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# **Testicular cancer: medicine and machismo in the media (1980-94)**

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**ABSTRACT** Testicular cancer is the most common cause of death for men aged 19-35 in North America. The mass print and other media are important sources of 'information' about a variety of treatment and health-related matters. This article explores the portrayal of testicular cancer in the mass print media from 1980-94. The analysis is both manifest and latent. The manifest analysis indicates the emphasis on early detection. The latent analysis indicates that the disease is described primarily through three different discourses: medical, machismo and social support. Stories of men with testicular cancer emphasize early detection and medical treatment; sports and competitiveness, sexuality, financial acumen, sexual and physical attractiveness and desirability, as well as war and battles; and the importance of social support.

**KEYWORDS** *media representation; popular; testicular cancer*

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## **Introduction**

Health and illness are socially constructed and experienced. Their social construction is inextricably bound up with fundamental 'health' policies related to diagnosis, treatment, prevention, associated health promotion activities, research, supportive services, and the like. One reflection of the socially constructed meanings associated with disease can be found in the mass media. The mass media do not describe diseases in objective and neutral terms. Instead, they are described within ideological frameworks or discourses (Clarke, 1996, 1991, 1992; Lupton, 1994; Cheek, 1997) that reflect competing interests in society. This article examines the treatment of one particular disease - testicular cancer - in the media. Testicular cancer was selected because it is exclusive to men, usually young men, and because of its increasing prevalence, coupled with a lack of clarity about cause or prevention (Canadian Cancer Society, 1996). Both its gender exclusivity and doubt about its cause make it a good disease for the examination of the cultural meanings associated with the intersection of gender and disease.

## Disease and the media

The mass print media are one of the most popular sources of information for people about medicine, health and illness in North America (Moyer et al., 1994: 3). They have an important role in shaping public health beliefs and behaviours (p. 4). An increasingly educated population is today taking a more active role in its own well being; people have developed an increased interest in sources of easily accessible health information (p. 4). Both newspapers and magazines are important information sources, as they often devote whole sections to health topics and health research (Yeaton et al., 1990: 223).

Media reports of medicine and science do not necessarily accurately represent original research designs, findings or research qualifications. In fact, the relationship between publications in peer-reviewed scientific and medical journals and popular media presentations of the same ideas is tenuous. Singer (1990) compared newspapers, news magazines and television news reports with the original research articles which appeared in the scientific journals to find that 38 percent of the mass media reports omitted important results, 60 percent omitted qualifying statements, 36 percent overgeneralized and 45 percent changed emphasis. Molitor (1993) noted how the five top newspapers in the USA (including *Wall Street Journal*, *USA Today*, *New York Daily News*, *Los Angeles Times* and *New York Times*) altered in critical ways the scientific findings of the major study published in *New England Journal of Medicine* on the relationship between aspirin use and the rate of heart attacks. The original study concluded that because of the increased rate of strokes in the treatment group and various methodological limitations, people should not begin to take aspirin preventatively. The media reports, through errors of omission, overgeneralization, sensationalism and changed focus, emphasized the beneficial effects of aspirin. Others have noted biases regarding the transmission and incidence of genital herpes (Mirotznik and Mosellie, 1986) and AIDS (Check, 1987; Fumento, 1989; Bazell, 1990). Still others have studied the deleterious effects of scientific reporting by the media with respect to cancer. As Friemuth et al. (1984) indicate, newspapers generate both widespread fear and resistance and lead the public to believe that 'everything causes cancer'.

Media reports of disease can be considered discourses, in that they reflect the interests of different power/knowledge forces (Fox, 1994). Clarke (1991) found, for instance, that reporting about cancer tended to emphasize a medical perspective rather than an environmental one. Clarke's (1986, 1991) studies of cancer, heart disease and AIDS noted distinctions between these diseases with respect to the extent to which the media presented them as relevant to one of three models or discourses concerning the cause and treatment of illness, namely: political economy, medical and lifestyle models. The heavy investment in medical models of research, diagnosis and treatment was mirrored in the media dominance of the medical viewpoint.

