Valorization Dynamics in the Cancer Treatment Market

BY

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THESIS
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LETT

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LIST OF ABBREVIATIONS

ACA	Affordable Care Act
ACS	American Cancer Society
AIDS	Acquired Immune Deficiency Syndrome
AML + FLT3/ITD	Acute Myeloid Leukemia with FLT3 protein mutation
AZT	Zidovudine
BC	Breast Cancer
BRCA	Breast Cancer Susceptibility Gene
ER	Estrogen Receptor
FDA	Federal Drug Administration
HER2	Human Epidermal Growth Factor Receptor 2
HIV	Human Immunodeficiency Virus
LC	Lung Cancer
LK	Leukemia
LLF	Leukemia and Lymphoma Foundation
MBC	Metastatic Breast Cancer
NCI	National Cancer Institute
NED	No Evidence of Disease
NHI	National Health Institute
NSCLC	Non Small Cell Lung Cancer
PD-L1	Programmed Death Ligand 1
PR	Progesterone Receptor
SDL	Service Dominant Logic

SUMMARY

This dissertation shows that value processes are interrelated and context-dependent; paraphrasing Dilley (1999, p.3), these are shaped by the features and characteristics that surround and are connected with a particular phenomenon. Specifically, I examine processes of valorization, which entail the assignment of value to marketplace entities (e.g., products, institutions, relationships, or experiences) and how these processes are shaped by the interaction between individual consumption experiences and the historical sociocultural context. More formally, this examination answers these overarching research questions: "How does valorization manifest at the macro-society level?," "What are implications of this valorization in the marketplace?," and "How is consumer valorization impacted by changing macro-societal influences?"

Using a multimethod approach, I focus on understanding how valorization takes place at the societal level through the construct of marketplace valorization (Essay 1) and at consumer level through the construct of consumer valorization (Essay 2) and where these two levels interact. The context of this dissertation is the important yet understudied consumption of health services in the cancer treatment market. These prolonged and complex consumption experiences are traumatic in nature, surrounded by urgency and uncertainty, with disease treatments resulting in value disparities related to side effects, mortality, and quality-of-life outcomes.

This work makes three theoretical contributions. First, it delineates the construct of marketplace valorization- its subprocesses, influences, and implications for how hierarchies of value emerge. Second, it shows how consumer valorization changes over time under the influence of macro-societal forces, inscribing micro perspectives of value in health service

consumption in their larger macro-social, cultural, and historical context. Third, overall I show that value processes are dynamic; that is, they may co-operative, negative and change over time.

These findings contribute to theories of value, extraordinary experiences, market dynamics, market evolution, consumption communities, and carry practical implications for how value processes emerge in other complex consumption contexts.

I. CONCEPTUAL BACKGROUND

Arguably, value is a crucial concept in the field of marketing and consumer research. The American Marketing Association emphasizes the centrality of value by defining marketing as "the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have *value* for customers, clients, partners, and society at large." In this definition and across many studies, value represents a benefit or set of benefits (e.g., quality, meaning, symbolic associations, experiences) to someone (Figueiredo and Scaraboto, 2016). This is the broad definition of value that I adopt in my dissertation.

Scholars indicate that the value literature is extensive, complex, and at times contradictory, as it stretches across multiple research paradigms within marketing and academic fields such anthropology, psychology, sociology, economics, etc. In this section, I provide a broad summary of the current state of the value literature in marketing and consumer research, drawing extensively from the conceptual works of Woodall (2003), Sanchez-Fernandez and Iniesta-Bonillo (2007), Gummerus (2013), and Karababa and Kjeldgaard (2014). These represent different research paradigms but share similar aims in attempting to review, integrate, and provide research avenues for scholars interested in value research. These four studies, along with Arsel (2016), Figueiredo and Scaraboto (2016), and Gollnfonger, Weijo, and Schouten (2019) underline that the next generation of value studies should consider a culturally-informed, dynamic view of value processes that explain today's consumption phenomena. This section also heeds advice from Lamont (2012) to consider how societies deem entities valuable, from Askegaard and Linnet (2011) to place micro-consumption experiences into larger macro-socio,

cultural, and historical contexts, and from Miller (2008) to look at the role that value plays in individuals' lives. Combined, these considerations have implications for how value processes emerge, are sustained, or change in the marketplace.

As illustrated in Figure 1, this section differentiates between three interrelated strands of research: value conceptualization and categorization, value creation, and valorization, which are reviewed in more detailed below and summarized in Table I. The lack of directionality among these strands is intentional to point to their interrelation rather than their causality.

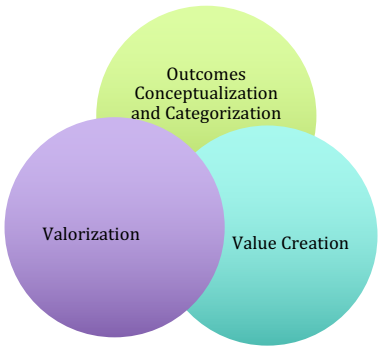

Figure 1. Overview of value literature streams

A. **Value Outcomes Conceptualization and Categorization**

This strand of the literature provides new ways of understanding concepts of value through conceptualization and/or categorization of outcomes. It answers the question *what is value*. For example, Gummerus (2013) categorizes the literature into four types of outcomes as

indicated in Table 1. In the means-ends view, consumers' perceptions of functional, practical, and emotional value are tied to product characteristics and attributes (e.g., Botchen, Thelen, and Pieters, 1999; Woodruff, 1997; Young and Feigin, 1975). That is, the product is the means to a value end. Under the popular benefits/sacrifices view, value is the difference between what consumers give and what they receive (Bolton and Drew, 1991; Grewal, Krishnan, Baker, and Borid, 1998; Zeithaml, 1988). For example, Bolton and Drew (1991), building on Zeithaml (1988), show that service value is an overall evaluation tied to differences between consumers expectations and actual performance of the service, as well as perceptions of quality and satisfaction.

Additionally, in the experience outcomes view, value is an experiential outcome that combines affect with cognition (Babin, Darden, and Griffin, 1994; Holbrook and Hirschman, 1982). For instance, in a seminal study using this perspective, Holbrook (1994) broadens the dimensions of consumer value as interactive, relative, affective, and, particularly, grounded in consumer experiences by categorizing it into three areas: active vs. reactive value, extrinsic vs. intrinsic value, and self-oriented vs. other-oriented value. Lastly, value is phenomenological (arises from experience) as value-in-use and is determined by multiple actors (Vargo and Lusch, 2004; Vargo and Lusch, 2008). This view emphasizes that multiple actors- consumers, firms, and others- are engaged in activities connected to the creation of value as described in the fast-growing Service-Dominant Logic (SDL) literature (Gronroos, 2008; 2009).

Gummerus (2013) approach to value conceptualization and categorization builds on previous work by Sanchez-Fernandez and Iniesta-Bonillo (2007) and Woodall (2003) outlined in Table I. Generally, these three reviews focus on the properties, valence, beneficiaries, antecedents,

consequences, etc. of value. The common thread is that value is a largely recognizable, linear, exclusive, commeasurable, and positive outcome. Furthermore, value is contingent upon the actions, perceptions, or understandings of agentic consumers, firms, and networks of actors, which occur in episodic and discreet contexts of product-consumer or consumer-firm interactions.

In contrast, Karababa and Kjeldgaard (2014) present a different view of value in their synthesis, reflecting a sociocultural perspective on market value within and outside marketing (Schau, Muñiz, and Arnould, 2009; Peñaloza and Venkatesh, 2006; Graeber, 2001; Miller, 2008). By focusing on three types (semiotic, social, and exchange value), they argue that these are "interrelated and cogenerative" rather than "separate and exclusive." They emphasize that these types of value can be analyzed individually while "instantiated in specific marketplace manifestations as a constellation of the three types" (p.123), which underscores the etic vs. emic perspectives on value respectively. Karababa and Kjeldgaard (2014) complement other sociocultural studies (e.g., McCracken, 1986; Thompson and Troester, 2002) that envision the concept of value as dynamic, transformative, and embedded in larger sociocultural contexts beyond micro-consumption phenomena. More recent sociocultural studies by Parmentier and Fischer (2015), Figueiredo and Scaraboto (2016) and Gollnhofer et al. (2019) also reflect this dynamic impetus. Parmentier and Fischer (2015) show that a brand's value becomes negative over time at the hands of previously loyal consumers. Instead, Figueiredo and Scaraboto (2016) show that value can emerge from the systemic circulation of objects throughout a dispersed network of consumers, while Gollnhofer et al. (2019) show that value emerges from the integration of alternative object pathways into value regimes.

While the above approaches to interpreting value have expanded our understanding of the construct and their implications for consumption, the attempts to "define and locate" value are not without critics (Miller 2008, p. 1123). For instance, Miller (2008) proposes ignoring altogether the reductionist approach to value and focusing instead on how consumers use value in their everyday lives. That is, the value of value is not on its commensurability; but in the way in which it is used by consumers and the function it plays in their lives. He advances that such approach will give scholars a better understanding of how the spectrum of commensurable value (i.e. Marx's exchange value) and incommensurable values (cultural beliefs) work in a continuum, and how value improves the welfare of a population. My dissertation follows Miller's (2008) approach in that it does not attempt to re-conceptualize or categorize types of value concepts. Rather, it focuses on understanding the valorization process at society level and in consumers' lived experiences, in which both how and what is value may change, as I explain in the next section.

TABLE I. OVERVIEW OF SELECT CONCEPTUAL REVIEWS ON VALUE

Literature Summaries	Value Outcome Conceptualization and Categorization	Value Creation Process	Valorization Process
Woodall (2003)	▪ Conceptualizes "Value for Customer" (VC); ▪ Suggests 39 previously-identified value types as subforms of VC; ▪ Presents temporal, consumption-stage-based, influence of VC	▪ Mentions value creation as based on interaction between consumer and product that is aggregated over time (from pre-purchase to disposition stages)	▪ Mentions perceptive (benefits/sacrifices), rational, intuitive, and evaluations. ▪ Describes factors (market, consumer, product, consumption) influencing valorization
Sanchez-Fernandez and Iniesta-Bonillo (2007)	▪ Categorizes nature of perceived value based on commensurability into unidimensional (e.g. price-based and means-end theory) and multidimensional (e.g. utilitarian and hedonic value). ▪ Emphasizes nature of value as comparative, personal, and situational	▪ Mentions value creation as based on interaction between consumer and product	▪ Mentions preferential, perceptual, and cognitive-affective evaluations in literature review
Gummerus (2013)	▪ Delineates four types of outcomes: value as means–ends, benefits/sacrifices, experience outcomes, and phenomenological	▪ Summarizes SDL perspective based on actions, resources, and multiple actors (firm, consumers, etc.) engaging in continuous value creation. ▪ Advances processes as interconnected and asymmetrical, and connected to outcomes via experiences	▪ Focuses on phenomenological/ experiential process. ▪ Mentions comparative, evaluative, cognitive, affective evaluations in literature review
Karababa and Kjeldgaard (2014)	▪ Advances the interrelation and cogeneration of three types of market value: semiotic, and social, economic. ▪ Differentiate between reductionist vs. multi-dimensional approaches	▪ Contrasts SDL (co-creation mediated by use, interrelatedness of value types) and sociocultural approach (constant cocreation of meaning; mediated by consumption)	▪ Mentions perceptive, experiential, cognitive, affective factors in literature review

B. **Value Creation**

The next two sections provide the background to distinguish two crucial interrelated processes observed in the value literature: value creation and valorization.

As Gummerus (2013, p.22) describes, the value creation process answers the question of "*how value comes to be.*" He posits, using the SDL perspective, that this process encompasses consideration for the activities undertaken, the resources needed or used, and the interactions between various actors. In other words, value creation encompasses the productive side of value. For instance, in co-creation processes, multiple actors engage in the process, create common experiences (phenomenological), and benefit from the value outcomes created (Vargo and Lusch, 2008). SDL principles have influenced scholars to consider a variety of service contexts. For instance, Spanjol et al. (2015) find that consumers with chronic conditions create value by adhering to health management behaviors of various durations, regularity, and scope. This is one of the few studies where the consumption context is complex, prolonged, and negative, rather than less-nuanced, episodic, and with only positive value outcome connotations.

From a culturally-informed perspective, the creation or constitution of value has been examined broadly at various levels including individual consumers, consumer collectives, market, etc. (e.g., Bradford, Grier, and Henderson, 2017; Karababa and Kjeldgaard, 2015; Peñaloza and Venkatesh, 2006; Figueiredo and Scaraboto, 2016; Schau et al., 2009). One notable example is Schau et al. (2009), which identifies a series of practices that enable the collective creation of value across nine brand communities. The processes identified encompass how communities understand procedures and rules, develop skills, abilities, and projects, and

commit emotionally, which include a combination of tacit and "explicit, discourse knowledge" (p.30). As a result, community value-creating practices emerge as dynamic, diverse, and interactive. More recently, Figueiredo and Scaraboto (2016) present a novel systemic and object circulation-based process of value creation. This, in turn, is broken into subprocesses that include the enactment of value-creating actions, transvaluation of value from actions to objects, assessment of value, and alignment with microcultural "ideals or values" (p. 523). Unlike managerially focused and SDL studies where the firm is part of the creation process, consumers in these two studies, independently of the firm, drive the creation of value across the communities or networks. In most value creation studies, however, marketplace actors, whether acting independently or in groups, have agency to create value and/or engage in value-creating activities, echoing post-modern ideals of consumers as liberated, self-knowing subjects (e.g., Firat and Venkatesh, 1995).

C. **Valorization**

A second process found in the literature is the process of valorization or *how value is assigned*. This includes how *entities* (e.g., consumers, groups, institutions, and societies) assign value, namely *valorize other entities* such as a product, brand, relationship, or experience, etc. (Lamont, 2012; Heilbrunn, 2015). This process is also referred as valuation (Arsel, 2016; Lamont, 2012; Humphreys, 2010), outcome determination (Gummerus, 2013), and value assessment (Figueiredo and Scaraboto, 2016; Kumar and Reinartz, 2016. In this study, I focus on the term valorization to remove its economic exchange connotations (monetary value of firms, brands, and customers) and align it with sociocultural perspectives (Trujillo Torres and DeBerry-

Spence, 2019; Heilbrunn, 2015). For instance, Wolfensberger (2011) intentionally uses the term valorization to propose how society can elevate the social standing of people with disabilities. Likewise, Trujillo Torres and DeBerry-Spence (2019) focus on how consumers valorize traumatic consumption journeys by creating a cohesive life story, flesh-witnessing their authority and expertise, commemorating kinship and legacies.

Generally, valorization is tied to consumers' judgments, evaluations, assessments, and/or sorting of benefits that entities provide (e.g., products, services). For instance, Bolton and Drew (1991) pose that the disconfirmation of expectations, which they define as the perceived gap between anticipated expectations and actual performance, mediate the overall consumer evaluation of phone service value. In contrast, from a culturally-informed perspective, Arnould and Price (1993, p.24), by studying the extended service encounter of river rafting, find that consumers' evaluations revolve around the narration "of the rafting experience rather than relationships between expectations and outcomes." These narratives include multiple aspects of experience, including tacit cultural values, actions, and developed relationships with service guides and fellow consumers. Both perspectives emphasize that valorization can be perceptive, discursive, and also experiential. Moreover, Arnould and Price (1993) imply that these evaluations extend well into the future, beyond the original service interactions. More recently, Figueiredo and Scaraboto (2016) advance that valorization is continuous, not just one overall global evaluation or one with clear before-and-after boundaries, while Gollnhofer et al. (2019) demonstrate that valorization can be cumulative, driven by consumer movements' intervention and mobilization of resources such as object-based pathways.

Studies indicate that valorization can be independent from or encompassing of value creation. For instance, Figueiredo and Scaraboto (2016) highlight that consumers can recognize potential value and assign value to circulated objects independently of their own and other consumers co-creating actions. In fact, they differentiate that "value assessments are important because they define the types of value outcomes generated by value-creating actions." Their perspective is also aligned with the means-to-end value perspective outlined by Grummerus (2013), where the object or product is a crucial part of the assessment; but this assessment can be independent from the production of the object or product. In contrast, Trujillo Torres and DeBerry-Spence (2019) argue that valorization encompasses value creation, as assessments of value are not always distinguishable from value outcomes and actions in the context of a long-term traumatic consumption journey.

Last, valorization by consumers is influenced by multiple individual, social, and structural factors. Some of these influences include individual characteristics (e.g., Babin et al., 1994; Chen, 2009; Holbrook, 1994; Zhang et al., 2011), actions, discourses, and practices from firms and marketers (e.g., Grier and Kumanyika, 2008; Kates, 2004), changes in the institutional environment (e.g., Grier and Perry, 2018; Humphreys, 2010) and news media coverage (e.g., Humphreys and Thompson, 2014), enduring socioeconomic systems (Crockett, 2017; Crockett and Wallendorf, 2004), and collective endeavors such as those in consumer collectives and microcultures (e.g. Schau et al., 2009; Thompson and Troester, 2002; Bradford, Grier, and Henderson, 2017). Importantly, several studies show that the nature of the consumption context impacts valorization processes (e.g., Botti, Orfali, and Iyengar, 2009; Spanjol et al., 2015; Vargo and Lusch, 2004). For instance, Botti et al., (2009) find that highly consequential, highly

undesirable contexts such as life and death decisions by parents in neonatal units can constrain consumers' decision autonomy and coping, potentially resulting in emotional discomfort and regret.

Importantly, Karababa and Kjeldgaard (2014) remark that factors that impact value (including processes) are often treated in empirical investigations as analytically separate and exclusive rather than interrelated. Of particular interest in this dissertation is the interrelation of macro-societal influences and the micro-consumption experiences of consumers. This intersection is important because just looking at one or the other decontextualizes how consumption phenomena are valorized; that is, emphasis on just the macro aspects misses the lived consumer experiences, and a micro emphasis misses the "systemic, social influences of market and social systems" Askegaard and Linnet (2011, p. 381).

D. **Literature Limitations**

Building on the current state of valorization, three literature limitations emerge. First, there is room for a better understanding of the nature of valorization (Lamont, 2012). This includes how its processual elements relate and interact with each other, and in turn, what type of implications these interactions generate. For instance, there is some evidence that the processual aspects of valorization in leisure consumption are different from those in more consequential consumption contexts such as those in life-threatening and chronic health situations (Botti et al., 2008; Luce, 1998; Spanjol et al., 2015; Trujillo Torres and DeBerry-Spence, 2019). Similarly, contexts with embodied consumers experiences are likely to involve different processes than just

cognitive and/or emotional ones. Addressing this gap, then, would provide the field a more comprehensive processual of valorization in the marketplace.

Second, the field would benefit from studies that show the dynamics of valorization, in particular how it emerges and evolves under the influence of changing historical sociocultural factors and micro-consumption phenomena. This would provide further evidence of how these two levels of influences interact. In particular, how the lived experiences of consumers are inscribed in the macro-societal aspects of valorization. This dynamism has implications for the understanding of market evolution and complex consumption communities.

Third, the empirical examination of valorization takes place largely in empirical contexts that involve leisure-based or recreational activities and services. We still have a limited understanding of how valorization emerges in more complex contexts that involve trauma, high uncertainty of value outcomes, and constrained conditions that impact the emergence and dynamism of valorization. Such knowledge would enhance the field's understanding of the contextual differences in which valorization takes place in the marketplace.

To redress the above limitations, my dissertation involves two essays. In the first essay, I examine the processual nature, the influences on, and effects of *marketplace valorization* in the cancer treatment market from 1987 to 2016. In the second essay, I investigate how *consumer valorization* in this market is shaped over time by the changing macro-societal environment from 1987 to 2018. More specifically, my research questions are:

- Essay 1: How does valorization manifest at the macro-societal level? What are the implications of this valorization in the marketplace?
- Essay 2: How is consumer valorization impacted by macro-societal influences?

II. CONTEXT: THE CANCER TREATMENT MARKET

A. Overview

The cancer treatment market continues to grow dramatically. Every year, according to the National Cancer Institute (NCI), approximately 1.7 million of new cancer diagnoses take place in the United States, making it the second greatest public health threat and disease market, behind cardiovascular disease and the leader in premature deaths in the U.S. (Figure 2). While the number of newly diagnosed individuals remains high, the disease mortality rates have been declining as a result of advances in early detection and cancer treatments (National Health Institute). These include a variety of screening and imaging tools (e.g., MRI, mammography, genetic testing), preventative treatments (e.g., HPV vaccine), disease treatments (e.g., surgeries, chemotherapy, radiation, drugs, immunotherapies, transplants), and support services (e.g., psychosocial counseling, massage, acupuncture) for those impacted by cancer. These market offerings make it possible to detect and treat cancerous cells and tumors, and to manage and/or eradicate of the disease. Consequently, the number of people "surviving" the disease (5-year average survivorship rates across all types of cancer) has been on the rise from 50.3% in 1975 to 66.9% in 2015 (SEER, 2018) (Table II). In fact, some predict, that one day, the cancer market, with its ever-growing list of services, technologies, and therapies, will make the disease as prevalent and well-managed as diabetes and other manageable chronic illnesses, guaranteeing healthy gains for its market players for the foreseeable future.

TABLE II. U.S. CANCER STATISTICS OVERVIEW

	1975	1992	2015*
New diagnoses (a)	400	510	439.2
Mortality	199	215	163.5
5-year survival rate for all cancers (b)	50.3%	61%	66.9%

a. per 100,000 people. Source: SEER Cancer Statistics Review 2018 report (2011-2015 data)

b. of all diagnosed.

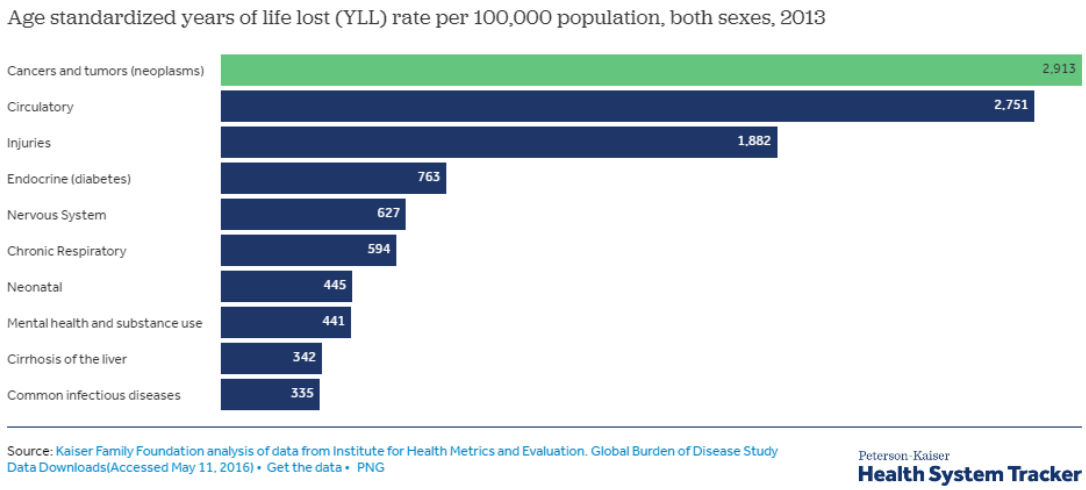

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Figure 2. Peterson-Kaiser Health Systems Tracker trends on premature death statistics by disease for the year 2013 in the U.S.

The economic, political, and socio-cultural impact of a disease that it is estimated to touch nearly 40% of the U.S. population in their lifetime cannot be understated. The combined U.S. national projected expenditures for all cancers (100+ types) is expected to jump from

$147.3 billion in 2017 to $157.7 billion in 2020, with breast, colorectal, lung, lymphoma and prostate cancers commanding the greatest share of these expenditures in decreasing order. Since the 1970s when president Richard Nixon declared the "War on Cancer," the U.S. government has dedicated unparalleled amount of funds and policy attention and created governing and regulatory institutions to expand the research, prevention, diagnosis, and treatment of cancer (National Health Institute). Over the years, a variety of stakeholders have joined, demanded, and in some instances led the efforts to curb cancer. These stakeholders include consumer groups, non-profit organizations like the American Cancer Society (ACS), health care providers, pharmaceutical and biotechnology companies, health insurance companies, etc. to name a few.

Historically, these efforts have been influenced by political trends, technological innovations such as genome mapping, co-existence with other public health priorities such as HIV/AIDS, and normative and socio-cultural changes such as post-modern and neoliberal discourses that have influence health consumption culture (Lupton, 1995). Almost five decades after the war on cancer started, it is not surprising that at the sociocultural level, cancer remains the most searched disease in Google Trends (see Figure 3), far above HIV/AIDS and cardiovascular disease. It is also one of the most covered topics in news media coverage and popular culture, as captured in films, books, social media, blogs, etc. Thus, cancer is not just a disease that consumers experience in their daily lives in the confines of medical facilities; it is considered the most feared disease of our times and a fundamental actor in the economic, political, socio-cultural, and historical developments of the U.S. and, at increasing pace, in the world (Jain, 2013; Mukherjee, 2010). To some cultural scholars, cancer, like many other contemporary diseases, has been culturally constructed and maintained (Conrad, 2007; Lupton, 2003; Rose, 2009; Wong and King, 2008).

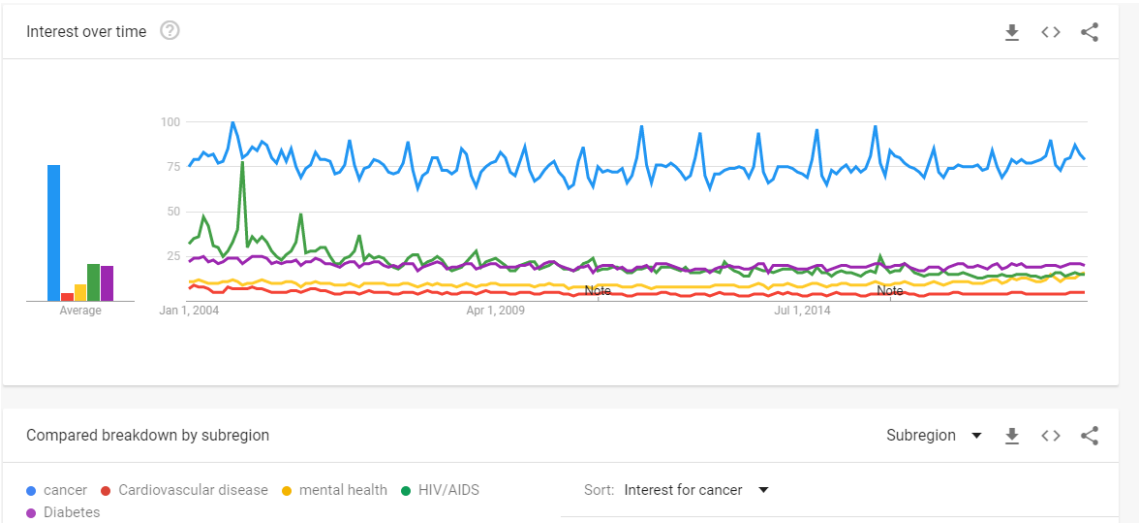


Figure 3. Google Trends search comparison from 2004-2019*

**Conducted on May 15, 2019*

Yet, despite the importance of cancer and other such disease markets to society, there are virtually no studies on broad perspectives of disease markets and consumption practices in this market in the marketing literature. A few have focused on specific market players such as pharmaceutical industries, their product offerings and marketing strategies (e.g., Black and Tagg, 2007; Dicey, 2008; Holdford, 2005). The bulk of studies related to diseases, including cancer, have focused on relationships with service providers, patient compliance, decision-making, emotions, uncertainty and risk understandings, technology use, perceptions of value, and the role of the health consumers in the co-creation of value. While important, these studies largely examine discrete encounters or some aspects of consumers' health service experience, and considered the health consumer subject as agentic, unconstrained, and rational.

B. **Contextual Complexity Considerations**

According to Perrow (2011), complex systems are those characterized by elements such as non-linearity, adaptation, feedback loops, complex actors and relationships, among others. The cancer treatment market is an example of such complex system as it possesses the following elements:

- *Emergence and adaptation of traumatic force*. Cancer is manifested in an embodied manner and it is caused by a variety of factors (e.g., environmental, lifestyle, genetic), typically in an unpredictable way as only 5-10% of all cancers are inherited (National Cancer Institute). Cancer may remain in the target organ or system of diagnosis, while others metastasize by migrating to other systems (e.g., lymphatic, bone) and organs (e.g., lung, brain) with different degrees of severity. Some cancers can be highly adaptable, building resistance to treatments through mutations, reoccurring, and/or spreading (e.g., Gupta et al., 2008; Kluth et al., 2015; Rosenthal et al., 2017)

  Furthermore, the impact of cancer on consumers' lives is multifaceted as it impacts several aspects of their lives including physical, psychological, social, financial, fertility, sexual, and well-being (e.g., Deshpande, Braun, and Meyer, 2015; Pavia and Mason, 2004).

- *Non-linearity and adaptation*. Consumers may access several treatment options based on the stage and scope of disease diagnosis (early vs. advanced diagnosis; localized vs. metastasis), and in different modalities (concurrently or sequentially), frequency (once or more than once over time), and temporalities (immediate vs. delayed treatments; first diagnosis vs. recurrent diagnosis; before and after treatments). Consumers may also receive a variety of treatments to deal with the implications and side effects of the medical treatments underwent. These may include pain management, physical therapy,

infertility therapies and counseling, etc. Thus, consumption journeys can be continuous, circular, and discontinuous (stopped by death) (Gupta et al., 2008; Kluth et al., 2015; Rosenthal et al., 2017; Trujillo Torres and DeBerry-Spence, 2019).

- *Risk and constraints*. Cancer health consumers face great risk and uncertainty in the short and long term as consumers access health services and treatments to avoid a perceived mortality threat (Wong and King, 2008) with different degrees of success and treatment effects. Additionally, these experiences are surrounded by temporal (diagnosis, stage), expertise, and structural constraints (Starr, 1969). For instance, health insurance coverage can constrain the type and scope of services accessed, the location, and type of expertise sought to treat the disease. As pointed out by other scholars, contexts such as these can severely constrain individual decision-making, choice, and coping strategies among others (Allen, 2002; Botti et al., 2008; Luce, 1997; Spanjol et al., 2015). Unlike Botti et al. (2009), however, the outcome of the consumption is highly desirable, to preserve a life rather than to end a life. There is evidence that risk understandings and actual adoption of treatment offerings are culturally-informed, as they reflect "the cultural values of personal responsibility and control in combating disease and returning to a life of normalcy" (Wong and King 2008, p. 579). As such, these individuals seek restitution by pursuing early detection and aggressive treatments such as mastectomy and reconstructive surgery as concealment, even when there are other less risky and equally effective treatment options. These findings are consistent with the Western cultural narratives of restitution (master narrative), chaos, and quest previously identified by Frank (1995; 2003). Furthermore, structural disparities in cancer treatment can also increase the risk of socioeconomic disadvantaged and racial and ethnic minorities, as they

typically shape and constrain access to prevention, surveillance, and/or treatment of the disease and approaches to health communications and knowledge dissemination (Barg and Grier, 2008; O'Connor et al., 2018; Soneji et al., 2017; Wailoo, 2010)

- *Multiple actors, relationships, and discourses*. This market is characterized by multiple actors including governmental agencies, consumers and their families, health insurance companies, service providers, support and charitable organizations, drug companies, etc. During treatments, consumers typically access a variety and combination of treatment services and therapies, including medical and non-medical services. In the former, consumers' medical treatment may include surgery, chemotherapy, radiation, targeted immunotherapy or medications, etc. and may also include complementary therapies such as fertility preservation (gametes or organ freezing), acupuncture, massage, etc. In the latter, consumers may access services such as psychological counseling, group support, nutrition counseling, and stress management therapies. The presence of multiple actors and relationships in this market has resulted in dominant cultural discourses that can shape the valorization of a specific consumer subject (Foucault 1991). For instance, the sociology literature notes the prevalent use of collectivity discourses such as the term "survivors," closely associated with a positive outlook, heroism, and victorious sentiments when a person is deemed "cured," "in remission," or has "won the fight against cancer" (Ehrenreich, 2001; Jagielski et al., 2012; Kaiser, 2008; Lupton, 2003; Pieters and Heilemann, 2011). Though some consumers resist this label, Kreuter et al. (2007) indicate that discursive systems have instrumental value for biomedicine as they help facilitate the processing of information, address affective and existential concerns, overcome resistance by patients, and give them social connections. Other prominent

discourses also include medicalization, which is the identification and treatment of behaviors as diseases and the medical jurisdiction of such processes (Conrad, 2007; Foucault, 1991; Halfman, 2012; Rose, 2009), neoliberalism, which encompasses ideals, practices, and governance of individual autonomy, freedom, control, and sense of responsibility in the management and/or improvement of individual lives and society (Lupton, 1995; Rose, 2009), molecularization as the "state of thought" that envisions life as a collection of molecular entities that can be subject to unconstrained identification, isolation, manipulation, mobilization and recombination (Rose, 2009, p. 6).

III. ESSAY 1: DYNAMICS OF MARKETPLACE VALORIZATION IN COMPLEX SYSTEMS

A. Introduction

I define marketplace valorization as the social process by which a society assigns value to an entity and deploys resources (e.g., social, political, cultural, economic, commercial, technoscientific) to that entity in the marketplace. An entity in this conception is a recognizable concept, either concrete or abstract, such as a person, product/service, place, practice, brand, organization, idea, or symbol (Lamont, 2012). Value is the perceived benefit, worth, importance, merit, etc. of something to someone (e.g., Figueiredo and Scaraboto, 2016; Lamont, 2012; Peñaloza and Venkatesh, 2006). This conception of marketplace valorization is based on a structural perspective on value, which involves understanding how value emerges under the influence of the broader historic sociocultural environment, which may include changes in legitimacy (Humphreys, 2010; Lamont, 2012), linguistic patterns (Lakoff and Johnson, 1990), and/or emergent consumer subjectivities (Karababa and Ger, 2010). In consumer research, the two most studied valorization subprocesses are legitimation, which involves the social acceptance of entities through changes in regulation, social norms, cultural schemas (e.g., Humphreys 2010) and commodification, a process through which entities become mass cultural commodities (e.g., Peñaloza, 2000; Sobande, Mimoun, and Trujillo Torres, 2019).

This structural perspective differs from two traditional value perspectives. In the linear perspective, valorization is driven by consumers, who can judge autonomously the intrinsic value of entities such as a good or service; this consumer-driven process is influenced by product use, consumer individual characteristics or traits, and/or changes in product and context. In the relational perspective, value is created or produced by the cooperative action of two or more

marketplace actors. For instance, dyadic arrangements of consumers and service providers (e.g., Vargo and Lusch, 2004); consumer groups such as brand communities and virtual support communities (e.g., Bradford, Grier, and Henderson, 2017; Muniz and O'guinn, 2001; Schau et al., 2009) and activist groups (Gopaldas, 2014); and heterogenous assemblages of multiple actors including consumers, producers, and resources (e.g., Arnould, Price, and Malshe, 2006; Thomas, Price, and Schau, 2013) have been found to create or co-create value.

While recent research has focused on how sociocultural factors influence processes of legitimation and commodification, how these and other social processes are interrelated and play a role in valorization remain empirically untested. In particular, Lamont (2012) calls for the examination of valorization (she uses the term valuation) as a diverse set of processes including legitimation, commodification but also other processes such consecration (how entities become highly valorized) and categorization (the process by which entities form part of a group or category). However, her work remains conceptual, using examples of how these processes have been studied separately in the literature. Moreover, even though sociocultural perspectives of value have increased, these remain severely understudied in comparison to other perspectives that emphasize the agentic actions of individuals, dyads, groups, and heterogeneous actors. This is problematic as this lack of scholarly attention impedes the field's understanding of the "context of the context"– that is the influence of greater historical and sociocultural aspects that surround a consumption or market phenomenon (Askegaard and Linnet, 2011, p. 381). Then, our current understanding of value processes is highly focused on the agency and the power of the decision-making and action of actors, rather than the broader conditions in which these actors and their actions, beliefs, and resources are immersed. Finally, the implications on valorization remains anchored on those for individual consumers and commercial entities like firms or

brands, while the broader long-term societal and market implications remain understudied. The investigation of valorization implications aims to capture what Miller (2008) calls "what value does." For instance, understanding these implications can shine light on how society allocates resources and how markets are configured based on an unequal valorization of entities.

As stated earlier, this research takes place in context of the cancer treatment market, which is both important and minimally examined. The consumption of these services is urgent, uncertain and prolonged; and where disease treatments result in value disparities, in side effects, mortality, and quality-of-life outcomes, further contribute to the complex consumer experiences. I use a multi-method approach to examine data from the years 1987 to 2016. The findings provide empirical evidence of the interrelated process elements of valorization, the macro-societal factors that influence marketplace valorization, and the implications of this process for societal resource allocation and market configuration. I also demonstrate that valorization can be dynamic and change over time and that valorization can be stable and privilege existing marketplace entities through hierarchies of value, which creates tensions and inequalities for less privileged entities over long periods of time. Last, I show that these hierarchies of value are temporally and contextually embedded as historical and sociocultural changes can reproduce, intensify, or destabilize them. These findings contribute to theories of value, legitimation, and carry practical implications for how value processes emerge in other complex markets.

