Women, Wellness, and the Media
Women, Wellness, and the Media

Edited by

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INTRODUCTION

MARGARET C. WILEY

This collection of essays started out as a panel at the Northeast Popular Culture/American Studies Association in 2005, but it actually has a much longer genesis. My personal interest in the social construction of disease and health care goes back to the early 1980s.

Before attending graduate school in English Literature, I worked in the late 1970s as an intensive care unit nurse in what was then the only heart transplant unit in the world. In 1982 I moved to San Francisco just as the AIDS epidemic was unfolding. I experienced firsthand how the social construction of disease impacted health care. Scientists studying organ transplantation found research money to pursue what was then a highly experimental procedure; federal funds were far slower in reaching AIDS patients, a group stigmatized as sexually promiscuous gay men who abused IV drugs. Ten years later, as I began research for my dissertation on the prostitute in the nineteenth-century English novel, I was astonished to see how closely the old rhetoric of blame surrounding venereal disease was echoed by those commenting on AIDS in twentieth-century America. Nineteenth-century England blamed sexually voracious, lower-class women for bringing disease to honest men; many twentieth-century Americans saw AIDS as God’s punishment on homosexuals. The AIDS epidemic lay waste to the idea that all Americans had equal access to health care. Feminists and gay activists alike began demanding that medicine extend its focus beyond the straight male body.

Now, in 2007, women continue to demand changes in health care. Today the woman in the street is becoming increasingly aware that the health care system has been ignoring many female issues, as evidenced by the preponderance of articles in women’s magazines advising readers to become more proactive when seeing their physicians. More recently, scandals surrounding hormone replacement therapy and silicone breast implants have triggered women’s awareness that their medical care is inflected by cultural constructions such as race, class, gender, age, and beauty.
The media and the Internet are changing health care consumers from passive patients to active agents in a way never imagined just ten years ago. Open any newspaper and you will see articles condemning pharmaceutical companies’ profits or the dangerous drugs that they market. In the United States, scandals regarding FDA-approved drugs have made the public leery of the link between business and health care. Researchers report that both those with and those without health insurance are increasingly turning to alternative medicine or supplements to treat their own illnesses. Patients with chronic illness often research their diseases online to educate their physicians about alternative therapies.

Popular culture has been paying close attention to health care issues. But is popular culture reflecting new ideas about women and health, or is it merely recycling hegemonic ideals? TV and film present narratives that shape the public attitude about health and illness. Millions of Americans enjoy plastic-surgery reality television shows and reserve Thursday night to watch the latest episode of *Grey’s Anatomy*. Movies and autobiographies of health care providers and those suffering from disease are popular. Magazines, particularly women’s magazines, dispense health care advice from a wide variety of sources, in addition to featuring stories about how individuals overcame various disabilities or illnesses.

Academia is also beginning to pay attention to media representation of health care (Friedman 2004; Marchessault and Sawchuk 2000; Seale 2004). Seale suggests that medical sociologists should use tools from the field of media/cultural studies to examine narratives of health and wellness. He points out (and I agree) that because the media is currently the richest source of narrative for those in industrialized nations, the connection between the media and the construction of health and disease bears examining.

*Women, Wellness, and the Media*, a collection of essays exploring the relationship between women’s health and the media, follows Seale’s injunction. Because women’s studies is by nature interdisciplinary, the thirteen contributors to this volume come from a wide range of disciplines: journalism, urban planning, psychology, communications, culture studies, education, English, comparative literature, American studies, and history. Their combined scholarship creates a rich texture around issues concerning women’s health and the media. Collectively, these contributors challenge subtle and not-so-subtle messages about race, class, gender, the female body, beauty, aging, mental illness, and motherhood that permeate Western culture. As in all good writing, the essays in this collection spark
reader curiosity. Who benefits from the imposition of these cultural values? And, more importantly, how can we make change?

The book opens with Barbara Barnett’s “More Contradictions: A Framing Analysis of Health, Aging, and Feminism in a Magazine for Women Over Forty.” Barnett’s stated goal is to generate discussion of media representations of aging women. To this end, she compiled a qualitative textual analysis of More, a magazine for women over forty, to see how it framed health, aging, and femininity. The central frame Barnett finds is that of difference. More suggests its audience is unlike women in previous times: it is a unique generation who will not accept the myth of declining with age. Yet Barnett notes that More’s coverage could be better balanced. More’s message is that determination and a positive attitude can minimize health problems, but it ignores the reality that aging women are more likely to have health problems than younger ones. It also creates an idealized forty-something woman rather than offering a richer, more multifaceted characterization. Barnett finds More’s messages about aging ambivalent; she also criticizes the publication for making assumptions about audience heterogeneity.

Katherine Boger is the senior director of Alianza Latina Inc. in Buffalo, New York. In “The Sum of Its Parts: Understanding HIV/AIDS as a Comprehensive Women’s Issue,” Boger examines the socioeconomic, built environment, and cultural factors impacting the rapid rise of HIV/AIDS in black women. Drawing from a variety of scholars and her personal experience of working with poor minority women with HIV/AIDS, she articulates a wider, more thoughtful approach to preventing HIV/AIDS in poor communities.

