. This can occur through somewhat gender-neutral mechanisms like weight control, but are also highly gendered in that women are supposed to look like "women". Healthiness is about more than avoiding illnesses and maintaining a physical, emotional and psychological state of balance, it is also about maintaining one's gendered physical identity. And this identity is not only about notions of beauty and sexual attractiveness to men, but also about the maintenance of boundaries surrounding heterosexuality. To violate these notions of ideal femininity through participation in particular "masculine" sports—for example, hockey or baseball instead of so-called feminine sports like figure skating or gymnastics—or exercise which builds "mannish" muscles, raises the "specter of lesbianism," demonstrating the heterosexism inherent in definitions of ideal femininity (Lenskyj, 2003).

Theme 3: What Constitutes Health is Obvious

While the magazines do not explicitly define health in articles, they often posit the notion that what constitutes health is obvious—they assume their readers know what is healthy and how a state of good health can be achieved.

> You know what to do to be healthy. It's been drummed into your head at least a hundred times. Don't drink. Don't smoke. Don't eat fatty foods. But do you really know why? Well, read on. Maybe this time you can ditch those unhealthy habits for good (Achia & Rogers, 2000:52).

> We all know smoking can cause lung cancer (Sutherland, 1997a:165).

> It's no secret that recreation and physical activity are essential to overall health and well-being (Paris, 2000a:173).

The use of phrases such as “we all know” or “you know what to do” and “it’s no secret” convey the idea that health is an agreed upon concept in society.

Articles also construct health as common sense, though while magazines tell readers to “use common sense” that is, rational thought, they also define what it entails:

> “Prevention is largely a matter of simple common sense,” says Dr. DeCoteau. “Don’t smoke, avoid obesity, exercise physically and mentally, and watch your bad stress. Simple stuff - but it takes willpower” (Sass, 1997:146).

> Bottom line: use a sunscreen daily, but use common sense too. Limit your exposure during the peak midday hours, wear a hat and cover up. Dr. Sapra cautions that faithful wearing of a sunscreen doesn’t protect you from future damage if you continue to bake in the sun (Tant, 1998:76).

This notion of health as a widely understood and agreed upon societal concept is further underscored by the frequent use of the term “of course” in magazine articles:

> Milk products, of course, are a prime source of calcium (other sources are dark leafy vegetables such as spinach and broccoli) (Schwartz, 1997a:13).

> And, of course, eating any cereal is preferential to skipping breakfast. Studies show that children who don’t eat breakfast have trouble learning (Beatty, 1998:102).

Interestingly, the magazine articles continually reinforce the notion that what constitutes health is well understood by readers—so much so that it is conceptualized as “common sense”—while at the same time they provide many pages of health information and assert their authority as guides to healthy living for women and their families. The magazines state they are providing women with the information they want and need, while at the same time acknowledging that women are already aware of what constitutes good health.

In some cases readers are characterized as being rational subjects, already knowing what constitutes health, with the magazines acting as their guides, helping women achieve these healthy ideals:

> You’ve finally made an appointment with your doctor to have that nagging little ache or ominous-looking lump examined. You’ve already decided it’s serious and have pored over your medical encyclopedia or surfed the Internet to look up all of the possible diagnoses and treatments (Binks, 2000:43)

Here the reader is constructed as a rational-health seeking individuals, praised within the discourse of healthism for their initiative, knowledge and action surrounding health. The role of the magazine in this case is to provide women with *more* of the information they want and need.

In other accounts—sometimes in the same article—the reader is seen as someone who is uninformed and has difficulty conforming to healthy ideals. She is trying to achieve a state of good health but requires constant information, encouragement and sometimes scolding by the magazines. For example, an article which is billed on the cover as "52 Easy Steps to great health" begins by presenting a construction of their implied reader:

> It usually goes like this. You're slouched at your desk, polishing off your third bag of chips this week, and you finally decide—that's it. Enough of feeling unhealthy! It's time to renew that gym membership, fill the fridge with carrots and celery, buy some sturdy walking shoes, even floss morning and night (Bauer, 2000:51).

This article posits the characteristics of the unhealthy other and by assuming the reader has poor health habits and needs to change. She eats poorly, sits poorly, does not exercise and *feels* unhealthy. The intended reader is not fulfilling the dictates of healthism and is courting illness through her lack of discipline. The lifestyle changes provided in the article—fifty-two of them ranging from tips on flossing one's teeth, to ways to reduce stress, to eating more fibre by switching to whole grain bread—begin to shape what constitutes good health for the reader, providing her with strategies to change her ways. In both cases, the magazines create subjectivities for readers—the morally good, health-seeking individual and the undisciplined, unhealthy other—both of which emphasize individual responsibility for health. In so doing , the magazine is also creating a moral commentary about health practices by implying that readers are somehow deficient if they do not already know about and act upon this "common sense" information. The magazine constructs health not only as an important physical practice, but as an indicator of one's moral health as well.

Theme 4: Health is an Important Responsibility

The theme which was the most evident in the magazine articles examined was that of women's responsibility to pursue good health. Following the most common features of the discourse on healthism, the magazines framed their discussions around the notion that people have an individual responsibility to maintain and enhance their health. The woman/reader of the magazine articles is continually exhorted to exercise self-control, personal determination and adherence to numerous regimens designed to create a state of good health, but which also demonstrate one's moral worthiness as a citizen and woman. As I detail in Chapter Two, health has become a marker of social worth and moral standing, an individual responsibility which should be pursued by everyone in society who otherwise risks being labelled undisciplined, unhealthy, deviant and a burden, lacking self-control and allowing themselves to become ill (Crawford, 1980; Greco, 1993; Lupton, 1995). In this section I will outline a number of discursive mechanisms used by the magazines to reinforce this notion of responsibility for their female readers.

You are responsible

The magazines directly underlined this responsibility to pursue good health for its readers in subtle and not-so-subtle ways. One technique involves the use of language which denotes health as an important priority, one that women/readers should adopt:

> Growth spurts sap iron stores. Parents *should be vigilant* that their children are receiving sufficient iron right through the toddler-to-teen years [my emphasis] (Ovenell-Carter, 1997b:100).

> Jolly [a physician with heart disease] is adamant that women take on their own health promotion and seek help. "Women *need* to push the agenda," she says. "They *need* to ask for second opinions. They *have to* be able to say to their doctors, 'I think this is heart disease.' They *need* to fight for consultation with a cardiologist. If that cardiologist doesn't listen, and they have risk factors - they have atypical chest pain, a strong family history, they're diabetic or obese or are smokers - hello! The bells are ringing. They've got the ammunition and they *need* to use that ammunition to *fight* for awareness" [my emphasis] (Orton, 2000:70).

The use of words like "need", "should", "crucial", "must" and "vigilance" create a sense of urgency which underscores the importance the magazines place on health matters.

These healthy behaviours are not constructed as choices as are other topics presented in women's magazines like colouring one's hair or redecorating the bathroom. Instead health is an important responsibility which readers must pursue.

While the decorating, beauty and recipe content is also instructional in tone: "…plan one or two substantial offerings to satisfy the hunger of guests coming directly from the office--a beef tenderloin or a side of smoked salmon…" the moral imperative that this advice must be followed is not present (Rosenberg, 2000:247). The article from which this quotation is taken--"A smart cocktail party"—merely presents recipes like "smoked salmon-and-brie cheesecake" and makes wine suggestions. Similarly, an article which presents the newest trends in makeup suggests: "For a more dramatic feel, try rich purples, violets and pinks--colours that are a good choice for those with dark hair and skin" ("Choice: Spring Makeup," 1998:25). The reader is instructed to "pick her palette" from the array of choices, but without the urgency conveyed in many health messages.

Although the language used above may not appear overly subtle, magazines often discussed individual accountability for health by explicitly stating readers are responsible for good health. In some cases this was done by citing government legislation which enshrines one's responsibility in law, for example regarding seat belt use and workplace health and safety:

> As the driver, you are responsible for ensuring that everyone under the age of 16 is properly buckled up. Otherwise, you face a fine and demerit points (Stone, 1997:20).

> Speak to your employer if you have experienced work-related pain or discomfort or are concerned about the risks in your workplace. Under the Occupational Health and Safety Act, you have a responsibility to inform your employer about physical risks and the right to refuse unsafe work (Murphy, 2000a:74).

In these cases, the magazine is educating readers about their responsibilities which society has deemed important enough to enact laws. The emphasis is on the prevention of accidents through such factors as the diligent use of seat belts and monitoring of workplaces. It also underscores the current societal notion that accidents are preventable through individual measures, rather than the result of poorly designed automobiles, unsafe roads, employee fatigue due to overwork, or unsafe work environments.

Other times, the responsibility is constructed in moral terms, that is, what one ought to do, reflecting societal norms surrounding health and illness. This was particularly apparent in discussions about illness and disease prevention. Readers were unambiguously told they were responsible for undertaking particular illness prevention strategies:

> This is the peak season for foodborne illnesses, and *we're all responsible for playing it safe*. There are an estimated 2.2 million cases of food poisoning each year according to Health Canada, most of which go unreported since people usually mistake symptoms for the flu [my emphasis] (Curran, 1998:145).

The article continues with strategies one should adopt to ensure that meals are prepared, served and stored safely. The reader's responsibility for this is mentioned again before specific strategies are presented:

> *Food safety is everybody's business*. To ensure your summer get-together meals arrive at the table without risk. brush up on the simple basics of proper food handling [my emphasis](Curran, 1998:145).

Clearly, it is assumed that the woman/reader is responsible for food preparation, or at the very least, the supervision of those who prepare household meals. Also, the reader has a responsibility to ensure the health of others through proper food handling.

Women's responsibility for health was also emphasized in articles which instructed women about how to deal effectively with medical professionals, especially their personal physicians. This is apparent in an article outlining steps to help ensure readers receive the best medical care in hospital:

> "Persist" and "Ask for a second opinion" are two of the pieces of advice health-care experts offer on getting the best from our health-care system. The new reality is that the onus is on the consumer to take more responsibility for his or her own health and health care' says Heather Henderson, president of the Nova Scotia Nurses' Union. "If you were going to buy a car, you wouldn't leave the lot until you were convinced that it was the vehicle you wanted. We need to do that with medical treatments and hospital care" (Witten, 1998:96).

The article continues with steps readers should take for themselves and their families to ensure that medical mistakes do not occur, or and to ensure that one's concerns properly attended to.

Similarly, the article "Doc, Can we talk?" (Scott, 1999) details a survey conducted by *Chatelaine* magazine about doctor/patient communication and what each side perceives and expects of the other. While the article ostensibly states that both physicians and patients share responsibility for improving communication, the latent content places responsibility squarely on the patient, that is, the reader. In the section entitled, "The Solution: What we all can do", women are instructed about the qualities of a good physician, what sorts of questions to ask, and how to prepare for a doctor's appointment. These instructions were organized under heading such as: "Be Assertive", "Get the Facts" and "Set the Agenda". Readers are addressed directly, in the second person, and provided with specific instructions. Even in the one section directed toward physician's responsibilities, the non-physician reader is the intended audience. She has the responsibility to assess her physician and demand change, or find a better physician (the traits of which are also presented in the article).

> What can we do exactly? Both doctors and patients have to participate actively in the dialogue. Dr. Stewart and other experts say doctors who still use the old style of interviewing—closed-ended questions…—need to consider switching to the approach known as patient-centred medicine. The patient-centred doctor doesn't ask just about symptoms; you're asked how you feel about the problem, how it affects your life and what you expect from treatment. You're asked about your family, culture and social support. You and the doctor try to agree on the main problem, your goals for treatment and how to reach them. The idea is for doctors to let the patient tell her story, instead of interrupting her after 18 seconds, as family doctors typically did in one 1989 U.S. study (Scott, 1999:30).

This article does not detail other factors which, if changed, could help with patient-physician encounters such as medical school curriculum, or changes to the structure of medical care which encouraged longer appointments allowing physicians enough time to assess women's health in more holistic ways. Instead the reader is directed to assess her physician and either demand change where needed or find another doctor. This fails to recognize not only the power structures that are likely part of the doctor/patient relationship, but also the structure of Canadian medical care which has resulted in shortages of physicians in many communities; readers may not have a choice about who their physician is.

Take Responsibility or Suffer the Consequences

Responsibility for health is also emphasized in the magazines through the presentation of the consequences which could occur if one does not follow the prescriptions provided in the health articles. These consequences were presented in two general ways. Most prominent were the personal cautionary tales of "ordinary women" profiled in the articles which will be detailed below. However, the consequences of inaction or incorrect action were also presented in the text of articles by authors and cited experts. In the following example, the risks of inaction surrounding heart disease are presented:

> Alarms sounding clear and present danger for women at risk of heart disease are often muted by a stronger fear of breast cancer, lack of awareness both by themselves and their physicians, and failure to heed the major risk factors, including genetic disposition (Orton, 2000:).

The reader is warned of the dire consequences that might occur if she remains uninformed about the aetiology of heart disease and methods of prevention—she ignores this information at her own risk. Both the strategies and consequences highlight the reader's individualized responsibility to be knowledgeable about and prevent heart disease.

Typically, these negative health consequences involve the listing of symptoms or effects from a particular disease left untreated and/or inaction surrounding one's personal health (e.g. lack of exercise, poor diet, failure to control blood pressure etc.)

> But in Canada many infants, children and adolescents are falling short of Health Canada's recommended nutritional intake of this mineral, leaving them vulnerable to iron-deficiency anemia, a condition that can leave them pale, tired and moody — unable to grow and learn (Ovenell-Carter, 1997b:98).

> There are also studies showing an association between smoking and pelvic inflammatory disease, infertility and tubal pregnancies…There's also disturbing evidence that if a woman smoked during pregnancy, a child born of that pregnancy (especially a daughter) is more likely to smoke. According to Dr. Andrew Pipe, director of the Smoking Cessation Clinic at the University of Ottawa's Heart Institute, nobody really understands why this is so yet, but the suggestion is that the makeup of the brain is influenced by maternal smoking…"Clearly the consequences of this epidemic of smoking in women are chilling," says Pipe (Underwood, 1999).

The message to readers is clear: be sure to monitor your child's iron intake through the mechanisms presented in the magazine (preparation of healthy meals, inclusion of high-iron foods from the list provided) and be sure to quit smoking for your health (the effects of smoking on women is detailed in the article) and the health of your unborn child. The articles and cited experts caution the reader to take responsibility and adopt healthy lifestyles, and to avoid unhealthy behaviours, all with the aim of preventing illness and disease.

Cautionary Tales

The two articles on improving health care experiences detailed above, also use another technique to reinforce the reader's individual responsibility for ensuring good health. Both articles present the stories of presumably ordinary women to personalize the subject matter, to engage the reader, and show readers that the article details real problems of real readers much like her. The article "Doc, Can we talk?" (Scott, 1999) presents a lengthy account of twenty-seven year old Sandra Harder's health concerns surrounding why her menstrual periods stopped at age thirteen, and how she never persisted in finding out what the problem was and how to treat it. When the problem was discovered (a hormonal imbalance due to a benign tumour), her physician recommended no treatment and she did nothing further.

> Neither Harder, the gynaecologist nor other family physicians she consulted in the next few years ever talked about what this meant for her personally. To put it bluntly, Harder had no libido but she was too shy to talk about it in the doctors' offices. Doctors would tiptoe around the subject, questioning whether she was married or sexually active. "But no one ever asked, so I thought it's got to be me." Only later, in her mid-30s, did she learn the whole story: the tumour was inhibiting her sexual desire. It could even make her infertile, cause vision and heart problems, mood swings and early bone loss. But for several years after the diagnosis, Harder and her doctors didn't talk about these implications. "It was a clinical discussion of a condition. It was never a discussion of me, of my life, of what it would mean," she says.
>
> She didn't tell; the doctors didn't ask. It's a classic case of a communication breakdown—which happens in a significant number of doctor-patient relationships in Canada today (Scott, 1999:27).

Not only does this personal account frame the article's content, but through detailing Harder's lack of personal responsibility in pursuing this issue, the consequences are

clearly presented to the reader as a warning about the perils of not being an assertive, informed patient.

Ms Harder's inability to take control of her health, this failure on the part of this "ordinary woman," is further reinforced with a story of another woman's ideal relationship with her doctor. Margaret Coshan's story is positioned near the end of the article which has clearly explained what readers should do to ensure a solid doctor-patient relationship, thereby detailing how an ideal health-seeking woman should act:

> Margaret Coshan typifies the new kind of proactive patient. When Coshan went to her Toronto family physician, Dr. Jean Marmoreo, for her annual checkup in September, she took a folded piece of paper with a list of words: body mass, cholesterol, iron, calcium, weight loss. The third item is the one that took her to the doctor. Coshan had been rejected from donating blood because her blood contained too little iron. During a very thorough session, Margaret and Jean—they're on a first-name basis—talked about bike safety, the kids, life in general. Running through her patient's list of concerns, Dr. Marmoreo asked her what she thought had caused her iron deficiency. Coshan had already searched the Internet for information on the subject, and the discussion ended with her promising to eat more red meat, sardines and wheat germ until they learned the results of the blood tests. Theirs is, in short, a very modern partnership between doctor and patient (Scott, 1999:33).

Ms Coshan's health-seeking, rational, responsible subjectivity is then immediately contrasted with Ms Harder's irresponsibility:

> Sandra Harder didn't forge an effective partnership with her doctors, but played the role of passive patient. She was simply too shy to volunteer the information that she had no sex drive. Looking back, she's surprised that she did not make the connection between her missed periods and her sex drive and fertility. (Scott, 1999:33).

Harder's responsibility for her situation is clearly presented; she *should* have known more about her condition, and she *should have actively pursued solutions*. Her story serves as a warning to readers, a cautionary tale of what can happen if one does not pursue and maintain a proper relationship with her physician. What is neglected in the article is the differences between the two situations. A discussion of iron deficiency is far less intimate and potentially less embarrassing than a discussion of one's sex drive, and the article fails to acknowledge difficulties women may have discussing particular health problems with their physicians.

A woman's responsibility to ensure the proper medical care of her children is overtly emphasized in the opening text of the article "An Insider's Guide to Patient Power" (Witten, 1998). It begins with the tale of the Smiths, whose daughter died from a rare strain of viral hepatitis after being misdiagnosed at a hospital emergency room. By highlighting the regret of the mother, the article uses this family's story to present the worst possible consequence that could occur if parents are not persistent advocates for their children's health.

> Megan's mother says, "We put so much faith in the medical profession that we think they always know what they're talking about. As it turned out, they were wrong. I've learned the hard way. If we had done the right thing, we would have stayed at the hospital, we wouldn't have left. We would have demanded that a specialist see her" (Witten, 1998:96).

What is also made clear is the reader's responsibility for ensuring she follows the advice provided in the article to escape experiencing a similar fate with her own family. This cautionary tale humanizes the advice, illustrating for the reader a possible consequence of inaction. That the result of the Smiths' (in)actions was the death of their child, highlights the importance of taking on this responsibility regardless of how rare such events may be. The article does not place the Smiths' experience into context by reporting on the frequency of emergency room misdiagnoses leading to death. Instead, the issue of patient responsibility is heavily dramatized to entice the reader to finish the article and heed its advice.

The emphasis on the improbable and dramatic was a persistent theme in the cautionary tales presented in the sampled magazines. This is another example:

> The term "cliff-hanger" typically describes a suspense-filled movie that keeps viewers on the edge of their seats. But a real-life cliff-hanger that occurred last February in Big Sur, Calif., is dramatic proof of the protective powers of child safety seats. An 18-month-old baby sustained only slight injuries when the car she was traveling in plunged 140 metres down a steep cliff and hit a boulder. Rescuers found the girl securely strapped in her child seat in the backseat (the safest place for kids).
>
> Child safety seats are designed with happy endings in mind. But many parents may unwittingly be compromising their child's safety through improper use. According to Valerie Lee of the Infant & Toddler Safety Association, which conducts child seat clinics, only about 20 percent of seats in Canada are installed safely and correctly (Lewyckyj, 1999:44).