In the following pages, I articulate the conceptualization of valorization and its processual elements and emphasize crucial literature gaps that serve as a foundation for my investigation. After this, I detail my context and methodological approach and present my findings. I conclude with the implications of these findings.

B. Conceptual Development

Extant literature informs my investigation of how marketplace valorization manifests over time. Broadly speaking, the body of literature focuses on linear and relational perspectives on valorization and less on its structural influences.

1. Valorization

Valorization is the process by which an entity ascribes or assigns value to another one (Lamont, 2012). Value here is the perceived benefit, worth, meaning, or merit of an entity (e.g., Appadurai, 2012; Figueiredo and Scaraboto, 2017; Zeithmal, 1988). The construct of valorization varies across disciplines and different names are used for this process (e.g., value co-creation, value production). For instance, sociologist Michelle Lamont adopts the term valuation in her call for establishing "a sociology of valuation and evaluation." In contrast, other scholars use valorization and valuation interchangeably (e.g., Humphreys, 2010).

Fundamentally, valorization deals with *how* (e.g., systems, mechanisms, practices) an entity becomes valuable (see Table III for a summary of valorization process elements). For instance, ranking systems like the U.S. News Best Colleges report can enable prospective students to sort colleges into valuable vs. not valuable college categories. However, valorization can also encompass moving entities from one category of value to another one. For example, Wolfensberger (2011) suggests a number of strategies that society can embrace to elevate the social status, hierarchy, and/or meaning of people with disabilities from their stigmatized social status. Broadly speaking, valorization encompasses the long-standing scholarship of inquiry across disciplines of "how value is produced, diffused, assessed, and institutionalized across a range of settings" (see Lamont, 2012, p. 4-5 for eight perspectives in the social sciences). Valorization, then, plays a fundamental role in the consumption and the formation and

functioning of markets (e.g., Cova, 1997; Figueiredo and Scaraboto, 2016; Gollnfanger et al., 2019; Holbrook, 1999; Trujillo Torres and DeBerry-Spence, 2019).

TABLE III. SUMMARY OF VALORIZATION ELEMENTS IN CONSUMER RESEARCH

Elements of valorization	What entails	Process examples	Literature examples
Type of entity assigning value	how a society assigns value	▪ marketplace valorization (*this study*) ▪ legitimation ▪ categorization ▪ valuation	▪ Giesler 2012 ▪ Humphreys 2010 ▪ Karababa and Ger 2010
	how firms assign value	▪ Assessments of customer lifetime value and customer value	▪ Berger and Nasr 1988 ▪ Kumar and Reinartz 2016
	how consumers assign value	▪ consumer valorization ▪ value cocreation ▪ disconfirmation of expectations	▪ Trujillo Torres and DeBerry-Spence 2019 ▪ Schau et al. 2009, ▪ Bradford et al. 2018 ▪ Vargo and Lusch 2004 ▪ Bolton and Drew 1991
Type of valorization valence or sentiment	how entities are moved across value categories	▪ devalorization ▪ revalorization	▪ Parmentier and Fischer 2013 ▪ Grier and Perry 2018 ▪ Johnson, Thomas, and Grier 2017

2. <u>On marketplace valorization and how it is linked to prior literature</u>

As mentioned earlier, I conceptualize marketplace valorization as a social process by which a society grants or ascribes value to an entity and distributes resources (e.g., social,

cultural, economic, commercial, technoscientific) to that entity in the marketplace. Marketplace valorization builds on three interrelated theoretical perspectives on valorization that are present, whether implicitly or explicitly, in consumer research. First, marketplace valorization is deeply linked to the *structural perspective* of valorization, which deals with how valorization is shaped by "systemic and structuring influences of market and social systems" such as historical, social, cultural, economic, and political forces (Askegaard and Linnet, 2011, p. 381). One set of studies shows that valorization is *enduring* under long-standing socioeconomic, ideological, and political structures in the marketplace as in the case of systems of socioeconomic and/or racial discrimination and privilege (Crockett, 2017; Crockett and Wallendorf, 2004; Foucault, 1991; Johnson, Thomas, and Grier, 2010; Lakoff and Johnson, 1990; Üstüner and Holt, 2010). For example, Crockett (2017) shows how consumers' strategies of stigma management are influenced by the historical, multi-generational legacy of racism in the United States. In contrast, a second set of studies shows that valorization is *subject to change* under shifts in the institutional environment over long periods of time (e.g., Ertimur and Coskuner-Balli, 2015; Humphreys, 2010; Karababa and Ger, 2010). For instance, Humphreys (2010) shows how changes in the institutional environment (cultural-cognitive, normative, regulative) shifted casino gambling from illegitimate to legitimate. While both sets of studies provide a much needed "context of context" (Askegaard and Linnet, 2011, p. 381), this inquiry on marketplace valorization responds to Lamont's (2012) call for disaggregating valorization into several interconnected and co-operative process components, which is a current gap in the extant literature. This is an important inquiry as this can give us a fuller picture of the processual nature of valorization, including its stability and dynamism in the marketplace.

The two other more dominant perspectives that complement marketplace valorization are the linear and relational ones. The *linear perspective* suggests that valorization is conducted by individuals, independently from or embedded in sociocultural contexts. This work has advanced the understanding of how consumers heuristically, affectively, and/or cognitively judge the intrinsic value of entities such as a good or service, and how product use, consumer characteristics or traits, product changes, and/or varying decision conditions impact this process (e.g., Bitner, 1992; Bolton and Drew, 1991; Carmon and Ariely, 2000; Chen, 2008; Grewal, Monroe, and Krishnan, 1998; Hamilton, Ratner, and Thompson, 2010; Holbrook, 1999; Zeithaml, 1988). Additionally, the *relational perspective* recognizes the importance of sociocultural aspects and shows how valorization involves the cooperation by (or lack of) two or more marketplace actors. This perspective suggests that valorization emerges from dyadic arrangements such as consumers-service providers and consumer-brands (e.g., Vargo and Lusch, 2004; Giesler, 2012), members of consumer groups such as support communities, brand communities, and activist groups (e.g., Bradford et al., 2017; Gopaldas, 2014; Kjeldgaard et al., 2017; Muniz and O'Guinn, 2001; Parmentier and Fischer, 2015; Schau et al., 2009; Thompson, 2005), and heterogeneous, multi-actor assemblages including consumers, producers, and resources (e.g., Arnould, Price, and Malshe, 2006; Thomas et al., 2013). These two perspectives complement the structural complex perspective of valorization as they are all present in the marketplace. Understanding how marketplace valorization's links to these bodies of work is important to shed light upon its effects on the marketplace and larger society. For instance, a college or university ranking system can impact not only applicants' value perceptions but also several relational configurations such as applicant-college, applicant- high school counselor, applicant-lending institutions, and applicant-family to name a few. Thus, marketplace

valorization has broader implications as it can structure the emergence or functioning of linear and relational configurations in society.

3. Marketplace valorization subprocesses, influences, and implications

In this study I focus on four key subprocesses: categorization, legitimation, consecration, and commodification. *Categorization* is defined by Lamont, building on Zuckerman, (1999), Rao, Monin, and Durand, (2005), and Hannan, Polos, and Carroll, (2007) and others, as "determining in what group the entity… under consideration belongs...[and] once the entity's broader characteristics or properties have been examined and assessed, it is possible to consider how the category it belongs to compares with other categories– to locate them in one or several hierarchies" (p.7). *Legitimation* is defined by Humphreys, building on institutional theorists like Dowling and Pfeffer (1975), Johnson et al. (2006) and Suchman (1995), as "the social process of making a practice or an organization congruent with the configuration of other values, institutions, and social norms" (p. 491).

Building on Bourdieu (1983, p. 78-79), *consecration* is defined by Lamont as "the ability to impose criteria of evaluation, or the power to consecrate, [it] is the major stake in symbolic fields, as it allows actors to reproduce their own positions" (Lamont, 2012, p. 8). Last, building on Drummond, 2006 and Peñaloza, 2000 and others, Sobande et al. (2019, p. 2) define c*ommodification* as "the process of transforming a sociocultural, material, or immaterial entity into something that is mundane, readily accessible, purchasable, and inscribed with value arising from this entity's market exchange and use." While these subprocesses have their own distinctive theoretical dimensions in their own right, my study focuses on how these relate to one another and co-operate in marketplace valorization.

There are various systemic and structuring influences possible on valorization. In this study, I focus on three sources of legitimacy identified by Humphreys (2010) as analytical categories. These include cultural-cognitive (how an entity has a taken-for-granted status and fits cultural categories, understandings, and frameworks), normative (how an entity is thought to be congruent with norms and values), regulative (how an entity conforms to existing rules and regulations such as those by a government) legitimacy. These types of legitimacy are connected to historical changes in meanings that underlie consumption practices and the emergence and functioning of markets. To this list, I also add major historical influences that are context-specific such as technoscientific changes (e.g., drug discoveries) and the emergence of crucial events (e.g., key disease developments and public figures). In consumer research, the societal implications of valorization have received minimal attention as the dominant analytical focus has been the dynamics of micro-consumption experiences and intracommunity dynamics. Lamont (2012, p. 3) suggests paying attention to how multiple "hierarchies of worth" or "evaluation systems" take place in or result from valorization. Two suggested evaluation systems include heterarchies, where entities can be unranked or ranked in a number of ways, and plurarchies, where entities can exist in horizontal and/or competing rankings (Stark, 2009; Hall and Lamont, 2011).

In sum, existing literature suggests that marketplace valorization is a theoretical construct that merits further understanding, in particular its processual elements, influences, and implications.

C. **Context: The Cancer Treatment Market**

As mentioned earlier, this investigation takes place in the important, complex, yet understudied context of the cancer treatment market. As Figure 4 indicates, cancer spending represents approximately 7% of all U.S. health expenditures related to diseases and the combined national projected expenditures for all cancers is expected to reach $157.7 billion in 2020.

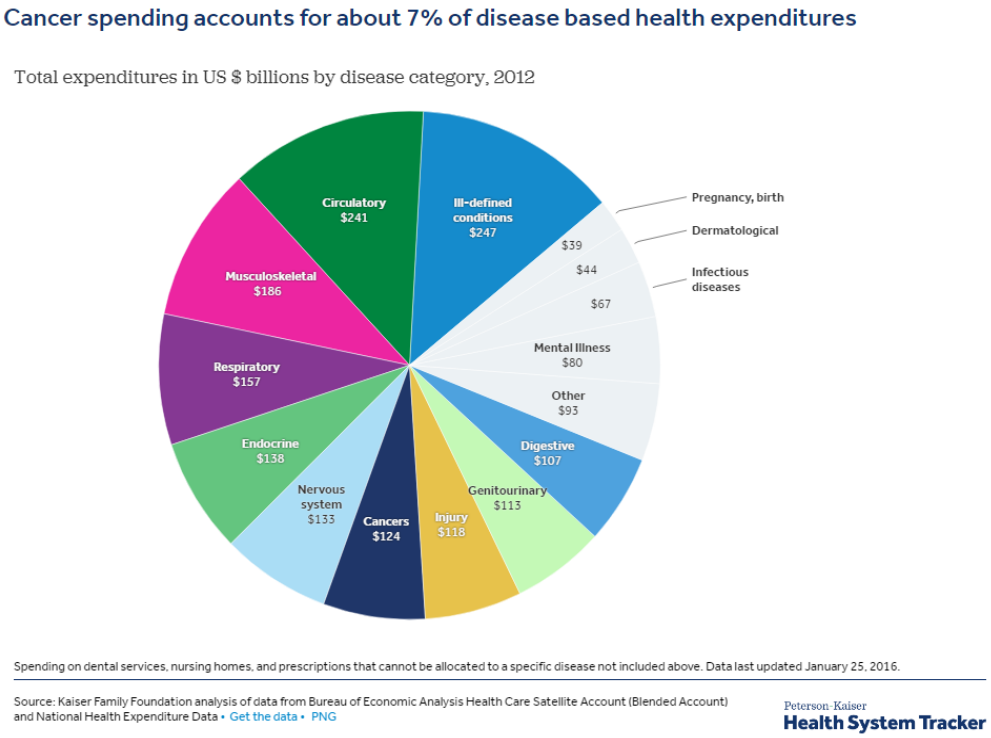
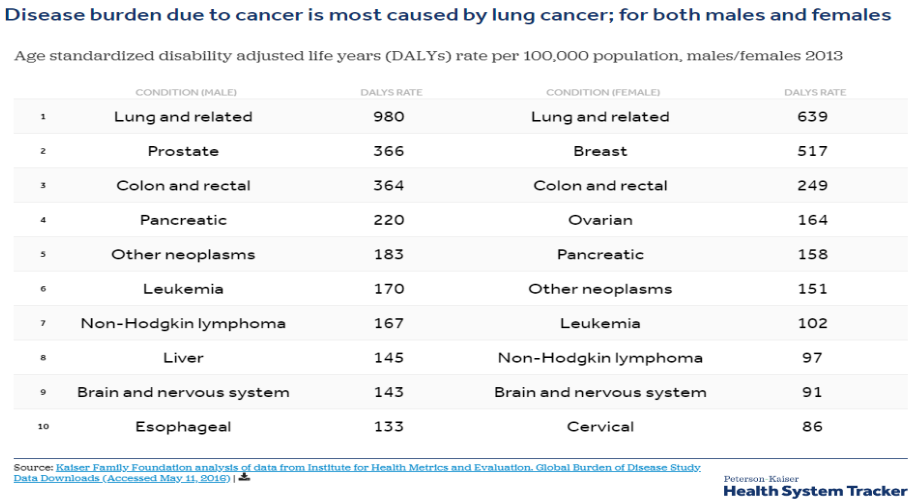


Figure 4. Peterson-Kaiser Health Systems Tracker trends in cancer spending and outcomes (2016)

There are major differences, however, in the effects of cancer. Figure 5 provides a breakdown of the burden of the disease by cancer type. Disease burden takes into consideration "both years of life lost due to premature death as well as years of productive life lost to poor health or disability" and is represented by a measure called Disability Adjusted Life Years

(DALYs) (Peterson-Kaiser Health Tracker, 2016). In women, lung, breast, colon, and ovarian cancers have the highest impact in terms of "Years of Life Lost" and "Years Lived with Disability," while in men the disease burden is highest by lung cancer, prostate, colorectal, and pancreatic cancers. Across genders and also race/ethnicity, socioeconomic background, lung cancer has the highest disease burden as consumers impacted by it have the highest mortality (Soneji et al., 2017; Webb et al., 2019).



Disease burden due to cancer is most caused by lung cancer; for both males and females

Age standardized disability adjusted life years (DALYs) rate per 100,000 population, males/females 2013

	CONDITION (MALE)	DALYS RATE	CONDITION (FEMALE)	DALYS RATE
1	Lung and related	980	Lung and related	639
2	Prostate	366	Breast	517
3	Colon and rectal	364	Colon and rectal	249
4	Pancreatic	220	Ovarian	164
5	Other neoplasms	183	Pancreatic	158
6	Leukemia	170	Other neoplasms	151
7	Non-Hodgkin lymphoma	167	Leukemia	102
8	Liver	145	Non-Hodgkin lymphoma	97
9	Brain and nervous system	143	Brain and nervous system	91
10	Esophageal	133	Cervical	86

Source: Kaiser Family Foundation analysis of data from Institute for Health Metrics and Evaluation, Global Burden of Disease Study Data Downloads (Accessed May 11, 2016) |

Peterson-Kaiser Health System Tracker

Figure 5. Peterson-Kaiser Health Systems Tracker trends on disease burden by cancer types (2016)

As Table IV shows, a variety of events have been important in the development of the cancer treatment market. Three key developments took place in 1987, 1998, and 2008 and serve as time periods demarcations in the dataset. In 1987, the discovery of the drug AZT for the treatment of AIDS provided a template for disease-based advocacy, which included raising the disease public profile and successfully obtaining research funding and attention to the disease. In

1998, the clinical trial for Gleevec, the first targeted therapy, demonstrated early signs of successful treatment of early and late stage Acute Myeloid Leukemia, opening the door for the discovery, regulatory approval, and commercialization of other targeted therapies. In 2008, the U.S. started a national discussion on access to health coverage during the presidential elections, which later translated into the Affordable Care Act (ACA) that provided coverage to millions of underinsured citizens under the Obama administration. The table also captures key public figures and institutional entities in the cancer treatment market over time. For instance, the formation of the National Breast Cancer Coalition in 1991 was instrumental in the establishment of the enduring breast cancer advocacy. The Lance Armstrong story also emerges in 1996 and takes a dark turn in 2013.

TABLE IV. TIMELINE OF CANCER-RELATED EVENTS

Year	Event/Development (sources National Cancer Institute and Sun et al. 2017)
1971	President Nixon launches 'War on Cancer'
1974	Betty Ford, first lady, shares publicly her experiences with breast cancer
1978	FDA approves Tamoxifen for the treatment of breast cancer
1985	President Reagan undergoes treatment for colon cancer
1987	FDA approves AZT for the treatment of AIDS
1989	U.S. Surgeon General links second-hand smoking to lung and throat cancer
1991	National Breast Cancer Coalition is formed
1992	FDA approves Taxol for the treatment of ovarian cancer
1993	Largest congressional allocation to the NHI for breast cancer
1994	BRCA1 tumor suppressor gene cloning is conducted in breast cancer
1995	BRCA2 tumor suppressor gene cloning is conducted in breast cancer
1996	Lance Armstrong undergoes treatment for testicular cancer
1998	FDA approves Herceptin and Trastuzumab for breast cancer; NCI-Sponsored Breast Cancer Prevention Trial launched
1998	Gleevec Phase 1 landmark trial starts for targeted therapies; attorneys general from 46 states execute "Tobacco Master Settlement Agreement" with the four biggest US tobacco companies
1999	Lance Armstrong wins his first Tour de France
2001	Gallup survey of public opinion declares cancer the number one public health concern
2002	New England Journal of Medicine reports HPV vaccine against cervical cancer is found
2002	FDA approves Eloxatin for the treatment of colorectal cancer; shortest review for an anticancer drug
2002	ImClone's insider trading scandal related to cancer drug Eritabux
2003	NCI-Sponsored Prostate Cancer Prevention Trial (PCPT)
2004	FDA approves Genentech's Avastin for the treatment of metastatic colorectal cancer
2004	Lance Armstrong wins his 6th consecutive Tour de France
2006	FDA approves Gardasil, HPV preventive vaccine against cervical cancer
2007	Susan G. Komen Foundation, currently known as The Susan G. Komen for the Cure, trademarks running pink ribbon
2009	U.S. Congress debates health care reform
2009	FDA approves Gardasil HPV vaccine use in boys and Cervarix, 2nd HPV vaccine for cervical cancer

2010	U.S. Congress passes the Affordable Care Act to expand medical coverage
2010	Sipuleucel-T is approved by the FDA. This is a treatment vaccine devised for metastatic prostate cancer treatment from the patient's immune cells
2013	Lance Armstrong admits doping
2015	President Obama launches cancer 'moonshot' initiative to accelerate cancer cure

D. Method

The objective of this study is to investigate how valorization manifests at the macro-societal level. I use the under-investigated, complex, and important cancer health market, which is comprised of a web of individuals and institutions interested in the eradication of the disease and well-being of consumers. These entities include government, philanthropic, non-profit organizations, activists, patients, caregivers. The data and analyses aim to understand how the intersecting discursive systems from these entities shape valorization in public discourse across three periods from 1987 to 2016. In particular, I anchor this essay on the discursive influence of cultural "ethos of hope" and "moral economy of hope" that is prevalent in health discourse as it ties "together many different actors" in a market including patients, researchers and scientists, health care professionals, and firms, and government (Rose, 2009, p.27). Hope is also considered a key theme in the identity of consumers and organizations and in the socio-political activism of these in health contexts (Novas, 2006). Therefore, keywords for archival data search were limited to cancer and hope.

1. **Data**

As Table V indicates, I gathered data from key sources of regulative, normative, and cultural-cognitive legitimacy and other historical sources that fit the cancer treatment market context (Giesler and Thompson, 2016; Humphreys, 2010). First, the dataset includes a total of

6,977 newspapers articles from three leading newspapers: New York Times (2,812), Wall Street Journal (1,879) and USA Today (2,289). This amounted to 7,379 total pages of single-spaced text and over 6.1 million words. The articles were subsequently broken into three time periods, 1987-1998, 1999-2008, 2009-2016, as they corresponded with important events in the history of the cancer health market (Table IV). These newspaper articles were identified using the keywords cancer and hope and using the databases Lexis Nexis (New York Times and USA Today) and ABI/Proquest (Wall Street Journal). The initial search yielded over 9,000 articles. Articles were systematically scanned for fit by reading the title and first paragraph of the article and removed if the cancer topic was not a key part of the story (Belk, Fischer, and Kozinets 2013; Humphreys, 2010)

Second, the dataset includes a total of 2,007 advertisements (1,509 unique advertisements) that were identified using the keywords cancer and hope in the database ProQuest. The sources of the advertisements are a variety of both current and historical newspapers and magazines. Examples of the latter include Cosmopolitan, Newsweek, and Essence. These advertisements came from cancer treatment institutions like clinics and hospitals, commercial entities such as pharmaceutical companies and department stores, professional entities like the American Medical Association, government entities and programs like the National Cancer Institute, nonprofit health entities such as the American Cancer Society, and special interests (e.g., tobacco lobby, mesothelioma lawyers). The topics of the advertisements were broad - from a book release to direct-to-consumer advertising of drugs to cancer events. Some were specific to a type of cancer (e.g., breast cancer, lung cancer) while others were not (donation appeal to the American Cancer Society).

Third, the dataset encompasses two sources of funding and distribution of services and drugs by cancer type. I integrated funding by cancer type from the National Cancer Institute (1992-2016) to serve as another layer of regulatory legitimacy. This was the only publicly-available historical source of funding available that more or less matched the timeline of the study out of several sources of governmental funding. This information is available in annual reports as the total amount of support in dollars by cancer type (and AIDS) on the National Cancer Institute website. I copied and pasted each year's funding amounts and calculated the funding ratios in an excel spreadsheet. I followed a similar process for philanthropic funding to the top 400 charities in the U.S. from the Chronicle for Philanthropy website for the time period of 1991-2017. I present the ranking information of cancer-related charities over time in the top 400 charities list in Table IX. This source of information provides another macro layer of normative legitimacy. Finally, using a 2018 WebMD listing of physicians (e.g., surgeons, oncologists, radiologists, primary care doctors), I tallied the number of doctors by cancer specialty in the three largest cities in the U.S, and separately, from the National Cancer Institute, I tallied the number of FDA approved drugs by cancer type.

Last, the above data was triangulated with background information collected from a variety of sources to help contextualize historical developments and the evolution of discursive systems. These include popular books (e.g., The Cancer Journals by Audre Lorde, Malignant by S. Lochlann Jain), TV shows, movies, and documentaries (e.g., Thirtysomething, The Fault in Our Stars); websites, social media sites, and archival information of medical entities (e.g., MD Anderson), pharmaceutical/biotechnologies (e.g., Merck, Genentech), government (e.g., Center for Disease Control and Prevention, U.S. Congressional library, National Cancer Institute),

charities sites (e.g., American Cancer Institute; Susan G. Komen, Livestrong). Overall, this dataset amounts to 324 pieces of information.

TABLE V. SUMMARY OF DATA COLLECTED AND ANALYZED

Data Type	Total	Sources	Analysis Method	Coding
6, 977 Newspaper articles 1987-2916 Key words: Hope and cancer	7,379 pages 6,187,830 words	NYTimes (2,812) WSJ (2289) USA Today (1879)	Automated Content Analysis Co-occurrence analysis	• 72 word groups including: o discourses, o diseases, o biotechnologies & therapies, o public figures, o institutions
2007 advertisements 1987-2016; Key words: Hope and cancer	2007 pages	All US magazines and newspapers (e.g., Cosmopolitan, Newsweek, Essence)	Semiotic Analysis	• Type of adv. org • Marketplace entity • Discourses
Cancer charitable funding 1991-2017	1.8 MB	Chronicle of Philanthropy	Excel Computation	• Funding ratio by disease
Governmental research funding, 1992-2016	1.4 MB	National Cancer Institute	Excel Computation	• Funding ratio by charity
Other: Popular books, TV shows and movies; industry, gov't, charity sites, 1987-2016	324 pieces of information	Best-sellers and most-watched lists; newspaper mentions	Semiotic Analysis	• Type of media • Marketplace Entity • Discourses

2. Analysis

As Table V indicates, I used a multi-method approach to analyze the archival dataset. Several quantitative analyses were conducted. First, automated content analysis was conducted to identify temporal changes in discourse (Ertimur and Coskuner-Balli, 2015; Fiss and Hirsch, 2005; Humphreys, 2010; Humphreys and Thompson, 2014) as well as changes in sentiment toward that discourse (Humphreys, 2010; Pennebaker, Francis and Booth, 2001). I used the program LIWC for such analysis. Consistent with Belk (1992), Humphreys (2010) and Humphreys and Jen-Hui Wang (2017), I started with a systematic qualitative analysis of a subset of the articles (697 articles) to develop word dictionaries for a priori and emergent discursive categories. These also included specific actors present in the dataset such as cancer types, technologies, treatments, drugs, and individual and institutional actors. As result, an initial group of 191 dictionaries emerged from the data set and were later collapsed to 72 dictionaries. Two independent coders were recruited to establish reliability of the main eight discourses (other dictionaries were variations of a single actor such breast cancer, breast-cancer), which were found acceptable through an average Krippendorff's $\alpha = 0.912$ (Table VI). I also conducted statistical analyses to establish the relationships among these dictionaries. Correlations provide a sense of the degree of relationship between two variables (i.e. dictionaries) and t-tests provide a sense of significance between the means of the dictionaries as they shift from time period to time period (Humphreys 2010).

TABLE VI. OVERVIEW OF MAJOR DISCOURSES

Category	Frequent words in category	Number of words in category	*Krippendorff's α*
Medicalization	Cure, doctor, diagnos*, drug, hospital*, treatment	40	0.918
Collectivity (altruism and survivor discourses)	For the cure, hero, survivor*, charit*, role model	76	0.875
Social change (regulatory discourse)	FDA, law, judge, rule, policies, legisla*	61	0.950
Scientific change	a new drug, FDA approved, breakthrough, patent	58	0.935
Individuality	Autonom*, choice, self-discipline, responsib*	20	0.885
Hope	Hope, hopes, look forward, wish*, yearn*	23	0.970
Morality	Moral*, ethic*, cheated, allegation, convicted,	27	0.900
Molecular differentiation	Gene, genetic*, molecular*, biomarker, DNA	60	0.870

The second quantitative analysis conducted with the newspaper dataset was a co-occurrence network analysis through the text mining program KH coder (Anzai and Matsuzawa, 2013; Higuchi, 2016; Ylijoki and Porras, 2016). This analysis, a type of social network analysis, provides further of evidence of structures of meanings, in particular shifts in discourse, by visually identifying groups of words that are interconnected in pairs within a text corpus (e.g., article). Thus, a co-occurrence network analysis, as a symbolic representation of text strings, complements the quantification of words that automated content analysis provides. This analysis was conducted with the overall newspaper dataset across all time periods, by time period, and by newspaper. The last quantitative analysis I conducted was the computation of funding ratios

from both governmental and philanthropic sources. These calculations were conducted in an excel spreadsheet.

A qualitative semiotic analysis was conducted in the program MaxQDA. This included a subset of all newspaper articles (697 articles), advertisements, and textual and visual information from background information sources. To understand the meaning structures present in the dataset, I focused on a) identifying semiotic binary relationships to uncover the building blocks of discourses and the shifts in these that occurred over time, and b) integrating various levels of analysis present in regulative, normative, and cultural-cognitive structures across different types of data (Chandler, 2005; Humphreys, 2010). I used the semiotic square developed by Greimas (1983) to represent these semiotic relationships that reflect the overarching meaning structure of discourses present in my dataset (Kozinets, Hemetsberger, and Schau 2008; Hirschman, 1988; Humphreys, 2010). As indicated by Humphreys (2010), I also find that the "structure of meaning itself does not dramatically change over time, the semantic points of emphasis shift and combine to create more nuanced and elaborated semiotic structures that enable [the phenomenon investigated]" (p. 493). The semiotic analysis was iterative and informed the quantitative analyses as suggested by Belk et al. (2013).

E. Findings

This examination focuses on how marketplace valorization in a complex service system unfolds and its implications. My findings are summarized in Figure 6 and detailed next. I show how valorization takes place in a health market and creates hierarchies of value. Specifically, my findings show that marketplace valorization is a dynamic, continuous process, where intertwined subprocesses co-occur, in the study context the subprocesses of legitimation, categorization, commodification, and consecration. I show that marketplace valorization results in the establishment of value hierarchies that impact market configuration and resources distribution in this health market.

These findings draw upon a range of historical sociocultural data sources in particular advertisements and newspaper coverage where representations of market and regulative, normative, and cultural-cognitive institutions occur. In addition, I focus on the interplay of resources distribution by sociocultural institutions (government funding, charitable contributions, and newspaper coverage), and the marketplace configuration of physicians and cancer drug treatments. These institutions, actors, and resources impact the dynamic valorization of entities in this health market.

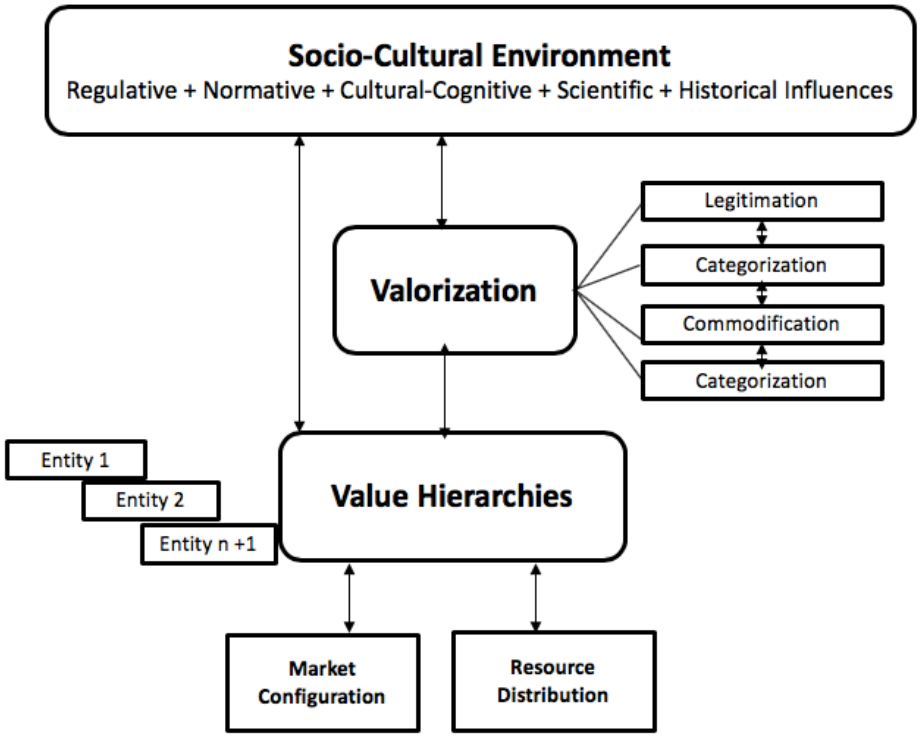


Figure 6. Findings overview

1. How valorization unfolds

I find that over the 29-year period examined, marketplace valorization in the cancer treatment market is associated with four key concepts: individuality, social progress, collectivity, and scientific progress. I find that all of these concepts are associated with particular types of discourses (Figure 7) and are interrelated and co-occurring in all time periods. However, I find that the combination of individuality-social progress and collectivity-scientific progress are more prevalent in a particular time period. Notably, the valorization of these concepts are associated with their own set of historical and sociocultural disruptive events, which unravel shifts in visual, symbolic, and linguistic associations that align with a particular type of valorization subprocess. While I used major historical events that took place in 1987,

1998 and 2008 to mark the time periods with crucial shifts in valorization (see Table IV), these are not the only major events that took place in those periods. In some instances, shifts in valorization in this market were ameliorated or accelerated by the co-occurrence of multiple events or changes in institutions.

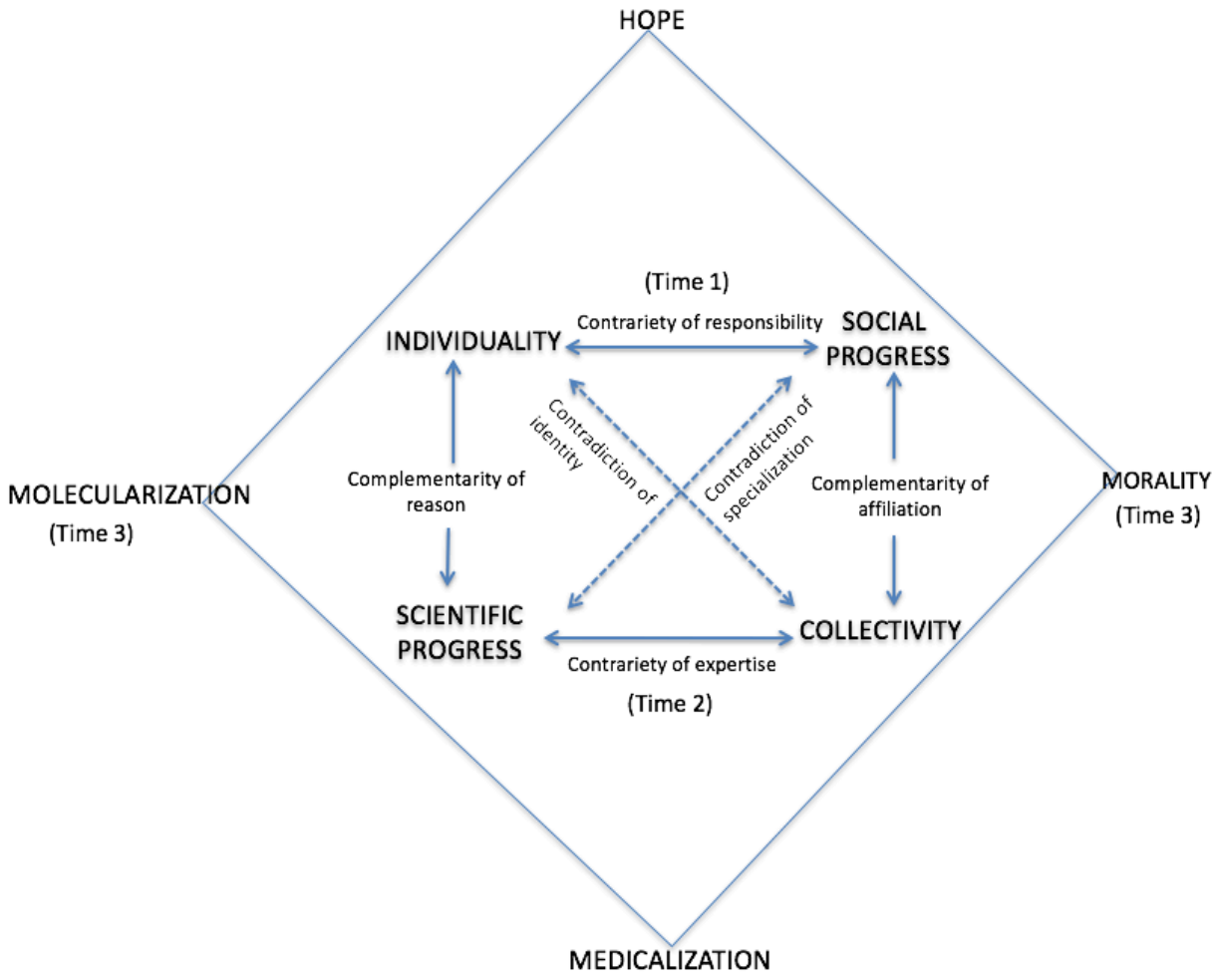


Figure 7. Semiotic square of valorization shifts from 1987-2016

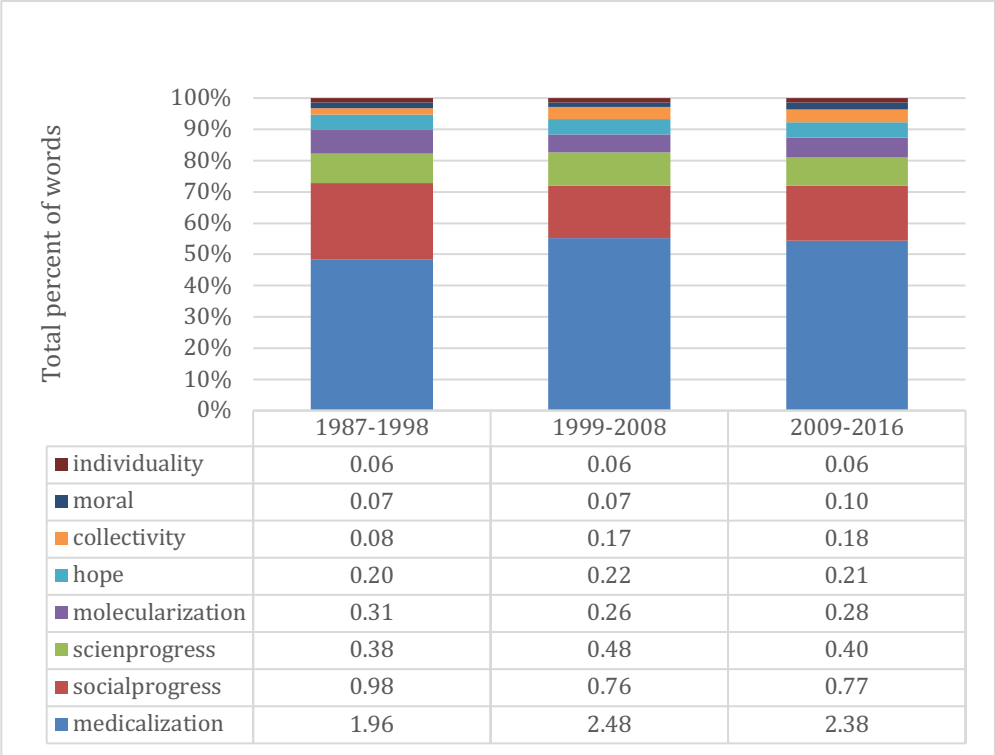
As shown in Figure 8, I find that the concept of individuality remains the same throughout all periods 0.06% (t: 1.672; p> 0.05), indicating a steady presence of this discourse throughout the 29 years. However, as explained in more detail in the next section, this discourse

plays a major role in the 1987-1998 period, as evidenced across multiple data sources including advertisements from government agencies, philanthropic organizations, and medical institutions. The discourse of social progress is the highest in the years 1987-1998 with 0.98% of all words (t: 4.825; $p< 0.05$). This reflects the federal government involvement in this period in many facets of cancer including research funding, drug discovery and regulation, public health promotion, and also the actions taken against industries such as tobacco, asbestos, pollutants, silicone implant, among others. Social progress declines in the next period but increases again in the last one when the government intervenes again with the creation of the Affordable Care Act that increased the number of insured people in the U.S.