“Knowledge of psychiatry is not owned by medicine,” notes Australian psychologist Desiree Boughtwood, author of “Abusing Anorexia: Media, Madness, and Mental Hospitals.” Boughtwood uses a poststructural discourse framework to analyze her interviews with twenty-five adolescent girls hospitalized for anorexia. She looks at the impact that modern films and confessions of high-profile anorexics have on the subjectivity of her anorexic patients and their reactions to their hospitalization. While acknowledging the media’s impact, Boughtwood also notes that her patients launch counterdiscourses, refusing to accept media-based definitions of themselves as “bad, mad, and out of control.”

Joan L. Conners, in “‘Pain or Perfection’: Themes in Plastic-Surgery Reality Television” observes that the number of Americans undergoing plastic surgery increased 38 percent between 2000 and 2005. She argues that plastic-surgery reality TV shows might be partially responsible for this increase and compiled a convenience sample in 2006 from the
following programs: *Extreme Makeover, Dr. 90210*, and *Plastic Surgery: Before and After*. She wanted to ascertain if these shows accurately represent both the demographic undergoing plastic surgery and the dangers patients face in undergoing these procedures. Her findings suggest that these shows feature teenage patients at a higher rate than actually undergo plastic surgery in real life and that little program attention is given to the very real dangers patients face. Conners also raises several ethical questions about plastic-surgery reality TV programs, pointing the way to future research. Are such shows “normalizing” plastic surgery? Are they empowering or disempowering American women and teens? Are they reifying hegemonic beauty ideals?

In “Keeping Away from Those Boys! Talking to Women about HIV/AIDS Prevention,” author Jena Nicols Curtis notes how women are still being given this dated warning, recycled today as “abstinence-only sexual education.” Curtis sees that misinformation and ideology have characterized federally sponsored AIDS education efforts, as she traces these efforts from 1981 to the present. Initially seen as the “gay plague,” AIDS was virtually ignored by the U.S. government until it started appearing in the heterosexual population in 1985. Once in the heterosexual population, AIDS morphed into a middle-class menace, prompting the federal government to place increased emphasis on abstinence-only sex education. Curtis criticizes abstinence-only sex education for being ineffective and for targeting women rather than men. She believes it targets women at least partially because women have been considered the enforcers of sexual morality; their sexuality has been contextualized as less urgent than men’s. Furthermore, abstinence-only sex education programs teach that condoms are not always effective; total abstinence followed by marital chastity are presented as the only ways a woman can protect herself and her unborn children from disease. Yet this information is false. A woman can never be sure that her partner has not had sex with other women or with other men. In the United States and abroad, abstinence-only sex education programs harm women in two ways: by disseminating false information and by marginalizing women already infected.

Debbie Danowski examines the messages on the covers of five best-selling U.S. women’s magazines during the year 2000 in “Cover to Cover: Contemporary Issues in Popular Women’s Magazines.” She looked at *Family Circle, Good Housekeeping, Ladies’ Home Journal, Woman’s Day,* and *Redbook,* organized their material content into seventeen different categories, and counted how many times each category item appeared. Danowski raises two major concerns about these magazines’
cover content. First, the categories of food/cooking and weight loss are the two categories appearing most often. There is a near absence of women’s fiction on the front covers of these magazines, and few travel stories are featured. These covers thus stereotype American women, most of whom work outside the home, as being interested primarily in rather narrow topics. Danowski, who has written extensively on eating disorders, is also concerned about the placement of food/cooking articles alongside articles dealing with diet and weight loss. The implications for consumers is that we have to be aware of media messages; this is especially true for teenage girls, who might not have the necessary critical skills to assess such messages.

Carol-Ann Farkas also examines women’s magazines in “Well or Weak? The Construction of Knowledge, Aging, and Competence in Women’s Wellness Magazines.” She looks at three American fitness magazines—Shape, Fitness, and Self—noting that these magazines define wellness for us, yet these definitions are informed by social forces seeking to limit women’s power. Like Danowski, Farkas points out that fitness magazines generate millions in profits, and she criticizes them on several fronts. She asserts that they exploit female insecurity; they give readers information with no context: they give the same credibility to advice from a personal trainer as they do to the latest findings from a research university; and they define the individual woman in terms of success and failure based on her ability to deny and discipline her body. Farkas draws upon readings of Foucault and Merleau-Ponty to argue that rather than trying to help women achieve wellness, these fitness magazines disempower women by reinforcing their obedience as subjects.

Martha N. Gardner’s “‘Smashing’ Philip Morris’ Successful Promotion of Virginia Slims Cigarettes through Women’s Tennis, 1970–1994,” looks at the social and cultural underpinnings of Philip Morris’ long and profitable relationship with women’s tennis. Gardner contextualizes the Virginia Slims advertising campaign as it successfully linked smoking with tennis in the 1970s in spite of the 1964 surgeon general’s report connecting cigarette smoking to cancer. The campaign marketed a particular kind of woman: not a strident feminist but a fun, attractive, athletic, liberated woman who, of course, liked to smoke Virginia Slims. The campaign deployed language and images to associate the liberated woman who smoked Virginia Slims with both earlier suffragettes and 1970s feminists. The slogan “You’ve come a long way, baby” subtly referenced women’s history. The shorter slogan, “smashing,” brought to mind simultaneously the image of a beautiful woman and the image of a tennis ball whizzing over the net. Thus, in spite of the fact that every box
of cigarettes sold in the United States carried the surgeon general’s warning that smoking could lead to cancer, Philip Morris successfully marketed cigarettes as a symbol of freedom and strength.