The reader is cautioned to use her child safety seat properly to protect her child similarly to the extraordinary accident that is described. Instead of emphasizing the correct everyday use of child car seats and their risks of injury under normal driving conditions, the article instead presents a sensational, worst-case scenario, creating drama to entice the reader to continue reading, and adopt the health-enhancing behaviour.

Inspirational Stories

Personal accounts were also used to inspire women to take increased responsibility for their health. Often these took the form of "triumph over tragedy" tales which profiled one woman's struggle with an illness or disease and how she was cured, or otherwise found ways to overcome the disabling aspects of the illness. According to Susan McKay and Frances Bonner (1999) there is a typical presentation of these sorts of stories in women's magazines. It begins with the sufferer's retelling of how she discovered she was ill, a description of treatment and "…then a re-evaluation of the experience in terms of what it could possibly mean and how the woman, and by implication her readers, could benefit from the experience" (McKay & Bonner, 1999:564). As well as this form of personal storytelling, I also found many stories where the personal tale of one woman is used to introduce the article and provide a personal perspective throughout, adding to the more clinical and journalistic account of the disease, illness or treatment. These take a similar form to the cautionary tales presented above where the experience of one or a few are used throughout the article.

Through the overtly personal tone and emotive language in these inspirational stories, readers are encouraged to emphasize with the subject and heed the woman's warnings and advice on how to overcome the effects of illness or disease. Often, the women are valorized for overcoming extraordinary circumstances brought about by their illness or for achieving remarkable personal milestones. For example, each magazine presented a profile of breast-cancer survivors who now participate in dragon-boat races, as a way to stay physically active, provide mutual support and challenge notions about women with breast cancer:[9]

> Meet a team of breast cancer survivors who are determined to beat the disease. They rebel against medical advice to take it easy. They push themselves physically and heal themselves emotionally. *And once you've*

> *watched this hearty crew at play, you'll want to stand and cheer* [my emphasis] (Hunter, 1997:46).
>
> *They're fit and determined, and they seem to be having so much fun* dragon boat racing that you'd like to join the team—until you realize that the price of admission is having survived breast cancer [my emphasis] (Salson, 1997:36-37).
>
> *Even more inspirational was the camaraderie of the team.* "We gather such energy while we're paddling," she says. "It's fire in the air. It lets you escape from the everyday stresses. I come home calmer, I sleep better and I handle things at work better the next morning" [my emphasis] (Curran, 1999:60)

The inspirational message is clear: breast cancer is not an impediment to physical fitness, and one should work at overcoming illness to embody the ideal healthy subject.

In another example, *Canadian Living*, in their regular section which publishes first-person accounts of women's struggles with illness, presented one woman's story of learning to accept having multiple sclerosis (MS):

> When I was diagnosed with MS, I thought my life was over. Then I decided to celebrate life — and to compete in a triathlon (MacLean, 1999:73).

After recounting the completion of her first triathlon, several years after first being diagnosed, the author tells of her initial health problems, diagnosis and struggles with MS:

> I was diagnosed six weeks before my 21st birthday. The years since then have been turbulent ones. My condition has challenged me with a series of crippling attacks. Although these attacks have lasted only six to eight weeks, the temporary losses of speech, sight and mobility have slammed the door on countless relationships and jobs.
>
> Predictably, I have struggled through denial, rage and depression. "People like me shouldn't get MS," I would lament bitterly. For years I stubbornly waited for a miracle cure. Then sometime around my 25th birthday, I accepted that the MS wasn't going to disappear and that I was going to have to be responsible (MacLean, 1999:73).

It is interesting that she emphasizes taking responsibility for her illness and its effects on her spiritual, emotional and psychological well-being. She defines this responsibility as: "…accomplish[ing] the things I wanted in life right now. Today" (MacLean, 1999:73).

The article ends with the author describing how taking this responsibility for her illness has allowed her to triumph over MS (though perhaps not physically):

> Now every day is a celebration. Some days I celebrate achievements, such as my first triathlon. Some days I celebrate just being able to get out of bed. It doesn't matter what I'm celebrating; thankfulness is an unwavering constant in my life. Although my pace varies dramatically, each finish line is comfortingly visible — and at no point will I ever consider giving up (MacLean, 1999:73).

In so doing, the article also sends the message to readers that they too should take responsibility for their health, manage any illness and work toward a better emotional and spiritual self. By training for and finishing triathlons, this woman's inspirational story also reinforces reader's responsibility to maintain a healthy physical body as well. Surely, if a woman with MS can participate in high level sports (though she states that she participates with the goal of merely finishing), the reader should be able to engage in physical fitness activities as well.

A personal account in *Chatelaine* also emphasizes individual responsibility for health in the face of illness. In the article, "Can a diagnosis make you sick?", we are presented with the story of Victoria Elliot-Gibson, who has fibromyalgia, a syndrome which includes symptoms of fatigue, muscle and joint pain, insomnia and headaches (Campbell, 1999). According to the article, fibromyalgia is a controversial illness with experts debating whether it is roots are physical or psychological or a combination of the two. The article states that some believe it is merely hypochondria. The presentation of Elliot-Gibson's story follows this controversy by detailing how she decided to take control of her symptoms by not adopting the traditional sick role.

The story recounts her initial symptoms and diagnosis and her expectations that there were treatments to help her get well. It then moves on to detail her quest to take control and work toward finding ways to cope with the disease. She is portrayed as an ideal, rational, determined, health-seeking subject who joins the Ontario Fibromyalgia Association, studies for a Master's degree researching coping mechanisms of people with chronic pain, and speaking at medical conferences about her personal experiences. She was learning about her illness and looking for solutions.

However, she was not getting better and her research was leading her to conclude that the diagnosis might actually encourage behaviours which lead people to exacerbate their symptoms.

> But as she embarked on her study of how people with fibromyalgia cope, she began asking herself some uncomfortable questions. She discovered that for the women in her study the greatest source of stress wasn't their health, but their finances. Three-quarters of her interviewees were unemployed and 95 percent of the women believed fibromyalgia affected their ability to work. As a result, many were locked in a battle to claim disability insurance. "I began thinking it wasn't worth it," says Elliot-Gibson, "because when you're in that situation, you have to prove you're sick. And if you have to prove you're sick, you will be sick." Her own research was telling her that those who stayed clear of most medical interventions and kept on working were the ones who coped most efficiently with their fibromyalgia (Campbell, 1999:46).

Clearly using a biopsychosocial approach, Elliot-Gibson's story promotes the notion that the disease has emotional/psychological roots which must be addressed. The article explores this notion by presenting the opposing views of two experts; one who believes that the pain of fibromyalgia has a biological basis which must be treated, and one who agrees with Elliot-Gibson:

> Dr. Hadler doesn't think fibromyalgia is a disease or a syndrome. Instead, he calls it a "narrative of illness" that patients use to connect and explain the disparate aches, pains and illnesses we all experience. Most people simply cope with these illnesses one by one and move on, but for some, the stress associated with feeling unwell, combined with other stresses in their lives, compels them to focus on and define themselves through their illness. Dr. Hadler says the only way for people diagnosed with fibromyalgia to "shed" this narrative is to admit they're not coping, cease looking to doctors for the cure and get on with their lives (Campbell, 1999:46-48).

The complementary response is given much more weight in the article to reinforce the personal story presented: that the solution to coping with this illness is to take personal responsibility for one's body, learn to cope with the symptoms, and become a productive member of society by getting back to work and staying off of publicly-funded disability payments.

> "I knew if I was going to get better, I had to stop playing the role of a sick person," she says. "I had to find a different purpose in my life besides my health." So, she walked away from her doctors, physiotherapists and all of

> the other caregivers who had been so much a part of her life for so long. "They couldn't help me," she says. It was time to help herself (Campbell, 1999:48).

While the subject dismisses biomedical solutions to her health problems, the story reinforces individual responsibility and lifestyle behaviour changes as the route to good health.[10] The article concludes by detailing how Elliot-Gibson modifies her life to control her symptoms.

> Elliot-Gibson began aerobic classes and adopted a daily routine that she says didn't push her beyond her boundaries. She knows she was also in a fortunate position: her husband, an owner-operator of a courier company, was able to support her financially, so reducing her workload was easier than it might be for others. As well, she cut back on volunteer work. In short, she went from superwoman to a woman with a manageable lifestyle. And while it worked for her, she knows she had options not available to everyone (Campbell, 1999:48).

Interestingly the article does mention the structural situation which allowed Elliot-Gibson to be able to change her lifestyle—she was economically secure, and understands this is not the case for everyone with this illness. However, the article does not focus on how structural factors might influence one's ability to cope or how they could be changed to better support people with this disease.

Instead, the focus remains on Elliot-Gibson. We learn that since making these changes she has been symptom free for almost a year, showing that she found the solution to her problem through individual means, personal will-power and self-discipline. The so-called ordinary woman triumphs over illness by becoming the rational health-seeking, morally superior subject.

Inspirational tales also tell stories of women who are concerned about their health (rather than suffering from particular diseases) and what they do to enhance it, as a means to motivate readers to adopt healthy lifestyle habits. Most prominently, *Canadian Living* regularly presented inspirational stories of women achieving health goals by accepting submissions from readers: "Please share your personal and inspirational story of facing a health challenge. We accept 650-word submissions to "Inspiration" by fax, e-mail, or mail..." (Douglas, 2000:34). In these inspirational stories, individual responsibility for health is clearly presented through the emphasis on taking control and personal redemption.

For example, author Ann Douglas tells her story of losing seventy-two pounds, not only to promote her newly published book (*The Incredible Shrinking Woman: The Girlfriend's Guide to Losing Weight*), but to inspire others by showing how she changed from an undisciplined unhealthy fat woman to someone who is actively working to exercise regularly and control her diet. What is interesting is her underlying notion of responsibility which leads behavioural changes. Not only does she want to "…like what I saw in the mirror" (Douglas, 2000:33), she also cites her responsibility as a wife and mother:

> I concluded that I owed it to my husband, my four children and myself to make some lasting lifestyle changes (Douglas, 2000:33).

She notes her fear of weight-related conditions like "…diabetes, osteoarthritis, heart disease and possibly even some cancers" (Douglas, 2000:33) impeding on her abilities to be a good wife and mother. The article not only emphasizes personal responsibility to implement a healthy lifestyle change, but also a woman's responsibility to maintain good health for the sake of her family.

Similarly, the article "From Distress to Destress" begins:

> When Cynthia Martin realized her job was ruining her health she took control and started a company that makes feeling terrific a top priority (Martin, 2000:53).

The article details Martin's employment in a professional position where she worked eighty-hour weeks which left her physically and mentally exhausted. Then it presents her solution to the situation which was negatively affecting her health; she quit her job and started an independent business, eventually taking on a similarly-minded business partner.

The article then details their new working lives designed, "…in a way that enhanced our health rather than depleted it" (Martin, 2000:55). The article lacks the details of *how* they actually created their publishing business focusing instead on some of the health-enhancing benefits they chose to emphasize, a location close to their homes in an idyllic setting:

> When we take breaks we can gaze at the lobster boats, watch cormorants drying their wings on the rocks or just stare at the fire in our pellet wood stove (Martin, 2000:55).

And the "Forced Relaxation Clause" in their partnership agreement which states that if they cannot agree on something they must spend the day together at a spa allowing them time to relax so they can sort out their differences.

The article ends with insights about the life-changes Martin undertook and her encouragement of other women to make similar changes:

> The changes I made in my life were difficult, but I believe they were right for me. I've learned that taking charge of your health means putting your physical and mental well-being ahead of any corporate agenda. And even if you have to give up your health benefits to do it, *there's nothing stopping you* from creating health benefits of your own [my emphasis] (Martin, 2000:55).

The reader's responsibility to create a healthy working life is clearly presented. There is nothing stopping her, except personal fortitude, from making changes which will enhance her health. However, while this article is meant to inspire, it fails to recognize the privileged position these women have in Canadian society. Presumably, they are well educated and have experience running a business. They also had the resources available to not only start their own business, but also to consume spa services. It is questionable whether the majority of readers would be inspired by this account, as the possibility of creating such working conditions are at best a fantasy.

However, while this discourse of responsibility fails to consider the contexts of many women's lives, it also addresses readers in particular ways, what Elizabeth Ellsworth calls "mode of address". Ellsworth argues that cultural products like films, books or women's magazines are created *for* someone, they have intended audiences reflecting producers' conscious and unconscious assumptions about who the audience is and what they want. In the case of this article, women readers are addressed as desirous of healthy working conditions and capable of making personal changes to achieve them. By presenting the story of two women who made health-related changes independently, and with great personal benefit, the rational, health seeking, entrepreneurial subject position is created. The women in this story are portrayed as autonomous, entrepreneurial, risk-takers who did not rely upon others for health benefits. The audience, who is meant to be inspired by this account, are similarly addressed as intelligent, capable women who can and should seek to make their working lives more health-enhancing through their own efforts.

Theme 5: Responsibility for Information Gathering

While the magazine emphasize readers' responsibilities for their own good health in a general manner, they also present a specific area of responsibility. One recurring theme stressed in the articles was the responsibility to not only pursue good health, but also to collect information about health related topics. Most obviously, this responsibility is prescribed by the magazines when they suggest readers "get more information" about the health topics featured. This is usually done by directing readers to websites, health groups, books or other sources of information, usually prefaced with the phrase "for more information" or provided as a list of resources.

For example, the personal experience of one *Chatelaine* author's laser eye surgery also emphasizes the responsibility for information-gathering about health. Prefacing the list of resources and items to research, the author states:

> Before going under the beam, I read every book, magazine article and Web site I could find on the topic. Here are some research ideas… (Tant, 1999:78).

The article then lists what a responsible consumer of laser-eye surgery would do, such as read books on the topic, visit reputable web sites, interview surgeons, visit clinics, and talk with others who have had the procedure.

The impetus to gather more information was prominent in articles about specific diseases, particularly breast cancer. Here the relationship between information and prevention is often emphasized; if women have the right information about the disease and prevention strategies they can protect themselves. An article in *Canadian Living* asserts a woman's responsibility to gather information about breast cancer. In an editorial entitled "Take Charge—Starting Today" the Editor-in-Chief recounts the recent discovery that a good friend has breast cancer. She encourages readers to fight the disease in several ways, beginning with this prescription:

> Start by taking charge of your breast health - do your homework, know the risks, read the research. (Ask your doctor for the information you need or contact the Canadian Cancer Society's Cancer Information Service at 1-888-939-3333 or visit the Web site at www.cancer.ca.) (Empey, 1999:4).

Here, personal responsibility for one's health is to be partially achieved through information gathering. One has to have knowledge about diseases like breast cancer in order to maintain the healthist subjectivity of the health-seeking individual.

In another example, an article discussing breast-self examination (BSE) reports on a reader survey asking women about their BSE behaviours, and some of the reasons they do or do not perform it. There is limited instruction in the text on what to look for when doing BSE, before the reader is provided with contact information in order to receive more information about BSE and breast cancer:

> To order a card that shows you how to perform BSE, which you can hang in your shower, contact the Canadian Breast Cancer Foundation at 1/800/387-9816 or www.cbcf.org.
>
> To find a BSE clinic in your community, contact the Canadian Cancer Society's Cancer Information Service at 1/888/ 939-3333 or ww.cancer.ca (Murphy, 2000b:84).

Ostensibly, the article provides this information to readers because of space restrictions inherent to magazine production and because writers and editors likely wish to ensure readers can easily find other suitable information on health topics if they choose. The inclusion of this information also carries with it the responsibility to act. Not only should readers be performing BSE (a responsibility made clear in the text of the article), but they should also pursue further information about BSE and its role in the prevention of breast cancer. These articles also assume women have access to the internet, which is linked to economic resources and geographical location.

Breakthroughs

Additionally, the responsibility to gather information about health and illness is suggested through the regular inclusion of medical and health "breakthroughs" in the magazines. Each magazine included a large number of news briefs which reported, usually in each issue, the latest findings in a wide range of health areas. The continual reporting of new information demonstrates that health and illness are ever-changing notions in society, modified by new research, market forces, social trends (e.g. yoga as the latest exercise fad) and other social, political and economic factors. The inclusion of these changes in the magazines, in the form of breakthroughs and health news, also sends the message that readers must persistently be aware of these changes, discarding old

information in favour of new findings so she has "the latest information" about health and illness.

Also, magazines must maintain interest in their readers, and this can be achieved by providing new information, especially since women's magazines present a very small range of topics to their readers (Doner, 1993). This often means treating old topics in new ways, and often in the case of health, providing new information about the same health issues:

> Hate wrinkles? Dermatologists have come up with new ways to reduce lines (Wigod, 2000:61).
>
> A new antibiotic may help the ongoing fight against drug-resistant bacteria (Rowe, 1998:115).
>
> Are you practising girth control? Well, new research from Brigham and Women's Hospital in Boston shows that slashing the fat to an extreme may not be the best approach to shedding excess weight. In the 18-month study, almost three times as many people were able to stick to a higher-fat Mediterranean-style diet as those on a low-fat reducing program. Subjects on the higher-fat regime lost an average of 11 pounds compared to six pounds in the low-fat group (Schwartz, 2000:116).[11]

By presenting these so-called breakthroughs the magazines seek to maintain reader interest, subscription rates and advertiser revenue, they also fulfill their "handbook for women" service mission by providing readers with the latest information about health. For the reader there also is the message that the maintenance of good health is a constantly changing field requiring the continual acquisition of this new information.

Overall, the responsibility to gather information found in the magazines additionally carries the assumption that information is the key to prevention or control over illness: "For a woman to be knowledgeable…information is essential" (Beaulieu & Lippman, 1995:65). In their examination of how women's magazines report on prenatal diagnosis for older women, Beaulieu and Lippman found that women have a responsibility to gather information about their pregnancies, and to *do* something with that information, that is, follow the prescriptive discourse provided by the magazines. The premise asserted in women's magazines is that knowledge is power and the uninformed woman will be unable to properly confront the risks to her health:

> Given that many of us will experience about 400 periods over our lifetime from our first (menarche) to our last (menopause), understanding our inner workings means we'll be better prepared for the natural changes our menstrual cycle will undergo. It will also help us identify when we can relax or when we need to pay attention to a serious problem (Peters, 2000:77).

Throughout the articles examined here, readers are encouraged to take responsibility for their health through the continual acquisition of information about health and illness:

> Having realistic benchmarks in terms of level of activity, mood changes and returning to work are a bright light on the horizon if you're suffering from chronic pain syndrome. *So get educated about your options and get going* [my emphasis] (Foss, 1998a:120).

Readers therefore, must also act on that information in particular ways; these health protocols will now be examined.

Theme 6: Continual Self-Assessment

The examined articles contained repeated urges for women to continually assess their health status as another form of individual responsibility. According to the magazines, in order to be healthy individuals must judge their health status against guidelines put forward by government (e.g. Health Canada), health advocacy groups (e.g. Canadian Cancer Society), and/or professional medical bodies (e.g. Canadian Medical Association) which promote particular and dominant notions of healthiness. The magazines routinely present information from these sources and sometimes devise their own self-assessment tools to promote the idea that women should monitor themselves to ensure they maintain a state of good health and work to prevent illness and disease.

Listen to your body

In some cases, the magazines enforce the importance of continual self-assessment using subtle means, often by promoting knowledge of one's body:

> At the end of the day, health practitioners aren't asking women to detect cancer, they're only asking that women know their own breasts (Murphy, 2000b:84).

> Determine your fitness level and any physical limitations before you decide what you want to achieve with yoga (Pirisi, 1998:142).