Lifestyle models followed medical models and the political-economy models were represented least often (1991). In another study, Clarke (1992a) compared these three diseases again – this time with respect to their metaphoric associations. In this study, cancer was found to be portrayed as ‘an evil, immoral predator’, described by euphemisms such as the Big C, portrayed as an enemy, and a reflection of the ‘whole’ person with the disease. It was associated with hopelessness, fear and death. ‘Prevention’ through early medical testing was advised. Innumerable causes were listed. Potential political-economic and environmental causes were all but ignored and there was widespread uncertainty about cause. Heart disease was described as a morally neutral, strong, active, fast and painful attack. It was a mechanical failure but considered treatable through available new technology and preventable with straightforward lifestyle changes such as diet and smoking. It occurred in one specific organ – an organ that can even be interchanged from person to person by means of a heart transplant. Rather than pervading pessimism – both prevention and treatment were described positively and optimistically. The person with the disease was almost irrelevant to the description. By contrast, with AIDS, little was described about the disease but much about the person and the moral worth of the person with the disease – called the ‘victim’. AIDS was associated with fear, panic and hysteria and described as a wildly contagious disease passed from human to human through bodily fluids. Causes were delimited but said to result from ethnicity (Haitian), sexual preference (homosexuality) and criminal behaviour (intravenous drug use).

Lupton’s (1994) work examined breast cancer’s portrayal in the Australian print media. She noted how the portrayal of breast cancer, its causes and treatments, reflected stereotypes about women’s roles (e.g. women who stayed home with children were described as less likely to contract breast cancer than career women), about individual responsibility for succumbing (or not) to disease. She also observed the valorization of medical technology. Lupton pointed to the gendered nature of reporting about breast cancer.

Clarke (1999) too, has studied the portrayal of breast cancer in the North American mass print media and found that it reflects and reinforces cultural stereotypes about women, their bodies and their doctors. Notably women were described as worried about their health, about the ‘dread disease’ breast cancer, that was said to be ‘caused by everything’, particularly women’s own traitorous bodies. Women were isolated and emotional and focused their lives on sexual attractiveness and motherhood. By contrast, doctors, who were usually male, were described in terms of their credentials and affiliations and portrayed as morally neutral truth-seekers, guided by intelligence and rationality. When pictures were included in these articles they tended to be of small-breasted, white-skinned, young women.

Roberts (1997) analysed 141 magazine articles (US) on the subject of genital herpes that were published between 1968 and 1995. He was

particularly interested in how the evident discourses constructed the person with the diagnosis and its newly 'epidemic' nature. In concluding, he noted that 'the media representations of herpes reinforced relations of power by framing the herpes epidemic and herpes victims in ways that supported dominant administrative, moral and scientific interest groups' (p. 281). Using a discourse analytic framework, again, Cheek (1997) examined print-based media representations of toxic shock syndrome in Australian articles published between 1979 and 1995. She noted three distinct discursive frames including concealment (particularly because of the overlap between toxic shock syndrome and menstruation and sanitary products), scientific/medical and individual responsibility. Both of the above-mentioned studies note the vested interests supported by the dominant media discourses in their analyses.

There is no doubt that sexism and gender-based inequities exist in society at large in all realms of life from the economy to the family. Structural inequities also characterize the health care system. Doctors and researchers who are at the top of the medical care hierarchy are almost always male. Nearer the bottom are those who provide daily care to patients – nurses and nursing assistants – and these people are almost always female. The preponderance of patients, too, are female. Moreover, there is documentation of the gendered nature of medical science and practice (see Martin, 1992; Findlay, 1993; Clarke, 1996). Notably, gender stereotyping of women is also evident in the media in, for example, their portrayal as 'busty blonde' 'victims' of sexual assault (McCormick, 1995), and, by contrast, of doctors charged with sexual impropriety with patients as 'educated' professionals who have succumbed to their 'natural' sexual urges, (Bradbury et al., 1995: 470).

This research examines the portrayal of testicular cancer, a disease of young men, in the most popular mass circulating magazines in Canada and the United States from 1980 to 1994. The time period has been chosen because it reflects one and a half decades of change in the roles of men and women in the labour force and the family. There have also been enormous shifts in behaviour in the realms of sexuality and reproduction. It is also a long enough period to reflect the increasing incidence of testicular cancer – it has approximately tripled since 1980 (National Cancer Institute of Canada, 1996). The purpose of the research is to examine the discourses which are used to discuss testicular cancer.

## Sample

To select the articles, *The Reader's Periodical Guide* and *The Canadian News Index* from 1980–94 were reviewed. Due to the paucity of articles on testicular cancer, *every article* that was referenced in these two data sources was selected for analysis.<sup>1</sup> Table 1 shows how few articles there were on testicular cancer, as well as the fact that the number has grown rapidly in the

**Table 1** Number of articles in mass circulating magazines on testicular cancer (1980–1994)

<i>Year</i>	<i>Number</i>
1980	0
1981	1
1982	1
1983	2
1984	1
1985	4
1986	1
1987	0
1988	3
1989	1
<i>Total 1980s</i>	14
1990	7
1991	9
1992	9
1993	3
1994	11
<i>Total 1990s</i>	39

1990s. The titles of the articles and their sources are listed after the bibliography. The sources of articles vary from newspapers to magazines, from popular science magazines to magazines about entertainers. Because the population was so small, all of these sources are included in the analysis and there is no attempt to understand the articles in the context of their different magazine or newspaper origins.

