

**Transforming Canadian Women in the Road to Modernity:
A Frame Analysis of Feminisms in *Chatelaine* (1928 – 2010)**

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Abstract

Chatelaine, Canada's longest running women's magazine (1928-present), has seen various changes in relation to women's presence in society, specifically women's health and bodies. The purpose of this study is to investigate the framing methods employed in the presentation of health content in relation to the evolution of feminism throughout this publication's existence. Drawing upon Michel Foucault's (1979; 1980) investigation of power, the body, and sexuality; Susan Bordo's (1993b) feminist theorizing on the cultural meanings of the female body; Erving Goffman's (1974) *Frame Analysis*; and further theoretical foundations of frame analysis by scholars in media and communication studies, this thesis examines the ways which health knowledge in *Chatelaine* aids in the empowerment and modernization of women. The research design of this thesis employs a quantitative media content analysis and qualitative semi-structured in-depth interviews to explore the presence and production of health content in this publication between 1928 and 2010. Findings demonstrate *Chatelaine*'s interaction with the feminist movement in Canada—as feminist initiatives and activism in Canada flourish, *Chatelaine* covers an increasingly broad and diverse body of health topics. The analyses reveal the sophistication in *Chatelaine*'s health content, which is evidenced in the employment of various journalistic techniques that aid in the development of an increasingly pervasive media text. In doing so, *Chatelaine* demonstrates its ability to empower women through current, clear, and concise health knowledge.

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Chapter 1

Introduction

Preface

Our daily lives are punctuated with media experiences; whether intentional or unintentional, we interact with information and messages communicated by television, radio, newspapers, billboards, digital games, and advertising (to name a few).

Categorizing and interpreting the ways in which we relate, harness, or network media interactions is not simple. We utilize the media for communicating with others, maintaining relations and social networks, gaining pleasure and entertainment, and obtaining knowledge and information. Accessing knowledge and information is a unique element of the media interaction spectrum due to the ways in which these entities impact and influence our daily practices and understanding of life and experiences (Hodgetts & Chamberlain, 2006).

The impacts and influences that the media have on women's knowledge gathering techniques are of specific interest, particularly in relation to the ways in which females obtain information about their health and bodies. Although various media platforms capitalize on this activity, women's magazines attract specific attention due to their popularity among women and lucrative role as communication tools in the modern world (Barnett, 2006). Although analyses of such texts are conducted in various capacities, women's magazines are often scrutinized for their distorted or inaccurate portrayal of women. In contrast to such critiques, these publications are also studied in relation to their ability to educate and empower women through information and knowledge. Despite varying perspectives on women's magazines, these publications are seen to

influence audiences, containing material that is reflective of societal growth and changes, specifically in relation to women's issues.

In a Canadian context, women's magazines are deemed valuable due to their ability to be studied as social artifacts, particularly pertaining to the characterization of the evolution of feminism. *Chatelaine*, Canada's longest running women's magazine,¹ is considered an important media text to women within the Canadian mediascape due to its unique nature. Similar to mainstream women's periodicals, *Chatelaine* offers readers useful content, including recipes, lifestyle advice, beauty tips, and fashion trends; however, it is also known for publishing content contrary to mainstream etiquette. *Chatelaine* has broken the mold of mainstream women's magazines, covering stories about political movements involved in the development of women's rights in Canada and also through the provision of extensive information related to women's bodies and health (Korinek, 2000).

Although the women's movement in Canada spans across time and generation impacting various elements of women's lives, Bordo (1993b) argues that a focal point of liberation initiatives is rooted in the battle for the rights associated with women's bodies and health. Activism centralized around these struggles range from control of women's reproductive rights, sexuality, beauty, and beyond. In reaction to movements and changes concerning women's bodies and health, societal discourse on women's health demonstrates a transformation—positioning this entity as an increasingly important aspect of female's existence.

¹ *Chatelaine* launched its first issue in March 1928 under Maclean's Publishing and still continues monthly circulation by Rogers Media Incorporated.

Feminist scholars have long argued that women's magazines play a significant role in shaping feminine health debates and understandings (Barnett, 2006). Moreover, many health concerns associated with females first found public attention through publication in women's magazines, providing accessible and understandable healthcare advice and information to readers (Ibid). *Chatelaine* is acclaimed as a groundbreaking publication by many feminist scholars due to its support of women's initiatives and activism in Canada (Korinek, 2000). Through the provision of information about issues relevant to the experiences of its audience, *Chatelaine* demonstrates its ability to interact and influence Canadian women (Ibid).

While *Chatelaine* strives to cover a variety of topics related to the betterment and enrichment of its readers, its discussion of women's bodies and health is of specific importance. The pertinent role of health is deemed momentous due to the ways in which the female body is portrayed and experienced in contemporary Western culture (Brodie, Foehr, Rideout, Baer, Miller, Flournoy & Altman, 2001). As feminists and women's rights activists focus on various aspects of society in an attempt to promote growth and equality among citizens, the body as a site of struggle has emerged as a prominent focal point in feminist scholarly inquiry. Thus, the framing of health content in *Chatelaine* is deemed an accurate indicator of the rise of feminism in Canada due to the important role of women's bodies in a social and cultural context. As the axiom of women's status in Canadian society morphs, *Chatelaine* demonstrates its ability to participate and interact with these changes. Although feminism is a multifarious concept, its associations and interactions that influence *Chatelaine's* coverage of women's health are of specific interest to this study.

Research Problem and Objectives

Magazine research is an interdisciplinary pursuit, requiring the excavation of methods, knowledge, and theories from a variety of backgrounds, including literary studies, women's studies, sociology, communication, journalism, commerce, history, and cultural studies (to name a few) (Korinek, 2000). Through the adaptation of such research techniques, it is possible to develop a strong understanding of the ways in which women's magazines function in society and how they participate in the growth and development of various social movements. Despite this, research about women's magazines, whether involving their journalism or the publishing industry, remains scanty (Ibid). Moreover, work on the demographics, attitudes, and the beliefs of magazine professionals are also lagging due to neglect in this field (Ibid). Put simply, scholarly inquiry of women's magazines in Canada in both a historical and contemporary context is limited by comparison to other aspects of the mass media by communication and media researchers (Ibid).

Although numerous studies focus on magazine content, advertising, and audiences, there remains a paucity of institutional research on the structure and roles of women's magazines. While many explanations for this lagging trend linger in academia, perhaps one of the most definitive elements of limitation is because it has never been easy to define women's magazines or to assign definitive figures to the industry (Johnson, 1993). Despite this, it has become increasingly important to understand how and why women's magazines develop and share information and stories with their readers (Ibid).

Since inception, women's magazines demonstrate their ability to help women cope with life's imperfections, providing information, inspiration, and instruction on how

to select products, overcome personal issues, and deal with life in general as a mother, daughter, friend, or working-woman. To achieve this, magazines employ illustrative framing methods that prescribe ideologies and expectations that participate and fuel consciousness raising with regards to one of the most pertinent elements of a woman's existence: her body and health. Although the glossy pages of magazines have seen great historical changes, those associated with women's control and relationship with their bodies and health is of specific importance.

Chatelaine is considered an important communicating text in the Canadian mediascape due to its activism and participation in the discussion of pertinent issues concerning women's health and bodies. Despite this, limited research on the framing and discussion of women's bodies and health in relation to the development of feminism in Canada exists. In this poses a research problematic, motivating the examination of *Chatelaine's* health coverage throughout its existence to gain a comprehensive understanding of the ways in which this magazine interacts with social movements involved in the evolution of feminism. Measurement of health content will allow for further insight into the ways in which this publication utilizes health knowledge as a vehicle of female empowerment in Canada.

Thesis Overview

The next chapter (Literature Review) outlines the relevant theories that inform the theoretical framework of this research. An exploration of the relevant themes, theories, and epistemological roots results in the development of a unique theoretical framework necessary to guide this study. This includes the work of Michel Foucault (1979; 1980),

Susan Bordo (1993a), Erving Goffman's (1974) *Frame Analysis*, and a discussion of further theoretical foundations of frame analysis by additional scholars in media and communication studies.

Michel Foucault's theorizing of bodily power and control is first explored in *Discipline and Punish* (1979) to reveal the ways in which institutions and society disseminate ascendancy and discipline. Foucault's (1979) investigation of power articulates modern Western society's emphasis on various elements of control concerning the body, which motivate individuals' awareness of their physical existence. This theoretical perspective articulates the body as not simply a lucid human experiential feature, but instead a cardinal essence of one's identity. Foucault's (1980) *The History of Sexuality* is also discussed for its further examination of power in relation to sexuality. In this, Foucault (1980) cultivates the central role of sexuality in modern Western societal conceptions of the body (Phelan, 1990). Foucault's (1979; 1980) intellectual sagacity demonstrates the relationships between the body, power, and sexuality, which are echoed in the work of various contemporary feminist scholars.

Feminist philosopher and theorist, Susan Bordo (1993b), capitalizes on the intellectual fruits of Foucault (1979; 1980), developing an authentic method of theorizing, which accentuates the female body as the focal point in her work. Bordo's (1993b) illustration of the female physical existence as a societal element subject to mass control is explored to develop a contemporary understanding of the unique ways in which women experience bodily discipline. This theoretical perspective explores women's struggles to gain power and control of their bodies in a world that promulgates corrosive ideas and expectations of the female physical existence. The origins of Bordo's (1993b) work is

also presented, which hail from second wave feminist initiatives that focused on the battles associated with women's bodily integrity and autonomy.

To understand the ways in which ideas and messages are understood in society, Erving Goffman's (1974) *Frame Analysis* is explored. Goffman's (1974) conceptualization of the organization of social experience through frame analysis provides a tool for understanding the ways in which people understand and categorize social life and interactions. This method accredits the idea that social life can be seen in frames, which organizes how we understand people, events, and objects. In this, Goffman (1974) employs the use of metaphors to illuminate the ways in which the framing and structure of an individual's perception of reality can be understood.

Goffman's (1974) work in *Frame Analysis* is further established within the realm of communication and mass media studies as a methodological tool to analyze texts and media structures. The frame analysis technique allows the researcher to discover the process of framing, which can spotlight, emphasize, and also circumscribe ideologies and messages in the media (Baptista, 2003). The notion of framing ideas in this context draws attention to how media practitioners organize information in accordance to their interaction with sources and their motives in the promotion of particular perspectives (Reese, 2003).

Chapter 3 outlines the methodology used to explore the research problematic, which is both quantitative and qualitative in nature. It involves the use of a media content analysis and a series of semi-structured in-depth interviews. Guided by the theoretical framework, relevant concepts are operationalized to accurately guide the measurement of themes and sub-themes involved in this study. The media content analysis entails the

extraction of *Chatelaine*'s health content between 1928 and 2010 in a representative sample. Upon obtaining all health content in the sample, all units are coded in relation to their discussion of women's health into SPSS statistical software. Statistical testing is then run to identify frequencies, trends, and relationships within the data. The qualitative interviews, which are conducted via telephone and digitally recorded for transcription, are manually organized and tested to extract trends in the themes and sub-themes within the data.

Chapter 4, Findings and Discussion, details the chronological characterization of the evolution of health content in *Chatelaine* between 1928 and 2010. By analyzing the data collected in the media content analysis and in-depth interviews, this chapter explores the ways in which this publication frames women's health content in relation to the evolution of feminism in Canada. Following the presentation of this study's findings, outcomes and expectations are applied to the strands of knowledge explored in the literature review to understand the ways in which this publication participates and interacts with female empowerment through the provision of health information.

Finally, the conclusion summarizes the most significant findings of this research and analyzes how this study responds to the research questions posed in the methodology section. This chapter also acknowledges and explains the limitations of this thesis and details the contributions to knowledge.

Chapter 2

Literature Review

The purpose of this literature review is to discuss the relevant threads of knowledge that are utilized to guide this study and referenced in explaining the findings of this thesis.

The investigation of relevant intellectual contributions allows for the development of a unique theoretical framework that yields a comprehensive analytical journey into the changes in the discussion of women's health in relation to the evolution of feminism in *Chatelaine* from 1928 to 2010.

The literature review traces the epistemological roots of Michel Foucault's *Discipline and Punish* (1979) and *The History of Sexuality* (1980) to understand how power is related to modern understandings of the body and sexuality. Susan Bordo's (1993b) feminist theorizing on the evolution and emergence of the modern female body in Western society is employed to obtain a contemporary feminist perspective on the role of women's bodies and health in the public sphere. To obtain knowledge on the ways in which such themes are presented in society, the epistemology of Erving Goffman's (1974) *Frame Analysis* is explored to understand the organization of social experience, establishing relevant knowledge in relation to the ways in which aspects of society are understood and expressed. An investigation of additional scholars in media and communication studies extends Goffman's (1974) frame analysis through the exploration of further theoretical foundations. Considered together, these theories form a theoretical framework that guides the understanding of the ways in which women's health and feminism interact within *Chatelaine*.

Power and the Body

Michel Foucault: Discipline and Gendered Bodies

The literature review begins by exploring an epistemological root fundamental to illuminating the powerful role of our physical existence in Western society. Michel Foucault's (1926-1984) thinking and perspectives on power, sexuality, and the body possess a seductive academic allure attractive to the goals of this study.² His extensive investigation of these topics provides a relevant and useful intellectual legacy that fascinates due to his unconventional methods and abstract ideas (Deleuze, 1988). His work is "an original effort to rethink the constitutive conditions of our experiences as historical conditions while also acknowledging the resistance and openness of our experiential bodies" (Oksala, 2004: 113). Specifically, his thoughts expressed in *Discipline and Punish* (1979) and *The History of Sexuality* (1980) are deemed the most relevant for this research, as these two works inspire contemporary interpretations of how power interacts with our understandings of gender and the body.

Discipline and Punish (1979)

Foucault's exploration of the development and functioning of power is attractive to this thesis due to its influence on how modern forms of ascendancy are exercised. In *Discipline and Punish*, Foucault (1979) argues that between the seventeenth and

² Michel Foucault is considered one of the most controversial and provocative thinkers of the twentieth century (Phelan, 1990). His intellectual legacy spans across various subjects and disciplines, motivating others to view him as a sociologist of knowledge, historian, and philosopher (Lloyd & Thacker, 1997; Olssen, 1999). As knowledge grows and changes, Foucault's work continues to demonstrate prerogative and significance among scholars beyond the confinement of traditional disciplinary paradigms (Lloyd & Thacker, 1997).

eighteenth centuries a new form of power emerged—he describes that the transition from traditional to modern society ushered in an era of unprecedented social control. Foucault asserts that in the pre-modern world few people were made visible to the masses and power was ultimately exercised through its public manifestation (Thornham, 2007). He argues that the modern world experienced a shift in the functioning and relations of power characterized by discipline and surveillance in which institutionalized industries, such as the military, education systems, and healthcare systems, discharge control through disciplinary training and the normalizing power of the gaze (Ibid).³

Disciplinary power in modern society has been woven throughout the production of certain forms of knowledge, such as the positivistic and hermeneutic human sciences, and through the emergence of disciplinary techniques, which facilitate the process of obtaining knowledge about others (Sawicki, 1991). Foucault (1979) demonstrates that power is uniquely bound to knowledge—he believes that the modern age is the era of the free subject and thus, it cannot allow or legitimate a power that overtly controls and dominates (Ibid). Hence, modern power must operate in such a way as to prevent individuals from understanding the facilitation and functioning of the mechanisms by which they are controlled.

As a method to explain the ways in which power functions within society, Foucault describes the landscape of society and history as a field of struggles—power circulates in this arena and is exercised on and by individuals over others as well as themselves (Sawicki, 1991). Foucault attributes this control to the production of rigidly

³ Foucault discussed “the gaze” in various contexts throughout his work; however, for the purpose of this study, his adaptation of the concept in *Discipline and Punish* (1979) is most relevant. This notion refers to the conceptualization of power relations in which an individual is aware of others observing his or her actions and existence. This form of viewing forces the subject to realize and understand power relations instigated by the observational context of the gaze.

disciplined, self-policing, “docile” bodies (Foucault, 1979). To demonstrate the development of this docile body, Foucault (1979) compares modern society to Jeremy Bentham’s (1791) Panopticon design for prisons.⁴ In the Panopticon, one guard is able to survey many prisoners while remaining unseen and thus, according to Foucault (1979), the fear of continuous surveillance will effectively shift the disciplinary gaze from the guard in the tower to within the prisoners themselves. This motivates prisoners to self-police their own behaviour, even if the gaze of the guard is not actually on them (Tyner & Ogle, 2008). Foucault’s (1979) description of disciplinary power is expressed as an entity that is exercised on the body and soul of individuals—in this, power of an individual can be augmented while simultaneously rendering them increasingly docile (Sawicki, 1991). Power is productive of situations and identities; as configurations of power shift, social structures and individuals’ sense of self can also be mobilized (McWhorter, 2004). The Foucauldian perspective of power provides a useful theoretical framework for understanding aspects of the training and formation processes that account for the development and emergence of the self (Welland, 2001). Thus, the body can be understood as the central site of experience in which the process of knowing one’s identity and capabilities in relation to power is developed.

The History of Sexuality (1980)

Foucault’s work on the operations of power identifies the body as a site of control through which docility and submission can be accomplished (Olssen, 1999). Physical existence as expressed by the human body attracts attention and concern in various

⁴ Bentham’s (1791) Panopticon design is a tower-style circular structure built within disciplinary institutions in the 19th century that permitted prison guards full and constant view of all prisoner cells.

aspects of society due to the implications of its capabilities (Ibid). Foucault's (1979) exploration of strategic power in relation to the body in *Discipline and Punish* is re-appropriated and further discussed in *The History of Sexuality* (1980). In this, he cultivates the central role of sexuality in modern Western societal conceptions of the body (Phelan, 1990). Foucault's (1980) unconventional analysis of the body and sexuality provides an investigation of the hierarchical relations involved in the production and deployment of pleasure and power in Western culture. Moreover, Foucault (1980) exposes the essential role of sexual discourse in the mechanisms of ascendancy in modern Western societies (Martin, 1988).

Foucault's (1980) exploration of sexuality and control focuses on the production of power relations, which reverberate throughout societal understandings of the body (Sawicki, 1991). The generation of these notions instigates the adoption of sexual discourses that guide the reality of many external experiences and practices (Ibid). Moreover, our physical existence is impacted by the ways in which we understand our sexual identities as dictated by institutionalized power in the social world. The historical roots of sexuality illuminate the ways in which the body experiences power thereby guiding the reality of other elements of social life (Ibid). The human physical existence is not established without an awareness of the role in which one's body plays, which is directly related to aspects of society that command control over this element of our lives (Ibid).

While both genders understand the body in this manner, aspects of control impact males and females differently (Sawicki, 1991). Power is exercised over men and women in distinctly dissimilar manners due to the social codes and structures that prescribe

determined expectations of their bodies (Ibid). For Foucault (1980), sex is the pivotal factor in the proliferation of mechanisms of discipline and normalization, turning attention to the abilities and potential of each gender. Foucault's (1980) exploration of the relationship women experience with their bodies and sexuality due to their unique physical aptitudes induces curiosity among feminist scholars (King, 2004).

The body is an over-determined site of power for feminists as well as for Foucault; a surface inscribed with culturally and historically specific practices and subject to political and economic forces.

(King, 2004: 29)

According to Deveaux (1994), few thinkers influence contemporary feminist scholarship on the themes of power, sexuality, and the body to the extent of Michel Foucault (1979; 1980). His work casts significant influence on feminist theoretical positions related to the body and the ways in which different forms of discipline and surveillance are diffused upon women's physical existence (Tyner & Ogle, 2008). Although Foucault (1980) never directly addresses issues of feminism, his work resonates with many feminist theorists due to his perspectives on the sexualization of women's bodies (Sawicki, 1991). Some feminist theorists locate and harness the relevance of this work, appropriating it to explore the processes through which women's bodies are controlled.

Postmodern feminist theory related to the body is informed to a great extent by the work of Michel Foucault (1979; 1980), specifically his thoughts on self-surveillance, which serves as a springboard for feminist discourse about the docile body and gendered power (Amigot & Pujal, 2009; Bartky, 1988; Tyner and Ogle, 2008). The following section explores feminist appropriations of Michel Foucault's (1979; 1980) work on power and the body, specifically Susan Bordo's (1993b) feminist perspectives on the unique experience of the female physical existence in contemporary Western culture.

Bordo's (1993b) work recognizes the female body as the central site of power struggles, emphasizing the ways in which society participates in the control of women's physical existence (Bayer & Malone, 1996; Bernick, 1992).

Susan Bordo: Controlling the Female Body

The feminist project is influenced by many different scholars and continues to evolve into a variety of distinct strands and methods that work towards the growth, strength, and development of women. Perhaps the most interesting characteristic of the feminist project is the diversity and multifarious nature of its motivations across disciplines and throughout history. Feminist scholars study countless aspects of society in search of identifying the roots of women's oppression, working to equate the climate and contributions of societal inequalities. Susan Bordo (1993b), a feminist theorist and philosopher, studies such queries extensively throughout her work, conducting strenuous analyses on the role of the body in modern Western culture. Michel Foucault's (1979; 1980) thoughts on the body and power in society are reminiscent in her theoretical framework; however, Bordo (1993b) examines the specific nature of the female physical existence and its roles and manifestations in contemporary Western society.

Origins of Control

Bordo's (1993b) theoretical framework for evaluating the body in relation to societal influences, power relations, and consumer culture is an extension of the rigorous questioning and protests that emerged from the women's movement in North America. While the battle for women's rights is a gradual process involving a multitude of activism

and efforts,⁵ second wave feminism is of specific relevance to Bordo's (1993b) theorizing.

Second wave feminism in Canada originated around the beginning of the 1960s, focusing on a broad range of issues associated with equality and women's rights, including inequalities in the home, workplace, and broader society (Vickers, 1992). Some of the key struggles that fuelled this movement included affirmative action, pay equity, rape, domestic violence, pornography and sexism in the media, and reproductive choice (Ibid). Among a variety of issues, a unique strand of this movement instigated concern and debate surrounding the rights associated with women's bodies (Wine & Ristock, 1991). Moreover, some activists identified the female body as the primary point of contention through which control and inequalities were exercised upon women. For instance, activists opposed the medicalization of women's bodies, stating that women should be seen as active agents in charge of their own bodies, instead of passive victims of social control (Hankivsky, Morrow & Varcoe, 2007).

Various innovations related to women's health exploded during the second wave of feminism in Canada, such as the introduction of the birth control pill and other methods of contraception (Hayes, McAllister & Studlar, 2000). Despite societal resistance to these developments due to the implications in which these creations posed to traditional values, various female health advancements eventually gained acceptance

⁵ The women's movement in North America is understood as a revolutionary initiative that involves efforts spanning throughout history. While the changes instigated by second wave feminism in Canada are of specific importance to this study, it is important to recognize the work accomplished prior to these achievements. For example, first wave feminism in Canada began in the late nineteenth and early-twentieth centuries when basic human rights for women, such as voting and property rights, were addressed (Wine & Ristock, 1991). These ventures contributed to the successes of future social movements.

(Ibid).⁶ The induction of contraceptive technologies gave women a sexual prerogative never experienced before—suddenly females were given access to reproductive freedoms (Vickers, 1992). As discussion about the female body fostered a reputation viable for public debate, other aspects of her health gained increasing momentum (Ibid). Further, second wave feminist activism in Canada initiated a public awakening with regards to women’s health (Twigg, 2006).

Many of these campaigns drew on classical liberal theory and its conception of the rights of the individual to bodily integrity and possession, they developed beyond that to explore the ways in which women’s bodies were enmeshed in relations of power and domination, in which the oppression of women by men was often exercised at the bodily level, whether overly or in more subtle ways.

(Twigg, 2006: 14).

Positioning the Female Body in Western Society

Although Bordo (1997) acknowledges the elements of overt control of women’s bodies, her theorizing focuses on their position and construction in Western society, providing a cultural approach to the body. She adapts Foucault’s (1979) notions of bodily discipline in relation to one’s physical existence, illuminating the pertinent role of control necessary to upkeep the ideal feminine body.

[F]emale bodies become what Foucault calls “docile bodies,”—bodies whose forces and energies are habituated to external regulation, subjection, transformation, “improvement.” . . . Through the exacting and normalizing disciplines of diet, make-up, and dress—central organizing principles of time and space in the days of many women—[women] are rendered less socially oriented and more centripetally focused on self-modification. Through these disciplines, [women] continue to memorize on [their] bodies the feel and conviction of lack, insufficiency, or never

⁶ The introduction of contraceptive technologies, such as the birth control pill, allowed women the ability to engage in sex with limited fears of unwanted pregnancy, orchestrating a new level of individual agency and ascendency.

being good enough. At the farthest extremes, the practices of femininity may lead [women] to utter demoralization, debilitation, and death.

(Bordo, 1989: 14)

Bordo's (1989) discussion of disciplining practices exercised by females on their bodies equates a unique relationship experienced by women with their physical existence.

Women learn to construct their appearance according to strict social ideals that demand a certain level of attractiveness to be deemed useful and normal (Bordo, 1989). While feminist activism has pushed the discussion of women's bodies into the public sphere, allowing for increased freedom and control of their physical existence, the female body still faces standardized discrimination (Bordo, 1989; Bordo, 1993b). The struggle to maintain an acceptable body requires women to conduct various rituals that work to uphold and enhance the appearance and acceptance of their bodies (Brand, 1999).

Beyond a woman's unique physical capacities, the female body is also commonly associated with its role as an object of beauty, as attractiveness is considered central to the topic of female representation in modern Western culture (Black, 2004).