> And Dr. Montemuro adds that women should monitor and periodically reevaluate the effectiveness of any therapy, be it alternative or traditional (Rogers, 1997:36).

However, while women are told to determine their fitness level and know their breasts, articles often do not provide the tools for women to perform these evaluations, instead they are merely told that they should have this knowledge. Also, the maintenance of health through self-monitoring is emphasized.

In addition, readers are often explicitly told to "listen to their bodies" for signs of disease, injury or illness:

> Listen to your body—nobody knows your breasts better than you do, so pay attention to changes and don't leave your doctor's office until you have the answers you need. Women are canny consumers, but when it comes to our health, we're too quick to take a first opinion—"Don't worry, there's nothing wrong"—as gospel truth instead of remembering that medicine is an inexact science, and if you think something's amiss it probably is (Empey, 1999:4).

This is particularly true in the article, "Listen to your body talk" which encourages regular monitoring of one's bodily systems:

> Your body talks to you every day. Sometimes it's with a sharp jab in the belly or an irregular beat of the heart. You might ignore it or not know how to interpret it. Will it pass or should you be worried about it? Of course, your doctor is the best person to consult if you have any concerns. But to help you sort out everyday aches and pains from danger signs, read on (Achia, 2000b:33).

The article continues with a number of bodily experiences and possible interpretations for them, covering areas such as skin rashes, back and abdominal pain and irregular or racing heart beat. In each case, a likely cause of the condition is presented—these are common ailments like indigestion, strained muscles and anxiety or panic. Also listed however are far less common conditions such as ectopic pregnancy, lupus or kidney problems. And while the article acknowledges that these conditions are far more rare than commonplace conditions: "Women between ages 25 and 50 usually don't have heart attacks, but they can often experience heart palpitations" (Achia, 2000b:34),[12] these dangerous conditions outnumber more common complaints in the text. For every common explanation there are several less likely suggested illnesses. The reader is encouraged to "listen to her body" to monitor it for signs of illness. However the magazines present information on

serious diseases as if they are waiting to strike the uninformed and medically unexamined.

Signs to watch for

Self-assessment is also promoted through the presentation of lists of "signs to watch for" usually embedded in more general discussions of illness and disease. In longer articles, a standard format was generally used. It begins with a description of one woman's experiences with a condition (here it is the author's experience):

> For three years, it hurt nearly every time I made love. I couldn't insert a tampon or bear to bike over bumps. My seven-year relationship became strained as I came to dread sex and my partner feared hurting me. I knocked on many doctors' doors and downed a rainbow of antibiotics to fight unending infections.
>
> …my family doctor suggested I might be sensitive to spermicidal lubricant. I stopped using it. Within two weeks, the chronic inflammation and pain subsided (Smith, 2000:40).

These descriptions draw in the reader through the use of personal drama which is related in not only clinical but emotional terms. This is followed by a more clinical, often biomedically-oriented explanation of the illness, including causes, symptoms, and treatments:

> The active ingredient in spermicidal lubes, Nonoxynol-9, can cause an immediate burning sensation. Reactions can take up to 48 hours to appear, so women don't always make the connection. And some women use spermicide happily for years before developing a sensitivity. Suddenly, they notice a mystifying stream of ailments such as yeast-like and bacterial infections, painful intercourse and vaginitis (inflammation of the vagina, including pain and discharge). Women can also develop complications such as irritant or allergic reactions marked by redness, swelling, rashes or itching, says Dr. Agnes Reicher, a dermatologist specializing in vulvar conditions at the Sunnybrook & Women's College Health Sciences Centre (Smith, 2000:40).

This section is sometimes peppered with the personal experiences of the woman to personalize the subject matter, following the conventions of women's magazine publishing which emphasize the personal. The article then ends with a number of items readers can use to assess their own vulnerability to the condition. Usually this is a presentation of symptoms:

> Signs you may be sensitive
>
> -pain or burning sensation during sex
>
> -pain up to 48 hours after sex
>
> -irritation or rash on the inner thighs
>
> -redness and inflammation of the vagina
>
> -excessive white or watery discharge
>
> -frequent yeast infections
>
> -other frequent infections, especially if your doctor suspects bacterial vaginosis (Smith, 2000:40)

Graphically, these lists are often presented in a separate box in the article. This alerts the reader to their importance and makes it easier for her to assess her own risks of contracting the illness, or to match the symptoms with her personal experience. These lists of symptoms are part of the service mission of the magazines and emphasize the magazines' self-appointed role of health-educator.

In shorter articles the severity of the illness is emphasized, or some other urgent feature of the disease is presented, again to invite the reader to find out more. Then similar presentations of symptoms are provided for the reader to assess either her risk of contracting the disease, or the possibility that she already has it:

> One million Canadians have thyroid disease and half of them (mostly women over the age of 40) don't know it. Because symptoms of the disease include fatigue or insomnia, weight loss or gain, depression and panic attacks, doctors and patients sometimes mistake them for signs of menopause, depression or aging (Rhea, 1999:46).

And in nearly all cases, readers are advised to contact their doctor if their self-assessment includes the symptoms presented. Though in the example above this is the total text of the article. Here, the reader is provided no other information save a short list of symptoms and the need to assess herself for thyroid disease in order to maintain healthist ideals and not become one of the fifty percent of sufferers who have not been properly diagnosed.

Other articles provide self-assessment text which act as diagnostic tools for biomedical complaints. Readers are coached about how to examine moles for signs of

skin cancer ("Spot Check", Flemming, 1999; "Spot check…your moles", Rayman, 1999), or determine if they have a thyroid condition:

> Here's a do-it-yourself test to determine thyroid abnormalities.
>
> • Look into a mirror and focus on the area of the neck immediately above the collarbone and tip your head back.
>
> • Drink water and swallow.
>
> • As you swallow, look at your neck.
>
> • If you see a protrusion or bulge (ignoring the Adam's apple), call your doctor (Bickle, 1998:114).

Again, the emphasis is on self-monitoring first, followed by a consultation with a physician. It also focuses on individual initiative and constant self-monitoring as important practices within the discourse of healthism.

Another similar form of health evaluation presented in the magazine articles is the encouragement of readers to pursue medical screening tests. While not self-assessment per se, the magazines frame the need for medical screening in ways which places the onus on readers to ask their physicians to order these tests as a means to detect various diseases:

> The key to surviving colorectal cancer is early detection: if you have a strong family history of the disease, a parent who developed colorectal cancer before age 45, or if you are over the age of 50, you should discuss a screening program with your doctor (Sutherland, 1997b:165)
>
> Cholesterol test: If you are overweight, smoke or have a poor diet and there is heart disease in your family history, then you and your doctor should discuss checking your cholesterol level with a blood test (Barrett, 1999:51).

The rationale is that early detection promotes earlier and less invasive treatments aimed at better outcomes, or an impetus to engage in lifestyle changes which could prevent the onset of further symptoms or the disease itself. However, it is also made clear that readers *should* be engaging in discussions with their doctors to assess whether they are candidates for biomedical disease screening.

Checklists

The sampled women's magazines also routinely provided readers with checklists as tools for self-assessment. Often, these were designed to be removed from the magazine and placed in a convenient location so women could monitor either their bodily experiences or progress with lifestyle changes over the course of many days, months or even a year. For example in the article, "Your Healthiest Year Ever", fifty-two steps are provided to guide readers on to healthy lifestyle changes:

> So, we've taken the most current health guidelines and broken them up into teeny tiny steps — 52 of them. You can jot one on each week of your calendar for a year's worth of healthier living. Or speed it up and tackle a few at once. To help you keep track, we've included a list to tear out and check off. At year's end, every step you take will add up to a healthier you (Bauer, 2000:51).

Each "little change", such as switching to high fibre cereal or using sunscreen regularly, is explained in some detail in the article, and the tear-out page is designed to encourage women to regularly monitor their progress towards their healthiest year ever.

Similar checklists focus around one particular activity such as cutting back on caffeine intake: "Try these tips to break free of caffeine" (Holmes-Perfect, 2000:21); maintaining a proper nutritional balance "Clip and save this guide to help with healthy meal planning" (Lindsay, 1997:107); or preventing heart disease and stroke: "To reduce the risk of heart disease, follow these tips from the Canadian Heart and Stroke Foundation" (Orton, 2000:70). In most cases the checklists of information are designed so readers can assess their own health status against the norms of good health designated by the magazines, which are most often based upon dominant sources and experts from biomedicine, government and health agencies and advocacy groups. These checklists act as a technology of the self which invites readers to voluntarily monitor their health-behaviours, set goals and practice self-discipline. So, while the magazines are fulfilling their service mission by providing health tools for women, they are also reinforcing healthist notions which focus on individual responsibility, discipline and self-control.

Theme 7: Health Protocols

Clearly, the magazines examined promote women's individual responsibility to maintain good health and prevent disease. To further this end, the magazines also devote

considerable space in each issue to the presentation of protocols or regimens designed to assist women in fulfilling this responsibility. Most of the sampled articles present "prescriptions for healthy living" in one form or another, and many of these were contained in the articles cited throughout this chapter. This information is prescriptive when considered in the context of the discourse on health in magazines as a whole. Using various discursive techniques, magazine articles reinforce the societal notion that pursuing good health is an important individual responsibility. They also advise women/readers to continually gather information about their health either from outside sources or continual self-assessment. Furthermore, they promote the notion that individuals not only need to be knowledgeable about health and illness, but they must also *act* on this knowledge and be entrepreneurial, that is, make good health a personal project which requires dedication, discipline and work.

Another important aspect of the regimens provided by magazines is that the vast majority of the text was also coded as having a nutrition or fitness subject matter. This means that most of these guidelines for enhanced health promote individual lifestyle change.

Instructional Articles

At times, the magazines were markedly instructive in their presentation of health-enhancing activities to readers. In these cases, the magazines provided a clearly presented plan for readers to follow as the main focus of the article. Here is an excerpt from an article which provides women with a comprehensive weight-training routine:

> Form: For standing exercises, keep shoulders back, down and relaxed, abdominals pulled in, your knees slightly bent and your back in a neutral position (arched neither forward nor backward).
>
> Method: Breathe normally during exercises. Never lock your joints. Use slow, controlled movements. If an exercise hurts, don't do it.
>
> Order: Since the exercises that work the large muscle groups (those in the lower body)require more energy, do them at the start of your workout. (Van Buuren, 2000a:99).

What follows are fifteen weight-training exercises with detailed instructions and illustrations. Clearly, this is designed to instruct women and provide them with a specific exercise routine to acquire the benefits of weight training.

This is another example which instructs readers on how to ensure they get enough vitamin D:

> • If you're under 50, aim for at least two glasses of milk (skim or one per cent) each day
>
> • If you are over 50, drink at least two glasses of milk daily and consider taking a multivitamin (most contain 400 IU of vitamin D). However, don't take more than the recommended dose, as too much can be toxic.
>
> • Whatever your age, if you don't drink milk, take a multivitamin containing vitamin D.
>
> • In moderation, use margarine instead of butter. Choose healthier-for-your-heart brands such as Becel.
>
> • Enjoy fresh or canned salmon on a regular basis (you get vitamin D as well as those wonderful, heart-protective omega-3 fats).
>
> • Don't forget about calcium. It's still the prime builder of healthy bones. If you don't consume four servings of milk products daily (including buttermilk, cheese and yogurt in addition to milk), a supplement may be beneficial. Soy beverages and some orange juices are now fortified with calcium as well.

The reader is not merely instructed to ensure she gets enough vitamin D, instead specific foods are recommended to help her make proper choices. Similar instructions are provided in other articles which emphasize nutrition, though the targeted nutrient (calcium, fibre, iron etc.) varies.

These instructive articles covered a wide topic range, including diet and nutrition, exercise, accident prevention, illness prevention and treatment and safety. Some articles were exclusively devoted to the presentation of the protocol, while others were included as part of a wider discussion of a health topic. In all cases they were detailed, specific and likely useful for the reader—a recipe for health similar to a recipe for dinner. The broad scope of the instructive articles also demonstrates the wide range of activities which women's magazines consider important to the creation of a state of good health in their readers.

As I have demonstrated throughout this chapter, many of the examined articles emphasized responsibility for good health without providing the information necessary to fulfill those duties. This despite the fact that there is a clear discursive link created

between notions of responsibility and action in the text. In the case of these instructional articles, the magazines provide this comprehensive instruction on specific health activities with the goal of educating women about specific practices which could improve their health. However, these how-to articles can also be viewed as reflecting and reinforcing the discourse of healthism in that they bring with them the onus of action. The magazines stress reader's individual responsibility for health, which includes taking specific actions to maintain this healthy identity.

Platitudes and Reminders

While the magazines did provide detailed, usable protocols for readers to follow, information also came in the form of short "tips and tricks". In many cases, the magazines provide short prescriptions on health which serve as little reminders for readers about healthy behaviours.

> Eat breakfast. You'll be less likely to snack on pastries on your coffee break (Ovenell-Carter, 1997a:108).
>
> Look for breads that list whole grain flours—such as whole wheat flour, oat flour and rye flour—among the first ingredients (Pedwell, 1997:107).
>
> If you don't exercise regularly, it's important to start slowly and build gradually to allow your body to adapt to the new demands on your muscles and bones (Hanna, 2000:69).

Discursively however, they also act as a set of platitudes or dictates on what constitutes good health, that is, the actions readers should undertake. These often reflect well-known, common and popular notions about healthy behaviour: exercise regularly, eat nutritiously, do not smoke or use illicit drugs, practice safe sex, and consume alcohol in moderation (Lupton, 1995). So, while these behaviours are seen in society and by the magazines as mundane health activities, they are reiterated to persistently remind readers of their importance.

Often, the information provided, while specific to a particular topic, lacks detail. Readers are told what to do, but not how to do it. For example:

> Rosen suggests eating small portions throughout the day to keep those night time urges in check. Some healthy ideas for day and night: a piece of pizza, salad with light dressing, yogurt, cheese and crackers, cereal with low-fat milk, and raw fruits or vegetables (Leese, 1999:111).

> People who haven't learned to delegate may feel needlessly stressed. Often they're reluctant to delegate because they have either too little ego (they're afraid they're going to be rejected or that they won't be able to get people to cooperate with them) or too much ego (they think that in order to get the job done right, they have to do it ourselves). Learn to share the load at work and at home ("Stress SOS," 1998:140).

In both cases, there is no further explanation. What constitutes a small portion? How does one delegate effectively? The reader is instructed to change her behaviour, but not provided with enough information to take action.

In other cases, a stream of "do's" and "don't's" are presented to readers:

> Meanwhile, he [A gastroenterologist and professor] suggests lifestyle changes to lower the risk of colon cancer. Adopt an Eastern-style diet: up the fibre, go easy on red meat, load up on vegetables, spice up your dishes with, yes, turmeric, and eat lots of onions and garlic. Maintain a healthy weight. Do at least 45 minutes of aerobic exercise three times a week (Paris, 2000c:115).

This article touts the cancer-fighting effects of turmeric, but ends with these commonplace health behaviours. While the magazine presents a breakthrough to attract the reader, ultimately she is provided with the usual lifestyle advice, again without enough detail for it to be truly instructive.

Similarly, here is some advice for pregnant readers:

> Got a headache? Acetaminophen is safe, but Aspirin should be avoided during late pregnancy. Considering another cup of coffee? As long as you've had fewer than three cups today, you should be all right. Painting the nursery? Use latex instead of oil-based paint. and ventilate the room. If you feel queasy, stop and check with your doctor (Ford, 1998:38).

This article describes a wallet-card pregnant women can use as a quick reference to help them reduce their risks of foetal damage through everyday activities. However it also serves as a list of "reminders" for women to heed in their pursuit of a healthy pregnancy. And, it may also work to incite fear or worry in pregnant women who may have engaged in these "unsafe" behaviours. The information provided by the magazine does not tell readers about the levels of unsafe exposures needed to cause problems or any other measures of risk.

In addition, platitudes about good health are often inserted into discussions of biomedical treatments for illness and disease. In an article describing non-hormonal

treatments for menopausal symptoms, the issues surrounding the efficacy and safety of hormone replacement therapy (HRT) are also described. The article presents other medications which reduce the risk of heart disease and osteoporosis:

> Even if you are at high risk of heart disease or osteoporosis, HRT is not your only choice. For heart disease, your doctor may prescribe antihypertensives, cardiac vasodilators, cholesterol-lowering drugs or beta blockers-the same drugs used for high-risk men. And for women with osteoporosis, prescription drugs etidronate (brand name Didrocal) and alendronate sodium (brand name Fosamax) stop bone loss and slightly increase bone mass. *A low-fat, high-calcium diet is also important, as is regular exercise* [my emphasis] (Rogers, 1997:38-39).

This pairing of biomedical treatment and a platitude about healthy lifestyle change was a common occurrence in sampled articles. Here is another example from an article discussing the links between stress and symptoms of Irritable Bowel Syndrome (IBS):

> When treating IBS, Tougas [a gastroenterologist] says you can't avoid the standard-issue requirements for healthy living: decreasing fat intake, increasing fibre, fluids and fitness (Foss, 1998b:124).

These statements about diet and exercise are not explored further in the articles. The reader is told about medical treatments, but also warned of her duty to prevent illness and disease through her own behaviours. This underlies the individualistic, lifestyle approach to health and illness taken by the magazines who routinely acknowledge biomedical solutions to health problems while also privileging the maintenance of good health by responsible individuals who *should* take personal actions to avoid illness. The lack of further information about relevant lifestyle changes (i.e. what constitutes a low-fat, high-calcium diet) further underscores the reader's responsibility to find information about these topics.

"Follow five inspiring women to a new life through fitness": Protocols of Regular Women

It appears to be quite standard to include the experiences of both exceptional (either by achievement or celebrity) and ordinary women in the health articles in magazines. The health details are personalized through these accounts and are designed to provide readers with the feeling they are "not alone" in their health and illness experiences and concerns.[13] The health regimens of these women are also presented as inspirational stories for readers. As noted earlier, these stories are presented to inspire

women to take personal responsibility for their health through the adoption of health-enhancing lifestyle changes. Here, they are presented to inspire women to take action to fulfill these responsibilities.

Often, the personal regimens presented were very detailed with diets, exercise routines, lists of medications, tips, and reminders. For example, the weight loss and exercise program of a fitness instructor is presented in an article entitled "Use it and lose it":

> Five dress sizes and 100 pounds later, fitness instructor Marilee Arthur is trimmer and more vibrant than ever, thanks to smart and sensible new habits that turn fat to muscle. Read on to learn her secrets (Schiedel, 2000:85).

The article describes Arthur's life before and after the weight loss, and presents her regimen in detail so that it could be implemented by readers. I quote heavily here in order to present a typical comprehensive health protocol of a profiled woman:

> Here are the secrets to her success — with tips on how to make them work for you…
>
> Breakfast Five scrambled egg whites and one yolk with onion and garlic; a piece of rye bread or a banana
>
> Mid-morning meal Protein shake mix with strawberries. (Protein mixes are available at fitness stores. Make sure they are not packed with fillers and sugar.)
>
> Lunch Turkey, chicken or fish with rice or a sweet potato; vegetables such as broccoli, onion and carrots
>
> Mid-afternoon meal Protein shake with strawberries. "I feel like I'm eating constantly now!"
>
> Dinner About a can and a half of tuna (about seven ounces) with a bit of mayo and chopped pickle; a vegetable such as cucumber; a small handful of almonds (Schiedel, 2000:86).

With this information the reader is provided a "diet" she can follow to reproduce the results obtained by the profiled woman (an equally detailed exercise plan is also presented). The article also provides important details about when and how to eat (smaller meals more often), how to avoid cravings, how to determine if one is a healthy weight, and how to exercise in ways which promote weight loss.