### **Methods of data collection and analysis**

The method used in this article is primarily qualitative content analysis from a feminist and discourse analytic perspective (Clarke, 1992b). It includes some simple numerical counts of themes and the numbers of articles over time. This is done to provide context. This data collection/analysis method included a number of stages. First, the authors read through all the articles to become familiar with the breadth of the topic coverage and to develop sensitizing concepts to be used in subsequent readings and analysis. This corresponds to an inductive strategy for theory building which relies on the observation and the refinement of sensitizing concepts as the data collection/analysis proceeds (Denzin and Lincoln, 1994; Strauss and Corbin, 1994). The purpose of this first read through is similar to the 'getting in' stage in field work. It offers the function of providing the analyst with a 'superficial' glimpse of the range of possibilities for later, more systematic data analysis and collection. It is necessary to mention that data collection and preliminary analyses are combined in this process. Just as the analyst notes sensitizing concepts, he/she is also beginning to develop an analytic

perspective. As the process continues the analyst moves back and forth between these 'stages'.

The second step involves another reading through of the articles and a listing of all the topics that, on the face of it, are valid (Babbie, 1992) themes. For example, if an article's primary purpose appeared to be a discussion of early detection through medical examination, it would be categorized as early detection. Subsequent articles would note that there is one major medical early detection test, the clinical exam, as well as one potential indication of testicular cancer that would be detected by the individual himself – both of these would be possible under the general code of early detection. Thus, early detection, a major theme, becomes subdivided into medical/non-medical, and then into the several strategies under each heading. The primary intention of this reading is to observe *manifest* content. This answers the questions: what is the obvious intent of the *overall*, and then, of *parts* of the article?

The third reading focuses on metaphors, context and sidelines (Lupton, 1994) that form the *latent* messages communicated to the authors, as analysts, by the articles. For example, if a number of articles talk about a man noting a problem in his testicles while showering after playing tennis or engaging in some other sport, the analyst might make note of a frequent association between sports, men and the testicle. This reading also notes silences: for instance, if there is little or no discussion of personal issues such as feelings about the self, or emotional reactions to diagnosis, this theme might constitute a silence. For a silence to become notable there is often a point of comparison. In this example, previous research on the portrayal of breast and prostate cancer provides a context of comparison.

Objectivity and subjectivity are issues for consideration in any research. This research ranges from relatively objective to relatively subjective. Virtually all readers would usually agree with the manifest point of an article. On the other hand, the latent meanings observed are, in part, a reflection of the social knowledge and location of the analysts. In this case the analysts approached this topic after doing similar studies of breast and prostate cancer and their manifest and latent media meanings. It was with the findings from this research in mind that the articles on testicular cancer were read. The gendered nature of breast cancer reportage was noted in the previous work (Lupton, 1994). It is likely, then, that the analysts were especially sensitive to the ways in which writing about testicular cancer in the mass media contrasts with writing about breast and prostate cancer.

Validity and reliability are usually concerns in research. In this method, it would be possible to assess the validity and reliability of the manifest content. The latent content is to be evaluated not by criteria relevant to a relatively 'objective' method but by the goal of credibility, that is, if the analysis makes sense, is demonstrated by the examples given in the report and provides sufficient detail, it can be considered credible (Denzin and Lincoln, 1994). Credibility corresponds to validity. Dependability is the

term used to suggest reliability in qualitative research. It is not expected that every researcher, or even that the same researchers at a different time, will observe the same concepts and processes. Rather, the goal in qualitative research is that the researcher is consistent over the time of the particular reported piece of research (Denzin and Lincoln, 1994). In this case, the two researchers read and discussed the articles until they came to complete agreement on the manifest and latent content.

Generalizability is another essential characteristic of good positivist (Denzin and Lincoln, 1994) research. This type of research depends on the selection of a probability sample and the collection of standardized categorical data. However, the research reported here is based on all the articles on prostate cancer that are available. Thus it is not a representative sample. Because the population was so small, all articles were included. Moreover, the research examines the articles looking for unique insights rather than generalizable findings. Understanding, exploration and hypothesis-generation rather than generalization are among the goals of this research.