After the landmark clinical trial of Gleevec (the first targeted therapy), and the settlement of states with the tobacco industry in 1998, the concepts of collectivity and scientific progress become stronger. Collectivity increased from 1987-1998 to 1999-2008 from 0.08% to 0.17% (t:-5.258; $p< 0.05$). Enhanced by more scientific efforts and successes, the discourse of scientific progress increases from 1987-1998 to 1998-2008 from 0.36% to 0.44% (t:-3.291; $p< 0.001$) and it declines in the last time period.

As advances in immunotherapy and a number of moral controversies arise, the molecularization discourse increases from 1998-2008 to 2009-2016 from 0.26% to 0.28% (t: -0.182; $p> 0.05$), with its highest point in the first period of 1987-1998 at 0.31% of all words given major scientific attempts to decode the human genome and identify a variety of cancer tumor biomarkers at this time. The moral discourse increases from 1998-2008 to 2009-2016 from 0.07% to its highest percentage in all time periods of 0.10% (t: -2.031; $p<0.05$). Last, the medicalization increases from 1.96% of all words in 1987-1998 to its highest percentage of 2.48% of all words in 1999-2008 (t: -3.099; $p= 0.001$) and declines slightly in the third period,

while the hope discourse 0.20% of all words in 1987-1998 to its highest percentage of 0.22% of all words in 1999-2008 (t: 0.602; p> 0.05).



	1987-1998	1999-2008	2009-2016
individuality	0.06	0.06	0.06
moral	0.07	0.07	0.10
collectivity	0.08	0.17	0.18
hope	0.20	0.22	0.21
molecularization	0.31	0.26	0.28
scienprogress	0.38	0.48	0.40
socialprogress	0.98	0.76	0.77
medicalization	1.96	2.48	2.38

Figure 8. Major discourses by percent of words and time periods

To complement these shifts in semantic concepts, I also provide the results of a co-occurrence network analysis with words that have a minimum frequency of 500 in the dataset by the year of article publication (Figure 8). This analysis illustrates how different word communities have evolved, their co-occurrence, and the strength of their association from 1987-2016. Figure 9 shows that, from 1987 to 1992, there is a strong association among words related to the AIDS epidemic (e.g., virus, AIDS, immune), whose coverage overlaps with that cancer given that Kaposi Sarcoma was a common cancer associated with AIDS. Additionally, cancer activists credited AIDS with advocacy strategies to demand funding and treatment drugs. Note,

the word immune returns in 2016 but this time it is related to progress in immunotherapy treatments. Next, we can see another strong word community in the years 2002 to 2004 and these are associated with scientific progress (e.g., FDA, drug, clinical, trial, result) and its commercialization (e.g., drug, market, approve). The third biggest word community is in the years 2011-2015. These words indicate a rise of regulatory action during the Affordable Care Act debate (e.g., hospital, accord, care). Interestingly, these words link to Lance Armstrong doping debacle and friend through the verb "write." Of the smaller word communities, it is important to remark the tobacco presence in the years 1996-1996, the role of government in 1994, insurance in 2009, prostate and team in 2009. These semantic co-occurring associations among words provide further support that marketplace valorization is changing qualitatively across years.

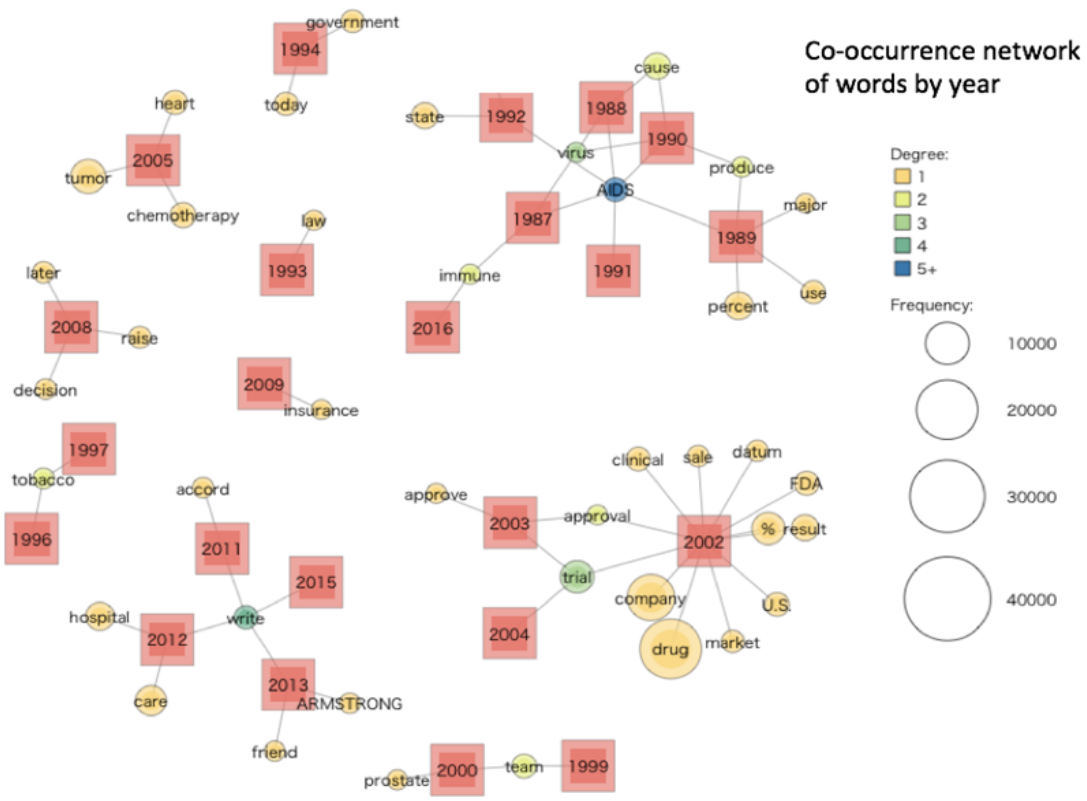


Figure 9. Co-occurrence network analysis of words by year

Overall these results show that marketplace valorization was changing over time. Now I will show *how* these changes take place in detail.

2. Time 1: Marketplace valorization of individuality and social progress (1987-1998)

Lupton (1995, p. 21) notes that in western society there is an entrenched "strong optimism in the ability of humans to control their destiny to their convenience." These ideas originate from the period of Enlightenment where "knowledge, happiness, progress, and the promotion of social order" were valorized at the expense of religious and fatalistic beliefs (p. 56). These ideas over time, along with several ideologies of public health, have shaped the current normative views that health can "be attained, preserved, and even recovered with the aid of the proper life style, public and personal hygiene, and the aid of medicine (Risse, 1992, 195)," typically with a moralistic and medicalized approach. Themes of control, responsibility, and knowledge, then, are recurring themes in the way that a society views social progress against and individuals approach disease. Through ideas of statism for instance, the state becomes responsible for social progress providing health to its citizens through a variety of "administrative, legislative, and institutional means" (Foucault 1991, 87-8). In turn, individuals as rational actors are expected to use knowledge to behave logically against disease, avoid it, and comply with health advice (Lupton 1995; Salt et al. 1990).

I find that the concepts of individuality and social progress are present across all time periods but they are particular important in this first period of 1987-1998. At this time, the cancer treatment market was at the intersection of sociocultural turbulent times, under the

influence of a government that adhered to free market and neoliberal ideologies and was pushing individuals to be responsible for their own health, and the AIDS epidemic that demanded more resources from the state to find a cure and attention from society despite broad stigmatized perceptions of sexual degeneracy in gay communities. These long standing ideals of health and historical events then help us understand the consistent presence of individuality themes across all time periods and the highest percentage for words for social progress in this time period. Individuality and social progress impact and are impacted by the subprocesses of categorization and legitimation that take place.

a. **Categorizing and legitimating individuality**

Through categorization and legitimation, the meanings of individuality in the cancer treatment market become normative and taken-for-granted. Some individuals are labeled ‘responsible’ or ‘victims of smokers,’ through the categories of non-smokers or second-hand smokers respectively, and therefore worthy of society’s valorization; while those who smoke or former smokers, are labelled, as irresponsible. This is reflected in the following advertisements:

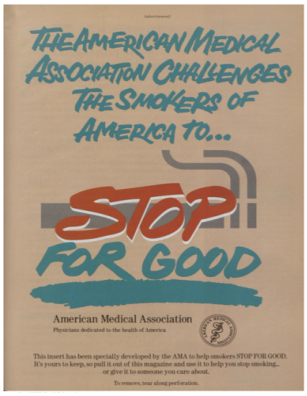


Figure 10. American Medical Association advertisement (Good Housekeeping,1992)

Figure 11. Susan G. Komen Foundation advertisement (Harper's Bazaar, 1991)

In the first ad (Figure 10) the American Medical Association, a major professional medical organization, urges "smokers" to "stop for good." This ad targets irresponsible people who smoke and a medical authority urges them to quit; this is not just a suggestion but a "challenge, " a type of direct confrontation or opposition. This ad supports the new cultural vilification of the practice of smoking and smokers not just through ads, but through regulatory action such as smoking bans ordinances by cities, states, the federal government which impacted smoking in public areas, commercial areas (e.g., aircrafts), and places of work. While smokers

were thought as irresponsible toward their own health (e.g., cause themselves lung cancer or heart disease), they also now labeled as villains, causing damage on others. For instance, in the 1989 the U.S. General Surgeon directly linked second-hand smoking to lung cancer and throat cancer. This marketplace valorization of smoking and smokers as villains did not change much during the 1990s as it was revealed in the tobacco trials of the mid 1990s that tobacco companies manufactured smoking addiction. The association of individual irresponsibility and lack of control with smokers and lung cancer remain alive today.

In contrast, in the second ad (Figure 11), individual responsibility is expressed in the logic of the 'will to health' expressed in the metaphor of 'beating the odds.' This ad provides a historical account of the Susan G. Komen Foundation, an influential charity for breast cancer, and urges self-responsibility and self-surveillance to curb breast cancer, in particular through breast self-examination and the medical screening of mammography. The photo of the founder suggests an army of "one" fighting a disease, consistent with individuality notions. The role of women in health, and breast cancer in particular, is fitting with this association as women are historically considered the "moral guardians" of family health (Lupton, 1995, p. 28). This applies primarily to middle-class, white women, who for much of the twentieth century were expected to practice self-responsibility, self-awareness, self-surveillance and forbearance in the face of cancer and other diseases (Wailoo, 2010). This ad then supports the category of the 'good woman' and 'good patient' as someone who takes control of and surveils her health. Cultural icons at this time support this general category. For instance, first lady Nancy Reagan continued the model for how a woman undergoes a mastectomy and returns to her normal activities shortly after without major issues. These general expectations of individuality did not change much after the second wave of breast cancer activists (first one in the 1970s)

successfully demanded research funding that was comparable to that of AIDS, and obtained greater input in the oversight of research funding and in medical decision making.

In short, both ads valorize the category of the deliberate and rational individual who incorporates knowledge, and can control, remove, and prevent disease (Lupton, 1995) that is legitimated by normative, cultural, and regulative influences, while at the same time devalorizing those who do not fit accepted patterns of expected behavior.

b. **Legitimating, categorizing and consecrating social progress**

A second way in which legitimation and categorization work hand-in-hand in this time period is observed in the way government funding approach toward social change in cancer research took place. As mentioned earlier, cancer research was underfunded compared to AIDS despite cancer having a higher impact in incidences and mortality. Breast cancer activists were successful at pushing for government action, in particular research funding, under a new administration (Jain, 2013). In 1993, with the Clinton administration in place, breast cancer research funding was increased by 4% percentage using pentagon funds. Table VII shows a comparison of funding ratios from the National Cancer Institute from the years 1992 to 2016. In it, breast cancer is observed as receiving double the funding percentages of other high-incidence and high mortality cancers.

Consistently, government funding granted regulative legitimacy and consecrated breast cancer as the 'worthiest' disease. Regulative action, in contrast, had the opposite effect on lung cancer. Since the 1950s, various government agencies had linked smoking to lung cancer. In 1989, notably, the U.S. General Surgeon linked second-hand smoking to lung and throat cancer, among a number of other diseases. Regulative action then became an important vehicle for the

marketplace valorization of breast cancer and the devalorization of lung cancer, as it conferred regulative legitimacy to the former and stigmatized the behaviors linked to the latter.

TABLE VII. SUMMARY OF NATIONAL CANCER INSTITUTE FUNDING TO TOP FOUR CANCER TYPES

NCI Funding Ratio	1992	1993	2001	2008	2016	2018 Percent of cancer Incidences	2018 Percent of Cancer Mortality
Breast Cancer	7%	11%	13%	12%	10%	25%	11%
Lung Cancer	4%	5%	6%	5%	5%	22%	41%
Prostate Cancer	2%	3%	7%	6%	5%	16%	8%
Colorectal Cancer	4%	4%	6%	6%	4%	9%	14%
AIDS	9%	9%	6%	5%	5%	---	---

3. **Time 2: Valorization of collectivity and scientific progress (1999-2008)**

In this time period we see an increased presence of the themes of collectivity and scientific progress, often through the interplay of categorization, legitimation, consecration, and commodification subprocesses. Collectivity involves a sense of being a part of a collective or group through shared experiences, activities, and or responsibilities (Bradford et al., 2017; Kjeldgaard et al., 2017; Muniz and O'guinn, 2001; Schau et al., 2009). Scientific progress is the sense of improvement in scientific knowledge through discovery, application, integration, and/or refinement of new understandings (National Research Council 2007). These two different concepts support each other as the collective action of consumers can support scientific progress. For instance, as when consumers and institutions fundraise for medical research. They also are in tension with each other as they both claim expertise in how to go about that.

a. **Consecrating, commodifying, and legitimating the cancer survivor collectivity**

Building from the previous time period, we see the continued valorization of the responsible breast cancer female consumer, typically through the archetype of the in-control female, white, middle class archetype (Wailoo, 2010). What is new in this time period is the consecration of this archetype through the collectivity notions of 'survivorship' and 'humanitarians.' These are observed in the following advertisement:

Figure 12. Advertisement for Walk for Hope (Good Housekeeping, 2001)

Figure 12 gives us a sense of the rise of humanitarian groups of consumers, in particular those surviving the disease, who along with their friends and family, are ready to "walk for hope against breast cancer" to bring about change for those impacted by cancer. In this era, collective athletic or fitness activity-based charitable events such as this became both legitimated and commodified throughout the U.S. in the form of runs, walks, bikes, triathlons, etc. The event in

this ad, for instance, is replicated in twenty cities for the benefit of the non-profit hospital City of Hope. These collective events and notions of survivorship are also legitimated and commodified by news media (e.g., the magazine Good Housekeeping) and corporations like Reebok and others that sponsor these events. Consumer collective action then becomes associated with market-forward actors that lend market legitimacy to the humanitarian efforts of consumers, who extend their personal sacrifice for the collective metaphor of seeking a 'cure' for all.

In other advertisements, we also see this market logic playout in a slightly different way. For instance, a 2002 New York Times advertisement for American Express features a racially diverse group of smiling women while encouraging the public to 'charge for the CURE.' That is to use their American Express to benefit cancer charities during every use. While scholars have pointed out to the market cooptation of cancer-related symbols (Jain, 2013), for instance by the ever-present pink ribbon in a variety of products and services, other scholars point out that this was possible through the concerted effort of market-facing charities who saw the association with commercial entities to enhance their own brands and as a vehicle to raise funds (Sulik, 2010). Further normative and cultural-cognitive legitimation of collective effort as "humanitarians" and "survivors" also came from the consecration and commodification of Lance Armstrong, who after a diagnosis of metastasized testicular cancer in 1996, returns to win seven Tour de France, starting in 1999. He, then, becomes the archetype of self-control, will to health, and individual and market-facing success (Jain, 2013). For instance, GlaxoSmithKline valorizes Armstrong survivorship achievements in 2005 in a New York Times full-page ad that included seven pictures celebrating Armstrong's career.

Ads such as this reproduce the mythology of Lance Armstrong as a winner, successful father, founder of Livestrong (one of the most successful cancer charities). He is the winner of

not only one of the most grueling sport activities but also of his metastasized testicular cancer. The metastasis is an important point to bring because public discourse hardly includes considerations of advanced cancers. Early-stage cancers such as those of breast cancer are more commonly associated with survivorship (Sulik, 2010). The fact that Armstrong was coming back from 'death row' to win a major event, not only once but seven times from 1999-2005, captured the public imagination and boosted the image of cancer survivors in the categories of 'winners against death.' The mythology of Armstrong's is also consecrated by news media and medical professionals. His doctor speaks of Armstrong's diagnosis and chance of living: "We told Lance initially 20 to 50% chance, mainly to give him hope. But with the kind of cancer he had, with the x-rays, the blood tests, almost no hope" (Johanson, 2011). While there are plenty of criticisms of Lance Armstrong for his self-commodification and corporate partnerships (Jain, 2013), the lasting implications of his survivorship story went beyond the commercial aspects as they profoundly impacted cancer philanthropic and governmental action. The Livestrong Foundation became a well-known source of health information and Armstrong became involved in a variety of policy-related activities. For instance, he was a key actor, along with former President George H.W. Bush, to launch the Cancer Prevention and Research Institute of Texas, one of the biggest public anti-cancer initiatives resulting from the passing of a 3 billion bond initiative (Proposition 15) (Livestrong Foundation 2007).

In sum, by embracing humanitarian and market logics and the mythology of Lance Armstrong legitimacy through processes of legitimation, consecration, and commodification, cancer survivorship collectivity became highly valorized and consecrated in the marketplace.

b. **Legitimating scientific progress and consecrating targeted therapies**

Scientific progress is the second concept that becomes valorized in this time period. While scientific progress was seen as crucial to the treatment and or/cure of cancer, until this period a single cure for cancer had proven to be an elusive incremental effort with no therapeutic "magic bullet" on sight as in the case of AIDS. In fact, messages related to cancer awareness, prevention, and early intervention by charities and consumers groups were proven to be more effective in early diagnosis and curbing of mortality rates (Jacobsen and Jacobsen, 2011; Klawiter, 2004). Even with genomic advances, these were focused on identifying susceptibilities such as gene mutations (e.g., BRCA1, BRCA2, p53) rather than major changes in cancer treatment across the board. Therefore, while scientific progress enjoyed a great degree of legitimacy already, it became consecrated with the advent of a new category of drugs, targeted therapies, that launched the era of precision or personalized medicine, where individuals receive drugs that target specific mutations and other types of biomarkers.

This consecration of scientific progress and emergent categorization of drugs was made possible by the successful clinical trials of Gleevec (generic name Imatinib) for Chronic Myelogenous Leukemia from 1998 to 2001. This quote from the National Cancer Institute provides the following historical background:

> The drug caused cancer to disappear in the majority of patients with CML that was in the early, or chronic, phase of the disease. Five years later, 98% of patients from this trial were still in remission.
>
> "For a lot of people, Gleevec was simply too good to be true. But these once-dying patients were getting out of bed, dancing, going hiking, doing yoga. The drug was amazing Dr. Druker said in a 2009 interview with The New York Times"
>
> ...Today, someone with CML who is in remission after two years of imatinib treatment has the same life expectancy as someone who doesn't have cancer
> (National Cancer Institute, 2018).

This excerpt shows the collective excitement that Gleevec generated in the scientific community, consumer communities, drug companies, and government bodies such as the FDA and the NCI. Words like “wonder drug, “continues to astonish” and “striking” as the New York Times and Wall Street Journal articles called Gleevec were fitting. For the first time, a single drug altered the molecular activity of a protein (BCR-ABL) found in consumers with the Philadelphia chromosome and blocked the proliferation of cancerous cells. This contrasted with more systemic treatments such as chemotherapy that kills not only cancerous but healthy cells, and causes often detrimental side effects in consumers. After these successful clinical trials, which already enjoyed regulatory legitimacy as it was funded by the NCI, the drug became approved in 2002 after a shortest-ever FDA review- a short two and half months. This opened the ‘political gates’ for the use of Gleevec in other cancers and fast approval of new targeted therapies in the market. Interestingly, the approval of Gleevec also enhanced the reputation of the FDA as a regulatory body as it moved from ‘slow and cautious’ to ‘accelerator.’ Harold Varmus, the former NIH director and winner of the Nobel Prize describes his excitement about targeted therapies:

> "I'm unabashedly enthusiastic about this approach," Varmus said. Doctors say they are one step closer to being able to select or even design drugs to match the DNA of individual tumors. Such drugs should work better and cause fewer side effects. Researchers are developing a number of such "targeted therapies…This is the best time ever for cancer drug development," Sellers [a doctor at Dana Farber] said. (USA Today, April 30, 2004)

The regulative and scientific legitimation and consecration of Gleevec in public discourse, made it possible for other drugs like Iressa, Eloxatin, Erbitux to become household names as they were tested in clinical trials. The Gleevec development also led to more commercialization of drugs, consolidations, takeovers, and speculations. For instance in 2003,

Martha Stewart, the media mogul, was accused and later convicted of insider trading for selling shares of ImClone as the company waited for FDA approval for the drug Erbitux .

In short, this section shows that in this time period, scientific progress was highly valorized for its effectiveness but also for its political prowess during regulatory review. Thus, we see how, together, legitimation, categorization (new drugs, best time to develop drugs and trade stocks, new FDA status), and consecration (Gleevec and Leukemia) influence the valorization of this new era of scientific progress. The valorization of scientific progress also came at the time where actions and symbols related to survivor subjectivity through the market-forward Armstrong mythology and breast cancer community efforts. Thus, multiple macro-societal developments aided in the emergence and maintenance of valorization subprocesses and the resulting valorization of collectivity and scientific progress.

4. Time 3: Marketplace valorization of morality and molecularization (2009-2016)

In this time period, we see the valorization of morality and molecularization-related topics due changes in the political/government areas, cultural symbols, and further enhancement of the molecularization of medicine. Broadly speaking, morality involves a shared system of normative beliefs and practices that help a society and its citizens judge congruency of entities, actions, and/or beliefs with existing moral and/or ethical norms (Askegaard et al., 2014; Giesler and Veresiu, 2014; Luedicke, Thompson, and Giesler, 2009; Robbins, 2007). Molecularization is the "state of thought" about how life emerges at the molecular level and it involves thinking, seeing, and practicing this knowledge in biomedicine and in the broader

society (Fleck, 1979; Rose, 2009, p.12). Once again, we see various subprocesses at work. However, with sometimes opposite effects than previous time periods.

a. **Recategorization and legitimation of morality**

A number of morality-related issues emerged in this time period that enabled the recategorization of entities. To start, this era starts with a major societal discussion about the need for comprehensive health reform in the U.S., beginning with the 2008 elections and continued through the 2016 elections. “Obamacare” as the Affordable Care Act of 2010 was informally labelled (also intentionally used by President Obama detractors) provided instant legitimacy and valorized “uninsured” individuals who had been excluded from the insurance marketplace. In fact, the ACA flattened consumer categories by removing market-based discrimination policies such as higher premiums for diagnosed ‘preexisting conditions,’ women, and people based on length of life expectancies. This homogeneizing effect to benefit citizens also brought new contested moral elements in public discourse as it required all citizens (including young adults) in the U.S. to have health insurance or otherwise face a penalty. For instance, a letter to the New York Times editor in support of the ACA speaks of the perception of ACA as a “nanny state” for instance:

> Scott [cancer patient example used in the article] would have been insured, and his cancer would have been much more likely to be detected in time for effective treatment. Is that a nanny state? No, it's a civilized one. President Obama's care plan addresses this problem inelegantly, by forcing people like Scott to buy insurance beginning in 2014. Some will grumble about the "mandate" and the insurance cost, but it will save lives. Already, Obamacare is slowly reducing the number of people without health insurance, as young adults can now stay on their parents' plans. But the Census Bureau reported last month that 48.6 million Americans are still uninsured a travesty in a wealthy country. (New York Times, October 13, 2012)

Issues of right and wrong approaches to ensuring the health of citizens such as this were common at the time, and so were the discussions of spiraling of health costs, disparities in clinical quality of care, and unequal access to subsidies and the marketplace exchanges where consumers could buy their policies. The federal government imposition of ACA programs and policies on states especially for coverage of vulnerable populations through medicaid programs and treatments were also frequent at this time. For instance a Wall Street Journal article (August 8, 2013) reported that Oregon's Medicaid program could no longer deny "treatment with intent to prolong survival for cancer patients who likely have fewer than two years left to live," and according to patient navigator quoted in the article "patients deserve treatment that is available based on the best evidence, not on a timeline." In this morally-charged environment, we also some consumers becoming more visible while others remain invisible. While the uninsured were at forefront, so were consumers who were 'underinsured' or at risk of being 'underinsured.' In the following excerpt for instance, a business owner describes his hope that he qualifies for his state's Medicaid program:

> Since his chronic leukemia was diagnosed in 2010, Ray Acosta has paid dearly for health insurance: more than $800 a month in premiums, plus steep co-payments for the drug that helps keep him alive. Mr. Acosta, 57, owns a small moving company in Sierra Vista, Ariz., which he said had barely made it through the recession...He sought advice from an insurance agent who had used his moving company. She connected him with an application counselor at a community health center, who found to Mr. Acosta's astonishment that he qualified for Medicaid under the new health care law, the Affordable Care Act, which gives states the option of expanding the program to include more low-income adults. "I'm kind of in a disbelieving fog," ..."I'm just hoping, keeping my fingers crossed, that this might really help me out.'... "After being gouged all these years, trying to make ends meet, to all of the sudden get this?" he said. "I'm really blown away." (New York Times, December 8, 2013)

While the flattening of consumer categories took place under the ACA regulative legitimacy, there were also categories of consumers that remained in high moral risk status, such

as those in minority groups or lower socioeconomic status. Referring to a study that linked education about cancer death rates, this excerpt described the moral risk of the “least educated” with irresponsible behaviors like smoking leading to diseases like lung cancer:

> In 2007, cancer death rates for the least educated patients were more than 2 1/2 times that of the most educated patients....People with more years of schooling are much less likely to engage in high risk behaviors such as smoking, said Ahmedin Jemal, ACS's vice president of surveillance research. Indeed, 31% of men with 12 or fewer years of education are current smokers, compared with 12% of college graduates and 5% of those with a graduate degree. The lung cancer death rate is five times higher in the least educated than in the most (Wall Street Journal, June 17, 2011)

In this period, the cancer community also faced a variety of moral and ethical breaches. For instance, the popular Susan G. Komen Foundation became socially-scorned at its refusal to fund another popular organization, Planned Parenthood, during allegations by Republican legislators that latter was using federal funds for abortion. “Howls of outrage” were heard from women throughout the U.S. as described in a New York Times article (February 6, 2012). The aftermath of the controversy is captured in the following excerpt:

> Critics say having founder Nancy Brinker step down as CEO of Susan G. Komen for the Cure may not be enough to restore faith in the breast cancer charity... In a shakeup of the organization's top management, Brinker says she will give up her role as CEO but take a new job as chairwoman of the executive committee...Komen said new internal rules prohibited it from funding organizations under investigation... Days later, after a public outcry, Komen reversed its decision, restoring the grants. Across the USA, participation and fundraising at Komen's trademarked Race for the Cure events have fallen sharply. Pilon says the Los Angeles event in March was the first after the controversy and the affiliate had about 6,000 walkers and runners, 1,000 fewer than it normally saw. Seattle's race, which took place in June, raised $500,000 less than last year, and attendance was down 40%..." Komen's "brand," which Brinker worked so hard to build into a marketing powerhouse, has suffered, Ellis says. A recent Harris Interactive poll found that Komen, which had long been ranked in first or second place in terms of its "brand equity," fell to 56 out of 79 brands surveyed after the Planned Parenthood debacle (USA Today, August 13, 2012)

The political tainting of Komen generated major changes in leadership, drop in events participation, fundraising, and brand equity. This was a complete reversal from the previous

consecrated image of Komen as the leading breast cancer charity in the U.S. The breast cancer community, however, as a whole was no stranger to controversies in this time period. In 2009, both the U.S. Preventive Services Task Force and the American Cancer Society, using findings from scientific studies, questioned the value of breast self-exams and mammography, key symbols of breast cancer awareness, screening, and prevention campaigns, and linked them to over diagnosis and over treatment. A Wall Street Journal article (February 20, 2013) covering a retrospective view of this decision describes the problem and the reaction from women and breast cancer organizations: “Mammography is one example of a highly contentious screening program. The U.S. Preventive Services Task Force recommendation that there was no evidence that women aged 40-49 benefit from routine screening in November 2009 was met with uproar and criticism from many quarters.”

A second example of moral controversies is the fall from grace for Lance Armstrong and his stripping of Tour de France winnings for doping, which included a ban from the sport for life by the U.S. Anti-Doping Agency. This generated a polarized coverage about his status as a failed man but also about his status as a symbol in the cancer survivor community. Before the controversy organizational entities describe him like this:

> To Dr. John R. Seffrin, the chief executive of the American Cancer Society, the investigation should be irrelevant. Whatever Mr. Armstrong's transgressions as an athlete, he said, they pale in comparison with the good he has done. "Lance Armstrong has done more to destigmatize Cancer than anyone," Dr. Seffrin said. (New York Times, April 21, 2010)

After the controversies more negative images appear such as this by a participant in the Maryland’s Half Full Triathlon, a cancer-related triathlon fundraiser:

> Paulo Sousa, a longtime triathlete and coach, said Armstrong's presence "cheapens the sport." "The triathlons' welcoming Lance makes people think it's a free sport," Sousa said. "If you're washed up, you can come do a triathlon. I don't want to see the sport as a

> place where dopers come when they can't compete in anything else."..."The danger here is that we'll have a sport where doping is acceptable," Sousa said. "What does that teach our children?" (New York Times, October 10, 2012)

This negative associations were also self-inflicted. In a broadcasted Oprah Winfrey tell-all session in 2012 he admitted: "I'm a flawed character" and described his doping, cheating and cover-up actions. The Armstrong debacle was one of several public figures (e.g., former vice-president candidate John Edwards had an extramarital affair while wife Elizabeth Edwards was undergoing breast cancer treatment) in the spotlight for moral and ethical breaches. However, this was the most influential fall from grace on the cancer market and community, garnering widespread media attention along the way.

b. **The legitimation and consecration of molecularization**

As indicated in the first time period, the valorization of scientific progress took the shape of the hailing of targeted therapies as the next wonder drugs. In this time period, I see the consecration of this status through the emergence of a new categories of drugs: immunotherapies. As Rose (2009) states, molecularization with its promises of genomic science has grown in medical and clinical intervention. However, starting in 2010, immunotherapies and other targeted therapies deemed as breakthrough solidified the new view of the immune system holding the key to the cure to cancer, typically by unblocking or supercharging the immune system so a person's own system can attack the cancer cells just as it kills bacteria and viruses. This consecration of this type of molecularization is observed in a 2014 New York Times advertisement by the pharmaceutical company Bristol-Myers Squibb which shows a middle age woman with gray hair sitting on a bench on the beach carrying flag with “I AM MORE THAN MY DISEASE. I MAY BE A UNIQUE WAY TO FIGHT IT,” as she stretches her other arm

toward the viewer. The uniqueness in her treatment and the key role her immune system plays in it underscore the individuality of consumer subjects and the individualized molecular approach to disease treatment. These themes are also congruent with larger cultural narratives and norms of self-autonomy and self-responsibility; thus receiving normative and cultural-cognitive legitimacy (Lupton 1995; Giesler and Veresiu, 2014). Immunotherapies in this time period are also consecrated as beneficial to a variety of actors:

> The highly anticipated decision by the Food and Drug Administration clears the way for the first "therapeutic vaccine" for cancer to reach the market, an accomplishment that has eluded researchers and drug companies for decades. Rather than target cancer like a drug, the treatment, called Provenge, stimulates a patient's own immune system to attack the tumor, much like a preventive vaccine prompts the immune system to attack an outside agent such as small pox. "This is the first proof of principle that immunotherapy works in cancer," said Philip Kantoff, chief of solid tumor oncology at Harvard affiliated Dana Farber Cancer Institute in Boston. "This opens the door to a whole world of new therapies based on that concept across all Cancers." ...The treatment faces several challenges. First, it is expensive, and some insurers may balk at paying for it. Dendreon said it will charge $31,000 for each of three required courses of treatment administered over one month, for a total of $93,000 per patient. Second, it extends life by only a few months on average, though that is typical for treatments targeting late stage cancers. In the clinical trial that led to approval, the median survival on Provenge was 25.8 months, or 4.1 months longer than prostate cancer patients in a control group. In addition, 32% of those on Provenge in the 512 patient test were alive three years after treatment compared to 23% of those not getting the therapy. Because of limited manufacturing capacity, the company expects to be able treat just 2,000 patients during the next 12 months. (Wall Street Journal, April 29, 2010)

In this excerpt, the drug Provenge is legitimized by the FDA and consecrated as the elusive yet promising therapeutic, scientific, and commercial breakthrough that consumers, researchers, and drug companies alike have been waiting for. For instance, the word “vaccine” heightens its significance given its potential to prevent cancer and open the gates for further commercial development of similar drugs. Yet, while the word vaccine conveys a sense of inclusivity, Provenge and other immunotherapies like the highly advertised Keytruda also thrive in public discourse as exclusive for those who can afford their high price or can get into a

clinical trial. As Clancy (2019) indicates, immunotherapies and access to immunotherapies clinical trials are “not for the poor and the old,” highlighting the categorization that results from the exclusivity and scarcity of such drugs (e.g., insiders vs. outsiders) which both intensifies and ameliorates the ethical debates around access and costs, as appeals to their scarcity also justify the cost. For instance, popular public figures like Sean Parker, founder of Napster and first CEO of Facebook and a vocal advocate and backer of immunotherapies, describes the motivations for his advocacy to democratize access to immunotherapies:

> Carter, who had late stage melanoma that had metastasized to the brain, was on Keytruda, an immunotherapy drug, when his cancer became undetectable. Parker, 36, hopes to make Carter's success using immune therapy drugs more common in cancer treatment with his $250 million donation to six of the country's top cancer centers. The 2011 death of his close friend Laura Ziskin, a Hollywood filmmaker and cancer charity founder, inspired Parker. She got into a clinical trial for immunotherapy too late for it to prevent her death, he said. "It turned me from intellectually curious to a militant activist," Parker said. "It's been pretty much full time since then. " Parker is no low profile billionaire. (USA TODAY, April 14, 2016)

In this excerpt, Sean Parker voices an appreciation for immunotherapies and his personal efforts in increasing such research. He also points to the limited access to clinical trials by consumers, given his friend’s late enrollment in one and eventual death. This scarcity-based consecration contrasts with previous molecular approaches such as the aim to identify universal genes (e.g., BRCA1)

In summary, in the 2009-2016 period, marketplace valorization of morality and molecularization also involve the interrelation of several subprocesses (e.g., categorization, legitimation, consecration). However, unlike previous time periods, these subprocesses are linked to the dynamism of effects such as negative perceptions of value, scarcity, and a return to highly individual approaches such as immunotherapies.