Margaret Morganroth Gullette notes in “Hormone Nostalgia” that one hundred years of menopause demonization should have come to a halt in 2002, when the Women’s Health Initiative of the National Institutes of Health ended its hormone replacement therapy (HRT) study because of concerns regarding cancer and heart disease. But it did not, and Gullette points an accusing finger at both the media’s failure to accurately cover the HRT debate and the “ageism” rampant in American culture. Gullette, well known for her work on women and aging, wades through the research on HRT, pointing to what should have been obvious to all of us but was not. The problem was estrogen, not menopause. Menopause, instead of being treated as a normal part of every woman’s life, was being marketed as a pathological condition requiring medical intervention. Gullette cites medical journals and the popular press and draws the conclusion that the powers that be are invested in demonizing menopause for profit. Gullette notes that our culture defines what happens to our bodies and tells us how to feel about it. The rhetoric of sickness and health, aging and beauty is loaded with meaning. She closes the essay with practical suggestions about how readers can resist dangerous, media-driven ideologies.

In “The Selling of Breast Cancer: A Feminist Critique of Breast Cancer–Related Advertisements,” Julia Mason analyzes breast cancer–associated advertisements that appeared in Self magazine’s annual October Breast Cancer Handbook between 2000 and 2006. She notes three troubling aspects of these advertisements: they present a narrow picture of who gets breast cancer; the ads are often coded with implicit messages about race, class, beauty norms, and gender; and they encourage individual rather than societal responses to cancer, thus obscuring any relationship between the environment and breast cancer. She also looks at the impact of cause-related marketing, a marketing strategy in which a corporation associates itself with a particular cause. Mason notes that the average American who buys a product bearing a pink ribbon label assumes that a chunk of the company’s profit will be going to fight breast cancer. Yet use of the pink ribbon is not regulated: consumers have no way of knowing how much they are really contributing to breast cancer–related causes by buying a certain product. Several companies engaging in breast cancer cause-related marketing also produce products that scientists believe are carcinogenic. How sincere are these companies about breast cancer prevention and treatment if they continue to produce chemicals linked to breast cancer? Moreover, cause-related marketing—like many breast
cancer–related advertisements—encourages an individual rather than a societal response to breast cancer. Because significant evidence now links breast cancer to the environment, we need to do more than go shopping. Feminists must demand a societal response to this disease.

Shelly McKenzie, in “Weak Hearts and Wedding Day Figures: Exercise and Health Promotion in the 1960s,” takes us on a romp through 1960s culture, where cold war tensions had reified gender roles, and American women were exercising along with Debbie Drake and Jack La Lanne. McKenzie looks at the period’s TV shows, newspapers, and magazines to shore up her argument that American women were being encouraged to exercise not to maintain their own health and well-being but to remain sexually attractive to their husbands. There was little encouragement for men to exercise; many physicians believed that exercise was not that important. Yet the public got concerned as the incidence of coronary artery disease increased in American men. Both the media and the medical community made it clear that good wives took good care of their husband’s health. Men, unlike women, were now expected to exercise to stay healthy. But ironically, and in contrast to the amount of information available concerning women’s exercise, there was little information in the popular culture of the period as to how much a man should exercise and what sort of activities would be most beneficial. McKenzie suspects that men were just expected to know how to exercise, having grown up in a culture in which boys routinely played sports. Her thoughtful discussion underscores the strong impact gender roles played in getting fit in the sixties.

In “Gladys, Take Your Medicine! Menopause in North American Popular Culture since 1800,” Cheryl Krasnick Warsh notes that cultural ideas about female reproductive status and sexuality inflect the way in which menopause is represented. She discusses nineteenth- and twentieth-century treatments for menopause and points out, as does Gullette, that only women who were troubled by menopause sought medical help; unfortunately, this small percentage of women became the ones whose symptoms defined menopause in medical texts and lectures. Madness and depression seemed to be common themes. Yet physicians ignored the socioeconomic challenges faced by middle-aged women, changes that might cause depression and anxiety, and focused instead on “treating” menopause. Warsh, like other contributors to this volume, decries the modern association of beauty with youth. In the 1930s, synthetic estrogen was synthesized and given to women, even though reports linked it to cancer. Initially, it was supposed to alleviate menopause symptoms. But by 1960, it had become the fountain of youth for older women. Warsh
observes that popular culture presents us with few positive images of aging women and draws many examples from television and film to shore up her argument. As the boomers age, one would think that advertisers would pitch their products to this cohort. But, Warsh wryly notes, perhaps they are making too much money selling us pharmaceuticals.

Keira Williams argues in “From ‘Monster’ to Mentally Ill: The Cases of Susan Smith and Andrea Yates” that cultural changes in the way Americans perceived motherhood shaped media response to two heavily publicized cases of infanticide. In 1994 Susan Smith confessed to murdering her two sons by letting her car roll into a lake. In 2001 Andrea Yates drowned her five children in a bathtub in her suburban home. Historically, infanticide has been framed as more about the mother’s transgressive sexuality and social climbing than anything about the institution of motherhood itself. Smith, a divorcée seeing a wealthy man who did not want to be involved with small children, seemed to fall nicely into this frame. Yet as her history of sexual abuse and bouts of depression unfolded, the public began to feel sympathy for her. Seven years later, Andrea Yates was seen by society as a victim of postpartum depression. The media did not try to link her behavior to either transgressive sexuality or social climbing. Williams argues that changes in the way our culture configured motherhood were responsible for the way these cases were handled. The 1980s and early 1990s were characterized by an “overwhelmingly idealized version of motherhood.” By the mid-nineties, this idealized version of motherhood came under attack by feminists and mainstream moms alike, who began replacing it with more realistic images. While Williams is quick to agree it is good that society is more aware of postpartum depression, she suggests the consensus on motherhood should not be limited to a discussion of postpartum psychology.