## Findings

### *Data analysis: manifest theme*

Every occurrence of the manifest theme was counted. The results indicate that the most frequent subject for discussion was age. This, perhaps, is not remarkable because one of the distinguishing characteristics of testicular cancer is its prevalence among young men. The second and third most prevalent manifest themes were treatment and social support. That there are treatments that are very successful when an individual finds the disease early is also patently noteworthy. Of greater surprise were the number of articles that emphasized the importance of social support. Perhaps the recency of the articles and the fact that the time period of the publication of the selected articles corresponds to the development of a men's movement in North America is a part of the reason for this emphasis. That there is some reference to breast cancer in 10 articles may reflect something of the gendered competition for funding for breast, testicular and prostate cancer and AIDS. Table 2 shows how many articles contained counted themes.

### *Latent analysis*

The latent analysis results from the readings of the analysts concerning motives that are, perhaps, less a reflection of the conscious and rational manifest intentions of the articles. The articles read are taken, by the authors reading them, to represent three major discourses defined, here, broadly after (Fox, 1994) 'written, spoken or exacted practices, organized so as to supply a coherent claim to a position or perspective' (p. 161). The three discourses are *medical*, *machismo* and *social support*. At the same

**Table 2 Rank order of manifest themes regarding testicular cancer**

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Age	1
Social support	2
Treatment	3
Early detection	4
Cause	5
Metaphor	6
Diagnosis	7
Comparison to breast cancer	8

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time as the authors are attempting to make and to demonstrate the claim that there are three major discourses, it is also important to note that there is overlap from one to another and the defining edges are not exact.

### **Medical**

**Early detection as prevention** Generally, articles related to the ‘prevention’ of testicular cancer actually pertained to methods of preventing the disease from spreading. This is because there is no known way to completely prevent testicular cancer from occurring. It is significant to note that only one article pointed this fact out (*World Tennis*, 1982). The other articles left open the question of whether there was any way that men could prevent testicular cancer. The most common message in the data was that early detection could prevent testicular cancer from spreading throughout the individual’s body. Of the articles 27 percent suggested that men could benefit from a monthly three-minute examination of their testicles. A latent message seems to be that if men do not do this self-exam, it will be their own fault if cancer is found by a physician in a later examination. As one article states, ‘failure [by men] to detect the cancer and start therapy early is the leading cause of morbidity and mortality’ (*Patient Care*, 1992).

**Cause** On a manifest level, most articles emphasized that there is no known cause for testicular cancer. However, a latent reading of the texts indicated that there were several suggested reasons for testicular cancer. For instance, mothers (and to some extent fathers) tended to be blamed for putting themselves or their children at risk of developing testicular cancer. Individuals who later suffered from testicular cancer were also ‘to blame’ as a result of lack of exercise, being hit in the groin or reaching puberty ‘early’.

Men who have undescended testicles are at greater risk of developing testicular cancer, but the risk diminishes if the testes are surgically ‘brought down’ during infancy (*McCall’s*, 1981). The article then implies that parents who avoid the surgical procedure for their infants are putting them at great risk of developing testicular cancer. It may be, however, that the doctor did

not suggest the procedure or did not explain it sufficiently to the parents. The mothers of men with testicular cancer were blamed for their sons' subsequent illness in several articles. *Science News* (February 1994) says that mothers who take oestrogen or other hormones during pregnancy expose their sons to an eight times greater risk of developing testicular cancer than women who 'choose' not to expose themselves to such drugs. A mother's choice of oestrogen or other hormone is not a completely independent choice. Such drugs are taken by prescription and under the 'orders' of a doctor. *The Toronto Star* (March 1983) had a headline that stated this finding more explicitly: 'Men's cancer linked to mother's use of drug'. The headline does not specify what drug the mother took to 'cause' her son's cancer. Without reading the text of the article (and many people do not), one might infer that any drug taken by a mother could cause her son to develop cancer at some stage in his life.

Due to higher oestrogen levels, women who have children later in life also put their sons at greater risk of developing this type of cancer (*FDA Consumer*, December/January 1988/9). *The Toronto Star* (March 1983) states that women who were given the drug DES during their pregnancy may have sons who will develop cancer of the testes. *Men's Fitness* (May 1992: 54) also suggests the mother is culpable if she had her son prematurely or if he 'weighed less than five pounds at birth'. Only one article mentioned a father's role in the causation of testicular cancer, and that simply stated that if both a father and son had the disease, an hereditary association might exist (*Canadian Family Physician*, July 1993).