F. Hierarchies of value as implications of marketplace valorization

In this section, I focus on two implications from marketplace valorization in the cancer market: resource distribution and marketplace configuration. These clearly show that there is a hierarchy of valorized entities in the marketplace, hereinafter referred to as hierarchy of value. Some of the hierarchies remain stable today while others do not.

1. Resource distribution

a. News media attention

I find that breast cancer has received the larger share of news coverage in the three newspapers in the dataset. As Figure 13 shows, breast cancer has received significantly more attention than any other type of cancer. For example, in the first time period, breast cancer received 0.09% of all words while lung cancer and prostate received each 0.02%. By the last time period, breast cancer 0.10% of all words while lung cancer and prostate received each 0.03% of all words. While as a whole the coverage of different cancers has gone up, breast coverage, on average, has received three times the coverage of any other cancer type. The dominance of breast cancer also extends to other data sources in the dataset including advertisements, popular books, websites, videos, podcasts, and cancer-related conferences and events. This also applies to topics closely associated with the disease such as awareness and prevention, mammograms, breast self-examinations both from a positive and controversial standpoints. For example, mammography and breast self-examinations became controversial in the 2000s after studies and regulatory bodies questioned their effectiveness.

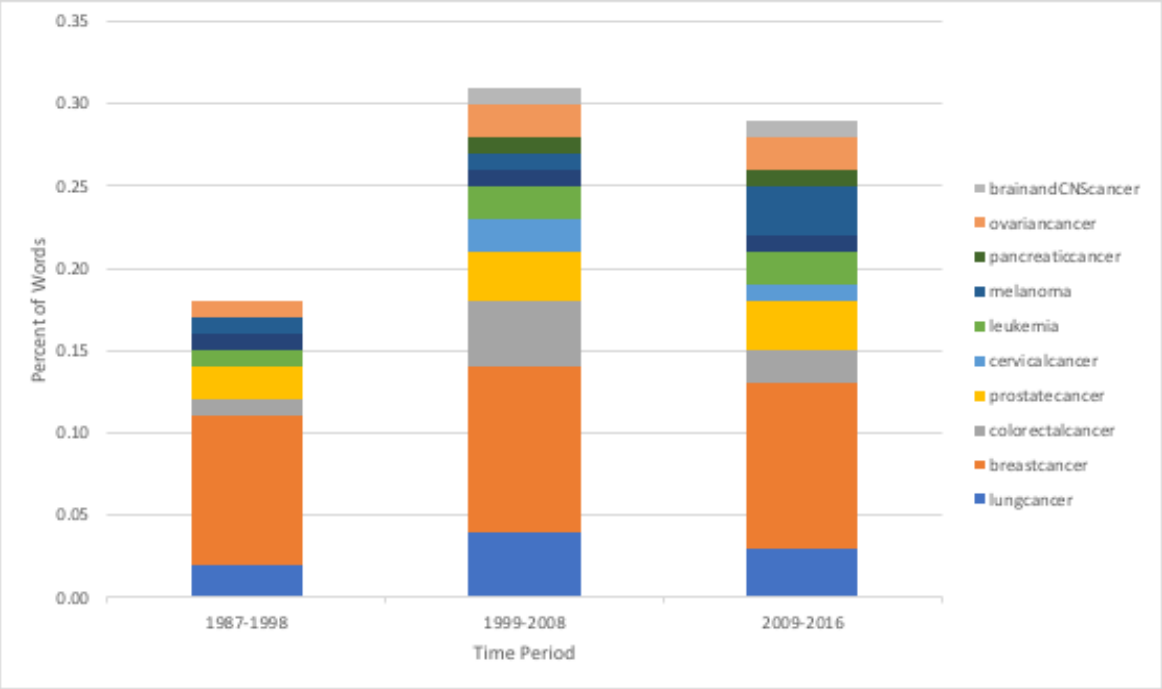


Figure 13. News media coverage for common cancer types (1987-2016)

b. **Popular attention**

I also find that this pattern of attention holds in popular searches in google. For instance, a comparison of the most common cancers (Figure 14), covering the periods of 2004 to 2019, shows public interest in breast cancer spikes close to the "highest point on the chart. According to Google Trends, "a value of 100 is the peak popularity for that term. A value of 50 means the term is half as popular. A score of 0 means there was not enough data for this term." While not shown here, breast cancer also shows as the most popular topic in each and every state in the US, indicating uniformity in interest across geographies.

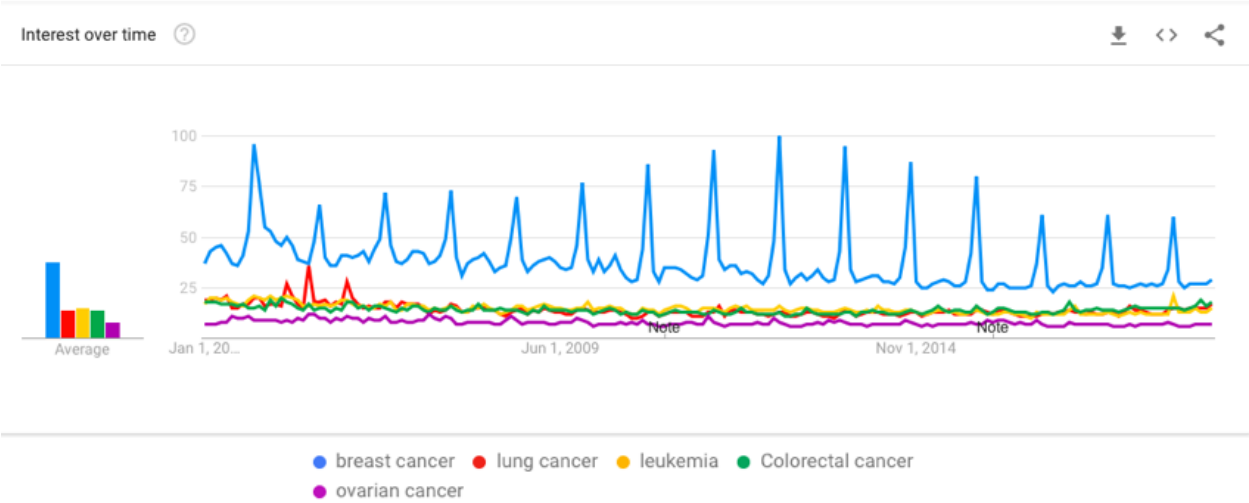


Figure 14. Google Trends searches for major cancer types (2004-2019)

c. **Government Funding**

As Table VIII shows, breast cancer has also received the largest share of NCI funding, more than twice the funding received by other types of cancer with high incidences and mortality rates. The funding for AIDS in contrast has declined over time.

TABLE VIII. NATIONAL CANCER INSTITUTE FUNDING BY CANCER TYPE (1992-2016)

Disease Area	1992 ratio	2001 ratio	2008 ratio	2016 ratio
AIDS	8.5%	6.3%	5.4%	5.1%
Brain & CNS	1.7%	2.1%	3.2%	3.8%
Breast Cancer	7.4%	12.7%	11.9%	10.0%
Cervical Cancer	1.6%	1.9%	1.6%	1.3%
Clinical Trials (all cancers)	16.1%	17.3%	17.7%	15.4%
Colorectal	3.6%	5.5%	5.7%	4.1%
Head and Neck Cancers	0.0%	1.3%	1.6%	1.1%
Hodgkin Disease	0.3%	0.3%	0.4%	0.2%
Leukemia	3.3%	4.1%	4.5%	4.6%
Liver Cancer	1.6%	1.5%	1.5%	1.5%
Lung Cancer	3.9%	5.5%	5.1%	5.5%
Melanoma	1.3%	1.9%	2.3%	2.7%
Multiple Myeloma	0.0%	0.5%	0.9%	1.0%
Non-Hodgkin Lymphoma	1.7%	2.1%	2.5%	2.2%
Ovarian Cancer	1.1%	2.0%	2.1%	1.8%
Pancreatic Cancer	0.0%	0.6%	1.8%	2.9%
Prostate Cancer	1.6%	6.9%	5.9%	4.6%
Stomach Cancer	0.0%	0.2%	0.3%	0.3%
Uterine Cancer	0.4%	0.5%	0.4%	0.3%

d. Charitable Funding

Cancer charities are present in the top 400 U.S. charities ranking published by the Chronicle of Philanthropy from 1991 to 2017 (Table IX). This ranking is based on the popularity of the charity as evidenced by the amount of program income received in a given year. Of all the cancer-specific charities, the American Cancer Society consistently has been in the top 20 charities from the time. However, according to its site, it funds breast cancer-related activities and research above all other types of cancer. Notable is the rise of the Susan G. Komen foundation, a highly visible breast cancer charity, which has consistently made the list since

1998 and for several years had higher rankings that other well-known cancer charities. It also shows a decline in its ranking (donors support) after 2014 following a number of controversial actions. In this list, we also see a strong performance by the Leukemia and Lymphoma Foundation. These diseases that are not very high in mortality or incidences, nonetheless LLF enjoys a great degree of public recognition and philanthropic support. In short, breast cancer and leukemia/lymphoma emerge as the three types of cancers with the most philanthropic support from the public and from other charities like the ACS.

TABLE IX . CANCER CHARITIES RANKING IN CHRONICLE OF PHILANTHROPY'S TOP 400 CHARITY LIST (1991-2017)

YEAR OF PHIL 400	American Cancer Society	Leukemia and Lymphoma Foundation	American Institute for Cancer Research	Ludwig Institute for Cancer Research	Barbara Ann Karmanos Cancer Institute	Susan G. Komen	National Children's Cancer Society	Fred Hutchinson Cancer Research Center	National Cancer Coalition	Breast Cancer Coalition
1991	7	155	0	0	0	0	0	0	0	0
1992	7	163	336	0	0	0	0	396	0	0
1993	7	174	257	0	0	0	0	0	0	0
1994	7	183	287	164	0	0	0	0	0	0
1995	7	175	299	283	0	0	0	0	0	0
1996	5	160	280	188	390	0	0	0	0	0
1997	4	164	307	226	344	0	0	0	0	0
1998	5	162	345	227	300	368	0	0	0	0
1999	5	129	381	316	394	232	0	0	0	0
2000	5	109	379	125	0	249	0	0	0	0
2001	5	90	0	325	0	215	387	0	0	0
2002	7	86	0	222	0	183	390	0	0	0
2003	5	92	0	247	0	152	0	295	0	0
2004	3	80	0	190	0	109	0	0	0	0
2005	4	71	0	208	0	91	0	0	0	0
2006	5	78	0	211	0	71	0	0	187	0
2007	5	73	0	249	0	70	0	0	156	0
2008	4	71	0	274	0	66	0	0	176	0
2009	8	69	0	312	0	76	0	373	145	0
2010	8	61	0	286	0	63	0	340	110	0
2011	8	73	0	279	0	41	0	376	113	0
2012	9	72	0	247	0	63	0	334	168	0
2013	11	62	0	264	0	53	0	0	167	0
2014	16	79	0	301	0	126	0	0	205	350
2015	20	76	0	0	0	128	0	0	0	0
2016	22	92	0	0	0	159	0	0	0	0
2017	24	91	0	0	0	143	0	0	0	0

2. Marketplace Configuration

Consistent with public discourse attention (news media and google searches), government funding, and charitable funding patterns, we can also see the dominance of breast cancer in the configuration of service providers and FDA-approved drugs. All of this elements combined point out to the presence of various subprocesses that led breast cancer to be a highly valorized entity in the marketplace.

a. Service providers

Using a 2018 WebMD listing of physicians (e.g., surgeons, oncologists, radiologists, primary care doctors) by cancer specialty in the three largest cities in the U.S , I find that there are more providers listed for breast cancer (New York City 50%, Los Angeles 37%, Chicago 49%), followed by melanoma (New York City 16%, Los Angeles 24%, Chicago 15%,) and colorectal cancer (New York City 2%, Los Angeles 11%, Chicago 12%,) (See Figure 14).

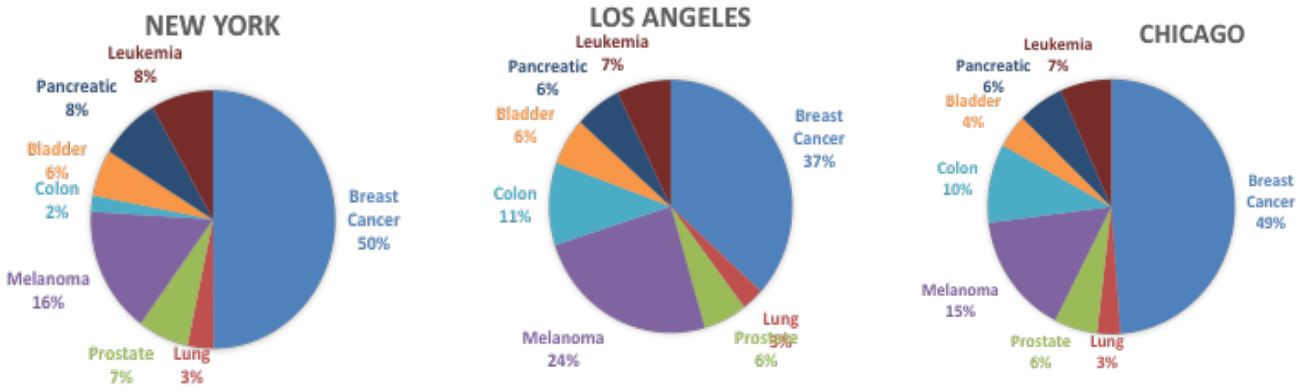


Figure 15. WebMD search for physicians by cancer type in three largest cities

b. FDA approved drugs

Using the list of FDA-approved drugs on the National Cancer Institute website, I show a distribution of drugs by the top cancers based on mortality and incidences rates. Leukemia tops the number of approved drugs, followed by breast cancer (See Table X). The dominance of this two types of cancers is consistent with the charitable funding data presented earlier. Notably, breast cancer is the only disease on this list with three drugs approved for the prevention of the disease (Evista, Raloxifene, Tamoxifen). This is one of the sources of data where lung cancer ranks closer to breast cancer. The number of overlapping drugs indicates that lung cancer has benefited from research in other cancer types. For instance, there is an overlap of twelve drugs that are approved for both lung and breast cancer.

TABLE X. NUMBER OF FDA-APPROVED CANCER DRUGS

Cancer type	Leukemia	Breast	Lung	Colorectal	Ovarian	Pancreatic	Prostate
Total number of drugs (a)	108	75	67	38	33	20	9
Number of overlapping drugs with cancers in this table (b)	8	16	28	9	5	8	2

a. Number of drugs from National Cancer Institute includes brand and generic drugs, and combination of drugs

b. some drugs are approved for more than 3 cancer types

3. Individual, organizational, and global implications

To conclude this section, I find that the hierarchies of value presented in the dataset are contested by individuals and organizations both inside and outside of U.S. For instance, one of the few critics that is covered by major newspapers is the Breast Cancer Action,

which for has for over 20 years conducted campaigns against the pinkwashing of cancer (e.g., Think before you Pink, Knot Our Ribbon Pink campaigns) and commercial cooptation of breast cancer (e.g., Estee Lauder, KFC). In fact, it demands more research into environmental (e.g., Toxic Time is Up campaign) and commercial causes of breast cancer (e.g., cosmetics). In a New York Times article (October 12, 2011), the group's executive director indicated "The pink ribbons have become a distraction."

The dominance of breast cancer and other cancer types also impact individuals and organizations outside the U.S. I provide an example of the Pancreatic Cancer Action (Figures 16 and 17), a charitable organization in the U.K. that launched a highly controversial set of ads in 2014. These ads reflect individual as well as an organizational sentiment toward breast cancer and testicular cancer. The ads convey an ominous picture of the mortality rate of the disease "only 3% will survive a late diagnosis" and "most will die within 4 to 6 months." Consumers impacted by pancreatic cancer verbalize openly their wish they could too live long and their cancers could enjoy the notoriety and resources that breast cancer and testicular cancer enjoy. These contestations of marketplace valorization that Breast Cancer Action and Pancreatic Cancer Action illustrate, however, are one of the few examples that I found across a variety of data sources.

Figure 16. Pancreatic Action Network advertisement A

Figure 17. Pancreatic Action Network advertisement B

F. How a Theory of Marketplace Valorization Expands Consumer Research

The findings presented suggest that in complex markets such as those like cancer, marketplace valorization subprocesses at play are interdependent and cooperative (Perrow, 2011). These subprocesses are impacted by multiple influences (regulatory, sociocultural, scientific, historical) at the macro level and have a variety of lasting effects such as resources (news media, popular attention, government and philanthropic funding) and marketplace configuration (service providers, development and approval of drugs). In Figure 18, I present a summary of how marketplace valorization in complex markets and their resulting hierarchies of value can be understood in comparison to marketplace valorization in which linear and relational processual relationships predominate.

First, in contexts where marketplace valorization is linear, a variety of sequential processes as found. Typically, there is a direct effect of entity A on entity B. For instance, a consumer may valorize a product with or without the impact of macro influences. To this consumer, the value of the product (e.g., quality, price) may be visible and understandable. Therefore, the resulting hierarchy of value may be predictable and easier to correct. For example, a new market entrant could introduce a product that has superior qualities and better price that alters the existing hierarchy of value.

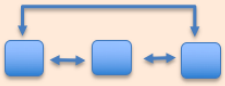
Type of valorization	Processes and/or Entities interactions	Value	Hierarchies of value
Linear (consumer – product)	Sequential 	• Visible • Understandable	Predictable, easier to correct
Relational (provider-client)	Reciprocal 	• Visible • Depends on interactions quality, context, etc.	Less Predictable, can be corrected
Complex (higher education, financial, health contexts, etc.)	Interdependent, Co-operative 	• Can be invisible & incomprehensible • Public discourse more likely to structure value perceptions	Least predictable, hardest to correct Enabling and constraining

Figure 18. Summary of proposed hierarchy of value conceptualization (adapted from Perrow 2011)

Next, when marketplace valorization is relational (bidirectional between entity A and B), there will be more reciprocal processes and/or interactions between the entities. The value resulting from these processes may be visible and dependent upon these processes. For instance, in a service setting, the resulting value will depend upon the qualities of the interactions, service environment influences, relationships between consumer, etc. The resulting hierarchy of value may be less predictable but subject to correction. For instance, a company with suffering service quality rankings (a system of categorization) could re-train its employees and improve customer service or a competitor may use peer-to-peer feedback to beat its competitor.

Last, marketplace valorization in complex systems is characterized by interdependent and co-operative subprocesses and entities interactions. Value in complex systems then becomes less visible and sometimes incomprehensible. In such contexts such as higher education, financial, or health contexts, consumers are more likely to be influenced by macro structures that shape the valorization of entities through various subprocesses, including but not limited to

categorization, legitimation, commodification, and consecration. A hierarchy of value in this type of valorization then becomes harder to predict and correct, such as the one seen in the cancer treatment market where only a handful of cancer types have enjoyed greater resources and marketplace attention. A hierarchy of value resulting from marketplace valorization in a complex system, however, appears to be both constraining and enabling. While the existing hierarchy of entities has impacted the resources and marketplace configuration for others, they have also elevated the overall cancer treatment market valorization as indicated by the strong presence of cancer charities in the top 400 ranking by the Chronicle of Philanthropy. Additionally, cancer consistently ranks among the top public concerns in the national surveys (Gallup, 2018). A hierarchy of value can also enable improved marketplace offerings (e.g., screenings, treatments) and the overall knowledge in a marketplace. For instance, research in breast cancer and/or leukemia has allowed several drugs to be used for the treatment of other diseases (e.g., lung cancer), and for a better understanding of basic science (e.g., genetic mutations, cell and molecular systems and pathways).

While breaking down marketplace valorization in these three categories enhances the understanding of this construct (its influences, subprocess, and its effects), complex markets also have sequential and reciprocal processes and interactions among entities. This is important to note because these may *destabilize* existing hierarchies of value. For instance, in recent years, reproducing the playbook of AIDS and breast cancer activists, lung cancer survivors are advocating for better funding and attention to their disease. These intra-group dynamics as well as organizational dynamics (e.g., non-profit organizations like LUNGgevity with members of congress) resulted in a modest increase in funding for lung cancer research in 2018. However, as this study suggests, hierarchies of value result in deep societal inequalities, stigmatization, and

invisibility of certain entities and topic that are harder to overcome. For instance, inequalities across race, gender, age, sexual orientation, and advanced cancers receive minimal attention, resources, and marketplace offerings to address them.

G. Discussion

By focusing on marketplace valorization, its influences, subprocesses, and implication, this work makes three theoretical contributions. First, I delineate the construct of marketplace valorization and providing empirical evidence of how its subprocesses are interrelated and dynamic in a complex consumption system. By focusing on the subprocesses of legitimation, categorization, consecration, and commodification, I provide a more complete understanding of marketplace valorization dynamics - how it emerges, reproduces, changes, in particular in a grossly understudied complex system. This work complements market system studies (e.g., Humphreys, 2010; Giesler and Fischer, 2017) that encourage a process-based sociocultural understanding of markets. It also directly answers to Lamont's (2012) call to integrate and "spell out the relationship" between processes and the dimensions of value in a "largely disorganized terrain" and show "how various basic processes shared across many essential domains of life" (p.17).

Second, I demonstrate that the dynamism of marketplace valorization and subprocesses are subject to the interplay of multiple macro historical and sociocultural influences. This include sources of regulative, normative, cultural-cognitive legitimacy such as government agencies, ideologies, rise of consumer groups and symbolic figures, news media coverage, philanthropic funding, and scientific development. These macro sources can have a compounding effect in how subprocesses operate. For instance, regulative action that valorizes social progress can impact the legitimation, consecration, and categorization of entities such as

consumers or diseases. These macro sources can also be at tension with one another. For example, the rise of consumer activism that valorizes collective action can be at odds and in direct conflict with scientific expertise and government action. Importantly, given the longitudinal nature of the study, we can see how macro historical and sociocultural influences impact the stability and dynamism of marketplace valorization, in some instances accelerating its change and in some instance sustaining its stability. This focus then answers Askegaard and Linnet's (2011) call for "contextually oriented consumer research" by increasing "attention to the contexts that condition practices of consumption" (p. 389).

Last, I shine light onto the implications of marketplace valorization, in particular the development and maintenance of hierarchies of value. This expands the perspective of how long-lasting associations of value emerge as the result of the impact of broader macro influences on cooperative and interrelated value processes. While differences, inequalities, gaps between marketplace entities are available in consumer research (e.g., Scaraboto and Fischer, 2013; Crockett, 2017), these studies have focused largely on the structural impact of marketplace valorization on individual and group level consumption. This work, however, focuses on how a society-level hierarchy structures the conditions necessary for consumption, such as resources and marketplace offerings, that shape downstream consumption, in particular in a complex market that experiences constant knowledge and technoscientific changes. Furthermore, I provide a theoretical integration of how hierarchies of value exist in the marketplace and the opportunities and challenges that this bring. Future research could specifically provide a more nuanced understanding of the boundaries of this hierarchy of value such as under what conditions they are constraining versus enabling. Last, another important area of work could be looking at the bidirectionality of the relationship of valorization and hierarchies of value. In this

study, I examined how valorization shape hierarchies of value but how hierarchies of value impact agendas of valorization and resource allocation also merit attention.

IV. ESSAY 2: CONSUMER VALORIZATION BY INDIVIDUALS IMPACTED BY BREAST CANCER, LEUKEMIA, AND LUNG CANCER

Building from the previous section, this essay answers the question of how consumer valorization has changed over time. In particular, I use Trujillo-Torres and DeBerry-Spence's (2019) consumer valorization strategies framework when examining lived experiences by individuals impacted by breast cancer, leukemia, and lung cancer. I also rely on Thomas et al. (2013) work to conceptualize these groups as heterogeneous consumption subcommunities within the larger cancer community to better situate and contrast the lived experiences of individuals within and across these subcommunities.

A. Introduction

The importance of consumer valorization, that is how consumers assign value, is well established (e.g., Karababa and Ger, 2010; Peñaloza and Venkatesh, 2006; Trujillo Torres and DeBerry-Spence, 2019) and has been examined in a variety of contexts (e.g., fashion, retail, financial, leisure). Valorization is particularly relevant in industries, like healthcare, known to experience major disruptions and/or rapid changes. For example, over the last decade the United States healthcare sector witnessed significant shifts due to many factors, such as: online and mobile technologies for consumer health information and social support (Zheng et al., 2014; Tian et al., 2014); increased consumer access to electronic health data records under shifting regulatory requirements (de Lusignan et al., 2014); and business models that permit retail-style urgent care, telemedicine and concierge medicine (Weinstein et al., 2014; Dalen and Alpert, 2017). Expanding the field's understanding of consumer valorization can be beneficial for consumers and policy makers as it can support and enable well-being (e.g., satisfaction,

emotional engagement, self-transformation) and firm efforts such as service delivery, product innovation, consumer loyalty, and profitability.

Consumer valorization is also an important aspect of consumer extraordinary experiences (see Table XVIII, Appendix B for summary and Harmeling et al. 2016 for another recent review). For the most part, examinations of extraordinary experiences have taken place in recreational contexts where consumers positively valorize the intense emotions and sense of transformation experienced, and the strong interpersonal bonds they form with other consumers and service providers along these experiences (Arnould and Price, 1993). They do so even where these experiences are plagued with conflict and high uncertainty as they pursue individual competitive goals (Tumbat and Belk, 2011) or when they experience physical discomfort and pain in their quest for escaping their saturated selves (Scott, Cayla, and Shankar, 2017). In contrast, the works of Husemann et al. (2016) and Trujillo Torres and DeBerry-Spence (2019) provide a more nuanced view of extraordinary experiences of non-recreational experiences by showing how consumers valorize in religious pilgrimages and in traumatic consumer journeys by those impacted by cancer respectively. This essay in particular relies on the consumer valorization strategies identified by Trujillo Torres and DeBerry-Spence, which include metaphorical framing, flesh-witnessing, and commemorating. While this body of work has expanded our understanding of valorization, there are, however, a number of interesting opportunities of further study.

First, while studies have shown how consumer valorization is impacted by changes at the individual level (e.g., consumer's health status, goals), few studies take into account how consumer valorization is impacted by changes at the macro level such as the historical sociocultural environment that surrounds them. For instance, Karababa and Ger (2010) show

how changes in the state, religion, commercial entities, and consumer culture impacted consumer subjectivity and the way consumers valorized leisure consumption (e.g., discursive, resistance and transgressive practices) in the context of an early modern Ottoman society's coffeehouse culture. My focus on the intersection of consumer and context in non-leisure contexts, then, can give us a more complete understanding of how consumer valorization changes as discourses, meanings, social norms and stereotypes, and/or service and technology innovations also change.

Second, while scholars like Thomas et al. (2013) indicate heterogeneity is an important characteristic of consumption communities, extant literature does not fully address the relationship between heterogeneity in consumer valorization and the changing historical sociocultural environment. For instance, Trujillo Torres and DeBerry-Spence (2019) show that consumer valorization in the context of traumatic cancer health experiences varies across stages of the consumer journey and is informed by both micro individual and broader macro influences. However, they do not address how consumer journeys and valorization may be embedded in different historical and sociocultural environments. This is an important distinction as understanding this can give us a more complete picture of how similarly and differently consumers valorize as the broader macro environment changes. These two gaps inform my research question of how consumer valorization changes under the influence of a dynamic macro environment.

To address these limitations, this study examines consumer valorization in traumatic extraordinary experiences in the cancer community by consumers impacted by three cancer types: breast cancer, leukemia, and lung cancer. These three diseases account for over 40% of all new cancer diagnoses (about 700,000 people) in the United States and represent over half a

million U.S. citizens currently living with these diseases. In marketing, the impact of multiple cancer types on value processes remains limited, with breast cancer receiving most of the attention (Barg and Grier, 2008; Pavia and Mason, 2004; Wong and King, 2008). This work uses Trujillo Torres and DeBerry-Spence's (2019) work on consumer valorization strategies and key sub-strategies, which is based on sociocultural trauma perspectives by Baines (2014) and Harari (2009) to delineate how consumers valorization strategies enable the (re)construction of trauma memories.

I use a multimethod approach to analyze consumer narratives of lived experiences from archival sources (three prominent public blogs, consumer videos, podcasts), secondary interviews, event materials, and organizational websites. These sources were supplemented by the author's field notes. My analysis shows that changes at the broader macro level, including cultural discourses, regulatory actions, philanthropic innovations and supports, consumer movements, and scientific advances, can both enable and/or constrain consumer valorization strategies of consumption subcommunities along a traumatic consumer journey. These findings contribute to the literature on value, extraordinary experiences, and consumption communities.

I begin with a review of extant literature. Next, I elaborate on my research method and present the findings, followed by the discussion and concluding remarks.

B. **Theoretical Background**

This work is informed by the literature on consumer valorization and heterogeneous communities. Overall, extant work indicates that consumer valorization varies across consumption communities, but these tend to focus on relational perspectives of how similarities and/or differences arise within a community, rather than on the influence of the macro

environment on these similarities or differences. In this section, I describe what constitutes consumer valorization, a heterogeneous community, and link these two bodies of literature.

1. Consumer valorization in traumatic experiences

Informed by sociocultural perspectives of trauma, Trujillo Torres and DeBerry-Spence (2019) define consumer valorization as "the process by which consumers assign value or worth to marketplace entities, such as experiences, discourses, events, and social ties" (p. 516). They also identify three consumer valorization strategies and a variety of sub-strategies. The strategy of metaphorical framing allows consumers to "construct an enduring life story." Flesh-witnessing enables consumers to "claim authority and knowledge of witnessing trauma." Commemorating permits consumers to "honor and preserve meanings and memories." Together these strategies facilitate the "(re)construction of traumatic memories" by cancer health consumers across long-term consumption journeys (p. 516). One of the contributions this work offers is the dynamic nature of consumer valorization across individual consumption journeys. For instance, how and what is valorized across journey stages can be driven by changing individual health outcomes and/or social affirmation. This evidences that consumer valorization is non-linear across traumatic, long-term consumption journeys, which contrasts with studies of extended services experiences in recreational service settings (e.g., Arnould and Price, 1993; Scott et al., 2017) and studies in which value creation is stable (e.g., Schau et al., 2009; Vargo and Lusch, 2004).

Trujillo Torres and DeBerry-Spence (2019) perspective provides opportunities for further study. First, their work, while providing a longitudinal view of the consumer journey, provides a cross-sectional perspective of the macro environment. That is, they provide a

contemporary perspective of dominant discourses and consumer valorization strategies. They do not provide a sense of how these discourses and/or strategies emerged or changed over time, and how these broader historical and sociocultural changes may influence consumer valorization. In contrast, a variety of culturally-informed consumer research, shows that consumer subjectivities, practices, and assemblages are impacted by the change in the broader macro environment (e.g., Ertimur and Coskuner-Balli, 2015; Geisler and Veresiu, 2014; Gollnhofer et al., 2019; Karababa and Ger, 2010; Humphreys, 2010; Veresiu and Giesler, 2018). Historical and sociocultural changes may include shifts in consumer culture, discourses, ideologies, myths, technology, government, religious doctrine and practices, etc. For instance, Karababa and Ger (2010) links the evolution of consumer culture, marketer practices, and institutions such as the state and religion to consumer subjectivity in leisure consumption. Humphreys (2010) too shows how changes in the institutional environment (regulatory, normative, and cultural-cognitive) over time changed the acceptance of the gambling consumption practices.

Second, Trujillo Torres and DeBerry-Spence (2019) focus on similarities and differences of consumer valorization a*cross individual consumers journeys*, providing a window to understand consumer valorization differences and similarities *across disease types* (e.g., breast cancer vs. lung cancer). For instance, consumers afflicted by a given illness may be influenced by factors that are specific to that illness. Studying these differences and similarities can shine light on the composition of the disease community and their context-specific consumer valorization. Second, their examination assumes cancer consumers are impacted similarly by historical and sociocultural factors. However, literature across disciplines such as communication, medical research, sociology, and anthropology, however, suggest that different types of health consumption are impacted distinctly by disease type (individual level) as well as

by historical and sociocultural influences. For instance, Fife and Wright (2000) find that cultural stigma impacts HIV and cancer in different degrees and through different self-concept mechanisms. That is, there is greater societal stigma for people afflicted with HIV than for cancer, which has a differential impact on these individuals' self-esteem, body image, and sense of mastery. Similarly, Slater et al. (2008) provide evidence that news media coverage varies by cancer type. By utilizing a representative sample of "local and national newspapers, television, and magazines" (p. 523), they find that in the years 2002-2003 news media gave preference to a handful types of cancers and cancer topics (e.g., treatment, diagnosis, death, diagnosis, survivor), with breast cancer capturing most of the news media attention despite not being the most common nor lethal.

Collectively, then, this body of work support that consumer valorization can be different for consumers afflicted by various types of diseases and this valorization can be affected by shifting broader macro factors.

2. Consumer valorization in complex heterogeneous consumption communities

According to Thomas et al. (2013) "a heterogeneous community comprises an assemblage of diverse actors, including consumers, producers, and social and economic resources (social resources are resources that take on an expressive role as symbols and sentiments used to build individual and social identities and communicate meanings to others, and economic resources are resources that take on material roles in the community such as objects, commercial experiences, and monetary instruments" (p. 1011). Two key points from this work are particularly relevant to my study. One, this study captures *intra-community*

changes in a heterogeneous consumption community, in this case a running community, within three decades. This includes how what actors are present and their orientations toward the community, their roles in such community, and the resources they access.

Second, they delineate the impact of the heterogeneity on community continuity, stability, and relationships between actors (individuals, institutions, and resources). This explicit focus on heterogeneity contrast to studies where heterogeneity is present but implicit (e.g., Giesler, 2008; Thompson and Coskuner-Balli, 2007). Notably, they show that while heterogeneity can be destabilizing as it creates tensions, it also creates stability within a complex community as consumers manage and are dependent on shared social and/or economic resources. Resource benefits incentivize heterogeneous actors to collaborate and adopt practices that overcome the tensions related to heterogeneity.

By introducing the concept of complex heterogeneous communities, Thomas et al. opened the doors to understand how consumer valorization in other heterogeneous communities can manifest. For instance, communities in contexts characterized by trauma remain grossly understudied. The perceived sense of community, roles, interplay among actors, resources, benefits, tensions may be different from leisure contexts such as those focused on running activities. Last, consumer valorization in this community may also be subject not only to intracommunity tensions and practices, but different community members may also be affected differently by broader macro influences such as changing scientific, political, socio, cultural, and historical environments. In the case of consumption communities that surround a disease for instance, there are resources available within and outside the community as in the case of government funding, charitable sources, scientific developments, etc. Also, different community actors may be subject to different types and degrees of norms, societal expectation, and taken-

for-granted schemas. Different degrees of social stigma, for instance, are associated with different types of consumers (e.g., Chapple, Ziebland, and McPherson, 2004; Crockett, 2017; Sandikci and Ger, 2009; Scaraboto and Fischer, 2013), which can generate differentiated social rejection, internalized shame, social isolation, and financial insecurity in consumers (Chapple et al., 2004). These aspects may then have different impacts on consumer valorization and the stability and continuity of those communities.

In sum, by focusing on the contributions of Trujillo Torres and DeBerry-Spence and Thomas et al., I can gain a better understanding of how consumer valorization in a complex heterogeneous community is impacted by the changes in the historical and sociocultural environment.

C. Context

This examination takes place in the complex heterogeneous community of those impacted by the disease of cancer. This is a loosely-organized collection of heterogeneous subcommunities, made up of those directly impacted by the disease, their supporters such as family and friends, and organizations that provide a number of resources to them such as charities, medical organizations, products, and services. To understand consumer valorization in depth, I focus on three cancer subcommunities- the lived experiences of individuals directly impacted by breast cancer, leukemia, and lung cancer. These diseases collectively impact about a third of all newly-diagnosed cancer patients in the U.S., and nearly six million people are successfully surviving these diseases (National Cancer Institute).