Although women commonly struggle with the challenges posed by their feminine bodies, Bordo (1993b) attempts to refigure women as not simply passive victims of this process, but as active producers of their physical existence through the pursuit of continually shifting ideals. This venture focuses on the ways in which women come to discipline and survey their own bodies by engaging in practices which produce their own docile bodies according to the idealized constructions of female gender roles (Budgeon, 2003). Throughout her work, Bordo (1993b) presents a vicissitude of examples that highlight the various practices adopted by women throughout history that demonstrate disciplinary practices on their bodies. Dieting is deemed one of a number of patriarchal

disciplinary techniques played out on the body through forms of control, regulation, and regimentation that are often fuelled by a woman's desire to achieve a slender aesthetic parallel to mainstream media images of thin, young female bodies (Heyes, 2006). This example indicates that it is not the body, but the codifying of the body into a structure of appearance, culturally shaped by images of what it means to be "feminine" that concerns Bordo's (1993b) theoretical framework (MacDonald, 1995).

Understanding Control: Women and Their Bodies

Bordo's (1993b) exploration of the female body demonstrates the unique ways in which women understand and relate to their physical existence. While contemporary Western culture places a harsh emphasis on the visual themes associated with women's bodies, an important element related to the ritual of maintenance is the upkeep of one's health. Bordo's (1993b) emphasis on the relationship that women share with the physical aesthetic of their bodies is also appropriated to the realm of control and maintenance related to the upkeep of feminine health. Women associate ideal health and well-being as an important factor in their ability to perform as a successful female. Attractiveness and ideal femininity are linked with a woman's healthfulness, which not only include her ability to be healthy, but also her ability to take care of her family and loved ones (Barnett, 2006). Women constantly face the burden of taking care of their bodies, whether related to their appearance or personal health. The rituals and control necessitated to fulfill these ideals are understood in terms of gendered expectations that resonate throughout society and work to normalize sometimes seemingly absurd

techniques adopted by women to ensure their acceptance and appreciation as a female (Conboy, Medina & Stanbury, 1997).

Bordo's (1993a) analysis of the female physical existence illuminates the pertinence of women's bodies in society. Moreover, it necessitates the provision of information about women's bodies that can instigate independence and female bodily empowerment. While women continue to struggle with female appearance ideals, they have gained increasing access to knowledge regarding their bodies and health, and thus enjoy further control of their physical existence. As consciousness-raising efforts surface and evolve, society becomes increasingly aware of the significance of the female body. As women break free from struggles and limitations imposed upon their bodies, they gain knowledge and control, resulting in empowerment. Although society continues to demonstrate a seemingly suffocating grip on women's understandings of their bodies, females demonstrate the ability to take aspects of their health into their own hands. This is instigated by a variety of efforts; however, the accomplishments of second wave feminism have strongly impacted women's level of accessibility to knowledge about their health and bodies.

At present, the level of accessibility to information about women's bodies and health in contemporary Western society is relatively high (Barnett, 2006). Societal entities such as the mass media play a particularly large role in the dissemination of health information, particularly to women. In fact, many women's health issues first found public attention through mass media coverage, allowing for accessible and understandable healthcare information to audiences (Ibid). Health information has proven

to be increasingly important to the empowerment of women, thus the ways in which such knowledge is portrayed is of specific importance to this study.

To further understand the ways in which the media participate in the framing and discussion of health, the following section will explore Erving Goffman's (1974) *Frame Analysis*. This text reveals Goffman's (1974) work on the framing of social experiences, which utilizes the metaphor of the "frame" as an analytical tool to understand the ways in which people understand social reality. This theoretical foundation produced by Goffman (1974) is of specific interest to this study due to its relevance and uses among media and communication scholars as an analytical tool. Therefore, the exploration of this text will allow for the discovery of the intellectual roots that guide adaptations of this analytical method in media and communication research.

Frame Analysis

Erving Goffman's (1974) Frame Analysis

Erving Goffman (1922-1982) is considered one of the twentieth-century's most remarkable social science practitioners due to his highly distinctive attitude and analytic stance toward the social world (Smith, 2006). His academic career spans across a multitude of disciplines and demonstrates his fascination with social life from a variety of perspectives (Ibid). His work exemplifies an incomparable conceptual methodology that contributes to an understanding of the structure of everyday life in many important and significant ways (Ibid). Albeit, Goffman denies the status of a theorist, instead claiming to be an empirical researcher or an ethnographer (Treviño, 2003). Beyond the benign controversy over his formalized title, there is no doubt that Goffman was a preeminent

sociologist of the structure of face-to-face interaction—what he terms “the interaction order”—and established his own unique domain of inquiry and methods of research (Ibid).⁷

Goffman’s (1974) Socioliterary Method: The Frame Metaphor

While the discussion of Goffman’s (1974) contributions to knowledge is seemingly exponential, his literary style and employment of captivating words and phrases to explain and guide his analyses are undoubtedly noteworthy. Specifically, “The distinctive case of Goffman’s thinking about social life was evident in his subtle and skillful use of a range of metaphors (dramaturgical, ritual, game theoretical, ethological) and his flair for sardonic witticism and ironic observation” (Smith, 2006: 3). While Goffman’s (1974) socioliterary talents are evident in many facets of his work, his use of metaphors to inform *Frame Analysis* is particularly appropriate for this study.

The artistry of lexicon employed by Goffman (1974) is noteworthy due to his unique ability to illustrate his theoretical techniques through metaphorical language. According to Rigney (2001), metaphors are commonly employed in an attempt to reduce complex and unfamiliar phenomena to simpler and increasingly familiar terms. Further, “[a] metaphor is a mode of thought wherein we interpret one domain of experience through the language of another” (Rigney, 2001: 3). Metaphors shape our perceptions of reality in many spheres of our existence, our conceptual imaginations, and ultimately our actions (Ibid).

⁷ Goffman’s work is regarded as one of the fundamental references for the wider community of scholars, most notably in cultural anthropology, psychiatry, social psychology, and sociolinguistics (Treviño, 2003).

While some scholars praise Goffman (1974) due to his ability to bridge meaning and create understanding of complex topics, it is also important to acknowledge the dangers in this method of explanation (Rigney, 2001). Metaphors can be powerful sources of creative insight, but they also can pose hidden dangers. Although some metaphors indeed serve as clear stylistic devices that function not as mere ornaments but as central organizing principles structuring entire bodies of thought, others can be intoxicating due to the subjective nature of their origin (Ibid). The ambiguity that lies in metaphorical language can cause confusion or misinterpretations of the motive, nature, and meaning of the intended purpose. However, while such confusion is seemingly unavoidable, the hazards of metaphors in social theory are real enough, but reside less in the nature of the tools themselves than in the carelessness with which they are often applied to in social analysis (Ibid). Thus, it is recommended that scholars and researchers strive to use metaphorical tools consciously and critically, for they continue to shape the course of social theory, and even society itself (Ibid).

The Organization of Experience

The frame metaphor that is developed and explored throughout Goffman's (1974) longest and most ambitious book, *Frame Analysis*, is appropriated in many different contexts and advanced in fields beyond sociology, such as communication and media studies (Burns, 1992). *Frame Analysis* (1974) is about the ways in which people endure and understand events, objects, the self, and others through the shaping and compartmentalization of life experience. Goffman (1974) demonstrates his fascination with the ways that meaning is created and negotiated within the context of everyday life through *frames*, which

structure our perceptions of the social world. Thus, *Frame Analysis* (Goffman, 1974) is about the organization of experience.

To explore the organization of experience, Goffman (1974) begins with the assumption that when individuals attend to any situation they will explicitly or tacitly inquire: “What is going on here?” (Treviño, 2003). To answer this question the frame metaphor is employed, which is a subjective principle of organization that defines situations (Ibid). The main purpose of this theory “is to investigate the ways in which individuals frame their activities, (and those with whom they interact), in order to make sense of a variety of situations” (Baptista, 2003: 197). Goffman’s (1974) frame metaphor articulates “social life-as-a-picture-frame” (Treviño, 2003: 20), allowing for one to understand the picture (the event) and the perspective from which it is viewed (the frame) (Ibid). This perspective addresses the issue of human experience and demonstrates a cross-cultural and multi-disciplinary understanding of social life (Chriss, 1993).

Through the adaptation of the frame metaphor, Goffman (1974) theorizes that it is possible to understand how individuals experience a “strip” of activity. A strip is defined as “any raw batch of occurrences” or “any arbitrary slice or cut from the stream of ongoing activity” (Goffman, 1974: 10). Thus, a frame can be understood as a “schemata of interpretation”, which “allows its users to locate, perceive, identify, and label” a strip of activity (Goffman, cited in Smith, 2006: 56). The frames that give form to our experience are ground in strips and are cognitive (Smith, 2006). “Goffman suggests that frames imply a correspondence or isomorphism between the individual’s perceptions and the organization of the strip so perceived” (Ibid: 56).

To refine the frame, three key distinctions exist at the core of the metaphor: the “primary framework”, and two reworkings of the primary framework: the “key” and the “fabrication” (Smith, 2006). According to Goffman (1974), primary frameworks may be natural or social (i.e. guided doings or events) and are an extremely large feature of social life. This part of the frame represents the “elemental interpretive scheme enabling the individual to make sense of an activity that is otherwise meaningless” (Smith, 2006: 56). These frameworks can be reworked or transformed into keys or fabrications (Ibid). Keyed frames entail awareness of all participants that the frame has been transformed, whereas, in the case of fabrications, participants are unaware of the genuine nature of the transformation that has occurred (Ibid).

While Goffman’s (1974) frame analysis is praised in many respects due to its innovative methods of bridging theoretical consciousness, his work also faces criticism. Denzin and Keller (1981) suggest that Goffman’s (1974) contributions to an interpretive social science are limited, stating that his frames are frozen forms and his concept of reality is blurred and illusive. Further, it is suggested that Goffman’s (1974) frames catch events that are on the periphery of everyday life, and fail to acknowledge habitualized behaviours⁸ that are seemingly on the outside of the scope of *Frame Analysis* (Denzin & Keller, 1981). While it is important to consider these perspectives and potential limitations, in reflecting on Goffman’s (1974) academic career it is possible to deem various elements of his research and analyses as valuable to a multitude of disciplines and of specific importance to this study. Echoes of his work reverberate throughout academia

⁸ Habitualized behaviours include, for example, greetings, good-byes, relational affirmations, going-to-sleep repertoires, and making casual conversations (Denzin & Keller, 1981).

today, and also continue to attract readers in alternative spheres such as literary critics, journalists, and public intellectuals (Treviño, 2003).

While Goffman (1974) employs a vicissitude of unique methods in his work, his theoretical developments in *Frame Analysis* inspire further interpretations of the frame metaphor and contribute to knowledge in various contexts. The following section will explore the adaptation of Goffman's (1974) methods as a tool for media and communication analysis. This will allow for the investigation of frame analysis as an investigative method useful for the understanding of the ways in which ideas and concepts are formulated and communicated within media texts.

Frame Analysis in Media Studies

Frame analysis is a multi-disciplinary social science research tool commonly attributed to the work of Erving Goffman (1974) in *Frame Analysis*. According to Ytreberg (2002), over the years, a number of contributions within media studies have drawn on Goffman's (1974) work in *Frame Analysis* to analyze the texts and structure of mass media.

Goffman (1974) contributes significantly to media studies, particularly in relation to his development of the frame metaphor (Ytreberg, 2002). While frame analysis can be utilized in a variety of academic fields, its adaptation in the realm of mass media and communication studies is considered the most relevant to this study. In this context, such methods work to understand how the media present and categorize information (Barnett, 2006). The frame analysis technique allows the researcher to discover the process of framing, which can spotlight, emphasize, and also circumscribe ideologies and messages (Baptista, 2003). The notion of framing ideas in the media draws attention to how media

practitioners organize information in accordance to their interaction with sources and their motives in the promotion of particular perspectives (Reese, 2003).

Within the Frame: Mediating Ideas

Robert Entman (1993) develops upon the work of Goffman (1974) to create a method of analysis suitable for the exploration of contemporary media studies.

[T]he concept of framing consistently offers a way to describe the power of a communicating text. Analysis of frames illuminate the precise way in which influence over a human consciousness is exerted by the transfer (or communication) of information from one location—such as speech, utterance, news report, or novel—to that consciousness.

(Entman, 1993: 51-52)

In his work, Entman (1993) strives to suggest a precise and universal understanding of the words, *frame*, *framing*, and *framework* to identify and define the explicit common tendencies among the various uses of these terms. He explains:

To frame is to *select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation* for the item described.

(Entman, 1993: 52, *emphasis in original*)

Accordingly, communicators and media practitioners make conscious and unconscious framing judgments in deciding what to say, which is guided by frames that organize their belief systems. Therefore, the text of a message contains frames, which are manifested by the presence or absence of certain stock phrases, keywords, sources of information, stereotype images, and sentences that provide thematically reinforcing clusters of facts or judgments. The majority of frames are defined by what they preclude as well as incorporate; that is, the omissions of potential problem definitions, explanations,

evaluations, and recommendations may be as critical as the inclusions in guiding the audience. (Entman, 1993).

Schuefele (1999) asserts that the frame offers a structure that assists the media gather and present ideas, concepts, or events, as well as help audiences as a tool of interpretation. In essence, “frames may be viewed as an abstract principle, tool, or ‘schemata’ of interpretation that works through media texts to structure social meaning” (Reese, 2001: 14). Frames have the ability to disclose what content is relevant as a social concern, and can also omit or fail to present information to develop emphasis or focus on a certain area or issue (Ibid). Through the process of framing, media producers can draw attention to certain elements of reality, which can result in the distorted portrayal of a subject or event. Although this can be used as a control or censorship mechanism in some situations (i.e. biased news coverage of a global happening), it can also be used to synthesize and simplify complicated information to create a “user-friendly” version of an issue (i.e. describing a complex disease in a general interest magazine) (Ibid). The process of framing is multifaceted and can be employed for a variety of purposes. Thus, it is important to understand framing techniques to illuminate many empirical and normative controversies, as the concept of framing prescribes the methods employed to obtain power via a communicated text (Entman, 1993).

Analyzing Media Messages

In adapting the frame analysis theory to a study, it is possible to dissect the meanings of issues and ideas presented in the media text (Stolte & Fender, 2007). This method of analysis may bring forth questions of power relations and initiatives of particular

organizations or institutions, and also allow for awareness or an advanced understanding of agenda setting. Although agenda setting may not be formally considered a unified element of frame analysis, many studies concerning media content analysis demonstrate convergence of the two paradigms.

According to McCombs and Ghanem (2003), “agenda setting is a theory about the transfer of salience from the mass media’s pictures of the world to those in our heads” and ultimately infers “the media’s agenda sets the public’s agenda” (67). The outcome of the unification of these traditions can allow for a greater unity in our knowledge of how the media’s pictures of the world are constructed and in turn, how the public responds to such images (McCombs & Ghanem, 2003). Agenda setting can be seen as another name for successfully performing a primary function of framing: defining a problem or situation to an audience in relation to the communicator’s perspective (Entman, 2007). This aspect of framing exhibits the strategic underpinnings of this process, which allows for the creator of a message or text to develop an idea based on a desired audience outcome (Ibid).

Entman (2007) discusses the process of framing and agenda setting in relation to elites, noting that those in a position of power tend to engage in this process. This is commonly due to their desire to persuade people to behave in a certain way, and in turn support or tolerate elite activities (Entman, 2007). Further, “given limitations of time, attention, and rationality, getting people to think (and behave) in a certain way requires selecting some things to tell them about and efficiently cueing them on how these elements mesh with their own schema systems” (Ibid: 165).

The issue of power and influence in relation to framing is of importance when utilizing this method of analysis on media texts. Robinson (2005) emphasizes the preponderance in understanding the process of framing on behalf of journalists and media practitioners, due to their ability to develop and transform ideas that will be communicated to audiences. Thus, in employing frame analysis, it is necessary to scrutinize media products and relate them to the conditions of their production, social context, and the conditions of their audience. By doing so, it may be possible to extract knowledge on the motives and expectations of media content and further understanding on the ways in which messages impact their receivers (Robinson, 2005). Although some scholars suggest that framing is a tool employed by the media often unconsciously in an attempt to categorize and interpret vast amounts of information, it is important to acknowledge the power of this process and how it impacts the creation of media messages within modern society (Barnett, 2006).

The exploration of frame analysis as an analytical tool in media studies allows for further understanding on the ways in which the media are involved in the dissemination of information. Frame analysis emphasizes the powerful role of media messages and the importance of investigating the ways in which the media present information. The influences that impact media practitioners' content production processes are seemingly infinite; however, social standards and structures are prominent indicators. The media do not function as static independents—they are surrounded by and interact with societal, cultural, political, and economic variables (to name a few). These external elements have strong influential abilities on the mass media, impacting the ways in which media practitioners frame ideas, people, and events. Frame analysis also affords the ability to

understand how media coverage changes and evolves. In investigating the framing methods of content in a historical context, it is possible to evaluate the changes in the presentation and discussion of certain topics. The media demonstrate a unique ability to participate in the growth and development of audiences through coverage; thus, the investigation of framing methods employed to do so is of great importance.

Media messages are created and disseminated across a seemingly endless spectrum of communication platforms. While each method of interaction possesses distinctive influential abilities based on media positioning and content, the role of women's magazines is investigated in the following section due to their unique capabilities within the women's mediascape. The dissection of the historical background of these texts and their roles within society will be presented to reveal the pervasive and efficacious nature of these entities. This will allow for an understanding of the ways in which such media texts have evolved, specifically in relation to the emergence and framing of the discussion of women's health in women's magazines.

Women's Media: Feminism and Women's Health

The modern Western woman has developed into an icon of choice, power, and freedom. Although she has not always enjoyed the indulgence of this prerogative, her journey and evolution has proven to be an adventure spiked with struggles and rewarded with prosperity. In its evolution, the feminist movement has come to encompass a diverse realm of ideas and perspectives related to social inequalities, and instigated aspects of growth and change with regards to issues such as power relations, opportunity, and mutual respect among men and women (Tyner & Ogle, 2008). From inception, the

women's movement stimulated a societal metamorphosis—from woman to feminist (Thornham, 2007). From such vicissitude sprung a movement that has now grown into a fragmented syndication, disallowing it to be written as political undertaking with a mass following. Moreover,

The category 'all women' has itself become suspect, as 'sisterhood' reveals itself to be fractured by power differences along lines of class, race, age, and sexual orientation; and women as a group can no longer line up so easily with 'other oppressed peoples'.

(Thornham, 2007: 2)

Due to such changes, it has become increasingly important to re-appropriate the knowledge and meaning of women's life experiences to create and advance new ways of envisioning the world (Smith, 1993).

According to Lips (1991), the women's movement strives to enhance females' status and to promote equality between the sexes, which calls on feminists to raise questions and generate debate around issues of power. Throughout the women's movement in Canada, power has been a pivotal theme, as women have traditionally been robbed of certain rights and freedoms that limit their abilities. Although power is a seemingly elusive concept, it consistently surfaces as a challenge for women throughout their struggle for rights (Freeman, 2001). The points of contention have varied dramatically throughout the emergence of feminism, allowing for the rise and fall of a diversified range of issues. The media's role in the growth and changes associated with women's rights and freedoms in Canada is of specific importance to this study, due to the dominant place in which the media holds in society.

Practices of Knowing: Women and Their Bodies

While feminists and women's rights activists have chosen to focus on various aspects of society in an attempt to promote growth and equality among citizens, the body as a site of struggle has emerged as a prominent focal point in feminist scholarly inquiry (Woodstock, 2001). Related to questions of biological determinism, reproductive rights, bodily integrity, beauty, and fashion (to name a few), the female body is proven to be a highly sought after commodity within the political, economic, and social sphere. According to Woodstock (2001), Westerners treat the body pragmatically—they recognize it as a social signifier and social tool, subjecting it to mass public scrutiny, control, and manipulation. Due to such perceptions, women's bodies attract attention in relation to the physical, psychological, and emotional roles in which they occupy within society. Unlike men, women face an inferiority complex commonly fuelled by patriarchal values deeply entrenched in everyday practices, which require women to possess consciousness and awareness in relation to the control of their bodies (Woodstock, 2001).

The investigation and exploration of women's bodies fascinates feminists throughout history, motivating discussion in relation to how their bodies are used, abused, and obsessed over in various respects. Women are trained to understand their bodies as objects that must be maintained and controlled through the usage of various products and tools outlined by narrow images that command mainstream expectations of femininity. Although Westerners are commonly reluctant to believe that those who fail to meet standards of attractiveness are at a disadvantage, it has been acknowledged that those who are considered beautiful, healthy, and attractive enjoy privileges in our society (Woodstock, 2001). Such expectations can fuel stress and anxiety among women,

motivating them to understand their bodies as commodities, which can be altered and enhanced through the adaptation and utilization of commercial products (Lloyd, 1996).

While beauty, attractiveness, and fashion are all related to the decoration and controlling of the female body, the medicalization of feminine embodiment has emerged as a dominant theme in feminist scholarly inquiry. Medical and scientific discourse surrounding the appearance of women has become an increasingly important topic, as women are trained to understand their attractiveness in relation to health (King, 2004). Women are taught through gender expectations that health is a female “moral obligation” (Ibid) that must be carried out to preserve the wellbeing of her and others. This interpretation of discourse subjects women to an engendered inclination towards the supervision and containment of the body, requiring strength, money, and efforts to ensure that her physical existence is properly presented (Ibid). Additionally, a woman’s capabilities may be judged in relation to the appearance and health of her loved ones, due to societal understandings that prescribe women the task of ensuring a wholesome and unimpaired family (Ibid).

While various aspects of society contribute to the development of ideals that motivate women to understand their bodies as objectified beings that must be disciplined, the media are understood as a pervasive element in this equation. Various scholars (i.e., Korinek, 2000; MacDonald, 1995; Robinson, 2005; Smith, 1993; Thornham, 2007) agree that the media present the female existence in a distorted manner, plagued with unattainable standards and expectations. In this, women are confined to strict standards of femininity that fail to incorporate an accurate depiction of the diversity that exists among women (Korinek, 2000). While media images of women tend to be inaccurate, some

aspects of women's media are deemed important to the growth and development of females' wellbeing. Moreover, women's media also have the ability to provide females with unique information regarding their bodies and health that can be very useful to the development of informed, empowered individuals. While the media are commonly accused of depicting inaccurate portrayals of femininity, some platforms participate in the dissemination of information and knowledge relevant to the betterment of females, such as women's magazines.

Her World: The Women's Magazine Industry

The world of communication continues to expand through technological developments, providing opportunity for media growth that offers women increasing access to media for them and about them. Women's magazines demonstrate unique niche markets that have evolved dramatically throughout the history of their existence, demonstrating a powerful role in the development of female media. For more than a century, women's magazines in the Western world have provided readers with a wealth of information aimed at helping them develop essential feminine skills and knowledge (Barnett, 2006). While males have traditionally dominated the female magazine business, women have also been active in the industry as publishers, editors, writers, and readers since its beginnings (Johnson, 1993).

According to Korinek (2002), the first publication to refer to itself officially and exclusively as a women's magazine was *The Ladies Magazine*, which began in 1732 in Britain. In the United States, journalism directed towards women commenced in the 1790s, and within a few years, female readers were offered a variety of products. The

women's magazine industry flourished in the early nineteenth century following further female journalistic development in the United States, which was led in popularity by *Godey's Ladies Book* (first published in 1830).⁹ Canadian readers of women's magazines had to rely on the American and British products until 1905, which is when *The Canadian Home Journal* was founded. (Korinek, 2000).¹⁰

Framing Feminism: Health Coverage in Chatelaine

*Chatelaine*¹¹ launched into the Canadian English magazine market in March 1928 under Maclean's Publishing, and still continues monthly publication today by Rogers Media Incorporated (Korinek, 2000). Similar to mainstream Western women's magazines, *Chatelaine* offers readers typical content such as recipes, lifestyle information, relationship advice, beauty tips, and fashion trends, but is also known for publishing material contrary to mainstream etiquette (Barbour, 1982). Although the motivations to

⁹ In 1883 Cyrus and Louisa Knapp Curtis founded the *Ladies Home Journal*, which was a great success in North America, as it included a plethora of interesting women's material (i.e., food, fashion, fiction, advice columns, etc.) as well as national advertisements for household products, cleaning supplies, toiletries, and clothing. Magazines of this nature continued success and growth into the twentieth century, as they offered a product of interest to women at an affordable subscription cost and became a lucrative business tool to media companies. (Korinek, 2000).

¹⁰ *The Canadian Home Journal* served a national audience of female readers until 1958, along with a few other short-lived periodicals, such as *Everywoman's World* (1914-1922), *Canadian Homes and Gardens* (1925-1962), and *Mayfair* (1927-1955) (Korinek, 2000).

¹¹ *Chatelaine* got its name through an inspired twist of marketing, in which an advertisement was placed in *Maclean's* magazine, launching a national contest to name the new women's publication. Over 70,000 people responded to the ad in hopes of winning the \$1000 prize. In the end, a rancher's wife from Elbourne, British Columbia, Hilda Paine, pocketed the money for her suggestion, "The Chatelaine". The meanings of the term "chatelaine" are attributed to a decorative belt hook or clasp worn around the waist with a series of chains to which items are suspended. Each chain is mounted with a useful household appendage, such as keys, a thimble, and watch (to name a few). Many housekeepers commonly wore chatelaines in the 19th century. The word is derived from the French term, attributed to a female owner, wife of an owner, or simply a woman in charge of a large house. Originally, the chatelaine was designed to equip a woman in charge of a household with all of the necessary tools required to rectify problems that she may encounter. (Korinek, 2000).

develop *Chatelaine* were predominantly driven by advertising opportunities within the female target market, this magazine has and continues to attract a broad audience (Korinek, 2000). Further,

While *Chatelaine* was a commercial cultural product, created primarily to make money for the Maclean Hunter company by attracting a large number of advertisements to the magazine, the editors and their staff were concerned with producing material of interest to readers.