Lack of exercise was also suggested as being a cause of testicular cancer. *Science News* (1994) even goes as far as stating that 'the more a man exercises, the lower his risk of testicular cancer'. Paradoxically, however, although many articles suggest that exercise plays a role in preventing testicular cancer, athletic injuries were portrayed as a cause of, or at least in relation to, testicular cancer. For example, *The Montreal Gazette* (March, 1994: D5) reports that professional baseball player John Kruk 'was diagnosed with testicular cancer after being hit in the groin with an errant pitch.' The article also notes that another man 'was diagnosed after a softball hit him in the same sensitive spot'. These two statements give the reader the impression that testicular cancer can be and is caused by athletic injuries around the groin area. On the one hand, perhaps because it is both so prevalent and also so random, it was just the result of a chance athletic injury that the testicular cancer was diagnosed. Or, on the other hand, perhaps the inference to be made from this link is an inference that athletic men do not really pay attention to potential problems associated with their testicles unless they are forced to as a result of an (obviously) painful injury to this bodily area. Other articles likewise reported that testicular cancer was discovered after a sports-related injury. *The New York Times* (April 1994: 5) notes that 'a hit in the groin' was the impetus to the discovery of Kruk's cancer. The association between athletic injuries and testicular cancer has

been in print for at least ten years. For instance, note an article in *People Weekly* (April 1984: 52) that explains a horse jockey's discovery of testicular cancer by a 'swelling in his left testicle . . . after a horse lashed out and kicked him in the groin'.

Boys who reach puberty early are portrayed as more prone to develop testicular cancer. *The Calgary Herald* (May, 1994) reported that 'boys who start shaving early are more likely to get testicular cancer'. The implication is that if a man is diagnosed with testicular cancer it may be because he started shaving earlier than most boys. The emphasis is in the boys' choice to shave rather than the fact of early facial hair.

### ***Machismo***

***Masculinity and sexuality*** Men in contemporary society are known to take pride in their sexuality. Many are sensitive to issues surrounding their penises and testicles. This is no surprise when one considers that masculinity and sexuality are overlapping domains of meaning. Eight of the traits associated with the traditional male stereotype relate to sexuality: sexual competence, the ability to give a partner orgasm, strong sexual desire, prolonged and reliable erection, being a good lover, fertility and heterosexuality (Strong and Devault, 1994: 1972). A man's gender role identity is very dependent on his sexuality. *Gentleman's Quarterly* (June 1991: 198) notes that 'a culture has many names for what it holds dear'. Examples are given of words that are used to describe testicles: 'gonads, balls, nuts, cajones, the family jewels'. These terms suggest that men do, indeed, render their testicles a very distinct and important part of their body.

Testicular cancer affects men at a spot where their bodies 'concentrate' masculinity. Many articles dealt with this issue. This is not surprising since North America is a continent that uses sex to 'sell beer, lose weight, and make friends' (*American Health*, May 1991: 28). 'For many men, the loss of a testicle leads to feelings of inadequacy, an understandable reaction considering the physical and symbolic role a man's testicles play in his self image' (*FDA Consumer*, December/January 1988/9a: 19).

In *Men's Fitness* (May 1992: 99), it is noted that 'testicular cancer attacks a young man's feelings of omnipotence'. One can surmise that this could cause sexual dysfunctions in men, just as much as any surgery to the genital area would. Questions surrounding sexual activity and procreativity are common in men who have testicular cancer:

'Can I have a sexual experience with one testicle?' (*Montreal Gazette*, March 1994: D5).

'another concern in addition to his treatment – his ability to procreate' (*Men's Fitness*, May 1992: 97).

'living with the uncertainty about recovering fertility' (*FDA Consumer*, December/January 1988/9a: 19).

'How will I look with only one testicle?'

'Will my penis still work?'

'Will my remaining testicle be enough [to have children]?' (*Gentlemen's Quarterly*, June 1991: 198).

Masculinity is also often reinforced by men in sports and at war and in other competitive situations. In articles about testicular cancer, these images are frequent metaphors: they are often used in ways that link them to cancer as if they were cancer.