The thirteen essays in this volume are only the beginning of a debate that feminists, media scholars, and public health experts must have regarding several topics. What is “wellness” as it appears in popular culture? And just how much does society value “wellness?” Feminist critic Naomi Wolf famously noted that impossible ideals of female beauty were circulated in culture to keep women powerless in the wake of the 1970s women’s movement. Wolf’s observation is apt: keeping women insecure about their bodies is an effective way of disempowering them.

The health care industry has also disempowered women by pathologizing normal female biology. Pregnancy, aging, and menopause are now medical issues. A recent volume of CQ Researcher notes that in the United States medical costs have more than doubled in the last decade
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and that “health spending is expected to rise to more than four trillion by 2015” (Clemmitt 2006). Who is getting rich by deeming women “not well?”

Finally, we need to look at how our media-driven cultural values are negatively impacting the health of women and teens. What cultural work is being performed in exalting youth over age and insisting on impossible hegemonic beauty standards? How many women will ever look like runway models, and since when do runway models epitomize “wellness”? As noted earlier in this introduction, Clive Seale suggests that medical sociologists examine narratives of health and wellness in our culture. I applaud his suggestion, but in light of the flood of “information” about women, I would urge that feminists of all stripes join this effort. It is my fervent hope that Women, Wellness, and the Media is the first of many volumes analyzing the problematic relationship between women’s health and the media.

Works Cited

CHAPTER ONE

MORE CONTRADICTIONS:
A FRAMING ANALYSIS OF HEALTH,
AGENCY AND FEMININITY IN A MAGAZINE
FOR WOMEN OVER FORTY

BARBARA BARNETT

Women’s magazines have inspired a love-hate relationship among readers and critics. Praised as sources of information on topics often ignored by the mainstream press (Consalvo 1997; Wolf 1991), women’s magazines also have been criticized for their presentations of a superficial world in which women achieve fulfillment through domestic roles and consumption of consumer goods (Friedan 1962; McCracken 1993; Steiner 1995; Tuchman 1978a; Walker 2000; Zuckerman 1998).

Health has been and continues to be an important topic in women’s magazines (Bunton 1997). Adolescents, young singles, newlyweds, and young mothers can turn to women’s magazines for information and advice on a variety of issues: how to prevent pregnancy and how to conceive; how to prevent, detect, and cure cancer; how to spot the warning signs of heart attack or stroke; or how to manage stress at home and in the workplace. But for women over forty, health information is scarce, largely because older women are absent from the mass media landscape. One exception to this omission is More. First published in 1998, More promotes itself as “the only magazine that celebrates women over forty.” The general-interest magazine, which publishes ten times a year and has a circulation of more than one million, targets female baby boomers, who are now experiencing menopause, retirement, and grandchildren. Because health remains an important topic in women’s magazines, this study will examine the content of health articles in More to explore how the magazine represents health, aging, and femininity.
Chapter One

Literature Review

Women’s magazines have been labeled a “high priestess” in contemporary society, “one of the most significant yet least studied social institutions of our time,” with the power to shape “a woman’s view of herself and society’s view of her” (Ferguson 1983, 131, 1). Contradiction has been the hallmark of these publications, which have been both praised and criticized for their messages about female roles and feminine satisfaction. Recognized as a powerful social force and as a catalyst for positive changes in women’s lives (Consalvo 1997; Wolf 1991), women’s magazines have drawn attention to such important issues as suffrage, maternal health, food and water safety, and drug purity (Burkhalter 1996; Gould and Gould 1968; Jolliffe 1994; Zuckerman 1998). In the early 20th century, when discussions of sex were considered distasteful or immoral, women’s magazines challenged the idea that women should remain uninformed and offered advice on birth control and sexually transmitted diseases (Zuckerman 1998).

While heralded as sources of advice, education, and entertainment, women’s magazines also have been criticized for advertising and editorial content that focuses too narrowly on women’s roles in the home and the marketplace. Scholars contend that magazines encourage women to doubt themselves; obscure differences by presenting whiteness, middle-class status, and heterosexuality as the norm; publish articles about beauty under the guise of health; and depict consumption as a remedy for any problem, from stress to poor diet (Canto, Kawaguchi, and Horowitz 1998; Demarest and Garner 1992; Durham 1996; Levine 1994; McCracken 1993; Merskin 1999; Scanlon 1995; Steiner 1995; Turner et al. 1997; Walker 2000; Weston and Ruggiero 1985/1986; Whelan 1996; Zuckerman 1998). Women’s magazines “have consistently glamorized whatever the economy, their advertisers, and, during wartime, the government needed at the moment from women.” (Wolf 1991, 64).