(Korinek, 2000: 51)

Despite its role as a lucrative advertising mule, *Chatelaine* is also considered a polysemic product—one that contains a variety of messages and meanings for its diverse readership. As women's roles change, so does *Chatelaine*'s demographic, forcing the magazine to renew and tailor its product in relation to the expectations and desires of its audience (Korinek, 2000).

Perhaps the most pervasive element of this magazine is its ability to resonate with its multifarious audience. *Chatelaine* not only acts as a publication in which women can go to for general advice and information, but it also provides interactive qualities. This encourages readers to write to the magazine, comment on the material, ask advice of the editors, follow recipes, and respond to other readers (Korinek, 2000). This method of communication demonstrates *Chatelaine*'s ability to resonate with readers, and include them in the development and production of the magazine. "Ultimately, *Chatelaine* [is] a 'producerly text': it [contains] within its pages diverse ideas, opinions, and messages. It [encourages] readers to think about, and not just absorb, the material" (Ibid: 367). This audience-engaging strategy is useful in involving readers with the material and inspiring them to actively participate in the development of content.

Chatelaine's dedicated readership is also attributed to this publication's commitment to hiring strong contributors, which aid in the development of a magazine

that is accurately attuned to the experiences of Canadian women (Korinek, 2007). The women who lead this magazine work to develop material that spans beyond the conventional confines of a women's general interest magazine (Ibid). Editors of *Chatelaine* frequently highlight feminist and political issues pertaining to women, demonstrating that no subject matter should be considered taboo—incest, drug abuse, interracial marriage, poverty, battered children, and divorce have all been covered (Ibid). In fact, *Chatelaine* has been called a “closet feminist magazine” (Ibid: 257) due to the large amount of politicized and activist-oriented material that it provides to its readers. In her survey of the Western women's media market history, Korinek (2000) asserts that *Chatelaine* is the first Canadian women's magazine to adopt a feminist message.

Taking Good Care: Health in Chatelaine

Although feminism in Canada spans across various topics and disciplines, Bordo (1993b) argues that the focal point of women's liberation is rooted in the battle for the rights associated with females' bodies and health. Among the many chains that have held women back throughout their struggles for freedoms is the lack of access to control and information about their health and bodies (Korinek, 2000). The 1960s in Canada marked an era in which women began to raise consciousness about the severe dangers associated with the lack of power females exercised over their bodies. The campaign for increasing women's bodily autonomy was widely supported by *Chatelaine* (Ibid). However, although such issues were clearly a part of the feminist agenda, the magazine commonly structured related articles (i.e., its content, tone, purpose, etc.) from a medical perspective (Ibid).

Feminist scholars argue that women's magazines play a significant role in shaping women's health debates and understandings (Barnett, 2006). Many health concerns associated with women first find public attention through publication in women's magazines, allowing for accessible and understandable healthcare advice and information to readers (Ibid). This type of information has proven to be increasingly important throughout the history of feminism, as medical pedagogy has normalized the 70-kg white man—excluding women and deeming them as different and abnormal (Phillips, 1995).

However, while women's magazines are praised as an important source of health information for females, they are also criticized for their superficial treatment of health topics and failure to cover a multifaceted range of medical issues relevant to a diverse audience (Woodstock, 2001). The pages of mainstream women's publications commonly attribute looking physically appealing with other attractive associations, such as wealth, power, and confidence (Ibid). Women's magazines are also accused of constructing the body as a work zone, encouraging women to perpetuate the objectification of their bodies (MacDonald, 1995). Thus, while these publications are often understood as viable educational tools, they also commonly fail to challenge patriarchal and capitalistic ideologies, which dictate that happiness can only be achieved via ideals that tend to be myopic and materialistic in nature (Barnett, 2006).

Despite such criticism, women's magazines have become a how-to-guide for daily living and in many ways act as instruction manuals for health. Contemporary women's magazines publish informative articles that cover a broad spectrum of health topics, inviting readers to learn more about their bodies. Women's magazines play a dominant role in the shaping of health knowledge by educating the public about current issues. In

fact, some feminist scholars argue that women's magazines have the ability to improve women's health through the development of discussion on various topics and issues. Many health concerns first came to the public's attention through women's magazines, as these publications commonly strive to make health information accessible and understandable to a diverse female audience. Thus, while critics of women's magazines commonly focus on their reinforcement of females' traditional roles as homemakers or their status as second-class citizens in a patriarchal culture, research suggests that the media play a key role in raising women's awareness of their health (Barnett, 2006).

Health Coverage as a Vehicle of Empowerment in Chatelaine

Chatelaine's active participation in the coverage of feminist issues, specifically women's health, qualifies this publication as an important Canadian social artifact. Since inception, *Chatelaine* demonstrates its ability to participate in the social change associated with women's rights, specifically in relation to motivating public discussion about women's health and bodies. The female body is commonly subject to public scrutiny through the adaptation of discipline and control originating from patriarchal expectations and structures. In this, women's bodies are often understood as a cultural object that must be decorated, manipulated, and controlled.

Women's general interest magazines commonly include content about matters related to the feminine physical existence, often reinforcing the importance of discipline on women's bodies. While such content is accused of providing a superficial presentation of a non-diversified range of matters related to women's bodies, *Chatelaine* is praised with providing unique insight into women's health and bodies (Korinek, 2000). Content

in *Chatelaine* espouses social change, specifically the transformation of issues related to the feminist project. To calibrate *Chatelaine*'s stimulation with regards to the growth and development of Canadian women through the publication of content related to women's health and bodies, it is necessary to specify and appraise the framing techniques employed by this magazine. Through the analysis of content that focuses on women's health and bodies it will be possible to illuminate the ways in which *Chatelaine* frames health issues, and ultimately circumscribes different ideologies to its audience resulting in the empowerment and transformation of Canadian women.

To properly analyze how *Chatelaine* actively participates in the transformation of Canadian women in relation to the discussion and presentation of health topics, the frame analysis approach is employed. This methodological tool, grounded in social constructionism and aligned with several important developments in social theory, allows for the examination of the discussion of women's health and feminism in this publication. This method of analysis allows for an investigation of the health topics discussed in *Chatelaine* between 1928 and 2010 to understand how this publication contributes to women's health knowledge and the rise of feminism in Canada. As women's rights and feminist activism influence Canadian society, media outlets such as *Chatelaine* also participate in the liberation of women.

Health content is deemed an accurate indicator of the rise of feminism in Canada due to the important role of women's bodies in a social and cultural context. As women gain increasing control and knowledge about their physical existence, they enjoy freedoms and empowerment. Health information allows women the opportunity to take control of their bodies, which have traditionally been dominated by social, political,

religious, and economic structures that inhibit the autonomy of females. Thus, in measuring the framing of women's health in *Chatelaine* it will be possible to extrapolate findings with regards to the ways in which this publication participates in the development and empowerment of Canadian women.

Chapter 3

Methodology

As outlined in previous chapters, the media have the ability to impact, influence, and interact with the ways in which society develops and changes. *Chatelaine* contributes to the growth and development of women through the publication of material that works to raise awareness and knowledge among females with regards to their health and bodies.

While it is known that this magazine contributes to the development and empowerment of Canadian women, there is a gap in scholarly inquiry concerning the methods employed by *Chatelaine* to achieve this outcome. This thesis explores the health content and framing techniques embedded within the text, and the opinions of those involved in production of this magazine by drawing on the previously explained theoretical framework to detail the motives, goals, and outcomes of these practices. Specifically, this thesis examines how *Chatelaine* participates in the evolution of Canadian women in relation to the discussion and presentation of information about their health.

Concepts and Operationalization

The study of a concept or event requires that the item under investigation be defined and measured (Caspersen, Powell & Christenson, 1985). To ensure accurate measurement in this study, key concepts are required to be operationalized. While it is acknowledged that many different definitions for a single construct can exist, the process of operationalization is employed to link the language of theory with the language of

empirical measures (Neuman, 2007b). The following concepts are used to address the research questions and other major themes within this thesis: modern feminism, women's health, health elements (physical health, psychological health, reproductive health, and disease/illness), health topics, credentials, and transformation.

Modern Feminism

The term “feminism” is directly related to a woman's reality and experiences and is a result of feminist theorizing (Worley, 1995). It embodies the many different voices and elements of female life and is defined as, “issues such as those associated with our choice, our work, our home, our bodies, our family, our identity, our societal status and our speech” (Mui & Murphy, 2002: 3). Feminists work to assess women's inequalities; therefore, this term also embodies the struggles and challenges that are involved in the construction of such reality. To understand feminism, it is also important to acknowledge that because reality is socially constructed, the process by which women reconstruct their own reality must include situational, cultural, and historical considerations (Mui & Murphy, 2002). Thus, there is not one single reality that represents all women; feminism merely defines the overarching framework of experience, but is unable to offer a specific tailored definition for all females simultaneously (Ibid).

Feminism, by nature, is a highly diverse concept that includes the ideas, theories, and efforts of women from all facets of the political, economic, geographical, cultural, religious, and racial spectrum. However, “although feminist thought is extremely diversified in its theoretical assumptions and its goals, there are certain common elements shared by all types of feminism” (Robinson, 2005: 6). An important shared aspect of this

concept is the journey for growth and empowerment, which may be facilitated through a variety of vehicles or methods. Thus, maintaining the multifaceted nature of this term, feminism offers “antifoundationalist assumptions about reality [that] have fostered an atmosphere of openness to diverse views and experiences, without rendering any experience to be more valid than the others” (Mui & Murphy, 2002).

Modernity is considered a vital element of this study in relation to feminism, as social growth and change are significant aspects of feminist initiatives and activism. However, appropriating all strands of feminism within this category is challenging due to the broad range of ideas and perspectives that influence this study. Despite this, modernity is appropriated within this thesis as a method for conceptualizing the resistance to traditional modes of thought that circulate in society regarding women’s roles and rights. Therefore, modernity is understood as the progressive journey and force that strives to liberate women from social paradigms of ignorance and irrationality that have traditionally oppressed females (Rosenau, 1992). The modernization of women refers to a progressive movement; the development of ideas and structures that contest and surpass accustomed tendencies that limit women’s freedoms and abilities to flourish.

The definitions employed by this study encompass a newly developed perspective on modernity and feminism, fusing a variety of ideas to create perimeters that guide the measurement of these concepts. In this, modern feminism is understood as an overarching notion drawing from many topics and aspects of feminist theory that relate to women’s experiences and development towards liberation and autonomy. This definition emphasizes the heterogeneity of feminism, and strives to include and celebrate as many perspectives and philosophies related to a woman’s essence and subsistence. Further, this

notion also acknowledges the special role of women as individuals and also the guidance, momentum, and community created by women in a collective context.

Due to the nature of this study, the modernization of feminism will be traced in relation to the discussion of women's health in *Chatelaine*. Therefore, this concept represents the unique ways in which women experience their existence, associating activism, inequalities, empowerment, progressive social movements, and feminist thinking as key indicators of women's histories.

Women's Health

This study strives to analyze the ways in which women's health is framed in *Chatelaine* between 1928 and 2010 to unveil the presence and evolution of feminism in this magazine. Thus, defining this concept is integral to this thesis, requiring operationalization to ensure accurate measurement of this notion. Women's health is considered a subjective notion that possesses the ability to incorporate a seemingly infinite vicissitude of elements. To situate this term in correct correspondence with the goals of this research, the basic meanings of health are first explored to understand the origins of this concept.

The root of the word "health" derives from an old Germanic term referring to a state of wholeness (Boyd, 2000). In a contemporary context, The World Health Organization (WHO) (2011) has expanded the meaning of human health, defining it as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". WHO's (2011) volatile characterization of this term is useful for this study, as it acknowledges that health can be experienced differently depending on the influence of contextual variables. For instance, cultural, religious, social, psychological,

and physical predispositions (to name a few) impact understandings and interactions with health. While this definition is deemed useful due to its diversified representation of this concept, the unique nature of health experienced by women requires focus for the purposes of this thesis.

Biological sex and gender are influential variables that prescribe specific ideologies, which contribute to an individual's understanding of health (Phillips, 1995). Women's health includes distinguishing elements necessitating specific understanding of this term. Phillips' (1995) definition of women's health is particularly relevant to this study, due to its ability to construct this concept in a broad sense, acknowledging the various elements of a woman's existence that contribute to her wellbeing:

Women's health involves women's emotional, social, cultural, spiritual and physical well-being, and it is determined by the social, political, and economic context of women's lives as well as by biology. This broad definition recognizes the validity of women's life experiences and women's own beliefs about and experiences of health. Every woman should be provided with the opportunity to achieve, sustain and maintain health, as defined by that woman herself, to her full potential.

(Phillips, 1995: 507-508)

This definition of women's health emphasizes the multifarious nature of this concept, accentuating the necessity of acknowledging the various aspects of the female existence that impact one's understanding of this term. Thus, for the purpose of this study, women's health is characterized as a broad, overarching notion that refers to aspects, experiences, and elements that interact and influence a woman's body.

While health can be understood by males and females similarly in some contexts, this definition also acknowledges the unique characteristics of a woman's physical existence. For instance, women participate in a variety of disciplining rituals employed to maintain attractiveness through appearance and are also highly involved in the health of

their family and loved ones, due to gender expectations that perceive health and nurturing as a female's biological and social duty (MacDonald, 1995). Such notions emphasize gendered discourses associated with women's health in Western culture, particularly the idea that health is a task that must be carried out by women (Ibid).

Health Elements

The distinction among specific dimensions of health is the first criterion recommended in the evaluation of health content in the media (Ware, 1987). Dimensionality of health is recognized to facilitate the measurement of this concept through the identification of its distinct components (Ibid). Thus, for the purpose of this study, health is organized into four main elements: physical health, psychological health, reproductive health, and disease/illness. While it is understood that women's health includes a multitude of themes, it is categorized by this nomenclature to accurately assess the elements of this concept in an orderly fashion. Health elements are appropriated for this study to represent the four main themes of women's health, and ultimately aid in the categorization of health content in *Chatelaine*. The following section will clarify distinctions among these elements and explain the different aspects of health they encompass.

Physical Health

Physical health is related to the functioning of the external and internal body parts, and can be measured by one's physiological ability to function, perform, and mobilize (Ware, 1987). This health element also encompasses one's experience of physical wellbeing, energy level, vitality, and satisfaction with one's physical shape (Caspersen, Powell &

Christenson, 1985). While this element is widely relevant in the discussion of health, it has specific implications in the discussion of women's health due to the social role in which a female's body plays in Western society.

Female physical health is closely understood in association with appearance and beauty (Thornham, 2007). That is, a woman's physical health is commonly measured in relation to the perceived level of attractiveness recognized in relation to societal beauty ideals. Thus, physical health is not only about the functioning of one's physiological being, but also the ways in which one experiences this being. Modern Western culture emphasizes the importance of a women's physique, associating her level of physical health to her appearance (Ibid). Thus, for the purpose of this study, physical health is not only related to the discussion of one's physiological existence, but also involves the ways in which a woman understands and maintains this entity.

Psychological Health

While differences in physical health often manifest themselves in physiological performance, psychological health encompasses aspects of one's health that may or may not be revealed by overt behaviours (Boyd, 2000). While psychological health can be measured by obvious behavioural dysfunction, it can also be understood in relation to various aspects of one's emotional existence that may or may not be exemplified by external actions or symptoms (Ibid). For example, one's psychological health can be influenced by familial relationships, romantic relationships, and friendships. Thus, for the purpose of this study, psychological health is understood as one's overall mental and

emotion existence that may or may include the ways in which external agents, such as one's family and friends, influence and interact with one's state of wellness.

Reproductive Health

Women experience reproductive health in a unique manner due to their physiological capabilities such as pregnancy, childbirth, and breastfeeding (to name a few) (Glasier, Gülmezoglu, Schmid, Garcia Morena & Van Look, 2006). This health element is a particularly diverse concept, as religious, social, cultural, and moral variables can dramatically influence one's understanding of this term.¹² While personal dispositions to reproductive health can impact how one understands this element, for the purpose of this study the definition of reproductive health works to encompass as many aspects of this concept as possible.

It is also important to note that this health element is of specific importance in relation to the feminist struggles associated with women's control over their bodies. Conflicted associations regarding women's bodies are considered a focal point of modern feminist struggles, situating reproductive health as a pivotal element in the discussion of feminism. Thus, for the purpose of this study, reproductive health is understood as the functioning, wellness, and experiences associated with a female's reproductive and sexual existence (Sadana, 2002). This encompasses a broad spectrum of themes associated with a woman's reproductive system, such as sexual orientation, sexual

¹² For example, despite the prominence of contraception in contemporary discussions of reproductive health, some may refuse to involve this notion in their definition of this health element due to religious or moral beliefs.

intimacy, sexually transmitted infections, and diseases that affect the female reproductive system.

Disease/Illness

For the purpose of this study disease and illness are categorized together due to their similarities. While the congruities of these terms allow them to be incorporated together for measurement in this study, their unique meanings are first discussed. Following the exploration of these individual concepts, their fusion for this research is presented.

In examining the roots of the term “disease”, it is possible to extract the progenitor of modern meanings of this concept to further understand the medical characterization and interaction of this notion (Boyd, 2000). “Dis-ease (from old French and ultimately Latin) is literally the absence of ease or elbow room” (Ibid: 10). The basic meanings conveyed in the origins of this term render it to be an impediment to free movement; however, today disease is understood as a definable type of disorder that can induce specific signs or symptoms (Ibid). Disease is a pathological process, most often associated with a physical impediment (i.e. cancer, heart disease, diabetes, etc.), sometimes hailing from an identified origin (i.e. lung cancer may be attributed to a person’s cigarette smoking) and sometimes from an undetermined origin (Ibid). While disease is commonly associated with a physical ailment, it can also occur beyond physical confines (Ibid). Thus, disease can be characterized as some form of deviation from a biological norm (Ibid).

Up until the 18th century, illness was generally associated with notions of wickedness, depravity, immortality, unpleasantness, disagreeableness, and hurtfulness (to

name a few) (Boyd, 2000).¹³ Despite these definitions, understandings of this term that resonate with current meanings of this concept have been traced back to the 17th century, stating a relation to a lack of health or “ill-health, the state of being ill” (Ibid).

Contemporary notions of illness declare this idea sometimes in relation to a disease and sometimes in existence when no disease can be located. For example, an undeclared disease, as in the early stages of cancer or tuberculosis, may accompany illness—a person may be experiencing ill health, but the locality of its origins may have yet to be identified. Thus, in many ways, illness can be understood as one’s experience of ill health.

For the purpose of this study, disease and illness are terminologically fused to equate an element of health that represents different perspectives of human ailments, which can be situated within both epistemic and normative areas of modern medicine (Hofmann, 2002). Although differences can appertain between these concepts, they commonly interact with one another, existing symbiotically. It is important to acknowledge that disease and illness are fundamentally complex, as different perspectives of human ailments vary depending on factors such as religion, culture, and ethnicity (to name a few), failing to fit into confines of a strict omnipresent definition (Ibid). Put simply, disease is generally reserved for objective physiological or mental disorders, while illness is understood as a subjective state that instigates the awareness of dysfunction (Susser, 1990). Thus, for the purpose of this study, disease and illness are harmonized as a single health element due to the interactions and similarities that occur between these two concepts.

¹³ These older meanings are reflections of this term’s origins, as the word “ill” is a contracted form of “evil” (Boyd, 2000).

Health Topics

For the purpose of this study, health is categorized into four main elements: physical health, psychological health, reproductive health, and disease/illness. While these main elements work to organize health, it is also important to acknowledge the various topics and themes that are associated within these elements. This further categorization is necessary, as the concept of sub-themes is considered critical to the accurate interpretation and measurement of the data (Newman, 1998). Therefore, elements are considered the overarching divisions of health, and topics represent sub-themes that are found within these main categories. Topics can be categorized in relation to one or multiple health elements, depending on the contextual nature of the discussion in which the topic is situated.

Credentials

To increase audience reception and ensure the development of strong and accurate ideas, journalists often consult experts and those with relevant experience and knowledge (Wilson, 2007). The usage of credentials in women's magazines is a common technique employed by media practitioners to enhance the validity of content (Ibid). The use of this technique allows for the adaptation of credibility, making the journalistic piece increasingly accurate and trustworthy.

The mention of credible sources in women's magazines, specifically in health content, is a powerful persuasion tool (Wilson, 2007). Source factors increase the value of a journalistic piece on several dimensions, most importantly in terms of credibility, which can be established through expertise and trustworthiness (Ibid). For instance, the

discussion of the relationship between weight loss and nutrition in a women's magazine can be considered increasingly valid in the event the ideas of a registered dietitian are mentioned, because he/she is understood to possess special knowledge about this topic.

While credibility can be established through the mention of professionals and relevant research studies conducted on the topic of discussion, Wilson (2007) also suggests that source factors also must be perceived as likeable among the audience. Although fondness of a source among receivers has weaker persuasive effects than does credibility, likeability still does matter, especially when the topic is of low relevance to the audience (Wilson, 2007). When receivers are not personally involved in a topic, they are more likely to rely on simple heuristics to respond to a message in health content (Ibid). This element of the credibility debate becomes increasingly important in the discussion of health content in women's magazines, as audience members can easily be detached from topics that are considered irrelevant or less important. Despite being initially conceived as a topic of little importance, journalists have the ability to increase reception and attention to issues and ideas related to women's health that receive minimal attention in other areas of the public sphere through the provision of likeable and relatable sources, which can build and sustain credibility.

Parallel to source factors lays the use of statistics and relevant research as credibility tools in health media. Although mention of studies, facts, and statistics is common in health media, limited research on the reception return exists. Despite this, such information has the ability to enhance a journalistic piece through the elucidation of misconceptions or misled tensions through the provision of solid facts (Wilson, 2007). Research and development in the field of medicine continues to prove miraculous

capabilities, making for paramount media headlines that are sure to captivate audiences. Complementary to the discussion of complex medical and scientific advancements comes potential for confusion or misunderstanding due to the intricate nature of some topics. Thus, journalists must strive to employ explanation methods that illuminate issues and ideas accurately, without embroiling disorientation or puzzlement of topics among audiences. To communicate effectively and efficiently, journalists can provide statistics and relevant research to solidify the credibility of complex ideas. Further, this allows for readers to obtain clear and concise information about elaborate, foreign, or circuitous medical and/or scientific subject matter (Ibid).

The measurement of credentials in *Chatelaine* aids in the understanding of the ways in which this magazine frames health. Credentials have the ability to enhance and expand the discussion of health, thus, it is deemed important to analyze the ways in which *Chatelaine* employs this journalistic mechanism. Therefore, for the purpose of this thesis, credentials are understood to be the mention of any source or statistic, which works to enhance the validity and trustworthiness of the topic being discussed through the expression of knowledge and expertise.

Transformation

This study works to trace the transformation of the discussion of health topics and issues, and how this impacts the depiction of feminism in *Chatelaine*. For this research, this term refers to the process by which change and alterations are orchestrated. Although transformation can be measured in many different capacities and can be analyzed in terms of whether the outcomes of change are “good” or “bad”, the use of this term will

prescribe to understand the immediate and longitudinal nature of a change and the elements and operations involved in the reconfiguration of a situation.

Research Questions

Research questions are a major component of this thesis, as they drive the inquisitive direction of this study. Therefore, given that the main purpose of this study is to explore the transformation of the discussion of women's health in *Chatelaine* in relation to the framing methods employed by this publication between 1928 and 2010, the following are key research questions:

RQ1: How does *Chatelaine* frame women's health?

RQ1.1: What elements of women's health are addressed?

RQ1.2: What health topics are discussed?

RQ2: Are there any changes in *Chatelaine*'s women's health content?

RQ2.1: What are the changes?

RQ2.2: How are the changes demonstrated?

RQ2.3: How do these changes relate to feminism in Canada?

RQ3: How do contributors to this publication explain the development of health content?

RQ3.1: What factors do they think contribute most to the changes?

RQ3.2: What are the motivations and obstacles believed to be involved in the changes?

RQ3.3: How is Canadian feminism involved in *Chatelaine*'s discussion of women's health?

Research Design

Observances from various perspectives allow one to captivate a kaleidoscopic wealth of knowledge due to the incongruence authenticated by desolated viewpoints. Whether adapted to the analyses of a complex topic or brief investigation of a superficial matter, varying methods and frames of reference provide intuitive justifications of knowledge. In order to achieve the purpose of this study and provide accurate responses to the research questions, this thesis employs quantitative and qualitative methods of inquiry. The use of both methods allow for the extrapolation of findings that observe the topic of study from two viewpoints.¹⁴ The employment of quantitative and qualitative research techniques is utilized to develop a holistic understanding of the ways in which *Chatelaine* contributes to the transformation of feminism in Canada through the discussion of women's health. This section reveals the nature of the quantitative and qualitative research designs utilized in this thesis.

Quantitative methods focus on issues of design, measurement, and sampling due to the deductive nature of this approach (Neuman, 2007b). This method of inquiry emphasizes objectivity and planning prior to data collection and analysis, requiring the development of a preliminary abstract concept, followed by a measurement procedure, and resulting in empirical data that represents the investigative ideas (Ibid). This analytical strategy focuses on unveiling manifest content of the media text, which is characterized as the physically present and countable elements of the journalistic item

¹⁴ This process is referred to as the triangulation of methods, which means mixing quantitative and qualitative styles of research and data (Neuman, 2007c). This method allows the researcher to examine a concept from different perspectives resulting in a study that is fuller and more comprehensive than studies that use just one method of inquiry (Ibid).

(Berg, 2007). For the purpose of this study, quantitative research techniques are employed in a media content analysis, which explore health coverage in *Chatelaine*.