This advice, and recommendations from diet and fitness experts, is supplemented with Arthur's personal experiences with food, dieting and exercise:

> Like many athletes looking to fuel their activities, Marilee used to load up on starchy carbohydrates such as pasta, rice, potatoes and bagels. "I didn't dump anything fattening on these carbs, but they were the mainstay of my diet. I didn't give much thought to getting enough protein" (Schiedel, 2000:86).

> Marilee also began to develop a Tae-Bo-like routine [an aerobic exercise program incorporating martial arts, boxing and dance]…"My body changed - my hips, thighs and abdomen got more toned and defined. I was using new muscles in new ways," she says (Schiedel, 2000:90).

The inspirational story of healthy weight loss, coupled with the detailed regimen encourages readers to duplicate this woman's success through the adoption of her diet and fitness lifestyle changes. While some of the components of Arthur's life are presented to the reader, there is no way for the reader to assess whether her life experiences in terms of employment, family, physical ability or financial means is similar to the profiled woman. The context of readers' lives, which may differ greatly from those profiled is neglected, even though it may have significant impacts on whether the regimens presented can be undertaken by readers.

Personal accounts were also presented to help women manage illness. What follows are coping strategies used by two famous Canadians, Olympic rower Emma Robinson, and author Carol Shields, both of whom had cancer. While these strategies are short and lacked detail, they serve as suggestions for action, for readers in similar circumstances:

> People — everyone, in fact — encouraged me to keep a cancer journal, which I was not at all enthusiastic about but which I did anyway, a few lines a day, and I'm glad now I did. It helped me keep track of the ups and downs in the following months, the peaks and the troughs, to see a pattern and to know that many of my most dire concerns were self-limiting (Shields, 2000:73).

> In bed at night, she closes her eyes and imagines the chase, the search-and-destroy mission that is taking place in her body. The good cells, the ones in the white hats, are in pursuit of the bad cells. In the kaleidoscope of her imagination, the warrior cells resemble slingshots. They're covered with tiny receptors. They pounce on the bad cells, attach themselves with suction cups. And they DESTROY! DESTROY! DESTROY!

> Emma Robinson has become expert in the process known as visualization. Canadian world-champion rower, third-year medical student, an Amazonian woman in dimensions and brute strength, just 27 years old, she is using this technique as one of the tools in her fight against cancer (DiManno, 1999:52).

Neither article provides detailed health protocols structured for readers to pursue, instead these profiles of celebrities with cancer focus on them as "…exemplar[s] for ordinary women" (McKay & Bonner, 1999:566). The health information provided may be unremarkable—these strategies may be used by many ordinary women with cancer—but the profiled women are considered to be of interest due to their celebrity. They are role models not only in terms of their achievements, but for how to deal with cancer.[14]

In providing these women's health protocols, the magazines are saying "If she can do it, you can do it too":

> In the past I was too impatient and craved instant results. I wanted all my extra pounds to melt away at once. Today I don't view my desire to lose weight as a race. I'm happy just inching along toward my target. That, in my opinion, is the true measure of weight-loss success—seeing yourself as a winner, whether the scale shows a loss or not (Douglas, 2000:34).

> Phyllis says that "making a commitment to small changes that you can actually do is important. If you always do what you've always done, you'll always get what you've got" (Baker-Cowan, 1998:39).

> Never say never. Despite a year of strength training, the first few times I tried, I could barely get through 40 minutes of cardio. But it only took me two weeks to be able to do it without wanting to leave the gym in an ambulance (Curran, 1999:62).

Generally, after presenting a woman's health story, including her personal regimen, the articles conclude with the profiled woman's encouraging, sage advice, as a final source of inspiration. The reader witnesses her transformation from a state of unhealthiness, through to her adoption of a set of healthy behaviours to the new state of healthiness, or at least, steps on the road to good health—since a state of good health is never truly achieved within the discourse of healthism. The presentation of the health protocols of real women ostensibly meant to inspire and encourage readers, also emphasize that good health must be maintained through constant vigilance and adherence to various protocols

and regimens. Also, that one should attempt to avert future illness through strict devotion to various prevention-related lifestyle behaviours.

Summary

The women's magazines in this analysis continually asserted their expertise and authority in health matters and their role in educating their readers about health information. This is part of these women's magazines' service mission to readers. Unlike what are often termed the "glossies" (i.e. *Vogue*, *Cosmopolitan*) which tend to highlight the fantastical world of fashion, beauty and young, sexually adventurous women, these magazines focus on the more mundane routine of home, family and career of middle-class Canadian women (Ballaster et al., 1991; Gough-Yates, 2003). Ostensibly, the magazines view their role as providing the information women and want and need about important aspects of their lives, including tantalizing recipes that can be made in thirty minutes, home decorating advice, tips on how to dress for success (whether in the boardroom or at the ballpark), family finances, childrearing and health. However, unlike picking a recipe for dinner or deciding what colour to paint the dining room, the pursuit of good health is not constructed as a choice for women. Instead, it is presented as an important individual responsibility to be pursued through the many prescriptions for healthy living provided by the magazines.

I found the coverage on health began to grow and take on more prominence in the editorial content of the magazines over the sample period, likely reflecting the importance of health promotion strategies in Western social discourse in recent years (Lupton, 1995). This health information included a wide array of topics ranging from life-threatening diseases, chronic illnesses and gynaecological issues, to fitness and nutrition information, to odd topics like choosing the correct toothpaste. The magazines portrayed themselves as a resource which sifts through the large amount of available health information to present clear and useful facts, advice and strategies for their readers. By covering such a diverse spectrum of health topics, the magazines demonstrated they were continually searching for the latest information for their readers to keep them informed about important health issues, thereby acting as their "essential guides" to good health. However, the magazines are also choosing what health topics are

most important and the manner in which they should be presented. They are therefore also telling women "everything they need to know" about more than health(Beaulieu & Lippman, 1995). This discourse not only educated women about breast cancer, the importance of a healthy diet, regular exercise and other key issues, it also carried continual and persistent messages about individual responsibility and promoted the discourse of healthism.

The magazines created a healthist discourse by emphasizing readers' individual responsibility for the maintenance of good health, the importance of continual self-assessment in the pursuit of this state of healthiness, and the need to participate in numerous and varied health regimens. They promoted the acquisition of the latest information on health issues and lifestyle-related behaviours surrounding proper nutrition, exercise, accident prevention and hygiene. These messages were repeatedly presented in the health articles in several ways. Some methods were more conventional, surrounding the use of particular language which, with varying degrees of subtlety, explained women's responsibilities surrounding their health. Also, the constant presentation of protocols and regimens underscored women's responsibility to "do something" to improve their health status or be better informed about particular issues. Often the advice presented a series of repetitive platitudes about proper diet and exercise which served as "little reminders" for readers. While the health issue presented varied over the sample period (see Appendix A for the full range of health topics covered) the tone and style of the messages did not. A regular reader is barraged with similar health information in every issue, relating to individual responsibility, self-assessment, self-discipline and lifestyle change.

Another discursive mechanism frequently used in health articles is unique to the women's magazine as a journalistic form. The use of personal accounts of "ordinary" women was a recurrent theme in the health articles. These stories of women's experiences with health and illness were used in two main ways. First, they acted as cautionary tales, providing the consequences of particular actions or inactions that readers are counselled to avoid. Second are inspirational tales which seek to encourage readers to undertake new health-enhancing behaviours or overcome illness and disease by either

seeking new treatments and/or cures or by participating in activities which allow them to triumph over their condition in some physical or emotional way.

In both cases what is important is the emphasis on the personal and the dramatic. These stories of regular women are a prominent feature in women's magazine writing and reinforce the notion that the feminine sphere encompasses the world of emotions—the subjective and the irrational. Through these accounts, women's magazines maintain the notion that all women share similar experiences by virtue of their gender and can learn from each other. Also, the stories tend to focus on dramatic and sensational accounts to draw in readers by highlighting celebrities, sexual dysfunctions, disabled women performing extraordinary physical feats, and women who make very radical changes to their lives.

While the magazines spent a great deal of space discussing health issues, the concept of health envisioned by the magazines was seldom overtly defined for readers. This reflects the widely-held perception that people hold similar ideas of what constitutes good health and that it is an obvious, shared understanding. However, discursive constructions within the health articles revealed that the magazines defined health in several different ways, which in most cases reflected dominant conceptions of health and illness. This is particularly true of biomedical and lifestyle notions of health which garner wide societal acceptance, reflect current reasoning in biomedicine and health promotion, and are dominant discourses in Western society.

To a limited extent, the women's magazines examined here sought to challenge dominant biomedical views by discussing health and illness using a biopsychosocial paradigm. This was the case in articles which examined the psychological impacts of disease and illness, usually through the inclusion of women's experiences and their lay constructions of health and illness. However, these biopsychosocial conceptualizations tend to replicate current discourses which favour the emotional and psychological aspects of illness but disregard wider social/structural factors affecting health. Also, while a biopsychosocial perspective was often *recognized*, it was supplemental to a biomedical definition of illness, demonstrating the dominance of this paradigm in Canadian society.

The most interesting definition of health was found in articles highlighting the maintenance of female gender-identity boundaries or which expressed concern about the

possible violation of these norms. In these cases, the women's magazines equated healthiness with current societal notions of heterosexual-female beauty emphasizing youth, thinness, a flawless complexion, and a physically fit physique which maintained a "womanly" shape. This construction of health as the maintenance of one's physical-gender identity occurred in articles which promoted medical solutions to appearance-related conditions such as acne, excess body hair and wrinkles. It was also apparent in profiles of women athletes or prescriptions for physical fitness where articles were careful to stress feminine-appearance norms, particularly the lack of masculine-looking muscles, underscoring the heterosexist orientation of the magazines and emphasizing the importance of maintaining societal notions of ideal feminine subjectivity.

The conflation of healthiness with a particular form of femininity marks a departure from many previous studies of media representations of health. It shows that women's magazines remain faithful to their historical roots by continuing to "educate" women about the rules governing current notions of femininity. Through their representations of health, women's magazines construct femininity and women's responsibilities in particular ways demonstrating the gendered elements of healthism.

Notes - Chapter Four

[1] Please refer to note one of Chapter Two for the definition of ideal femininity and feminine identity.

[2] However, from my analysis of author credentials detailed in Appendix A, it is difficult for readers to truly assess the expertise of those who write for the magazines.

[3] Articles examining women's healthy sexuality were sparse in the sampled articles and tended to focus diseases and dysfunctions. Only two articles discussed psychosocial issues surrounding sexuality, the first which detailed the importance of sexual intimacy and the second which featured strategies to build a healthy climate for discussing sexual issues with one's teenage daughter. The focus on biology and pathology and the absence of articles which discuss healthy or pleasurable sexuality is markedly different from articles in men's magazines such as *Maxim* or *Men's Health* which often discuss sexual activity, and reflects the biological determininist assumption that sexuality is necessary and normal for men, but unimportant for women.

[4] Many sociologists of health and illness contend that the biomedical paradigm is socially constructed and therefore represent cultural notions about the nature of health, illness and disease. For example, David Armstrong states:

> the notion of abnormality embedded in disease is not the statistical but social or ideal. Thus, for example, whether certain biological changes are to be labelled as pathological/disease or involution/aging simply depends on whether they are socially expected and accepted as inevitable or whether they are believed inappropriate by our current standards (Armstrong, 1987:1215).

They contest the notion that the biomedical model is truly objective instead positioning it as a socially constructed explanatory framework of illness with particular effects. A sociological overview of the biomedical paradigm and practice can be found in Chapters Nine and Ten of *Health Illness and The Social Body* (Freund & McGuire, 1999).

[5] From the *Medical Dictionary Search Engine* found at http://www.books.md/B/dic/biopsychosocialmodel.php (*Medical Dictionary Search Engine/Biopsychosocial Model*, 2004)

[6] Armstrong asserts that the biopsychosocial model is dominated by biomedical perspectives which refuse to address the social issues of power and conflict inherent in the medical encounter and power as an explanatory mechanism for health and illness (1987).

[7] In this case, the word diet means the food and drink people consume, rather than a weight-loss plan. Interestingly, the magazines presented no diets/weight-loss plans,

focusing instead on ways to increase the number of nutritional foods in one's diet.

[8] These health protocols will be discussed in detail later in this chapter.

[9] The account in *Canadian Living* magazine is part of a larger story about women finding "…a new life through fitness" (Curran, 1999:58).

[10] A classification criteria for fibromyalgia syndrome was endorsed by the American College of Rheumatology in 1990, thereby permitting biomedical recognition of the syndrome. However fibromyalgia is still considered a controversial illness because diagnosis is often elusive and negative gender stereotypes of women as hypochondriacs or malingerers cloud medical judgements.

Interestingly, a review of the aetiology and treatment of the syndrome closely matches the story in *Chatelaine*, with some in the biomedical community viewing the symptoms as purely biological and others advocating a more biopsychosocial view. Treatment recommendations are a mixture of biomedical (medication), psychological (counselling and patient education) and lifestyle (aerobic exercise and stress management) regimens similar to the course taken by the woman profiled in the article (White, Lemkau, & Clasen, 2001). However a sufferer's individual responsibility to adequately care for herself is also underscored similar to the magazine account:

> the vast majority of FM [fibromyalgia] sufferers are not incapacitated by their illness. By budgeting time and energy, paying attention to activity levels and body mechanics, complying with medical and psychological treatments to ameliorate symptoms, and to a certain extent simply disregarding pain, women can learn to live with FM (White et al., 2001:53).

[11] This article presents the contradictory and false assumption that a higher-fat diet has health benefits. While the subjects in the study lost weight, the detrimental health-effects of diets higher in fat have been repeatedly demonstrated (it leads to heart disease and is implicated in some cancers for example) but are not presented here.

[12] Also, the symptoms of heart attack in women are generally different than symptoms in men including pain or tingling in various parts of the body, not just the chest or shoulder.

[13] For detailed accounts of the use of personal accounts of breast cancer in women's magazines see: Bonner & McKay (2000) and McKay & Bonner (1999)

[14] It should be noted that celebrity profiles were not a common feature in the health articles. When these articles did occur, they were most often found in *Homemaker's* magazine.

Chapter Five - Conclusion

> While we may be critical of the intentions of health policies that claim to be simply promoting the well-being of populations, their effects cannot be said to be simply 'good or bad', as Foucault reminds us of the complexity of all power/knowledge relations when he says, 'everything is dangerous' (Fullagar, 2003:49).

In this dissertation, I have examined representations of health in *Chatelaine*, *Canadian Living* and *Homemaker's* magazines published between 1997 and 2000. Despite their marginalization in mainstream sociology, women's magazines are important texts to examine as they create, reflect and reinforce current understandings about women and conceptions of femininity. Women's magazines present themselves as essential handbooks on women's lives, seeking to educate their readers about notions of ideal femininity. In the case of health, these magazines produce writings which both reproduce and emphasize healthist discourse. Health is considered an important individual responsibility and moral obligation, to be pursued through continual self-assessment and acquisition of information, and by practicing the "prescriptions for healthy living" provided by the magazines.

This discourse creates an 'entrepreneurial' subject position for women. One's identity as a health-seeking subject is an on-going project requiring particular forms of self-discipline and self-surveillance (Robertson, 2000). It is a discourse which constructs women as rational, health-seeking subjects, willing to engage in many and varied behaviours to enhance and maintain health. Within the discourse of healthism, the moral goodness of these subjects is further reinforced through depictions of irrational, unhealthy others who lack these valued qualities of self-control and personal determination—women who risk illness, disability and disease through their failure to engage in healthist prescriptions provided by the magazines. These women are portrayed as requiring further education and encouragement in health matters, and are viewed as irresponsible citizens for failing to follow healthist dictates.

At this point it would be wise to re-state that I do not assume that my reading of women's magazines explains individual women's reading practices—they do not reflect universal truths about the health writings in women's magazines. Instead, this is a critical reading of the texts within a specified historical/social context with an understanding that

the subjectivities and forms of governance constituted in the discourse of healthism are taken up by individuals with various degrees of acceptance, negotiation and resistance. To further strengthen this position and to show some possible readings of women's magazine discourse and what can be gained by studying texts reflexively, I wish to present my own experience with the women's magazines texts over the course of the study.

Am I the entrepreneurial subject? Some Thoughts on Reflexivity and Resistance (Or, how I turned into a fanatical, health-obsessed woman)

One of the reasons I initially chose to examine women's magazines was that they have the advantage of being non-interactive, in the sense that, unlike people who are research subjects, they are not affected by issues of power that can occur in research situations (Reinharz, 1992). The preference for qualitative, in-depth interviews in feminist research has created a continuing discussion in the literature about issues of power, authority, inequality and reciprocity which arise in the interview situation (Ironstone-Catterall, 1998). However, what is neglected in the feminist literature on reflexivity are discussions of the effects that studying documents can have on researchers themselves. The process of studying these magazines changed my thinking about myself and my research in ways that I did not anticipate at the beginning of this project.

Before I describe this in more detail I believe it is important to provide a short biography to help situate the multiple social relations that shape my lived reality (Ironstone-Catterall, 1998). I am a Canadian-born white woman in my mid-thirties. I am heterosexual, married and the mother of two young children. I am economically middle-class and aspire to a professional career. I have no disabilities. Based on the demographic data I collected about the magazine readership that I detail in Chapter Three, I am the ideal reader, the demographic marketed to prospective advertisers, and the person women's magazines envision in their editorial content.

During the course of my research, I was thoroughly immersed in the health articles and over time I began to find the repeated encouragement to engage in behaviours to enhance my health both appealing and compelling. I began to assess my own health status against the norms presented in the magazines. I realized that, based on these

articles, I was leading an unhealthy lifestyle—I was not getting enough exercise, I did not sleep enough (because of the fact I was breast feeding a baby at the time), and I did not meet current nutritional requirements. I also started to use the assessment tools in the magazines to monitor the health status of my family. There was always some health information for me to consider and place in the context of my own life, a new finding to integrate into our diet, a new exercise to try, a bodily symptom to assess or disease to fear in myself or my children. I found myself taking up the healthist discourse of the magazines voluntarily and easily. I joined a local health club, started to cook more nutritional meals, I kept a food diary to monitor my eating habits and I began to research health issues on the Internet. I made improving my health and that of my family an important priority in my life—I began to embody the entrepreneurial, healthist subject of the discourse I was studying.

However, once I moved beyond the sorting and gathering of health articles toward the more analytical processes of this research, I began to critically examine my practices. I began to ask myself why I was so personally interested in these particular health messages, and why I found them so appealing, despite my emerging critique of them. I began to interrogate the compelling and enabling aspects of the discourse which is geared to women similar to myself. The goals of healthist discourse are in many ways desirable—most individuals wish to be healthy and want to be perceived as good citizens through their participation in activities which enhance their health and thereby reduce the strain on an overburdened primary medical system.

My story glosses over the fact that discourses are rarely taken up exactly as intended by the producers. Instead they are accepted, negotiated, reworked, rejected and/or ignored. This is an uneven process with some messages being more compelling at particular times than others. Magazine readers, including myself, likely skip over particular health stories, read them and forget about them or may find them very interesting and follow their prescriptions either precisely or in varying degrees. I did all of these things—I selected the messages I found important, ignored or forgot others, and rejected particular depictions outright (I personally dislike women's triumph over illness stories for example). And I negotiated the meanings of the health messages I did accept

choosing which parts of them I would incorporate into my life. In some cases, like the keeping of a food diary, I intended to follow through, but never really did.

Media messages are one of many discourses that are mingled with an individual's notions of health and these are continually negotiated and re-negotiated over time. These conceptualizations of health are complex and influenced by social and cultural values, material circumstances, place, time and individual biography (Wakewich, 2000a). I was conducting this research at a time when I was concerned with my health and that of my young children, especially since I was highly immersed in the medical and public health systems after that birth of my second child, and was relatively isolated as a new mother and graduate student. These magazines provided information which on one level addressed my concerns and recognized my experiences. These messages were compelling because they reinforced dominant social messages about how women should behave. However, I have shown that I did not merely take up the discourse and become the ideal healthist subject. Subjectivities are continually recreated and resisted. My role as a feminist researcher began to lessen the appeal of these healthist messages as I began to assess them more critically and situate them in a wider social context.