With a history of publishing articles about health care, women’s magazines have been and continue to be an important source of health information for women (“Female Persuasion” 2002). Health magazines are one of the fastest growing categories of women’s publications (Kelly 1996; Taras 1992), and women say magazines are second only to physicians as sources of health information (“Where Women Get Health Information” 2000). In general-interest women’s magazines, articles on pregnancy and childbirth are mainstay topics, while other standard features include disease prevention, treatment options, and resources to educate women about health (Zuckerman 1998). Bunton (1997) has suggested that
women’s magazines report and interpret medical findings, serving as an intermediary between readers and the medical community. However, the same criticisms applied to women’s magazines as a genre—that the publications provide inadequate or superficial information—have been leveled against their coverage of health care (Andsager and Powers 1999; Gerlach et al. 1997). Specifically, some scholars have suggested that magazines promote body image at the expense of good health, encourage eating disorders by focusing on dieting and thinness, and place advertisers’ interests above women’s health (Canto, Kawaguchi, and Horowitz 1998; Field et al. 2005; Kogan et al. 2003).

The focus on health in women’s magazines is logical: women make the majority of routine health care decisions for their families (Salganicoff, Ranju, and Wyn 2005), and they are major consumers of health care, spending two of every three health care dollars for themselves and their families (Day 1997). Yet, feminist scholars suggest there is a larger motivation behind magazines’ focus on health: bodies are a site of power and control (Foucault 1986). In studying women’s magazines it is important to consider two important social phenomena that occurred in the 1960s and 1970s, both rooted in issues of control: the beginning of the health consumer culture, which positioned individuals as possessing autonomy to control their own health destinies by making good and bad choices, and the second wave of the women’s movement, in which feminists demanded access to medical information so that they might take control of their health care rather than be passive followers of doctors’ orders.

The health consumer movement, Nettleton argues, is organized around the idea that “one’s body and lifestyle [is] a project” in which the individual is transformed from “being a relatively ‘docile,’ passive recipient of advice and health care to one who possesses the capacity for self-control, responsibility, rationality, and enterprise” (1997, 213). Health, then, becomes an achievement obtained by good decisions, discipline, and willpower (Crawford 1984), while illness is viewed much less as the result of physical deficiencies and, instead, more as a manifestation of “the stresses and poor lifestyle choices of the members of modern societies” (Lupton 1995, 51). Blaxter (2003) likens the quest for good health to a struggle to acquire “health capital,” a process in which an individual seeks to balance healthy behaviors, such as exercise, against unhealthy ones, such as smoking, stress, or environmental hazards.

As the health consumer movement shaped ideas about responsibility, the second wave of the feminist movement challenged notions about responsibility, suggesting that women’s role in health care should move
from outsider to authority. Promoting medical information as a way for women to gain control over their bodies, women were reacting to “the medical profession as a largely patriarchal institution that used definitions of illness and disease to maintain the relative inequality of women by drawing attention to their weakness and susceptibility to illness and by taking control over women’s lives, such as pregnancy and childbirth . . .” (Lupton 1997, 97). The response to medicalization of women’s health has been a call for empowerment, in which women take control of their own health by preventing illness and by challenging the role and knowledge of doctors as the ultimate authority on women’s bodies (Birke 2003; Lupton 1997).

Yet, health is not the only aspect of women’s lives to be medicalized. Aging, too, has been treated as a medical phenomenon in which growing old is likened to acquiring a disease (Gannon 1999; Itzin 1986). Society holds “negative and naïve ideas about aging,” ideas that characterize older adults as “frail, incompetent, eccentric, abrupt, abrasive, and doddering” (Tallant 1997, 186), and stereotypes about aging “are passed on to the public through the media and are exacerbated by the unrealistic credibility western culture ascribes to medical professionals” (Gannon 1999, 35).

The world’s elderly population (people over age sixty) numbers approximately 600 million people, triple the number fifty years ago (United Nations 2002). Yet, in spite of their prevalence, elderly women and men remain largely absent from the mass media. When the mass media do portray aging, representations have been less than flattering, and elderly people appear peripherally as villains, as victims, as asexual beings, as ugly people, as helpers or guides for younger people, or as clowns (Cassata and Irwin 1997; Fausto-Sterling 1999; Greenberg and Collette 1997; Hajjar 1997; Itzin 1986; Nussbaum et al. 2000).

In the media world, women age differently from men: older women are typically invisible, but when they do appear, they are presented more negatively than their male counterparts (Bazzini et al. 1997; Cassata and Irwin 1997; Friedan 1993; Gerbner et al. 1980). This characterization reflects the reality of how differently women and men experience aging, due to gender norms that prescribe and restrict behaviors for the two sexes (Ginn and Arber 1995). McMullin noted, “Indeed, old age is often viewed, at least demographically, as a women’s issue, and ageing generally affects men and women differently” (1995, 30). For women, aging creates a double jeopardy in which sexism and ageism intersect (Daly 2006; Palmore 1990; Portnoy 1997), due in large measure to society’s tendency to equate youth with beauty (Wolf 1991). Rich observed, “Old is ugly and unnatural in a society where power is male-defined . . . but old is the
ugliest of all for women” (1998, 154). According to Itzin, “When older women are portrayed—on the few occasions when they are not invisible by complete omission—they are exhorted to stay young and beautiful, to do things to their bodies to achieve this, and to wear make-up, hair products, and clothes to conceal their real age” (1986,126).

In a society that values women for physical appearance and reproductive capacity, older is synonymous with “other.” Bartky observed that “the face of the ideally feminine woman must never display the marks of character, wisdom, and experience that we so admire in men” (1998, 127), while Gannon has suggested that “women are assumed to be at their happiest and most fulfilled when pregnant, giving birth, or taking care of small children” (1996, 38). Society remains uncertain about how to relate to women when they are not sexualized or portrayed as mothers, and media images of older women reflect this confusion.