Media content analysis has several advantages over other research designs, and is of particular relevance due to the goals of this study. While this method of inquiry has been useful throughout the history of media analysis, it has emerged as an important tool in a contemporary context (Wimmer & Dominick, 2011).¹⁵ Broadly defined, content analysis is “any technique for making inferences by systematically and *objectively* identifying special characteristics of messages” (Holsti, cited in Berg, 2007: 250, *emphasis in original*). The central focus of content analysis is to provide a descriptive account of what a media text contains, and to do so in a fashion that can be reproduced by others (Gunter, 2008). Thus, this method requires “the systematic assignment of communication content to categories according to rules, and the analysis of relationships involving those categories using statistical methods” (Riffe, Lacy & Fico, 2005: 3). Media content analyses allow researchers to examine artifacts of social communication, such as written documents or recorded verbal conversations, but can be employed to investigate virtually any type of communication (Berg, 2007). This form of inquiry is chosen for the purpose of this study, as it allows for the investigation of the ways in which health content is framed in *Chatelaine*.

In addition to the quantitative methods utilized in this study, qualitative methods are also employed. Qualitative inquiry involves the analysis of human behavior through questioning and procedures that strive to increase a researcher’s depth of understanding of the phenomenon under investigation (Nardi, 2007; Wimmer & Dominick, 2011). This

¹⁵ Over the past decade, the symbols and messages contained in the mass media have become increasingly popular research topics in both the academic sector and private sector, motivating increased interest in media content analysis (Wimmer & Dominick, 2011).

method of research is considered a strong compliment to the quantitative elements of this study, as it has the ability to address certain questions about culture, interpretation, and power (Lindlof, 1995). Thus, semi-structured in-depth interviews are conducted with past and present *Chatelaine* contributors to draw findings that interpret the latent meanings associated with the health content of this publication. Latent content provides an interpretive reading of the subject matter and symbolism underlying the physical data (Berg, 2007). Berg (2007) suggests that it is best to incorporate both manifest and latent analysis techniques whenever possible. Therefore, the quantitative media content analysis serves to investigate the surface structure present in the messages of *Chatelaine* women's health content, while the qualitative interviews extrapolate the deep structural meanings conveyed by *Chatelaine* contributors (Ibid).

Interviews are a commonly utilized method of inquiry in communication research and are consistently employed in qualitative projects (Lindlof, 1995). "The interview is a short-term, secondary social interaction between two strangers with the explicit purpose of one person's obtaining specific information from the other" (Neuman, 2007d: 406). Qualitative interviewing is a form of guided conversation in which the researcher carefully listens to the meanings that are conveyed by respondents (Gubrium & Holstein, 2002). Thus, in-depth interviews are selected for their ability to provide a method of collecting respondents' perceptions of their experiences through their descriptions and explanations of events in their world (Jackson, Gillis & Verberg, 2007).

Data Collection and Analysis

Based on the descriptions of the research designs as outlined previously, the following sections explain the data collection methods and analytical procedures employed in this study. The media content analysis is first described, followed by a presentation of the techniques utilized for the semi-structured in-depth interviews.

Media Content Analysis

Sampling Strategy and Size

The quantitative media content analysis for this thesis employs a probability sampling method, specifically a stratified random sampling technique. This sampling technique is employed to draw a representative sample through the systematic organization of the population being researched.

Chatelaine began circulation in March 1928 and has been publishing issues on a monthly basis since its launch. To ensure a representative sample, the years in which the magazine has been in existence are broken down into decades; two years from each decade are selected (1930, 1935, 1940, 1945, 1950, 1955, etc.); three months (issues) from each year are selected; and then each issue is surveyed, and all coverage that demonstrates a primary focus on health is extracted for coding (this process is further explained in *Data Selection*). The final sample size to be analyzed is 466 units that demonstrate a primary focus on women's health.

Data Selection

The media content analysis element of the thesis exclusively explores health coverage in *Chatelaine* between 1928 and 2010. To gain access to the materials needed, all issues of *Chatelaine* were obtained on microform through the University of Ottawa and The National Archives of Canada.¹⁶ The microform provides all materials of each issue in complete format, allowing for full access to the coverage in this publication. To ensure a representative sample, six issues from each decade are analyzed for their inclusion of health content.

To extract units of analysis necessary for this study, each issue is surveyed for its women's health content;¹⁷ thus, all news articles, editorials, features, health-specific articles, columns, health-specific columns, and any collaborative textual piece produced by *Chatelaine* contributors that demonstrates a primary focus on women's health are scanned and saved in digital format for analysis. This does not include advertisements and sponsored pieces, as *Chatelaine* media practitioners do not produce such content.

Coding and Statistical Analysis

Upon completing the extraction of all content that demonstrates a primary focus on women's health, each unit is analyzed for its presentation of women's health. This entails the coding of each unit through the assignment of numbers as identifiers according to various characteristics. A content analysis form was developed and utilized to guide this

¹⁶ The University of Ottawa provides access to all issues of the magazine on microform from 1928 to 1978 and the remaining issues were obtained from The National Archives of Canada.

¹⁷ The theoretical framework and specific definition of women's health as presented in the *Concepts and Operationalization* section of this chapter guide the detection of this concept.

process, which allows for the identification and coding of the type of author, type of journalistic material, use and type of credentials, health elements, and topics presented (see Appendix A).¹⁸ All of the data coding is recorded in Microsoft Excel, and subsequently imported into the statistical analysis software, SPSS. In this, frequencies and cross-tabulation testing of relevant variables is run to determine relationships between variables.

Semi-Structured In-Depth Interviews

Sampling Strategy and Size

The qualitative interviews conducted for this thesis employ a nonprobability sampling method, specifically a combination of the purposive, snowball, and quota sampling techniques. The purposive sampling method is initially employed to select unique cases that are considered especially informative to the study (Neuman, 2007d). While most interviewees are selected in this manner, some are also identified through the network of participants, which is known as snowball sampling (Ibid). This method of sampling is based on identifying and selecting the cases in a network usually through referrals from one or a few cases (Ibid). The number of respondents required for this study is preset (seven respondents), thus, upon meeting this quota, no further participants are included.

¹⁸ Specifically, after examining each piece, the main health elements discussed are identified (physical health, psychological health, reproductive health, and disease/illness). Upon indentifying each health element discussed, the first two topics mentioned in relation to the health elements presented are recorded. In addition, each article is examined in relation to the type of source (i.e. journalists, physician, etc.) and the first two credentials mentioned.

Data Selection

Participants for the semi-structured in-depth interviews are selected based on their involvement in the magazine, and thus are identified in recent issues of *Chatelaine* and via the *Chatelaine* website masthead. To ensure a diversified sample, both journalists and editors are selected for the interviews to gain varying perspectives on the development of health content in this magazine. To gain information about *Chatelaine* in a historical context, two past contributors and five present contributors to this magazine are included in the sample.

All journalist participants were identified in the magazine based on their contributions to the publication—through articles that demonstrated a primary focus on women’s health. Some journalists’ contact information was provided in the actual magazine, while others were not, and thus was searched by basic Internet queries. Those contributors who did not list their contact information in *Chatelaine* were easily locatable, as all possessed some type of personal or professional website, or provided their contact information in another publication.¹⁹ Contact information of editors is not provided on the *Chatelaine* website or in the magazine, thus, to be located, they were contacted via telephone. The principle researcher communicated with the administration at *Chatelaine*, facilitating further contact with editors. Initially, only one editor was contacted; however, they were able to provide the contact information of other potential respondents.

¹⁹ The majority of the health contributors interviewed currently worked or had been involved in the health industry (i.e. healthcare professional, nutritionist, personal trainer, etc.), thus it was possible to locate them via basic Internet searches of their names.

Upon obtaining the contact information of all participants, initial communication was facilitated via e-mail, which included a specially designed recruitment text, outlining the goals of the study (see Appendix B). Securing the participation of respondents proved to be relatively easy, as most people were eager and willing to participate in this study.

Interview Procedures

The interview process lasted over the span of two weeks, in which all interviews were completed. Each conversation lasted approximately 60 minutes and was conducted via telephone and digitally recorded for transcription. All respondents agreed to the recording of their interviews, allowing the researcher to focus on the meanings and implications of the conversation. Thus, following the completion of interviews, transcripts were prepared for analysis.

Interviews were led by a semi-structured interview guideline that was derived from the research questions to obtain the necessary information needed for this study. The guideline was designed to extract information from the participants through the conciliatory development and placement of open and closed-ended questions (see Appendix C). This guideline contains questions pertaining to the participants' experiences at *Chatelaine* and their knowledge with regards to the development of women's health content.²⁰ To maximize richness in the data, respondents were encouraged to follow a think aloud approach, allowing them to explain their experiences, reflections, and rationale behind their answers in detail. Verbal probes and follow-up

²⁰ For example, participants were asked to describe their experience with women's health content and to explain how they believe such material is created and developed.

questions were utilized to encourage respondents to answer more fully or clarify their ideas when required.

Throughout the data collection, memos and ideas were recorded to provide reflection on the interview process. These memos helped inform the data analysis and reporting due to the insight and interpretations that were noted. While these notes served to aid in the analysis of this study, the transcripts remain the central means of data.

Data Coding and Analysis

The collected data was analyzed to extract the themes, ideas, and perspectives expressed by participants. Transcripts were initially surveyed for main themes and ideas, and then further organized to develop a synthesis of the topics discussed in the conversations. This process unveiled a variety of patterns in the data, allowing for an exploration of the respondents' reflections and perspectives pertaining to the development and discussion of women's health in *Chatelaine*. Through the organization of themes and sub-themes discussed in each interview, it was also possible to compare and contrast responses.

Ethical Clearance

While interviews possess the ability to allow for the extraction of rich data through discussions and verbal exchange, they also require specific attention to ethical responsibilities of the researcher (Gubrium & Holstein, 2002). The conduction and publication of interviews provides potential for revealing vital secrets, violating privacy, harming reputations, and exposing personal realities (Lindlof, 1995). To ensure optimal comfort levels and to encourage the open sharing of information during interviews, all

participants were assured complete anonymity throughout the study. To guarantee this, various protective measures are followed. First, for referencing—throughout all data collection, analysis, and reporting—each participant is assigned and referred to by an interviewee number (see Appendix D). Second, when direct quotes are utilized, all syntax and lexicon is meticulously surveyed to remove all personal identity information that may be recognized to identify a participant. Third, while all interviews were conducted via telephone, the location in which both the interviewer and interviewee carried out the conversation was chosen to maximize confidentiality. The interviewer utilized a private, soundproof office, while the interviewee had the ability to choose the location in which they felt most safe and comfortable. Additionally, to avoid any emotional discomfort, participants were reminded prior to each interview that in the event they felt disturbed, distressed, or unable to respond to a question, they may move on to the next question without further inquiry.²¹ The combination of these efforts aid in the facilitation of open-communication and comfort among participants, thereby improving the depth and richness of the data collected.

Ethics approval for the participation of human subjects in this research was obtained from the University of Ottawa’s Social Sciences and Humanities Research Ethics Board (see Appendix E). Clearance to conduct the research was granted through the presentation of a detailed analysis of the ethical parameters of this study to the Board.

Prior to the interviews, informed consent forms were sent by e-mail to the informants, who were asked to sign, scan, and e-mail the forms back to the researcher (see Appendix F). By signing the informed consent waivers, participants indicated their

²¹ Notably, all interview participants answered all questions asked.

understanding of the purpose of the research, the potential risks associated with the disclosure of information, and the assurances of the researcher to respect the rights and confidentiality of participants. At this time all participants were notified that that all information disclosed in the interviews would remain strictly confidential to obtain optimal trust and ensure truthfulness among respondents.

This chapter has described the quantitative and qualitative methods employed to investigate the coverage of women's health in *Chatelaine* between 1928 and 2010. The following chapter evaluates and analyzes the findings extracted from this study through quantitative and qualitative analysis to answer the research questions that guide this study. In this, it will be possible to understand the ways in which the coverage of women's health in *Chatelaine* demonstrates the transformation of feminism, and thus the modernization and empowerment of Canadian women.

Chapter 4

Findings and Discussion

The results of the quantitative media content analysis and qualitative in-depth interviews reveal an intuitive foray into the ways in which *Chatelaine* frames women's health in relation to the transformation of feminism in Canada between 1928 and 2010. Across time and generation this magazine demonstrates the ability to withstand seemingly diametrical changes in society with regards to women's roles and rights, while simultaneously captivating, intriguing, and educating readers. The findings of this study demonstrate *Chatelaine's* ambitious efforts to cultivate an empowered vision of contemporary feminist dialectics. In tracing the inclusion of health content, it is possible to uncover the evolution of feminist values expressed in *Chatelaine*. While this magazine has conquered various achievements with regards to the publication of materials associated with women's rights and freedoms, its content related to women's bodies and health manifest powerful capacities.

The fusion of the media content analysis and semi-structured in-depth interviews allows for a holistic exploration into this topic, providing an intricate investigation of the ways in which this publication revolutionizes feminism through the discussion of women's health and bodies. The changes demonstrated in this publication indicate the rupture of mainstream media fetters, facilitating the development of women via empowering vehicles of health knowledge. Thus, the analyses henceforth investigate the nature of this growth through the presentation of findings extrapolated from the media

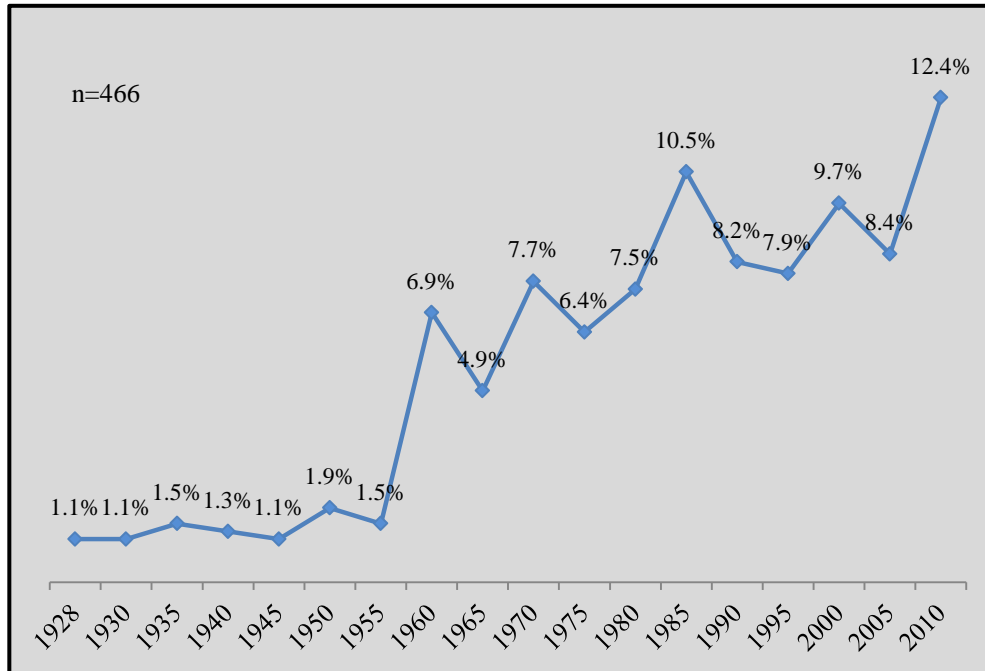
text itself and contributors who are or have been involved in the development of health content at this magazine.

Characterizing the Evolution: Women's Health Content in *Chatelaine*

Origins of change sometime emerge from unsuspecting motivation and impetus. While some forms of development are structures of predefined expectations, others experience metamorphoses guided by naturally flowing incitement. *Chatelaine* demonstrates its role as a vehicle of change in its ability to participate in the growth and development of women through the discussion of women's health. The content produced by this magazine indicates *Chatelaine's* ability to mock taboos and smolder stereotypes of women through the provision of empowering health content. Although contemporary contributors to this publication state that health is of high priority, *Chatelaine* was not always saturated by health knowledge. Despite this, information as such has always appeared in this publication, supplying women with useful and relevant information about their health and bodies.

Figure 1 demonstrates the frequency of health content between 1928 and 2010, illustrating the increase in the discussion of women's health in *Chatelaine*. Analysis of the data reveals that almost all of the health coverage appears in this publication between 1960 and 2010 (90.5%), while minimal amounts are found between 1928 and 1955 (9.5%). The significant upsurge in content found in 1960 is considered an important discovery of this research, particularly in relation to the historical changes that took place in Canadian society at this time.

Figure 1: Frequency of Health Content in *Chatelaine* (1928-2010)



The launch of second wave feminism in Canada began at the beginning of the 1960s, propelling issues of women's roles and rights into the public sphere. The efforts and activism involved in this movement motivated increasing attention to women's control and freedom of their health and bodies (Vickers, 1992). The introduction of second wave feminism in Canada is accredited to initiating a public awakening with regards to the importance of women's bodily autonomy (Ibid). *Chatelaine* demonstrates its participation in this public discussion through the significant increase in health coverage that exists between 1960 and 2010.

The analyses to follow illustrate details of the changing characterization and evolution of health content in *Chatelaine*, providing an investigation into the specific ways in which this magazine frames women's health.

Authors and Locality of Health Content

The characterization of health content in *Chatelaine* requires an investigation of the ways in which this magazine situates and formulates such coverage. This section explores the areas in which health content is most commonly found in *Chatelaine* and those who most commonly author health material. These aspects of the content production process present useful findings relevant to understanding the ways in which *Chatelaine* constructs and presents women's health. The introduction and evolution of the inclusion of health-specific content, and the participation of healthcare practitioners in the development of women's health coverage are findings of specific interest.

Locality

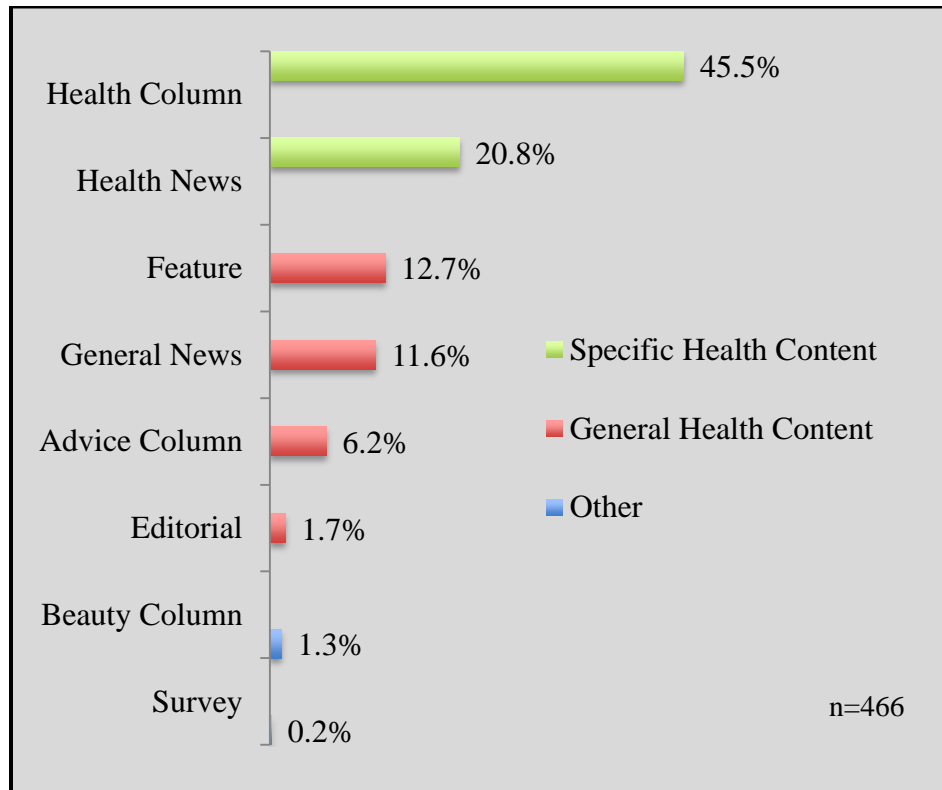
The majority of women's health coverage in *Chatelaine* between 1928 and 2010 is found in specific health content²² (66.3%), which is succeeded by general health content²³ (32.2%), followed by a minimal amount of relevant content in other categories (1.5%).

Figure 2 illuminates these findings, demonstrating that *Chatelaine* provides the majority of its health material in health-designated areas of the magazine. Through the stylization of isolated and pronounced elements of the magazine specifically dedicated to health content, it is possible to extrapolate conclusions that pronounce *Chatelaine's* commitment to the discussion of this topic as an activity of importance.

²² *Specific health content* refers to material found in health-designated areas of the magazine. For example, various articles extracted from 1985 were found in a special area of the magazine stylized for the exclusive discussion of health entitled "Health Centre". In this, a variety of articles and columns were included, such as, "How to Keep Your New Years Resolution" (MacKay, 1985 January) and "How to Keep Your Cool When You Sweat" (Phillips, 1985 May).

²³ *General health content* refers to material found in the general areas of the magazine. For example, the exploration of a prominent Canadian politician's battle with breast cancer was chronicled in a feature piece, entitled "Mary Beth Dolin's Courageous Fight Against Breast Cancer" (Prodanou, 1985 September).

Figure 2: Type and Distribution of Health Content in *Chatelaine* (1928-2010)



Health coverage, particularly the creation of areas that focus specifically on women’s health (i.e. health news sections, health columns, etc.), contributes to the identity of this magazine (Participant 1, personal communication, October 11, 2011; Participant 5, personal communication, October 24, 2011; Participant 7, personal communication, October 25, 2011). According to Participant 5 (personal communication, October 24, 2011), this is a current embedded procedure practiced at *Chatelaine*, which has almost always been an issue of high priority.

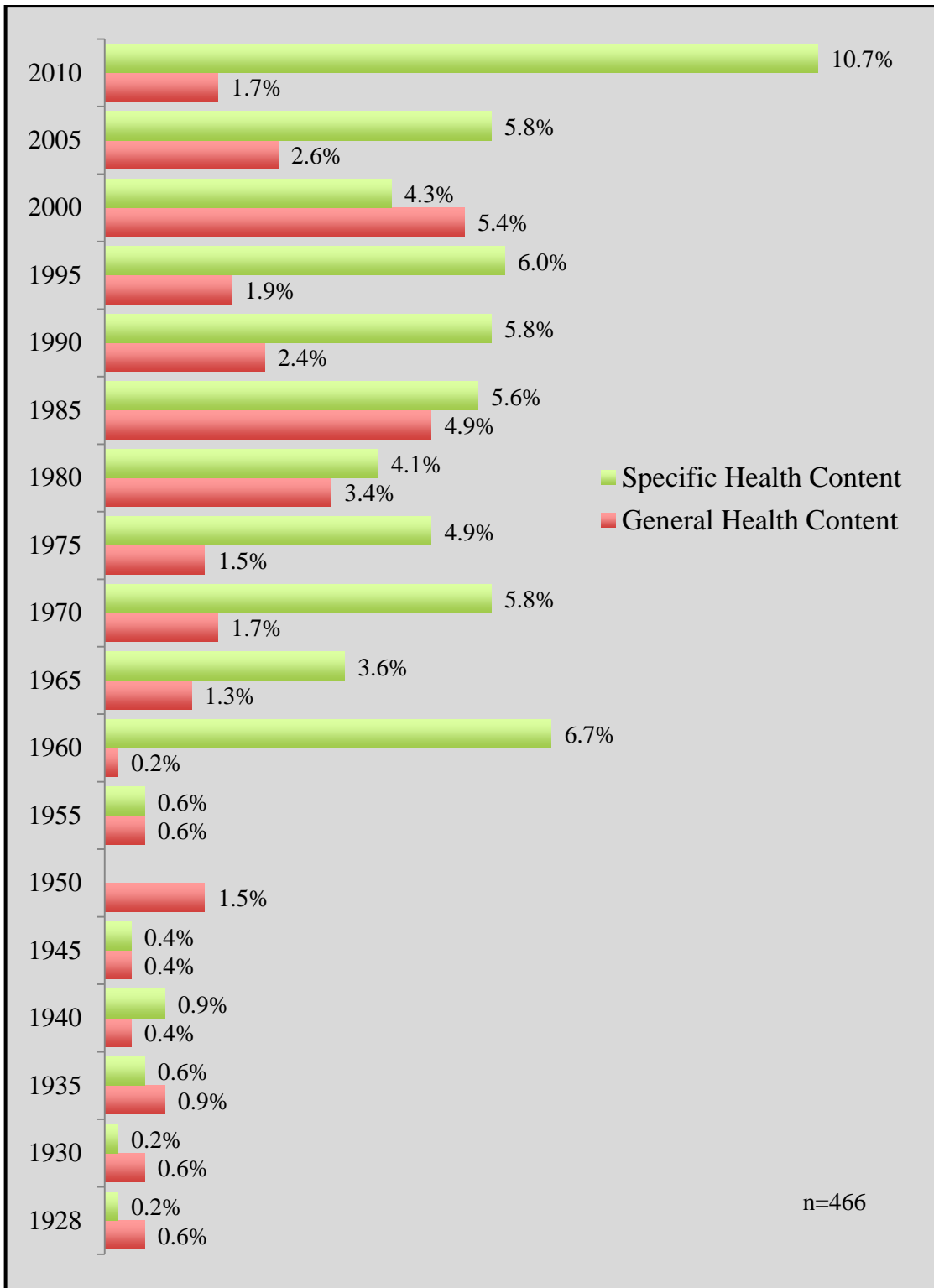
The discussion of [women’s health] is undoubtedly an important part of [*Chatelaine*’s] agenda. We dedicate a great deal of time and efforts to provide our readers with useful health information. To do this, we’ve dedicated as many pages and efforts to the specific coverage of [women’s health] to provide our readers with stuff they need to know about their bodies and how to take care of themselves.