The medical literature indicates that there are similarities and also major differences across these cancer types. In Table XI, I provide an overview of such differences. To begin with,

these diseases attack different primary body organs and/or systems (breast, blood, lung) and molecular systems and/or pathways, which impact individuals at different rates. For instance, breast cancer has the overall highest number of new diagnosis but lung cancer is more deadly. Next, these diseases are in reality a collection of cancers. For instance, the National Cancer Institute lists at least six types of leukemia on its site. I list four of the most common types below. Likewise, there are at least twenty types of breast cancer identified, varying by the biomarkers they target, mutations they cause, characteristics of their emergence and spread, and severity of effects.

In contrast, anthropologist S. Lochlann Jain (2013) posits that cancer is "anything but an objective thing" and "can be better understood as a set of relationships- economic, sentimental, medical, personal, ethical, institutional, statistical" (p. 4). This perspective lends support to the consideration that various types of cancer share but also have distinct historical sociocultural influences. For instance, while as a whole cancer remains a stigmatized disease (Fife and Wright, 2000), there are, however, various degrees of stigma by cancer type. Lung cancer remains the most stigmatized type of cancer given its association with the counter-normative practice of smoking. As a result, individuals impacted by lung cancer experience more stigma, shame, and blame for their diseases than individuals impacted by other types of cancers (Chapple et al., 2004). Breast cancer, in contrast while also deeply stigmatized for much of the twentieth century (Sontag, 2001), retains some stigmatized attributes (e.g., a bald head, vulnerability) (Rosman, 2004) but enjoys greater social recognition and more positive sentiments toward it in public discourse across a variety of news media (Slater et al., 2008; Jain, 2013). In consumer research, stigmatized individuals typically are those who possess non-conforming attributes such as overweight consumers (Scaraboto and Fischer, 2013), illiterate

consumers (Adkins and Ozanne, 2005), and those whose stigma derives from a structural source as in the case of racial stigma (Crockett, 2017).

These three diseases have been subject to different political and sociocultural influences. In Table XI, Appendix A for instance, I list some public personalities associated with each disease from sport players, to political figures, and entertainers. These diseases have been shaped by and shape in turn the political landscape. For instance, in the late 1980s, first lady Nancy Reagan was diagnosed and treated for breast cancer and became an outspoken supporter of breast cancer caused. Breast cancer also had a splash in the 1992 elections as candidate Bill Clinton brought up his mother's breast cancer during his campaign, and as president, he worked with breast cancer activists to significantly increase breast cancer research funding. Breast cancer, in general, has been greatly supported not just by famous individuals but by a variety of charitable and corporate organizations. Lung cancer, in contrast remains associated in public discourse with the socially-irresponsible behavior of smoking and/or victimhood. The latter was the case of Vice-President Al Gore's description of his sister's lung cancer in his 1999 bid for president and was a common theme in trials of consumers against tobacco companies of the 1990s. Leukemia, in contrast, has endured a long-standing position as a children's disease and maintained robust charitable support and high degree of legitimacy, as the previous essay showed.

In Table XVII, I list major government and technoscientific developments that have impacted each disease. In the 1990s and 2000s, there was a growth in the understanding, diagnosis, and treatment of breast cancer and leukemia, with a number of commercialized landmark drugs in the market (e.g., Tamoxifen and Gleevec respectively). With the advent of targeted therapies in the 2000s and recently in the period of 2014-2018, the treatment for lung

cancer shows promising results with a growing number of drugs approved and a greater number of people surviving the disease.

This complex background and composition of heterogeneous actors within and across these three different, complex cancer subcommunities, then, provide a unique context for the investigation of consumer valorization and its relationship to a changing historical and sociocultural context.

TABLE XI. SUMMARY OF KEY INFORMATION FOR LUNG CANCER, LEUKEMIA, AND BREAST CANCER

Type	Breast Cancer	Leukemia	Lung Cancer (b)
Estimated number of new cases (2018) (a)	266,120 (15.3%)	60,300 (3.5.%)	234, 030 (13.5%)
Estimated deaths (2018)	40,920 (6.7%)	24,370 (4%)	154,050 (25.3%)
5-year survival rate	89.7%	61.4%	18.6%
Common Subtypes	Luminal A: ER and PR positive but HER2 negative tumors Luminal B: ER positive, PR negative, and HER2 positive tumors HER2 positive: HER2 positive, ER negative and PR negative tumors Basal-like: ER negative, PR negative and HER2 negative tumors; otherwise known as triple-negative breast cancer Breast cancer is also categorized by location such as milk ducts, milk-producing lobules, connective tissues	Acute Myeloid Leukemia (blood forming cells in the bone marrow) Chronic Myeloid Leukemia Acute lymphocytic leukemia Chronic lymphocytic leukemia	Non-small cell lung cancer NSCLC (85%) (three major types - adenocarcinoma , squamous cell lung cancer, large cell lung cancer) Small cell lung cancer (15%)
Common biological markers	● BRCA1 and BRCA2 gene mutations (blood) ● CA15-3/CA27.29 (blood) ● Circulating tumor cells of epithelial origin (CELLSEARCH®) ● Estrogen receptor (ER)/progesterone receptor (PR) ● HER2/neu gene ● uPA, a urokinase plasminogen activator and PAI-1, a plasminogen activator inhibitor ● 21-Gene signature also known as Oncotype DX® ● 70-Gene signature also known as Mammaprint®	● Beta-2-microglobulin (B2M) (through blood, urine, cerebrospinal fluid) ● BCR-ABL fusion gene (Philadelphia chromosome) (blood or bone marrow) ● Lactate dehydrogenase	● ALK gene rearrangements and overexpression (tumor) ● Cytokeratin fragment 21-1 ● EGFR gene mutation analysis ● KRAS gene mutation analysis ● Neuron-specific enolase ● Programmed death ligand 1 (PD-L1)

Number of FDA approved medications	75	108	67
Personalities	Betty Ford, Nancy Reagan, Susan Sontag	Nora Ephron, Kareem Abdul-Jabbar	Peter Jenkins, Joe DiMaggio, Dana Reeve
Major charitable organizations	Breast Cancer Action National Breast Cancer Coalition Susan G. Komen Foundation	Leukemia and Lymphoma Society	LUNGevity Lung Cancer Alliance
Common medical interventions	Chemotherapy Radiation Surgery: lumpectomy, mastectomy Targeted therapies Immunotherapies	Chemotherapy Radiation Blood/plasma transfusion Bone Marrow Transplant Stem cell transplant Targeted therapies Immunotherapies	Chemotherapy Radiation Surgery: lung removal Targeted therapies Immunotherapies

a. SEER Cancer Stat Facts

b. LUNGevity types of lung cancer

D. **Method**

In this section, I detail the research procedures including the composition of the dataset and analyses undertaken.

1. **Data**

As Table XII indicates, I focus on two sets of consumer data across the time period of 1987-2019. First, I collected public first-hand narratives of consumer experiences from books, videos, blogs and other social media content produced directly by consumers. There is a total of 235 consumer narratives from this source (82 from leukemia, 102 from breast cancer, and 51 from lung cancer). I also collected the most popular (number of views and comments) narratives from secondary data sources such as podcasts and Youtube videos. There is a total of 73 consumer narratives (23 from leukemia, 26 from breast cancer, and 24 from lung cancer. From these two sources, I also collected over 400 comments that were posted in response to a consumer narrative. In total, summaries and transcripts from these data sources amounted to 652 pages of consolidated textual and visual information, single-spaced.

Most of the books, social media site, and podcasts were derived from a random manual qualitative analysis of the major circulation newspapers and magazines. For instance, Stupid Cancer and LUNGevity were mentioned several times across different publications and had a variety of first-hand consumer testimonials on their sites and social media accounts. Books were identified from book reviews and best seller lists from these major circulation publications. Other important sources of consumer narratives were also *Blog for a Cure, Ihadcancer*, and *New York Times*, which count with a large number of individual bloggers and are open to the public. These three blogs were also highlighted in the Healthline.com's 2015 top ten blogs. I selected

Youtube videos that were popular (at least 5,000 views) and those with enabled comments sections to capture social interactions.

Next, I collected data for consumer experiences from institutional sources. These included market (pharmaceutical companies), non-profit (hospitals, charities, support organizations) and government entities (congressional library, National Cancer Institute). Where available, complementary photographs, pamphlets, videos, and social media posts were collected. This resulted in a total of 80 consumer narratives (24 from leukemia, 30 from breast cancer and 26 from lung cancer) summarized in a document consisting of 154 pages single-spaced. The American Cancer Society website and a random sampling of newspapers and magazines helped me identify a variety of data collection sources.

I also conducted a systematic random sampling of consumer quotes in news media. This included newspapers articles (using ProQuest and NexisUni databases) and magazine articles (using the Master File Premier database) to build a representative sample of interviews and quotes. There is a total of 386 articles (124 from leukemia, 184 from breast cancer and 78 from lung cancer), with some overlap across articles across cancer types (e.g., a consumer impacted by both breast and lung cancer). This source amounted to 534 pages single-spaced.

These data were triangulated with the observation of 12 cancer-related events, which included academic conferences, cancer survivor conferences and activities, and clinician trainings. Some of them were specific to a cancer (e.g., metastatic breast cancer conference; immunotherapies in lung cancer training for oncological nurses) while others were for all cancer types (e.g., survivor day at a hospital; clinical trials information session). These events provided

a contemporary cultural perspective on discourses and consumer practices. This amounted to 34 pages single-spaced.

Lastly, I collected background information from secondary sources to understand the perspectives on consumer valorization from family members, clinicians, and representatives of patient support organizations. There is a total of 24 podcasts and Youtube videos in this category. Some were specific to a cancer type while others were for all cancers. The transcribed narratives amounted to 91 pages, single-spaced. These sources were derived primarily from mentions in the newspapers and magazines dataset, and social media and websites of consumer support organizations such as the American Cancer Society and Stupid Cancer.

The shortest consumer narrative and/or quote consisted of 6 words while the longest consumer narrative included over 5,000 words across multiple posts. The shortest video and/or podcast consisted of 6:21 minutes while the longest ran for over 2.5 hours. Notably, I found fewer consumer narratives from lung cancer compared to leukemia and breast cancer across time periods. I placed great effort in identifying a variety of sources that could broaden the number of lung cancer public consumer narratives.

TABLE XII. OVERVIEW OF DATA COLLECTED

Consumer Data	Data Type	Data	Source (s)
Direct experiences (652 pages single-spaced)	Consumer narratives from blogs, photographs, videos, books	235 total LK: 82, BC: 102, LC: 51	Blogs such as IhadCancer and New York Times; social media such as Youtube, Instagram, Facebook, Twitter; best-sellers book lists
	Consumer narratives from secondary interviews	73 total LK: 23, BC: 26 LC: 24	Podcasts, Youtube videos
Experiences from market, non-profit, and governmental institutions (154 pages single-spaced)	Testimonials through video, photographs, pamphlets, websites, social media	80 total LK: 24, BC: 30 LC: 26	Pharmaceutical companies, non-profit organizations (e.g. Leukemia Foundation); consumer groups (e.g. Breast Cancer Task Force); clinical facilities (e.g. Mayo Clinic); Governmental: US Congress library, NCI
News media (534 pages single-spaced)	Interviews and quotes (textual, photographs, video)	386 articles LK: 124, BC: 184, LC: 78	National circulation newspapers (e.g., Wall Street, New York Times, USA Today; Washington Post); local circulation newspapers (e.g., Chicago Tribune, Asian Week, LA Sentinel). Magazines (e.g., Newsweek, The Economist, Essence, Time)
Observation and non-participation fieldnotes (34 pages single-spaced)	Informational, volunteering, celebratory events	12 LK: 3, BC: 3 LC: 3, non-disease specific: 3	Cancer conferences by universities, events organized by non-profit organizations,
Background Information (91 pages, single-spaced)	Secondary interviews with family members, clinicians, and patient support organizations	24	Podcasts, Youtube videos

2. Analysis

I used Trujillo Torres and DeBerry-Spence's (2019) valorization substrategies as an analytical framework to identify patterns of meanings related to how and what consumers valorize in their long-term consumer phenomenological narratives. This approach was conducted for each consumer story, across subcommunities, and within each subcommunity, following standard practices in the field (Belk et al., 2013, Thompson, 1997). To complement this analysis, I conducted a semiotic analysis of all visual and textual data by using the semiotic square (Greimas, 1983) to find and integrate patterns of meaning, semantic categories, and their relationships in the data that emerged in phenomenological accounts. I paid particular attention to how these semantic categories converge or diverge based on shifts in macro influences, type of cancer, type and length of treatment received, socio-demographics, race and ethnicity where possible, and gender. I initially started with 18 binary themes and these were condensed to four.

To integrate the data from all sources, I followed four levels of analysis as described by Sanders (1982, p. 357). These levels include a description of the phenomenon, a close examination of emerging themes, my reflections on emergent themes from the data, and my abstraction of essential themes emerging from my reflections. Following standard procedures in qualitative research, the method of analysis was be repetitive and inductive (Belk et al., 2013; Thompson 1997). I used MaxQDA to transcribe and analyze the data.

E. Findings

This section answers how consumer valorization is impacted by broader macro influences. I find that consumer valorization narratives by individuals impacted by leukemia, breast cancer, and lung cancer involve the concepts of stigma, social significance, virtuosity and molecular significance, and take place across three time periods: 1987-1993, 1994-2008, 2009-2016. However, there are differences in how these groups of consumers incorporate them in their valorization narratives. Note that all themes are present across all time periods. However, I find that one or two themes are more prevalent in each time period and expressed in different ways in each cancer subcommunity.

1. Time 1: Between stigma and social significance (1987-1993)

In this transitional time period, cancer health consumers construct narratives of trauma that involve concepts of stigma and social significance. Jones et al. (1984), building on Goffman (1963), define stigma as a "mark (attribute) that links a person to undesirable characteristics (stereotypes)." Stigma is also a process with various components. For instance, Link and Phelan (2001) find the following elements: distinguishing and labeling differences, associating human differences with negative attributes, status loss and discrimination, and separating us from them. Social significance, in contrast, involves removing differences, associating labels with positive attributes, integrating entities into society, and enhancing entities' status in society (Link and Phelan, 2001; Wolfensberger, 2011). In other words, in this study, gaining social significance relates to processes of (de)stigmatization.

The themes of stigma and social significance are particularly important because the cancer community, as a group, was still subject to societal stigma stemming from negative

associations of the disease with imminent death (Fife and Wright, 2000). This community was also impacted by influential historical developments such as the rise of the awareness economy, responsibility, healthism and performance in public health and medicine, and the beginning of the age of genomics (e.g. Crawford, 1980; Giesler and Veresiu, 2014; Rose, 2009; Wainwright, 2008) . Additionally, this community was living under the shadow of another highly-stigmatized disease, AIDS, which was ravaging gay communities across the U.S. Cancer's second position to AIDS in public, governmental, research, and medical attention is captured in a quote from a well-known epidemiologist at the NIH at the time: "doctors were doing for HIV-infected people and AIDS patients what they did for patients with other fatal diseases such as cancer. "In some ways, there is more hope for AIDS than for a number of cancers we have been struggling with far longer than AIDS" (New York Times, September 8, 1987). This quote reflects a common sentiment by cancer activists toward AIDS advocacy and its success in capturing societal attention and resources from the U.S. government and research community to find a cure, which was found in the form of the drug AZT (Zidovudine) in 1988. The 'hope' for a cure for cancer, however, was not near for a community that was loosely-associated, heterogeneous, and with subcommunities characterized by various degrees of stigma and social significance. This historical background is necessary to understand how consumer valorization, then, across leukemia, breast cancer, and lung cancer subcommunities differ in their relationship to stigma and social significance. In Table XIII, I summarize some of the key differences in consumer valorization across these subcommunities.

TABLE XIII. SUMMARY OF CONSUMER VALORIZATION RELATED BY CANCER TYPE (1987-1993)

Disease	How social significance is (de) valorized	Element of social significance (de) valorized	Macroinfluences
Leukemia	Metaphorical framing of Gift of Life	Integration into society via humanitarian donation; often through sacralization and gratefulness	▪ scientific progress ▪ regulative action ▪ philanthropic action ▪ intersecting ideologies (e.g., self-surveillance, consumer activism, neoliberalism)
	Transformative and translational flesh-witnessing of authority	Positive non-stigmatized attributes and enhancing status in the eyes of society (e.g., being in control, independence, helping others)	
	Commemorating treatment and kinship	Successful bone marrow transplantation, donor, consumer-donor relationship, saving lives	
Lung cancer	Metaphorical framing of 'just world" and 'redemption'	Attempts to overcome negative stigmatized attributes of (irresponsible lifestyle)	▪ regulative action ▪ societal stigma ▪ corporate interests ▪ scientific progress ▪ intersecting ideologies (e.g., self-surveillance, consumer activism, neoliberalism)
	Flesh-witnessing of pain and suffering	Integration into society via lawsuits and seeking labels with positive attributes (victim of a powerful enemy)	
	Commemorating kinship and legacy	surviving families, honoring a legacy	
Breast cancer	Metaphorical framing: Awareness movement	Integration into society and removing differences via political activism for funding, early detection, visibility	▪ consumer movement ▪ regulatory action ▪ philanthropic action ▪ medicoscientific developments ▪ firms/brands actions ▪ news media coverage
	Flesh-witnessing survivor	Positive non-stigmatized attributes and enhancing status in the eyes of society (self-responsibility, in control, swift risk mitigation)	
	Commemorating	Collective action	

a. Humanitarian significance in the leukemia community

Consumer valorization narratives in the leukemia subcommunity reflect an understanding that leukemia was shifting from a stigmatized disease to one of social significance. In this section, I draw examples of these narratives from the Chicago Tribune, which conducted extensive coverage of bone marrow transplants in these years. For example, Gail, who experienced two bouts of acute leukemia by age 34, recollects her early experiences with leukemia in the 1970s:

> I was diagnosed with acute leukemia the first time just before my 18th birthday [approximately 1971]. At that time it [leukemia] was something little known, and it was the dark ages of chemotherapy. Now leukemia is considered "the luxury disease" because it doesn't show the atrocities in the latter stages as other cancers do. At the time, though, I was ostracized by anyone who found out. It took me a while, but I learned to be very quiet as to who and what I was.
>
> My mother was told I had three months to live and not to consider any alternatives. Nobody told me that. They decided it'd be better for me not to know and let me live what I had left without the scare. But it was evident to me that something terrible was wrong. Finally I did some investigating on my own, and one day I came down from my bedroom with this medical book in hand and said, "Is this what I have?" and my mom had to say yes. (Chicago Tribune, March 15, 1987)

Gail points out to a common experience by cancer health consumers in much of the twentieth-century. They were subject to great prejudice as a cancer diagnosis was socially deemed to be an impending death sentence and potentially dangerous to others (Sontag, 2011). Thus, individuals like Gail were ostracized, stigmatized, and often discriminated against in many facets of their lives including school and employment, and medical access and attention (Fife and Wright, 2000). Silence about their conditions and concealment, then, were the best courses of action by those directly impacted by the disease, often in coordination with their family members and medical teams. Withholding life-altering news from patients and diagnosis deceit

was also common and were often conducted in the name of "benevolence and medical paternalism" (Wailoo, 2010, p. 31). Such was the case of leukemia, largely known as a children's disease, which carries deep associations of vulnerability and lack of culpability in the development of their disease. Thus, Gail's mother protective stance. By the late 1980s, however, Gail becomes a public advocate for increased control and independence in chronically-ill people. In the following quote, however, Gail flesh-witnesses her authority in the transformation from stigmatized patient to worthy expert:

> …one day I went down to the weight room [at the local YMCA]…and started exercising there…And it was great because nobody made me feel like there was anything wrong with me. They treated me like just another person, which came at a time when I felt so bad about myself [during second chemotherapy treatment]. I felt this was the one place I could go and feel "normal."
>
> …I swore I wasn't going to let the [chemotherapy] drugs take over. The weights gave me a lot of control and unexpected pleasure in myself because I challenged myself every time I went in…I did a lot of reading on the subject. I learned how to build muscle through exercise and proper diet... I was teaching some people who'd asked me for help, and the Y asked me to teach a class. I've been doing that for about a year now. Control makes you aware of your strength. It's a very basic good feeling to know you're not dependent, that you can be in control and you can help other people.

By associating her efforts with positive attributes (acquiring control, learning, and helping others), Gail is no longer a 'passive patient' but an 'expert in control,' someone with a different status in the eyes of society. Her narrative blends a victorious stance against a debilitating situation (transformational flesh-witnessing) through everyday problem solving (translational flesh-witnessing) (Trujillo Torres and DeBerry-Spence, 2019). The rhetorical construction of this narrative is anchored on primarily overcoming a stigma (e.g., trying to feel normal) to become a much worthier self (e.g., in control, independent, experiencing pleasure). This type of consumer valorization is influenced by several intersecting normative, ideological,

and identity politics perspectives. It reflects long-standing twentieth-century social expectations of individual vigilance, self-knowledge, and forbearance toward a disease (Wailoo, 2010). Next, it also involves consumer activism aims of public visibility of suffering, self-help and greater consumer control in decision-making. It is also connected to neoliberal ideology that advocated for greater self-autonomy, prudence, self-responsibility in government and citizens actions and also the rise of the awareness economy, healthism, and individual performance in public discourse (Ayo, 2012; Crawford, 1980; Giesler and Veresiu, 2014; Rose, 2009; Thompson and Hirschman, 1995; Wailoo, 2010; Wainwright, 2008). Furthermore, these narratives aligned with the identity politics of disease-specific advocacy organizations (Wailoo, 2010). For instance, the Leukemia and Lymphoma Society, LLS (known then as the Leukemia Society), was vested in valorizing the lives of those impacted by leukemia: these were worth saving and their stories of survival were worth spreading. These organized efforts also aimed to mobilize public opinion, scientific support, and funding in favor of the larger leukemia community and LLS. For instance, in a separate newspaper article, an LLS employee states:

> "Jeff [leukemia patient] is a survivor"..."Years ago, leukemia was a death sentence. But today many more people survive. This gets the message home that we're winning the battle in a lot of cases." Indeed, the greatest strides in cancer treatment and research have been made with leukemia, Brown said. For childhood leukemia, the most common form, the cure rate is more than 70 percent. For adults it's more than 50 percent. (Leukemia Society, Chicago Tribune, May 30, 1990)

Consumer valorization of social significance like Gail's also depends upon her overcoming her disease. That is, on having the label 'survivor' as supposed to 'victim' of the disease. Thus, the importance of survival rate gains in the previous quote. As a disease, leukemia, indeed received a good share of governmental and scientific community attention in this period: the first federally-funded National Marrow Donor Program came to fruition in 1986

to coordinate the national search and registry of unrelated bone marrow donors, and in 1988 and 1990, three leukemia scientists won Nobel prizes for Physiology in Medicine, for their work on anti-leukemia drugs and human bone marrow transplantation respectively. Bone marrow donations and donors were highly valorized in consumer narratives as these were seen as the means to stay alive. For instance, Sheryl, whose successful transplantation was captured in an award-winning documentary about leukemia, commemorates the legacy of her bone marrow donor:

> "When they brought the marrow, I reached out to touch the bag and it was still warm," …"I wanted to touch it because it was like touching her [her sister donor]. It was like the eucharist. Only someone who has experienced a transplant could relate to someone else giving them a part of their body to give life to you."…″[my sister] has taught me the value of life more than any other person in my life. (Chicago Tribune, March 15, 1992)

Receiving a bone marrow transplant was in a way the ultimate way of integrating those impacted by leukemia into society, as they would be the recipients, figuratively and literally, of the 'gift of life' by a fellow (healthy) human being. This metaphorical framing serves to sacralize both the transplant process and the donor, while showing the recipient as a grateful individual. For instance, Sheryl calls her sister's bone marrow "the eucharist" and is deeply grateful for her gift. Sacralization of and gratefulness for a humanitarian act are particular crucial in these narratives because these narratives were also intended to create awareness and attract more donors. A California physician and non-profit founder explains: "Testing to find a donor "is like looking for a needle in a haystack"…"But it works because every piece of straw in that haystack is somebody's needle"-those who don't match the patient in question may be the savior of someone else searching the registry" (Chicago Tribune, February 27, 1990). Marrow donations and donors, then, were commemorated as they could save lives in the present and in the future. The feeling of a special kinship relationship between donor and recipient was a

reciprocated feeling by donors in public discourse. One of them says: “I felt close to her [bone marrow recipient], in an abstract way," "She had my marrow, and you want to see if it will work. You get interested, and then you want to meet.” (Chicago Tribune, July 10, 1989).

However, not all leukemia consumers could achieve social significance and receive the ‘gift of life,’ particularly minority racial and ethnic consumers (e.g., African-American, Native American, Hispanic, and Asians). A journalist noted why finding a donor was challenging: “the odds of finding a match with a stranger are 1 in 15,000. They can be far greater for someone with a rare tissue type, or someone from a minority group, because most [approximately 85% of all donors] of those registered with the Donor Program and other private registries are white” (Chicago Tribune, February 27, 1990). More often than not, consumers’ desire for social support and integration was truncated by the perceived inadequacy of their racial or ethnic communities in meeting those desires, even after they and their families spent their own funds and appealed broadly for donors:

> "It's a shame to have to scramble around like most of us have done once we discovered it was happening to us".. ."It's [bone marrow donation] a very small price to pay for an incredibly big reward. You are basically saving another person's life." (Ju ling Tang, a 33 year old Asian, leukemia consumer who found a donor in Canada after a three-year global search)

> "I hope every caring Asian can come out and support me and other Asian patients,"… "I want to have a chance to live a longer life and overcome my disease."…"I don't take things for granted anymore. I'm just trying to have a normal life. It's hard," (Lee, acute lymphoblastic leukemia, 19 years old, who did not match with any of his five siblings)

Consumer valorization of social significance in racial or ethnic minority communities was constrained, as several news sources indicated, by regulative action as the national bone marrow program lacked funding and strategy to entice donors, and by the presence of stigma,

lack of knowledge, education, or awareness, and conflicting cultural or religious beliefs in these communities. The harrowing, expensive, and often unsuccessful searches for unrelated marrow donors by families often painted these consumers as twice victims: by the disease and community membership, while at the same time spreading the positive aspects of such donations and benefits.

b. <u>Stigmatized consumer valorization in the lung cancer subcommunity</u>

In contrast to leukemia, consumer valorization of social significance in lung cancer subcommunity was limited and truncated by the developing societal stigma against smoking. Two news sources show this stigma:

> Probably no other human affliction besides AIDS depends so completely on prevention. Having risen from obscurity in our own century, lung cancer remains the number-one killer among all cancers. And despite all the sophisticated high-technology methods of treatment, the chances for today's patient are really no different than they were for Dr. Gilmore sixty years ago. (American Heritage, December 1992)
>
> Of the 160,000 deaths from lung cancer each year, most are caused by smoking, either by the victim himself or by those around him" (Saturday Evening Post, January 1, 1987).

Themes of lifestyle choice, lack of prevention and responsibility, and self-victimization and victimization of nonsmokers such as these, shaped the culpability of the smoker for getting lung cancer, personifications that endure through the present (Giesler and Veresiu, 2014). This type of culpability is associated with the metaphorical framing of 'just world' in which people "get what they deserve and deserve what they get" (Fife and Wright, 2000, p. 52; Stahly, 1988). Individual culpability for lung cancer obscured environmental (e.g., radon), work-related (e.g., asbestos), and genetic causes of the disease. These views were intensified by regulatory and legal pressures brought up by anti-smoking advocates who outmuscled the tobacco lobby, and the growing scientific evidence that smoking and secondhand smoking were dangerous. For

instance, in 1987, smoking began to disappear from public spaces (e.g., workplaces, airports, restaurants, elevators, taxicabs, stores) and within a few years it was banned from most private commercial places such as domestic airline flights. The following excerpts show smokers sense of doom and the welcome boom for smoking cessation programs, as the New York state smoking ban approached:

> "I'm in a panic," said Richard Vos, a Broadway producer who, after smoking for 22 years, began his first American Cancer Society Stop Smoking session last Monday. "You're not going to be able to smoke anywhere," he said. "My friends are stopping. I'm quitting. My lawyer's wife has quit. And my lawyer - he's nervous."
>
> "It really is a boom season for us," said Liz Seelenfreund, who heads the New York Lung Association's smoking and education services. Demand for the association's six-session, $40-per-person Kick the Habit program has tripled. "Normally we run only three or four programs in a month, but we'll have 11 programs running in corporations by the end of April," she said…Many people are showing up at our program because they're feeling socially ostracized." (New York Times, April 13, 1987,)

While there were smokers who feared the ban, there were also smokers who welcomed the ban and accepted culpability and deservingness of harm, demonstrating the 'just world' metaphorical framing:

> 'I think it's a good turn for all New Yorkers," said Roxandra Antoniadis, who smokes 10 to 15 cigarettes a day and is trying to quit in an American Cancer Society program. "It will make some smokers ask the question I asked - why do I continue to harm myself and others?" (New York Times, April 13, 1987)

In this changing sociocultural and regulatory environment, consumer valorization narratives of individuals receiving successful treatments for and surviving lung cancer were limited. The Chicago Tribune (June 3, 1991) quotes a rare lung survivor in a cancer event: "I was in shock," said Keithley… "Initially, I thought it was the kiss of death." Far more common were stigmatized portrays of people impacted by lung cancer who sued tobacco companies, with many of them dying before the conclusion of their trial. Consumer valorization narratives from

these focus on their desire for redemption as addiction victims and retribution from a powerful tobacco industry. For instance, in a New York Times article, Mrs. Horton, the wife of Nathan Morton, who smoked for 37 years and died lung cancer, says of his late husband during their lawsuit against American Tobacco Company: "he had a good, strong mind and this is what he wanted: for it to be known what happened to him. And I want it too.' In a transcript from one of his last interviews with his lawyers, Mr. Morton further elaborates:

> It's hard to explain the pain [from lung cancer]...it's a sickening pain, where you can't sleep half the time."..I guess I cried for a week [after learning he would not live from more than a few month]. One morning I just cried with my pain. It wasn't going to help me no way, the crying. I just woke up, and I said, 'Well, whatever it be, let it be,' and I just said, 'Well, I wake up in the morning, now,' and I say 'Well, I done made another one,' and that's the way I, that's the way I try to take it now...And that's one of the reasons why...I be scared to go to sleep. Sometime I'm feeling bad, I--I just really won't go to sleep. I fight it, because I feel like that--well, like I tell my wife sometime, I say, 'One morning you're going to wake up, and I'm going to be gone, you know,' and she says she knows." (New York Times, August 16, 1997)

Mr. Morton's trial allowed him to flesh-witness his physically painful experiences, show the determination to live, and commemorate a good fighting legacy as the end was near. However, during these trials, these individuals were also portrayed by the tobacco industry as individuals with agency, who chose to smoke and behave pleasurably and irresponsibly. For instance, in the successful lawsuit on behalf of Rose D. Cipollone, who smoked a pack and a half for 43 years and had tried to quit unsuccessfully, the tobacco lawyers said to counter her allegations that she was deceived through tobacco advertisement:

> Our position is that when someone is bright, well-read, and independent like Rose Cipollone was, and believes smoking causes lung cancer, as Rose Cipollone did, but enjoys smoking, that is her choice to make and we shouldn't second guessed her." She was aware of programs that offered help in breaking the habit and did not seek help. (New York Times, June 3, 1988)

By propping Ms. Cipollone as someone with agency and knowledge, then, the tobacco industry paradoxically both valorized and devalorized Ms. Cipollone's character, reinforcing and reproducing the cultural normative views of that lung cancer resulted from self-harming, irresponsible behavior. Thus, consumer valorization of social significance by those involved in litigating the tobacco industry was often contested by both a growing societal stigma against smoking and powerful tobacco interests that combated allegations that smoking was addictive. Stigmatized stories of lung cancer patients as exemplars of irresponsibility eclipsed scientific and socially-significant stories that identified genetic (rather than lifestyle) causes of lung cancer, the emergence of promising treatments, and the growing mortality rates in nonsmokers, veterans, women and minorities from lung cancer. For instance, even in a celebratory story about the identification of the genetic mutation for lung cancer, the article focuses on smoking and its causal link to lung cancer and other ailments:

> Is it the fickleness of fate that lets a heavy smoker live to a ripe old age while a young person dies of lung cancer without ever touching a cigarette?..Does this mean people with the right genes need not worry about smoking? Only if they are unconcerned about heart disease, stroke and other ailments cigarettes can bring - and don't realize that even with good genes, lung cancer can still strike if you smoke long enough. (U.S. News & World Report, August 13, 1990).

In short, while consumer valorization narratives in the leukemia subcommunity reflected a growing social significance, consumer valorization narratives by those impacted by lung cancer were constrained by the society prejudices and stereotypes against their smoking behavior, which worked against their aims to gain social significance.

c. <u>The politically significant breast cancer subcommunity</u>

Consumer valorization narratives in the breast cancer subcommunity also valorize social significance. However, unlike leukemia, this consumer valorization was shaped by the growing political activism of its members. This is regarded as the second-wave breast cancer activism (first wave in 1970s) and such efforts became widely framed in public discourse as the 'breast cancer awareness movement.' It is important to note that at this time, breast cancer was the most common cancer in women and the deadliest, given that about one in ten women impacted by the disease. According to the American Cancer Society, in 1987 there were an estimated of 130,000 newly-diagnosed cases, causing approximately 41,000 deaths among females. Then, it was not surprising to see the words 'epidemic' and 'crisis' next to breast cancer headlines. Awareness (e.g., of the toll on and lived experiences of women, governmental inequalities in research funding), then, becomes a prominent and recurrent theme in breast cancer discourse. In the following photographs (Figures 19-20), breast cancer activists are shown demanding social and political significance, using the AIDS successful advocacy model, to pressure political candidates such as the Clintons (Figure 18) and conducting public demonstrations such as the one on Mother's Day 1993 in Washington, DC (Figure 19). In the latter, signs of "WOMEN WITH BREAST CANCER ARE DYING FOR RESEARCH," "WE NEED FUNDS for breast cancer research" "Fighting for our lives" are seen in the background. These public valorization efforts represent and commemorate a collective quest for the integration of women impacted by this disease into society, enhancement of their social and political status, and removal of differences in funding and visibility between breast cancer and AIDS. These efforts resulted in a dramatic increase in funding in 1993 by the Clinton Administration to breast cancer research and a seat at the table in research funding oversight.

This political activism also contributed to the higher sociocultural profile of breast cancer that characterized it in later years (Jain, 2013).

Figure 19. Breast cancer roundtable, Williamsburg, VA (1992)

Source: Harvard Library, Schlesinger Library on the History of Women in America

Figure 20. Breast cancer Mother's Day rally, Washington DC (1993)

Source: Harvard Library, Schlesinger Library on the History of Women in America

Valorizing social significance through political activism was also observed in the flesh-witnessing of lived experiences. This is captured in the self-portrait photo by artist and activist Motichka (also known as Matuschka) (Figure 20), which appeared in The New York Times Magazine cover in August 15, 1993. This photo was highly controversial as it visually

showcased the physical realities of a woman who had experienced a mastectomy and underwent chemotherapy treatment. Janet Froelich, the head art director at the time for The Times Magazine states in a 2018 New York Times retrospective article about this photo states: "Motichka's self-portraits "stopped you in your tracks,"… "No one had seen this scar before, unless you had it, or a close family member had it. We were riveted by the images."… "It was one of the all-time most controversial, and a gatherer of a lot of letter writing." Representations of consumers lived experiences such as this, then, enhanced the social status of those impacted by breast cancer by integrating their 'invisible' scars and experiences into the larger public discourse and normalizing these differences (e.g., a woman without a breast) rather than concealing them. This commemorated and broadened the existing positive non-stigmatized attributes (e.g., self-responsibility and forbearance demonstrated by first lady Nancy Reagan during her breast cancer treatment) of breast cancer survivors present in public discourse, in particular of middle class, educated white women who were seen as carrying the flag of the middle class (Wailoo, 2010).

Figure 21. Beauty Out of Damage' self-portrait by artist and activist Motichka

Source: © Matuschka 1993, www.beautyoutofdamage.com

It is important to note that in-your-face political activism in the breast cancer subcommunity co-existed with private stigmatized experiences of women. For instance, an African American woman indicates in a Philadelphia Tribune (November 12, 1993) article: " Breast cancer is still a hush-hush subject," she said. "There is still a shame attached. My family didn't want anyone to know; it wasn't talked about." "There is a fear there," she said. "Most women feel `I don't want to know'. I can only try to convince them to get checked. Women have to be convinced that a diagnosis of cancer isn't necessarily a death sentence." The feelings of shame, fear, and concealment in this quote then contrast with the larger ideological influences of the awareness movement, medicalization and neoliberalism that advocated for the adoption of

self-responsibility and self-surveillance through a variety of early detection (e.g., self-exams and mammograms) and risk mitigation by pursuing aggressive treatment options such as mastectomies (Fosket, Farran, and LaFia, 2000; Jian, 2013; Wong and King, 2008). In addition, breast cancer activism was often in confrontation with a paternalistic medical system and scientific community that questioned women's own efforts to detect cancer and the effectiveness of the mammogram as a universal screening tool. Yet, it was supported by established organizations such as the American Cancer Society and those with growing public profiles like the National Breast Cancer Coalition, Y-ME, and Susan G. Komen Foundation. The interaction of all of these influences supported and enabled consumer valorization of social significance by breast cancer survivors.