While few studies have examined the portrayals of aging in movies, news, advertisements, and television, even fewer have explored the portrayal of aging in women’s magazines. The purpose of this study is to consider how women’s magazines frame messages for older readers. Specifically, the study asks these questions:

- How did More magazine frame messages about health for its over-forty readers?
- How did More magazine frame messages about the relationship between health and aging?
- What do these frames reveal about the relationships among health, aging, and femininity?

**Methodology**

This study uses qualitative textual analysis to examine the relationships among health, aging, and femininity in women’s magazines. For this analysis, the researcher focused on one publication, More, a general-interest magazine for female baby boomers, a group born between 1946 to 1964. More positions itself as the magazine “edited for the smart, sophisticated 40+ woman” and reports that “every model on More’s pages is over 40” (SRDS 2005, 900). Because More is one of the few U.S. general-interest magazines specifically targeted to older readers, and because More appears to be the only general-interest magazine targeted to women over forty, its content offers an opportunity to explore media messages about aging, as well as images of older women in contemporary U.S. society.
To answer research questions, the author examined twenty-five issues of More magazine published from July 2003 through January 2006. Using a systematic sampling technique to identify issues to be included in the analysis, the researcher analyzed every other issue of More. In addition, the researcher included special annual issues on menopause and aging, for a total of fifteen issues in the analysis.

To provide context for the qualitative analysis, a simple quantitative content analysis was conducted to determine the prevalence of health articles in More and the specific topics covered in health articles. In setting the criteria for which articles to include, the author used the World Health Organization’s definition of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease” (World Health Organization 2001). This broad characterization allowed for inclusion of articles on illness and disease prevention, as well as articles on stress and emotional disorders, health policy, and quality of life.

Using a grounded theoretical approach (Keyton 2006), the author reviewed copies of More and developed categories for all magazine articles, as well as categories for health articles. The unit of analysis was the magazine article, and the author coded articles based on the dominant topic covered. The researcher developed one coding sheet for all categories of magazine articles and a separate coding sheet for health article topics (see Appendix A). A graduate student analyzed a 20 percent subsample of issues to determine intercoder reliability. The reliability coefficient was 73 percent for categories of articles published in More, and 85 percent for categories of health topics; both rates are acceptable in communications research (Keyton 2006).

The value of content analysis is that it counts frequencies, but a shortcoming is that it cannot examine the deeper meanings embedded in the text. Because the researcher’s goal was to examine meanings, the primary focus of this analysis was a qualitative study to determine how More presented messages about health, aging, and femininity. Framing analysis was chosen because it offers insights into nuances and hidden assumptions in media texts (Hackett 1984; Tankard 2003) and because framing exposes “meta-themes” (Altheide 1996) used by the media to organize or categorize events and phenomena (Gamson and Modigliani 1987; Goffman 1974; Reese 2001; Tankard et al. 1991). Frames define problems and suggest remedies (Entman 1993), but they also reveal ideologies, symbols, and values (Gitlin 1980; Hackett 1984; Hertzog and McLeod 2001; Tuchman 1978b). As Reese noted, “Ultimately, frames may be viewed as an abstract principle, tool, or ‘schemata’ of interpretation that works through media texts to structure social meaning”
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(2001, 14). Framing analysis can shed light on these meanings and what Reese has labeled “cultural frames” (2001, 13), which are symbolic and are shared over time. In this analysis, frames can offer insights into how we as a society view aging in general and aging women in particular.

To discern frames, the researcher developed a matrix, adapted from a framework suggested by Gamson and Modigliani (1989), which included analysis of metaphors (comparisons), catchphrases (buzzwords or well-known terms in popular culture), depictions (characterizations of events or phenomena), exemplars (historical references), and icons (visual images). The researcher then analyzed each article, using the matrix to ensure consistency in interpreting results (see Appendix 2). Research was informed by feminist theories on media portrayals of women, and previous research on aging.

Findings

This analysis suggests that health was the dominant topic in More magazine. Of the 721 articles appearing in the fifteen issues of More, 169, or 23 percent, focused on health (see table 1.1).

The dominant health topic in this sample was sexual/reproductive health (see table 1.2), and among the issues covered were hormone replacement therapy (HRT); contraception for women over age forty; infertility; sexually transmitted diseases (STDs) and HIV/AIDS risks; pregnancy; and menopause.

| Table 1.1: Top 10 topics in More magazine, 2003–2006 (n = 721) |
|-----------------|-----------------|-----------------|
| Topic           | Number of articles | Percent of total |
| Health          | 169              | 23%             |
| Celebrity news  | 104              | 14%             |
| Arts            | 85               | 12%             |
| Fashion         | 72               | 10%             |
| Travel          | 57               | 8%              |
| Jobs            | 54               | 8%              |
| Beauty          | 37               | 5%              |
| Finance         | 23               | 3%              |
| Self-improvement| 17               | 2%              |
| Cooking/entertaining | 15       | 2%              |
Table 1.2: Top 10 health topics in *More* magazine, 2003–2005 (n = 169)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number of articles</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual/reproductive health</td>
<td>35</td>
<td>21%</td>
</tr>
<tr>
<td>Cancer</td>
<td>21</td>
<td>12%</td>
</tr>
<tr>
<td>Nutrition/diet</td>
<td>17</td>
<td>10%</td>
</tr>
<tr>
<td>Effects of aging on health</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>Heart/cardiovascular disease</td>
<td>12</td>
<td>7%</td>
</tr>
<tr>
<td>Fitness/exercise</td>
<td>12</td>
<td>7%</td>
</tr>
<tr>
<td>Mental/emotional health</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>Osteoporosis/bone health</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Sleep</td>
<td>4</td>
<td>2%</td>
</tr>
</tbody>
</table>