(Participant 5, personal communication, October 24, 2011)

Although exclusive health sections are considered a standard element of *Chatelaine*, this trend has not always been in existence. Findings demonstrate that between 1928 and 1955 the majority of health content remains in general areas of the magazine. During this time period, limited health coverage is located in specified health areas due to a lack of sections in the magazine dedicated to health news and columns. However, in 1960 a substantial increase in health-specific content is demonstrated. From 1960 to 2010, health content is almost always found in health-designated areas of the magazine.

Figure 3 illustrates the distribution of health content in a comparative analysis of specific health content and general health content in *Chatelaine* between 1928 and 2010. This analysis illuminates *Chatelaine*'s introduction and growing use of exclusive health-focused domain, demonstrating this publication's growing interest and dedication to the inclusion of women's health content.

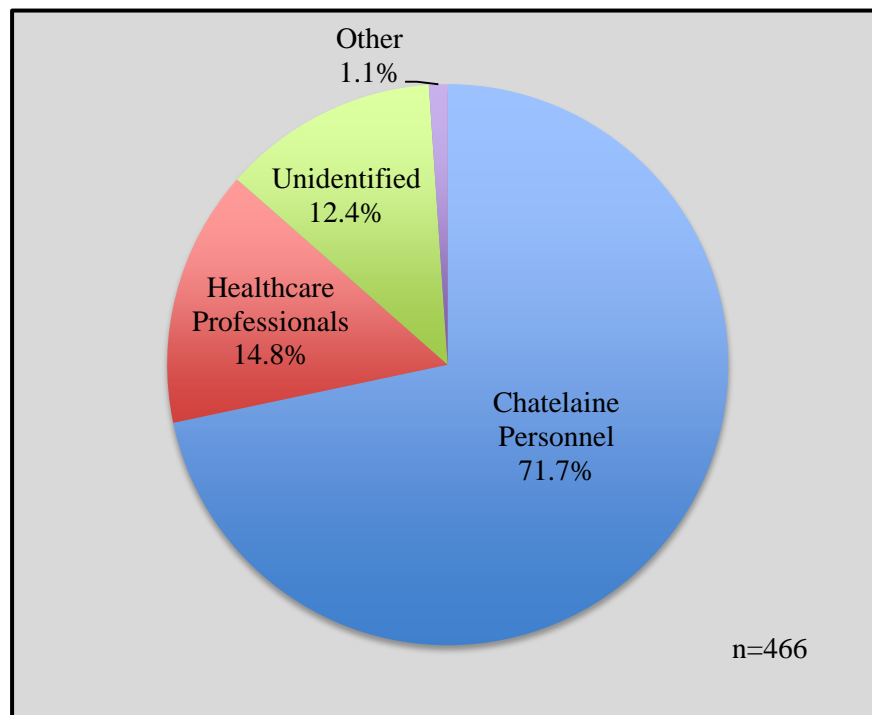
Figure 3: Comparison of Specific Health Content and General Health Content in *Chatelaine* (1928-2010)



Authors

In addition to the placement of health content in this magazine, those who author such material also play an important role in the framing of women's health in *Chatelaine*. Therefore, the origin of sources is measured to distinguish the main players involved in the development of health content. Accordingly, the source of each article is identified, showing that *Chatelaine* personnel (71.7%) most commonly author health content, followed by healthcare professionals (12.4%), unidentified sources (14.8%), and other sources (1.1), as illustrated in *Figure 4*.

Figure 4: Authors of Health Content in *Chatelaine* (1928-2010)



While *Chatelaine* personnel absorb the majority of the responsibility with regards to the development of health content, these findings suggest that healthcare professionals still contribute significantly to the magazine's health material. Although healthcare

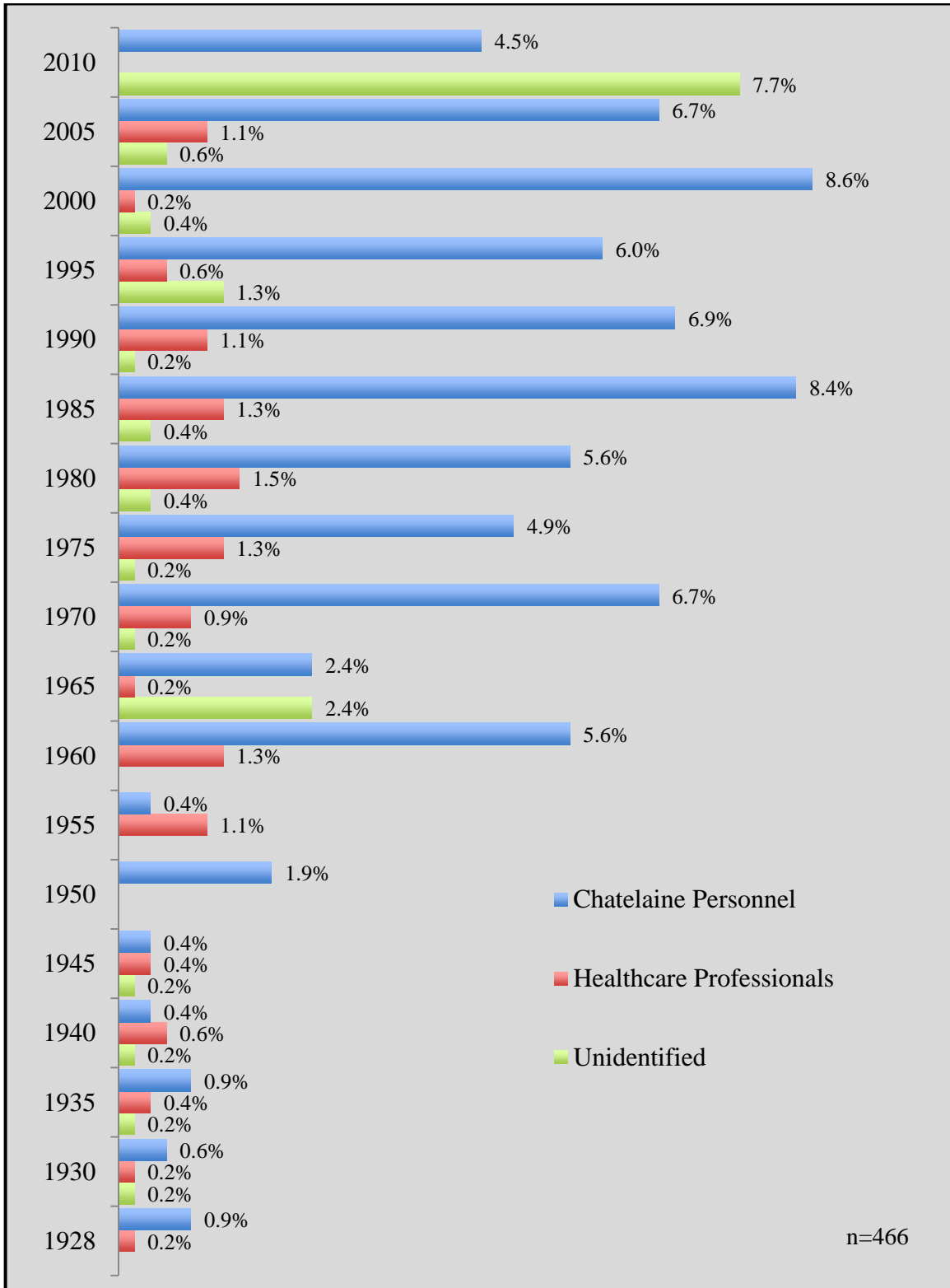
professionals author less than one quarter of the health content, their benefactions expand ponderous topics that are seen to require the according credentials (Participant 2, personal communication, October 12, 2011; Participant 4, personal communication, October 20, 2011).

It's important to have people [author health content] who actually work in the healthcare industry. Doctors, for example, live and breathe aspects of health and wellness making their contributions and perspectives especially important. On top of that, healthcare professionals also have the advantage of interacting with lots people, like their colleagues and patients, that really enrich their understanding of current health issues.

(Participant 4, personal communication, October 20, 2011).

The inclusion of healthcare professionals enhances *Chatelaine's* health content, providing varying perspectives and increased knowledge of emerging medical and wellness trends (Participant 5, personal communication, October 24, 2011). This practice also enhances the depth and breadth of knowledge included in the magazine, aiding in the development of health material that possesses a high level of trustworthiness and expertise that is not always comparable to content provided by journalists (Participant 2, personal communication, October 12, 2011; Participant 4, personal communication, October 20, 2011). Despite this, *Figure 5* demonstrates that between 1928 and 2010 *Chatelaine* personnel author the majority of healthcare coverage. Healthcare professionals remain relatively steady in their contributions throughout the sample, and unidentified sources demonstrate a gradual increase with some fluctuation.

Figure 5: Types of Authors in *Chatelaine* Health Content (1928-2010)



Participant 5 (personal communication, October 24, 2011) elucidates potential misconceptions linked to the limited participation of healthcare professionals as authors, noting that *Chatelaine*'s dedication to the discussion of women's health is demonstrated in the strength and focus of the journalists who produce such content. Due to *Chatelaine*'s commitment to the inclusion of health, their staff and free-lance contributors are required to complete extensive research and fact checking to ensure high quality health material (Participant 5, personal communication, October 24, 2011; Participant 7, personal communication, October 25, 2011). Participant 5 (personal communication, October 24, 2011) further notes that while healthcare professionals' involvement in the generation of health content remains limited, their contributions tend to cover topics that require specific medical perspectives. Thus, *Chatelaine* works to have articles authored by healthcare professional as much as possible when issues of complexity or of unique pertinence can benefit (Participant 5, personal communication, October 24, 2011; Participant 7, personal communication, October 25, 2011).

This trend is demonstrated in "The Prevention of Maternal Mortality" (McCullough, 1930 October), an article authored by a Canadian physician who discusses maternal mortality—an issue of great concern during this time period.²⁴ This piece provides an overview of the nature of this population problem, with attention to the medical services available and the existing gaps in obstetric practices and knowledge. Perhaps the most important aspect of this article is Dr. McCullough's detailed recommendations for women about pregnancy and childbirth, explaining the necessity of

²⁴ Hospital childbirth was uncommon before the 20th century, as up until the 17th century childbirth in most parts of the world was exclusively in the female domesticated arena (Johanson, Newburn & Macfarlane, 2002). Thus, while this practice had become increasingly medicalized by the 1930s, maternal mortality rates in Canada still remained a public health concern, especially in rural areas (Mitchinson, 2002).

good health and medical involvement during these processes. Thus, an article authored by a physician about a topic of high priority during this time period presents the strategic usage of healthcare professionals in *Chatelaine*'s health coverage.

An exploration of the authors and locality of health content in *Chatelaine* provide interesting findings related to the characterization of women's health in this publication. Additionally, the inclusion of credible sources, research, and statistics are also considered important elements in the creation of such material (Participant 1, personal communication, October 11, 2011; Participant 5, personal communication, October 24, 2011; Participant 6, personal communication, October 24, 2011; Participant 7, personal communication, October 25, 2011). Due to the emphasis placed on the value of credentials in this publication, the following section explores the trends associated with this journalistic device to further characterize the framing of health content in *Chatelaine*.

Building the Empire: Credibility Through Expertise and Trust

Media practitioners commonly employ the usage of credible sources that possess expertise and trust to build increased reception and reputability among audiences (Wilson, 2007). While this technique is employed across media platforms, its role in health media is of specific importance, especially in the coverage of emerging medical research and trends (Ibid). *Chatelaine* demonstrates its ability to capitalize on the utilization of credible sources in its health content to enhance the quality and trustworthiness of its material. Therefore, the inclusion and employment of credentials in *Chatelaine* is considered an accurate indicator of the evolution of health content due to the value of trust and expertise when discussing women's health in the media.

Through the mention of sources, research, and facts, *Chatelaine* works to shape the ways in which topics are communicated to audiences. The measurement of the devices used to execute this technique allow for further examination into how this publication frames women’s health.²⁵ The majority of the articles surveyed include the mention of at least one credential (77.3%), while approximately half of the articles include the mention of a second credential (50.6%). *Figure 6* provides an outline of the various types of credentials mentioned in *Chatelaine* between 1928 and 2010.

Figure 6: Credentials in *Chatelaine* Health Content (1928-2010)

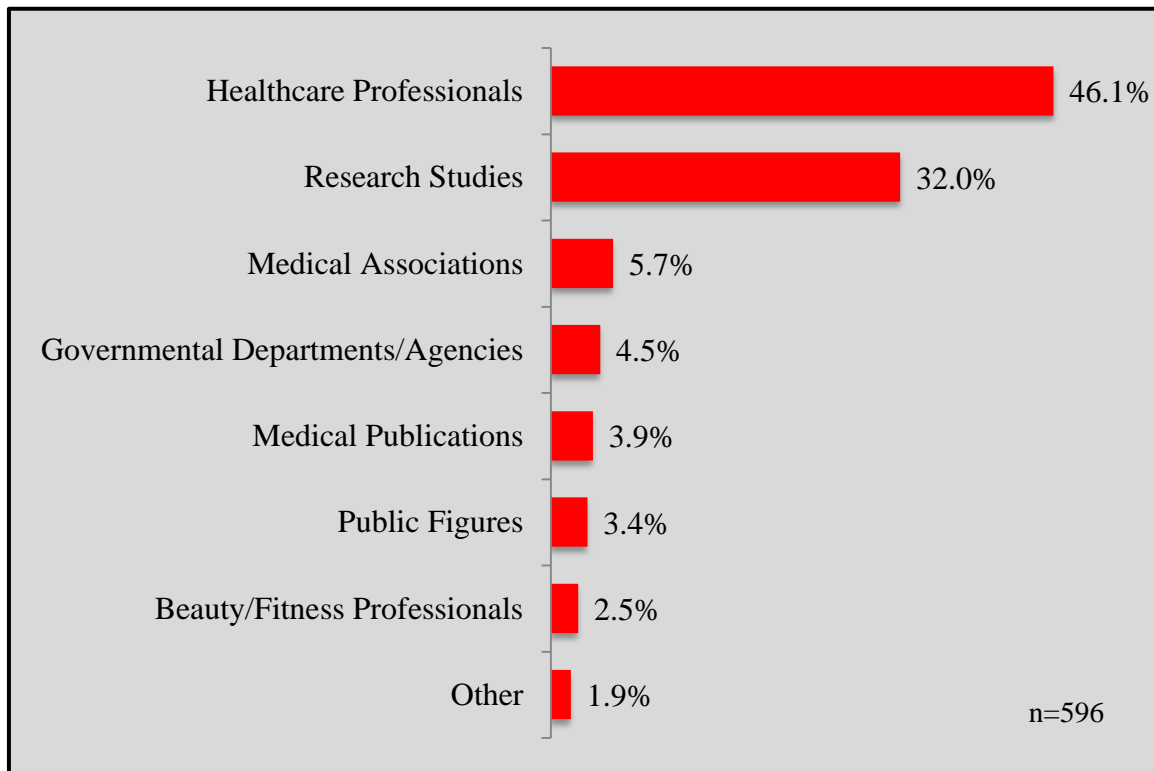


Figure 6 demonstrates this magazine’s efforts to frame women’s health through the use of credentials that are attributed to sources that communicate expertise, trustworthiness,

²⁵ The investigation of credentials in this publication was orchestrated by recording the first two credentials mentioned in each article, if any.

and relevance. The most commonly employed credentials in *Chatelaine*—healthcare professionals (46.1%), research studies (32.0%), and medical associations (5.7%)—are all considered useful tools in the discussion of women’s health. These types of source mentions have the ability to enhance the value of health content and convey a respectful level of expertise and knowledge due to their relevance to the nature of the content.

Participant 7 elaborates on the importance of utilizing credentials in *Chatelaine*’s health coverage:

We have to make it clear that our writers have done their homework. The reader has to know that the writer has done their homework. The reader has to know that the writer hasn’t just gone to Wikipedia. It’s about winning the readers’ trust. It’s about being authoritative and credible. We really [strive] to be the trusted authority in Canada on women’s health.

(Participant 7, personal communication, October 25, 2011)

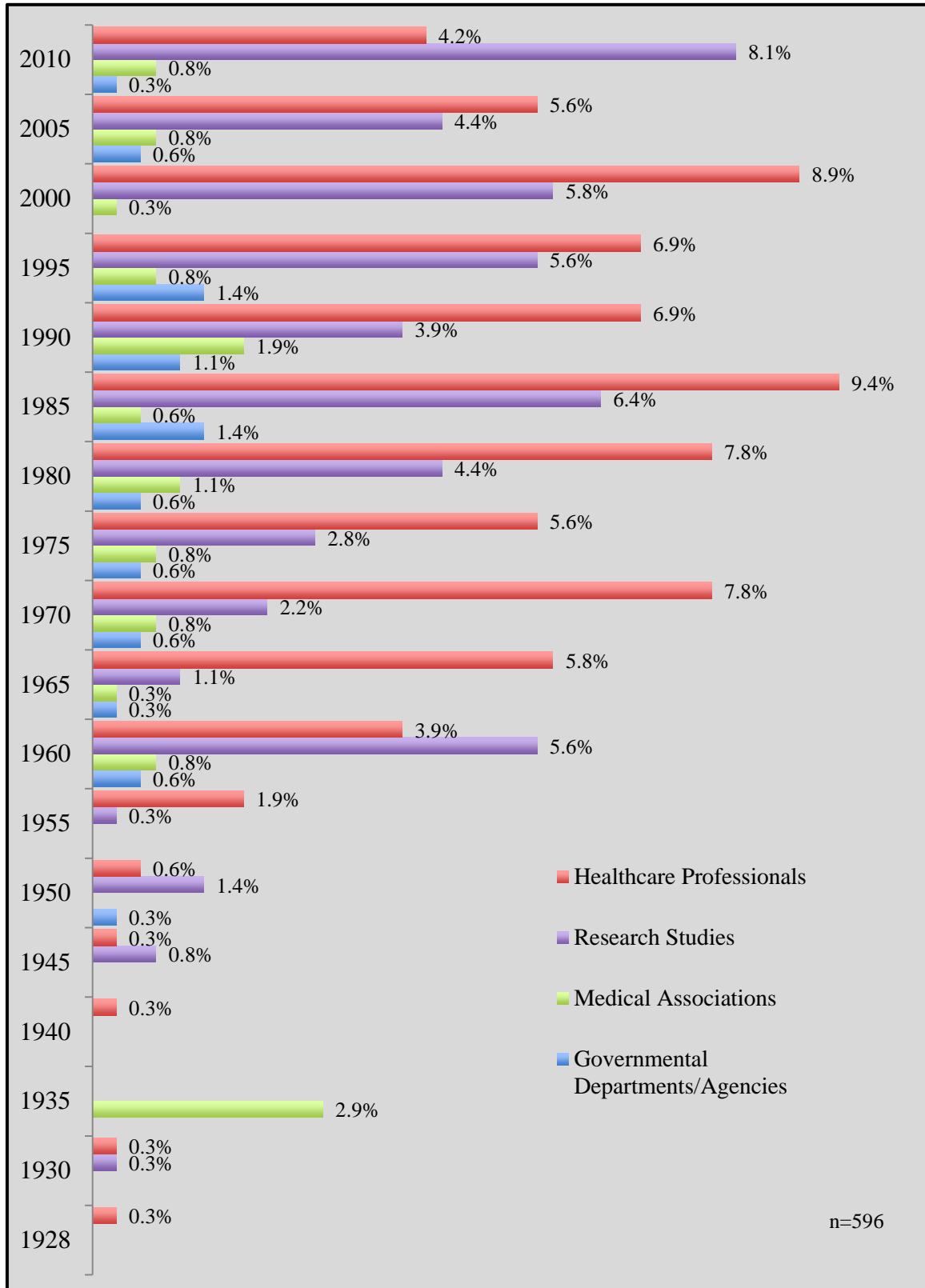
The excavation of medical knowledge and new issues related to the body and wellness requires proper research and reference in *Chatelaine* health content to ensure that the material is accurate, and ultimately to enhance audience reception (Participant 4, personal communication, October 20, 2011; Participant 7, personal communication, October 25, 2011). This trend is demonstrated in “The Vanishing Menopause” (Mungall, 1965 September), which discusses emerging research about hormone replacement therapy (HRT). The author begins with a brief explanation of the basic concepts related to this topic, making almost immediate mention in the article of Dr. Richard Wilson, an associate lecturer in the Department of Obstetrics and Gynecology at the University of Toronto. Dr. Wilson’s involvement in HRT research and his successes and achievements with patients during his weekly clinics at Toronto General Hospital are explained in detail, allowing for the reader to promptly become acclimatized to the relevance and validity of this topic. In this, not only does the author prime the audience with knowledge

regarding the locality of the medical developments (on Canadian soil), credibility is further developed through the mention of positive progress with Canadian women in a Toronto hospital.

As health coverage becomes more frequent in *Chatelaine*, the contributors to the publication include a growing amount of accreditation to a variety of sources, experts, and relevant research. Between 1928 and 1955 the mention of credentials remains limited, with the majority of such reserved mainly for research studies and healthcare professionals. However, beginning in 1960, the use and diversity of credentials in articles expands substantially.

The trends illuminated in *Figure 7* are considered an important element of the characterization of framing practices in relation to the discussion of women's health in *Chatelaine*. Although content with a primary focus on health is present throughout the sample of this study, the increase in the use of credentials establishes the development of a sophisticated body of health knowledge in this publication. Through the inclusion of a multitude of credentials, *Chatelaine* authenticates its commitment to dexterity when presenting information about women's health. Engaging and motivating readers cannot be achieved without the development of information that provides trustable, relevant facts and source mentions that resonate with audience members (Participant 1, personal communication, October 11, 2011). These efforts indicate *Chatelaine's* conscious efforts to build a media text capable of facilitating accurate and empowering health knowledge.

Figure 7: Most Frequent Credentials in *Chatelaine* Health Content (1928-2010)



The following section strives to further characterize *Chatelaine*'s presentation of health through an investigation of the specific health elements and topics discussed. In addition to the previous analyses, this endeavor will aid in the development of a sophisticated understanding of *Chatelaine*'s health content, and thus, the ways in which it interacts with the emergence and evolution of feminism in Canada.

Empowering Her Body: Health Elements and Topics

Health information enters a crowded media environment, filled with messages originating from a seemingly endless list of competing sources (Randolf & Viswanath, 2004). Media practitioners must capture not only the attention of audiences amid such competition, but also engage and motivate people to trust and absorb the knowledge within the content (Ibid). Upon breaking through the clutter, health media have the ability to interact with audiences depending on the ways in which topics and ideas are presented (Ibid).

Chatelaine provides readers with health information that covers a multitude of issues, framing health from a variety of differing perspectives. While the health content in *Chatelaine* is considered diversified, the measurement of the health elements and topics discussed is of specific importance to this study.