In short, consumer valorization narratives and representations in the leukemia, lung cancer, and breast cancer subcommunities show the presence of stigma and social significance. The breast cancer and leukemia subcommunities attempts to become more social significant (by removing differences, associating labels with positive attributes, integrating entities into society, and enhancing entities' status in the eye of society) were more successful than those of the lung cancer subcommunity. This shows heterogeneity in the way each subcommunity and their members dealt with stigma, the outcomes of these efforts, and the macro-societal influences present in each of these subcommunities.

2. Time 2: From social significance to virtuosity (1994-2008)

Virtuosity is defined as the display or pursuit of an exemplary skill and connotes ability, knowledge and value (Palmer, 1998; Silber, 1995). This section shows that consumer valorization narratives in this time period are influenced by the emergence of the virtuous cancer

survivor subjectivity. Virtuosity can be a “purely individual, occasional, and localized phenomenon” while at the same time “institutionalized sustained and reinforced” (Silber, 1995, p. 6). Virtuosity, then, can create bonds of mutual dependence, social solidarity, and integration within a community or society (Silber, 1995). Virtuosity emerges and is valorized differently by people impacted by leukemia, lung cancer, and breast cancer as Table XIV indicates.

TABLE XIV. SUMMARY OF CONSUMER VALORIZATION RELATED TO VIRTUOSITY

Disease	How virtuosity is Valorized	Element of virtuosity Valorized	Macroinfluences
Leukemia	Discursive framing of athletic humanitarian	Bonds of social solidarity and mutual dependence via prosocial and collective activities	▪ philanthropic innovation ▪ corporate actors ▪ intersecting ideologies (e.g., self-responsibility, neoliberalism) ▪ scientific progress
	Flesh-witnessing of humanitarian authority	Integration of virtuosity skills/knowledge (e.g., sacrifice, helping others, control, achievement)	
	Commemorating event participation and kinship	Preservation of virtuosity meanings (e.g., triumph over adversity)	
Breast cancer	Discursive framings of "survivor" and "for the cure"	Development and adoption of dominant breast cancer survivorship discourse in subcommunity	▪ regulative action ▪ cultural stigma ▪ powerful interests ▪ scientific progress
	Flesh-witnessing of authority in survivorship	Shaping of virtuosity skills/knowledge in larger cancer community (e.g., perseverance, achievement, helping subcommunity)	
	Commemorating kinship and legacy	Production and reproduction of survivor virtuosity symbolism	
Lung Cancer	Discursive framing: Smoking kills Will to survive	Adoption of normative lifestyle (e.g., non-smoking and rejection of smoking)	▪ budding consumer movement ▪ philanthropic action ▪ news media coverage
	Flesh-witnessing authority	Display of humanitarian virtuosity skills/knowledge in non-smokers (e.g., advocacy, helping others) that build social solidarity	
	Commemorating	Stigmatized journey legacy	

a. Humanitarian virtuosity in the leukemia subcommunity

In this time period, consumer valorization in the narratives of leukemia consumers shows virtuosity expressed in the rise of the athletic humanitarian subject, in particular through team activities sponsored by leukemia-related charities such as the LLS. One

key example is of such activities is the ‘Team in Training’ program, which was created in 1988 by the father of a leukemia patient who raised $322,000 from 38 runners participating in the New York City marathon. Participants, then, raise money for the charity, participate in a collective activity, and experience a bond with people directly impacted with cancer (e.g., meet or carry symbolic items related to that person). This fundraising innovation became an LLS staple and a template for many disease-related charities, as it showcases athletic humanitarians who self-sacrifice on behalf of others during the pursuit of goal, in this case the pursuit of athletic goal and a cure for cancer. An article in the Chicago Tribune (June 18, 1998) shows individuals using this rhetorical frame, flesh-witnessing their skills and accomplishments, and commemorating people and these events:

> Cathy will walk the Chicago Marathon this fall in Paige's memory, and her husband Richard, who had never exercised much before, is running the Mayor's Midnight Sun Marathon in Anchorage on June 20. Paige [their diseased daughter) was the Wilseks' only child. "She was our life," Richard Wilsek says. She was just 9 and about to undergo a bone marrow transplant when she died. "My daughter fought leukemia for three years," Wilsek adds. "What's 4 hours and 20 minutes of running, or less? It's like nothing."
>
> The triumph, though, isn't for you to keep all to yourself... The amount [marathoners] they must raise varies from marathon to marathon. For the Anchorage race, for example, it's $3,900; for Chicago, $1,100. Runners raise the money by soliciting donations from friends, family, colleagues...
>
> "Every runner and every walker runs or walks in honor of a leukemia patient, and I think it makes all the difference," says "Team in Training" director Cindy Kaitcer. She says these "patient heroes" provide runners with the motivation they need to finish the race. "Of those who go through our 4 1/2-month training program, about 99 percent actually cross the finish line."..."Many people wear pictures of their patient heroes, or wear mementos, or wear their patient hero's name on their back," says Kaitcer. "And I think that is the special inspiration."..."It's been an enormous source of strength for her and for us, to know that there are people out there who care, and who are out there doing something to raise money. Because the only long-term hope most of these people have is that the research keeps going on.”..."We're hoping for a cure by the year 2000," Kaitcer adds. (Chicago Tribune, June 18, 1998)

Virtuosity in this excerpt is about doing good for others and being a “patient hero.” It includes persevering while raising money and pursuing a grueling athletic activity with the hope of a cure for leukemia. This theme is repeated not just in participating individuals but institutional narratives. Group fitness/athletic activities in particular become the means by which individuals and a community create meanings of triumph over adversity as an article in the magazine New Mexico Woman (Nov/Dec 2002) suggests:

> "Team In Training made getting in shape fun because of the group support," says [Janine Wilkins], 37, of Albuquerque's North Valley. "I was scared because I'd never taken on anything so demanding. Even my job in educational sales was easier. But my father, Bill Erbe, passed away from leukemia in 1997, and I wanted to help raise funds to find a cure. Our group of walkers met every weekend and tromped up and down the Bosque trail. Imagine -- in February 2001 I was a passenger in a traumatic car accident, spent 22 days in a coma, and then six weeks at St. Joe's rehab. I couldn't walk, and less than a year later I started training for a marathon. If I can do it, anyone can!"
>
> "I was a runner before I was diagnosed with leukemia," says [Lynne Hunt], an executive with the Marriott Corporation. "I'd recently finished chemotherapy when we began training. I could have joined TNT's running team, or their group of bicyclists, which trained for a 100-mile century ride in Lake Tahoe, but I wanted to walk with Janine. Walking is incredibly good exercise. You burn just as many calories as running, your clothes fit better, and it keeps you upbeat. I'd been very sick. The marathon was a challenging goal but very nurturing for me. It's the great women who walk, along with the training, and the fundraising that makes the experience meaningful." (New Mexico Woman, Nov/Dec 2002)

These excerpts show that consumer valorization of virtuosity is embedded in larger sociocultural aspects of responsibility, self-improvement, and awareness, (e.g., Giesler and Veresiu, 2014; Rose, 2009; Wainright, 2008). Humanitarian individuals are expected to do things that benefit others while striving for a fit self and a healthy lifestyle in the company of like-minded individuals. Events and practices like this not only institutionalize prosocial behavior but also self-control, achievement, and framing of the ‘will to life’ (Lupton, 1995). As

a leukemia health consumer stated after achieving remission “You can do anything, if "you want it badly enough," he said. "You just got to do it." (Asian Week, April 22, 1994).

In contrast to the previous period, there is stronger presence of commercial actors supporting athletic humanitarian endeavors in the leukemia subcommunity. For instance, the following advertisement (Figure 22) shows a local real estate agent handing a check to a future participant in the Honolulu marathon, who is expected to raise $2,900 on behalf of LLS. In addition, larger companies like Bloomingdale’s department stores also encouraged the public to be prosocial by shopping and giving a percent of total purchase to leukemia charities with slogans like “Give a little! Get a lot!, evidencing the rise of the market-mediated and/or co-opted prosociality, also known as cause marketing (Jain, 2013).


Raising Money For

... 'The Leukemia Society'

Jerry Cockrell—a real estate agent of Camilla Blair Realty presents a check to Laura J. Blackwell, who will be running in Honolulu Marathon, in Hawaii on Dec. 8, in a fund-raiser to help the Leukemia Society. Each runner and walker participant has been given a fund-raising goal of $2,900.

Figure 22. Leukemia athletic humanitarian advertisement (Los Angeles Sentinel, 1996)

b. Virtuous survivorship in the breast cancer subcommunity

The narratives of those, directly or indirectly, impacted by breast cancer in this time period (and through the present) has been studied extensively across a variety of

fields. I highlight only relevant aspects of their consumer valorization and the macroinfluences on these as they relate to the theme of virtuosity.

In this time period, consumer valorization by people impacted by breast cancer also involves virtuosity through the consecration of breast cancer survivorship. As in leukemia, these individuals also pursue selfless acts through fitness/athletic activities. For instance, a 1998 advertisement in the New York Times by the Susan G. Komen Foundation shows its signature athletic event: the 5K "Race for the Cure." It features two stories: the founder of this organization as a supportive sister and a breast cancer survivor, and the 'tale' of Roberta, a young, knowledgeable, agentic white woman surviving her disease and finding love in the process. The ad also includes other visual and textual symbolisms associated with achievement and autonomy. These symbolic elements of the athletic humanitarian survivors are produced and reproduced by charities such as Komen and incorporated in the flesh-witnessing and commemorating narratives of consumers like Roberta. She says of her participation: " It was a monumental, a bigger deal than anyone can imagine…crossing the finish line was a testament that we're going to make it. And seeing all the other women, and their survival years measured in ribbons on their visors, made me say, 'She did it for 17 years- I can do it too."

In her description, Roberta connects her individual and localized virtuosity (persevering to cross the line in the race and in surviving) to the collective subcommunity virtuosity (other women's crossing the line and surviving) to the institutional virtuosity that Komen symbolizes (the magnificence of the event, the copyrighted pink ribbons that represent longevity and unity). Events such as the 'Race for the Cure' also amplified virtuous behaviors such as early detection, screening, and self-surveillance. Importantly, they went beyond achievement through fundraising and completion the event. They also reproduced the subjectivity of the virtuous

breast cancer survivor as an interdependent, solidary, and highly-integrated individual within society. Providing evidence for the latter, this ad was published next to a second advertising from Community Health Partners Inc, a group of hospitals, proudly advertising their support of the event and for "finding the cure," notably this features a picture of an African American woman in contrast to the leading characters in the Komen ad. This type of partnerships and alignment of breast cancer charities with non-profit medical institutions and for-profit partners further legitimized, reinforced the 'for the cure' framing, and the flesh-witnessing and commemoration of the breast cancer survivor. A similar advertisement (Figure 23) shows another well-known race (a 3-day walk) event by AVON with similar virtuosity symbolisms including the pink ribbon, the survivorship stories and pictures, and a description of the event and effort involved.

Figure 23. "Avon 3 day Walk for the Cure" Advertisement (Washington Post, 2001)

The strong presence of the market logic in the breast cancer subcommunity has been criticized amply by scholars and contested by some breast cancer advocacy groups. These do not point to virtuousness but to the profane, widespread "pinkwashing" or co-optation of the 'breast cancer awareness movement' for profit by corporate interests (Bell, 2014; Jain, 2013; Lubitow and Davis, 2011; Sulik, 2010). For example, a 2001 Washington Post advertisement by the brand Wacoal and the department store Nordstrom for the benefit of the Susan G. Komen foundation shows breast cancer survivorship symbols in the sale of 'awareness' bras. This shows the trademarked "Fit for the Cure" slogan and the offer of $1 dollar to Komen for every bra purchased. Ads like this are representative of what Bell (2014) calls the "breast-cancerization" of cancer survivorship and philanthropy, which carries tainted connotations of consumerism.

The market logic in the breast cancer community in this time period is also supported by the rise of the mythology of Lance Armstrong, who is considered by some the ultimate athletic, in-control, humanitarian (founder of the Livestrong foundation), and commercially-successfully cancer survivor as we saw in Essay 1. Here is one example in which Armstrong's legacy is incorporated in the breast cancer narratives of consumer valorization:

> Virtually overnight a group of women [fans of the singer Melissa Etheridge] who met on the MelissaEtheridge.com message board organized a fund-raising campaign called the Pink Bracelet Fund. Taking inspiration from the hugely popular yellow LJVE STRONG bracelets sold to support the Lance Armstrong Foundation, the pink bracelets feature the breast cancer ribbon and say BE STRONG-MLE. As of October 20 approximately 13,000 bracelets had been sold worldwide, and coordinators of the fund-raiser report the bracelets continue to sell at a rate of 1,500 to 2,000 per day. At Etheridge's request, all of the proceeds raised will be donated to the Dr. Susan Love Research Foundation.
>
> Lesbians who have had cancer say they hope that Etheridge will continue to be an active voice. "I know if Melissa speaks out, it will really help," says Shaw. "Especially if she were to say, 'If you enjoy my songs, go get a mammogram.' Sometimes it takes someone

famous to get you beyond your own inertia or fear." (The Advocate, November 24, 2004)

This article excerpts show that the ubiquitous yellow bracelets, a key symbol of cancer survivorship and a philanthropic innovation by Lance Armstrong and his foundation, influenced breast cancer survivors to create their own bracelet, creating a new symbol of virtuosity to support members of their subcommunity and to benefit a charity. These are all virtuous aims and activities as they build social solidarity and integrate 'new members' into their subcommunity. However, virtuosity is also expected from new members like Etheridge, such as using her public personal personality to promote early detection and the overcoming of barriers to it.

To summarize this section, consumer valorization narratives in the breast cancer subcommunity show various ways in which virtuosity is valorized. These were supported by the emergence of the breast cancer survivor subjectivity, discourse of awareness, and was supported by a variety of institutions such as philanthropic, corporations, and news media. While not touched on in this section, breast cancer also received fair attention from the scientific community and from the government in the form of gene mapping, national clinical trials, drug developments, and promotion of early detection. Indeed, because of these sources of attention and support, in 2003, cancer, driven largely by breast cancer, was named the number one health problem in America in a Gallup survey.

c. Developing virtuosity in the lung cancer subcommunity

Similar to leukemia and breast cancer, the narratives of people impacted by lung cancer also had elements of virtuosity but lacked the survivor symbolism and broader positive displays of charity or public support that leukemia and breast cancer enjoyed. In fact, these individuals were socially-pressured to lead a healthier, more virtuous lifestyle away from

smoking. As a whole, Americans were getting the message. For instance, only 20.9% of Americans smoked by 2005, nearly half of 1965's smoking rates (Centers for Disease Control and Prevention). In this environment, lung cancer was shown as deadly as ever. In this environment, two new lung cancer virtuosity subjects emerged. First, the r*epentant smoker*, a remorseful former smoker figure who embraces a healthier lifestyle. Here is an example of such figure:

> One night when he [narrated by his wife] is strong enough to go to a restaurant for dinner, he says, "People stare at me like I'm a sick guy. Like I'm dead already." As I protest, he replies, "They look at me the way I used to look at sick people. I was happy it was them and not me. Now I'm one of them. "And everyone asks if I smoked. Yes. Yes. Yes. It's the most stupid thing I've ever done in my life."
>
> "But you did quit," I say, trying to counter his negative thoughts.
>
> "Not soon enough." (Chicago Tribune, January 7, 1995)

The repentant former smoker valorizes taking responsibility for his actions, which contrasts with the smoker as a 'victim of the tobacco industry' and the 'pleasure-seeking smoker' that tobacco lawyers painted during widely covered trials in the previous time period. Repentance in this example is *retrospective* involves denouncing one's irresponsible actions and wishing for an earlier beginning of the virtuous behavior or lifestyle. Repentance can also be *prospective* in terms of what one hopes to accomplish if still alive. The following excerpt evidences Ms. Medina's wish to become a role model in awareness and help others if she can survive lung cancer:

> If she goes into remission, she [the lung cancer patient says], she plans to somehow "reach out to kids and tell them not to smoke," a message she's already preaching to her 13-year-old daughter's friends. "I believe everything in life happens for a reason," Medina says. "I know my illness has something to do with cancer awareness. There's good that can come out of this." (Good Housekeeping, November 2000)

The second virtuosity figure was the *victim nonsmoker*, an individual who in the public eye "did nothing" to deserve the disease or as the U.S. General Surgeon suggested, they were not "victims of tobacco at will." In this time period, it was the nonsmoker who received far more favorable public coverage compared to repentant former smoker. For instance, the flight attendants' lawsuit in 1998 against the tobacco industry helped personify victims of secondhand smoke in the workplace. The courage and strength of a nonsmoker survivor in remission is shown in the following article excerpt:

> No one, not Connie Reilly nor her doctors at South Suburban Hospital in Hazel Crest, can say why this 38-year-old mother of two was stricken two years ago with six inoperable brain tumors and end-stage lung cancer.
>
> "It was a positive decision on my part that I was not going to die of cancer," she said. "I knew I had to be as strong as I could be to fight it. I told myself, `I'm not going to lie on the couch and feel sorry for myself.'"
>
> Physicians, friends and family say Reilly has demonstrated how the will to survive, combined with medical treatment, education and emotional support, can conquer a devastating illness (Chicago Tribune, August 31, 1997)

With "grit and determination" as Connie's son describes her mom somewhere else in this article, Connie's "will to survive" is recognized by others around her. The possession of these virtues enables a public elevation of her character as seen in narratives of social significance in the breast cancer and leukemia subcommunities. Courage and strength were not the *only* virtues of nonsmokers; these individuals were also making strides toward social solidarity toward fellow lung cancer sufferers by forming advocacy organizations and/or advocating for more funding to lung cancer. In other words, virtuosity here involves displaying humanitarian skills and/or knowledge. The following article excerpt about Melissa Zagon's efforts to live and launch the advocacy organization LUNGevity illustrates her humanitarian and lifestyle virtues:

> Journalist: It was not to be...In September of 2000, Zagon was diagnosed with adenocarcinoma--lung cancer that had spread to her brain, shocking because Zagon had never even tried a cigarette. … Zagon responded to the diagnosis by researching the disease...She also discovered that despite its killer status, lung cancer is egregiously underfunded, receiving...950 per death in research funds, compared with 8,860 for breast cancer and $34,000 per death for AIDS, according to the American Cancer Society. While she couldn't change her diagnosis, Zagon could do something about that underfunding…
>
> Melissa:.. I do agree that breast cancer gets more research money per death and more media attention than lung cancer. I believe that this is because there is a stigma associated with lung cancer--that lung cancer patients brought their disease on themselves. This stigma is completely unwarranted. First, nobody, regardless of whether they smoked, deserves to suffer through lung cancer. And there are other risk factors for lung cancer, including radon and asbestos exposure, air pollution, and secondhand smoke. Nearly 15 percent of lung cancer patients never smoked and many of these people have also been exposed to no other risk factors.
>
> …The most important thing I do to take care of myself is to maintain a positive spirit. I believe that being depressed brings you down, and that is not where I want to be. I eat a very healthful diet--no red meat, usually free-range poultry, lots of fish, lots of fruits and vegetables (organic if possible), lots of soy products, and very little dairy. I take vitamins and herbs prescribed by a Chinese herbalist. I try to work out at least two to three times a week and do yoga at least once a week. I also try to get at least eight hours of sleep each night. (Chicago Tribune, December 26, 2001)

This article points to many virtuous qualities in Melissa's character, including a sense of mission and fairness in her desire to remove research funding disparities between breast cancer and lung cancer, and in the adoption of a personal healthy and responsible lifestyle. Virtuosity is deeply valorized in the framing of her journey and her flesh-witnessing as a patient-turned-advocate. This type of virtuosity separates Melissa from the various symbolic manifestations of the smoker and his irresponsible behavior in macro-societal context.

The frames and desires of the repentant smoker and the non-smoker reflected the shifting societal perceptions toward smoking. For instance, this period was characterized by widely-covered smoking-cessation programs like the Great American Smokeout, and also governmental actions such as legal action against the tobacco industry, tobacco advertising bans, and the

enactment of policies to transform work and public places into smoke-free ones. Scientific reports indicated its disproportionate impact on women in general and African American communities. For instance, the mortality rate in women impacted by lung cancer had tripled from the 1980s. The deaths of public figures such as those by baseball legend Joe DiMaggio (1999), news anchor Peter Jennings (2005), and actress Dana Reeve (Christopher Reeve's wife) (2006) were also part of the news cycle. However, there were also a few pockets of good attention to the disease. For instance, in 2003, the American Cancer Society launched a Lung Cancer Awareness Week with African American Law & Order actress Epatha Merkerson. In the New Pittsburgh Courier (Dec 17, 2003) article used the headline of "The Invisible Disease gets Celebrity Status" to describe this effort.

To summarize this section, breast cancer and leukemia consumer valorization had more virtuosity elements in common. They displayed skills and knowledge associated with virtuosity. Lung cancer consumer valorization, however, while still deeply stigmatized, displayed an emerging virtuosity.

3. Time 3: Molecular significance (2009-present)

As seen in Essay 1, this time period is subject to variety of macro-societal changes resulting from shifts in the regulatory, scientific, and sociocultural environment. For instance, starting in 2010 the Affordable Care Act opened the doors to medical coverage and treatment for millions of Americans. In this section, I focus on the emergence of molecular significance in the narratives of how consumers assign value. Building on Rose (2009, p.12) and Fleck (1979), I define molecular significance as the importance and integration of a particular molecular "way of thinking, seeing, and practicing" into marketplace relationships, properties, and distinctions. By molecular, I mean the contemporary focus on the molecular structure of life, which includes how proteins, cells, genes, nucleotides, etc. are incorporated into the understanding, management, and commercialization of human vitality (Rose, 2009). This contrasts with previous medical approaches that focus on treating the whole body and/or organs (Rose, 2009). For instance, in this time period, scientific advance in the form of precision medicine builds on the effectiveness of targeted therapies (drugs, genetic edits, unblocked immune system cells) in activating or inhibiting specific genes and/or biological markers in the body. Furthermore, a rise in molecular significance has a relationship of contradiction with social significance. Molecular significance gives importance to the functions, relationships, and mechanisms of molecules in the body while social significance gives importance to a person as the member of a social structure. I summarize key findings in Table XV and detail them next.

TABLE XV. SUMMARY OF CONSUMER VALORIZATION RELATED TO MOLECULAR SIGNIFICANCE

Disease	How molecular significance is valorized	Element of molecular significance valorized	Macroinfluences
Leukemia	Discursive framing of gift of life	Incorporation of molecular significance in complex consumption journey	▪ scientific progress ▪ regulatory approval of drugs/treatments ▪ philanthropic support
	Flesh-witnessing of authority	Integration of molecular significance into self-conception, skills, knowledge	
	Commemorating	Victorious journey legacy; support from charities	
Breast cancer	Discursive framings: Survivability	Increased visibility of stigmatized/non-visible groups	▪ consumer movement ▪ scientific progress ▪ regulatory approval of drugs/treatments ▪ emergence of normative public figures
	Flesh-witnessing of authority	Incorporation of molecular significance in key journey decisions, before and after diagnosis	
	Commemorating	Legacy of those impacted, whether dead or alive	
Lung Cancer-	Discursive framing: Will to survive	Overcoming a deadly disease and bypassing stigma	▪ scientific progress ▪ access to clinical trials ▪ philanthropic action ▪ access to communication technologies
	Flesh-witnessing authority	Incorporating molecular knowledge and skills to access clinical trials	
	Commemorating	An (almost) victorious journey legacy	

a. Molecular self-conception and differentiated consumption journey

The presence of molecular significance in consumer valorization narratives in the leukemia subcommunity is informed by the rise of medicoscientific progress. In particular, this involves the recognition and incorporation of molecular aspects in the successful but complex treatment of leukemia. For instance, in Figure 24, Heather, a leukemia survivor and supporter of the LLS charity, narrates her complex consumer journey by identifying herself as diagnosed with AML + FLT3/ITD:

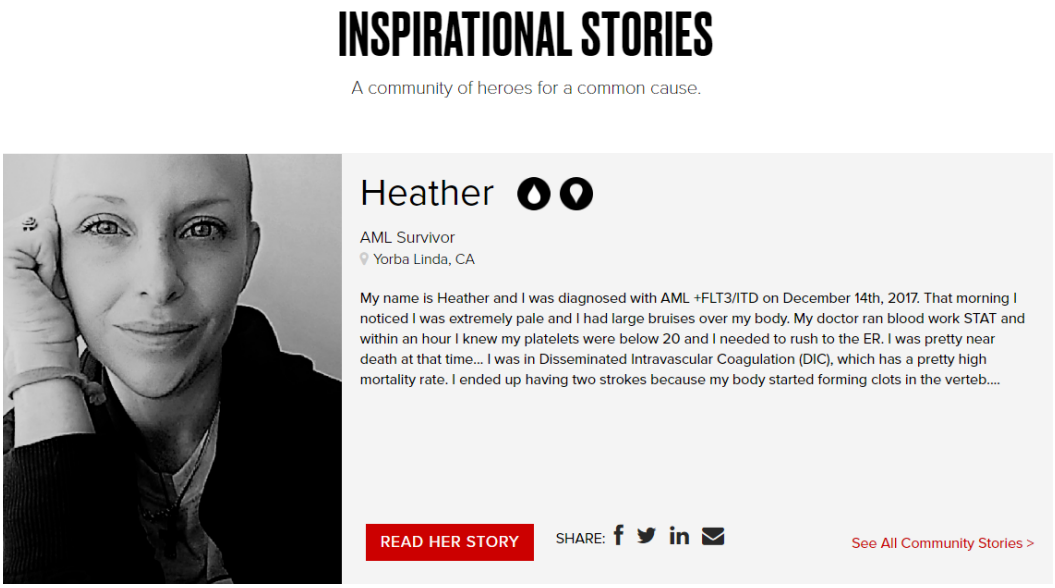


Figure 24. Screenshot of a Leukemia and Lymphoma Society consumer narrative with molecular identification

By providing the acronym FLT3/ITD, Heather indicates that her type of Acute Myeloid Leukemia is characterized by a genomic mutation in the FLT3 protein, which leads to an unchecked activation of the FLT3 signaling process and tumor cells proliferation (Leung, Man, and Kwong, 2013; Lim et al., 2017). The use of this acronym reflects Heather's knowledge of her mutations and distinctive self-conception, providing evidence of what Rose (2009) calls a highly differentiated "molecular identity." Heather sees this mutation as a significant part of her survivorship path, as it places her on a distinct cancer treatment journey. For instance, her mutated cells can be targeted by particular drugs. Indeed, as Heather describes in the excerpt below, her AML FLT3/ITD mutation has been responsive to the drug targeted drug Rydapt, which dramatically stops the proliferation of tumors and cell lines and can reverse tumor cells drug resistance acquired, extending significantly people's lives (Stone et al., 2018). Molecular significance is integrated into Heather's commemorative narrative of a quite complex

consumption journey. She notes how various therapies, including Rydapt and stem cell transplantation, a molecular technique where stems cells are harvested and transplanted so the recipient can produce healthy blood cells, are in used in combination with more systemic cancer treatments like radiation and chemotherapy:

> I was in the ICU during my entire first round of induction chemotherapy but I successfully went into remission! Over the next four months I had three more rounds of consolidation chemotherapy along with a new FLT3 inhibitor called Rydapt. After that final round I began to prepare for an allogenic stem cell transplant. I had Total Body Irradiation and some legitimate chemotherapy before getting my stem cells on July 4, 2018. A beautiful unrelated donor from England donated her cells so I could have a chance to live. I want this life more than I can express. I have three amazing kids who I need to live for; Cole (17), Emma (9) and Chloe (5). (Leukemia and Lymphoma Society website)

Molecular significance, then underlies Heather's desire to live for her family. Note the special relationship with her stem cells donor in another reiteration of the "gift of life" framing used in consumer valorization of bone marrow transplants in the first time period. Heather's overall narrative suggests that molecular significance plays two key roles in her consumer valorization. First, it has a categorizing/sorting role as it distinguishes consumers with this "molecular identity" from those who do not have it. This, in turn, enables a search for differentiated resources and treatments that fit this molecular identity, which is the aim of personalized medicine and targeted treatment approaches to cancer treatment. Second, molecular significance plays a symbolic role in the leukemia subcommunity and cancer community at large, as it signals that those impacted by cancer survive their diseases and live longer. This makes these survivors inspirational and/or "heroes," as the LLS website describes, and worth of charitable and philanthropic recognition and support.

b. **Increased visibility and heterogeneity in the breast cancer subcommunity**

In breast cancer, molecular significance brings to light consumer segments that were not very visible in public discourse previously. One such case is women impacted by metastatic breast cancers (MBC), where the cancer has migrated from the breast to different organs or systems. For instance, in the following quote Lifer describes her metastatic cancer screening tests, diagnosis, and subsequent treatment:

> I had a thoracentesis done to drain the lung, mammogram, then a core biopsy on the breast, then a needle biopsy. The results were IDC, Er+, Pr+, HER2-, Stage IV with mets in lung and bone. Shortly after that I had to be admitted to the hospital because the lung had filled back up... within a week after getting out of the hospital, I started chemo. First 4 (or 6, not sure) rounds of AC, then to paclitaxel once a week for 3 weeks then 1 week off. I got the last dose of it on November 17. (Lifer, 49, breastcancer.org)

In this description, Lifer tells us her breast cancer is IDC (Invasive Ductal Carcinoma); she is positive for both estrogen receptors (Er+) and progesterone receptors (Pr+); she is negative for human epidermal growth factor receptor 2 (HER2-); and her cancer has metastasized to the lung and bone (Stage IV with mets). This description embraces the complexities of MBC cancers and is indicative that women like her with specific molecular biomarkers have treatment options and can survive their disease, as the pseudonym “Lifer” suggest. While they may have more access to treatment options today, they do not always feel included in the general breast cancer community, as they are counter-normative examples of what a culturally-acceptable breast cancer survivor looks like. A 2011 article in USA TODAY, explains this:

> "Metastatic breast cancer patients represent the early-stage breast cancer survivor's biggest fear," says Lange, 48, of Annapolis, Md., whose cancer relapsed five years ago.

> She says she was recently asked to tell her story to a breast cancer group. "When I got to the part about metastasis, people started squirming."
>
> Much of the recent discussion of "pink fatigue," including the backlash against what's become known as "Pinktober" and "pinkwashing," has come from women with metastatic disease. Most October breast cancer events -- from fundraisers to walks, runs and relays -- are "all full of hope," says Sally Drees, 42, of Des Moines.
>
> "I don't want to be a big Debbie Downer, but I don't have a ton of hope," says Drees, whose breast cancer has spread to her ovaries.
>
> "In October, and year-round, we paint breast cancer as very pink and pretty, and we don't talk about the fact that we haven't made much progress against Stage 4 disease," she says. "The mortality rate has gone down, but it's been nowhere near commensurate with the money and attention heaped on the disease."
>
> Neyer says these women need their own forum. "People think that when you have cancer, you're either cured or you die," Neyer says. "Women with metastatic breast cancer are living with ongoing treatment that will last the rest of their lives, but they're not necessarily dying" immediately. (USA Today, October 20, 2011)

These article excerpts indicate that MBC consumers are at odds with and often resist the cultural symbolism and normative expectations of early-stage breast cancer consumers (hope, pink ribbon, victorious survivor). It includes several MBC activists who have been vocal about the need for supportive spaces, for the understanding their specific type of flesh-witnessing, and for more "money and attention" to their disease. As a result, MBC advocacy has been on the rise with some adopting the label "*metavivors*." Blogger Beth Caldwell, who died in 2017 and was the founder of the Metastatic Cancer Alliance, explains her advocacy path in her blog: "I have participated in a wide range of advocacy activities. I've been part of NBCC's [National Breast Cancer Coalition] Lobby Day, participated in... conferences, written dozens of articles about issues facing people living with MBC, attended FDA hearings and been a part of many focus groups." (Ihatebreastcancer blog, March 3, 2017).

The long-standing stigmatized, outside position of those impacted by MBC contextualizes Lifers' narrative of molecular significance. Their survival is enabled by molecular significance but also by the activism of other women, combined these permit women today to

flesh-witness their expertise on 'living' and to commemorate kinship with similar others and their consumption journeys. Molecular significance in metavivors valorization, then, enhances the visibility of this consumer segment within the breast cancer subcommunity, increasing the heterogeneity of this subcommunity. However, molecular significance for this group is no guarantee of longevity as the memorial wall on the Metavivor's website indicates (Figure 25). In fact, only 1 in 3 women with MBC are expected to live for at least five years as the number of treatments options, though more available than in previous time periods, still lags behind other major cancer types (National Cancer Institute).

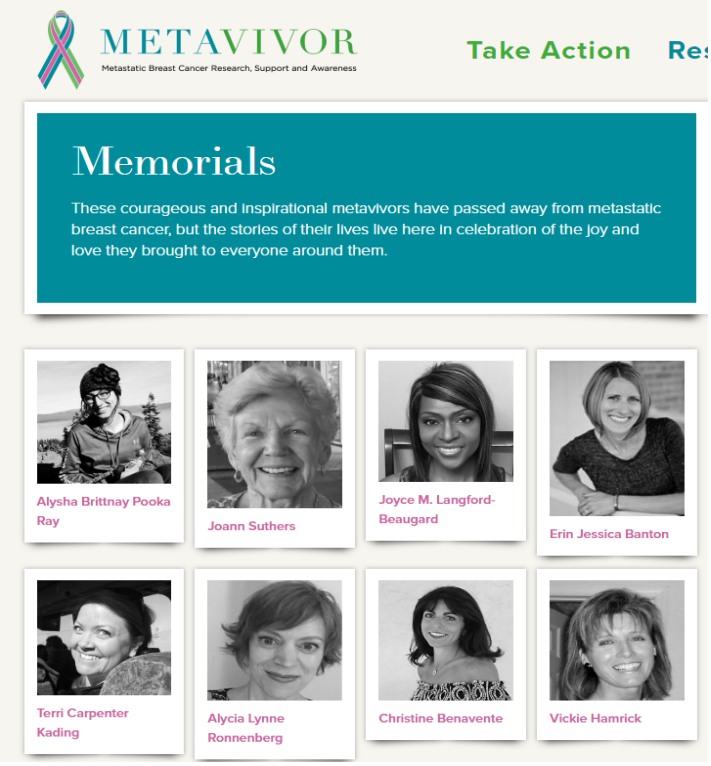


Figure 25. Screenshot of the organization METAvivor's web page

A second breast cancer consumer segment in which molecular significance plays an important role are the "*previvors,"* individuals who lack a cancer diagnosis but have a genetic predisposition to breast and ovarian cancer because they carry the genes BRCA1 and BRCA2. These genes give consumers an 87% risk of a breast cancer diagnosis and a 50% risk of ovarian cancer diagnosis. In their narratives, these individuals valorize early intervention tactics to mitigate their future risks such as prophylactic surgeries to remove to remove their breasts and ovaries (mastectomy and oophorectomy respectively). Angela explains her experience in a 2017 CureToday website interview:

> Interviewer: Tell me about your previvor journey and how you found that you were at high risk.
>
> Angela: "You know you can qualify for genetic testing [said a nurse]." Now this was 2009, so it wasn't hot on the market yet. It wasn't Angelina Jolie, newsworthy information. I didn't know about genetic testing. So, I opted for it.
>
> About five weeks later...They said, "You tested positive for BRCA1."
>
> Then they put me through a whirlwind of tests — CAT scans and breast MRIs. They couldn't believe that I didn't have cancer...the doctor had five interns and I could hear him outside the door saying "We got a BRCA1 without cancer." ...I didn't have cancer, so I had a preventative mastectomy and then eight weeks later I had a preventative hysterectomy. Then I wrote about it [in a book] and went through the reconstruction process.
>
> It was almost empowering. I started going whitewater rafting and on roller coasters. It was wonderful, to live, to have life.