Sexual health has become a popular topic in magazines for women, men, and teens (Walsh-Childers 1997), and *More* proved no exception. The articles on sexual health reflect a diversity of older women’s needs and interests—contraception, pregnancy, menopause. Arguments can be made that *More*’s focus on sexual health provides information for older readers that might not be available elsewhere, and the focus on sexual health may challenge some stereotypes of older women as asexual. Yet, as valuable as this information may be, *More* excluded other important health topics for women, such as hypertension and arthritis, both of which affect three in ten women over age forty-five (Salganicoff et al. 2002; Salganicoff, Ranji, and Wyn 2005).

The central frame that emerged in the qualitative component of this analysis was difference. Advances in science and technology created new expectations for old age, and female baby boomers, who had spent their youth rebelling against the status quo, were going to challenge any stereotype that equated aging with passivity. *More* articles told readers they were unlike previous generations of older women, their younger female counterparts, men, or health consumers who trusted traditional Western medicine. Authors and sources emphasized that magazine readers were pioneers on the frontier of aging, venturing into new emotional and physical territories, due in part to medical advances that increased life expectancy, the effects of the women’s movement, and readers’ own changing expectations about life and aging.

In its characterizations of growing older, *More* presented good health as an entitlement and aging as process of change, not a constellation of ailments. The magazine did not depict aging as a disease but rather the
result of wear and tear on the body and mind, wear and tear that ultimately could manifest itself as illness. And illness, More reminded readers, could be prevented, forestalled, or controlled. More advised readers that there was a difference in past and present perspectives on growing older: “Once, even doctors thought that a bent-over spine, painful joints, sadness and mental confusion were simply part of getting old. Now we recognize these as symptoms of disease (osteoporosis, depression, and dementia), and we seek to prevent them . . . Most scientists define it [aging] as the accumulation of random damage to the building blocks of life—especially to DNA, and to certain proteins, carbohydrates, and fats” (Grant 2004a, 120). A separate article on the benefits of meditation explained that “aging is . . . an accumulation of stress. The new thinking is that our cells, under stress, may stop regenerating quickly and become more prone to disease and early cell death” (Fraser 2005, 176).

Mirroring notions that individuals are responsible for and can control their own health, the magazine offered instructions for readers on how to delay physical decline: exercise more, eat healthier foods, reduce stress, have preventive checkups. While hardly groundbreaking advice, More suggested consumer knowledge and an upbeat attitude were prerequisites for good health. For example, an article on stress predicted easier midlife adjustments for women who entered perimenopause with “a strong sense of self-esteem and strength . . . You can’t touch these women” (Smith 2004, 126). Another article on memory and menopause told readers that “a woman’s attitude toward aging may be the best predictor of how she’ll fare” (Felgran 2004, 134). An article about depression told readers to accept “things as they are . . . Acceptance doesn’t mean passive resignation, like, ‘Oh, well, I’m over the hill . . . ’ Instead, you realize that over the hill is an illusionary thought . . . ” (Fraser 2005, 179). More repeatedly reminded readers of the link between body and mind, and while such messages offered an optimistic view of aging, articles raise concerns about whether More is reinforcing ideas that good health is a reward, and ill health a punishment (Crawford 1984; Lupton 1995).

In building the difference frame, More told readers that they were not like women in past generations and that the stereotypes formerly applied to aging women did not apply to them. A special section on menopause characterized it as “a second act, with a whole new script—starring you,” and a doctor at the National Institutes of Health told readers, “The perception of a menopausal woman used to be the grandmotherly figure on the front porch watching life go by. Not any more: We’re CEOs of industry, climbing mountains and running marathons. Our reproductive

*More* characterized its readers as a generation of “firsts,” particularly in terms of their sexual lives. An article on menopause began by proclaiming that baby boomers are “the first group of women in history to take control of [their] reproductive lives” (Adler 2005/2006, 138). In an article reporting the personal experiences of ten women with hormone replacement therapy, the author advised readers to “think about who we are . . . We are the first menopausal women to see ourselves as equal partners with the medical people who help us sort through science . . . We do not relinquish authority over our bodies to anyone” (Grant 2003, 102). One article reminded readers they were the “generation that has come to own and celebrate its sexuality” (Graves 2005/2006, 141), while a separate feature reported, “Believe it or not, there isn’t much research on the sex lives of women in their forties and fifties. We find this astonishing. After all, we’re the first generation to discuss sex openly and experiment freely, the first to feel entitled to good sex. We expect to enjoy it now—and for decades to come” (Frankel 2005, 74).

While *More* reminded its readers that they were sexual trailblazers, the magazine also emphasized that its readers were different from previous generations in large measure because of scientific advances that could help them maintain good health. A story on the increase in joint replacement surgery among baby boomers noted that, in the past, doctors had advised patients to curtail physical activities. “But when your joints do get creaky,” *More* commented, “our generation doesn’t consider laying [sic] low an option” (Gordon 2003, 136). Another article on bone-density testing told women that “when our mothers were in their forties and fifties, they could only guess how solid their skeletons were . . . We have an expanding array of bone-protecting options” (Ince 2003, 151). A separate article told women that aging and good health were compatible—something previous generations of women had not been able to anticipate: “You may have 30 or more years to live after you turn 50. It’s a privilege that no generation has had before” (Better 2005, 65).