**Sports and competition** First, there was an emphasis on images of men in sport and competition (athletics). For example, an article in *World Tennis* (November 1982: 49) states that tennis star Butch Walts had 'not yet reached match point in recovery' as it will be five years before he can say that he has 'aced cancer', even though he is not 'holding the best cards in his hand right now'. However, the article notes that everyone is 'pulling for him to win, love and love'. Robert Lipsyte announced that he did not feel confident about his treatment procedures until he had a doctor who was a 'gung-ho, take-charge, general-conductor-quarterback' (*American Health*, February 1992: 19). In *Gentlemen's Quarterly* (June 1991: 196), a senior student of karate who could 'take blows from some of the toughest black belts' was interviewed to discuss his experiences with testicular cancer. He spoke of the need to reassert his masculinity after having a testicle removed by 'practising karate, and walking a mile to rent a movie', and notes that a friend of his began 'running marathons very soon after his surgery'. The interview was ended with a statement from the author that notes that he is very happy that 'my life is simply back on track'.

Many of the articles that do not talk about professional athletes still emphasize the athletic prowess of the men they do discuss. For example, *Men's Fitness* (May 1992: 56) highlights the experience of a '6-foot-2, 260-pound sophomore at the University of Southern California who played basketball', and they show a picture of him lifting weights. *Reader's Digest* (July 1985: 82) reports on a 'physical education teacher, [who] had always been in top form', and his experience with testicular cancer. *The New York Times* (March 1991: 30) looks at the case of a 'young, strong, smart, athletic' man who had testicular cancer, and *Gentleman's Quarterly* (June 1991: 96) shows the case of a 'senior student of karate'.

**War and battles** The second major metaphor was one of war. It is of importance to note that this image of war is quite common in much of the cancer literature (Clarke, 1996: 188). *World Tennis* (December 1983: 18) discusses 'valiant battles and stirring comebacks'; *Saturday Evening Post* (October 1985: 18) discusses that the 'magic bullet in treatment' for testicular cancer is cisplatin; *Science News* (February 1994: 138) reports that 'radiation treatment kills the testicles's sperm-producing cells'. In December/January 1988/9, *FDA Consumer* uses this metaphor quite explicitly as it states that 'modern science has fought numerous battles in the war against

cancer'. The article goes on to note that 'the margin of victory has rarely matched . . . the fight against testicular cancer'. Further, it discusses ways to 'attack the disease' at various stages and it concludes that self-examination is a 'weapon' that can help catch testicular cancer at an early stage of the disease. Robert Lipsyte (*American Health*, February 1992: 19) changed his doctor because he did not have the 'fighting edge' that he wanted him to have. *Gentleman's Quarterly* (June 1991: 215) related the war metaphor very concretely to testicular cancer by reporting that men may feel 'defeated' after having a testicle removed because they may have heard or read about 'an Indian Tribe that, as the ultimate expression of conquest and domination, castrated enemy warriors'. Again, recognizing the war hero, *Men's Fitness* (May 1992: 99) states that 'if you only have one testicle, it's like a war wound and it gives you character'. In spite of the fact that the war metaphor was so prominent in the body of many articles, it was interesting that only one headline metaphorically referred to cancer and war: 'Conquering the cancer young men fear' (*Reader's Digest*, July 1985).

**Men and finances** Another attribute of masculinity—financial acumen and affluence was a central theme in many articles. Metaphors that relate to money were emphasized. For example, *Gentleman's Quarterly* (June 1991: 196) describes a testicular lump as being 'the size of a dime'. The article also states that many men who have had a testicle removed feel that they are no longer a 'good investment' for women. *Men's Fitness* (May 1992: 98) elaborated on this theme by reporting that men often feel that they are 'liabilities, and not very marketable' in the world of relationships. An article in *American Health* (May 1991) elucidates on this point and says that for men who end up with sexual dysfunctions, 'losing your erection is like losing your credit cards'. This monetary metaphor is not surprising. Males have been traditional 'breadwinners' in society. Sex and money are both important aspects of 'masculinity'.

**Other 'machismo' themes** There were other areas where 'typical masculine' traits were associated with testicular cancer: with cars and mechanics, for example, as when doctors 'treat a sick body much as mechanics treat a sick car' (*Quill and Quire*, January 1991). *The Montreal Gazette* (March 1994: D5) notes that men often delay medical treatment even with pain because: 'It goes with the male psyche of not wanting to ask directions, and instead you ride around in the car for an hour'. This statement catches two points: it diminishes a cancer diagnosis because it associates having cancer with being lost, and it also highlights the point of men avoiding entry into the medical system. John Kruk avoided seeking medical attention after being hit in the groin until 'he couldn't take the pain that was making him sick to his stomach' (*New York Times*, April 1994: 5). These points capture the fact that many men do avoid going to doctors until it is absolutely necessary. Men are less likely than women to get regular check-ups, and they