Learning about the molecular significance of her genes leads Angela to take 'empowering' action today to avoid a future diseased status. Previvors narratives like this showcase a positive valorization of individual knowledge, medical-assisted prevention, and responsible consumer behavior to reduce a perceived risk. Previvors valorization narratives of public figures like actresses Angelina Jolie and Christina Applegate have received broad news

coverage. A Washington Post article describes a previvors meeting shortly after actress Angelina Jolie's surgeries and subsequent op-ed in the New York Times:

> "we don't have to explain ourselves as much anymore," says Carroll, who had a double mastectomy in 2011 and her ovaries removed in February..."What I say is: 'I have the Angie gene,' " said Magder, whose mother died of breast cancer in 1996. Magder was 21." (Washington Post, July 11, 2013)

This quote suggests that previvors, their molecular significance, and their actions today have a greater degree of legitimacy, as there are normative examples like Jolie's in public discourse. Risk susceptibility has also lead other consumers *without* molecular significance to follow their steps, as this comment to the above 2013 Washington Post suggests:

> I don't have the BRCA 1 mutation, but my mother did, so I was still at a higher risk than women not having it in their families. I may still have a different BRCA mutation - I was only genetically tested against my mother's mutation. My mom died this past year from what started as ovarian cancer. We also lost my mother in law to ovarian cancer. I had a prophylactic hysterectomy/ooectomy just last month - I felt that was more important than removing the breasts since I can do self examination - I can't examine my ovaries. I may decide in the future to have that done depending on my risks. Good luck to all of you women and the decisions you need to make.

Previvors valorization narratives, however, can be deeply contested by breast cancer survivors. As one other commenter in the same thread indicates: "PLEASE stop whining about the possibilities and spend your time actually living….If you do get cancer, I can promise you that you will wish you spent more time enjoying yourselves with the ones you love than feeling sorry for yourselves and talking about how hard life *might* be...And seriously, lose the "proud previvor" t-shirts. They are offensive to actually cancer survivors, not to mention completely ridiculous."

To summarize, molecular significance in consumer valorization narratives are linked to the emergence of breast cancer consumer groups that lacked visibility in previous time periods.

This enhances heterogeneity in the breast cancer subcommunity. Consumer valorization in these new consumer groups is enabled by contemporary molecular understanding of the disease and availability of therapeutic and preventive options. However, sociocultural shifts also permit this molecular significance to be accepted in the broader society.

c. (Almost) Bypassing stigma

As seen in women impacted by MBC, public consumer valorization narratives of individuals impacted by lung cancer are more available in this time period and there are also more charities supporting these individuals (e.g., LUNGevity). For instance, Petra, who was diagnosed with NSCLC stage IV with metastasis in the lymph nodes, encourages the son of a newly-diagnosed lung cancer patient to not despair in a public cancer forum,: "No, it [the diagnosis] does not mean she will go, I had a Brain tumor too from my Lung cancer, I am still here and alive. So don't give up. Just be there for her." Petra like many others survivors in this forum is explicit about her treatments and NED status in her sign off as seen in Figure 26.

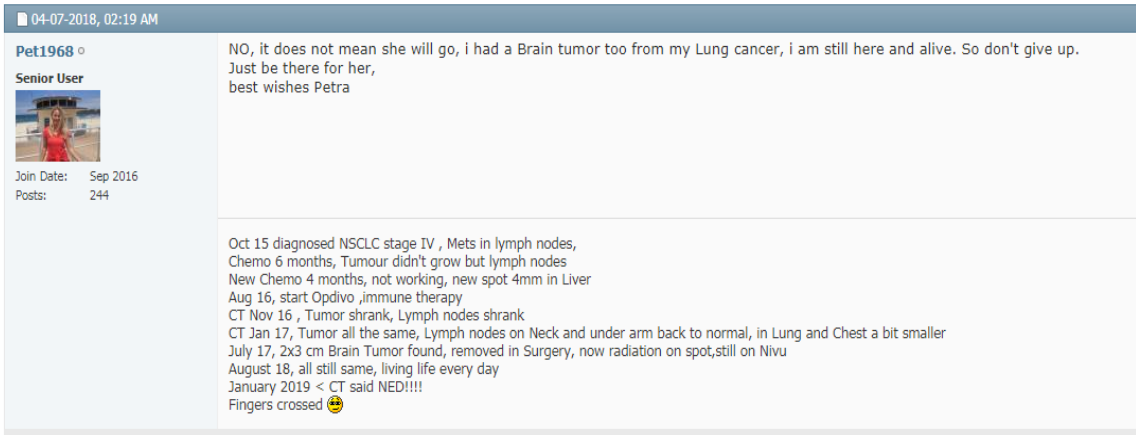


Figure 26. Screenshot of a lung cancer consumer post in the Cancer Forum

The extended longevity for individuals afflicted by lung cancer has been possible by increased disease awareness and, of particular interest to this study, a dramatic change in cancer treatment options for them. The emergence of immunotherapies, which supercharge the immune system cells, is considered today a major breakthrough in this subcommunity. Immunotherapies depend on the identification of specific molecular biomarkers in individuals. What is remarkable in this treatment breakthrough is that access to these immunotherapies makes the social stigma against these individuals *irrelevant*. In the following excerpt from the Cancer Research Institute website, Judy Gray, 68 years old and diagnosed with stage IV lung cancer, outlines her journey to and off her clinical trial *without* a single reference to smoking:

> Judy: We were just about to contact hospice at that point…That's when my oncologist came back from the ASCO [American Society of Clinical Oncology] meeting that year, full of exciting news about immunotherapy and about anti-PD-1 and anti-PD-L1 clinical trials…she urged us to look into them.
>
> CRI: What did you do next?
> Judy: So the next big hurdle was to educate ourselves. We had to learn about immunotherapy, and find out who was doing this research and how one gets into a clinical trial and who to talk to and how to get all the required records submitted...We felt that this was my last lifesaving opportunity, but finding our way through the maze of national scientific and administrative spaghetti was really stressful. Eventually we ended up at …where they had openings in their trial of the anti-PD-L1 agent that seemed best for me.
>
> CRI: How did you find the trial?
> Judy: We did lots of research, mostly on the internet. My husband, Peter, was the major researcher. He became an expert. Early on, he discovered the indispensable website clinicaltrials.gov. He called Johns Hopkins in Baltimore, because we knew that their Dr. Julie Brahmer was a star in the cancer immunotherapy field. We both talked to people at major cancer centers in Detroit, Chicago, Seattle, Boston, New York, and elsewhere. We looked at all the drug companies who were active in immunotherapy clinical trials for patients with lung cancer. Eventually, we decided that the anti-PD-L1 agent MPDL3280A looked like my best bet. We found the right people to talk to, got all the paperwork together, and sent it off in many directions. It took weeks to get that far..

> Immunotherapy not only saved my life, but it has also allowed me to lead a real life. I wouldn't hesitate to encourage other patients to reach for this new chance too.

This interview excerpt shows Judy's journey from near death to health. The clinical trial, that saved her life and is helping her "lead a real life," was for people with a specific tumor biomarker: PD-1/PD-L1 receptors. This journey necessitated significant improvement of knowledge, a great deal of persistence, and luck (she describes in a separate section she was first rejected and later accepted due to a name mix-up). This certainly represents, then, a hybrid of a transformational and translational flesh-witnessing (Trujillo Torres and DeBerry-Spence, 2019). What is remarkable in this valorization of her clinical trial participation, beyond the remarkable success of the drugs, is that she neither disclosed nor had to justify a smoking background. What mattered was getting in a clinical trial for her specific molecular biomarkers. This access, however, is unequal as the number of racial minorities receiving and participating in experimental therapies remains very low (Murthy, Krumholz, and Gross, 2004; Pang et al., 2016; Webb et al., 2019). Thus, molecular significance, can help bypass the stigma of the disease but only for those who can make use of it.

While clinical trials for immunotherapies have given some consumers a literal lifeline, this does not mean that the stigma against smokers and/or association of lung cancer with a death sentence have shifted dramatically. For instance, in several Youtube videos from people who successfully used immunotherapies and other targeted treatment, these individuals received encouraging comments but also shaming and skeptical comments. A video of a former smoker with lung cancer who had achieved NED as a result of targeted therapies had the following widely different comments:

Commenter A: my mom just went through same thing my heart hurts for you honey..keep your head up

Commenter B: You are a brave woman. Thank you for sharing your story. My wife just received a positive diagnosis and I hope this will help her keep things in perspective.

Commenter C: It's been 8 months since you posted this...what's happened

Commenter D: Did she SMOKE??? If so, then CHEER UP, she GOT what she DESERVED!!!!! I bet she looked REALLY cool when she was 17. Oops, I mean really Kool. (or was it Virginia Slims???).

Commenter D again: The TREND is THIS: You SMOKE, you GET LUNG CANCER. VERY simple.

Commenter D again: These IDIOTS think the smoking effects GO AWAY when they quit? Ah,HA!HA!HA!!!!!!!

These comments show there are still mixed reactions toward people impacted by lung cancer even when they achieve a successful result. While commenter D had the harshest words for this individual's alleged smoking past, others were more subtle. For instance, commenter C asked for an update on the health status of this individual. This aligns with the widespread belief that treatment success for lung cancer is limited, even for immunotherapies as lung cancer cells can develop resistance to these treatments. Thus, while immunotherapies may seem to bypass stigma and help individuals live longer, stigmatized expressions still surround consumer narratives of molecular significance.

F. **Discussion**

This study investigated how consumer valorization emerges over time in a complex heterogeneous community under macro-societal influences. I demonstrate that consumer valorization shifts as the historical and sociocultural influences changes. However, historical sociocultural influences are also enduring, impacting consumers everyday experiences and consumer valorization for long periods of time. In particular, I find that themes of stigma, social

significance, virtuosity and molecular significance are embedded in consumer valorization narratives in different ways and degrees for each cancer type (see summary in Figure 27).

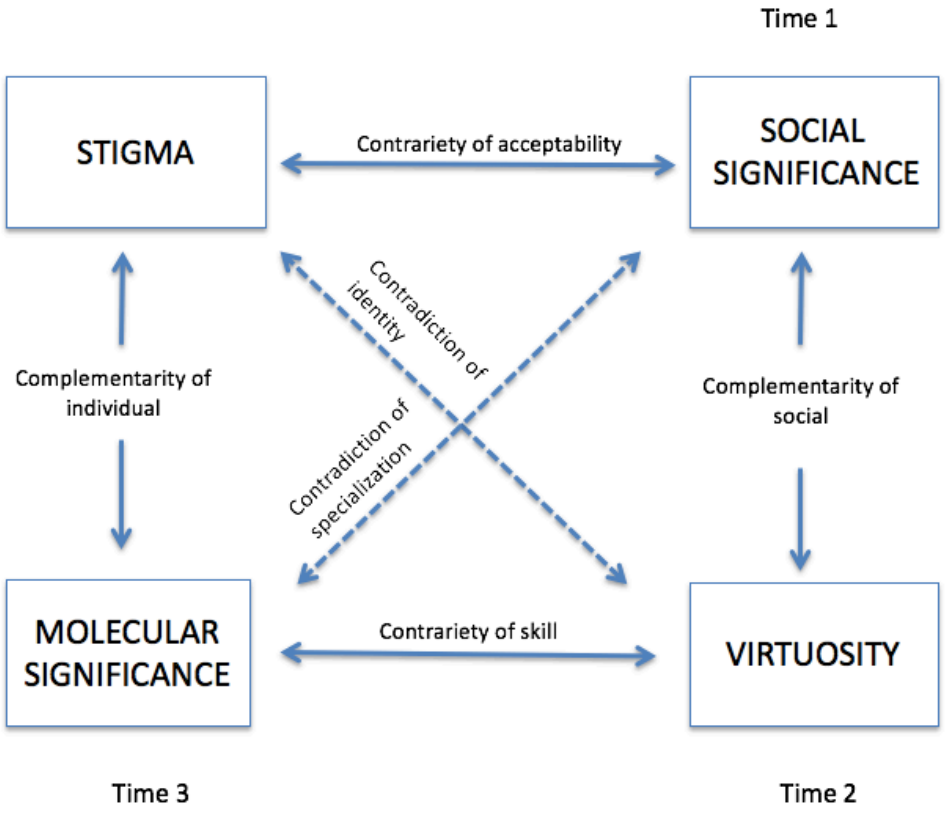


Figure 27. Semiotic square for consumer valorization

In doing so, my investigation provides the following theoretical and practical contributions. First, consumer valorization can be dynamic in a complex heterogeneous community that is characterized by trauma. Changing sociocultural, historical, and scientific events, practices, and discourses influence consumer valorization. For instance, these changes can destabilize long standing sociocultural associations held by society and consumers. In the case of cancer, these macro-societal changes can change the degree to which discourses of

stigma, social significance, virtuosity, and molecular significance are present, and the way these discourses are used, flesh-witnessed and commemorated in each cancer subcommunity. For example, consumer valorization in the breast cancer and leukemia subcommunities were influenced by the historical philanthropic innovation of athletic-based fundraising developed by charities. Additionally, changing historical sociocultural influences can update or replace long consumer associations of value with a new hierarchy of actors, practices, and/or discourses. For instance, the historical rise of the survivorship discourse created new categories and subcategories of consumers (e.g., survivor, metavivor, previvor). Changing macro-influences also made other consumers invisible such as those in minority communities, who were subject to non-target effects (Barg and Grier, 2008). Overall, this study answers Askegaard anf Linnet's (2011) call to understand the context of the context. I also expand Thomas et al. (2013) and Schau et al. (2009) by showing that value creating communities can be subject to *both* similar and distinct historical and sociocultural elements that influence the perceptions and/or assignment of value within these communities and subcommunities. I also expand Trujillo Torres and DeBerry-Spence's (2019) consumer valorization perspective by providing evidence that the dynamism of the context in which consumer valorization takes place also matters, just as much as shifts in lived experience and individual consumer journeys do.

The second contribution of this work is showing when and how consumer valorization is linked to heterogeneity within a community and its subcommunities. The complexities of a disease and the dynamic changes in the macro-societal context suggest that heterogeneity within a community does not produce just stability. A community can be stable, paradoxically more homogenous, when changes in scientific progress, like molecular significance, allow more people to reach the 'survivor' status. Molecular significance can also make a community more

unstable by deepening its heterogeneity and establishing new hierarchies of value within it. For instance, molecular significance can recategorize a seemingly homogenous group of people impacted by lung cancer into those who have vs. those who lack biological markers, and further subdivide those who access clinical trials vs. those who cannot. All themes identified in this study - stigma, social significance, virtuosity, and molecular significance- to some extent serve as agents of both stability and instability within a community. In fact, there are multiple layers of heterogeneity not just within subcommunities but also across subcommunities that can have these effects. This can also be compounded by the interaction across macro-societal influences on subcommunities. For instance, ideologies of self-responsibility and self-surveillance and government action helped the stability of breast cancer survivor discourse while at the same time amplified differences that caused resentment and instability in a subcommunity. Thus, this study expands Thomas et al. (2013) perspective on the stability effects of heterogeneity within a community.

One last contribution this study is providing further evidence *against* consumer valorization as a commensurable and evident process. As Jain (2013) notes cancer is "anything but an objective thing, cancer can be better understood as a set of relationships – economic, sentimental, medical, personal, ethical, institutional, statistical." Disentangling the consumer valorization relationships in a context such as a disease market and within disease communities, then requires the back and forth between shifts in consumer lived experiences and the historical sociocultural context, countering value-based frameworks such as Porter's (2010) that only focus on cross-sectional, micro-consumption, measurable, and clear processes of value assignment.

V. CONCLUDING THEORETICAL AND PRACTICAL IMPLICATIONS

Based on these two essays, I propose examining closely at the intersection between marketplace valorization and consumer valorization, beyond the specificity of the cancer treatment market. My study shows that an overlap can take place around *wha*t society and individuals valorize such as social and scientific progress. This overlap can also take place around *how* both society and individuals valorize. For instance, this can be seen in discourses, practices, and social arrangements of collectivity. In Table XVI, I more formally envision how the macro-societal and micro-lived experiences can be situated in a continuum of convergence and divergence, and the important implications of such interactions for both the marketplace, consumers, and existing hierarchies of value. Envisioning this relationship in this spectrum is important as marketplace processes such as valorization are dynamic and thus subject to change.

A. Convergent valorization

On one pole of the spectrum, convergent valorization can take place when consumer valorization aligns with that of the marketplace. For instance, the consumption journeys of AI technology users are aligned with broader technological shifts in society that mostly welcome such innovations despite their drawbacks (e.g., breach of privacy). This convergence of consumer and marketplace valorization can then support, enhance, and/or reproduce existing AI-adoption processes and entities. For instance, through metaphorical framing, this convergence can further legitimize and affirm AI consumers life stories in the marketplace. Likewise, this convergence can support flesh-witnessing and make AI consumers authority and knowledge more visible in the marketplace as compared to non-AI users or technophobes. It can also benefit the commemorating efforts of consumers and help them preserve meanings and

memories (e.g., blogs, social media, word of mouth). This convergence can also have broader, long-lasting implications as it can reinforce and reproduce current hierarchies of value and the resources that the prioritized entities receive. This is influenced by the co-operative and compounding nature of different marketplace valuation sub-processes such as legitimation, consecration, commodification, and categorization, which operate across complex historical sociocultural processes beyond just linear and relational ones.

B. Divergent consumer valorization.

On the opposite pole of the spectrum, divergent valorization takes place when consumer valorization does not align with that of marketplace. Unlike convergent valorization, this can cause consumers life stories to be ignored or rejected by the marketplace. For instance, the low-tech or the technophobe consumer stories remain less visible as the adoption of AI technologies thrives in public discourse. This can also obscure and disperse the authority and knowledge of these less visible consumers in the marketplace, as well as cause their consumer meanings and memories to be neglected in the marketplace. However, this divergence can create a spectrum of effects on a hierarchy. On one hand, it can reinforce existing hierarchies of value, in the case of technology adoption a hierarchy that values the adoption of latest technologies. On the other hand, it can also destabilize them, as consumers create alternative paths or workarounds to obtain resources or access marketplace offerings. For instance, low-tech consumers may create communities where they can collectively resist AI technologies and access resources that sustain their practices, beliefs, and values.

Thus, considering the spectrum of convergence and divergence as well as that of hierarchy of value broadens the current understanding of how entities become valuable in the

marketplace and how such value is produced, diffused, assessed, and institutionalized in the marketplace (Lamont, 2012, p. 4-5)

TABLE XVI. CONVERGENT AND DIVERGENT VALORIZATION CONCEPTUALIZATION

What	Purpose	Convergent valorization	Divergent valorization
Metaphorical framing (e.g., agency, persistence, sense-making)	Consumers construct an enduring life story	Consumers life stories are affirmed by the marketplace	Consumers life stories may be ignored or rejected in marketplace
Flesh-witnessing	Claim authority and knowledge of witnessing trauma	Consumers authority and knowledge are visible in the marketplace	Consumers authority and knowledge are dispersed and/or invisible in the marketplace
Commemorating (e.g., personal histories, representations of the past, legacies)	Preserve meanings and memories	Consumer meanings and memories are preserved by the marketplace	Consumer meanings and memories are neglected by the marketplace
Hierarchies of value	Prioritizes socially worthy entities and deploys resources to these	Reinforced, reproduced	Reinforced or Destabilized

C. Practical Implications

Given the specificity of the cancer treatment market, this work also has implications for how health disparities are manifested, sustained, and reproduced in this and other disease markets. First, health disparities can be conceptualized as a type of hierarchy of value where certain types of consumers are more valorized than others; each group may have unique and

shared historical, political, and sociocultural considerations and influences and, importantly, different types of resources and access to the marketplace. This perspective contrasts with micro and agentic views of value and valorization (cf. Porter, 2010; Porter and Teisberg, 2006), where value is calculated as "outcomes relative to cost" or as "health outcomes achieved per dollar spent," underscoring the ability of consumers (and institutions serving consumers) to calculate and/or estimate physiological, functional, and/or mental health outcomes. Instead, my work suggests that hierarchies of value in health are socially constructed, maintained, and reproduced. That is, the position of individuals and/or groups in a hierarchy of value or worth depend upon the resources, discourses, actions, and practices that a society and the marketplace grant, consecrate and legitimize. This can broaden individualized approaches to removing health disparities that are based on expected behavior change in health consumers, and challenge institutions and individuals to think of the historical, political, sociocultural conditions that shape the value or worth of entities (e.g., individuals, groups, diseases, experiences, institutions) and the long term effects they have in enabling and/or constraining consumers access to resources and marketplace offerings.

Second, health disparities, as a type of hierarchy of value, can be regarded as both outcomes and processes. That is, they can be the result of macro-structural conditions but also have processual elements such as the active categorizing of individuals and groups (e.g., worthy vs. unworthy; minority vs. dominant; target vs. non-target) and the stigmatizing of consumer practices (healthy vs. unhealthy) in public discourse, in non-profit, public, and private institutions, and by individuals across a variety of sectors. Today, for instance, these processes take place across diseases (cancer good vs. HIV bad) and within diseases (early stage vs. advanced/metastatic/terminal; leukemia vs. lung cancer). These active processual aspects have

implications for the strength of health disparities (Institute of Medicine 2012), resource allocation decisions, effects and trade-offs (Grier and Schaller, *in press*), and feelings of worth in individuals and communities (Fife and Wright 2000). While these processual elements can be stable they can also be subject to change, for instance individuals and groups with MBC and those impacted by lung cancer are actively attempting to influence their social significance, in a similar manner that breast cancer and leukemia did in the 1990s. Supporting these grassroots or bottom-up social integration approaches, then, requires a deeper understanding of valorization processes at play and what determines the sociocultural standing of that these groups and subgroups in society and in the marketplace, beyond health outcomes considerations.

One last implication of my work is that addressing health disparities requires a deeper understanding of the interaction of consumer valorization (lived experiences) and marketplace valorization (societal level). In particular, instances when consumers consumption stories or journeys are not supported by or are visible in the marketplace. As in the case of individuals impacted by MBC, even within a highly valued consumer category such as breast cancer, there are subgroups whose lived experiences remain marginalized compared to those whose experiences are more aligned with marketplace valorization. Thus, the persistent emphasis on just one target entity (e.g., early stage breast cancer) unintentionally can create enduring negative effects for others that are harder to overcome (Grier and Schaller, *in press*), as in the case of research funds by government agencies or the availability of doctors in a particular geographic area.

APPENDICES

Appendix A

TABLE XVII. RESEARCH AND SCIENTIFIC DISCOVERY MILESTONES FOR LEUKEMIA, LUNG CANCER AND BREAST CANCER

	Cancer Research and Discovery Milestones
All three cancers	1992: Clinton administration provides largest funding to breast cancer 1998. Clinton administration and congress agree to double biomedical research budget, expanding cancer research through NHI 2003 Scientists decode the human genome 2005 The Cancer Genome Atlas is launched to create atlas of lung, ovarian, and glioblastoma genomes
Leukemia 1986	National Bone Marrow Program created to increase donations nationwide
1997	FDA approves Rituximab for treatment of B-cell non-Hodgkin lymphoma; later approved for chronic lymphocytic leukemia
2001-2005	Rituximab increased effectiveness of the standard chemotherapy treatment for large B-cell lymphoma patients
1998-2001	Imatinib (Gleevec) clinical trials are found effective against chronic myelogenous leukemia. In 2001, FDA approves imatinib after a review of just three months, becomes the fastest approval in FDA history
2010	Immunotherapy is found to be effective in treating pediatric acute lymphoblastic leukemia patients
2010-2012	Ibrutinib clinical trials found effective in chronic lymphocytic leukemia and small lymphocytic lymphoma patients
2013	Early clinical trial for unresponsive acute lymphoblastic leukemia lead patients to full remission using chimeric antigen receptor-modified T cell (CAR-T) therapy
2014	FDA approves, within 8 months, Obinutuzumab (Gazyva), ofatumumab (Arzerra), idelalisib (Zydelig) and ibrutinib (Imbruvica), for the treatments of chronic lymphocytic leukemia. These drugs as also known as immune checkpoint inhibitors
2016	FDA approves Venetoclax for patients with high-risk chronic lymphocytic leukemia

2017	-Tisagenlecleucel (Kymriah), first ever gene therapy, is approved by FDA -T cell (CAR-T) therapy leads young patients with resistant B-cell acute lymphoblastic leukemia to full remission
Breast cancer 1984	HER2 gene discovered; overexpressed in 20% -25% of breast cancers that are known for poor prognosis and aggressiveness
1985	Clinical trial that is NCI sponsored shows lumpectomy, breast conserving surgery, has similar rates of survival as mastectomy alone in women impacted by early-stage breast cancer
1986	-HER2 gene, also known as neu and erbB2, is cloned -Tamoxifen is shown to reduces breast cancer recurrence and becomes approved as adjuvant therapy after breast cancer surgery
1994	BRCA1 Tumor Suppressor Gene is cloned.
1995	BRCA2 Tumor Suppressor Gene is cloned
1996	Anastrozole, an aromatase inhibitor (estrogen production blocker), is approved by the FDA for estrogen receptor (ER+)-positive advanced breast cancer treatment.
1997	Women at high risk of breast cancer and ovarian cancer (e.g., BRCA1 and BRCA2 mutations) shown to benefit from prophylactic surgery, including breasts (mastectomy) and ovaries (oophorectomy) removal
1998	- Breast Cancer Prevention Trial sponsored by NCI shows Tamoxifen (Novaldex), anti-estrogen drug, can dramatically reduce breast cancer incidences in high risk women (BRCA1 and BRCA2), beyond its use of treatment to prevent reoccurrence; Tamoxifen is approved by FDA shortly after -Trastuzumab (Herceptin), monoclonal antibody, which targets cells with overproducing protein HER2, is approved by FDA for HER2-positive metastatic breast cancer treatment - Chemotherapy before surgery (also called neoadjuvant therapy) is found to be beneficial in lumpectomy as an alternative to full mastectomy. Lumpectomy is found to have better recovery and cosmetic outcomes
2006	- Tamoxifen and Raloxifene trial by NCI shows that raloxifene, an anti-estrogen drug, reduces breast cancer risk -Herceptin is approved for treatment (post-operative) of patients with early stage breast cancer (HER2-positive)
2013	Ado-trastuzumab emtansine, an immunotoxin also known as T-DM1, approved by FDA for treatment of women with HER2-positive breast cancer

2014	-Aromatase inhibitors like exemestane (Aromasin) and anastrozole (Arimidex) are shown to reduce breast cancer risk (as much as 50%) - Raloxifene and Tamoxifen become approved by FDA to prevent breast cancer in high risk women
2015- 2016	-Palbociclib (Ibrance) blocks cell division key proteins and becomes first cyclin-dependent kinase (CDK) inhibitor drug, -Palbociclib and letrozole (Femara) combination shown as effective in initial hormone-based therapy for women with advanced breast cancer. -Palbociclib with fulvestrant (Faslodex) combination for advanced breast cancer treatment is approved by FDA
Lung Cancer 1986	The U.S. Surgeon General declares second-hand smoke as a carcinogen
2000	Study links household radon exposure to lung cancer
2003	Gefitinib (Iressa) and erlotinib (Tarceva), targeted treatments for protein epidermal growth factor receptor become approved by FDA for advanced NSCLC treatment
2004	Chemotherapy after surgery in clinical trial is shown to improve survival for early-stage NSCLC
2008	Lung cancer major oncogene is identified
2010	-Screening trial sponsored by NCI indicates low-dose helical computerized tomography screening is effective in reducing deaths by 20% in lung cancer patients with a smoking history - Palliative care added to chemotherapy is shown to improve advanced lung cancer patient survival
2016	Pembrolizumab (Keytruda), an anti-PD-1 immunotherapy, extends NSCLC survival, with fewer side effects

Sources: National Cancer Research Institute. Milestones in cancer research and discovery. https://www.cancer.gov/research/progress/250-years-milestones; American Society of Clinical Oncology. https://www.asco.org/research-progress/cancer-progress-timeline

Appendix B

TABLE XVIII. COMPARISON OF TRAUMA AND LITERATURE ACROSS CONTEXTS

Context	**Nontraumatic** Recreational	**Nontraumatic** Non-recreational	**Episodic trauma**	**Sustained trauma**
Example	Commercial river rafting (Arnould and Price 1993)	Brand community (Schau et al. 2009)	Cultural trauma and natural disaster (Baker and Baker 2016)	Cancer journeys (Trujillo Torres and DeBerry-Spence 2019)
Expert	Marketer	Consumer collectives	Geographic community	Individual consumers
Valorization strategies	Orchestration of extraordinary, meaningful, and emotional experiences, and strong interpersonal bonds	Practices include: -Impression management -Social networking -Community engagement -Brand use	- Creation of interrelated narratives of vulnerability, resilience, bounce back - Negotiation and resolution of conflict over resources	-Affirmation, challenge, or contestation of dominant narratives -Flesh-witnessing authority -Commemoration of journey touchpoints and resources
Value outcomes	-Positive consumer emotions -Positive identity transformation -Positive consumer evaluation -Consumer satisfaction is not directly linked to disconfirmation	- Positive impressions of brand, brand enthusiasts, and community -Reinforced community bonds—social and moral -Increased participants cultural capital -Increased repertoire for insider sharing -Increased consumption and community vitality	-Community bounce back -Community resilience -Acquisition and management of resources -Overcoming trauma -Return to normalcy	-Creation of cohesive life narrative -Identity transformation from lay to expert -Enhanced symbolic and interpersonal bonds -Strong positive and negative emotions coexist
Practical and managerial implications	-Identify and train employees with the ability to create and intensify strong relationships -Decipher unarticulated meanings in descriptions of highly emotional and distinctive experience	-Grant consumers freedom for co-creative practices -Facilitate social networking practices -Transform interactions into engagement practices -Develop products that capture consumer desire and/or need	-Infuse vulnerability, resilience, and bounce back -Define post-trauma collective identity to maximize support -Strategically deploy narratives for trauma recovery -Anticipate tensions	-Foster representation and transmission of journeys -Harness diversity in journeys and cultural narratives -Celebrate symbolic resources throughout consumer journeys

Appendix C
Institutional Board Review Determination of Non-Human Subject Research (a)

Claim of Exemption
Activity Does Not Represent Human Subjects Research

January 29, 2019

20190071-120581-1

Lez E. Trujillo Torres, BA, MBA
Managerial Studies
Phone: (312) 996-2680 / Fax: (312) 996-3559

RE: **Protocol # 2019-0071**
"Valorization Dynamics in the Cancer Treatment Health Services"

Sponsor/Funding Source: None

Please be reminded of the need to submit an amendment to UIC research protocol #2015-1076 prior to utilizing the interview/interview transcripts for this research purpose. Alternatively, if UIC Research Protocol #2015-1076 has been completed, please submit a Final Report.

Dear Lez E. Trujillo Torres:

The UIC Office for the Protection of Research Subjects received your Claim of Exemption application and determined that this activity **DOES NOT meet the definition of human subject research** as defined by 45 CFR 46.102(e)/ 21 CFR 50.3(g) and 21 CFR 56.102(e).

Specifically, this activity will involve archival and secondary sources of data from publicly available newspapers, websites, blogs, and organizations and interviews conducted under IRB 2015-1076 titled "Experiences with the Narratives of Cancer" (see text box above).

You may conduct your activity without further submission to the IRB.

Please note:

- If this activity is used in conjunction with any other research involving human subjects, prospective IRB approval or a Claim of Exemption is required.
- If this activity is altered in such a manner that may result in the activity representing human subject research, a NEW Claim of Exemption or Initial Review application must be submitted.

Sincerely,
Charles W. Hoehne, B.S., C.I.P.
Assistant Director, IRB #7
Office for the Protection of Research Subjects

UNIVERSITY OF ILLINOIS AT CHICAGO
Office for the Protection of Research Subjects
201 AOB (MC 672)
1737 West Polk Street
Chicago, Illinois 60612
Phone (312) 996-1711

a. No interviews from prior study (#2015-1076) were included in this dissertation

Appendix D
Copyright License for Figure 21

From: Matuschka a/k/a Joanne Motichka
150 East 87th Street #2C
NYC NY 10128 June 10, 2019

To: **Lez Trujillo**
PhD Candidate, Marketing
Department of Managerial Studies
The University of Illinois at Chicago
601 S Morgan St, 2209 University Hall, MC 243
Chicago, IL 60607 E: ltruji3@uic.edu C: 510-599-5908

Re: photo usage for dissertation on how cancer services experiences in US by Lez Trujillo
One time Licensing Rights for photo "Beauty Out Of Damage": $75.00

Agreement Terms:

Matuschka, "photographer" grants "Lez Trujillo", (Writer) one time use for the Photo "Beauty out of Damage" for reprint in Lez Trujillo's doctoral theseis for a fee of $75.00 Furthermore:

1. Matuschka's copyright sign and credit should be placed near the photograph as follows: © Matuschka 1993
2. Matuschka's website (www.beautyoutofdamage.com) devoted to this image should be included in the credits, index or in the body of the paper
3. Ms. Matuschka is to receive (1) hard copy of the thesis and (1) PDF file electronically transmitted to her e-mail address.

Please make check payable to "Joanne Motichka" for $75.00 And send to "Karen Gagliardi"
1617 BayHouse Court
Unit BA 221
Sarasota Florida 34231

Please DO NOT put the name "Joanne Motichka" on the envelope.
Just my sisters' name Karen Gagliardi.
Alternatively you may send $75.00 via Pay Pal to this address:
jj.matuschka@verizon.net

Please sign below, that you agree to these terms, and return agreement via e-mail.
You interest and attention to this matter is very much appreciated.

Agreed upon by:
Matuschka (Photographer)

Lez Trujillo
06/25/19
Date **Signature**

CITED LITERATURE

Adkins, N. R., & Ozanne, J. L. (2005). The low literate consumer. *Journal of Consumer Research*, *32*(1), 93-105.

Anzai, S., & Matsuzawa, C. (2013). Missions of the Japanese National University Corporations in the 21st Century: Content analysis of mission statements. *Academic Journal of Interdisciplinary Studies*, *2*(3), 197.

Appadurai, A. (2012). Commodities and the politics of value. In *Interpreting objects and collections* (pp. 88-103). Routledge.

Arnould, E. J. (2014). Rudiments of a value praxeology. *Marketing Theory, 14 (*1), 129-133.

Arnould, E.J & Price, L. L. (1993). River magic: Extraordinary experience and the extended service encounter. *Journal of Consumer Research*, *20*(1), 24-45.

Arnould, E. J., Price, L. L., & Malshe, A. (2014). Toward a cultural resource-based theory of the customer. In *The Service-Dominant Logic of Marketing* (pp. 109-122). Routledge.

Arsel, Z. (2016). Assembling markets and value. Assembling consumption. Researching actors, networks and markets, 32-41.

Askegaard S. & Linnet J. T. (2011). "Towards an epistemology of consumer culture theory Phenomenology and the context of context." *Marketing Theory,* 11, no. 4: 381-404.

Askegaard, S., Ordabayeva, N., Chandon, P., Cheung, T., Chytkova, Z., Cornil, Y., ... & Kristensen, D. B. (2014). Moralities in food and health research. *Journal of Marketing Management*, *30*(17-18), 1800-1832.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27*(1), 363-385.

Babin, B. J., Darden, W. R., & Griffin, M. (1994). Work and/or fun: measuring hedonic and utilitarian shopping value. *Journal of Consumer Research*, 20(4), 644-656.

Baines, G. (2014). *South Africa's' Border War': Contested Narratives and Conflicting Memories*. London: Bloomsbury.

Barg, F. K., & Grier, S. A. (2008). Enhancing breast cancer communications: A cultural models approach. *International Journal of Research in Marketing*, *25*(4), 335-342.

Belk, R. W. (1992). Moving possessions: An analysis based on personal documents from the 1847–1869 Mormon migration. *Journal of Consumer Research*, *19*(3), 339-361.

Belk, R., Fischer, E., & Kozinets, R. (2013). Approaches to data analysis, interpretation and theory building for scholarly research. *Qualitative Consumer and Marketing Research; Sage: London, UK*.

Bell, K. (2014). The breast-cancer-ization of cancer survivorship: Implications for experiences of the disease. *Social Science & Medicine*, *110*, 56-63.

Berger, P. D., & Nasr, N. I. (1998). Customer lifetime value: Marketing models and applications. *Journal of Interactive Marketing*, *12*(1), 17-30.

Bitner, M. J. (1992). Servicescapes: The impact of physical surroundings on customers and employees. *Journal of Marketing*, *56*(2), 57-71.

Bolton, R. N., & Drew, J. H. (1991). A multistage model of customers' assessments of service quality and value. *Journal of Consumer Research*, 17(4), 375-384.

Bourdieu, P. (1983). The field of cultural production, or: The economic world reversed. *Poetics*, *12*(4-5), 311-356.

Bradford, T. W., Grier, S. A., & Henderson, G. R. (2017). Weight loss through virtual support communities: A role for identity-based motivation in public commitment. *Journal of Interactive Marketing*, *40*, 9-23.

Botchen, G., Thelen, E.M. and Pieters, R. (1999) 'Using Means-End Structures for Benefit Segmentation: An Application to Services. *European Journal of Marketing*. 33(ó): 38–58.

Botti, S., Orfali, K., & Iyengar, S. S. (2009). Tragic choices: Autonomy and emotional responses to medical decisions. *Journal of Consumer Research*, *36*(3), 337-352.

Carmon, Z., & Ariely, D. (2000). Focusing on the forgone: How value can appear so different to buyers and sellers. *Journal of Consumer Research*, *27*(3), 360-370.