Distribution of Health Elements

To advance a detailed discovery of the health coverage in *Chatelaine*, the distribution of coverage among the four main health elements (physical health, psychological health, reproductive health, and disease/illness) is first presented. An analysis of the dispersal of

health elements in *Chatelaine* represents the organization of coverage among these broad themes.²⁶

Figure 8: Distribution of Health Elements in *Chatelaine* (1928-2010)

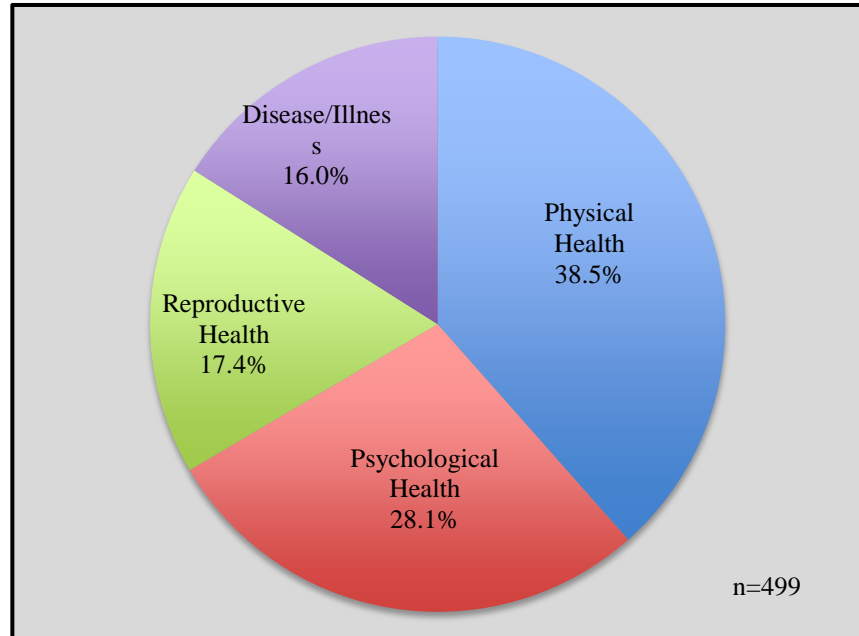


Figure 8 demonstrates the distribution of the health elements discussed throughout the sample—most articles cover physical health (38.5%), followed by psychological health (28.1%), reproductive health (17.4%), and disease/illness (16.0%). Complementary to the data retrieved in the content analysis, almost all of the interview participants state that the most popular topics of discussion fall under the physical health element (Participant 1, personal communication, October 11, 2011; Participant 2, personal communication, October 12, 2011; Participant 4, personal communication, October 20, 2011; Participant 5, personal communication, October 24, 2011; Participant 6, personal communication,

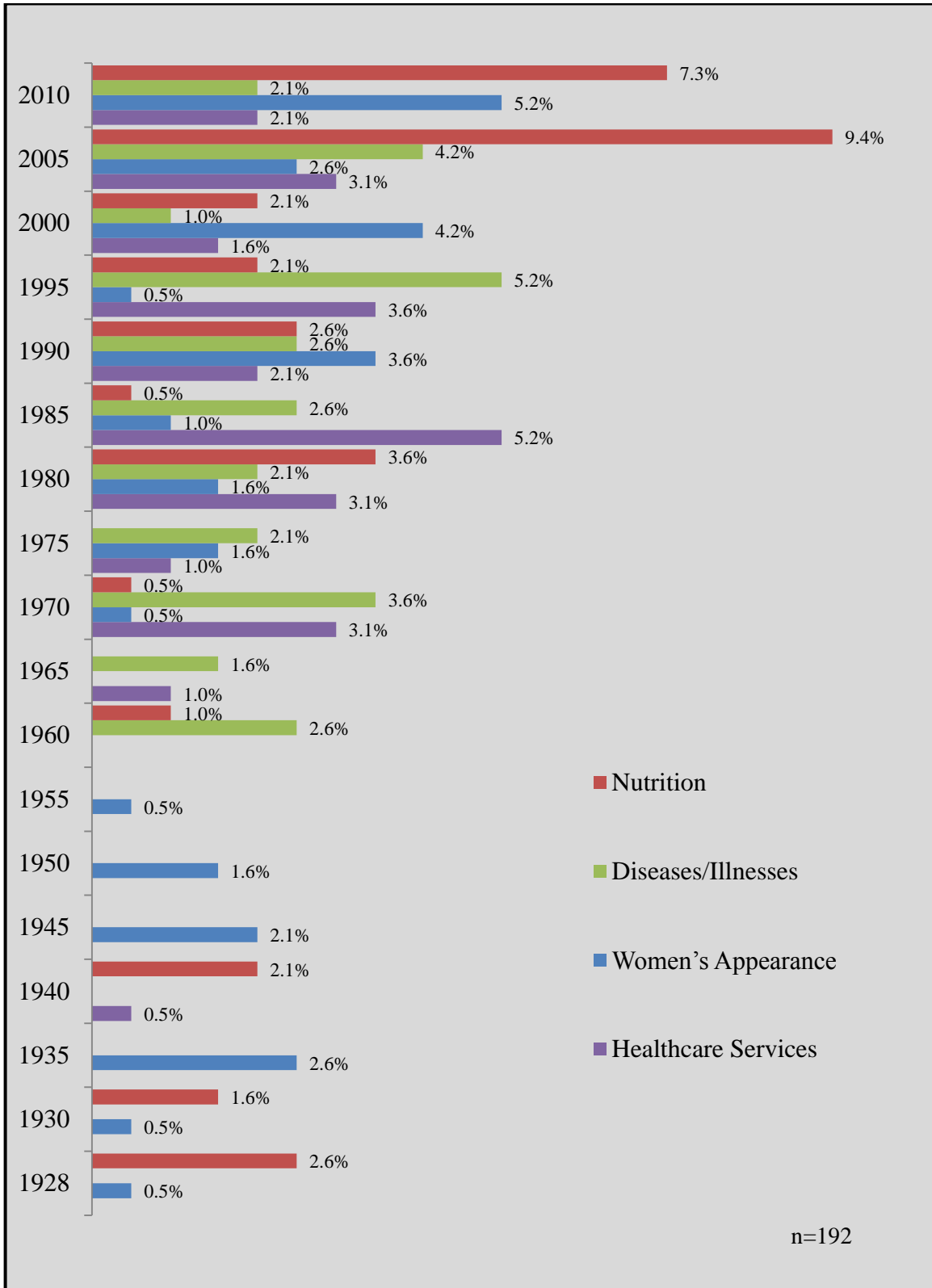
²⁶ The process by which each article was surveyed included the establishment of what health element(s) were discussed, followed by the recording of the first two topics mentioned under each element in each article. In this, it was possible to determine the main themes discussed throughout the existence of this publication, allowing for the analysis of the framing of women's health in *Chatelaine*. Thus, for the purpose of this research, health elements are considered main themes, while topics are considered sub-themes that can be discussed in relation to any of the elements.

October 24, 2011). This element is understood as the most popular due to the importance of perceived attractiveness and beauty that is commonly linked with one's physical health (Participant 1, personal communication, October 11, 2011; Participant 5, personal communication, October 24, 2011; Participant 6, personal communication, October 24, 2011). Participant 1 elaborates, "Women want to be beautiful, and this means being fit, eating well, and getting exercise in—that's what being physically healthy is all about" (personal communication, October 11, 2011).

Physical Health

To further analyze the discussion of health in *Chatelaine*, the frequency of topics discussed within each unique health element is presented in relation to the ways in which coverage changes between 1928 and 2010. Physical health will first be explored, as it is the most commonly discussed health element in *Chatelaine*. The distribution of topics within this element is as follows: nutrition (19.1%), the general discussion of disease/illness (16.0%), women's appearance (15.4%), healthcare services (14.3%), physical activities (10.9%), risk factors (5.6%), treatment measures (5.3%), mental emotional health (5.1%), the general discussion of reproductive health (2.8%), prevention measures (2.5%), disease symptoms (1.7%), family/relationships (0.5%), and other (0.8%). *Figure 9* illustrates the changes in the discussion of the four most frequently discussed topics in this health element (nutrition, disease/illnesses, women's appearance, and healthcare services) demonstrating the ways in which coverage of physical health develops and expands between 1928 and 2010.

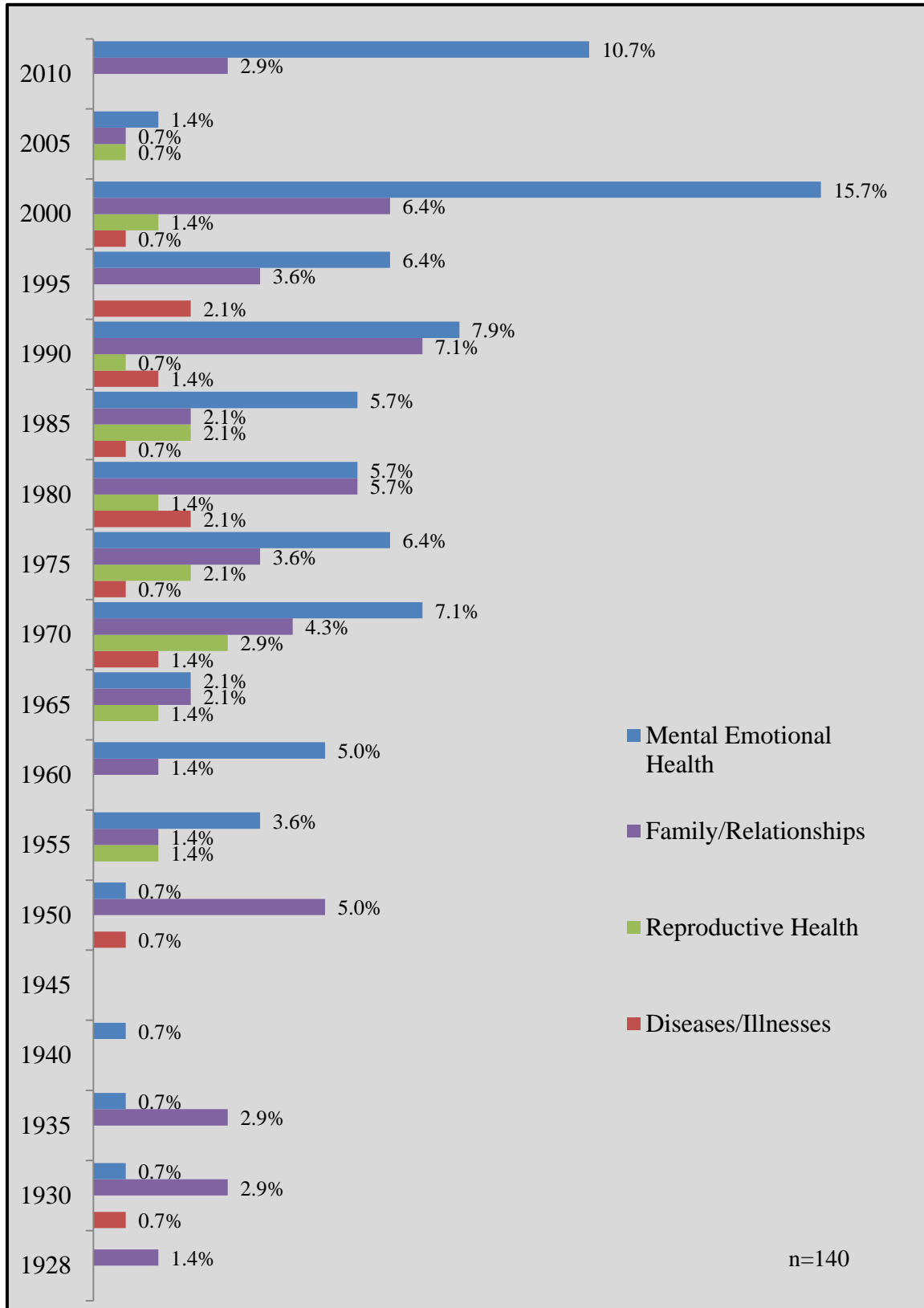
Figure 9: Most Frequent Physical Health Topics in *Chatelaine* (1928-2010)



Psychological Health

Psychological health is the second most commonly discussed health element found in this publication. The distribution of topics within this element is as follows: mental emotional health (45.6%), family/relationships (30.2%), the general discussion of reproductive health (8.1%), the general discussion of disease/illness (6.1%), healthcare services (3.2%), treatment measures (1.6%), risk factors (1.2%), women's appearance (0.8%), nutrition (0.8%), disease symptoms (0.4%), and other (1.2%). *Figure 10* displays the evolution of the four most frequently mentioned topics in relation to psychological health (mental emotional health, family/relationships, the general discussion of reproductive health, and the general discussion of disease/illnesses), demonstrating the interaction of these themes between 1928 and 2010. As found in other analyses of the data, the discussion of psychological health becomes increasingly frequent throughout the sample. This finding demonstrates a growing dedication to the discussion of women's health in *Chatelaine*.

Figure 10: Most Frequent Psychological Health Topics in *Chatelaine* (1928-2010)

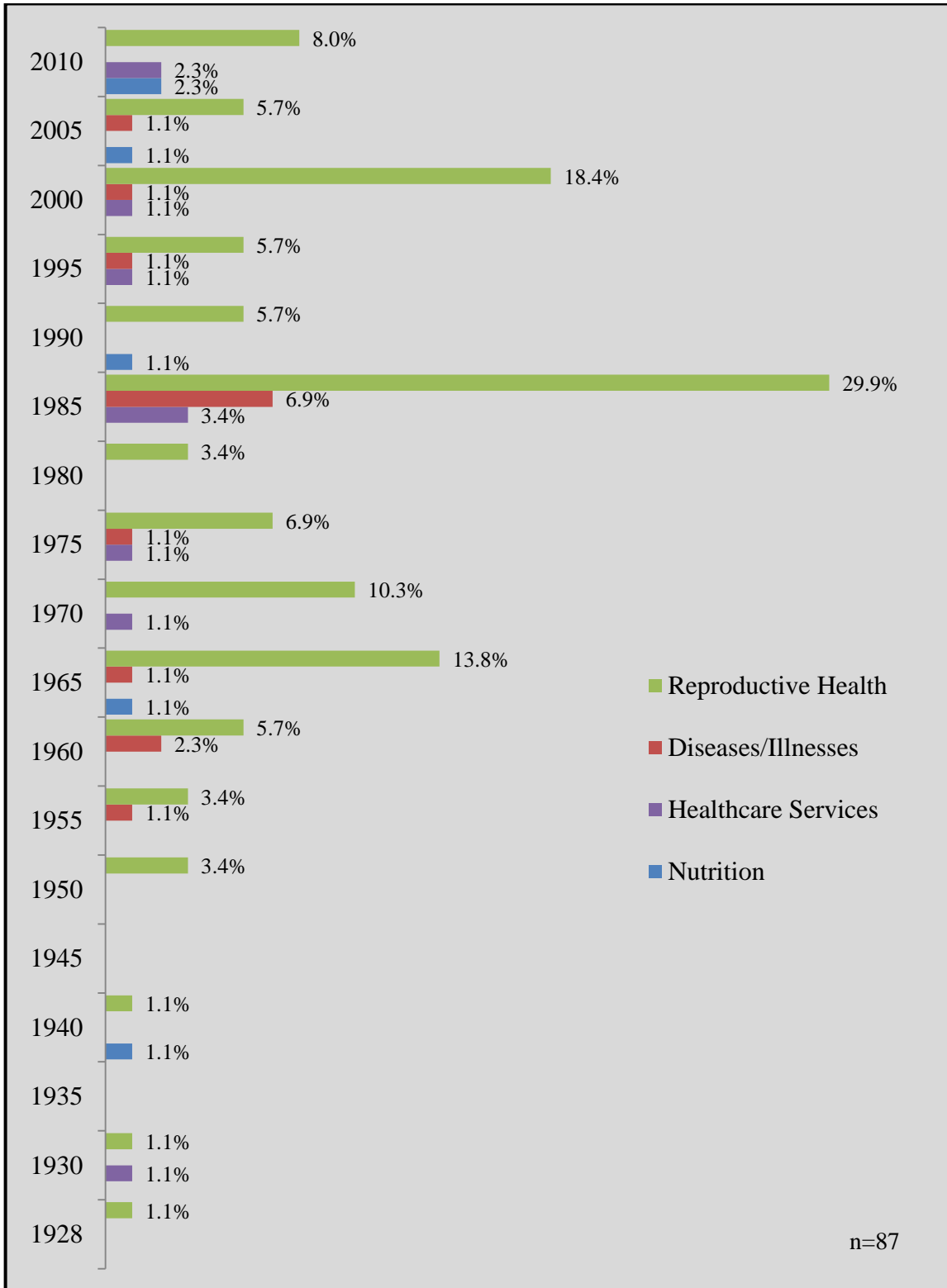


Reproductive Health

Reproductive health is the third most commonly discussed health element found in *Chatelaine*. The distribution of topics within this element is as follows: the general discussion of reproductive health (67.5%), the general discussion of disease/illness (8.8%), healthcare services (6.3%), nutrition (3.8%), family/relationships (3.1%), risk factors (2.5%), mental emotional health (2.5%), prevention measures (1.9%), women's appearance (1.3%), treatment measures (0.6%), physical activities (0.6%), disease symptoms (0.6%), and other (0.6%). *Figure 11* displays the evolution of the four most frequently mentioned topics in relation to reproductive health (the general discussion of reproductive health, the general discussion of disease/illnesses, healthcare services, and nutrition) demonstrating the introduction and growth of this health element between 1928 and 2010.

Figure 11 demonstrates a particularly unique finding of this research, specifically the minimal amount of content covering reproductive health prior to 1960. While the majority of the health elements surveyed indicate minimal coverage between 1928 and 1955, the discussion of reproductive health remains particularly barren. This finding is attributed to social norms and ideals that repelled the discussion of women's reproductive capabilities and sexuality in society prior to the social movements that began around 1960. Second wave feminism targeted this lack of discussion, working to motivate public awareness of the importance of women's reproductive rights and freedoms (Vickers, 1992). These efforts are reflected in *Chatelaine*, as reproductive health coverage increases throughout the sample, especially following 1960.

Figure 11: Most Frequent Reproductive Health Topics in Chatelaine (1928-2010)

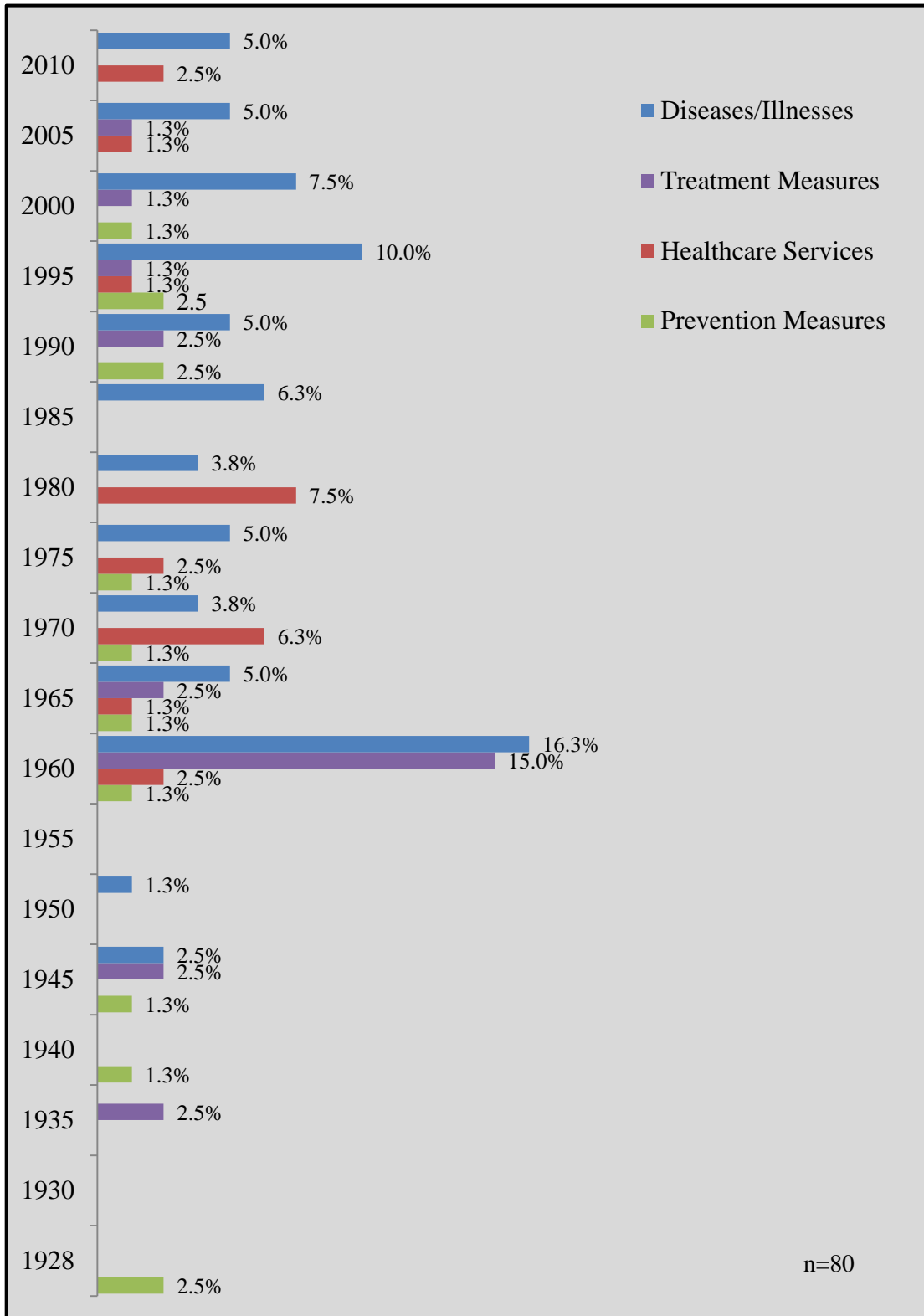


Disease/Illness

Disease/illness is the fourth most commonly discussed health element found in this publication. The distribution of topics within this element is as follows: the general discussion of disease/illness (39.6%), treatment measures (14.9%), healthcare services (13.0%), prevention measures (8.4%), nutrition (6.5%), the general discussion of reproductive health (6.5%), disease symptoms (4.5%), risk factors (2.6%), mental emotional health (2.0%), women's appearance (1.3%), and physical activities (0.7%). In sync with findings of the other health elements, the discussion of disease and illness remains minimal between 1928 and 1955, with the majority of the discussion of this health element during this time limited to topics such as prevention and treatment measures.²⁷ In 1960, the discussion of this element demonstrates a significant increase, complimented by a diversified approach to the coverage of this health element. The specific diseases and illness most commonly discussed will be further explored in the following section (*All Health Topics*). *Figure 12* displays the evolution of the four most frequently mentioned topics in relation to this health element (the general discussion of disease/illnesses, treatment measures, healthcare services, and prevention measures), demonstrating the interaction of these themes between 1928 and 2010.

²⁷ Prior to 1960, mention of disease and illness rarely spans beyond the discussion of ailments such as the common cold and tuberculosis. However, new topics and perspectives surfaced following the influx of health content in this publication that occurred in 1960, such as osteoporosis, heart disease, and various types of cancer.

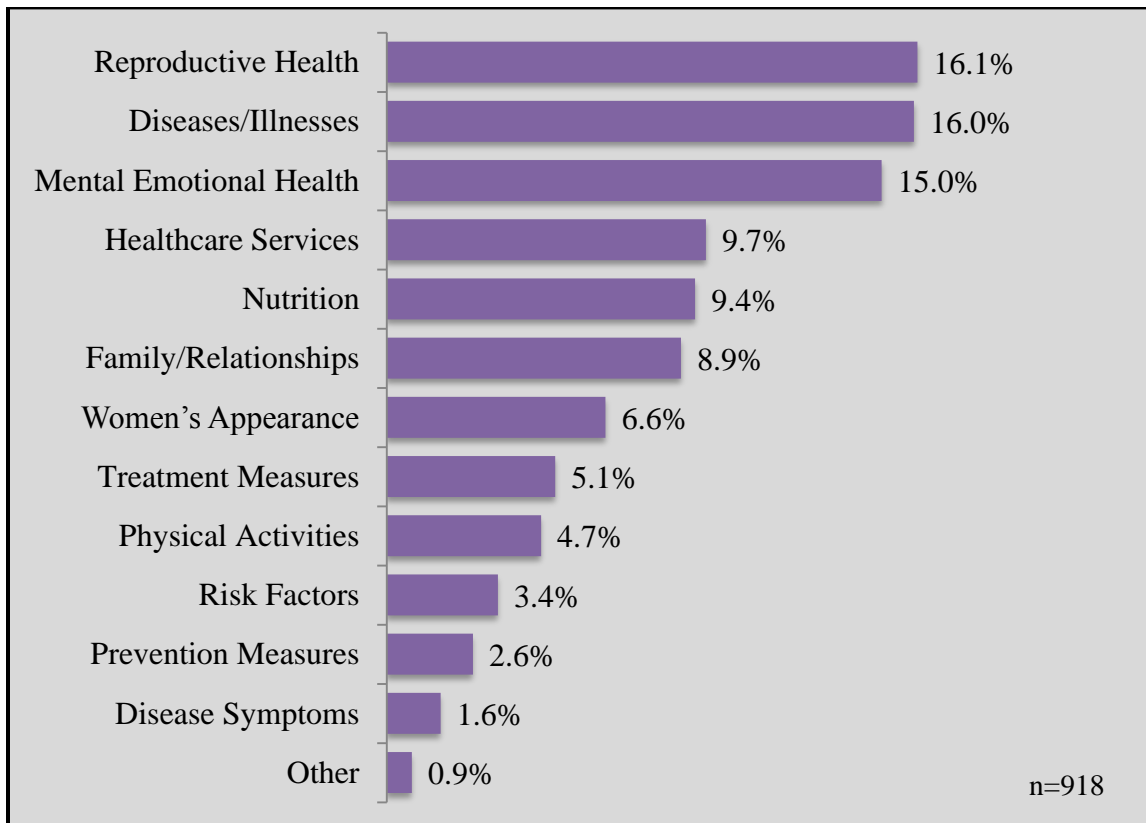
Figure 12: Most Frequent Disease/Illness Health Topics in *Chatelaine* (1928-2010)



All Health Topics

To further explore the discussion of health topics in this publication, the overall incidence of such themes is also presented. This component of the quantitative content analysis is considered a particularly revealing aspect of this research, as it unveils the overall frequency of topics discussed throughout this publication in relation to all four health elements. *Figure 9* outlines the distribution of all health topics found in *Chatelaine* between 1928 and 2010.

Figure 13: All Health Topics in *Chatelaine* (1928-2010)



While the most common health element discussed in *Chatelaine* is physical health, the most frequently discussed topic in relation to all health elements is the general discussion

reproductive health (16.1%), with the most common sub-themes within this topic being: sexual intimacy (19.8%), motherhood (18.5%), pregnancy (13.6%), contraceptives (8.6%), unplanned pregnancy (8.6%), menopause (7.4%), abortion (6.2%), heredity (6.2%), sexual fantasies (6.2%), and the combined oral contraceptive pill (COCP, “The Pill”) (4.9%) (n=81). These findings reveal *Chatelaine*’s active participation in the communication of information regarding women’s reproductive health in Canada. Through the discussion of such topics, women are able to learn about their reproductive health and become aware of emerging research and knowledge relevant to the betterment of this aspect of their existence (Participant 3, personal communication, October 13, 2011). Although women’s sexuality and reproductive health has struggled to find acceptance and equal treatment in the public sphere, the open and educational nature of the reproductive health content in *Chatelaine* is considered a positive asset within Canadian women’s media (Ibid).

Within the sphere of reproductive health lays sexual health, which has become a booming topic in women’s media due to the women’s movement and sexual liberation that has been fostered by various advancements, such as contraceptive technologies (Participant 3, personal communication, October 13, 2011). Although the discussion of issues such as unplanned pregnancies and abortion sometimes experience public dialogue in a positive or constructive light, these concepts have yet to be void of their controversial connotations (Ibid). Despite contention associated with such topics, these issues have been of interest to Canadian women since their development, and have found a space for debate in the pages of *Chatelaine*. In this, women are granted access to information on topics that were not always considered appropriate for discussion (Participant 3, personal

communication, October 13, 2011).²⁸ *Chatelaine* demonstrates its active participation in the open discussion of issues related to women's reproductive health, working to educate women with information on topics that are a reality in modern Canadian society (Participant 3, personal communication, October 13, 2011; Participant 5, personal communication, October 24, 2011; Participant 6, personal communication, October 24, 2011).

The second most commonly mentioned topic found in the analysis of *Chatelaine* is the general discussion of disease/illness. Disease and illness are commonly discussed throughout the pages of this publication in many capacities, as both a health element and health topic. Dialogue on this topic in *Chatelaine* is a multifaceted entity discussing issues from various angles. The most common sub-themes within this topic are breast cancer (20.4%), cancer (16.3%), visual impairment (12.2%), alcoholism (8.2%), diabetes (8.2%), dorsalgia²⁹ (8.2%), ovarian cancer (8.2%), heart disease (6.1%), the common cold (6.1%), and osteoporosis (6.1%) (n=52).