usually do not seek help right at the onset of symptoms. Men in their twenties and thirties avoid physicians more than any other age group (Strong and Devault, 1994: 561). They are in the age group most likely to have testicular cancer (*The Toronto Star*, March 1995: L17). Men visit doctors less often than women, and often it is women who encourage them to make a visit to the doctor (Clarke, 1996: 128). When men are young, it is their mothers who take them to the doctor, and when they are older, it is usually a spouse or partner who prompts a visit to the doctor (*The Toronto Star*, March 1995: L17). An illustration of this point was found in a couple of articles on testicular cancer. In *People Weekly* (April 1984) it was reported that Bob Champion avoided getting his swollen left testicle examined until his girlfriend told him to. As *Gentlemen's Quarterly* (June 1991: 198) points out, 'a lot of times, the girlfriend notices (a lump on one of the testicles) first'. Men may avoid going to their physician because they are too embarrassed. *FDA Consumer* (December/January 1988/9a: 17) expands on this point: 'Many victims delay visiting a doctor when they notice an abnormality in their testicles. A young man's embarrassment at having a swollen testicle, as well as his resistance to seeking medical attention, contributes to the significant delay in diagnosis'.

**Appearance** Men were described in many of these articles as handsome, muscular and athletic. For example, a professional tennis player who was diagnosed with testicular cancer is described as being 'strikingly handsome, with a face like Warren Beatty, and a physique like Tarzan' (*World Tennis*, November 1982: 47). *Berkeley Wellness Letter* (August 1994: 5) describes John Kruk as a 'star first baseman of the Philadelphia Phillies' who was diagnosed with testicular cancer, and *The New York Times* (11 March 1994: B11) interviews a '22-year-old minor league second baseman' about his experience with testicular cancer.

### **Social support**

Many of the articles on testicular cancer discuss the importance of having a social support network while going through treatment of, and recovery from this disease. *The Montreal Gazette* (March 1994: D5) notes, however, that many patients are aggravated because there is not a lot of information on testicular cancer, nor is there much support. The article argues that a support group is paramount for recovery, and offers an address for men to write and find out where a support group is located in their area. It is of significance that this is the only article to supply such a vital piece of information.

A few of the articles stated that marriage could be seen as a buffer against a lot of emotional and 'cancer-caused' distress (*Men's Fitness*, May 1992: 92). *Men's Fitness* notes that single men often have more psychologically related problems because they fear that 'no one is going to want them because they are damaged goods'. *FDA Consumer* (December/January

1988/9a: 19) notes that single men who are childless are threatened not only by the loss of life, but with the 'end of their posterity as well'.

A man who has had a testicle removed due to cancer sums up the issue of support nicely: 'We all need someone, whether it's a girlfriend, a wife or your family. It's always nice to have someone there pushing you' (*The New York Times*, 11 March 1994: B11).

## Conclusion

This article reports on a manifest and latent content analysis of testicular cancer in North American mass print media from 1980 to 1994. The first notable feature of the manifest readings is that there were very few articles (43) on testicular cancer in the mass print media in spite of the fact that it is the most common cancer in men aged 19–35 (National Cancer Institute of Canada, 1996: 2). However, the numbers of articles began to grow in the 1990s. The manifest analysis indicates that there were no articles at all on prevention, perhaps because so little is known about cause. Journalists remarked most frequently on age. This reflects an empirical reality. Testicular cancer is a disease of young men. Treatment, too, a reason for optimism in this particular cancer, is emphasized. Perhaps a reflection of the growing male critique of machismo masculinity, social support is another important manifest theme.

The latent themes reflect three different discourses: a medical discourse, a machismo discourse and a social support discourse. The men who are described as getting testicular cancer and the metaphors associated with the disease and its treatment reflect narrow and delimited possibilities with a wider range. First, they focus on allopathically defined early detection and treatment. In doing this, they neglect discussion of cause and prevention as well as alternative models of disease and healing. Second, they describe men in stereotypically machismo ways. The images associated with the disease portray men as sexually active, athletic, competitive, interested in war and battles, concerned with finances and financial acumen, with cars and mechanics. There was also an emphasis on the handsome, ruggedness of the male bodies who nevertheless were diagnosed with testicular cancer. Third, they note that men, in this situation, need social support from their wives, their girlfriends and other family and friends.

Why does testicular cancer's description reflect a stereotypical medical system? Why would this disease not be described in broader, less sexist, ways? Why is social support a relatively significant discourse? Why is the focus on the threat to masculinity rather than the threat to life itself? One answer is that a neutral, mechanical description would be less likely to be read. It might be boring for people who are likely to be reading popular magazines for entertainment as much as for edification. Populating the stories with images that reflect and perpetuate cultural stereotypes about such issues as medicine and machismo and reflect some modern possibilities

(such as social support) make these stories more accessible and appealing. Such easy and stereotypical imaging demands less thought and perhaps provides more easy pleasure for the reader.