My personal engagement with the discourse was a valuable experience. By being reflexive and "writing myself in" to the research, I was able to not only better understand the compelling aspects of the discourse but I also better understood the importance of "checking one's conceptual baggage"; for example, how the context of the researcher's life affects her interactions with the data (Dyck et al., 1995; Kirby & Mc Kenna, 1989). My experiences with reflexivity and the women's magazines also allowed me to identify a number of important omissions in the discourse on women and health created by the magazines.

Silences

Discourses create what can and cannot be said about health and also limit the possibilities of alternative views. Therefore the task of discourse analysis is to not only explore what is said about women and health, but what women's magazines limit and exclude. I wish to conclude by discussing several important silences in the magazines'

representations of health and the effects of these omissions when examined from a feminist perspective.

Structural Determinants

Despite taking a biopsychosocial approach in many articles, there was a consistent neglect of the social determinants of health in the women's magazines. Focusing on the social or structural determinants means addressing the ways in which health and illness are shaped by structures of social inequality in areas such as gender, class, race, sexual identity and geographic region. Also included are so-called "soft" determinants such as education, levels of social support, economic capital and work and home responsibilities (Denton & Walters, 1999). According to recent research conducted in Canada by Margaret Denton and Vivienne Walters (Denton & Walters, 1999) "structural determinants of health play a greater role than the behavioural or lifestyle determinants in shaping the health status of Canadians" (1229). And when gender is taken into consideration, they found the structural effects more pronounced for women. For instance, working full-time, caring for a family and having social support were more important predictors of women's health status compared to men. This research contributes to a large and growing body of work which recognizes the role of social factors in the production of illness and maintenance of health.[1] However, in most cases, the magazines in this study failed to integrate these explanations into their representations of health.

In the few situations where structural determinants were detailed in articles, they were often secondary to personal and biomedical explanations of health and illness or were short additions to the topic. For example, despite its demonstrated importance to health status, the impact of poverty on health was discussed in only seven of the 760 articles used in the discourse analysis and in each case it was not the central focus of the article but merely mentioned as a contributor to health status:

> But about five per cent of Canadian children from middle-income homes are iron-deficient, and that number can get as high as 50 per cent for disadvantaged children…(Ovenell-Carter, 1997b:98).

Similarly, there were only two articles which mentioned violence against women as a determinant of health: "Birth Marked" (Hughes, 2000), which only superficially makes

the connection between violence and a woman's health status, and "South Africa's Struggle" (Logan, 2000), a feature article about the high incidence of rape in this country and women's efforts to change the system to prevent this crime and punish offenders.

This second article is worthy of more detailed discussion because it differs from most others in the sample. It not only treats rape as a health issue by detailing the effects it has on individual girls' and women's physical, emotional and psychological health, but it also outlines the ramifications of violence against women for South African society as a whole. While the article focuses on the personal stories of women and girls, it also examines the role of social determinants such as sexism, poverty and education. The article also takes a decidedly political stance by detailing the collective actions of South African women who are trying to change social attitudes and structures (i.e. the legal system) to prevent rape, and the work of the Canadian International Development Agency (CIDA) who is also helping with this process of social change.

Because the story is about South Africa, violence as a health/women's issue is distanced from the lives of Canadian women, possibly seen as a problem that happens mostly "over there" in a country geographically and psychologically distant from Canadian women. The reader is not addressed directly, as she is in the many prescriptive articles in the sample. Instead she is "educated" about violence as a health issue indirectly and in a way which does not demonstrate the risks and effects for Canadian women. The reader is only directly addressed in a sidebar which encourages readers to make a donation to a Canadian charity that works with rape crisis intervention organizations in South Africa.

Also, despite its strong focus on the structural determinants of health, the article fails to discuss issues of race and colonialism and the effects of these socio-historical forces on South African society. While it is clear from the names and situations that the personal stories are mostly about Black South Africans, race is never explicitly discussed and the racialized issues surrounding violence against women in this society are not explored. This appears to be a common trend in the few articles which acknowledge race as a factor in health. This article was also one of three which introduce the relationship between health and race. In the article "A Fit Kit for Kids" race is mentioned only because the program profiled (type 2 diabetes prevention) is geared

specifically toward Aboriginal people, who have a higher incidence of diabetes compared to the national average (Berkoff, 2000). The correlation between race and diabetes is not investigated in the article.

Conversely, the article "Birth Marked" (Hughes, 2000) discusses Fetal Alcohol Syndrome (FAS), clearly accounting for some of the structural conditions in Aboriginal communities which contribute to alcoholism among women and the higher rates of FAS amongst First Nations people.

> Like thousands of other women from every culture and class in Canadian society, Mary did not, could not, stop drinking alcohol, even during pregnancy. But as an aboriginal woman living on an impoverished and patriarchal reserve, she was surrounded by unique and powerful forces pulling her towards addiction (Hughes, 2000:72).

However, the focus on the very different stories of individual women—an Aboriginal woman (who's story is notable because of its unusually tragic features[2]) and a white physician—does not allow for a fuller discussion of the complex socio-historical factors which contributed to many of the social and health problems in First Nations' communities. Instead, in the discussion of the aetiology and prevention of this condition, the article focuses on individual women's addiction to alcohol and neglects the social determinants. Also, the details of the white woman's alcoholism and the social context of her life are ignored. This further sensationalizes the Aboriginal woman's story and serves to stigmatized Aboriginal people. Therefore, while the article discusses issues of poverty, race and violence, it does not focus on meaningful changes to social structures, but instead concentrates on individual solutions to women's addiction to alcohol. Despite its shortcomings, this article was worthy of mention due its uniqueness in acknowledging the impact of social determinants on health.

Not surprisingly, there was a greater emphasis on gender as a determinant of health status, though there was a limited analysis of its impact. There were short news briefs detailing the results of research which showed gender inequalities in health, for example the fact that men were twenty percent more likely to receive a kidney transplant than women (Seymour, 2000), or which found that the context of women's lives could lead to depression:

> Why do women experience more depression than men? It's the nature of their lives, according to research published in the Journal of Personality

> and Social Psychology. Psychologists found that circumstances could predict whether or not women got depressed. Those who carried a greater load of housework, had more child care responsibilities and felt underappreciated by their partners were more likely to be depressed ("Not all in your head," 2000:46).

While this news piece recognizes the link between gender and health, it does not attempt to account for the complex social relationships which produce these social conditions in women's lives—the wider societal forces which influence women's health are not examined.

Pieces which recognize gender-role differences also tend to blame women for engaging in unhealthy behaviours.

> 20 percent [of women] inhibit their mate's involvement in child care and household tasks by insisting on being the boss. Some women resist hubby's help because they tie their identity to how others view their homemaking skills, say researchers. Or they still hold traditional views of family roles (Seymour, 1999:40).

Because the notions of health focus on the individual and her actions, and neglect the social production of gender roles, women are blamed for being too "bossy", not taking enough time for themselves, or otherwise engaging in behaviours which lead to stress, fatigue and resulting illness. The structural barriers to health-enhancing behaviours are not investigated.

Political/Collective Action to Enhance Health

The emphasis on personal choice and responsibility not only denies the role of the structural determinants of health but it also demonstrates a depoliticization of health issues. The magazines in no way contribute to the collective and political strategies taken by citizen groups to change these social relationships in ways which would enhance the health of the population—actions such as demands for improved funding for medical care, better control of environmental and occupational hazards, and other collective strategies aimed at reducing risks to health. For example, women's magazines did not detail the political work of the women's health movement which is creating alternative discourses about women and health centring on feminist principles, the provision of alternative forms of health care (which often challenge the dominant biomedical model),

and direct political action to ameliorate the structural determinants influencing women's health.

It should be noted that there were articles which detailed the political actions of women (the previously discussed article on rape in South Africa is one example) but these stories comprised a small portion of the total number of health articles in the magazines—sixteen of 1291 articles. When collective action was advocated it took one of a few forms. First were encouragements to donate money to particular charities or purchase products which donated a portion of profits to charities. Second were calls for participation in fund-raising events like The Run for The Cure, an annual national fund raiser for the Canadian Breast Cancer Foundation. The third type of activity surrounded consumer-based action to improve health-related services such as weight-loss centres and breast cancer clinics. Here the reader was instructed on who to contact to demand changes (e.g. hospital administrators or the Better Business Bureau). In a similar vein, readers were instructed to write letters to a politician to ask for improvements to traffic signals to prevent road accidents, or for more comprehensive nutritional content on food labels. Finally, one article "Hazards or hokum?" suggests joining political action organizations like Greenpeace or the Sierra Club to help advocate for better environmental conditions (Elash, 2000). This article outlines a number of health concerns popular in the media (cell phones causing cancer, genetically modified foods, the safety of mercury dental fillings etc.) and seeks to assess their risks. Each topic ends with a "What you can do section", which occasionally suggested readers join these organizations:

> Various Canadian organizations such as the Greenpeace Foundation and the Council of Canadians are working to have package labels declare genetically modified ingredients. Join the Greenpeace True Food Network by calling 1/800/320-7183 or go to www.greenpeacecanada.org/e/ campaigns/index. html (Elash, 2000).

It should be added that in all the articles, the suggestion that readers take political or collective action was not the primary focus but were instead short suggestions usually at the end of the stories and were often included within personal/individual strategies for change as well.

The magazines avoided controversial issues or the work of women who did not belong to mainstream activist groups. Instead political action was limited to signing petitions, donating funds and consumption—low-key and respectable acts of citizenship in neo-liberal society. By replicating the discourse of healthism, the magazines silenced discussions promoting actions which could change the wider social determinants of health in ways which could benefit all women. This includes issues like better working arrangements both inside and outside the home, social changes to overcome sexism, violence, poverty, racism and homophobia, strategies to promote environmental sustainability and better social supports for people with disabilities and women who perform multiple caring roles (i.e. for children, aging and/or ill relatives).

These topics occurred very rarely in the magazines, likely because this sort of analysis deviates from their focus on the personal lives of women and may be considered "too political" or controversial because it necessarily involves strategies of social change. This mirrors other research showing that women's magazines generally choose to avoid political topics: "Conspicuous by its absence and in contrast to the pervasiveness of the motif of domesticity is the theme of public and civic life, political progress or political institutions" (Ballaster et al., 1991:13). The reasons for this absence are less clear. Those controlling women's magazines (owners, publishers and editors) may consciously avoid political topics for many reasons, including a desire to avoid controversy, coupled with fears of losing advertising revenue, and the assumption that women do not desire these kinds of information (Andsanger & Powers, 1999; Doner, 1993; Korinek, 2000).

In a revealing article in the *Ryerson Review of Journalism*, Michelle Gaulin (2004) discusses the overhaul and re-launch of *Homemakers*[3] magazine now edited and published by Charlotte Empey, also editor and publisher of *Canadian Living*. She notes that *Homemakers*, under the direction of Sally Armstrong, successfully combined international social issues with traditional women's service content, but now the focus is on home, health and beauty. According to research conducted by Transcontinental Media, *Homemakers'* parent company, women want more articles about food, beauty, fashion and other topics traditional to women's magazines. Similarly, *Chatelaine* polled their readers and found, "…the days when women needed to be told that they were confident and strong are long gone. The Chatelaine reader was overworked and in need

of being entertained not bombarded with social issues that already filled mainstream news" (Gaulin, 2004:4). Charlotte Empey, Rona Maynard (editor of *Chatelaine*) and Sally Armstrong are all cited in the article dismissing the notion that the lack of social issues content results in a "dumbing down" of women's magazines. They assert that women's magazines are a form of entertainment, and reading them is a relaxing leisure activity for women.

If the market research conducted by the magazines, and the opinions of the editors is correct then women's magazines are merely giving women "what they want"—it is a media form that is embraced and enjoyed by women. This does not mean women's magazines cannot be examined and critiqued, but they should be recognized as a particular discourse which creates particular effects, rather than imperfect handbooks on women's lives in need of improvement to suit feminist ideals. Reading women's magazines may indeed be entertaining and pleasurable, but this enjoyment for readers "cannot be understood as 'innocent', nor separated from their ideological function in women's lives" (Ballaster et al., 1991: 169). These magazines create and reflect a particular and often dominant discourse on femininity and in this case health. Even though women's magazines are only one of many discourses women encounter in their daily lives, understanding this discourse, its silences and effects is an important part of feminist inquiry.

Social Context of Women's Lives

As I noted earlier, by focusing solely on individualized discourses of health and responsibility, women's magazines do not recognize the complex circumstances of women's lives and the social factors which influence health and illness. At its most obvious and distressing level, these "women's" magazines fail to recognize issues of diversity, instead privileging the stories of white, middle-class, heterosexual women. The magazines do not critically examine the interconnections between women's multiple identities in terms of such axes as race, class, disability and sexual identity. Instead, women's magazines assume a shared "woman's experience" which glosses over the differences between women in terms of race, class and sexual orientation for example. The effect of this presentation of the "ideal" or "implied" reader who is rather obviously

the dominant social group, is the marginalization of other identities and experiences (Ballaster et al., 1991).

However, the discourse of health for this dominant group is also problematic. Caring for oneself is conceptualized as a woman's "choice" rather than a complex confluence of many personal and social circumstances. Women's magazines rarely acknowledge in any meaningful way the lived experiences of women and the barriers to health-enhancing activity which arise due to work and caring responsibilities and the power relations which govern them. For example, Vivienne Walters (1992) found that a large proportion of women in her study reported tiredness, difficulty finding time for themselves, and anxiety among their most frequently experienced health problems, resulting from feeling overloaded by the demands in their lives (see also Walters, 1993). The multitude of prescriptions for healthy living presented by the magazines merely adds to women's responsibilities by not accounting for the stress and guilt that women may feel in their inability to "do everything" (Fullagar, 2003).

This is reinforced by Pamela Wakewich (2000a) who found that middle-class women, who often willingly participate in healthist discourse, experience stress and guilt over their inability to achieve their health goals due to other demands in their lives. Working-class women, however, expressed different feelings about their inability to engage in particular health-enhancing activities. These women reported frustration due to the time and financial constraints which make the pursuit of healthy behaviours like cooking nutritious meals and taking regular exercise difficult. Working-class women did not take up the individualistic healthist conceptualization of health, instead viewing it in instrumental terms, that is, maintaining health to function in everyday activities often in the service of others at work and in the home. While maintaining good health in order to be a better employee or mother was mentioned in some articles, women's magazines mainly constructed health as important for its own sake, an end in itself, rather than a resource for living. The magazines normalize and privilege the experiences and ideals of middle-class readers—there are few discussions of the structural conditions which could impede women's ability to pursue self-improvement activities. By constructing their implied reader as a "superwoman" who is autonomous, rational, capable and willing to follow the prescriptions for healthy living, women's magazines set high standards for

what constitutes ideal health-seeking behaviours. However, the discourse also invites women who identify with this subject position to willingly engage in healthist behaviours as a way to embody their moral "fitness" of the ideal feminine health-seeking subject. The tension arises when the demands of healthism clash with other demands in women's lives.

Instead of presenting health information which acknowledges and possibly examines the social factors shaping the reality of women's lives, the discourse of women's magazines situates the responsibility for health in the women themselves, who are expected to find time for health-enhancing activities:

> inactivity has been turned into a problem of women's self-management that reiterates neo-liberal concerns with individual responsibility for health, thus increasing the burden of care that women already experience in relation to the health and leisure of others (partners, children, elderly parents) (Fullagar, 2003:52).

The result, argues Simone Fullagar, is that women are asked to condense more activities into their already-busy lives, which also ignores the invisible activities women perform particularly around child-rearing (for example playing with children is often seen as a leisure activity for women when it is actually work, albeit in a caring capacity) and the exhaustion that results from juggling multiple demands. Fullagar also notes that the focus on lifestyle behaviours, like the particular physical activities prescribed in healthist discourse, reflect masculine identity and do not allow for women-centred forms of leisure and physical activity which may include "relaxation, peacefulness, contemplation, ease of movement and awareness of movement" (Fullagar, 2003:53). Nor do they recognize that women may not wish to use their sparse leisure time for the pursuit of rigid notions of health, but in other activities they may find pleasurable.

The creation of discursive rules of what can be said necessarily excludes and limits other discourses, which in the case of women's magazines, silences feminist analyses of the social context of women's lives and the diversity of their experiences mediated by race, class, sexuality and other axes of difference. It also involves the exclusion of political discussions of health and actions to change the structures of women's lives and their lived environment in ways which would enhance the health of the entire population. Instead, women are addressed as both desiring and needing

direction from women's magazines on health matters to fulfill healthist societal expectations. The reader is constructed as a woman who understands that health is an important personal responsibility and moral imperative. She is willing to carry out the prescriptions for healthy living to avoid both the ill-health and moral condemnation which affected those women profiled in cautionary tales. Women's magazines invite the reader to achieve good health by exercising her personal initiative and self-discipline in the initiation and maintenance of personal lifestyle changes. Clearly, the discourse in women's magazines privileges healthist, individualistic, and dominant conceptions of women, health and society.

Directions For Future Research

This study raises a number of questions which could form the basis of future research on the discourse of health in women's magazines and women's experiences with this discourse. The discourse of healthism is one of many which shapes women's practices surrounding health and illness, and is taken up by women in many ways ranging from acceptance to resistance. The role of this discourse in women's health practices would be interesting to examine. This research could be conducted by focusing on women's magazine readers, or more specifically by examining the health practices of particular readers, for example, women who experiencing specific illnesses, or women with young children, to see whether and how they integrate women's magazine representations of health with their own experiences.

A second area of research could include a historical analysis of representation of health in Canadian women's magazines. Valerie Korinek's (2000) examination of *Chatelaine* magazine in the 1950s and 1960s portrays a much more feminist-oriented magazine, in contrast with the magazine's current configuration. An examination of the historical changes regarding representations of health in Canada's oldest women's magazine would be an important complement to studies of women's magazines and the discourse of health.

Michèle Martin (1993) states it is important to analyze the production of media because the social and economic conditions within which magazines are produced influence how women and health are represented in the contents. Research which

examines how health articles are produced, including choices made by editors and journalists concerning the choice story topics, which experts are consulted, the messages editors wish to convey and how readers constructed by those in the magazine business would provide an important contribution to media studies of health. An analysis of the social conditions of production by women's magazines of the entrepreneurial health-seeking subject similar to Anna Gough-Yates (2003) study of how and why British women's magazines created the discourse of the "New Woman" would also contribute to sociological understandings of women's magazine production.

A comprehensive examination of the production of race, class and sexuality within the discourse of health in women's magazines would add to work in this area. Most research on women's magazines discusses their failure to recognize issues of diversity, but do not examine how health writings produce particular representations of race, class, sexuality and disability. These representations have particular effects which should be investigated.

Similarly, an examination of women's magazines' representations of women's experiences with illness and disease is needed, particularly the personal stories or pathographies in women's magazines. I noticed the personal "triumph over tragedy" stories, which were a common feature of the magazines, created subjectivities for women experiencing illness and disability which emphasized heroism, courage, and "overcoming" the illness. There is little discussion of women's experiences with depression, anxiety, stress and sadness that likely accompany states of ill health. An examination of the production and effects of these health messages would be beneficial.