In depicting its readers as different from previous generations, *More* correctly acknowledged that advances in health and science have extended the life span and allowed for changes in lifestyle. Yet, in establishing its own readers’ uniqueness, *More* ran the risk of dismissing the experiences of previous generations as irrelevant. Editors might consider what women and men from past generations could tell readers about growing older, based on previous generations’ own experiences.
The difference frame was apparent in More articles that stressed the physical and emotional divide between youth and age. Some More authors and sources compared themselves with younger counterparts, while others compared the reality of their lives now with the expectations they had held when they were younger. Their conclusion: older women are happier, having relinquished many of the insecurities about their bodies and having rejected the notion that youth equals beauty. In an article about fitness for women over forty, yoga instructor Molly Fox, fifty-one, said, “We are the first group to turn 50 who have exercised most of their lives . . . I celebrated 50, lost 36 pounds, grew my hair out and realized I could hold a two-minute handstand while all these kids around me were falling down” (Cohen 2005a, 150). Fox further explained that her perspectives on her body had changed: “Ten years ago, I felt like I should have long blonde hair and a pencil-thin body. Now, my body has become a source of exploration and play” (Cohen, 2005a, 150). In a separate article, a health journalist discussed her efforts to lose weight in college: “I whittled my 5’4” frame down to 108 lean pounds, but inside I was increasingly fragile and unhappy. I realized I was developing an eating disorder, and forced myself to broaden my diet and back off on exercise” (Graves 2004, 148). Another article, which concerned a forty-four-year-old writer’s quest to find an exercise routine she enjoyed, concluded, “I’ve been using my age as an excuse, telling myself I can lighten up and lower my expectations of what my body can do and look like after 40 . . . I’m not giving up on being strong, lean, and healthy just because I’m not 25 anymore. I feel and look better than I have in years . . . (Levy 2004, 150). More assured readers that there were benefits to aging and that “as we age, we rely more on the creative, intuitive left side of the brain.” The article continued, “This may be why we get better at problem-solving or sizing up a situation—why, in other words, we really do get wiser” (Parker-Pope 2005/2006, 133).

In its articles on sexual health, More suggested that as women aged, they could expect new levels of physical pleasure and emotional satisfaction: “Although your desire level might remind you of your youth, your enjoyment of sex has grown up” (Frankel 2005, 74). A More reader survey reported that two-thirds of 1,328 respondents said they found sex more satisfying than when they were younger. One woman said, “I remember a lot of bad, selfish, impersonal sex in my twenties—the opposite of what I have now with my husband. I wouldn’t trade the crazy twenties for the mature fifties sexually at all” (Frankel 2005, 154).

Some articles reminded women that old age did not mean poor health but that aging could mean physical changes and new, or at least different, health risks. One article on STDs told readers that “women over 40
actually have higher rates of certain STDs, and menopausal changes can intensify your vulnerability to them” (Ince 2004a, 131). An article on an increase in the number of joint replacement surgeries for people in their forties, fifties, and sixties said, “Once the domain of your Great Aunt Edna and her peers, joint replacement (arthroplasty) is no longer reserved for people well into their golden years” (Gordon 2003, 136). A story on birth control told readers that fertility declines with age but that more than half of all pregnancies among women over forty are unintended, and of those pregnancies more than two-thirds end in abortion, often because women are concerned about health risks for their unborn children or themselves or because they feel “too old” to have children (Duenwald 2005). An article on fitness suggested that older women make changes in their workout routines to keep in shape: “Your body is playing by a new set of rules . . . If you’ve been skipping workouts because you feel crummy, from now on work out to keep yourself from feeling crummy” (Rover 2005/2006, 144, 150.) In an article on diet, a nutritionist told women that as they age, they are likely to gain weight, even if weight has never been a problem before. She cautioned women, “Be aware of the changes . . . and [do] not be hard on yourself. You can look really good at forty or fifty, but you are not going to look twenty-five” (Levy 2004, 140).

While More emphasized that its baby boomer readers were different from other women, both older and younger, the magazine also stressed that older women’s health needs were considerably different from men’s. One article noted that biology “affects the way [women’s] bodies respond to disease—and remedies” (Weinstock 2004, 117), and a separate article in the same issue reported that scientists were conducting more tests to determine the effects of drugs on both sexes because, in the past, drugs were often tested on men but not women (Brody 2004). An article on chronic obstructive pulmonary disease reported that women could develop a more severe form of the illness and develop it at an earlier age than men (Gordon 2004). More articles also explained that differences in gender norms and roles often placed women at a health disadvantage. One article told women that any physical problems that accompanied aging were complicated by “society’s views of middle-aged women, who are dealing with changing roles, fading beauty, and fluctuating hormones” (Paulsen 2004, 147). An article on heart disease prevention noted that one in ten women is at risk for heart disease but does not know the symptoms. The magazine quoted Nancy Loving, cofounder of the National Coalition for Women with Heart Disease, who said that more women than men die from the disease, yet fewer women undergo angiograms, bypass surgeries, or defibrillation. Doctors and researchers suggested heart disease is harder to