The prominence of breast cancer coverage in *Chatelaine* is considered a reactive trend, as this disease continues to be the most frequently diagnosed cancer in Canadian women, representing 28% of cancer cases in females (Canadian Cancer Society, 2011). This form of cancer strikes females during various stages of life, making it a serious issue relevant to women regardless of age. With such high incidence rates³⁰ of this disease in Canada, media coverage and public discussion about breast cancer demonstrates a

²⁸ For instance, issues such as abortion and unplanned pregnancy are still considered taboo or unsuitable for discussion in some public circles.

²⁹ *Dorsalgia* is a term used to classify the general field of chronic pain, specifically of the back and spine (Croft & Heiner, 1995).

³⁰ 1 in 9 women are expected to develop breast cancer in their lifetime and 1 in 29 are expected to die from it (Canadian Cancer Society, 2011).

burgeoning presence. The cornucopia of coverage provided in *Chatelaine* throughout its existence is interpreted as a valuable contribution to Canadian women's understanding of breast cancer, as articles aid in the development of knowledge and awareness about the disease.

For instance, *Chatelaine* provides a detailed tribute to Canadian politician, Mary Beth Dolin,³¹ in “Mary Beth Dolin’s Courageous Fight Against Breast Cancer” (Prodanou, 1985 September). This feature article outlines Dolin’s career and struggle with breast cancer, including her experience with chemotherapy, hair loss, and her ability to speak of her imminent death shortly before passing. Perhaps one of the most important elements of this article is the dialogue provided about Dolin’s desire to educate women about breast cancer, and her dissatisfaction with medical professionals’ reluctance in the provision of relevant information to patients. Dolin is quoted urging women to advocate for themselves to ensure agency and involvement in their treatment: “Keep asking questions over and over. Demand to know what is happening to your body” (Prodanou, 1985 September). This particular article covers breast cancer from various perspectives—it provides an individual story about a prominent female Canadian, information about breast cancer diagnosis and treatment, reflective ideas about introspective conflict when facing a life-threatening disease, and complimented by feedback and commentary about the navigation of the Canadian healthcare system.

This article is one of many comprehensive stories in *Chatelaine* that chronicle the issue of breast cancer. Such pieces are considered important in educating women about this disease and emphasizing the value of preventative measures and instigating public

³¹ Mary Beth Dolin was a Canadian politician who battled breast cancer and was forced to step down from her role as a cabinet minister in the Canadian government prior to her death on April 9, 1985 due to the aggressive nature of her case.

discussion about its impact on Canadians. At present, the breast cancer mortality rate among women in Canada is the lowest it has been since 1950, and with continued public health initiatives and medical research it is projected that women will continue to benefit (Canadian Cancer Society, 2011). Disease and illness impact Canadians from various angles, thus, *Chatelaine's* abundant dialogue about breast cancer is understood as a strong contribution to the enhancement of consciousness about this disease in Canada.

Cancer is the second most prominent disease and illness topic discussed in *Chatelaine*, which is also considered a reactive trend—based on current incidence rates, 40% of women and 45% of men in Canada will develop this disease during their lifetime (Canadian Cancer Society, 2011). While ongoing research continues to aid in the development of innovative treatment and prevention technologies, the prevalence of this disease remains a burden and threat to Canadians (Ibid). Cancer is not only a disease of contemporary concern, as it has seriously impacted Canadian society throughout *Chatelaine's* existence. Within the last few decades, the Canadian media has shone light on this public health concern, instigating discussion and awareness, which is demonstrated in this magazine.

In examining the occupancy of articles that display a primary focus on health in *Chatelaine* various trends are revealed, providing insight on the ways in which this magazine transforms over time. The findings suggest that the initial decades of this publication (between 1928 and 1955) provide limited health content, which lacks diversity and breadth in terms of the inclusion of credentials and subject matters. However, 1960 is a pivotal decade that shows a dramatic upswing in the diversity and frequency of health content. This change in the magazine is attributed to the launch of

second wave feminism in Canada that originated in 1960, which focused on a variety of liberation initiatives associated with equality and women's rights. Second wave feminism motivated public discussion about a variety of issues related to women's roles in society, with specific emphasis on their bodies and reproductive rights. In addition to the efforts of feminist initiatives in the 1960s with regards to the freedom of their health and bodies, medical innovations further threatened societal and cultural traditions in relation to women's sexuality.

Although limited, the coverage of women's health prior to 1960 still provides information to women about their bodies relevant to ideals and expectations of the time. *Chatelaine's* coverage demonstrates accuracy in accordance with the social norms and realities that existed in Canada between 1928 and 1960. Thus, when debates of women's health and reproductive freedoms exploded throughout Canadian society during the 1960s, *Chatelaine* responded accordingly, including an increased amount of content dedicated to female's bodies and health. The coverage of women's health is closely related to trends in medical research and cultural interactions with the ways in which women's health is perceived within the social world (Participant 3, personal communication, October 13, 2011; Participant 5, personal communication, October 24, 2011; Participant 5, personal communication, October 24, 2011). However, while this magazine works to follow emerging women's health trends, it also demonstrates the ability to facilitate the discussion of topics prior to their acceptance in society (Participant 7, personal communication, October 25, 2011). Participant 7 (personal communication, October 25, 2011) notes that while *Chatelaine* has always worked to provide readers with trendy coverage, it also strives to push boundaries through the provision of content

deemed risqué or controversial. Although the magazine did receive some backlash due to the coverage of some contentious topics, especially abortion, contributors to *Chatelaine* emphasize the importance and value of open and honest discussions about women's health affairs (Ibid).

Chatelaine is a social artifact that demonstrates an undeniable dedication to the discussion of women's health. While the characterization and frequency of content is established in prior sections of this analysis, the following sections will work to unveil the ways in which this magazine's health content interacts and facilitates the evolution of feminism. The inclusion and exclusion of topics and ideas are considered indicators of framing within the communicating text, which work to promote and prescribe certain areas of women's health. This is considered an important element of this research, as health media is known to have a large impact on how people learn about and understand their health (Andsager & Power, 2001). Thus, based on the investigation of the framing of women's health in this publication, it will be possible to explicate the ways in which *Chatelaine* participates in the transformation of feminism in Canada.

Her Journey: *Chatelaine*'s Transformation (1928-2010)

Transformation is often measured based on dichotomous standards of growth—good or bad, better or worse, negative or positive. While these elements are useful in the quantification of change, it is also important to pay cognizance to the journey by which a transformation is facilitated. Systemic determinism as a method of metamorphic appraisal fails to incorporate a holistic comprehension of the true depth encapsulated in the venture of change. Thus, the analysis of the transformation of feminism in *Chatelaine* does not

strive to provide conclusions related only to the outcome of change, but also the journey involved in the growth of this magazine. While many variables can be considered as a vehicle of change, it is argued that the discussion of women's health in *Chatelaine* plays a specific role in the transformation of feminism. Through the coverage of material related to women's health and bodies, *Chatelaine* demonstrates its ability to participate in social growth and ultimately aid in the empowerment of Canadian women. The following section works to discuss the key components involved in the changes in *Chatelaine's* women's health content in relation to the evolution of feminism in Canada.

Interacting With Feminism and Modernity: Women's Health as a Vehicle of Change

Throughout the history of *Chatelaine* women have experienced metamorphoses concerning how their bodies are understood and perceived by society. These changes have fostered dialogue about women's health in the public sphere and also empowered women through knowledge and increased control of their physical existence.

As demonstrated in previous sections, the analysis of *Chatelaine's* health content indicates this publication's active involvement in the discussion of women's health and bodies between 1928 and 2010. The findings of this study suggest that while the discussion of women's health is evident throughout the sample, a substantial increase is observed in 1960. Following this influx, health content increases steadily with minor frequency fluctuations. While *Chatelaine* has grown and developed throughout its existence, it acknowledges the importance of health knowledge as a tool for empowerment (Participant 7, personal communication, October 25, 2011).

Chatelaine's framing methods demonstrate an integrative and comprehensive approach to women's health, showing little reservation and restriction on the discussion of topics, particularly between 1960 and 2010. Accredited by Korinek (2007) as a "closet feminist magazine", *Chatelaine* discusses areas of women's health that have not always been welcome in the public sphere (Participant 3, personal communication, October 12, 2011; Participant 7, personal communication, October 25, 2011). While *Chatelaine* may not be a self-proclaimed feminist magazine, the ways in which it frames women's health issues are understood to be commonly loaded with feminist undertones that emphasize the importance of women's understanding and control of their bodies and health.

Participant 5 elaborates:

We used to sneak feminism in the back door because we had to. We needed to get information out to our readers in a way that empowered them and motivated them to harness their own independence. It's not that feminism isn't on our agenda now, we just have a different brand of it. We will never forget our roots through—it's important to know where you came from and know what has got us to where we are today. Now we work to empower women in their own right, and health [information] has been a part of this in the past, and is a big part of this now.

(Participant 5, personal communication, October 24, 2011)

Women's health surfaced as an imperative *cynosure* in the twentieth century, soliciting attention due to the growing attention issues related to women's bodies and health began to obtain. Despite animadversions and resistance among political, religious, and cultural groups, the women's movement in Canada has forged issues of freedom and rights associated with women's health into the public domain. The campaign for increasing access to women's bodies is widely supported by *Chatelaine*, as demonstrated in the increased coverage of health topics in this publication.

Through the provision of knowledge about women's health, *Chatelaine* is able to demystify various topics and concerns related to women's health and strive to promote knowledge and ownership of one's personal wellness (Participant 4, personal communication, October 20, 2011; Participant 5, personal communication, October 24, 2011; Participant 7, personal communication, October 25, 2011). While various elements of society contribute to the women's movement, the media are considered an important communication vehicle with regards to the dissemination of knowledge about women's health and bodies. The media are involved in the promulgation of health issues, and also provide a platform for debate about emerging innovations and technologies. Women's media, specifically *Chatelaine*, serve as an important base of knowledge for women to learn about their bodies and health in a friendly and trustworthy manner (Participant 5, personal communication, October 24, 2011; Participants 6, personal communication, October 24, 2011; Participant 7, personal communication, October 25, 2011).

Chatelaine has always provided as a women's general interest publication with a helpful reputation—one that empowers and encourages readers to learn about themselves and their communities (Participant 6, personal communication, October 24, 2011). Further, *Chatelaine* demonstrates its ability to morph its material and perspectives of women's health in accordance with societal growth and changes. This magazine's willingness to publish content about pressing women's issues related to health expresses the polysemic nature of this popular text, demonstrating its ability to produce multiple meanings throughout its existence. Therefore, *Chatelaine*'s ability to participate in the empowerment of women in Canada is demonstrated in its coverage of emerging medical trends, its unconventional perspectives on women's health, and its dedication to the

provision of knowledge as a tool for empowerment. These key characteristics are discussed in the following sections.

Covering Emergent Trends

While the analyses of the data demonstrate *Chatelaine's* growing involvement in the women's health movement in Canada, it is also important to acknowledge specific elements of these changes that are indicative of *Chatelaine's* feminist initiatives. Not only does this magazine provide readers with a growing body of health knowledge, but it also provides readers with relevant and accurate information. This is demonstrated through the utilization of a variety of credentials and resources, and through *Chatelaine's* dedication to the coverage of cutting-edge health trends.

Women's health has grown tremendously throughout the existence of *Chatelaine*; the introduction of medical innovations and healthcare technologies has changed the way women understand and manage their bodies. *Chatelaine* strives to cover emerging health trends, which are evidenced in its coverage of contraceptive technologies, disease treatment methods, and pharmaceuticals (to name a few)—all in which participate in the modernization of women's healthcare and wellness. While some medical innovations and healthcare technologies are welcomed in public discussion, others struggle to gain acceptance due to the implications of their abilities. *Chatelaine* contributors acknowledge this dilemma and express their desire to provide a space for debate about emerging trends related to the growth and development of women's health (Participant 1, personal communication, October 11, 2011; Participant 2, personal communication, October 12, 2011; Participant 4, personal communication, October 20, 2011; Participant 5, personal

communication, October 24, 2011; Participant 7, personal communication, October 25, 2011).

Sometimes it's about pushing the envelope. If we weren't going to do it, who would? And from our perspective, it is a woman's right to know about emerging health trends. We believed then and we believe now that women deserve honest and open information about their health, and we felt it our responsibility to be the providers of this. To withhold information from women would be to play along with the many institutions and companies that have held us back.

(Participant 7, personal communication, October 25, 2011).

Amelioration in medical research and technology widely participates in the liberation of women's bodies, as much advancement related to feminine health in the twentieth and twenty-first centuries strongly contribute to women's bodily autonomy. *Chatelaine* participates in the dissemination of knowledge about these innovations, which aids in the facilitation of changes and development instigated by these introductions. In fact, while each participant expressed this idea uniquely, a common consensus became clear—societal changes, specifically advancements in the world of healthcare and medical science, strongly impact *Chatelaine's* women's health coverage (Participant 1, personal communication, October 11, 2011; Participant 2, personal communication, October 12, 2011; Participant 3, personal communication, October 13, 2011; Participant 4, personal communication, October 20, 2011; Participant 5, personal communication, October 24, 2011; Participant 6, personal communication, October 24, 2011; Participant 7, personal communication, October 25, 2011). This finding is considered an important element of this study, as it illuminates *Chatelaine's* desire to tailor health content in accordance to social change and developments.

Resisting Traditions

The history, structure, and events associated with the feminist movement are commonly attributed to the protests and political milestones, which have resulted in various changes within Canadian society (Vickers, 1992). While feminist scholars struggle to create a shared universal vision of feminism, most understand the women's movement as a multigenerational orchestration characterized by ideological diversity and a capacity for collaborative action despite differing views (Ibid). Amid the multitude of initiatives that strive to promote gender equality, the battle for women's control of their health has seen much advancement. The invention of medical technologies and the political changes associated with issues such as abortion, rape, and contraceptives (to name a few), allocate women increasing control over their health and bodies. Despite this, female bodily autonomy has and continues to be challenged by many obstacles that strive to inhibit these changes (Penny, 2011).

The growth and expansion of women's health evidenced in *Chatelaine* is associated with its tendency to resist traditional standards and opinions of feminine health commonly communicated in women's general interest magazines. While this magazine offers readers information on emergent trends, it also covers topics in a manner that deviates from traditional methods employed in mainstream media. This is demonstrated in *Chatelaine's* dedication to the coverage of a wide variety of health issues, including many that are considered taboo or inappropriate for public discussion. *Chatelaine* capitalizes on the empowering abilities of health knowledge, providing a diverse plethora of information.

Chatelaine's refusal to comply with societal standards has resulted in health content that informs women about important aspects of their health and wellness, which aids in the empowerment, growth, and modernization of Canadian women. Although women are not completely free of oppression and inequalities at present, *Chatelaine* demonstrates its ability to aid in the creation of strong empowered women through the provision of health information that resists standards of the status quo. Various topics under the umbrella of female health have and continue to battle for public acknowledgement in mainstream media, making the presentation of clear and concise information about women's bodies of great importance. Although the discussion of women's health has garnered increasing momentum in women's magazines, *Chatelaine* provides a unique brand of coverage that motivates readers to take control of their bodies. This perspective on women's health spans beyond the limitations imposed by traditional health and wellness ideals, and provides discussions and coverage that stimulates readers to take personal initiative (Participant 7, personal communication, October 25, 2011).

Further, *Chatelaine* demonstrates its recognition of the multifaceted nature of women's health through the coverage of topics that ignore traditional confines that encapsulate archaic definitions of this concept (Participant 7, personal communication, October 25, 2011). For *Chatelaine*, women's health does not exist in a deodorized, airbrushed, heterosexual, medicalized, and patriarchal vacuum—it includes a diverse spectrum of wellness, which works to enhance women's understanding of their bodies and instigate learning and practices that facilitate and enhance healthy living.

Contesting Control: Health Knowledge as Power

Throughout history, women's bodies have been subject to control and discipline due to the dissemination of patriarchal ideals that prescribe corrosive meanings and fears of the female body (Bayer, 1996). While social change in Canada instigated by equality activism and the feminist movement has mobilized restraints off women's bodies, chains of control continue to threaten the autonomy of the female physical existence (Penny, 2011). As women have gained increased independence and acceptance in the public sphere, their bodies still remain a sight of struggle due to their implications and capabilities, which are often deemed as threatening devices in society (Ibid).

Chatelaine's participation in the evolution of Canadian women is demonstrated in its ability to provide women with information and knowledge that strives to rectify mechanisms of control that hinder their bodily autonomy. Although equality and liberation among women is commonly sought through a variety of vehicles, it is believed that the provision of health knowledge aids in the liberation process (Vickers, 1992).

Chatelaine's status as a popular Canadian mainstream media text makes it an important influencer on its audience due to its prevalence and reputation. Therefore, framing practices, specifically related to the discussion of women's health, subsequently communicate with audiences about issues that have the ability to educate and empower.

The body remains a site of struggle, guiding the reality of many external experiences and practices, which have the ability to influence how women continue growth and development as equal, free independents. While females remain under reign of forces that strive to dictate control over their physical existence, the provision of clear and concise knowledge in a trustworthy, relatable, and longstanding media text is

considered a viable mechanism of empowerment for Canadian women. The feminist project is understood as a continuous orchestration of growth and discovery, motivating the collection of knowledge among women to further their interactivity in the quest for increased autonomy. Therefore, through the provision of health knowledge, *Chatelaine* empowers with educational information that can enhance a woman's understanding of her body.

While health media is considered a valuable tool within the mediascape, the analysis of *Chatelaine* illuminates the specific ways in which such material can purvey influence beyond basic interpretations. Through attention to social developments and the necessitation of knowledge in women's growth and development, it is possible to participate in the evolution of an increasingly informed audience. *Chatelaine's* significant involvement in the empowerment of women through feminist ideals is demonstrated in its dedication as a momentous hub for health information.

Knowledge, Empowerment, and Feminism: The Modernization of Women Through Health Coverage in *Chatelaine*

The analysis of *Chatelaine's* health content indicates its involvement in the evolution of feminism in Canada. The social trends associated with this movement are reflected in *Chatelaine* through the growing coverage of increasingly diversified topics, and the sophistication of content throughout the sample. The findings of this study are of specific importance due to the pervasive role of health information in the empowerment of women. While women's liberation can be sanctioned by various mechanisms, knowledge is understood as an effectual vehicle of empowerment. The process through which

Chatelaine configures and communicates women's health situations this magazine as a structure of knowledge that interacts with audiences, and promotes growth and change among women. In working to empower through the procurement of health knowledge, *Chatelaine* mobilizes women's status and abilities through bodily autonomy. This process is considered significant due to the traditional confines of power imposed on the female body throughout history.

Health Information: Diffusing Mechanisms of Control

Chatelaine has withstood various changes in society with regards to women's roles and rights in Canada. Power relations and sources are considered principal factors involved in such changes, specifically in relation to the origins of institutionalized and disciplinary methods of ascendancy. While feminist initiatives consistently focus on issues of power and inequalities, the activism associated with women's bodily control and freedoms has garnered longstanding attention within the women's movement in Canada (Vickers, 1992). Bodily control is considered a pivotal element of this study due to the traditional forms of power that habitually establish discipline over women's bodies. Foucault's (1979) exploration of modern forms of ascendancy attributes the operations of power to various aspects of society that interact with our physical beings. While both males and females are controlled by such mechanisms, the experiences and interactions with ascendancy are distinctly different between genders (Foucault, 1980). Sexuality emerges as a central role in modern Western societal conceptions of the body, impacting the ways in which both sexes experience power (Ibid)

Women's unique exposure and understanding of power spawns various concerns among feminist scholars due to the ways in which control impacts females' ability to function and flourish in society (Vickers, 1992). According to Foucault (1979), power is uniquely bound to knowledge, necessitating the convergence of information regarding control and disciplinary structures and systems. Susan Bordo's (1993b) investigation of power regimes recognizes the female body as the central site of power struggles, emphasizing the ways in which society participates in the control of women's physical existence. Knowledge regarding women's bodies emerges as a prime tool for rectifying the cynosure instigated by social control exerted upon females. While knowledge about the body can be disseminated via various tools and platforms, women's media, specifically women's magazines, are considered pervasive and influential tools (Barnett, 2006).

Chatelaine's promulgation of health knowledge challenges social control of the female body through the provision of content that instigates awareness and discussion among readers about various aspects of their physical existence. Traditional ideals and standards limit women's ability to decide their bodily destiny, which is contested by *Chatelaine* through the provision of health knowledge that can counteract the constraints that inhibit female bodily autonomy. Health coverage in *Chatelaine* interacts with the social mechanisms of power, challenging their abilities through the provision of knowledge. Upon gaining information about aspects of their bodies and health, women are able to participate in processes of decision making that impact their public and individual roles.

Chatelaine's growing involvement in the discussion of women's health through the provision of increasingly diversified coverage is indicative of this magazine's cognizance of the importance of bodily knowledge among women. Females constantly face the burden of taking care of their bodies, necessitating the importance of health information provision within pervasive communication tools. *Chatelaine's* prevalence and reputation in Canada as a trustworthy and popular women's periodical make it a particularly valuable media text in the dissemination of information useful to the betterment of women.

The changes in the presentation of health coverage in *Chatelaine* between 1928 and 2010 are reflected in the evolution of framing methods employed by this magazine. Goffman's (1974) frame analysis technique allows for the discovery of the processes through which concepts can spotlight, emphasize, and also circumscribe ideologies and messages. The creation of meaning associated with women's health is presented and negotiated within the context of *Chatelaine*, which prescribes structure and perception of the social world (Goffman, 1974). Through the process of framing, *Chatelaine* contributors are able to draw attention to aspects of the social world, which can emphasize and illuminate issues of importance. In the case of this study, *Chatelaine* draws attention to the importance of women's health through coverage that strives to interact with medical and wellness trends, and gain credibility and acceptance among audiences through sound journalistic techniques.

The following section reveals the specific ways in which *Chatelaine* participates in the modernization of women through health coverage as demonstrated by a unique theoretical model. This explanation cultivates the distinct methods utilized by *Chatelaine*

that result in the empowerment of women through the publication of material that interacts and participates in Canadian feminist initiatives.

Configuring Change: Influence Through Knowledge and Empowerment

Health information disseminated by the media has the ability to enrich people with knowledge about their bodies and wellness (Hodgetts & Chamberlain, 2006). However, the investigation of health coverage in the media is far more complex than the mere transfer of specific information (Ibid). The origins of health information are rooted in our conceptions, interactions, and understandings of the body (Woodstock 2001). People learn and interact with health media content depending on the ways in which such knowledge is packaged and communicated (Hodgetts & Chamberlain, 2006). Methods of content production in health media demonstrate the ability to not only influence audiences on issues related to their bodies and wellness, but also interact and participate in social changes related to medical knowledge (Ibid).

The organization of information within media content draws attention to the ways in which media practitioners present information in accordance to their motives in the promotion of particular perspectives (Reese, 2003). An analysis of the framing of women's health, which is achieved through an evaluation of the ways in which health content is framed, reveals *Chatelaine's* dedication to the empowerment of women through knowledge. Between 1928 and 2010 the framing of health in this publication demonstrates a variety of changes, specifically in relation to the growing diversity of coverage. Therefore, the changes in framing impact the ways in which *Chatelaine's*

audience endures and understands events and topics related to women's health through the shaping and compartmentalization of health information.

Chatelaine is a prevalent Canadian media text that participates in the dissemination of health information to women. *Figure 14* outlines the process by which health content interacts with audiences and ultimately results in the growth and development of women through empowerment. Health content is considered the focal point of this process, which radiates influence throughout other variables.

**Figure 14: The Modernization of Women Process Model:
Health Coverage in *Chatelaine* (1928-2010)**

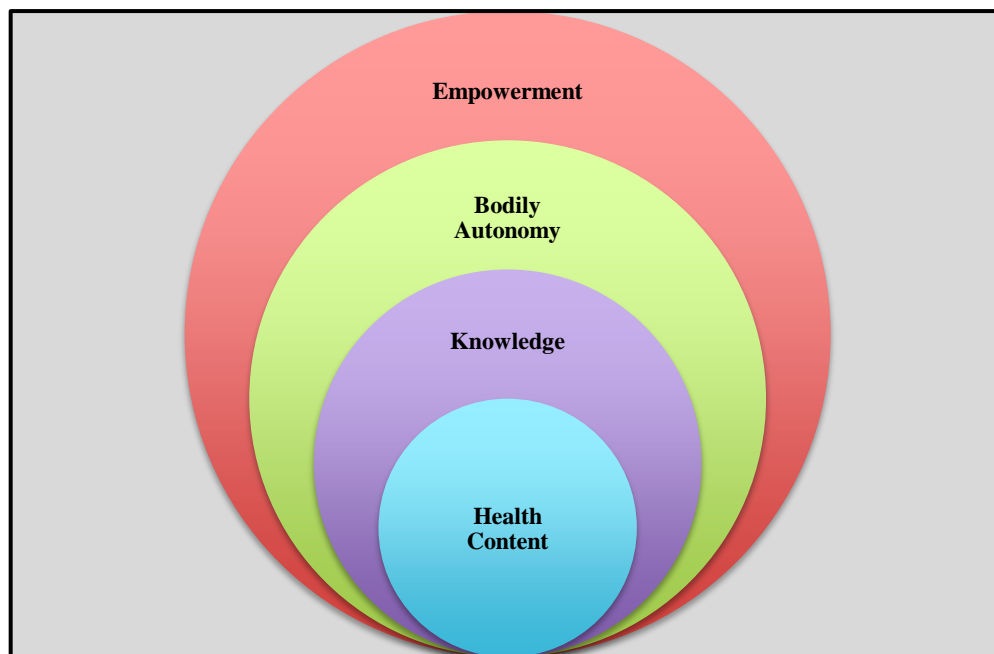


Figure 14 illustrates the ways in which health content relates and influences the transformation of feminism in Canada. Health content is situated at the centre of the model, because it is considered the key element through which the process of empowerment occurs. Health and wellness are fundamental elements of a woman's life; they encompass one's physical, psychological, reproductive, and social wellbeing, and

are not merely the absence of disease or infirmity (WHO, 2011). Women's health is a volatile humanistic entity that interacts with all aspects of a female's existence, dictating one's ability to grow, live, and function. Through the provision of health content, *Chatelaine* interacts with this essential aspect of a woman's life, which ultimately impacts various aspects of her existence.