Why is interest generated by an appeal to sets of medical and gender discourses? Both allopathic medicine (Batt, 1994) and machismo (Carrigan et al., 1987) continue to dominate in North America today. Both, however, are under some threat. Allopathic medicine is under threat by the increasingly prevalent utilization of complementary and alternative health care (Batt, 1994), and machismo is under threat as a result of the new men's movement (Carrigan et al., 1987). The dominance of such discourses, then, may serve to buttress the flagging hegemony of medicine and machismo. They may reflect a reaction to the destabilization of these powerful and long-entrenched discourses. Recent works on some texts of biomedicine have noted how the original medical discourse is itself heterosexist and sexist (see Martin, 1992; Findlay 1993; Waldby, 1996). In this analysis the readers have separated the medical and the gender discourses. In practice, however, there may be a considerable amount of overlap between them. As Waldby (1996) concludes her analysis of AIDS and biomedical discourse, 'heterosexual male bodies . . . come to be the bodies that the resources of public health are dedicated to protect' (p. 84). Medical and gender discourses shape what is said and what remains unsaid about testicular cancer. There is considerable research on the effect of DES, organochlorides, pesticides and other environmental chemicals on both male and female hormones, as well as male and female cancers (Steingraber, 1997). The research is, relatively speaking, underfunded by the major funders for cancer research. The greatest proportion of the funds for the National Cancer Institutes, for instance, goes to treatment (usually chemotherapeutic) related research (Epstein, 1993). The discourse noted here supports this contemporary emphasis on medical knowledge.

It is possible to see irony in the version of machismo masculinity that is emphasized in the media articles. The irony inheres in the fact that this discourse represents a problem with the genitals as an essential part of the usual biological definition of masculinity. Thus, threat to these organs constitutes a threat to a concentrated masculinity. The emphasis on the stereotypical machismo can be seen as a reaction to this potential loss of maleness because of the location of the disease.

Another series of questions that has to be asked with respect to this research relates to whether or not diseases are usually thought of as gendered things. Is it because these particular diseases are almost exclusively limited to males or females that they have become gendered? Or are we observing a small part of a much larger issue? To speculate for a minute, is there gender associated with the following diseases: alcoholism, multiple sclerosis, lupus, arthritis, heart-attack, stroke? If so, what are the implications for the quality of care, the investigation into prevention, early detection and cure? As Susan Sontag argued many years ago now (1978),

associating disease with metaphors may cause difficulties that are in addition to those that relate strictly to the physical manifestations of the disease.

In any study of this magnitude, it is important to realize that limitations apply. This article has been limited by our own social locations, that is, our readings of the texts may differ from another person's due to different experiences and histories (Denzin and Lincoln, 1994). Second, the sample selection data came from *The Canadian News Index* and *The Reader's Guide to Periodicals*, yet not all articles were available. The relationship of these articles to people's understandings and beliefs about testicular cancer is not known, nor is it a subject of study in this article. We have no evidence about whether, or how, by whom, when, or with what degree of concentration and seriousness any of these articles might have been read. One other concern that needs to be mentioned is that the sample size, although composed of the whole population of accessible articles, is small and no attempt has been made to compare and contrast the different sources. Further research may note that the 'popular science' magazines can be distinguished from the 'entertainment' magazines, the men's from the women's magazines, and so on. Intended readership has also not been considered.

There is no attempt in this article to evaluate the effects of the media messages on audiences. Nor are the readings made by the authors thought to be generalizable to all other readings. Instead, our readings are to be taken as our story. Our readings are, thus, intended to be suggestive for further research and critical analysis. This work intends to raise questions, and present 'suggested interpretations' rather than to answer questions.

### Notes

1. It is important to state that it was difficult to obtain all of the needed articles. Visits to 11 different libraries were necessary and five requests for articles through inter-library loan were made. One article remained elusive: *Today's Health* (1989).

This finding is significant in itself; testicular cancer is the most common cancer in men from the ages of 19 to 35, yet it is next to impossible to gather information on the topic. If caught early, there is a 95–100 percent cure rate for testicular cancer (Canadian Cancer Society, 1990); however, many men do not even know that the disease exists – let alone know how to find early warning signs and symptoms (National Cancer Institute of Canada, 1996).

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