Finally, another area which I could not research in detail, but which is important to examine, is the kind of authority cited in health articles in women's magazines. What forms of expertise are cited in articles (people and documents)? What sorts of information do they provide? What forms of knowledge/power do these experts privilege and what are the effects of expert discourse in the magazines? My own preliminary coding of cited experts found that while biomedical experts and government sources predominate, there was a wide-range of expert sources used in health articles. I also suspect that as alternative discourses of health (found in services like naturopathy or chiropractic, for example) continue to gain popularity, experts in these areas will be cited

more often in women's magazines. The ways which magazines utilize expert sources and the effects of this technology would provide further insights into women's magazine discourse.

To conclude, this study examined representations of health in three Canadian women's magazines to better understand how these "handbooks on femininity" define health issues for their readers. By examining these health articles discursively, the rules, patterns and structures which create and privilege certain definitions and meanings over others can be scrutinized to understand the social meanings on women and health created by the magazines. I found that women's magazines fulfilled their self-defined service mission to readers by continually asserting their expertise and authority in health matters and their role in educating women about the latest health information. Reflecting and reinforcing the discourse of healthism, the articles consistently presented health as an important individual responsibility, and a moral imperative. Through the repeated and numerous personal prescriptions for healthy living provided by the magazines, readers were encouraged to make the pursuit of good health an on-going project requiring continual self-assessment, constant information gathering, and particular forms of self-surveillance and self-discipline. While promoting these representations of health, responsibility and femininity, the discourse of health in women's magazines also silenced a number of important issues, discussions of the structural determinants of health, and the role of the women's health movement and other political groups working to enhance the health of the entire population. Finally, within these women's magazines readers are constructed as rational, health-seeking subjects who are well-educated, middle-class, professionally employed, heterosexual, wives and mothers—women with interesting and busy lives who also have the time and desire to pursue healthist dictates. This assumption of a shared "woman's experience" fails to address the diversity of women's experiences, the interconnections between women's multiple identities and the complexity of women's lives.

Notes - Chapter Five

[1] For an overview of research in this area see: *The Social Determinants of Health: An Overview of the Implications for Policy and the Role of the Health Sector* produced by Health Canada at: http://www.hc-sc.gc.ca/hppb/phdd/overview_implications/01_overview.html.

[2]The following is an excerpt of the beginning of the article which details the story of one Aboriginal woman's struggle with alcoholism:

> Mary was drunk. She seemed unaware that she had given birth in the ditch. The officers cut the umbilical cord binding mother and child and the two were lifted into the back seat to return to the nearest town. On arrival, the officers slammed Mary in a jail cell - rather than taking her to hospital …Her infant son was rushed to hospital in Winnipeg. He died there, unnamed, two weeks later.
>
> …To this day because of the secrecy and shame surrounding stories like Mary's, little is known about her except that she had been forced out of a car miles from nowhere, probably during an episode of domestic violence (Hughes, 2000:72).

This story was most likely included due to its sensational features; however, it serves to reinforce racist stereotypes that Aboriginal people are irresponsible alcoholics.

[3] The title of the magazine was changed from *Homemaker's* to *Homemakers* when it was relaunched in April 2003.

Appendix A - Descriptive Statistics on Canadian Women's Magazines

In this appendix, I report on the descriptive statistics compiled about the magazines as described in Chapter Three. The purpose is to provide a profile of the characteristics of the health articles found in Canadian women's magazines. This process of categorization and organization also proved useful for structuring the qualitative analysis, particularly in understanding the discursive structures used to present healthist messages to readers. Also, I believe a description of the features of health writings in women's magazines is interesting in its own right. To date I have not found a similar analysis of the health contents in Canadian women's magazines.

Distribution of Health Articles

In total there were 1291 health articles found in *Canadian Living*, *Chatelaine* and *Homemaker's* magazines from 1997 to 2000. Table A shows the distribution of these articles by year and magazine.

Table A - Distribution of Magazine Articles

	Chatelaine	**Homemaker's**	**Canadian Living**	**Totals**
2000	149	77	191	417
1999	142	53	134	329
1998	134	53	81	268
1997	104	66	107	277
Totals	529	249	513	1291

With the exception of 1998, there was an increase in the number of health articles from year to year, with the greatest increase in 2000 mostly for reasons I will describe shortly. *Chatelaine* printed the most articles, followed closely by *Canadian Living*, which had the largest increase in health writings. This is due to the publication of a special issue devoted entirely to health entitled *Canadian Living Health for Life*, subtitled "Canada's authority on family health"; every article in this issue was included in the sample creating the increase in health articles for 2000. *Homemaker's* had fewer health articles, mostly due to its smaller size and fewer pages per issue. Most importantly, this table shows that health writings are a prominent feature of these women's magazines. There were 131

issues in the sample (48 for *Canadian Living* and *Chatelaine*, 35 for *Homemaker's*) resulting in an average of 11 articles per issue for *Chatelaine*, 10 for *Canadian Living* and 7 for *Homemaker's*.

Pages of Health Writings

Table B presents tallies articles based on their length in pages.[1] The majority of articles are less than one page in length (58.4%), and most articles, 78.5% are two pages or less, including photographs and graphics. While there are a great number of articles in the sample, the depth of this health information, on the surface, appears not to be present. In fact, Evelyne Michaels, who wrote for *Chatelaine*, specializing in health, in the 1980s and 1990s, describes her knowledge in the area of health as "…about 10 miles wide, and on my good days, about a quarter of an inch deep" (Michaels, 1999). With a total of 1291 articles, health writing average only one and a half pages in length, including graphics and photographs. More specifically, *Chatelaine* had 713 pages of health content, *Canadian Living* had 790.5 pages and *Homemaker's* had 571 pages, for a total of 2074.5 pages of health articles in the magazines.

Table B - Number of Articles with X Pages

	Chatelaine	**Canadian Living**	**Homemaker's**	**Totals**
Less 1	306	317	132	**755**
One	101	22	21	**144**
Two	50	47	18	**115**
Three	8	50	13	**71**
Four	14	43	11	**68**
Five	26	22	14	**62**
Six	20	6	13	**39**
Seven	3	1	13	**17**
Eight	1	4	4	**9**
Nine	0	1	8	**9**
Ten	0	0	0	**0**
Eleven	0	0	2	**2**
Totals	**529**	**513**	**249**	**1291**

Note: Homemaker's is printed on paper which is approximately half the size of Chatelaine and Canadian Living Magazines

Types of Articles

Table D provides a breakdown of the number and type of articles in each magazine. I chose to categorize the health articles into ten forms: Personal Accounts, Editorial, Advice Column, Product Information, News, How-to, Book Excerpt, Long article, Short Article and Quiz, each of which I will explain in detail below. In cases where articles fit into more than one category I chose the category which best described the health article.

Table C - Article Types

	Chatelaine	**Canadian Living**	**Homemaker's**	**Totals**
Personal Account	15	31	12	**58**
Editorial	2	7	5	**14**
Advice Column	34	0	7	**41**
Product information	22	77	32	**131**
News	238	180	78	**496**
How-to	33	86	31	**150**
Book Excerpt	2	4	6	**12**
Long Article	49	58	53	**160**
Short Article	134	70	23	**227**
Quiz	0	0	2	**2**
Totals	**529**	**513**	**249**	**1291**

Explanations of Article Types

Personal accounts are articles providing a first-hand or biographical account of one woman's health or illness experience. Usually the article is written in the first person and is often a "triumph over tragedy" or inspirational account type of story. These articles tended to appear in a section within the magazine specifically devoted to the telling of individual women's stories. For example, *Canadian Living* has a regular section entitled "Personal Prescription" in a section marked "Canadian Living Health - Inspiration" which deals specifically with personal health experiences.[2] This accounts for this magazine having the largest number of personal account stories. The Personal Prescription section appeared in the magazine starting in March 1999 and continued to the end of the sample, though the Personal Prescription title was changed to reflect the theme of individual stories. An example is "Fragile Beauty", a mother's account of her

eight-year-old daughter's experience with a rare genetic disorder called epidermolysis bullosa ("Fragile Beauty", Molinaro, 2000:59). Similarly, *Homemaker's* often runs personal health-related stories in their "Herstory" section, for example a story of one woman's struggle with alcoholism entitled, "Dance with the Amber Bottle" (Larkin, 1999:17). These personal accounts create strong discursive messages for readers about health and responsibility which are detailed in Chapter Four.

Editorials are the monthly columns written by the Editor-in-Chief which are meant to introduce the reader to the issue's contents and set the tone for the rest of the issue. These columns are written in the first person and in the women's magazines in this sample tended to link the Editor's personal experiences with the theme of the issue. Health messages in editorials occurred only 14 times in the sample and including topics like osteporosis ("Bone of Contention", Armstrong, 1998:4), breast cancer ("Take Charge-Starting Today", Empey, 1999:4) and depression ("An Invisible Killer", Maynard, 1997:8).

Advice Columns are spaces where reader inquiries are answered by either an "agony aunt"—a regular columnist who doles out advice—or experts in particular fields related to the subject matter of the advice column. *Chatelaine* runs a regular "Free for the Asking" (re-titled "Ask An Expert" in later issues) advice column providing answers to reader inquiries on a number of health-related topics. Here are some typical questions from that column: "I find that I often have abdominal cramps if I eat a lot of fibre-rich foods How important is fibre in my diet?" ("Ask a Nutritionist", Schwartz, 1997b:18) or "Every summer I get motivated to start a fitness program but within a month or so, I've lost interest. What can I do to stick to a program?" ("Ask a Personal Trainer", McMillan, 2000:14). Following the question there is a multi-paragraph answer from an appropriate expert—in these cases a dietitian and a fitness instructor. *Canadian Living* had no advice columns in the sample. *Homemaker's* had seven instances of advice columns and they were not a regular feature in each issue. Periodically there was a section entitled "Nutrition Q & A" which answered questions about diet and nutrition, written by a dietitian. The format was identical to questions posed in *Chatelaine.* In all cases it is unknown whether the questions are really from reader letters; they may be a "typical" question asked by readers (i.e. a synopsis of many letters) or they may be created by

magazine writers in order to present information in a journalistic style different from other health articles.

Health articles categorized as product information provide information about a commercial service or product as the bulk of the article contents. These articles usually feature one or more products or services (food, fitness equipment, medical insurance, retreats, books etc.) including a description of the item, a review of its effectiveness, an explanation of the health benefits (if there are any) and information about price and availability. When multiple products or services are featured, they are usually compared. For example, *Chatelaine* compared brands and formulations toothpastes for effectiveness in "Toothpastes Bite Back" (Murphy, 2000c:55) and breakfast cereals for their nutritional contents in "Breakfast Champions" (Achia, 2000a:48).

Articles containing product information comprised just over ten percent of the sample and it is unknown how many of these articles were written using products supplied by advertisers or manufacturers with the hope or understanding that they would be profiled in the magazines. It is my understanding that many companies do send unsolicited products to magazine offices and that magazines also ask for products to review (Singer, 2003). This means that products may not be reviewed merely because of their health benefits, but due to commercial interests within the magazine surrounding securing advertising through product placement (Steinem, 1990).

Health news articles comprised the bulk of the sample (38%). This is because these articles are the shortest in the sample, usually a one-paragraph regular feature in the magazines (97% were less than one page in length and the rest were one page long). Articles categorized as news were featured in a designated news or health news section of the magazine in which several news pieces are presented together on one or two pages. These sections have titles such as "The Health Pages-News" in *Chatelaine*, *Canadian Living's* "Medical News: The Latest News to Safeguard Your Family's Good Health" and "Body and Soul" in *Homemaker's*. These news pieces appeared monthly or almost monthly in all three magazines.[3]

These news pieces reported on findings regarding all aspects of health. For example:

> A new report from the Canadian Fitness and Lifestyle Research Institute says that 31 per cent of men are now overweight compared to 21 per cent of women. This represents an increase of almost 10 percentage points for men over the past 10 years, compared with seven for women ("Weighing In," 1997:106).

Some of these news pieces present results published in scientific journals, or reported by government agencies like Health Canada. Some news briefs were not clear about where or whether new findings had been published or merely reported to the press in news releases, making it difficult for readers to assess the validity of the reports.

Other news pieces include short "tips and tricks" regarding health such as accident prevention for young boys ("A Risky Business for Boys", Paris, 2000b); news about upcoming events like fundraisers for breast cancer ("Run for Breast Cancer," 1999) or the launch of public health initiatives like awareness weeks or campaigns to promote particular health information or practices such as hand-washing ("Clean and Healthy", Van Buuren, 2000b). News briefs were also used to briefly outline information about new treatments and medications for various illnesses for example, tinnitus, a condition which produces a constant ringing sound in the ears of sufferers ("Noise that Annoys", Warwick, 1998).

There were 150 articles in the sample providing what I refer to as "how-to" advice. These articles provide detailed instructions as their main or exclusive content. These instructions might be used to ameliorate a health problem (e.g. varicose veins), or to improve health through particular activities (e.g. exercise, healthy eating, proper food handling etc.). These instructions are often accompanied by photographs to illustrate the instructions like a particular exercise, or detailed lists the reader should follow, such as "Your Healthist Year Ever" (Bauer, 2000:50) and "20 Totally Awesome Diet and Nutrition Tips" (Kapoor, 1999:100) which prescribe a number of behaviours the reader should engage in to enhance or maintain good health.

Book excerpts represented a small proportion of the sample (less than one percent) and are articles which reprint a health-related excerpt from a published book. These articles usually begin with a short introduction to the excerpt and the books featured were usually recently published. In some cases the author had a direct association with the magazine. One example is "Surefire Tips for Mastering Stress"

(Langlois, 2000b:71) an excerpt from the book *Healthy Together* which is published by the magazine, and is written by a staff member at *Canadian Living*. Another excerpt from the same book is reprinted in the May 2000 issue ("A Good Night's Sleep Need It? Get It!", Langlois, 2000a:65).

Long Article and Short Article categories were created for health articles which did not easily fit into the other categories and so were categorized solely by length. Long Articles include those labelled as a Feature by the magazine (either in the Table of Contents or in a heading above the article) but also included writings of four or more pages that could not be categorized in one of the other article types. These articles often detailed health issues in a comprehensive way, highlighting controversies and disagreements surrounding issues such as genetically-modified foods, which all three magazines discuss during the sample period ("Frankenfoods or Wonder Foods", Colapinto, 1998:51; "Hazards or Hokum?", Elash, 2000:33; "Food Fight", Kaye, 2000b:38).

However, other long articles had much breadth and little depth covering a range of health topics, usually in list form, providing the readers with many health messages in one article. Examples include "55 Tips for the Best Summer Ever" (Embrett, Kapoor, & Simpson, 1999:94) which compares the nutritional content of wieners, provides information on a range of summer illnesses (poison ivy, sunburn, insect bites) and foot care amongst its tips. This article covered a wide range of health topics, giving each one a short treatment before moving on—no one topic was covered with any depth. Also, long articles were used to profile celebrities and their health concerns, for example, an article about Canadian film star Margot Kidder's struggle with bipolar disorder appeared in *Homemaker's* ("Back from the Brink", Collison, 1999:28).

Short Articles contained three or less pages of health writing that could not be categorized in one of the other Article Type categories. These were generally brief writings about health topics often detailing diseases, illnesses, and treatments. Some articles in this category described the reasons for facial hair in women and ways to remove it ("Big Hairy Deal", Spivak, 2000a:27) or the importance of checking one's moles for possible signs of melanoma ("Mole Alert", Pratt, 1999b:101). Other short articles extol the virtues of particular activities like finding and keeping happiness

("Happiness", Kaye, 1999:48) or "Tooth-Saving Tactics" (Keyes, 1997:104), all of which are directed toward helping the reader maintain good health.

The final category, Quizzes, contains only two articles, both in *Homemaker's* magazine. These articles contained a quiz to test the reader's knowledge about a particular topic and the process of taking the quiz educates the reader about the health issue featured. In this case "feminine hygiene" (a euphemism for vulval/vaginal hygiene) in "Test Your Feminine Hygiene IQ" ("Test Your Feminine Hygiene IQ," 1998:124) and stress in "Stress SOS" ("Stress SOS," 1998:138). Both articles contain a short introduction to the topic before proceeding with the questions. The answers provide explanations of the correct answers so the reader has a fuller understanding of the health issue.

Author Information

Information about the gender and credentials of the health article authors were compiled when this information was available.[4] The results are presented in Table D which clearly shows the majority of known authors were female (80%).

Table D - Author Gender

	Chatelaine	**Canadian Living**	**Homemaker's**	**Totals**
Gender				
Female	430	438	172	1040
Male	54	50	13	117
Unknown	7	21	3	31
No Author Listed	42	6	61	109
Totals*	**533**	**515**	**249**	**1297**

*Some articles have more than one author

The credentials of health article authors were also compiled because I was interested in what kinds of expertise authors might bring to the health writings in the sample. Table E details my findings. Determining the credentials of an author was much more difficult than determining gender. In some cases the credentials of the author were provided at the end of the article or in an introductory paragraph. In other cases I examined the masthead which details the credentials of some regular staff members and department heads. In most cases, I was unable to determine the author's credentials at all. Also, I only examined the issue of the magazine in which the article was located to

maintain a more realistic reading. In some cases the credentials of an author became apparent in a subsequent or previous issue by way of changes to the masthead or identification in another article. However, I would argue that most readers do not consult past and future issues of a magazine in order to determine the qualifications of individual authors and my analysis here mirrors probable reading practice.

For the majority of authors (61.0%) there were no credentials listed anywhere in that particular issue of the magazine. For those whose credentials could be determined in some way, most authors (34.8%) worked directly for the magazines or as a freelance writer, meaning the primary credential of authors was magazine/journalism related. These magazine-related credentials, however, do not provide any real indication of an author's expertise regarding health issues. The small majority (53%) of authors with credentials in non-magazine-related fields had health-related expertise such as psychology, diet/nutrition and fitness; however, these represented only 4.0% of the total authors.

Table E - Author Credentials

Credentials	Chatelaine	Canadian Living	Homemakers	Totals
Magazine Related				
Editor-in-Chief	2	7	7	**16**
Intern	36	0	6	**42**
Health Editor	4	23	0	**27**
Freelance Writer	2	1	20	**23**
Contributing Editor	85	0	31	**116**
Fashion/Beauty Dept.	4	2	0	**6**
Food/Nutrition Dept.	1	13	1	**15**
Family/Parenting Dept.	0	38	0	**38**
Researcher	0	3	0	**3**
Copy Department	3	27	2	**32**
Articles Department	83	0	0	**83**
Editorial Staff	2	8	7	**17**
Senior Editor	0	7	17	**24**
Other*	1	7	0	**8**
Totals	**223**	**136**	**91**	**450**
Non-Magazine Related				
Registered Dietitian	6	12	15	**33**
Medical Doctor	2	2	3	**7**
Book author	8	3	13	**24**
Pharmacist	2	0	0	**2**
Reporter/Broadcaster	0	3	15	**18**
Fitness Expert	4	1	4	**9**
Psychologist	1	0	1	**2**
Other**	1	1	2	**4**
Totals	**24**	**22**	**53**	**99**
No Credentials Listed	298	365	130	**793**
Totals* **	**545**	**523**	**274**	**1342**

*Services Department Coordinator, Publisher /Vice-President, Editorial Management Business Manager, On-Line Service Associate Producer, Senior Writer

**Artist, Communications Expert, Legal Expert, Newsletter Publisher

***Some authors have multiple listed credentials, and some articles have more than one author

Placement in Magazine

One criteria for inclusion in my sample was if the health article appears in a health section of the magazine. This comprised the majority of the articles, and full details of the sampling process are found in Chapter Three. Table F shows the distribution of articles between health and non-health sections. This task was fairly easy because articles were usually clearly labelled with a section title. Table G details the titles of the sections in which articles appeared for those in both health and other sections. The task of grouping and categorizing section titles was more difficult. Most section titles were taken directly from either the magazine's table of contents or text printed on the actual article page. However some articles were located within a health section such as "The Health Pages" and further labelled as a sub-section like "The Health Pages: Nutrition". I chose to categorize using these more specific titles when they occurred. Also, magazines tended to change titles slightly from issue to issue ("Fitness" to "Health: Fitness" to "Fitness: Bikes") so in some cases sections with similar titles are grouped together to avoid a proliferation of categories.