Due to the central role of health content in this process, the ways in which it is discussed and presented in *Chatelaine* are crucial. Therefore, framing of this entity in *Chatelaine*, such as the frequency, topics, and perspectives employed to explore health become essential to the process by which empowerment is achieved. The quality and quantity of health content strongly influences the relationship this element has with other aspects of the model. Thus, other aspects of this process are best achieved through the provision of clear, concise, and frequent health coverage to ensure the strong functioning among other elements. The importance of frame analysis in this aspect of the model is vital to the measurement of success throughout other elements of this process.

The second component of this model is knowledge. This subdivision of the process is a result of the provision of health content in *Chatelaine*. Therefore, the instigation of knowledge among audiences is best achieved through the coverage of health in a clear, concise, and accurate manner. This element is firmly dependent on health content, and requires the framing of health that strives to educate through optimal coverage. The quantification and measurement of health content within the media text is indicative of the stimulation of knowledge within the audience, necessitating a comprehensive understanding of the ways in which health is presented. For instance, *Chatelaine*'s framing of health between 1928 and 1955 is limited—the content remains

homogenous and diminished in comparison to that provided between 1960 and 2010.

During the time in which health coverage remains limited, the instigation of knowledge subsequently suffers due to the lack of content and diversity within the topics covered.

Upon instigating knowledge through the provision of health content, women are able to learn and process ideas related to their physical existence. The understanding of health ideas and concerns motivates increased comprehension of one's body, allowing women to participate in individual practices that demonstrate bodily autonomy and also understand societal interactions that impact their physical existence. While bodily autonomy can be achieved via many mediums, knowledge strongly contributes to how women understand and relate to the discipline and control that interacts with their bodies. This element of the process is considered crucial in the opposition of power functions that circulate upon and within the female physical existence. While knowledge instigated by health content aids in a woman's understanding of her body, independence and awareness of the importance of obtaining bodily control can only be achieved through the provision of ideas that motivate this process.

Control of the human body by social mechanisms of power is a deeply entrenched ritual situated among cultural, religious, and medical institutions (to name a few) (Foucault, 1979). While these regimes of ascendancy have changed and evolved throughout history, they continue to impact the ways in which women relate and control their own bodies (Bordo, 1993b). Therefore, this element of the model does not necessarily instigate complete freedom from these mechanisms, but instead promotes awareness of bodily entities that can allow women to enhance their involvement and control of their health and wellness destiny. It can also motivate women to question the

vehicles of power that dictate practices upon their body and strive to participate in the decisions and policies that guide these institutions. For instance, the protests and activism that took place during second wave feminism in Canada worked to instigate conversations and awareness about issues related to women's bodies. It was conceived that upon motivating discussion and debate about issues related to women's bodies and health, females would gain a stronger understanding of the mechanisms of power that were oppressing their freedoms and access to equality.

The final element of this model, which is the considered the final outcome of this process is empowerment. While empowerment can be related to a variety of entities, this term is contextualized within the realm of feminism. For the purpose of this study, feminism is associated with the empowerment and development of women through activism and initiatives that strive to address inequalities (Mui & Murphy, 2002). This perspective acknowledges the diverse nature of this concept, working to incorporate the broad spectrum of ideas and experiences that exist among females. Despite the multifaceted nature of feminism, the key component to development and growth of women is empowerment, which can be achieved via many different methods. Findings of this thesis emphasize the pervasive role of knowledge in women's empowerment, as demonstrated by the perspectives and ideas expressed by *Chatelaine* contributors, which are reflected in the increase and growing sophistication of health content.

Empowerment can be experienced differently among women, but ultimately relates to a woman's ability to grow and develop her understanding and awareness of power and control. This mobilization demonstrates a cognizance of various aspects of knowledge that motivate women to participate in the modernization of their status within

society. While women have traditionally faced inequalities and struggles related to their rights and roles, their liberation has been strongly influenced by initiatives that resist such confinement. This process involves the sharing of ideas and questioning of rituals that limit or hinder women's abilities in society, which strives to result in the empowerment of females.

This model demonstrates the ways in which health content provided in *Chatelaine* impacts the empowerment and modernization of women through knowledge. The findings of this study demonstrate that *Chatelaine* participates in the social changes and movements associated with women's rights and roles, which is reflected in the growing discussion of women's health. As *Chatelaine's* coverage of women's health becomes increasingly frequent and diversified the instigation of knowledge about the body occurs. Upon gaining awareness and understanding of the body, women are able to develop cognizance of their physical existence, which promotes bodily autonomy. The rise of bodily autonomy among women challenges confines of social powers that impose control and discipline over their physical existence. In resisting such ascendancy, women gain awareness and increased control of their bodies, which can result in empowerment. Empowerment is considered a key element of feminism, which guides the development, growth, and modernization of Canadian women.

This model illuminates the role of health content in *Chatelaine*, emphasizing the ways in which this magazine participates in the liberation and empowerment of women. The findings of this study illuminate *Chatelaine's* growing dedication to the provision of health content through the increasingly comprehensive and diversified body of information provided between 1928 and 2010. Contributors to this magazine validate this

finding, commenting on the importance and role of health content in this magazine. The trends uncovered by the quantitative media content analysis and the perspectives unveiled by the semi-structured in-depth interviews illuminate the ways in which the women's movement impacts this publication, specifically the coverage of women's health. As demonstrated in this discussion and the model provided, the interaction with social growth related to women's health instigates the procurement of empowerment through health knowledge.

Chapter 5

Conclusion

The main purpose of this thesis is to explore the ways in which *Chatelaine* participates in the transformation of feminism in Canada in relation to the discussion of women's health between 1928 and 2010. This investigation demonstrates the modernization of Canadian women through increased and diversified health coverage, resulting in female bodily awareness, integrity, and autonomy.

Significant Findings

Through media content analysis and semi-structured in-depth interviews, this thesis explores the ways in which *Chatelaine* frames women's health in relation to the transformation of feminism in Canada between 1928 and 2010. Findings of the analyses suggest that this publication evolves throughout its existence in relation to the changes in the presentation and discussion of women's health. As social standards related to women's status in Canadian society morph, *Chatelaine* demonstrates its ability to participate and interact with these changes. Although feminism is a multifarious concept, its associations and interactions with the women's movement in Canada are of specific importance in this study. While feminists and women's rights activists focus on various aspects of society in an attempt to promote growth and equality among citizens, the body as a site of struggle has emerged as a prominent focal point in feminist scholarly inquiry. Thus, health content is deemed an accurate indicator of the rise of feminism in Canada due to the important role of women's bodies in a social and cultural context.

Women's health coverage is present throughout the sample (1928-2010); however, between 1928 and 1955 minimal content of this nature is found. Additionally, the health content that is provided during this time remains limited in nature, lacking diversity and breadth in the discussion of women's bodies and wellness. A significant influx is demonstrated in 1960, which steadily increases with minor fluctuations to 2010. The highest frequency of health content occurs in 2010, which is considered indicative of *Chatelaine's* current health-focused mandate. Complementary to the rise of health content between 1960 and 2010, the variety of topics demonstrates a significant expansion. Health elements are discussed in relation to a multitude of topics, covering the emergence of new aspects of women's health and wellness. The launch of second wave feminism in Canada that began around the beginning of the 1960s is considered a strong influencing factor in the growth of health content in *Chatelaine*. The activism and initiatives of this movement sparked debate and discussion about a variety of issues related to women's rights and inequalities, including issues related to women's bodily autonomy. The battles associated with this movement evolved throughout history, pushing focus and awareness of women's bodies and health into the public sphere.

Attention and consideration of feminine health is related to a variety of issues and technologies that have struggled to gain societal acceptance due to the religious, cultural, and political mores (to name a few) that have traditionally been involved in the control and discipline of women's bodies, specifically their reproductive rights. The introduction of contraceptive technologies into Western society in the 1950s and 1960s posed serious threats to the sanctity of many institutionalized practices that dictated the perimeters of women's sexuality. Through reproductive control, women gained the ability to command

their sexual and childbearing destinies, inducing changes that reverberated throughout society. In addition to women's battle over reproductive control, the general discussion of female health became a topic that gained increasing acceptance in the public sphere, due to the growing pressure for dialogue about such topics demanded by feminists and women alike.

In addition to the emergence of contraceptive technologies, the general growth of medical research and innovations related to other aspects of women's physical existence have also participated in the influx of public discussion about women's bodies.

Chatelaine undoubtedly participates in the deliberation of these new technologies, instigating knowledge and awareness among readers about growth and trends in relation to medical innovations and research. This is considered an important finding of this study due to the value of health information as a tool for empowerment among women. *Chatelaine's* provision of information about emerging health trends offers readers an outlet for debate and understanding about their bodies in a clear and concise manner. Through this, women are able to participate in their own bodily independence—they are able to assess medical technologies, learn about healthy lifestyles, and understand the ways in which other women experience and interact with their health.

The transformation of health coverage in *Chatelaine* in relation to the evolution of feminism is associated with this magazine's active participation in the resistance of traditional discussions about women's health and bodies. Motivated by feminist initiatives, the women's movement, and the emergence of medical trends, this publication demonstrates its inability to publish content that reinforces the status quo. Instead, it works to provide readers with cutting-edge information that is not always welcome in the

public sphere. *Chatelaine* offers readers a wide variety of health information that spans beyond the fare provided in mainstream women's magazines. Throughout the sample, *Chatelaine* demonstrates its growing inclination to provide readers with clear and concise material through the expansion of health-designated areas (i.e. health news sections, health columns, etc.), the use of trustworthy and informed contributors and credentials, and an increasingly diversified smorgasbord of health coverage.

The media play an important role in women's understanding of their health and bodies. While the women's magazine industry is often accused of selling readers a brand of femininity that fails to accurately reflect the true experiences of modern women, *Chatelaine* breaks this mold. This magazine works to provide readers with knowledge that pushes them to operate as independent and empowered individuals through the supply of health information. *Chatelaine* frames women's health in a manner that strives to follow emerging trends through the inclusion of medical and wellness issues that span across the women's health spectrum. Moreover, *Chatelaine* demonstrates its unwillingness to comply with accustomed standards of women's health by resisting traditional ideas and perspectives that inhibit women's ability to take control of their bodies.

Limitations and Implications

There are a few limitations in this study to consider. One such limitation is attributed to the sample utilized for the qualitative semi-structured in-depth interviews. Firstly, due to time constraints and a restriction of resources for this study, seven contributors were interviewed. While the perspectives extracted from the sample provide a rich body of data, further research may benefit through the inclusion of a greater number of

participants. Secondly, in addition to restrictions posed by the number of interviews conducted, the characterization of the participant sample also poses limitations due to the minimal number of interviews conducted with past employees. The majority of the participants involved in this study are current employees and contributors to this publication, limiting perspectives from the experiences of past health content producers at *Chatelaine*. Despite this, most participants demonstrated a strong awareness of the evolution of the magazine and its relationship with health in a historical context. This was evidenced in their command of knowledge related to this publication in the past regarding both health and feminism. Various participants also made mention of preceding editors and contributors who had influenced the publication with regards to the development and evolution of health, adding to the depth and breadth of this study. Despite this, it is believed that a larger sample comprised of more contributors involved in the history of this magazine may enhance the outcome of future similar studies.

An additional limitation also stems from the technological revolution, which threatens the status and longevity of print media. Although *Chatelaine* continues to publish on a monthly basis, it also is complimented by an online auxiliary (<http://www.chatelaine.com/en>), which provides readers with adjuvant content.³² Although the exact print magazine content is not provided, the online version offers a wide variety of material that possesses a similar character and tone to that found in the physical magazine. *Chatelaine*'s online component offers women free material in health blogs and online articles, which attract a high volume of online traffic (Janet L. Ho,

³² Chatelaine.com was first launched in 1992 and has undergone several redesigns since. The most recent restructuring occurred in October 2010, in which the online component changed from being a monthly website to a daily website, allowing for more frequent updates through the publishing of new original content on a daily basis. (Janet L. Ho, personal communication, November 12, 2011).

personal communication, November 12, 2011). Due to the website's popularity, *Chatelaine* continues to invest in this constituent due to the ways in which audiences access media content. Despite the prominence of *Chatelaine*'s online component, this study did not incorporate any material from chatelaine.com due to the nature and goals of this research. However, as the online revolution continues to influence the ways in which print media outlets serve their readers, it may become increasingly important to include online content in the sample of such research. Thus, it is suggested that future investigations of this nature acknowledge and incorporate this burgeoning aspect of the mass media.

While this analysis of *Chatelaine* demonstrates insightful and intuitive findings relevant to Canadian media, history, and women's studies, further research may strive to incorporate this magazine's French-language version, *Châtelaine*. Although this publication has not been in circulation for as long as the English version,³³ research of this media text may provide interesting findings useful for a comparative analysis of the two magazines. Thus, issues related to women's health might vary between the two publications and provide useful findings relevant to the study of Canadian women's media.

Thesis Summary

This purpose of this thesis is to explore the health content in *Chatelaine* between 1928 and 2010 to investigate the transformation of feminism in this magazine. The research problematic strives to characterize the ways in which *Chatelaine* participates in the

³³ *Châtelaine* was first published in 1960 by Maclean Publishing (Korinek, 2000).

changing of feminism in Canada in relation the framing of health content. Health content is considered an accurate indicator of the transformation of feminism in Canada due to important role of women's bodies in a social and cultural context. While feminists and women's rights activists focus on various aspects of society in an attempt to promote growth and equality among citizens, the body as a site of struggles has emerged as a prominent focal point in feminist scholarly inquiry.

The literature review provides an exploration of relevant themes, concepts, and philosophical roots originating from Michel Foucault's (1979; 1980) reasoning toward power and the body; Susan Bordo's (1993b) feminist appropriations of contemporary theorizing on the female body in modern Western society; Erving Goffman's (1974) organization of social experience through frame analysis; and contemporary adaptations of frame analysis in a media and communication studies context. These ideas are synthesized into a theoretical framework and incorporated to guide the research questions.

Michel Foucault's (1979) exploration of the evolution of power provides intuitive insight into methods of control and ascendancy in modern society. Foucault's (1979) work on the operations of power identifies the body as a site of control through which docility and submission can be accomplished (Olssen, 1999). Physical existence as expressed by the human body attracts attention and concern in various aspects of society due to the implications of its capabilities. Foucault (1980) re-appropriates and further discusses bodily discipline and control in relation to sexuality, which establishes the role of the docile body and gendered bodily expectations. This theorizing serves as a

springboard for feminist discourse, particularly in relation to the control and power exercised upon women's bodies in a contemporary context.

Susan Bordo (1993b) provides unique feminist perspectives on the ways in which women's bodies operate in modern Western society. She explores the ways in which women struggle to gain power and control of their bodies in a world that strives to contain and retain lasting hold of the female physical existence. To illuminate these trends, she extrapolates knowledge from examples that highlight women's deeply entrenched rituals that demonstrate the role of societal power and control over their bodies. Bordo's (1993b) theoretical roots hail from second wave feminist initiatives that battled traditional control of women's bodies through institutionalized practices, which limited women's bodily integrity and autonomy.

Erving Goffman's (1974) exploration of the organization of social experience through frame analysis provides a tool for understanding the ways in which people understand and categorize social life and interactions. Goffman's (1974) socioliterary techniques employ unique metaphorical lexicon, which is utilized as a distinctive analytical method to conceptually frame the structure of an individual's perception of society. Frame analysis is a multi-disciplinary social science research tool that is utilized in many academic fields; however, for the purpose of this thesis its use in media and communication studies is of specific pertinence.

Frame analysis in media and communication studies is utilized as a methodological tool to analyze texts and structure in the media. In this context, such methods work to understand how the media present and categorize information (Barnett, 2006). The frame analysis technique allows the researcher to discover the process of

framing, which can spotlight, emphasize, and also circumscribe ideologies and messages (Baptista, 2003). The notion of framing ideas in the media draws attention to how media practitioners organize information in accordance to their interaction with sources and their motives in the promotion of particular perspectives (Reese, 2003).

The methodology used to explore the research problematic is quantitative and qualitative in nature. It involves the use of a media content analysis and a series of semi-structured in-depth interviews. Guided by the theoretical framework, relevant concepts are operationalized to accurately guide the measurement of themes and sub-themes. The media content analysis entails the extraction of *Chatelaine*'s health coverage in a representative sample of the data, which is coded into SPSS statistical analysis software. Statistical testing was then run to identify frequencies, trends, and relationships within the data. The qualitative interviews were conducted via telephone and digitally recorded for transcription. The data produced from the interviews were manually tested through the organization of themes and sub-themes within the data. This thesis analyzed 466 units of health content and 7 interviews conducted with *Chatelaine* contributors. With the aid of the theoretical framework, three research questions were generated to guide this study.

The findings reveal that *Chatelaine* includes health coverage throughout the sample; however, between 1928 and 1955 minimal content of this nature is demonstrated. During this time, the health content published remains limited in nature, lacking diversity and breadth in the discussion of women's bodies and wellness. A significant influx is demonstrated in 1960, which steadily increases with minor fluctuations to 2010. The highest frequency of health content occurs in 2010, which is considered indicative of *Chatelaine*'s current health-focused mandate. Complementary to the rise of health

content between 1960 and 2010, the variety of topics demonstrates a significant expansion. Health elements are discussed in relation to a multitude of topics, covering the emergence of new aspects of women's health and wellness. The launch of second wave feminism in Canada that emerged around the beginning of the 1960s is considered a strong influencing factor in the growth of health content in *Chatelaine*.

An investigation of the framing of health content in *Chatelaine* reveals this magazine's dedication to the discussion of women's bodies and wellness. Despite traditional acclimations of women's bodies in the public sphere, this publication strives to elucidate myths and tensions through the provision of clear and concise health information. In this, *Chatelaine* demonstrates its ability to resist traditional discussion and perspectives of women's health, which ultimately results in the empowerment of women through education and trust. Contributors to *Chatelaine* express the importance of health knowledge in the growth and development of women throughout history, aiding in the transformation of feminism in Canada. The media have the ability to influence audiences through the provision of information that acts to participate in the evolution and modernization of Canadian women.

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Appendices

Appendix A: Media Content Analysis Form

This is the condensed version; the original form is 10 pages

Transforming Canadian Women in the Road to Modernity: A Frame Analysis of Feminisms in Chatelaine (1928 – 2010)

Case #:

.....

1. Title:

.....

2. Year:

.....

3. Month:

- | | | |
|-------------|-----------|--------------|
| 1. January | 5. May | 9. September |
| 2. February | 6. June | 10. October |
| 3. March | 7. July | 11. November |
| 4. April | 8. August | 12. December |

4. Type of item:

1. General news
2. Feature
3. Health news
4. Health column
5. Editorial
6. Advice column

Other (specify)

5. Source:

1. Journalist
2. Editor

- 3. Doctor
- 4. Unidentified

Other (specify)

6. Credential mentioned first [if applicable]:

7. Credential mentioned second [if applicable]:

- 1. Canadian governmental department or agency
- 2. Canadian governmental department or agency: Health Canada
- 3. Canadian governmental department or agency: Statistics Canada
- 4. Doctor
- 5. Medical journal: Canadian
- 6. Medical journal: international
- 7. Healthcare institution/practitioner
- 8. Public figure: celebrity
- 9. Public figure: politician
- 10. Religious leader/religious institution
- 11. Research[er(s)]/study: affiliated with academic institution
- 12. Research[er(s)]/study: no affiliation specified

Other (specify)

10. Topic related to disease/illness discussed first [if applicable]:

11. Topic related to disease/illness discussed second [if applicable]:

12. Topic related to physical health discussed first [if applicable]:

13. Topic related to physical health discussed second [if applicable]:

14. Topic related to psychological health discussed first [if applicable]:

15. Topic related to psychological health discussed second [if applicable]:

16. Topic related to reproductive health discussed first [if applicable]:

17. Topic related to reproductive health discussed second [if applicable]:

- | | |
|-------------------|-----------------------|
| 1. Abortion | 7. Breastfeeding |
| 2. Abuse/violence | 8. Cancer |
| 3. Addiction | 9. Cervical cancer |
| 4. Beauty | 10. Contraceptives |
| 5. Body image | |
| 6. Breast cancer | Other (specify) |

Appendix B: Recruitment Text

Initial Message

Dear _____,

My name is Heather McIntosh and I am a Communication Master's student at the University of Ottawa in Canada with a specialization in Health Communication. I have acquired your information from (*source/contact*). My thesis aims to explore and evaluate how the presentation of health related topics in *Chatelaine* contributed to the transformation of Canadian women.

My sample includes those who have contributed to *Chatelaine* content. I am planning to interview journalists, health-specific journalists, editors, and health-specific editors to investigate the health-content production process. As the (*title of participant*), I will be honored if you will participate in a one-hour telephone interview at a convenient date and time for you.

By providing insight and recommendations, I am hoping that this thesis will serve as a contribution to knowledge and an asset to *Chatelaine* as well as to help further research with regards to the relationship between Canadian women's health and the media.

Thank you and your reply will be greatly appreciated.

Sincerely,

Heather McIntosh

Appendix C: Semi-Structured Interview Guideline

Interviews with contributors to *Chatelaine*
on the development of health related content in relation to feminism

Introduction

Greeting:

Good Morning/Good Evening (*participant's name*), thank you for taking the time to participate in this interview. As you know, my thesis strives to examine and evaluate the ways in which the framing of health-related content in *Chatelaine* has contributed to the transformation of women in Canada. This interview will take approximately one-hour of your time, during which we will discuss the context, constraints, and methods of content development in this publication. Please feel free to openly discuss the topics, interrupt the discussion of a specific topic, or interrupt the interview at any time.

Rationale For Study:

Chatelaine is Canada's longest running women's magazine, and has been known to include a wide variety of information relating to women's rights and inequalities. It is also known to provide women with a substantial amount of content that focuses on women's bodies and health. Research suggests that women's magazines play a large role in women's knowledge and understanding of their health and bodies. Due to *Chatelaine's* prominence in the Canadian women's magazine market, this study works to understand how this publication discusses health in relation to the growth of feminism.

Consent Form/Confidentiality:

As previously discussed, all primary research conducted at Canadian universities requires that all participants be protected. First, I would like to ensure that you have reviewed the informed consent form that I e-mailed you for signing. Second, do you have any questions regarding this aspect of the procedure?

Before we start the interview, I would like to remind you that your confidentiality and anonymity is assured throughout this study. Your name will not appear in any documentation that is produced as a result of this research. Also, if any questions make you feel uncomfortable or you would prefer not to answer, please let me know and we will proceed to the next question.

As discussed, this interview will be digitally recorded for transcription and further analysis. I am going to be recording now.

Questions

Warm-up:

- Please describe your role at *Chatelaine*
- How would you describe the overall goals of the magazine?

Context:

- How important is health content at *Chatelaine*?
- Do you believe the coverage of health topics in *Chatelaine* helps women learn about their health and bodies?
 - If so, please describe the specific topics that you believe are of importance in this endeavor.
- Do you feel that *Chatelaine* incorporates content that drives awareness of women's rights? If so, please explain.
- *Chatelaine* has been called a "closet feminist" magazine; do you think this is accurate? If so, please explain.

Constraints:

- Have you ever experienced or witnessed resistance from your audience with regards to the health content published in *Chatelaine*? If so, please explain the nature of this feedback.

Social Practices:

- What are the most popular topics covered in *Chatelaine*?
 - Why do you believe these topics are so popular?
- Please describe how ideas for health content are selected.
- What are *Chatelaine*'s expectations in terms of producing content that is health related?
- Many articles related to health often mention credible sources, such as doctors, psychologists, dieticians, etc. Why does this occur?
 - How are sources selected?
 - How do you feel this practice enhances health content?
- From your knowledge and experience, how do you feel *Chatelaine*'s coverage of health has evolved?
- How do you envision the future of health content in *Chatelaine*?
 - What topics do you believe may become increasingly popular?

Autopoiesis:

- If *Chatelaine* were a person, how would you describe their personality?
- Please describe *Chatelaine*'s target audience.

Closing:

That concludes the questions I have for you. Before we finish, do you have any further comments you would like to add? Thank you so much for sharing your opinions and expertise. I may have a few further questions after reviewing the transcript, in which case, I will contact you via e-mail for any clarifications.

Please note: Questions with and asterisk are designed for journalists only, and will not be asked of editors

Appendix D: Interview Participants

Interview / Participant #	Participant's Title	Interview Date
1	Current <i>Chatelaine</i> Contributor: Health Journalist	October 11, 2011
2	Current <i>Chatelaine</i> Contributor: Health Journalist	October 12, 2011
3	Current <i>Chatelaine</i> Contributor: Health Journalist	October 13, 2011
4	Past <i>Chatelaine</i> Contributor: Health Journalist	October 20, 2011
5	Current <i>Chatelaine</i> Editor	October 24, 2011
6	Current <i>Chatelaine</i> Editor	October 24, 2011
7	Past <i>Chatelaine</i> Editor	October 25, 2011