Centers for Disease Control and Prevention. Smoking and Tobacco Use. Retrieved from https://www.cdc.gov/tobacco/data_statistics/index.htm

Chandler, D. (2005). Introduction: Peace without politics?. *International Peacekeeping*, *12*(3), 307-321.

Chapple, A., Ziebland, S., & McPherson, A. (2004). Stigma, shame, and blame experienced by patients with lung cancer: qualitative study. *Bmj*, *328*(7454), 1470.

Chen, Y. (2009). Possession and access: Consumer desires and value perceptions regarding contemporary art collection and exhibit visits. *Journal of Consumer Research*, 35(6), 925-940.

Clancy, M. K. (2019). Clinical Trials: Not for the Poor and the Old. In *Cancer and Society* (pp. 59-77). Springer, Cham.

Conrad, P. (2007). *The medicalization of society: On the transformation of human conditions into treatable disorders*. JHU Press.

Cova, B. (1997). Community and consumption: Towards a definition of the "linking value" of product or services. *European Journal of Marketing*, *31*(3/4), 297-316.

Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, *10*(3), 365-388.

Chronicle of Philanthropy. How Much America's Biggest Charities Raise: 27 Years of Data Retrieved from https://www.philanthropy.com/interactives/philanthropy-400

Crockett, D. (2017). Paths to respectability: Consumption and stigma management in the contemporary black middle class. *Journal of Consumer Research*, *44*(3), 554-581.

Crockett, D., & Wallendorf, M. (2004). The role of normative political ideology in consumer behavior. *Journal of Consumer Research*, *31*(3), 511-528.

Dalen, J. E., Ryan, K. J., & Alpert, J. S. (2017). Where have the generalists gone? They became specialists, then subspecialists. *The American Journal of Medicine*, *130*(7), 766-768.

de Lusignan, S., Mold, F., Sheikh, A., Majeed, A., Wyatt, J. C., Quinn, T., ... & Blakey, H. (2014). Patients' online access to their electronic health records and linked online services: a systematic interpretative review. *BMJ open*, *4*(9), e006021.

DeBerry-Spence, B., & Elliot, E. A. (2012). African microentrepreneurship: The reality of everyday challenges. *Journal of Business Research*, *65*(12), 1665-1673.

Deshpande, N. A., Braun, I. M., & Meyer, F. L. (2015). Impact of fertility preservation counseling and treatment on psychological outcomes among women with cancer: a systematic review. *Cancer*, *121*(22), 3938-3947).

Dilley, R. (1999) 'Introduction: The Problem of Context', in R. Dilley (ed.) *The Problem of Context*, pp. 3–46. Oxford: Berghahn.

Dowling, J., & Pfeffer, J. (1975). Organizational legitimacy: Social values and organizational behavior. *Pacific Sociological Review*, *18*(1), 122-136.

Drummond, K. (2006). The migration of art from museum to market: consuming Caravaggio. *Marketing Theory*, *6*(1), 85-105.

Ertimur, B., & Coskuner-Balli, G. (2015). Navigating the institutional logics of markets: Implications for strategic brand management. *Journal of Marketing*, *79*(2), 40-61.

Figueiredo, B., & Scaraboto, D. (2016). The Systemic Creation of Value Through Circulation in Collaborative Consumer Networks. *Journal of Consumer Research*, 43(4), 509-533.

Fleck, L. (1979). *Genesis and Development of a Scientific Fact*, trans. F. Bradley & Trenn, TJ University of Chicago Press, Chicago.

Fife, B. L., & Wright, E. R. (2000). The dimensionality of stigma: A comparison of its impact on the self of persons with HIV/AIDS and cancer. *Journal of Health and Social Behavior*, 50-67.

Firat, A. F., & Venkatesh, A. (1995). Liberatory postmodernism and the reenchantment of consumption. *Journal of Consumer Research*, *22*(3), 239-267.

Fiss, P. C., & Hirsch, P. M. (2005). The discourse of globalization: Framing and sensemaking of an emerging concept. *American Sociological Review*, *70*(1), 29-52.

Fosket, J. R., Karran, A., & LaFia, C. (2000). Breast cancer in popular women's magazines from 1913 to 1996. In *Breast Cancer* (pp. 303-323). Palgrave Macmillan, New York.

Foucault, M. (1991). *The Foucault effect: Studies in governmentality*. University of Chicago Press.

Gallup (November 28, 2018), Americans Remain Dissatisfied with Health Care Costs. Retrieved from https://news.gallup.com/poll/245054/americans-remain-dissatisfied-healthcare-costs.aspx

Giesler, M., & Veresiu, E. (2014). Creating the responsible consumer: Moralistic governance regimes and consumer subjectivity. *Journal of Consumer Research*, *41*(3), 840-857.

Giesler, M., & Thompson, C. J. (2016). A tutorial in consumer research: Process theorization in cultural consumer research. *Journal of Consumer Research*, *43*(4), 497-508.

Gollnhofer, J. F., Weijo, H. A., & Schouten, J. W. (2019). Consumer Movements and Value Regimes: Fighting Food Waste in Germany by Building Alternative Object Pathways. *Journal of Consumer Research*. ucz004, https://doi.org/10.1093/jcr/ucz004

Gopaldas, A. (2014). Marketplace Sentiments. *Journal of Consumer Research*, *41*(4), 995-1014.

Graeber, D. (2001). *Toward an anthropological theory of value: The false coin of our own dreams*. Springer.

Greimas, A. J. (1983). *Structural semantics: An attempt at a method*. University of Nebraska Press.

Grewal, D., Krishnan, R., Baker, J., & Borin, N. (1998). The effect of store name, brand name and price discounts on consumers' evaluations and purchase intentions. *Journal of Retailing*, *74*(3), 331-352.

Grier, S. A., & Kumanyika, S. K. (2008). The context for choice: health implications of targeted food and beverage marketing to African Americans. *American Journal of Public Health*, *98*(9), 1616-1629.

Grier, S. A., & Perry, V. G. (2018). Dog parks and coffee shops: Faux diversity and consumption in gentrifying neighborhoods. *Journal of Public Policy & Marketing*, *37*(1), 23-38.

Grier, S. A., & Schaller, T. K. *(in press).* Operating in a constricted space: Policy actor perceptions of targeting to address U.S. health disparities. *Journal of Public Policy and Marketing*.

Grönroos, C. (2008). 'Service logic revisited: Who creates calue? And who co-creates?.' *European Business Review*, *20*(4): 298–314.

Grönroos, C. (2009). 'Marketing as Promise Management: Regaining Customer Management for Marketing.' *Journal of Business and Industrial Marketing, 24*(5/6): 351–59.

Gummerus, J. (2013). Value creation processes and value outcomes in marketing theory: strangers or siblings?. *Marketing Theory*, 13(1), 19-46.

Gupta, K., Miller, J. D., Li, J. Z., Russell, M. W., & Charbonneau, C. (2008). Epidemiologic and socioeconomic burden of metastatic renal cell carcinoma (mRCC): a literature review. *Cancer treatment reviews*, *34*(3), 193-205.

Halfmann, D. (2012). Recognizing medicalization and demedicalization: discourses, practices, and identities. *Health*, *16*(2), 186-207.

Hamilton, R. W., Ratner, R. K., & Thompson, D. V. (2010). Outpacing others: When consumers value products based on relative usage frequency. *Journal of Consumer Research*, *37*(6), 1079-1094.

Harari, Y. N. (2009). Scholars, eyewitnesses, and flesh-witnesses of war: A tense relationship. *Partial Answers: Journal of Literature and the History of Ideas*, *7*(2), 213-228.

Heilbrunn, B. (2015). *Market mediations: semiotic investigations on consumers, objects and brands*. Springer

Higuchi, K. (2016). KH Coder 3 reference manual. *Kioto (Japan): Ritsumeikan University*.

Hill, A. (2016). Breast cancer's rhetoricity: bodily border crisis and bridge to corporeal solidarity. *Review of Communication*, *16*(4), 281-298.

Hirschman, E. C. (1988). The ideology of consumption: A structural-syntactical analysis of "Dallas" and "Dynasty". *Journal of Consumer Research*, *15*(3), 344-359.
.

Holbrook, M. B. (1994). The nature of customer value: an axiology of services in the consumption experience. *Service quality: New Directions in Theory and Practice*, *21*, 21-71.

Holbrook, M. B. (1999) 'Introduction to Consumer Value', in M.B. Holbrook (ed.) Consumer Value: A Framework for Analysis and Research, pp. 1–28. London, UK: Routledge.

Holbrook, M.B. and Hirschman, E.C. (1982) 'The Experiential Aspects of Consumption: Consumer Fantasies, Feelings, and Fun.' *Journal of Consumer Research*, 9(2): 132–40.

Humphreys, A. (2010). Megamarketing: The creation of markets as a social process. *Journal of Marketing*, 74(2), 1-19.

Humphreys, A (2010). "Semiotic structure and the legitimation of consumption practices: The case of casino gambling." *Journal of Consumer Research* 37(3), 490-510.

Humphreys, A., & Jen-Hui Wang, R. H. (2017). Automated text analysis for consumer research. *Journal of Consumer Research*, *44*(6), 1274-1306.

Humphreys, A & Thompson, C. J. (2014). Branding disaster: Reestablishing trust through the ideological containment of systemic risk anxieties. *Journal of Consumer Research*, 41(4), 877-910.

Husemann, K. C., Eckhardt, G. M., Grohs, R., & Saceanu, R. E. (2016). The dynamic interplay between structure, anastructure and antistructure in extraordinary experiences. *Journal of Business Research*, *69*(9), 3361-3370.

Institute of Medicine (2012). How Far Have We Come in Reducing Health Disparities?: Progress Since 2000: Workshop Summary. Washington, DC: The National Academies Press. https://doi.org/10.17226/13383.

Jacobsen, G. D., & Jacobsen, K. H. (2011). Health awareness campaigns and diagnosis rates: evidence from National Breast Cancer Awareness Month. *Journal of Health Economics*, *30*(1), 55-61.

Jain, S. L. (2013). *Malignant: How cancer becomes us*. University of California Press

Johanson, P. (April 30, 2011). *Lance Armstrong: A Biography*. ABC-CLIO. ISBN 9780313386909

Johnson, C., Dowd, T. J., & Ridgeway, C. L. (2006). Legitimacy as a Social Process. *Annual Review of Sociology*, *32*.

Johnson, G. D., Thomas, K. D., & Grier, S. A. (2017). When the burger becomes halal: a critical discourse analysis of privilege and marketplace inclusion. *Consumption Markets & Culture*, *20*(6), 497-522.

Jones, E. E. (1984). *Social stigma: The psychology of marked relationships*. WH Freeman

Karababa, E., & Ger, G. (2010). Early modern Ottoman coffeehouse culture and the formation of the consumer subject. *Journal of Consumer Research*, *37*(5), 737-760.

Karababa, E. and Kjeldgaard, D. (2014). Value in marketing: Toward sociocultural perspectives. *Marketing Theory*, *14*(1), 119-127.

Karababa, E. & Kjeldgaard, D. (2015). Understanding the Complexity of Value and Its Co-Constitution in a Global Network: Insights from a Global Fashion Brand Value Constitution Context. *Tüketici ve Tüketim Araştırmaları Dergisi=. Journal of Consumer and Consumption Research*, *7*(1), 1.

Kates, S. M. (2004). The dynamics of brand legitimacy: an interpretive study in the gay men's community. *Journal of Consumer Research*, 31 (2), 455-464.

Kjeldgaard, D., Askegaard, S., Rasmussen, J. Ø., & Østergaard, P. (2017). Consumers' collective action in market system dynamics: A case of beer. *Marketing Theory*, *17*(1), 51-70.

Klawiter, M. (2004). Breast cancer in two regimes: the impact of social movements on illness experience. *Sociology of Health & Illness*, *26*(6), 845-874.

Kluth, L. A., Black, P. C., Bochner, B. H., Catto, J., Lerner, S. P., Stenzl, A., ... & Shariat, S. F. (2015). Prognostic and prediction tools in bladder cancer: a comprehensive review of the literature. *European Urology*, *68*(2), 238-253.

Kozinets, R. V., Hemetsberger, A., & Schau, H. J. (2008). The Wisdom of Consumer Crowds. *Journal of Macromarketing*, *28*(4), 339-354.

Kristensen, D. B., Lim, M., & Askegaard, S. (2016). Healthism in Denmark: State, market, and the search for a "Moral Compass". *Health:*, *20*(5), 485-504.

Kumar, V., & Reinartz, W. (2016). Creating enduring customer value. *Journal of Marketing*, *80*(6), 36-68.

Lakoff, G., & Johnson, M (1980). *Metaphors we live by*. Chicago: University of Chicago Press.

Lamont, M. (2012). Toward a comparative sociology of valuation and evaluation. *Annual Review of Sociology*, *38*, 201-221.

Langley, A. (1999). Strategies for theorizing from process data. *Academy of Management Review*, *24*(4), 691-710

Leung, A. Y. H., Man, C. H., & Kwong, Y. L. (2013). FLT3 inhibition: a moving and evolving target in acute myeloid leukaemia. *Leukemia*, *27*(2), 260.

Lim, S. H., Kim, S. Y., Kim, K., Jang, H., Ahn, S., Kim, K. M., ... & Park, S. H. (2017). The implication of FLT3 amplification for FLT targeted therapeutics in solid tumors. *Oncotarget*, 8(2), 3237.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27*(1), 363-385.

Livestrong Foundation Press Release. (2007) "President George H.W. Bush Endorses Prop 15".

Lubitow, A., & Davis, M. (2011). Pastel injustice: The corporate use of pinkwashing for profit. *Environmental Justice*, *4*(2), 139-144.

Luce, Mary Frances (1998), "Choosing to Avoid: Coping with Negatively Emotion-Laden Consumer Decisions," *Journal of Consumer Research*, *24*(4), 409–33.

Luedicke, M. K., Thompson, C. J., & Giesler, M. (2009). Consumer identity work as moral protagonism: How myth and ideology animate a brand-mediated moral conflict. *Journal of Consumer Research*, *36*(6), 1016-1032.

LUNGevity. Types of Lung Cancer. Retrieved from *https://lungevity.org/for-patients-caregivers/lung-cancer-101/types-of-lung-cancer*

Lupton, D. (1995). *The imperative of health: Public health and the regulated body*. Sage.

Martin, D. M., & Schouten, J. W. (2014). Consumption-driven market emergence. *Journal of Consumer Research*, *40*(5), 855-870.

McCracken, G. (1986). Culture and consumption: A theoretical account of the structure and movement of the cultural meaning of consumer goods. *Journal of Consumer Research*, *13*(1), 71-84.

McCormick, S., Brown, P., & Zavestoski, S. (2003, December). The personal is scientific, the scientific is political: the public paradigm of the environmental breast cancer movement. In *Sociological Forum* (Vol. 18, No. 4, pp. 545-576). Kluwer Academic Publishers-Plenum Publishers.

Miller, D. (2008). The uses of value. *Geoforum*, *39*(3), 1122-1132.

Muniz, A. M., & O'guinn, T. C. (2001). Brand community. *Journal of Consumer Research*, *27*(4), 412-432.

Murthy, V. H., Krumholz, H. M., & Gross, C. P. (2004). Participation in cancer clinical trials: race-, sex-, and age-based disparities. *Jama*, *291*(22), 2720-2726.

National Cancer Institute. Cancer Statistics. Retrieved from https://www.cancer.gov/about-cancer/understanding/statistics

National Cancer Institute. Milestones in Cancer Research and Discovery. Retrieved from https://www.cancer.gov/research/progress/250-years-milestones

National Health Institute. National Cancer Act of 1971. Retrieved from https://www.cancer.gov/about-nci/legislative/history/national-cancer-act-1971

National Research Council. (2007). *A strategy for assessing science: Behavioral and social research on aging*. National Academies Press.

Novas, C. (2006). The political economy of hope: Patients' organizations, science and biovalue. *BioSocieties*, *1*(3), 289-305.

O'Connor, J. M., Sedghi, T., Dhodapkar, M., Kane, M. J., & Gross, C. P. (2018). Factors Associated With Cancer Disparities Among Low-, Medium-, and High-Income US Counties. *JAMA network open*, *1*(6), e183146-e183146.

Palmer, D. L. (1998). Virtuosity as rhetoric: Agency and transformation in Paganini's mastery of the violin. *Quarterly Journal of Speech*, *84*(3), 341-357.

Pang, H. H., Wang, X., Stinchcombe, T. E., Wong, M. L., Cheng, P., Ganti, A. K., ... & Redman, M. W. (2016). Enrollment trends and disparity among patients with lung cancer in national clinical trials, 1990 to 2012. *Journal of Clinical Oncology*, *34*(33), 3992.

Parmentier, M. A., & Fischer, E. (2015). Things Fall Apart: The Dynamics of Brand Audience Dissipation. *Journal of Consumer Research*, *41*(5), 1228-1251.

Pavia, T. M., & Mason, M. J. (2004). The reflexive relationship between consumer behavior and adaptive coping. *Journal of Consumer Research*, *31*(2), 441-454.

Peñaloza, L. (2000). The commodification of the American West: Marketers' production of cultural meanings at the trade show. *Journal of Marketing*, *64*(4), 82-109.

Peñaloza, L., & Venkatesh, A. (2006). Further evolving the new dominant logic of marketing: from services to the social construction of markets. *Marketing Theory*, *6*(3), 299-316.

Pennebaker, J. W., Francis, M. E., & Booth, R. J. (2001). Linguistic inquiry and word count: LIWC 2001. *Mahway: Lawrence Erlbaum Associates*, *71*(2001), 2001.

Perrow, C. (2011). *Normal accidents: Living with high risk technologies-Updated edition*. Princeton university press.

Peterson-Kaiser Health Systems Tracker (2016). What are recent trends in cancer spending and outcomes? Retrieved from https://www.healthsystemtracker.org/chart-collection/recent-trends-cancer-spending-outcomes/#item-cparmncer-circulatory-diseases-leading-causes-premature-death-u-s

Porter, M. E. (2010). What is value in health care?. *New England Journal of Medicine*, *363*(26), 2477-2481.

Porter, M. E., & Teisberg, E. O. (2006). *Redefining health care: creating value-based competition on results*. Harvard Business Press.

Powell, Walter W. and Paul DiMaggio (1991). *The New Institutionalism in Organizational Analysis*. Chicago: University of Chicago Press

Rao, H., Monin, P., & Durand, R. (2005). Border crossing: Bricolage and the erosion of categorical boundaries in French gastronomy. *American Sociological Review*, *70*(6), 968-991.

Robbins, J. (2007). Between reproduction and freedom: Morality, value, and radical cultural change. *Ethnos*, 72(3), 293–314. doi:10.1080/00141840701576919

Rose, N. (2009). *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton University Press.

Rose, N. (2017). Still 'like birds on the wire'? Freedom after neoliberalism. *Economy and Society*, *46*(3-4), 303-323.

Rosenthal, R., McGranahan, N., Herrero, J., & Swanton, C. (2017). Deciphering genetic intratumor heterogeneity and its impact on cancer evolution. *Annual Review of Cancer Biology*, *1*, 223-240.

Rosman, S. (2004). Cancer and stigma: experience of patients with chemotherapy-induced alopecia. *Patient Education and Counseling*, *52*(3), 333-339.

Salt, H., Boyle, M., & Ives, J. (1990). HIV prevention: Current health promoting behaviour models for understanding psychosocial determinants of condom use. *AIDS Care*, *2*(1), 69-75.

Sánchez-Fernández, R., & Iniesta-Bonillo, M. Á. (2007). The concept of perceived value: a systematic review of the research. *Marketing Theory*, 7(4), 427-451.

Sanders, P. (1982). Phenomenology: A new way of viewing organizational research. *Academy of Management Review*, 7, 353–360.

Sandikci, Ö., & Ger, G. (2009). Veiling in style: how does a stigmatized practice become fashionable?. *Journal of Consumer Research*, *37*(1), 15-36.

Scaraboto, D., & Fischer, E. (2013). Frustrated fatshionistas: An institutional theory perspective on consumer quests for greater choice in mainstream markets. *Journal of Consumer Research*, 39(6), 1234-1257.

Schau, H. J.,. Muñiz Jr, A.and Arnould, E. J. (2009). "How brand community practices create value." *Journal of Marketing* 73 (5): 30-51.

Scott, W. Richard (1995), *Institutions and Organizations*. Thousand Oaks: Sage.

SEER Cancer Statistics Review (CSR) 1975-2015
Retrived from https://seer.cancer.gov/archive/csr/1975_2015/

Silber, I. F. (1995). *Virtuosity, charisma and social order: a comparative sociological study of monasticism in theravada buddhism and medieval Catholicism*. Cambridge University Press.

Slater, M. D., Long, M., Bettinghaus, E. P., & Reineke, J. B. (2008). News coverage of cancer in the United States: a national sample of newspapers, television, and magazines. *Journal of Health Communication*, *13*(6), 523-537.

Sobande, F., Mimoun, L., & Trujillo Torres, L. (2019). Soldiers and superheroes needed! Masculine archetypes and constrained bodily commodification in the sperm donation market. *Marketing Theory*. 3: 1-20. https://doi.org/10.1177/1470593119847250

Soneji, S., Tanner, N. T., Silvestri, G. A., Lathan, C. S., & Black, W. (2017). Racial and ethnic disparities in early-stage lung cancer survival. *Chest*, *152*(3), 587-597.

Sontag, S. (2001). *Illness as metaphor and AIDS and its metaphors*. Macmillan.

Spanjol, J., Cui, A. S., Nakata, C., Sharp, L. K., Crawford, S. Y., Xiao, Y., & Watson-Manheim, M. B. (2015). Co-Production of Prolonged, Complex, and Negative Services An Examination of Medication Adherence in Chronically Ill Individuals. *Journal of Service Research*, *18*(3), 284-302.

Stahly, G. B. (1989). Psychosocial aspects of the stigma of cancer: An overview. *Journal of Psychosocial Oncology*, *6*(3-4), 3-27.

Starr, C. (1969). Social benefit versus technological risk. *Readings in Risk*: 183-194.

Stone, R. M., Manley, P. W., Larson, R. A., & Capdeville, R. (2018). Midostaurin: its odyssey from discovery to approval for treating acute myeloid leukemia and advanced systemic mastocytosis. *Blood Advances*, *2*(4), 444-453.

Suchman, Mark C. (1995), "Managing Legitimacy: Strategic and Institutional Approaches," *Academy of Management Review*, 20 (3), 571.

Sulik, G. A. (2010). *Pink ribbon blues: How breast cancer culture undermines women's health*. Oxford University Press.

Sun, J., Wei, Q., Zhou, Y., Wang, J., Liu, Q., & Xu, H. (2017). A systematic analysis of FDA-approved anticancer drugs. *BMC Systems Biology*, *11*(5), 87.

Tian, K., Sautter, P., Fisher, D., Fischbach, S., Luna-Nevarez, C., Boberg, K., ... & Vann, R. (2014). Transforming health care: Empowering therapeutic communities through technology-enhanced narratives. *Journal of Consumer Research*, *41*(2), 237-260.

Thomas, T. C., Price, L. L., & Schau, H. J. (2013). When differences unite: Resource dependence in heterogeneous consumption communities. *Journal of Consumer Research*, *39*(5), 1010-1033.

Thompson, C. J. (2005). Consumer risk perceptions in a community of reflexive doubt. *Journal of Consumer Research*, *32*(2), 235-248.

Thompson, C. J. (1997). Interpreting consumers: A hermeneutical framework for deriving marketing insights from the texts of consumers' consumption stories. *Journal of Marketing Research*, *34*(4), 438-455.

Thompson, C. J., & Coskuner-Balli, G. (2007). Countervailing market responses to corporate co-optation and the ideological recruitment of consumption communities. *Journal of Consumer Research*, *34*(2), 135-152.

Thompson, C. J., & Troester, M. (2002). Consumer value systems in the age of postmodern fragmentation: The case of the natural health microculture. *Journal of Consumer Research*, *28*(4), 550-571

Thompson, C. J., & Hirschman, E. C. (1995). Understanding the socialized body: A poststructuralist analysis of consumers' self-conceptions, body images, and self-care practices. *Journal of Consumer Research*, *22*(2), 139-153.

Trujillo Torres, L. & DeBerry-Spence, B. (2019). Consumer valorization strategies in traumatic extraordinary experiences. *Journal of the Academy of Marketing Science, 47*(3), 516-531.

Tumbat, G., & Belk, R. W. (2011). Marketplace tensions in extraordinary experiences. *Journal of Consumer Research*, 38 (7), 42-61.

Üstüner, T., & Holt, D. B. (2007). Dominated consumer acculturation: The social construction of poor migrant women's consumer identity projects in a Turkish squatter. *Journal of Consumer Research*, *34*(1), 41-56.

Vargo, S. L., & Lusch, R. F. (2004). Evolving to a new dominant logic for marketing. *Journal of Marketing*, *68*(1), 1-17.

Vargo, S. L., & Lusch, R. F. (2008). Service-dominant logic: continuing the evolution. *Journal of the Academy of Marketing Science*, *36*(1), 1-10.

Veresiu, E., & Giesler, M. (2018). Beyond acculturation: Multiculturalism and the institutional shaping of an ethnic consumer subject. *Journal of Consumer Research*, *45*(3), 553-570.

Wainwright, D. (Ed.). (2008). *A sociology of health*. Sage.

Wailoo, K. (2010). *How cancer crossed the color line*. Oxford University Press.

Webb, L. A., McDonnell, K. K., Adams, S. A., Davis, R. E., Donevant, S. B., & Felder, T. (2019). Lung Cancer Stigma Among African American Survivors of Lung Cancer in South Carolina. https://sigma.nursingrepository.org/handle/10755/16956

Weinstein, R. S., Lopez, A. M., Joseph, B. A., Erps, K. A., Holcomb, M., Barker, G. P., & Krupinski, E. A. (2014). Telemedicine, telehealth, and mobile health applications that work: opportunities and barriers. *The American Journal of Medicine*, *127*(3), 183-187.

Wolfensberger, W. (2011). Social role valorization: A proposed new term for the principle of Normalization. *Intellectual and Developmental Disabilities*, *49*(6), 435-440.

Wong, N., & King, T. (2008). The cultural construction of risk understandings through illness narratives. *Journal of Consumer Research*, *34*(5), 579-594.

Woodall, T. (2003) 'Conceptualising 'Value for the Customer': An Attributional, Structural and Dispositional Analysis,' *Academy of Marketing Science Review*, 12(5): 1–42.

Woodruff, R.B. (1997) 'Customer value: The Next Source for Competitive Advantage', *Journal of the Academy of Marketing Science* 25(2): 139–53.

Ylijoki, O., & Porras, J. (2016). Conceptualizing big data: Analysis of case studies. *Intelligent Systems in Accounting, Finance and Management*, *23*(4), 295-310.

Young, S. and Feigin, B. (1975) 'Using the Benefit Chain for Improved Strategy Formulation', *Journal of Marketing*, 39(3): 72–4.

Zeithaml, V.A. (1988) 'Consumer Perceptions of Price, Quality and Value: A Means-End Model and Synthesis of Evidence', *Journal of Marketing*, 52(3): 2–22.

Zhang, Y., Xu, J., Jiang, Z., & Huang, S. C. (2011). Been there, done that: The impact of effort investment on goal value and consumer motivation. *Journal of Consumer Research*, 38(1), 78-93.

Zheng, Y. L., Ding, X. R., Poon, C. C. Y., Lo, B. P. L., Zhang, H., Zhou, X. L., ... & Zhang, Y. T. (2014). Unobtrusive sensing and wearable devices for health informatics. *IEEE Transactions on Biomedical Engineering*, *61*(5), 1538-1554.

Zuckerman, E. W. (1999). The categorical imperative: Securities analysts and the illegitimacy discount. *American Journal of Sociology*, *104*(5), 1398-1438.

VITA

LEZ E. TRUJILLO TORRES

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EDUCATION

2014-Present	**University of Illinois at Chicago** Ph.D. Candidate, Marketing	Chicago, IL
May 2011	**University of Illinois at Chicago** Master of Business Administration, Marketing and Entrepreneurship	Chicago, IL
May 2000	**University of California, Berkeley** Bachelor of Arts, Molecular and Cell Biology, Neurobiology	Berkeley, CA
1995-1997	**Peralta Community Colleges**	Oakland, CA
1993-1995	**Universidad Nacional del Callao** Industrial Engineering	Lima, Peru

RESEARCH INTERESTS

I study the impact of cultural factors on perceptions and evaluations of value in health markets and risky consumption. My work has implications for customer service experience design and management, consumer well-being, digital strategies of consumers and firms, and public policy

PH.D. DISSERTATION AND COMMITTEE

Title: **Valorization Dynamics in Cancer Treatment Market**
Committee Chair: Benét DeBerry-Spence (University of Illinois at Chicago)
Committee Members: Ashlee Humphreys (Northwestern University), Sonya Grier (American University), Maija Renko (University of Illinois at Chicago), Søren Askegaard (University of Southern Denmark)
Dissertation defended on May 22, 2019

RESEARCH

Publications
Lez Trujillo Torres, Benét DeBerry-Spence (2019), "Consumer Valorization Strategies in Traumatic Extraordinary Experiences," *Journal of the Academy of Marketing Science,* 47 (3): 516-537, https://doi.org/10.1007/s11747-019-00645-x

Francesca Sobande, Laetitia Mimoun, **Lez Trujillo Torres** (2019)**,** "Soldiers and Superheroes Needed! Masculine Archetypes and Constrained Commodification in the Sperm Donation Market,**"** *Marketing Theory.* https://doi.org/10.1177/1470593119847250

Accepted for publication
Benét DeBerry-Spence, **Lez Trujillo Torres**, Robert Ebo Hinson (forthcoming), Bringing together the Big and the Small: Multinational Corporation Approaches to Corporate Social Responsibility and Entrepreneurship in Africa. In A. McWilliams, D. Rupp, D. Siegel, G. Stahl, and D. Waldman (Eds.), *The Oxford Handbook of Corporate Social Responsibility: Psychological and Organizational Perspectives*. London, England: Oxford University Press

Manuscripts under review
Laetitia Mimoun*, **Lez Trujillo Torres*,** Francesca Sobande, "Affect-based Legitimation in Institutionally-Complex Markets: The Case of Assisted Reproductive Technologies," submitted for second round review to the *Journal of Consumer Research,* * indicates lead authors

Benét DeBerry-Spence, **Lez Trujillo Torres**, Rumela Sengupta, Jia Chen, Kohei Matsumoto, "A Systematic Examination of Marketing's Contribution to Creating a Better World and an Agenda for Future Inquiry," submitted for first round review to the *Journal of Marketing*

Working papers
Lez Trujillo Torres, Eda Anlamlier, Laetitia Mimoun, Lagnajita Chaterjee, David Gal, "Circulation-based Experiences: The Case of Rent the Runway," preparing final manuscript, target Journal of Marketing

Lez Trujillo Torres, Benét DeBerry-Spence, Søren Askegaard, Sonya Grier, "Valorization of the Cancer Marketplace in Public Discourse," from first dissertation essay, preparing manuscript, target *Journal of Marketing*

Lez Trujillo Torres, Benét DeBerry-Spence, "At the Crossroads: Consumer Valorization Experiences in the Cancer Marketplace" from second dissertation essay, manuscript preparation underway, target *Journal of Consumer Research*

Gregory Carpenter, Beth DuFault, Ashlee Humphreys, **Lez Trujillo Torres***, "The Process of Patient-Centered Care Transitions," completed data collection in five large U.S. health systems, data analysis underway, *authors listed in alphabetical order

TEACHING EXPERIENCE AT THE UNIVERSITY OF IILLINOIS AT CHICAGO

2019 Online Global Marketing (undergraduate) [not rated]
2018 Global Marketing (undergraduate) [4.38/5.0]
2018 Online Global Marketing (undergraduate) [not rated]
2017 Global Marketing (undergraduate) [4.81/5.0]
2017 Online International Marketing (undergraduate) [4.43/5.0]
2016 Global Marketing (undergraduate) [4.33/5.0]
2016 Online International Marketing (undergraduate) [4.86/5.0]

SELECT INVITED AND CONFERENCES PRESENTATIONS

2019 "Brand Value and Product Circulation (Mis)management: The Case of Rent the Runway," AMA Winter Academic Conference, Austin, TX
2018 "Valorization Dynamics in Cancer Health Treatment Services," Association for Consumer Research Conference, Dallas, TX
2018 "Consumer Valorization Strategies in Traumatic Extraordinary Experiences," Consumer Culture Theory Conference, Odense, Denmark
2018 "When Technologies Drive Market Legitimation and Expansion," Chicago Consumer Culture Community, Chicago, IL
2017 "Valorization Dynamics in the Cancer Marketplace," University of Southern Denmark, Odense, Denmark
2017 "When Technologies Drive Market Legitimation and Expansion" and "Superheroes, Shadows, Damsels, and Mothers: The Enabling Role of Gender Archetypes amidst Fertility Services Commodification, " Consumer Culture Theory Conference, Los Angeles, CA
2017 "Technological Innovation and Socio-Affective Legitimacy in the Assisted Reproductive Treatments Market," Bringing Institutional Theory to Marketing Conference, Paris, France
2016 "Showing off more with less: The changing dynamics of conspicuous consumption and value while renting not owning" and "When a Change in Institutional Logics does not lead to Market Evolution. The Case of Fertility Services Market", Association for Consumer Research Conference, Berlin, Germany
2016 "The Rise of Commercial Health Myths: The Case of Gene Therapy," Macromarketing Conference, Dublin, Ireland
2016 "All Eyes on Me: The Role of Symbolic Photographs in Altruistic Crowdfunding," Consumer Culture Theory Conference, Lille, France
2015 "The Role of Symbolic and Agentic Narratives in Altruistic Crowdfunding,"Consumer Culture Theory Conference, Fayetteville, AK
2015 "Not As Innocuous As It Seems: The Pitfalls and Hidden Implications of Altruistic Crowdfunding," Macromarketing Conference, Chicago, IL
2015 "Understanding Wealthie: Deliberate Show-Off on Social Media," American Marketing Association Summer Conference, Chicago, IL
2015 "An Examination of Two Distinct of Compliance Dependent Services," Association for Consumer Research, New Orleans, LA

DOCTORAL CONSORTIA AND PROFESSIONAL DEVELOPMENT ACTIVITIES

2018 North American CCT Doctoral Colloquium, Toronto, Canada
2017 AMA-Sheth Foundation Doctoral Consortium, Iowa City, IA
2016 Canon of Theory Classics, Consumer Culture Theory Consortium, Odense, Denmark
2015 Qualitative Methods and Research Design Seminar, Consumer Culture Theory Consortium, Lille, France
2015 Qualitative Data Analysis Workshop, Consumer Culture Theory Consortium, Fayetteville, AK
2015 Doctoral Student Symposium, Macromarketing Conference, Chicago, IL
2014 Doctoral Student Symposium, Association for Consumer Research Conference, Baltimore, MD

HONORS, GRANTS, & FELLOWSHIPS

2017 Marketing Science Institute (MSI) Fall Board of Trustees Meeting Scribe
2017 Visiting Ph.D. Student, University of Southern Denmark, Odense
2016 American Marketing Association Foundation Valuing Diversity Ph.D. Award
2015 Marketing Science Institute (MSI) Fall Board of Trustees Meeting Scribe
2015 UIC Graduate College Traveling Scholar Award
2014- UIC College of Business Administration Fellowship
2011 Education Pioneers, Graduate Fellow, Chicago Public Schools, Chicago
2010 Testified on Community Reinvestment at hearings sponsored by the Board of Governors of the Federal Reserve Bank of Chicago, IL and San Francisco, CA
2007 Ernie Reyes Public Service Award to team by the National Association of Hispanic Real Estate Professionals, for the advancement in Latino Homeownership
2004 Testified on Mortgage Fraud and its impact on Mortgage Lenders before the Congressional Sub-Committee on Housing and Community Opportunity, U.S. Congress

PROFESSIONAL SERVICE AND CIVIC INVOLVEMENT

Member, PhD Project
Reviewer, Journal of Business Research
Reviewer, Association for Consumer Research Conference
Reviewer, Consumer Culture Theory Conference
Founding member, Global Consumer Culture Theory Ph.D. Student Group
Co-organizer, 2018 North American CCT Doctoral Colloquium, Toronto, Canada

PROFESSIONAL EXPERIENCE

2013-2014 **University of Chicago, School of Social Services Administration** Chicago, IL
Network for College Success, Program Manager & Director of Knowledge Management

2011-2013 **Chicago Public Schools** Chicago, IL
Transformation Project Manager, Office of School Improvement

1998-2010 **ACORN Housing Corporation**-Affordable Housing Centers of America Chicago, IL
National Deputy Director and Co-Director of Public Affairs; Los Angeles, CA
National Field Director; various regional and local positions Oakland, CA

REFERENCES

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