Table F - Article Placement within the Magazines

Appears in Health Section?	**Chatelaine**	**Canadian Living**	**Homemaker's**	**Totals**
Yes	437	442	195	**1074**
No	92	71	54	**217**
Totals	**529**	**513**	**249**	**1291**

Each magazine arranges their health editorial content in different ways using section titles to orient the reader. Some titles like "The Health Pages" and "Body and Soul" are regular features of the magazines which feature monthly health information. If a regular reader was interested in health information it would be easy to locate, as these sections also maintain similar placement from issue to issue. Others, with lower prevalence like "Nutrition News" and "Inspiration" were section titles that appeared near the end of the sample period, or were introduced and quickly abandoned by the magazine. As was noted in Chapter Two, women's magazines periodically refashion their organization and appearance to remain current and competitive with the many available women's magazine titles. Finally titles like "Breast Health" or "Age Busters" designate a

section of writings particular to a single issue of a magazine which chose to highlight a particular health-care theme, such as Breast Cancer Awareness Month appearing in the October 2000 issue of *Chatelaine*, or articles relating to Aging (or ways to defy aging) in the "Health for Life" special issue of *Canadian Living* which was completely devoted to health issues.

Table G - Section Titles

Health Section Title	**Chatelaine**	**Canadian Living**	**Homemaker's**	**Totals**
Fitness	7	10	5	**22**
Nutrition	4	5	3	**12**
The Health Pages	198	0	0	**198**
Mind & Body	196	5	0	**201**
Body & Soul	0	0	103	**103**
Health briefs	0	93	0	**93**
Eat smart, live well	0	22	0	**22**
Wellness News	0	20	0	**20**
Health	8	65	7	**80**
Partners in Health	9	0	0	**9**
Age Busters	0	7	0	**7**
Wellness	7	6	0	**13**
Breast health	6	0	0	**6**
Living Well	0	35	0	**35**
The View	0	0	27	**27**
Family Health	0	63	0	**63**
Nutrition News	0	4	0	**4**
Healthy Living	0	0	27	**27**
Health News	0	50	0	**50**
Health Line	0	0	23	**23**
Inspiration	0	6	0	**6**
Medical news	0	43	0	**43**
Life Changes	0	5	0	**5**
Miscellaneous*	2	3	0	**5**
Totals	**437**	**442**	**195**	**1074**

*Includes single titles which did not appear elsewhere in the sample

Non-Health Section Title	Chatelaine	Canadian Living	Homemaker's	Totals
Advice Column	34	0	0	**34**
Spirit	2	0	0	**2**
First Person	3	0	0	**3**
Herstory	0	0	4	**4**
Shopping	2	0	0	**2**
Controversy	5	0	0	**5**
Food	1	1	0	**2**
Fashion/Beauty	3	1	0	**4**
Editorial	2	5	5	**12**
Family/Parenting	5	51	0	**56**
Features	19	4	23	**46**
Top story	9	0	0	**9**
HM Files	0	0	14	**14**
Work	1	1	0	**2**
Short & Smart	0	3	0	**3**
Driver's seat	2	0	0	**2**
Challenges	0	0	3	**3**
Back Burner	0	0	2	**2**
The Hot List Love	0	0	2	**2**
Miscellaneous*	4	5	1	**10**
Totals	**92**	**71**	**54**	**217**

*Includes single titles which did not appear elsewhere in the sample

The 16.8% of articles which did not appear in magazine health sections are spread throughout other sections of the magazines. Health articles appeared most prevalently in advice columns in *Chatelaine*, Family sections, mostly in *Canadian Living* and in the Features sections of each magazine. This shows how the concept of health has permeated other or arguably all, aspects of life. Some of these sections like "Driver's Seat" and "HM Files" are regular sections in the magazines which do not always carry health information, and similar to health sections, others are created and abandoned, or specially created for a particular issue. Generally, there was no particular logic that I could discern for the designation of sections within the magazines. While there were regular ones a reader could easily find (those with the greatest prominence in the sample) others were added and subtracted for unknown reasons. What is important to note is that each magazine has a dedicated section for health writings (whatever the name) which is a

regular feature of the magazines, and in which most of the health articles were located. This means readers can somewhat easily locate health information within each issue.

Article Subjects

Table H lists the extensive subject areas covered in the sample articles. They are grouped in categories similar to those found in Vivienne Walters' (1992) article which details her research on the health concerns of Canadian women. In particular, the sub-category classifications such as Life-Threatening Health, or Lifestyle Health Risks were used. Categories were added and deleted when necessary to account for the range of health articles in the sample, which sometimes differed from Walters' classification system. In cases where articles could be categorized in more than one subject area, I chose the area which best described the content of the articles. For example, an article on diabetes and smoking was classified as smoking because it highlighted the risks of smoking—the development of diabetes—rather than talking about the disease itself. The categories of miscellaneous throughout the table are used to group articles within a sub-section (e.g. Mental Health) with single incidences of a subject area (such as self-Harm, perfectionists, and relaxation). Again, this was done to avoid the proliferation of categories.

Table H - Article Subjects

Subject Areas	**Chatelaine**	**Canadian Living**	**Homemaker's**	**Totals**
Life-Threatening Health				
Breast Cancer	32	11	6	49
Cancer	6	8	5	19
Suicide	1	1	0	2
Heart disease	6	10	3	19
Cancer, womb or cervix	1	2	0	3
Other cancer	7	7	1	15
Alzheimer's	4	4	2	10
Stroke	1	3	0	4
Other diseases	1	2	0	3
HIV/AIDS	2	1	1	4
All life-threatening health	**61**	**49**	**18**	**128**

Mental Health Issues				
Stress	9	11	7	27
Sleep	7	10	7	24
Depression	16	7	2	25
Eating Disorders	10	1	0	11
Anxiety	2	1	0	3
Body Image	3	1	1	5
therapy	2	0	0	2
bipolar disorder	1	1	1	3
obsessive-compulsive disorder	1	0	1	2
phobias	1	0	1	2
Emotional Health	3	5	1	9
post-traumatic stress disorder	1	1	0	2
self-esteem	1	1	0	2
Misc. Mental Health	5	5	2	12
All Mental Health	**62**	**44**	**23**	**129**
Lifestyle Health Risks				
Alcohol	4	2	2	8
Smoking	10	5	2	17
Weight Loss	12	12	7	31
Non-prescription drug use	2	0	0	2
All lifestyle health risks	**28**	**19**	**11**	**58**
Violence				
Domestic Violence	1	0	2	3
Sexual Assault	1	1	2	4
Other violence	3	1	4	8
All violence	**5**	**2**	**8**	**15**
Relationships				
Sexuality	7	0	2	9
Relationship problems/issues	3	2	0	5
All relationship	**10**	**2**	**2**	**14**

Gynaecological Problems				
Vaginal/yeast infections	2	0	1	3
Uterine Health	3	3	1	7
Sexually Transmitted Diseases	8	0	1	9
Urinary Tract Problems	4	0	1	5
Pap tests	0	0	1	1
Polycystic Ovarian Syndrome	2	2	0	4
All Gynaecological Problems	**19**	**5**	**5**	**29**

Menstrual Problems				
Menstruation	6	2	1	9
Hormone Replacement Therapy	4	4	1	9
Menopause	3	4	2	9
PMS	1	2	1	4
Osteoporosis	2	3	3	8
All Menstrual Problems	**16**	**15**	**8**	**39**

Reproduction				
Birth	3	1	1	5
Miscarriage/stillbirth	3	2	0	5
Infertility/Fertility	3	5	1	9
Breastfeeding	1	1	0	2
Morning Sickness	2	1	1	4
Risks in pregnancy	12	6	2	20
General Pregnancy	4	10	2	16
Contraception	7	8	2	17
All Reproduction	**35**	**34**	**9**	**78**

Chronic Health Problems				
Irritable Bowel Syndrome	3	1	1	5
Diabetes	1	8	0	9
Arthritis	4	3	0	7
Allergies	8	4	1	13
Migraine/Headache	2	5	0	7
Digestive disorders	3	1	0	4
Multiple Sclerosis	1	3	0	4
Back pain	5	3	0	8
Asthma	5	8	1	14
Blood pressure	4	1	2	7
Thyroid Disorders	2	1	1	4
Pain	5	4	1	10
Other Chronic Health	8	6	5	19
All Chronic Health Problems	**51**	**48**	**12**	**111**

Miscellaneous				
Bad breath	1	3	0	4
Spirituality	2	1	0	3
Skin	4	6	3	13
Cosmetic Surgery	4	1	2	7
Colds/flu	3	4	1	8
Medical tests	1	3	0	4
Health products	6	6	2	14
Vision	2	8	0	10
Hearing	2	7	1	10
Foot health	1	1	4	6
Disability	0	4	0	4
Vitamins	1	1	1	3
Genetically Modified Foods	0	1	1	2
Miscellaneous	23	20	7	50
All Miscellaneous	**50**	**66**	**22**	**138**

Safety/First Aid				
Workplace safety	1	1	0	2
Food borne illness	5	6	4	15
First Aid	1	6	2	9
Air Quality	4	3	2	9
Car safety	4	5	4	13
Sun Safety	2	1	1	4
Accidents/injuries	1	13	2	16
Misc. Safety	3	5	0	8
All Safety/First Aid	**21**	**40**	**15**	**76**
Children's health				
Circumcision	2	1	0	3
Vaccination	0	3	1	4
Bed wetting	1	1	0	2
Sudden Infant Death Syndrome	1	1	0	2
Attention Deficit Hyperactivity Disorder	2	5	1	8
Misc. Children's health	2	10	3	15
All Children's Health	**8**	**21**	**5**	**34**
Other Subjects:				
Health research	9	1	0	10
Alternative Health	15	10	7	32
Medication	21	13	4	38
Family Care	2	2	2	6
Medical care	7	12	1	20
Aging	3	7	3	13
Health information	2	7	15	24
Men's Health	1	3	0	4
Fitness	33	50	35	118
Nutrition	53	46	31	130
Dental Health	8	6	2	16
General health	9	11	11	31
Totals	**529**	**513**	**249**	**1291**

There were 12 larger categories with a total of 106 subject areas classified. It appears the scope of health articles in women's magazines is rather large (also consider the Miscellaneous/Miscellaneous section has 50 single incidence subject areas). However, there were some topics which received a large amount of coverage. In terms of the larger categories, Nutrition (10%) Mental Health (9.9%), Life-threatening illness

(9.9%) and Fitness (9.1%) made up a substantial portion of the articles in the sample. Breast Cancer was the largest single sub-category comprising 3.8% of the articles, which even though it is a low frequency, with 1291 articles in over 100 categories, it is important to highlight. Breast cancer is prominent likely due to the fact that it has skilfully captured media attention over recent years, is considered an important women's issue, and is an illness many women fear (Meadows et al., 2001; Walters, 1992).

What is interesting about the sample is that it does not concentrate on a small range of health topics. It has been argued by feminists that the scope of what is considered important in women's health has been limited focusing too much on women's reproduction and related topics such as menopause and menstruation, and not on women's own health priorities (Ruzek et al., 1997; Walters, 1991). Walters' has shown that the range of concerns of women are far greater than reproductive health (Walters, 1992, 1993). Women's magazines appear to understand these concerns through their presentation of a wide array of health topics, though the motivation for including this scope of health topics is not clear. It could instead be part of a strategy to continually present readers with new topics in order to maintain circulation figures rather than a concern about women's reported health concerns.

Such a wide range of health topics in the magazines also reflects the dominance of healthist discourse in society as the scope of what constitutes health has increased to cover an ever-widening array of topics. What were previously considered beauty-related or lifestyle concerns, for example cosmetic surgery, acne, bad breath, baldness and erectile dysfunction, are now within the range of what constitutes health (Bunton & Burrow, 1995; Wakewich, 2000a). This means that individuals are also exhorted to manage and cure these "illnesses" in order to maintain the subjectivity of morally responsible, health-seeking citizens within the discourse of healthism (Crawford, 1980; Lupton, 1995).

Summary

In this appendix I have presented a number of descriptive statistics about the sampled texts to illustrate some of the general features of health articles in Canadian women's magazines. Of the 1291 articles examined, a number of important

characteristics are apparent. First, there was a fairly even distribution of health articles between the magazines, though *Homemaker's* had fewer articles due mostly to its smaller physical size. This shows that each magazine similarly ranked health as an important topic. Its importance is also substantiated by the number of pages given to health content in the magazines.

The length of magazine articles was generally rather short; the majority were under two pages in length, including graphical elements. As a result, the examined women's magazines do not give health matters thorough treatment. They focus on presenting a wide range of issues in brief instead of treating a small number of topics more thoroughly. While feature-length stories are written about health topics in many issues, the general dynamic of women's magazines calls for short articles which can be easily read, and easily put down (Hermes, 1995). The health articles in this sample are no exception.

The health content was found in a wide range of article types, including personal accounts, editorials, advice columns, product information, and how-to's or instructional articles. And, the majority of articles were placed in a regular, designated health section in the magazines, though the title and placement of these sections varied within and between magazines. The largest proportion of health articles were classified as news stories, however this is due to their small, generally one-paragraph form. These articles take up small amounts of space in the magazines allowing for many news pieces to be printed in each issue. They are also easy to produce. The varying article types communicate health messages in different ways, and many of them present different discursive strategies which emphasize healthist discourse. For example, the inclusion of news briefs in virtually every issue underscores that the field of health is constantly changing requiring readers to be vigilant in ensuring they have the most up to date information about health. These features are more thoroughly examined in the following chapter.

The authors of these health articles were primarily female, likely reflecting the feminine sphere of women's magazines publishing. In terms of credentials, it was difficult to determine the health-related qualifications of the authors for most of the articles, as these were not made readily available to readers. For those articles where the

credentials of the authors were presented, the majority worked in the magazine/journalism business, employed directly by the magazine or as a freelance contributor. Those in non-magazine related fields did tend to have listed credentials which were health related included dietitians, physicians, fitness experts and pharmacists. However there were a fair number of authors listed in the magazines as either book authors or reporter/broadcasters as well. Therefore for the majority of authors it is difficult to determine their true expertise in health matters.

The range of topics found in the sample was very broad covering 106 subject areas. In many ways it mirrors Canadian women's reported health concerns but magazines also cover a wide range of other health areas which reflect a healthist tendency toward the expansion of the more traditional definitions of what constitutes health by encompassing lifestyle, parenting and beauty concerns. However, as was demonstrated in the discourse analysis, regardless of *what* health topics the magazines present, *how* they present this information rarely deviates from particular discursive patterns which emphasize personal responsibility for health and illness and other components of healthist discourse.

Notes - Appendix A

[1]It should be noted that due to their layout, women's magazine pages are not easily tallied. Magazine pages could include graphics, photographs, advertisements and creative layouts which have written information presented very differently from other printed forms like books and newspapers. For my purposes, one page of health writing occurs where the article takes up the majority of the page including any graphics and photographs associated with the health article. Full articles that are less than one page are tallied as a half page regardless of length--these articles are often one paragraph or one short column in length.

[2] Canadian Living began soliciting personal stories from readers in March 1999 with the following caption at the end of a Personal Prescription story: "Please share your personal and inspirational story of facing a health crisis. We accept 650-word submissions…"

[3] Periodically the magazines would suspend regular features like news briefs to make room for theme-based content, especially in a holiday issue focusing on Christmas preparations.

[4] The gender of the author was easy to determine in most cases. Where the gender could not be determined because I was unfamiliar with the gender associated with a name (generally for cultures not my own including Okey, Sathya, Tamsen and Danyeal) or where the name could belong to either a woman or a man (e.g. Georgie, Dana, Leslie) I tried to determine the author's gender by reading the article text. In some cases, the author referred to him/herself in the text using a personal pronoun indicating his/her gender. Those names that I could not determine are placed in the unknown category. It is import to note that I may not be absolutely correct in my tallies for author gender due to these assumptions I made. In the cases of multiple authors, the gender of each was included.

Appendix B: Coding Categories

```
(1)                 /Cover Captions
(1 1)               /Cover Captions/None
(1 2)               /Cover Captions/Yes
(1 2 1)             /Cover Captions/Yes/Essential Information
(1 2 2)             /Cover Captions/Yes/Fun
(1 2 3)             /Cover Captions/Yes/How-to inside
(1 2 4)             /Cover Captions/Yes/Special Information
(1 2 5)             /Cover Captions/Yes/The Truth
(1 2 6)             /Cover Captions/Yes/Your family's/husband's health
(1 2 7)             /Cover Captions/Yes/Number of strategies
(1 2 8)             /Cover Captions/Yes/Product information
(1 2 9)             /Cover Captions/Yes/New information
(1 2 10)            /Cover Captions/Yes/Question
(1 2 11)            /Cover Captions/Yes/General
(1 2 12)            /Cover Captions/Yes/War metaphors
(1 2 13)            /Cover Captions/Yes/Fast
(1 2 14)            /Cover Captions/Yes/Best Information
(1 2 15)            /Cover Captions/Yes/Personal Story
(1 2 16)            /Cover Captions/Yes/News
(1 2 17)            /Cover Captions/Yes/Use of "you"

(2)                 /Magazines
(2 1)               /Magazines/Chatelaine
(2 2)               /Magazines/Canadian Living
(2 3)               /Magazines/Homemaker's

(3)                 /Type of Article
(3 1)               /Type of Article/Personal Account
(3 2)               /Type of Article/Editorial
(3 3)               /Type of Article/Advice Column
(3 4)               /Type of Article/Product information
(3 5)               /Type of Article/News
(3 6)               /Type of Article/how-to
(3 7)               /Type of Article/book excerpt
(3 8)               /Type of Article/Long article
(3 9)               /Type of Article/Short Articles
(3 10)              /Type of Article/Quiz

(4)                 /Author
(4 1)               /Author/Gender
(4 1 1)             /Author/Gender/Female
(4 1 1 5)           /Author/Gender/Female/Female and Unknown
(4 1 1 6)           /Author/Gender/Female/Female and Female
(4 1 1 7)           /Author/Gender/Female/Female and Male
(4 1 2)             /Author/Gender/Male
(4 1 3)             /Author/Gender/Unknown/Undetermined
(4 1 4)             /Author/Gender/None
(4 2)               /Author/Credentials
(4 2 1)             /Author/Credentials/Editor in Chief
(4 2 2)             /Author/Credentials/Intern
(4 2 3)             /Author/Credentials/Registered Dietitian
(4 2 4)             /Author/Credentials/Freelance Writer
(4 2 5)             /Author/Credentials/None
(4 2 6)             /Author/Credentials/Contributing Editor
(4 2 7)             /Author/Credentials/Psychologist
(4 2 8)             /Author/Credentials/Fitness Expert
(4 2 9)             /Author/Credentials/Book author
(4 2 10)            /Author/Credentials/Pharmacist
(4 2 11)            /Author/Credentials/Health editor
```

```
(4 2 12)                /Author/Credentials/Medical Doctor
(4 2 13)                /Author/Credentials/Fashion/beauty
(4 2 14)                /Author/Credentials/Food nutrition department
(4 2 15)                /Author/Credentials/Editorial Staff
(4 2 16)                /Author/Credentials/Family/Parenting
(4 2 17)                /Author/Credentials/Other
(4 2 18)                /Author/Credentials/Researcher
(4 2 19)                /Author/Credentials/Family Health Section
(4 2 20)                /Author/Credentials/Copy Department
(4 2 21)                /Author/Credentials/Articles Department
(4 2 22)                /Author/Credentials/Homemaker's Regular Contributor
(4 2 23)                /Author/Credentials/Senior Editor
(4 2 24)                /Author/Credentials/Reporter/broadcaster

(5)                     /Appears in Health Section
(5 1)                   /Appears in Health Section/Yes
(5 1 1)                 /Appears in Health Section/Yes/Fitness
(5 1 2)                 /Appears in Health Section/Yes/Nutrition
(5 1 3)                 /Appears in Health Section/Yes/The Health Pages
(5 1 4)                 /Appears in Health Section/Yes/Mind & Body
(5 1 5)                 /Appears in Health Section/Yes/Body & Soul
(5 1 6)                 /Appears in Health Section/Yes/Health briefs
(5 1 7)                 /Appears in Health Section/Yes/Eat smart, live well
(5 1 8)                 /Appears in Health Section/Yes/Wellness News
(5 1 9)                 /Appears in Health Section/Yes/Health
(5 1 10)                /Appears in Health Section/Yes/Partners in Health
(5 1 11)                /Appears in Health Section/Yes/Wellness
(5 1 12)                /Appears in Health Section/Yes/Breast health
(5 1 13)                /Appears in Health Section/Yes/Living Well
(5 1 14)                /Appears in Health Section/Yes/The View
(5 1 15)                /Appears in Health Section/Yes/Family Health
(5 1 16)                /Appears in Health Section/Yes/Nutrition News
(5 1 17)                /Appears in Health Section/Yes/Healthy Living
(5 1 18)                /Appears in Health Section/Yes/Health News
(5 1 19)                /Appears in Health Section/Yes/Health Line
(5 1 20)                /Appears in Health Section/Yes/Inspiration
(5 1 21)                /Appears in Health Section/Yes/Medical news
(5 1 22)                /Appears in Health Section/Yes/Life Changes
(5 1 23)                /Appears in Health Section/Yes/Miscellaneous
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(5 2 3)                 /Appears in Health Section/No/Personal Account
(5 2 4)                 /Appears in Health Section/No/Shopping
(5 2 5)                 /Appears in Health Section/No/Controversy
(5 2 6)                 /Appears in Health Section/No/Food
(5 2 7)                 /Appears in Health Section/No/Fashion/Beauty
(5 2 8)                 /Appears in Health Section/No/Editorial
(5 2 9)                 /Appears in Health Section/No/Family
(5 2 10)                /Appears in Health Section/No/Features
(5 2 11)                /Appears in Health Section/No/Top story
(5 2 12)                /Appears in Health Section/No/HM Files
(5 2 13)                /Appears in Health Section/No/Work
(5 2 14)                /Appears in Health Section/No/Short & Smart
(5 2 15)                /Appears in Health Section/No/Driver's seat
(5 2 16)                /Appears in Health Section/No/Challenges
(5 2 17)                /Appears in Health Section/No/Miscellaneous

(6)                     /Number of Pages
(6 1)                   /Number of Pages/Less 1
(6 2)                   /Number of Pages/One
(6 3)                   /Number of Pages/Two
(6 4)                   /Number of Pages/Three
```

```
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(6 8)                   /Number of Pages/Seven
(6 9)                   /Number of Pages/Eight
(6 10)                  /Number of Pages/Nine
(6 11)                  /Number of Pages/Eleven

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(7 1 3)                 /Article Subject/Life-Threatening Health/Suicide
(7 1 4)                 /Article Subject/Life-Threatening Health/Heart disease
(7 1 5)                 /Article Subject/Life-Threatening Health/Cancer, womb
                          or cervix
(7 1 6)                 /Article Subject/Life-Threatening Health/Other cancer
(7 1 7)                 /Article Subject/Life-Threatening Health/Alzheimer's
(7 1 8)                 /Article Subject/Life-Threatening Health/Stroke
(7 1 9)                 /Article Subject/Life-Threatening Health/Other diseases
(7 1 10)                /Article Subject/Life-Threatening Health/HIV/AIDS
(7 2)                   /Article Subject/Fitness
(7 3)                   /Article Subject/Nutrition
(7 4)                   /Article Subject/Mental Health Issues
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(7 4 2)                 /Article Subject/Mental Health Issues/Sleep
(7 4 3)                 /Article Subject/Mental Health Issues/Depression
(7 4 4)                 /Article Subject/Mental Health Issues/Eating Disorders
(7 4 5)                 /Article Subject/Mental Health Issues/Anxiety
(7 4 6)                 /Article Subject/Mental Health Issues/Body Image
(7 4 7)                 /Article Subject/Mental Health Issues/Psychotherapy
(7 4 8)                 /Article Subject/Mental Health Issues/bipolar disorder
(7 4 9)                 /Article Subject/Mental Health Issues/obsessive-
                          compulsive disorder
(7 4 10)                /Article Subject/Mental Health Issues/phobias
(7 4 11)                /Article Subject/Mental Health Issues/Emotional Health
(7 4 12)                /Article Subject/Mental Health Issues/post-traumatic
                          stress disorder
(7 4 13)                /Article Subject/Mental Health Issues/self-esteem
(7 4 14)                /Article Subject/Mental Health Issues/Misc. Mental
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(7 5)                   /Article Subject/Lifestyle Health Risks
(7 5 1)                 /Article Subject/Lifestyle Health Risks/Alcohol
(7 5 2)                 /Article Subject/Lifestyle Health Risks/Smoking
(7 5 3)                 /Article Subject/Lifestyle Health Risks/Weight Loss
(7 5 4)                 /Article Subject/Lifestyle Health Risks/Non-
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(7 6 1)                 /Article Subject/Violence/Domestic Violence
(7 6 2)                 /Article Subject/Violence/Sexual Assault
(7 6 3)                 /Article Subject/Violence/Other violence
(7 7)                   /Article Subject/Relationships
(7 7 1)                 /Article Subject/Relationships/Sexuality
(7 7 2)                 /Article Subject/Relationships/Relationship
                          problems/issues
(7 8)                   /Article Subject/Gynaecological Problems
(7 8 1)                 /Article Subject/Gynaecological Problems/Vaginal/yeast
                          infections
(7 8 2)                 /Article Subject/Gynaecological Problems/Uterine Health
(7 8 3)                 /Article Subject/Gynaecological Problems/STDs
(7 8 4)                 /Article Subject/Gynaecological Problems/Urinary Tract
                          Problems
(7 8 5)                 /Article Subject/Gynaecological Problems/Pap tests
```

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                          Ovarian Syndrome
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(7 10 2)                /Article Subject/Menstrual Problems/HRT
(7 10 3)                /Article Subject/Menstrual Problems/Menopause
(7 10 4)                /Article Subject/Menstrual Problems/PMS
(7 10 5)                /Article Subject/Menstrual Problems/Osteoporosis
(7 11)                  /Article Subject/Reproduction
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(7 11 2)                /Article Subject/Reproduction/Miscarriage/stillbirth
(7 11 3)                /Article Subject/Reproduction/Infertility/Fertility
(7 11 4)                /Article Subject/Reproduction/breastfeeding
(7 11 5)                /Article Subject/Reproduction/Morning Sickness
(7 11 6)                /Article Subject/Reproduction/Risks in pregnancy
(7 11 7)                /Article Subject/Reproduction/General Pregnancy
(7 11 8)                /Article Subject/Reproduction/Contraception
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(7 12 1)                /Article Subject/Chronic Health Problems/Irritable
                          Bowel Syndrome
(7 12 2)                /Article Subject/Chronic Health Problems/Diabetes
(7 12 3)                /Article Subject/Chronic Health Problems/Arthritis
(7 12 4)                /Article Subject/Chronic Health Problems/Allergies
(7 12 5)                /Article Subject/Chronic Health
                          Problems/Migraine/Headache
(7 12 6)                /Article Subject/Chronic Health Problems/Other Chronic
                          Health
(7 12 7)                /Article Subject/Chronic Health Problems/Digestive
                          disorders
(7 12 8)                /Article Subject/Chronic Health Problems/MS
(7 12 9)                /Article Subject/Chronic Health Problems/Back pain
(7 12 10)               /Article Subject/Chronic Health Problems/Asthma
(7 12 11)               /Article Subject/Chronic Health Problems/Blood pressure
(7 12 12)               /Article Subject/Chronic Health Problems/Thyroid
                          Disorders
(7 12 13)               /Article Subject/Chronic Health Problems/Pain
(7 12 14)               /Article Subject/Chronic Health Problems/Carpal Tunnel
                          Syndrome
(7 12 15)               /Article Subject/Chronic Health Problems/Hepatitis
(7 13)                  /Article Subject/Dental Health
(7 14)                  /Article Subject/Miscellaneous
(7 14 1)                /Article Subject/Miscellaneous/Bad breath
(7 14 2)                /Article Subject/Miscellaneous/Spirituality
(7 14 3)                /Article Subject/Miscellaneous/Skin
(7 14 4)                /Article Subject/Miscellaneous/Miscellaneous
(7 14 5)                /Article Subject/Miscellaneous/Cosmetic Surgery
(7 14 6)                /Article Subject/Miscellaneous/Colds/flu
(7 14 7)                /Article Subject/Miscellaneous/Medical tests
(7 14 8)                /Article Subject/Miscellaneous/Health products
(7 14 9)                /Article Subject/Miscellaneous/Vision
(7 14 10)               /Article Subject/Miscellaneous/Hearing
(7 14 11)               /Article Subject/Miscellaneous/Foot health
(7 14 12)               /Article Subject/Miscellaneous/Disability
(7 14 13)               /Article Subject/Miscellaneous/Vitamins
(7 14 14)               /Article Subject/Miscellaneous/Genetically Modified
                          Foods
(7 15)                  /Article Subject/General health
(7 16)                  /Article Subject/Safety/First Aid
(7 16 1)                /Article Subject/Safety/First Aid/Workplace safety
(7 16 2)                /Article Subject/Safety/First Aid/Food borne illness
(7 16 3)                /Article Subject/Safety/First Aid/First Aid
(7 16 4)                /Article Subject/Safety/First Aid/Air Quality
(7 16 5)                /Article Subject/Safety/First Aid/Car safety
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(7 16 6)                /Article Subject/Safety/First Aid/Sun Safety
(7 16 7)                /Article Subject/Safety/First Aid/Accidents/injuries
(7 16 8)                /Article Subject/Safety/First Aid/Misc. Safety
(7 17)                  /Article Subject/Health research
(7 18)                  /Article Subject/Alternative Health
(7 19)                  /Article Subject/Medication
(7 20)                  /Article Subject/Family Care
(7 21)                  /Article Subject/Medical care
(7 22)                  /Article Subject/Aging
(7 23)                  /Article Subject/Health information
(7 24)                  /Article Subject/Men's Health
(7 25)                  /Article Subject/Children's health
(7 25 1)                /Article Subject/Children's health/Circumcision
(7 25 2)                /Article Subject/Children's health/Vaccination
(7 25 3)                /Article Subject/Children's health/Bed wetting
(7 25 4)                /Article Subject/Children's health/SIDS
(7 25 5)                /Article Subject/Children's health/Children's health
(7 25 6)                /Article Subject/Children's health/ADHD

(8)                     /Experts
(8 1)                   /Experts/Credentials
(8 1 1)                 /Experts/Credentials/Physician
(8 1 2)                 /Experts/Credentials/Physiotherapist
(8 1 3)                 /Experts/Credentials/Chiropractor
(8 1 4)                 /Experts/Credentials/Kinesiologist
(8 1 5)                 /Experts/Credentials/Lawyer
(8 1 6)                 /Experts/Credentials/Psychotherapist
(8 1 7)                 /Experts/Credentials/Professor
(8 1 8)                 /Experts/Credentials/Geneticist
(8 1 9)                 /Experts/Credentials/Epidemiologist
(8 1 10)                /Experts/Credentials/Dietician/Nutritionist
(8 1 11)                /Experts/Credentials/Former Head Honcho
(8 1 12)                /Experts/Credentials/Psychologist
(8 1 13)                /Experts/Credentials/Researcher
(8 1 14)                /Experts/Credentials/Sex educator/therapist
(8 1 15)                /Experts/Credentials/Head Honcho
(8 1 16)                /Experts/Credentials/Expert
(8 1 17)                /Experts/Credentials/Author
(8 1 18)                /Experts/Credentials/Fitness Instructor
(8 1 19)                /Experts/Credentials/Religious Leader
(8 1 20)                /Experts/Credentials/Naturopath
(8 1 21)                /Experts/Credentials/TCM Doctor
(8 1 22)                /Experts/Credentials/Broadcaster/Journalist
(8 1 23)                /Experts/Credentials/Dentist
(8 1 27)                /Experts/Credentials/Social Worker
(8 1 28)                /Experts/Credentials/spokesperson
(8 1 29)                /Experts/Credentials/Aesthetician
(8 1 30)                /Experts/Credentials/Alternative medicine practitioner
(8 1 31)                /Experts/Credentials/Other
(8 1 32)                /Experts/Credentials/Nurse
(8 1 33)                /Experts/Credentials/Pharmacist
(8 1 34)                /Experts/Credentials/Scientist
(8 1 35)                /Experts/Credentials/Audiologist
(8 1 36)                /Experts/Credentials/Activist
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(8 2)                   /Experts/Affiliation
(8 2 1)                 /Experts/Affiliation/Medical Association
(8 2 2)                 /Experts/Affiliation/Industry association
(8 2 3)                 /Experts/Affiliation/Motherisk
(8 2 4)                 /Experts/Affiliation/University/College
(8 2 6)                 /Experts/Affiliation/Hospital
(8 2 7)                 /Experts/Affiliation/Insurance Company
(8 2 9)                 /Experts/Affiliation/Cancer Group
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(8 2 10)              /Experts/Affiliation/Research Institute
(8 2 11)              /Experts/Affiliation/NGOs
(8 2 12)              /Experts/Affiliation/Government Department
(8 2 13)              /Experts/Affiliation/Medical Centre
(8 2 15)              /Experts/Affiliation/Commercial company
(8 2 17)              /Experts/Affiliation/Children's Aid Society
(8 2 18)              /Experts/Affiliation/Professional Association
(8 2 19)              /Experts/Affiliation/Health Association
(8 2 20)              /Experts/Affiliation/Other
(8 3)                 /Experts/Source Materials
(8 3 1)               /Experts/Source Materials/Medical/Health Journals
(8 3 2)               /Experts/Source Materials/Association Journals
(8 3 3)               /Experts/Source Materials/Government Department
(8 3 4)               /Experts/Source Materials/Health Association
(8 3 5)               /Experts/Source Materials/Health Canada
(8 3 6)               /Experts/Source Materials/Studies
(8 3 7)               /Experts/Source Materials/Other
(8 3 8)               /Experts/Source Materials/Cancer Group
(8 3 9)               /Experts/Source Materials/Professional Association
(8 3 11)              /Experts/Source Materials/Research group
(8 3 12)              /Experts/Source Materials/Book

(9)                   /Health information is obvious
(9 1)                 /Health information is obvious/Of course
(9 2)                 /Health information is obvious/common sense

(10)                  /What you need to know
(11)                  /Healthism
(11 1)                /Healthism/privilege rational subject
(12)                  /Heroic Illness Journey
(13)                  /Political Action
(14)                  /Determinants of Health
(14 1)                /Determinants of Health/Lifestyle
(14 2)                /Determinants of Health/Gender
(14 3)                /Determinants of Health/Economics
(14 4)                /Determinants of Health/Environment
(14 5)                /Determinants of Health/Working Conditions
(14 6)                /Determinants of Health/Race
(14 7)                /Determinants of Health/Geography
(14 8)                /Determinants of Health/Poverty
(14 9)                /Determinants of Health/Violence/abuse

(15)                  /Health Protocols
(15 1)                /Health Protocols/Continual Self-Assessment
(15 1 1)              /Health Protocols/Continual Self-
                        Assessment/Consequences of not paying attention
(15 1 2)              /Health Protocols/Continual Self-Assessment/medical
                        screening
(15 1 3)              /Health Protocols/Continual Self-Assessment/Checklists
(15 1 4)              /Health Protocols/Continual Self-Assessment/Listen to
                        your body
(15 1 5)              /Health Protocols/Continual Self-Assessment/Self-
                        screening explanations
(15 1 5 1)            /Health Protocols/Continual Self-Assessment/Self-
                        screening explanations/Quizzes
(15 2)                /Health Protocols/Protocols of others
(15 3)                /Health Protocols/Treatment explanations
(15 4)                /Health Protocols/How-to
(15 5)                /Health Protocols/General health protocols
(15 5 1)              /Health Protocols/General health protocols/Use phone
                        sparingly
(15 5 2)              /Health Protocols/General health protocols/Diet
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(15 5 3)              /Health Protocols/General health protocols/Avoid
                        environmental hazards
(15 5 4)              /Health Protocols/General health protocols/Dental
(15 5 5)              /Health Protocols/General health protocols/Get more sun
(15 5 6)              /Health Protocols/General health protocols/Exercise
(15 5 7)              /Health Protocols/General health protocols/Take
                        supplements

(16)                  /See your doctor
(16 1)                /See your doctor/See your other health professional
(17)                  /Breakthroughs
(18)                  /Responsibility
(18 1)                /Responsibility/Get more information
(18 1 1)              /Responsibility/Get more information/Need to understand
(18 1 2)              /Responsibility/Get more information/Consequences
(18 2)                /Responsibility/Take control
(18 2 1)              /Responsibility/Take control/personal responsibility
(18 3)                /Responsibility/For family health
(18 3 1)              /Responsibility/For family health/Cautionary Tales
(18 4)                /Responsibility/language
(18 5)                /Responsibility/Consequences
(18 5 1)              /Responsibility/Consequences/Cautionary tales
(18 5 2)              /Responsibility/Consequences/Inspirational Tales
(18 6)                /Responsibility/You're responsible
(18 7)                /Responsibility/What women need to do

(19)                  /Risk
(19 1)                /Risk/Risk Factors
(19 1 1)              /Risk/Risk Factors/Gender
(19 1 2)              /Risk/Risk Factors/Lifestyle
(19 1 2 1)            /Risk/Risk Factors/Lifestyle/Smoking
(19 1 2 2)            /Risk/Risk Factors/Lifestyle/Alcohol
(19 1 2 3)            /Risk/Risk Factors/Lifestyle/Diet
(19 1 2 4)            /Risk/Risk Factors/Lifestyle/Stress
(19 1 3)              /Risk/Risk Factors/Weight
(19 1 4)              /Risk/Risk Factors/No known risk factors
(19 1 5)              /Risk/Risk Factors/Race
(19 2)                /Risk/Symptoms of disease/ailment
(19 3)                /Risk/Statistical risk
(19 4)                /Risk/Reduce risk
(19 5)                /Risk/Treatment risks
(19 6)                /Risk/Side effects
(19 7)                /Risk/Risks to health
(19 8)                /Risk/General risk
(19 9)                /Risk/Find out your risk

(20)                  /Audience
(20 1)                /Audience/Subject Position
(20 2)                /Audience/Race
(20 3)                /Audience/Class
(20 4)                /Audience/Sexual Preference
(20 5)                /Audience/Education Level

(21)                  /Article Structure
(21 1)                /Article Structure/Typical case
(21 2)                /Article Structure/Personal Profile
(21 2 1)              /Article Structure/Personal Profile/Inspirational story
(21 3)                /Article Structure/About the author
(21 4)                /Article Structure/Includes personal accounts
(21 5)                /Article Structure/Women want to make changes
(21 6)                /Article Structure/Second Person Address

(22)                  /Definitions of Health
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(22 1)                  /Definitions of Health/Looking Good
(22 2)                  /Definitions of Health/Biopsychosocial
(22 3)                  /Definitions of Health/Biomedical
(22 4)                  /Definitions of Health/No definition
(22 5)                  /Definitions of Health/Lifestyle
(22 6)                  /Definitions of Health/unsure
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